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Novice Nurses' Perceptions and Expectations of What Constitutes Nursing Practice

McFrances Catherine George
Walden University

Walden University

College of Nursing

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McFrances Hayes

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Dr. Lynda Crawford, Committee Member, Nursing Faculty
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Walden University

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Abstract

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MSN, Walden University, 2016

BSN, University of Rhode Island, 2007

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

After completing preceptorship programs, novice nurses work independently to provide patient care at the bedside. Novice nurses may leave bedside nursing with a minimum of 1 year of experience, resulting in vacant bedside nurse positions. These vacant positions are a problem because this could lead to low patient satisfaction, higher patient mortality rates, and failure to rescue in emergent cases. The purpose of this study was to explore the perceptions and expectations of nursing practice related to performance, demands, and requirements from novice nurses. Afaf Meleis's 1960 transition theory guided the understanding of novice nurses' perceptions and expectations of nursing practice in this qualitative descriptive study as well as the expectations of their experiences working in bedside nursing. Eight novice nurses were interviewed using telephone calls. The interviews were audio-recorded and later transcribed. The descriptive analysis revealed with the consensus that new nurses face challenges in the workplace that make work tasks difficult such as, 12-hour shifts, high patient ratios, the pandemic, and working at a fast pace. Next, constant exposure to work requirements such as giving reports, taking care of patients, and different tasks resulted in better outcomes. Lastly, support, experience, learning, and teaching helps to create a supportive environment for successful results. The results from this study could contribute to positive social change by nurse leadership implementing new strategies to create a positive environment that can help retain new nurses in nursing practice.

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Dedication

I dedicate this dissertation first to my husband Elton, who has been the stability of completing this project. If not for your understanding and support, there would have been no Ph.D. journey. I want to thank my children Elon and Enzo; you are my reason and were my reason for this journey before your existence. Lastly, my family, mom, dad, and sister, thank you for the never-ending baton handoffs whenever I needed you and for stepping up and taking the lead without questioning where I fell short.

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Chapter 1: Introduction to the Study

Introduction

Bedside nursing is a challenging and complex practice that requires the expertise and dedication of registered nurses working in the field. The healthcare system is an environment that requires nurses to be capable of providing care to patients (Abbas et al., 2016). Nurses must function at the bedside, providing high-quality care to patients while making clinical decisions to increase desired patient outcomes (Mantovan et al., 2020). Novice nurses practicing at the bedside are essential to nursing practice to improve critical thinking, clinical reasoning, and clinical judgment, which increases their skill level expertise (Franklin et al., 2020). Novice nurses must also be competent enough to think critically, judge, and function in nursing practice (Hoeve et al., 2020). However, novice nurses leave the bedside nursing practice with minimal to no experience (Zhang et al., 2016). More specifically, over 30% of novice nurses depart from bedside nursing practice with fewer than 18 months of nursing experience (Kox et al., 2020). Also, 1 out of 10 graduate nurses does not pursue a career in bedside nursing practice 1 year or more after graduating from nursing school (Kox et al., 2020). The vacant bedside nurse positions are a problem because of the aging population, nurses retiring, patients with chronic conditions, and the growth of healthcare (Large, 2019). Novice nurses continuing to leave bedside nursing could lead to low patient satisfaction, higher patient mortality rates, and failure to rescue in emergent cases (Moore et al., 2019). Many studies have addressed expert nurses, nurse faculty, and administrators' perceptions and expectations

of nursing practice. Still, limited data related to the reason's novice nurses leave from their expectations and experiences are available.

The purpose of this study was to explore the perceptions and expectations of novice nurses related to performance, demands, and requirements in nursing practice. The focus of this study was novice registered nurses with 0 to 24 months of bedside nurse experience. Exploring their experiences in nursing practice assisted with better understanding how perceptions and expectations influence the desire to leave the bedside nursing practice.

The results from this study may contribute to positive social change by making nurse leaders aware of the needs and suggestions of new nurses that encourage nurse retention, identifying attitudes and practices that threaten nursing practice, and developing strategies to create a positive environment that helps retain new nurses in nursing practice.

Chapter 1 includes the background of the study, the problem statement, study purpose, nature of the study, research questions, theoretical framework, definitions, assumptions, scope, limitations, and significance. Meleis's transition theory served as the theoretical framework for this study.

Background

Nurses provide direct patient care at the bedside to attain, maintain, and recover substantial patient health and quality of life. As novice nurses graduate from nursing programs and enter the workforce as new nurses, they receive further education in preceptorship programs and guidance about providing direct patient care at the bedside

from experienced nurse preceptors (Hong & Yoon, 2021). After completing the preceptorship programs, novice nurses must work independently to provide patient care at the bedside. However, novice nurses often leave nursing practice with a minimum of 1 year of experience at the bedside (Scammell, 2019). In 2016, 75% of new baccalaureate nurses and 65% of associate degree nurses expressed the desire to leave bedside nursing (DiMattio & Spegman, 2019). Furthermore, there are approximately 61% vacant bedside nursing positions available for registered nurses in hospitals (Haddad et al., 2020). About 11 million registered nurse jobs will be available through 2022 in the United States of America (Haddad et al., 2020). However, there are barriers in the nursing workforce; for example, novice nurses have minimal knowledge about the requirements, demands, and performance in nursing practice (Regan et al., 2017). As a result, the nurses may leave bedside nursing due to a lack of preparation for nursing practice (Lewis & Kelly, 2018; Takase et al., 2017).

Nursing administrators set quality goals in nursing practice to reduce the rate of nurses leaving the bedside to increase nurse retention. One example is establishing professional nurse leaders and managers who develop training opportunities for nurse proficiency in practice (Shamsi & Peyravi, 2020). Another example is engaging nurses in team-building activities that supported problem solving and documentation (Shamsi & Peyravi, 2020). Also, the nursing administration has attempted to retain nurses by increasing salary wages and reducing the nurse-patient ratios at the bedside (Ambani et al., 2020). In addition, nursing institutions have attempted to employ more nurse faculty staff to increase the necessary spaces available for acceptance into nursing programs to

augment the number of novice nurses in bedside nursing (Matthias & Kim-Godwin, 2016). The idea is to create a stable and supportive work environment where nurses trusted and feel supported by the staff and administration. Nurses are encouraged to remain in bedside nursing if they believe that they have a successful future in the practice. Some institutions have offered tuition reimbursement programs for nurses obtaining higher education degrees and have allowed nurses to work or transfer to other floors for exposure and different learning experiences (Ambani et al., 2020). Also, some nurses have received flexible schedules to allow for more personal time and attend to their needs (Matthias & Kim-Godwin, 2016). The overall goal is to create a nurse-friendly environment where nurses can grow, work in a flexible environment, and receive compensation for their work and dedication. As a result, the hope is that nurses would remain in bedside nursing practice, but novice nurses continue to leave.

There remains a gap in the literature regarding novice nurses' perceptions and expectations of nursing practice. In this study, I addressed this gap in knowledge by analyzing the thoughts and responses of novice nurses about their perceptions and expectation of nursing practice. This study was needed to better understand how novices perceive nursing practice and their expectations for nursing administration and faculty to better understand the necessary changes required to retain nurses at the bedside.

Problem Statement

While there have been studies regarding faculty and experienced nurses' perceptions and expectations about nursing practice related to performance, demands, and requirements, few researchers have attempted to discover these same perceptions and

expectations of novice nurses. The gap in knowledge related to the perspectives of novice nurses may hinder nursing leaders trying to keep novice nurses at the bedside. This study may help fill the gap of novice nurses' perceptions and expectations of what constitutes nursing practice and lead to meaningful change in nursing preparation and transition to practice.

Working as a family nurse practitioner, I have precepted a few novice nurses who have sought to become practitioners with a minimum of 1 year of bedside nursing experience. When asked why they left bedside nursing, the nurses responded that the bedside nursing experience was not what they expected and that there were many misconceptions about bedside nursing practice. I also asked nursing supervisors in bedside nursing about novice nurses leaving the bedside. They responded that novice nurses need to spend more time working at the bedside to obtain the necessary skillsets. Thus, it appears that novice nurses leave bedside nursing with little understanding about what they perceived or expected bedside nursing practice to be, which may have caused their departure.

Although nurses leaving nursing practice has been previously explored (Kox et al., 2020; Large, 2019; Moore et al., 2019; Scammell, 2019), there remains a gap in the literature specific to novice nurses' perceptions and expectations of nursing practice as they transition into practice. I addressed the gap in understanding the novice nurses' expectations and perceptions of nursing practice upon entering the nurse workforce. Analyzing and understanding the experiences of novice nurses may lead to creating interventions to increase nurse retention in nursing practice.

Purpose of Study

The purpose of this study was to explore the perceptions and expectations of nursing practice related to performance, demands, and requirements from novice nurses. This information may assist nurse faculty, administrators, and healthcare organizations to create policies that improve a successful transition and retention of novice nurses into nursing practice.

Research Question I aimed to investigate and understand what constitutes nursing practice regarding the nurses' performance at the bedside, job requirements, and nursing demands from novice nurses' perceptions and expectations using a descriptive qualitative approach.

Therefore, I attempted to explore the following questions:

Research Question (RQ1): What are the lived experiences of novice nurses regarding actual versus perceived job requirements?

(RQ2): What are the lived experiences of novice nurses regarding challenges they experienced related to their job performance?

(RQ3): What are the lived experiences of novice nurses related to challenging job demands?

These questions provided me with the framework to examine the novice nurses' perceptions and expectations of nursing practice regarding performance, requirements, and demands. I explored the thoughts of novice nurses during their first 2 years of nursing practice.

Theoretical Framework

The theoretical framework supporting this study was Meleis's 1960 transition theory. In 1960, Meleis presented the transition theory explaining how life changes affect development. According to Meleis, the transition begins before an occurrence and ends contingent upon different variables. It is essential to comprehend one's response to change with a new experience and the various phases associated with the change based on the variables. The transition theory has two parts; the first is the stage and understanding what one is experiencing during the transition (Meleis et al., 2000). The second aspect of the transition theory is the experience during the transition phase and the result caused by change. There are different types, patterns, and properties associated with the transition theory (Meleis et al., 2000). The types of transitional changes are developmental, health and illness, situational, and organizational. The transition patterns are whether the individual has experienced single, multiple, sequential, simultaneous, related, or unrelated transitions (Meleis et al., 2000). The properties are what individuals perceive the transition to be whether they engage or change, support, or produce a loss of support, and the timeframe along with personal, cultural, socioeconomic, preparational, and knowledge (Meleis et al., 2000). The overall goal of the transition is to feel connected and supported, engaged, and confident. As a result, there is a feeling of mastery, healthy interactions, and a sense of belonging. It is essential to clarify confusion and disconnect, acknowledge milestones achieved, provide support, and debrief to attain the desired goals in the transition period (Meleis et al., 2000). The reason for using the transition theory in this study was that novice nurses enter a transition period from

nursing school to bedside nursing practice. At this time, they prepare for "trigger changes" during the transition, such as developmental (the nursing student to novice nurse), situational (from nursing school to bedside nursing), and organizational (changes from nursing instructors to managers and leadership in nursing). During the transition from nursing school to bedside nursing practice, novice nurses engage and master bedside nursing, cope with the changes, receive support, and acquire confidence in completing their expected roles. The novice nurses experience triggers as they transition into bedside nursing practice, whether developmental, situational, or organizational, that may be causing them to leave.

Applying the framework in the study: The transition theory was appropriate for use in this study, assisting with informing the study problem. Specifically, novice nurses are frequently leaving nursing practice during their transition into bedside nursing practice. These actions are clear, as presented in the literature (Kox et al., 2020). While there is research that has informed why nurses leave bedside nursing practice according to the faculty and administrators' perceptions, there is a lack of knowledge from novice nurses' perceptions. In other words, it is unclear whether novice nurses' perceptions and expectations of nursing practice contribute to them leaving the bedside and interrupting the completion of their transition into practice. In this study, I aimed to create knowledge that informs nurse faculty and administrators about developing policies that can influence bedside nurses to complete their transition and remain in nursing practice. The method of creating the knowledge was first to understand the factors that may be negatively influencing bedside nurses' successful transition as novice nurses in practice. The aspects

explored through the transition theoretical framework included (a) novice nurses' perceptions and expectations of their transition into nursing practice, (b) feelings about the transition into nursing practice, (c) perceptions of what they believed their transition into nursing practice to be opposed to the actual job expectation, and (d) personal reasons that lead to their feelings about their role in nursing practice. With this knowledge, I understood novice nurses' perceptions and RQs, which produced information that provided insight into novice nurses' perceptions and expectations of nursing practice. More specifically, the three questions developed for this study directly aligned with three concepts from the theoretical framework. The underlying concept of RQ1 (What are the lived experiences of novice nurses regarding actual versus perceived job requirements?) was anticipation versus experience during the developmental phase. The underlying concept of RQ2 (What are the lived experiences of novice nurses regarding challenges they experienced related to their job performance?) was situational phase. The underlying concept of RQ3 (What are the lived experiences of novice nurses related to challenging job demands?) was organizational transition. The questions included in the interview protocol were to identify data to answer the RQs. Also, the concepts from the theoretical framework informed the data collection instrument created used in this study.

Novice nurses who successfully transition into nursing practice develop mastery, healthy interactions, and confidence to remain at the bedside. The theoretical proposition was that novice nurses' perceptions and expectations of bedside nursing influence their feelings about nursing demands, requirements, and performance. Therefore, I used Meleis's transitions theory to explore the novice nurses' perceptions about nursing

practice related to the nurse's performance, job requirements, and nursing demands to better understand why novice nurses are leaving bedside nursing.

Nature of the Study

For this study, I used the qualitative descriptive approach (see Creswell & Creswell, 2018) to explore novice nurses' perceptions and expectations of nursing practice. Qualitative descriptive research involves describing a phenomenon and its characteristics for a deeper understanding of opinions, perspectives, and attitudes (see Creswell & Creswell, 2018). I used the descriptive approach to allow the research participants to describe their experiences in their own words to develop an understanding. I used the purposive sampling strategy to locate participants for the study (see Creswell & Creswell, 2018). The sampling method to identify the target population was homogenous sampling with snowballing (see Creswell & Creswell, 2018). I conducted structured interviews with registered novice nurses with 0 to 24 months of bedside nursing experience. I met with the participants one time to interview. I analyzed the data using codes and subcodes to identify themes about novice nurses' perceptions and expectations of nursing practice.

Definitions

The following terms were used in this study.

Expectation: A strong belief that an event or occurrence will happen as thought of in the future (Wardrop et al., 2019).

Novice: A person who is new or inexperienced to a role or situation (Sterner et al., 2020).

Novice Nurse: A nurse who graduates from nursing school and becomes registered to practice but has no or limited experience with working as a nurse in a healthcare setting (Sterner et al., 2020).

Nurse: An individual trained to provide care to the sick in a healthcare setting. They promote health and prevention of illness while advocating for a safe environment and shaping health policy in health systems management (Marcinowicz & Taranta, 2020).

Nursing Demands: The desire to perform and meet the services in healthcare and the willingness to act for compensation (Boudrias et al., 2020).

Nursing Job Requirements: Performing the necessary tasks of a job, working safely with the required quality of care. Also providing care and treating sick patients while offering guidance and emotional support to patients and their families. Lastly, completing documentation, adhering to physician orders, and follow-up treatment (Fetherston & Batt, 2020).

Nursing Performance: The effectiveness of the functions necessary to provide and achieve nursing system goals (Tariq et al., 2020).

Perception: Developing an understanding or interpreting an event or situation through a mental impression (Tsogbadrakh et al., 2020).

Transition: To be in the act of changing from one stage or state to another (Lea & Cruickshank, 2015).

Assumptions

The following assumptions addressed in this study were honesty, truthfulness, and recollections of events. I assumed that the participants answered each question honestly about their perceptions and expectations of nursing practice related to performance, demands, and requirements. This assumption was most important because there was no way to ensure the honesty of the participants' responses. I also assumed that the participants truthfully identified with being registered novice nurses who had 0 to 24 months of bedside nursing experience and no prior nursing experience. My assumptions included novice nurses having a successful transition into nursing practice. Moreover, during the transition into nursing practice, I assumed that novice nurses experienced difficulty adapting and completing tasks, and recollection of these events depended on the participants. Some of the stressors during the transition were related to factors associated with a transition, such as awareness, engagement, change, and timeframe (Meleis et al., 2000). I ensured that each study participant understood participation in this study was voluntary, requiring consent.

Scope and Delimitations

There are nurses in bedside nursing practice, such as baccalaureate registered nurses, associate degree registered nurses, licensed practice nurses, advanced practice nurses, and nurse technicians. The scope of this descriptive study was limited to registered novice nurses with 0 to 24 months of experience in bedside nursing practice in

the United States of America. The exclusion criteria were nurses with more than 24 months experience in bedside nursing practice, nurses with prior experience in nursing practice before becoming a novice nurse, advanced practice nurses, and nonregistered nurses such as licensed practice nurses and nurse technicians. I used purposive homogenous and snowball sampling to gain rich and robust

information about the participants' experiences about their perceptions and expectations of nursing practice.

Limitations, Challenges, and Barriers

One challenge that affected my research was knowing whether I had a sample size that provided data saturation. To address this limitation, I recruited nurses using homogenous and snowball sampling. Another limitation was the participants' lack of availability to be reinterviewed after the research to ensure my results' trustworthiness. To address this limitation, I emailed the results to the participants and received their input based on the study results. The study participants interviewed by telephone or email rather than face-to-face did not provide me with data about facial expressions or tone of voice, limiting responses for data collection. To address this limitation, I paid close attention to long pauses, signs, and pitch tones during the interviews to hear the answers to provide rich and fruitful data results. Lastly, I used reflexivity to monitor my role as the researcher and remained conscious of assumptions that I brought to the study. By doing so, I avoided potential biases that could have influenced the data. Instead of using my presumptions of novice nurses in practice in the study, I used my experience in nursing practice to encourage detailed data from the participants.

Significance of the Study

To meet the requirements of safe patient care in healthcare, successful hiring, transitioning, and retaining novice nurses is necessary. This research study may help fill the gap in understanding novice nurses' perceptions and expectations of nursing practice. This research is essential because I addressed the experiences of novice nurses during their transition into nursing practice. My research is significant because I uncovered valuable information to nursing educators as they prepare nursing students for the transition into practice and nursing administration as they work to develop strategies that retain novice nurses at the bedside.

Summary

Novice nurses leaving bedside nursing negatively affects nursing practice related to the nursing shortage, patient safety, and patient satisfaction. Novice nurses learn and develop perceptions about the nursing practice from nursing school and transitioning into the work environment. Meleis (1960) indicated that as novice nurses transition into bedside nursing practice, change triggers and personal conditions could affect the success of the transition resulting in nurses leaving the practice. The purpose of this study was to investigate and understand what constitutes nursing practice regarding the nurses' performance at the bedside, job requirements, and nursing demands from novice nurses' perceptions and expectations using a descriptive qualitative approach. I used the RQs to provide an understanding of why novice nurses are leaving nursing practice. The nature of the study was a qualitative descriptive approach using Meleis's transitions theory to understand novice nurses' perceptions and expectations of nursing practice related to

demands, requirements, and performance. The significance of this study is that it offers suggestions to nurse leaders about how to orient new nurses in the nursing environment to improve workplace satisfaction and nurse retention.

      Chapter 2 further addresses Meleis's transition theory, novice nurses in bedside nursing practice, and expectations and perceptions of nursing practice related to demands, requirements, and performance.

Chapter 2: Literature Review

Introduction

The literature review includes the following topics: (a) historical overview of novice nurses in nursing practice; (b) the transition theory; (c) the concepts of nursing demands, nursing requirements, and nursing performance; (d) how each concept has influenced novice nurses' perceptions and expectations of nursing practice; (e) novice nurses' perceptions of transitioning into nursing practice; and (f) summaries of information on the novice nurses' perceptions and expectations of bedside nursing and how novice nurses should remain in nursing practice.

Novice nurses enter bedside nursing after completing nursing school and meeting the requirements to practice. The criteria of novice nurses at the bedside are to transition into practice using critical thinking skills to make conscious decisions that result in safe patient care (Ostaszkiewicz, 2019). However, novice nurses are frequently leaving bedside nursing with minimal to no experience in nursing practice. The bedside nursing environment will continue to change and evolve, requiring skilled nurses in practice with the expertise to perform job requirements and demands. Some of the changes include chronic illnesses, treatments, and technology (Theander et al., 2016).

The purpose of this qualitative study was to investigate and understand what constitutes nursing practice regarding performance at the bedside, job requirements, and nursing demands from novice nurses' perceptions and expectations. Novice nurses' perspectives were essential because they provided insight into why novice nurses leave bedside nursing. I conducted a literature review to explore the novice nurses currently

working in bedside nursing and the novice nurses who have left the practice. I gathered

information relating to why novice nurses leave the bedside and any misconceptions that

lead to their departure. I also explored the need for further research on why novice nurses

are departing bedside nursing. Lastly, I conducted the literature review to understand

what constitutes nursing practice regarding the nurses' performance at the bedside, job

requirements, and nursing demands from novice nurses' perceptions and expectations.

The Literature Research Strategy

There were multiple resources available about novice nurses' perceptions and

expectations of nursing practice, nursing practice demands, requirements, and

performance. I searched through different databases to locate gaps in the literature about

the novice nurses' perceptions and expectations of nursing practice. The sources that I

used to find my topic were the Health Sciences, Human Services, and Nursing databases

available to me from the Walden University Library. The keywords and combination

words I used in my search included *nurse, novice nurse, graduate nurse, new nurse,*

registered nurse, associate degree nurse, transition, nursing demands, nursing

performance, nursing practice, job requirements, perceptions, bedside nursing, hospital

nursing, nursing challenges, and expectations. The combination words that I found

helpful in the search results were *novice nurse, new nurse, graduate nurse, nurse*

transition, bedside nursing, hospital nursing, nursing challenges, and nursing practice.

I used filters while searching the database to limit the results to displaying peer-

reviewed articles published within the last 5 years. The inclusion criteria were graduate

registered nurses with 0 to 24 months of nursing practice experience. The exclusion

criteria were licensed practice nurses, certified nurse assistants, and novice nurses with prior experience working at the bedside. The peer-reviewed articles that I found helpful provided me with an understanding of nurses' perceptions of the bedside's demands, requirements, and performance. Understanding the terms novice nurse, nurse demands, nurse performance, and job requirements allowed me to comprehend the bedside nursing expectations. I searched back and forth between the data terms to gather studies related to the topic of interest and engaged in a preliminary analysis of information. The data collected from the research helped to shape the research and continued throughout the literature review.

Historical Overview of Novice Nurses in Nursing Practice

The transition into bedside nursing practice occurs when a nursing student completes a nursing education program and achieves licensure to practice (Wiersma et al., 2020). The time when novice nurse's transition into bedside practice is critical to develop the necessary skills to practice autonomously within their level of licensure (Lea & Cruickshank, 2015). Novice nurses have new roles and responsibilities to improve patient safety and outcomes for a better quality of care. These nurses shadow to perform and provide nursing care with expert nurses who have years of experience in nursing practice. Novice nurses are responsible for caring for and providing skillfully trained care to patients in healthcare settings. The novice nurses' role is to assess patients, complete patient tasks and orders from medical providers, educate, and advocate by critically thinking and applying the knowledge to diverse populations (Lewis & Kelly, 2018). The novice nurse is a nurse within their first 12 months of practice, with limited to no clinical

setting experience. Novice nurses are registered licensed nurses who have obtained

certification to practice nursing care after completing nursing school (Lea &

Cruickshank, 2015). Novice nurses are limited in thinking critically about patient

situations due to a lack of experience and exposure. Their experience is dependent upon

the clinical hours they had during nursing school (Vichittragoonthavon et al., 2020).

Novice nurses may depend on what they are taught in nursing school as the requirements

of bedside nursing practice, leading to misinterpreting what their actual job role is and

resulting in them leaving nursing practice.

Theoretical Framework

The Transition Theory

The theoretical framework supporting this study was Afaf Meleis's 1960

transition theory. In 1960, Meleis presented the transition theory explaining how life

changes affect development. According to Meleis, the transition begins before an

occurrence and ends contingent upon different variables. It is essential to comprehend

how one responds to a new experience and the various phases associated with the

difference based on the other variables. The transition theory has two parts; first is the

transition phase and understanding what one is experiencing during the transition (Meleis

et al., 2000). The second aspect of the transition theory is the experience during the

transition phase and the result of the transition caused by a change (Meleis et al., 2000).

There are different types, patterns, and properties associated with the transition

theory. The types of transitional change are developmental, health and illness, situational,

and organizational. The transition patterns are determined by whether the individual has

experienced single, multiple, sequential, simultaneous, related, or unrelated transitions (Meleis et al., 2000). The developmental stage involves a stage where individuals focus on their perspective of a change (Lindmark et al., 2019). The developmental change for novice nurses is when nursing students become registered practicing nurses. Situational change involves changes in educational and professional roles (Lindmark et al., 2019), such as the novice nurse using what they learned in nursing school and applying it to nursing practice. Health and illness focus on how individuals deal with different diseases and how they manage care given during the illness (Lindmark et al., 2019). Organizational transitions involve changes in the environment (Lindmark et al., 2019) which relates to novice nurses evolving from nursing instructors to nursing managers and leaders. The properties are what individuals perceive the transition to be, whether they engage in the transition or make changes, support, loss of support, and the transition timeframe (Meleis et al., 2000). Factors that influence the transition period are personal, cultural, socioeconomic, preparation, and knowledge (Meleis et al., 2000).

When applied to nursing practice, the transition involves self-awareness, engagement, change and difference, time, critical points, and events (Lindmark et al., 2019). Novice nurses transitioning into nursing practice may not find the requirements in the bedside environment are in contrast with what they learned in nursing school, which could negatively affect their transition into practice. When new nurses transition into a working environment where they lack expertise and skill, there may be resistance to engage or a feeling of lack of support from leaders.

As novice nurses transition into nursing practice, they use the education received in nursing school and the skills obtained from nurse preceptors. During the developmental phase of the transition, the expectations novice nurses anticipated about the nursing practice experience may be different from the actual job requirements. Also, there could be challenges related to the situational transition from educational to professional as new nurses must perform the necessary skills learned in nursing school independently in practice. Lastly, the organizational transition from student to nurse with job demands coming from the nurse leaders instead of faculty could impact the way novice nurses view the transition into nursing practice. As new nurses transition into nursing practice, they move from the environment of learning to perform skilled tasks. During the transition, the nurses may experience feelings such as lack of support, unwillingness to engage, and difficulty with task completion within the expected timeframe. The new nurses may also feel a lack of preparation transitioning into their new role.

Previous researchers have used Meleis's transition theory to understand how novice nurses' transition into nursing practice and effective strategies to improve retaining nurses in practice. Arrowsmith et al. (2016) used Meleis's transition theory in a mixed-methods systematic review to understand nurses' perceptions and experiences of work role transitions. The authors wanted a better understanding of work role transitions to help retain nurses in practice. They explored the transition process of both novice and experienced nurses in practice. The results showed that novice nurses were more prone to extreme disruption and stress when transitioning into nursing practice. Experienced

nurses reported feelings of ease and understanding as they were competent in their role responsibilities. Arrowsmith et al. stated that informed educational environments are essential for all nurses during the transition period. Using transitions models is helpful for a successful transition into the work environment. Though the findings from these studies are valuable information about how new nurses have perceived their transition into nursing practice, it does not provide the reader with knowledge based on what the nurses' expectations were upon entering nursing practice. Also, the study included input from both novice and experienced nurses. I filled the gap by exploring novice nurses' perceptions and expectations of nursing practice.

Wildermuth et al. (2020) conducted a study using Meleis's transition theory to explore the lived experiences of nursing students and graduate nurses' transition in a residency program. The student nurses partnered with a preceptor during their clinical rotations during the last semester of the nursing program, and the graduate nurses paired with the preceptors during their orientation period as novice nurses. The results showed that the nurses felt the nursing environment was stressful and required responsibilities for which they did not prepare. The nurses stated that they thought they should have been more prepared than they were to complete their tasks. Lastly, the nurses reported feeling supported by the preceptors during the orientation period of nursing practice. The results of a similar study showed that novice nurses perceived that what they learned in nursing school helped them critically think when assessing the needs of the patients and facilitated their successful transition to bedside nursing practice (Hostetter, 2020). The novice nurses expected to transition into bedside nursing practice with the support of

their preceptors. They expected the preceptors to be available, have an approachable attitude, and be trustworthy to encourage and promote clinical competence (Aboshaiqah & Qasim, 2018). The findings from these studies provides detailed information about how new nurses felt their transition into nursing practice was based on their preparation from nursing school and preceptorship programs but lacked details on how they perceived the demands, requirements, and performance expectations upon entering nursing practice. I anticipated that my findings would build on these studies and extend what is known about how novice nurses view clinical practice. While the literature supports novice nurses' perceptions of nursing practice and their experiences in bedside nursing, a gap still exists where novice nurses provide clarity about their perceptions and expectations related to performance, demands, and requirements of nursing practice. This knowledge may help create a better understanding of why nurses leave the practice and develop strategies to help retain novice nurses in nursing practice.

Literature Review

Novice Nurses' Perceptions of Nursing Practice

The nursing practice consists of methods that involve assessment, diagnosis, planning, intervention, and evaluation. Additionally, the nursing practice involves investigating, educating, and advocating. The American Nurses Association (ANA, 2020) defined the nursing practice as a therapeutic and supportive care-based practice composed of diagnosis and treatment applied to human health and illness experiences (ANA, 2020). Nurses teach and educate about healthy living, foster personal and familial development, and create self-defined goals of individuals, families, and communities

(ANA, 2020). Nurses act as patient advocates by collaborating with physicians and other health team members to address and meet patient needs and practice advancement. The nursing scope of practice is a guide that ensures nurses are educationally prepared to perform and practice competently following local, national, and international guidelines and policies established with evidence to encourage and promote patient safety, and address patient needs and care outcomes (ANA, 2020).

Previous researchers have sought to understand novice nurses' perceptions of nursing practice to understand how novice nurses transition into nursing practice and methods used for a successful transition. Mason (2019) performed a qualitative phenomenological study using Banduras's social cognitive theory and Colaizzis's descriptive method of data analysis to explore 15 registered nurses' perceptions of their transition from entry-level to an advanced beginner in nursing practice. The RQs focused on challenges nurses experienced with problem-solving and complex patient care requiring advanced critical thinking and clinical judgment. The results revealed that the nurses felt unsupported, ill-prepared to manage conflict, and unprepared to lead in nursing practice. While helpful to understanding new nurses' perceptions of transitioning into nursing practice, these results leave a gap in my research as the questions focused on the challenges the nurses faced in nursing practice rather than what they perceived and expected nursing to be while transitioning into their positions.

Swan and Eggenberger (2020) performed a descriptive study using a cross-sectional design survey to gather narrative responses about what new nurses perceived as benefits and challenges of caring for families in their current nursing practice. The

authors received responses from 109 participants currently employed as registered nurses. The results showed that the nurses perceived caring for families in nursing practice to translate to family-focused knowledge and developing interactions with families. Though the results provided valuable data, Swan and Eggenberger sought to understand how novice nurses perceived caring for families in nursing practice, lacking an understanding of how novice nurses perceive nursing practice.

Forbes et al. (2020) performed a qualitative descriptive study exploring new graduates and experienced nurses' perceptions of patient safety in nursing practice. Results showed that the new nurses had more of a positive perception of patient safety culture than the experienced nurses. The novice graduate nurses perceived nurses' responses about mistakes differently but had similar reactions to the importance of communication. Cope et al. (2019) conducted a qualitative descriptive study to explore new graduate nurses' perceptions of patient safety in nursing practice. The results showed that the new nurses viewed the nursing practice as maintaining time management, possible mistakes, experiential learning, and a transition process. The authors concluded that transition shock in the new role leaves new graduate nurses' perception of nursing practice as an environment where time management and task completion precede patient safety and care. With these results, there remains a gap in understanding how novice nurses perceive and what they expect from nursing practice based on demands, requirements, and performance.

Laschinger et al. (2016) performed a quantitative study using the non-experimental predictive design supported by the Structural Empowerment Theory to

explore new nurses' perceptions of nursing practice related to professional practice behaviors, quality of care, job satisfaction, and job retention. The results showed that the new nurses viewed the nursing practice as an environment that supported job satisfaction and career retention, professional practice behaviors, and high-quality patient care. While the results help understand how novice nurses feel about nursing practice related to behaviors, quality of care, job satisfaction, and job retention, there remains a gap in understanding their perceptions of performance, requirements, and demands in nursing practice.

DeGrande et al. (2018) explored the perceptions of novice nurses new to practice in the intensive care unit's experiences having worked through the transition process to competent nurse. The findings revealed that nurses perceived the nursing practice as understanding being comfortable with being uncomfortable. Also, confidence and uncertainty, gaining experiences, continuous learning, knowing and intuition, difficulty, stress, being courageous and assertive, teamwork and support. The findings from this study focused on the perceptions of new nurses who transitioned into competent nurses, whereas my research focuses on the perceptions of new novice nurses.

Hung Shuk Yu et al. (2017) performed a qualitative study with new graduate nurses about their perceptions of nursing practice after completing one year of clinical experience. The results showed that the participants perceived nursing practice to be complicated with fluctuating feelings of frustration and accomplishment. The nurses also reported feeling accountability and competency, personal adaptation attitude and ability, interpersonal relationships with colleagues, and institutional workplace support and

orientation. The authors focused on new nurses after completing one year of practice, whereas my study will utilize the responses from novice nurses with 0 to 24 months of nursing experience.

Lalonde and McGillis Hall (2017) conducted a quantitative cross-sectional multisite design study with new graduate nurses after completing their preceptorship program. The purpose of the study was to explore the relationships between their perceptions of role conflict, role ambiguity, job satisfaction, and turnover intent at the end of their preceptorship program in nursing practice. The results showed that the new nurses perceived the preceptorship in nursing practice as role ambiguity, role conflict and turnover intent, and high job satisfaction. Job satisfaction is related to low role conflict and role ambiguity. The nurses perceived working at their first job of choice related to less role conflict and ambiguity. While the results of this study are helpful, it focuses on new nurses' perceptions of nursing practice after completing preceptorship programs.

Rainbow and Steege (2019) performed a mixed-methods study using qualitative interviews and a longitudinal survey with novice nurses who completed one year of nursing practice. The nurses provided their perceptions of nursing practice related to stress, coping, and burnout. The qualitative results showed that the novice nurses perceived the nursing practice as stressors and managing burnout and presenteeism, and difficulty explaining the nursing role. The quantitative results showed that the nurses' stress level, presenteeism, and burnout increased after completing the first year of work in nursing practice. With these results, there remains a gap as my study focuses on new

nurses with nursing experience from 0 to 24 months and concepts related to demands, requirements, and performance.

Paatalo and Kyngas (2016) used the inductive descriptive qualitative design to understand what factors novice nurses felt promoted their well-being in nursing practice. They collected data from 16 novice nurses and discovered results related to work shift planning, professional development, feeling competent, help, support, and a respectful work community with reasonable work expectations. Bloomfield et al. (2018) performed a cross-sectional survey with a quantitative online survey design study to identify factors associated with final year nursing students' desire to work in bedside nurse healthcare settings, including demographic characteristics, expectations of future employment conditions, and job content. The results showed the nurses' perceptions and expectations of work in primary health care as associated with older age, the value of employment conditions such as flexibility, and less perceived importance of workplace support. While the results from these studies focus on new nurses' desire to work in nursing practice, there remains a gap addressing what they perceive or expect the nursing practice to be.

McKenna et al. (2017) performed a descriptive design cross-section survey with two open-ended questions exploring 286 graduate nursing students' perceptions of nursing practice. The results showed the nurses perceived nursing practice as exposure, a consumer of health care or the health care role and influencing career change. The nurses also felt that there is misinformation about nurses' roles. Many identify nursing as caring or rely on media representations as to their source. The authors concluded that though

nursing courses provide opportunities to new nurses and contribute to workforce shortages, there is a lack of knowledge of nursing roles among graduate nurses.

While the studies identified provided different viewpoints about the nursing practice from novice nurses related to their transition from student nurse to the first year of practice, there is still a need to explore novice nurses' perceptions and expectations of nursing practice. The reason is to understand better why nurses are leaving nursing practice from the novices' point of view.

Novice Nurses Perceptions of Nursing Demands

Nurses work in different healthcare settings, such as insurance companies, home health, school settings, and outpatient facilities. Still, the most common area of practice is at the bedside in the hospital. The healthcare setting is the most preferred place to have nurses employed because there is a wide range of patients with different health problems that require their care and practice skills (McCarthy et al., 2018). Bedside nursing is an area of nursing practice that demands long working hours, hands-on experience, and experience with critical thinking and problem-solving. With that said, when it comes to the most significant number of available nurses, hospitals are essential. Staffing requirements in the bedside nursing setting average four to seven patients per nurse (Sharma & Rani, 2020).

Cao et al. (2020) performed a descriptive cross-sectional survey design to understand newly licensed registered nurses' perceptions of care quality on turnover intention in bedside nursing. The study is about the job demands–resource model, linking the paths between organizational justice, work engagement, nurses' perception of care

quality, and turnover intention. The results showed that 22.3% of nurses desired to leave the bedside. The nurses perceived organizational justice as related to high work engagement, nurses' perception of care quality, and low turnover intention. Walton et al. (2018) performed a reflective study to identify the new graduate nurses' perceptions of challenges and learning experiences as they transition into nursing practice. The results showed that the nurses perceived nursing practice as engaging help and support, advocating for patients' needs and safety, and putting their feelings aside. The nurses also perceived nursing practice to be an environment of situational challenges such as communication difficulties and the pressure of competing demands. Lastly, the nurses enjoyed when they felt rewarded when they achieved desirable nursing outcomes. The study results provide great detail about new nurses' perceptions about the demands in nursing practice. Still, a gap remains in understanding their nursing practice expectations based on their performance and job requirements.

Hussein et al. (2017) conducted a mixed-methods design study to understand new nurses' perceptions of their transition into practice during their first year and how clinical supervision influenced their experiences. The factors included acute care settings, high patient acuity, and demanding workloads. The authors wanted to examine how organizational factors and elements of clinical supervision influenced new nurses' experiences. The results showed that new nurses had negative perceptions of the increased workload and lack of support against clinical demands and expectations. The nurses also felt that orientation and the transitional support program supported their success and development of clinical competence in nursing practice. The authors in this

study explored new nurses' transition into nursing practice based on clinical supervision. Though the results included nursing demands as factors that influenced the new nurse experiences, the authors did not explore performance or requirements in the study.

Kaihlanen et al. (2020) performed a survey questionnaire study about new nurses' perceptions of nursing practice transition. The concepts explored were the systematicness of the practicum, teacher involvement, the quality of supervision, preparing for the demands in the workplace, and being part of a professional team. The results from linear regression analysis showed the factors except for the quality of supervision were associated with the transition into practice. The results also showed the need for well-implemented final clinical practicums that prepare new nurses for transition into nursing practice to meet the difficulty of high job demands. While understanding the demands of nursing practice from novice nurses is relevant to this study, further research is necessary to determine the issues novice nurses face related to nursing demands to create strategies to improve nurse preparation upon entering nursing practice. I will use my study of novice nurses' perceptions and expectations of nursing practice related to demands, requirements, and performance to fill the literature gap.

Novice Nurses Perceptions of Nursing Requirements

The requirements of nurses working at the bedside range from several duties of direct care to the patients assigned. The conditions of nurses at the bedside include assessing patients' health status, understanding the patients' needs, assisting patients in maintaining proper body alignment and body mechanics, checking and recording vital signs, responding to the patients emotional and spiritual needs, preparing for and assisting

with diagnostic procedures, recording information in charts, and interpreting data for the patient and their family (Griffiths et al., 2020). Nurses at the bedside seek to manage the patients' needs to encourage recovery and avoid further health deterioration. The bedside nurse requirements also include health-related roles such as assisting physicians with procedures, providing healthcare screenings, and participating in case management.

Jacob et al. (2017) performed a mixed-methods cross-sectional survey study exploring graduating registered and enrolled nurses' perceptions of what role requirements they were prepared for while in nursing school. The questionnaire included topics related to the students' role expectations and responsibilities, including nursing competencies required upon commencement. The results showed that the nurses perceived that they were to care for high acuity patients with increased levels of responsibility. They felt less prepared for the work environment due to minimal clinical hours and hands-on experience. The students also expressed having lower confidence levels during their transition into the workforce, struggling with managing workloads, and fitting into clinical practice. Hatzenbuhler and Klein (2019) performed a qualitative study exploring the perceptions of newly graduated nurses about how well they felt the educational institutions they attended prepared them for the job requirements in nursing practice. The results showed that the nurses thought that the nursing education programs they attended did not fully prepare them for the job requirements in nursing practice. The participants provided recommendations for faculty to better prepare student nurses for a successful transition into nursing practice. The authors in the studies explored new and graduating nurses' perceptions of how well they were ready for their role requirements in

nursing practice. Still, there remains a gap about what they perceived and expected their role requirements to be in nursing practice.

Nurse competence is an essential requirement in bedside nursing practice to ensure that patients receive quality and safe care that meets healthcare environments' demands. Nurses must provide nursing services, practice leadership, health advocacy, and illness prevention in addition to knowledge, strength, assessments, and positive attitudes (Leonardsen et al., 2020). Nurse competence reflects the nurses' professional capability and understanding of employment to handle expected and unexpected situations.

Urban and Barnes (2020) conducted a phenomenological qualitative study with interview questions exploring graduate nurses' perceptions of the job requirements during their first couple of months of independent nursing practice. The results showed that the new nurses perceived the job requirements to be overwhelming and being an independent nurse in practice exceeded what they were told in nursing school and hospital-based training. Feeling overwhelmed made them feel insecure, anxious, and like they were taking their jobs home. The nurses stated that they felt like they were not skilled enough to handle the role of nursing practice and had no one to express their concerns. Kim and Shin (2020) performed a mixed-methods study exploring barriers and facilitators of successful transition into nursing practice perceived by new graduate nurses. The quantitative aspect was a cross-sectional design. The qualitative was a focus group interview design focusing on transition experience, job satisfaction, self-efficacy, nursing work stress, and structural empowerment. Both the qualitative and quantitative results were similar, stating that the barriers were fears, workload, excessive role requirement

expectations, and emotional difficulties that came from bullying. The facilitators were self-confidence, interaction with colleagues, positive and supportive work environments, and a phase transition program. While beneficial to the role requirements of novice nurses in nursing practice, the findings of these studies were limited to what the novice nurses were told and exposed to in nursing school. The nurses did not express requirements that were presented to them upon employment to their jobs. Understanding the novice nurses' perceptions of nursing practice related to job requirements while working in nursing practice may assist with better understanding their expectations.

Novice Nurses Perceptions of Job Performance

Nursing performance is nursing activities, or behaviors acted out by nurses geared towards their assigned patients' recovery and well-being. Nurse performance is an observation and measurement of work productivity and patient safety to avoid medical errors and patient harm (Zahrah et al., 2019). Institutions use nurse-sensitive quality indicators to monitor the nurses' ability to provide quality care and practice through patient outcomes related to physical, psychosocial, professional, teaching skills, planning, evaluation, professional development, and communication (Sharif et al., 2016). The nurses must perform bedside nursing tasks efficiently. The tasks are related to interpersonal jobs, personality traits, and effective communication. Nurses perform the mandated practices to adhere to the nursing institutions' patient care safety standards of quality (Sharif et al., 2016).

Zhang et al. (2018) performed a cross-sectional survey to investigate 696 new nurses' perceptions of workplace incivility, workability in the relationship between

workplace incivility and job performance, and the role of career expectations in the relationship between workplace incivility and job performance. The results showed that 60.7% of the participants perceived some level of workplace incivility. The new nurses' perceptions of workability mediated workplace incivility and job performance, and the relationship moderated career expectations. The authors concluded that workplace incivility impairs the job performance of new nurses by weakening their workability. They suggested that higher career expectations may decrease workplace incivility and contribute to the maintenance of job performance by reducing the detrimental effects of workplace incivility.

Harrison et al. (2020) conducted a case study design with 67 participants to understand new nurses' perceptions of the impact bedside nursing has on their practice readiness and the factors that assist them in becoming practice-ready. The results showed that nurses perceived nursing practice as an environment where novices felt supported, thrive, and fit into the working environment. Negative perceptions were where the nurses felt intimidated and struggled with feeling isolated. The new nurses who had positive experiences thought that they could succeed and demonstrate a high level of practice readiness. Open and respectful interactions made them feel included, valued, confident, and supported. The nurses also felt that negative perceptions made them feel intimidated and isolated. Examples included experienced nurses who made them feel too scared to ask questions, resulting in being quiet and feeling withdrawn, reluctant to raise concerns or ask questions and seek help. The authors concluded that the workplace environment and quality of workplace interactions impact new nurses' perceptions of their

performance. There was limited research addressing novice nurses and their perceptions about job performance expectations. However, understanding novice nurses' perceptions and expectations about their job performance in nursing practice are necessary to understand how their job performance affects their views of nursing practice as new nurses. While the literature supports job performance as an essential factor in the knowledge, growth, and competence of novice nurses, there was limited data available based on the perceptions of novice nurses.

Novice Nurses Perceptions of Transition into Nursing Practice

The transition into nursing practice occurs when graduate nurses complete nursing school and accreditation to practice as a nurse. The nurse achieves the ability to work autonomously within their level of knowledge (Rainbow & Steege, 2019). During the transition period, the new nurse develops skills and responsibilities to work while caring for and providing safe patient care.

Rainbow and Steege (2019) conducted a case study to understand the timing support needed during the transition into nursing practice for new graduate rural nurses. The results showed that continuous support for new nurses during their transition into practice occurs through staffing allocations within the environment. Also, there is a lack of knowledge about supporting new nurses during their transition into nursing practice. While this study provides helpful information about novice nurses' transition into nursing practice, there is a lack of knowledge about their perceptions and expectations about nursing practice.

Arrowsmith et al. (2016) conducted a mixed-methods systematic review to understand nurses' perceptions and experiences of their work role transitions. The results are based on responses from novice and experienced nurses. Two themes emerged; striving for a new professional self that includes emotional upheaval and know-how, including competence and boundaries. Novice nurses were more prone to emotional upheaval, and experienced nurses' competence made the transition into nursing practice easier. The authors in this study focused on the perceptions of novice and experienced nurses, while I focus on the perceptions and expectations of novice nurses in nursing practice.

Murray et al. (2019) conducted a mixed-methods study to understand new nurses' perceptions of patient safety and how it applies to clinical practice when transitioning from nursing students to first-year registered nurses. Two frameworks were used to support Benner's Novice to Expert model and Duchscher's Stages of Transition Theory and Transition Shock model. The results showed that new nurses admitted to struggling with time management and task completion rather than patient satisfaction. Also, the new nurses said the focus of their transition was about their expectations of themselves. They reported the importance of asking questions rather than feeling uncomfortable and jeopardizing the patients' safety. While novice nurses transitioning into practice is essential for the study and the use of the transition theory, the focus of this study is the perceptions and expectations of nursing practice from novice nurses.

Summary

With novice nurses leaving bedside nursing, it is essential to understand why and find ways to retain nurses at the bedside as they transition into practice from nursing school. My literature review provided details about novice nurses' perceptions about nursing practice as they transition from nursing school, nurses leaving the workforce, and the factors influencing their decisions to leave. Although there was limited research describing novice nurses' perceptions and expectations about nursing practice within the first two years following the transition from nursing school, qualitative studies described new nurses' experiences and the challenges they faced while transitioning. My study is necessary to fill the gap in understanding novice nurses' perceptions and expectations of nursing practice. Positive social change may be affected as novice nurses must fill the required positions required in nursing practice. Discovering ways to encourage an effective transition into nursing practice may improve how new nurses feel about nursing practice encouraging them to stay in practice and contribute to healthcare.

The next chapter, 3, is about the methodology of the study. The section includes the research design, questions, and rationale for using the method to answer the RQs. The chapter also has the researcher's role, the sample size, instrumentation, data analysis, and ethical considerations.

Chapter 3: Research Method

Introduction

The purpose of this study was to investigate and understand what constitutes nursing practice regarding the nurses' performance, job requirements, and nursing demands from novice nurses' perceptions and expectations using a descriptive qualitative approach. The data obtained from this study may assist nurse faculty, administration, and healthcare leaders in creating policies that encourage a successful transition of new nurses into bedside nursing practice. This chapter includes the study's research method, such as the design, role of the researcher, methodology, instrumentation, data collection, analysis, trustworthiness, and threats to validity.

Research Design and Rationale

I used this descriptive qualitative research study to answer the following RQs: RQ1: What are the lived experiences of novice nurses regarding actual versus perceived job requirements? RQ2: What are the lived experiences of novice nurses regarding challenges they experienced related to their job performance? RQ3: What are the lived experiences of novice nurses related to challenging job demands?

The qualitative descriptive method of inquiry describes a phenomenon and its characteristics by exploring what happened rather than how or why (Kim et al., 2017). The descriptive approach provided a holistic and rich collection of data from the different study participants to understand the participants' perceptions and expectations (see Nassaji, 2015). Descriptive qualitative research originated in 1945 by Paul Felix Lazersfield and Ernest Dichter. They showed how individuals use psychology to interpret

human behavior through interviews and group discussions that focus on answering questions about the participants' feelings, perceptions, and expectations of the lived experience (Bailey, 2020). Researchers use the qualitative descriptive research method to focus on the participants' perceptions and expectations of an event and recollect the experiences in their own words (Baillie, 2020). The descriptive qualitative approach guided understanding the study, data analysis, and interpretation.

Role of the Researcher

My role in this qualitative descriptive research was to observe and gather the participants' thoughts. I collected data through one-on-one structured interviews with novice nurses. During the interviews, I documented the thoughts and feelings of the participants to develop an understanding of the experiences described by the respondents (see Sutton & Austin, 2015). I collected data by listening and observing during the interviews and reviewing the documents of each participants' responses (see Ravitch & Carl, 2016). My role in the study was to be a silent listener and observer in the interview while avoiding any sense of bias that would alter the accuracy of the results (see Nassaji, 2015). Avoiding bias in this study was essential because I am a registered nurse who has transitioned into nursing practice as a novice. Being aware of my feelings was critical to avoid misinterpreting the results.

While conducting the research, I frequently acknowledged and reviewed any personal feelings related to the topic of interest during the interviews. By doing so, I avoided any bias that could have influenced the data and results (see Baksh, 2018). I avoided providing any details about my personal experiences as a novice nurse to refrain

from guiding the direction of the interviews. Each participant was comfortable and free to
share their experiences with me in their own words about the questions asked (see
Ravitch & Carl, 2016).

I received the approval of the Walden University Institutional Review Board
(IRB) to collect data. Walden University's approval number for this study is **09-30-21-
0416570.** I was responsible for addressing and ensuring that I addressed avoiding issues
that could have caused potential harm to the participants. Examples included ethical
issues related to the participant's privacy and confidentiality, receiving signed consent
from each participant, and deidentifying and storing data of the participants' responses in
a locked and secure place.

Methodology

Participant Selection

The ideal participant selection for the study was novice nurses with 0 to 24
months of nursing practice experience. The inclusion criteria were novice nurses with 0
to 24 months of nursing experience, registered nurses with a baccalaureate or associate
degree, and nurses with no prior experience in nursing practice in the United States of
America. Exclusion criteria were advanced practice nurses, nurses with previous
experience in nursing practice, and nonregistered nurses such as licensed practical nurses
and nurse technicians.

With approval from the IRB, I recruited the participants through social media
outlets such as Facebook and Instagram. The social media outlets have nursing group
pages with followings of nurses that range from novice to expert. The purpose of the

nursing group pages on social media is to support and mentor all nurses. I assumed that registered novice nurses who met the criteria for the study would be available on these social media outlets. Also, social media outlets provided the potential to reach participants in diverse regions and areas around the United States. As per the administrators who create the nursing group pages on the social media platforms, all information about nursing is welcomed and acceptable that does not harm, insult, or degrade any active members.

In qualitative research, the required number of participants ranges from 5 to 50 to reach adequate saturation (Creswell & Creswell, 2018). The average number of participants for this study was 8 and 15 novice nurses upon reaching saturation. Researchers achieve data saturation in qualitative research when participants' responses do not produce new ideas through analysis and new codes (Guest et al., 2020). After reaching saturation, the researcher obtains adequate data to answer the RQs, identify codes, and create themes (Creswell & Creswell, 2018). It is essential to ensure saturation in the study to guarantee the transparency and trustworthiness of the research results (Stahl & King, 2020). When I reached saturation, I transcribed and analyzed the data after completing each interview until noticing repetition with the participant responses.

Instrumentation

The instrument used in the study was the structured interview to answer the RQs: RQ1: What are the lived experiences of novice nurses regarding actual versus perceived job requirements? RQ2: What are the lived experiences of novice nurses regarding challenges they experienced related to their job performance? RQ3: What are the lived

experiences of novice nurses related to challenging job demands? I used structured interviews to collect the data in the study to gather detailed explanations of the participants' experiences (see Creswell & Creswell, 2018). Structured interviews are conversations between the interviewer and interviewee where the interviewer asks a set of questions in standard order. A structured interview also includes a set of questions asked by the interviewer to collect information from the participants and evaluate the same question responses for each interviewee (Creswell & Creswell, 2018). Researchers use structured interview questions as a guide to prepare for and encourage answers to the questions from the participants. The structured interviews allowed for asking probing questions and follow-up questions to gain productive and fruitful information (see Multon, 2018). I asked open-ended questions (see Tasker & Cisneroz, 2019) to gather emotional responses and explore solutions (see Multon, 2018). I used open-ended interview questions to obtain data to answer the RQs.

I conducted the interviews using audio telephone calls. During each audio telephone interview meeting, I transcribed the data using the Otter Transcribe Voice Notes Application, which records and transcribes telephone conversations between the interviewer and interviewee. The transcription was downloaded and stored on my password-protected computer. Interviews allow individuals to communicate with each other in real-time. During each interview, I took notes describing any changes in tone of voice, pauses, or issues that arose while the participants answer the questions asked.

Using the telephone to interview the participants enabled me to record the time and date of the interview, take notes during and after the interview, and note voice tones

and changes (see Creswell & Creswell, 2018). The guide for conducting qualitative interviews includes recording the date and time of the interview, ensuring the interviewer and participants understand and comply, a minimum of five questions allowing the participants to elaborate their responses with time between each answer, and ending the interview thanking the participants for their participation (Creswell & Creswell, 2018). The RQs helped me to guide the direction of the structured interview questionnaire. The RQs were as follows: RQ1: What are the lived experiences of novice nurses regarding actual versus perceived job requirements? RQ2: What are the lived experiences of novice nurses regarding challenges they experienced related to their job performance? RQ3: What are the lived experiences of novice nurses related to challenging job demands?. From these questions, I developed the interview tool with the following questions:

1. Tell me about your experience working as a registered nurse.

2. Tell me about a typical workday. What are the requirements expected of you when caring for patients?

3. What are some of the demands in the workplace that you were not expecting?

4. Do the nursing demands impact your behavior or performance? How and why?

5. How has your understanding of what it means to be a nurse changed from your first day of practice?

6. What do you wish someone had told you about the realities of nursing practice before you began your nursing program or alternatively what would you tell and individual considering nursing as a career based on your experience?

Recruitment and Participation

With IRB approval, I recruited the participants through online listings and posts on social media platforms such as Facebook and Instagram. The post included a flyer with a complete description stating the purpose of the study, inclusion and exclusion criteria for participation, questions to expect, and what is required to agree to participate in the study. I thanked the individuals who did not meet the study criteria for their interest. The participants selected to participate in the study received an email explaining the requirements for participating, the purpose, who the participants would be, data collection, their right to volunteer in the study and withdraw at any point of the process, and any risks or benefits participating in the study. Every participant knew that all of the information collected about them and their identity would be kept personal and confidential. After providing a detailed explanation to each participant and each participant agreeing to be in the study, I emailed the informed consent and had each participant sign the consent and return it.

After receiving each signed consent, a feasible day was set to conduct the interviews between myself and each participant. The interviews were 30 minutes long, with allotted time if the interviews ran over. The participants were made aware that the interviews might be shorter or longer than intended. The participants were also mindful of the opportunity to withdraw from the study at any time. The interviews occurred through audio telephone calls with a follow-up email, allowing the participants to review the transcripts and agree with or clarify their responses. I stored the data on my personal locked computer.

I used a debriefing tool as an exit strategy for the participants in the study. The debriefing tool included the title and purpose of the study. It also stated why the research was essential to nursing practice and how their participation in the study could benefit nursing practice. The participants understood that all the information collected in the study was confidential, and there was no way of identifying their responses in the data archive. There was also no interest in any individuals' reactions; instead, I focused on the general patterns that emerged after aggregating the data together. The participants were asked not to discuss the study with others who may have later participated, as this could have affected the validity of the research conclusions. If they had any questions or concerns, they were welcomed to contact me through the email provided. They also had the opportunity to ask questions about subjects' rights and wanted to talk privately about their rights as an interviewee. In that case, they were given the contact information of a Walden University representative who could discuss research participation issues with the participants. Before exiting, the participants shared any questions or concerns they had. After gathering and interpreting the data collected during the interviews, each participant received an emailed copy of the notes compiled to confirm the clarity of the answers they provided. Once the participants were in agreement with the data and notes taken, data analysis began.

Qualitative Data Analysis

While conducting this study, I was the only investigator collecting and analyzing the data. As an experienced nurse and a nurse who remained in nursing practice until becoming an expert nurse, I contributed to biased results based on preconceptions and

thoughts of the topic of interest. To avoid these misconceptions during the interviews, transcriptions, and analysis, I implemented reflexive bracketing to decrease the potential bias due to my experience and beliefs (see Baksh, 2018). I used reflexive bracketing to make myself aware of my possible thoughts and feelings about the subject, reflected on these potential biases, and continuously reflected on my opinions about the topic throughout the analysis and data interpretation.

I transcribed the data from the audio telephone calls each participant willingly consented to into handwritten data. The qualitative data analysis method used in the study was Saldana (2016) qualitative data analysis. The data were from the answers provided by participants' expressed opinions, such as refined words from the notes and recordings in text, ensuring they were clear for analysis (see Konecki, 2019). I completed the data analysis using an Excel spreadsheet, beginning with first and second cycle coding, and then developed general themes based on the coding. The data were coded by hand using words or short phrases from the participant's responses in the data as codes. Codes, comments, or terms were assigned that specified topics or issues in the data and were organized for further analysis (see Lehmann et al., 2019). I created a coding scheme to answer the questions and to identify recurring or essential issues to determine the necessary codes (see O'Neil, 2019). Next, I used a refined coding scheme to code the data and create a small subset of the coded data.

After completing the coding, I analyzed the data by identifying themes from recurring codes in the data (see Roberts et al., 2019). The research data coding occurred, paying close attention to the emphasis of the actual spoken words of the participants (see

Saldana, 2016). This coding technique was helpful with interacting with the nurse participants to help highlight how they used specific words or phrases during the interview that may not have been understood when using other forms of coding. Hand coding helped me highlight the voices of the participants and gave meaning to the data. Saldana's (2016) qualitative data analysis method allowed me to identify patterns in the data to review and ensure that the reader clearly understood the notes and descriptions.

Trustworthiness

When collecting data for qualitative research, the information obtained must be truthful. The method of ensuring trustworthy data included criteria related to credibility, transferability, dependability, and confirmability (Cope, 2014).

Credibility

Credibility refers to how truthful the data is to the participants' statements as stated and interpreted by the researcher (Cope, 2014). Researchers improve credibility by describing their experiences and documenting the research findings with the participants (Cope, 2014). Researchers achieve triangulation by using different methods to collect data and the validity of the various forms of data collection (Cope, 2014). I ensured credibility and triangulation by maintaining a professional relationship with each participant interviewed. Each participant was allowed thirty minutes to complete the interview, with allotted time to run over if they had more input to the questions. I collected the data through audio telephone interviews with transcription, journaling, and field notes. The sample size of participants was eight to ensure meeting saturation in the study. Each participant had the opportunity to participate in a second interview to clarify

any misconceptions discovered in their responses and check their transcript to assure that the documentation was what they meant to say (Leung, 2015). I also identified themes associated with the data collected, avoiding my personal bias based on my experience as a registered nurse.

Transferability

Transferability occurs by applying the research findings to other settings or populations (Cope, 2014). The results should have meaning to individuals not involved in the study, and other researchers can use the results to their own experiences. Also, the researcher must include data about data collection such as location, sample size, inclusion and exclusion data, interview process, research, and interview protocol (Korstjens & Moser, 2018). The study should be rich and robust, allowing the data to be transferable. To maintain transferability throughout the research, I ensured reaching saturation of the data collected from the study participants before concluding the analysis. If the data lack saturation and there is a lack of repetition, the researcher has not maintained saturation.

Dependability & Confirmability

Dependability is the data being constant in similar situations (Cope, 2014). Dependability occurs when another researcher agrees with the research collected and the results. The study findings should be dependable if replicated with similar participants in similar studies (Cope, 2014). To achieve dependability, I frequently reviewed the process of data collection and analysis using Miles, Huberman, and Saldanas' data analysis method (Saldana, 2016). Also, I compared the notes taken during the interview and the transcribed data, comparing them with journaled notes to determine dependability.

Lastly, I had my committee chair and member, who have ten plus years of experience and expertise in qualitative research methods, examine my data collection and analysis methods for approval. To ensure research confirmability, the reader had a detailed description of the study using triangulation. I used reflexivity (Woods, 2019) in the study by constantly critiquing my own biases about the study topic and previous experience as a registered nurse. I focused on the participants' responses to the questions asked in the interviews to avoid influencing the study.

Ethical Considerations

When conducting research, the researcher must maintain ethical conduct with data that is truthful and honest. Approval from the Walden University Board (IRB) was granted before locating participants or collecting data. Each participant received a complete description of the study and signed consent to participate. I contacted the participants about consenting to the study through email as provided willingly by each person. It is essential to keep the identity of each interviewee private. The participant's names, emails, and workplaces were kept confidential by replacing them with identifiers. All data collected was stored in a password-protected laptop with access limited to the researcher in a locked office space. Data was not accessible to anyone other than the researcher and the Walden University dissertation committee. During the interview process, the participants had the ability to stop answering questions or discontinue the interview at any time if they felt uncomfortable. I collected the data using one laptop computer with no access to anyone, but the researcher and the researcher did not have a personal relationship with the participants.

Social media users are allowed to use sites such as Facebook and Instagram for advertising or marketing to a specific target population or group of individuals for their benefit (Kim et al., 2021). Users can publicly create content and advertise on social media platforms to engage a specific audience without a fee (Kim et al., 2021). As per Walden University policy, I will store the data for five years. After five years, the data and all files attached will be deleted, with the laptop purged and all data associated with the research study files.

Summary for Procedures for Recruitment, Participation, and Data Collection

In this chapter, there is an explanation provided about the research method and design, the role of the researcher, and methodology, including participant selection and the recruitment process. There is also an explanation of data collection and instruments, data analysis, trustworthiness, and ethical procedures. The upcoming chapter 4 will include descriptions of data collection, data analysis, settings, evidence of trustworthiness, and the study results.

Chapter 4: Results

Introduction

The purpose of the qualitative descriptive study was to explore novice nurses'

perceptions and expectations of nursing practice related to performance, demands, and

requirements who work at or have left the bedside. By using the descriptive approach, the

participants shared their thoughts as they transitioned into nursing practice after

completing nursing school. The information they shared can allow nurse educators and

nursing administration to evaluate current nursing practice policies and curricula to

determine the need to change the retention of novice nurses at the bedside.

The RQs for this study were as follows:

RQ1: What are the lived experiences of novice nurses regarding actual versus

perceived job requirements?

RQ2: What are the lived experiences of novice nurses regarding challenges they

experienced related to their job performance?

RQ3: What are the lived experiences of novice nurses related to challenging job

demands?

In this chapter, I discuss the following criteria: the research setting and participant

selection, the data collection and data analysis, and the trustworthiness and research

results.

Setting

The setting for this study was telephone recorded interviews of novice nurses

recruited using social media sites Facebook and Instagram along with snowball sampling

and the participant pool. The initial recruitment phase started with one novice nurse who volunteered the first week of posting the flyer and completed the study. After a month of posting, the second participant was recruited and agreed to interview time and date. After 2 months of postings and only two completed interviews, I requested an IRB change. I was approved to make the study inclusive to all novice nurses instead of novice nurses who had left bedside nursing. After reposting the flyer to nursing group pages on Facebook and Instagram, I recruited eight participants who met the inclusion criteria of my study. Of the eight recruited, six were interviewed via telephone calls over a 2-week timeframe. The remaining two candidates neglected to respond to participating in the interview.

Demographics

The flyer about the study posted to social media informed the candidates to respond to participating in the study via email. The participants were located within the United States. They were novice nurses with 0 to 24 months of bedside nursing experience. Please see Appendix A for the recruitment flyer.

Data Collection

After responding through email with interest in the study, participants stated that they were registered nurses and shared how long they had been practicing at the bedside. The candidates who met the inclusion criteria had been in practice for 0 to 24 months. After consenting to the interview, each participant was emailed the informed consent and asked to respond by stating, "I consent." The interviews were scheduled based on the availability of each participant. The eight participants who participated in the study

responded to a semistructured telephone recorded interview. I used the interview protocol guide (see Appendix B) to conduct each interview. The interviews consisted of the participants interacting with me, answering the questions I asked them. The questions were open-ended, the participants answered, and I elaborated if needed. By doing so, I was able to obtain thorough answers to the questions. The telephone interviews were recorded and transcribed using the Otter application secured on my password-protected laptop. I made corrections to any noted errors to better understand the responses. The first two interviews were conducted in October 2021, and the remaining interviews were conducted in January 2022. The interviews ranged from 6 to 45 minutes. Though some interviews were longer, the transcript data were close in range, as some participants went off-topic, needed questions were repeated, or participants had to think about an answer before responding. Some participants answered questions upon being asked and were direct with their answers. See Appendix E for the duration of each interview. To obtain sufficient data from each interview conducted, I read through each transcript multiple times. The only limitation of conducting telephone interviews was that I could not see the participants' facial expressions. I was instead able to hear their tone of voice and pauses in between the answers. After the eighth interview, additional interviews were not needed because data saturation was met. The two potential participant interviews were not conducted due to a lack of response.

Data Analysis

While listening to the recorded interviews, I took notes while journaling. Each interview was transcribed using the Otter application while noting nonverbal sounds such

as pauses or lack of answers when they occurred. I read each transcript multiple times to register any details I missed from previous observations. I identified keywords and potential categories that I journaled in a notepad. I then condensed the codes into a notebook notating specific keywords and specific themes from the initial interview. I used the same method to read the other interviews and coded each sentence identifying keywords, additional codes, and possible themes. After exhausting the search for keywords, I refined the codes and categories, making notes of themes. The themes were contingent upon the similar data identified in the participant interviews. The main themes that stood out in the interviews were discovered in 66% of the eight transcripts that depicted identical thoughts, feelings, and experiences about the participants' perceptions and expectations of nursing practice. I was able to create themes after grouping the categories that emerged.

Discrepant Case

There was one discrepant case during the interview process involving a participant. A discrepant case occurs when the participant in a study has a different experience of the phenomenon of interest from the other participants (Ravitch & Carl, 2016). The participant was a novice nurse working at the bedside with 6 months of experience. The participant stated that she was currently in the residency program which is available to her for the first year of practice. The participant had also recently completed the preceptorship program. The participant described her experience working in nursing practice as "being an exciting time to get RN behind her name." None of the other participants admitted to being excited about their experience in nursing practice as

the other participants had more experience working independently as novice nurses and expressed the lack of help and assistance with completing tasks. The participant admitted feeling honored to be a nurse and stated that "the new grad residency program made my transition much smoother." The participant said that "within the residency program, there were classes every week that prepared and helped to reinforce certain skills." The other participants did not mention this statement.

Evidence of Trustworthiness

Credibility

The participants who contacted me were willing to participate in the study through email. Three participants told me that they found out about my research through snowballing. Each participant seemed eager to participate in the interview to discuss their experiences as novice nurses in practice. During the interview, I followed the protocol guidelines enforcing listening and communication skills and allowing the participants to provide thorough, fruitful, and truthful responses. I withheld questions that may have persuaded biased answers and allowed each participant to debrief. I included rich and fruitful data from each participant's note-taking introductions, the length of each interview, and debriefing.

I also continued to update the codes as new interviews and transcripts came to fruition. There were eight interviews completed, and I reached saturation after conducting the sixth interview as the information and codes became redundant. I continued to interview more participants to gain insight from eight to fifteen participants. Though I reached saturation after the sixth interview, new data could have emerged with more

interviews. Each participant agreed to review their transcripts to strengthen the credibility (see Cope, 2014). Two participants responded, stating that they approved my interpretation of their data

Transferability

Transferability is the researchers' ability to show that the results from a study can be applied to other contexts, occurrences, and populations (Creswell & Creswell, 2018). Transferability in qualitative research cannot be guaranteed because the findings surface based on the participants' responses and locations. Qualitative research is not generalized to anything specific. When choosing participants, it is essential to specify inclusive and exclusive criteria, such as registered nurses with 0 to 24 months of bedside nursing experience. Researchers use reflexive bracketing to decrease the potential bias due to their experiences and beliefs (Baksh, 2018). I used reflexive bracketing to make myself aware of my possible thoughts and feelings about the subject. I reflected on these potential biases and continuously reflected on my opinions about the topic throughout the analysis and data interpretation.

Dependability & Confirmability

Dependability is the consistent data in similar situations (Cope, 2014). Dependability occurs when another researcher agrees with the research collected and the results. The study findings should be dependable if replicated with similar participants in similar studies (Cope, 2014). To achieve dependability, I frequently reviewed the process of data collection and analysis using Saldanas et al.'s data analysis method (as cited in Saldana, 2016). I also compared the notes taken during the interview and transcribed

them with journaled notes to determine dependability. I tried to avoid bias while coding the data and themes as my experience in nursing practice was different from the novice nurses in the study. Lastly, I spoke to my committee chair and member weekly to examine my data collection and analysis methods for approval. To ensure research confirmability, the reader has a detailed description of the study using triangulation. I used reflexivity (see Woods, 2019) in the study by constantly critiquing my biases about the study topic and my previous experience as a registered nurse. I focused on the participants' responses to the questions asked in the interviews to avoid influencing the study.

Results

In this section, I present the codes, categories, and themes that emerged from the data collected. I used an open-ended interview guide (Appendix B IQ1-IQ6) to emerge data from the participant answers. To understand what novice nurses believed the nursing practice to be, I asked about their perceptions and expectations. I began analyzing the data collected by reading each transcript and familiarizing the participant responses. The participant responses were analyzed to explore familiarity. Each participant transcript received a code to identify and keep the participant identity private. After rereading the transcripts, I highlighted areas of importance and repetition necessary for coding. The mean length of practice for the eight participants was 1.5 years, with the shortest amount of time being 6 months and the longest being 24 months. The first coding cycle included phrases from the participants responses yielding 40 codes. I then reread the transcripts and retrieved a second list of 11 codes. I condensed the codes into categories and

organized the data into themes. I then used the codes, categories, and themes to understand each participant's responses about their perceptions and expectations of nursing practice. The final coding cycle resulted in the following themes:

- supportive environments lead to successful results.

- stressful environments lead to unpleasant results.

- constant exposure results in better outcomes.

Using the participant responses, I explored their perceptions and expectations of nursing practice to uncover data that emerged themes in the transcripts. All of the responses are direct quotes provided by the participants.

In this section, I show the findings from the participant responses. The themes, categories, and the codes from the participants' responses are displayed in Table 1.

Table 1

Codes, Themes, Categories

Categories	Themes	Codes
Benefits	Supportive environment leads to successful results	Support
		Learn
		Experience
		Teach
Challenges	Stressful environment leads to unsuccessful results	12 hours shifts
		High patient ratios

		Pandemic
		Fast Paced
Experience	Constant exposure results in better outcomes	Give report
		Patient Care
		Different Tasks

Theme 1 Stressful Environment Leads to Unsuccessful Results

The first theme that emerged was that stressful environments lead to unsuccessful results. Several participants perceived the transition from school to practice as challenges that led to stressful and unsuccessful environments. Of the eight participants interviewed, six responded by mentioning having to work 12-hour shifts. When asked to elaborate, they said the hours were long, and they were sometimes required to work overtime. One participant said, "For 12 hours, you just make sure you're not doing anything wrong, and nothing is being done wrong to harm the patient." Another participant shared,

> The biggest demand in the workplace that I was not expecting was the staffing demand where they will ask me to extend my 12-hour shift into a 16-hour shift because of low staffing with the expectation being that I will work three days a week at 16 hours as opposed to three days a week at 12 hours and then only have eight hours off in between shifts.

A third participant said, "I don't want to work a 12-hour day because I know at 10 hours, I'm starting to slip and lose my ability to do the job right." The similarities in the participant responses are that working 12-hour shifts and maintaining to complete their

job was difficult. The participants also noted that there was a lot required of them during the 12 hours they were expected to work as new nurses. The data revealed that transitioning from nursing students to new nurses working 12 hours or more negatively impacted new nurses coming from nursing school into clinical practice.

Next, several participants mentioned that the transition to a new nurse was challenging based upon the high nurse-to-patient ratios. One participant commented,

> We have a 4 to 1 ratio, so patients in room A wants some ice water and when they want their ice water, they kind of want it now, they do not understand that I'm dealing with something critical and so that is something that I wasn't expecting to have to know how to split your time and how to communicate.

Another participant said, "Patient ratios were never less than 6 to 1. I'd have multiple patients on a ventilator when I was titrating drips only 2 months into my nursing practice. It was nerve-racking." The responses were similar as the participants explained how being assigned to too many patients made completing their jobs challenging to manage. The data revealed that while the new nurses transitioned from student to nurse, they faced workloads they could not successfully manage.

Another issue the participants spoke about was the pandemic's effects on their transition from student to nurse. One participant stated,

> I started right before the pandemic started that kind of accelerated my experiences. I've seen a lot and done a lot. Seen a lot of things I didn't think that I would have seen in my short time as a registered nurse.

Another participant said, "I have never felt more under-resourced than I have during this pandemic." A third participant said,

> I graduated in 2019, and then pretty much 2020 started, and it was like the pandemic, so I was still kind of a new nurse, and then COVID hit, so I feel like I had to learn a lot really fast.

The participant responses were similar as they explained how their transition from student to new nurse occurred during the beginning of the pandemic, where they were expected to complete a lot more tasks and worked under-resourced as a new nurse.

Lastly, some participants spoke about how they were expected to work faster than they expected upon arrival to clinical practice from nursing school, negatively affecting their transition into practice. One participant said, "A lot faster paced, and you have a higher turnover." Another participant said, "I had to be fast, a lot faster than I think I was ready for. There were probably a lot of missed opportunities." As new nurses who just transitioned into clinical practice from nursing school, the participants felt like they had to work at an uncomfortable pace, negatively impacting their transition into practice.

Theme 2: Constant Exposure Results in Better Outcomes

The second theme that emerged was constant exposure results in better outcomes. Several participants perceived the transition from school to practice as an environment where constantly working, exposure and completing tasks allow them to learn continuously for better results. One participant said, "The typical workday, whenever we first get there, we get report. You are expected to just kind of go into your patient's rooms whenever you first get there. Make sure you introduce yourself, make sure you update

your whiteboards." Another participant said, "So we take report from the off-going nurse and then get to work." A third participant said, "So we get there at 6:45, you get report, and then you kinda like have a little bit of downtime to look up your patient." The responses are similar as the participants said that once their transition occurred and they advanced from school to practice, they were now expected to get and give shift report at the beginning and end of each shift rather than learn how to perform the task. The constant exposure allowed them to familiarize themselves with the expectation.

Another change some participants mentioned was that they were now responsible for taking care of patients instead of learning how to care for patients in school. One participant noted, "I had to take care of other people's patients; that wasn't what I expected. I expected everybody to be doing, you know, being responsible, caring for their patients." Another participant said, "I'm expected to triage my patients, come up with what their main problem is, how dire that problem is, start an IV, get blood work on the patients, and give them medications."

The third factor many participants spoke about was the different tasks they were now responsible for completing in nursing practice. One participant said, "I feel like a task rabbit now." Another participant said, "I feel like I'm just completing task after task." A third participant said, "I continue to learn and remember the different tasks that I complete every single day." These responses relate to how with repetition and constant exposure to task-oriented jobs in patient care, the transition from nursing school to practice results in better outcomes.

Theme 3: Supportive environments lead to successful results

The third theme that emerged was supportive environments lead to successful results. Several participants perceived the transition from faculty to leadership as an environment where they wanted to learn and feel supported to feel confident in the care they gave patients. One participant said,

I was expecting to get support from my managers and my coworkers, and thank God I did get a lot of support from my coworkers and managers. So I did expect help, and I did receive help, and I did receive ending support no matter how long I've been a nurse. I've been a nurse for almost two years, and I still have questions. Sometimes I still receive support from people who have had a year of experience or people who've had 30 years of experience. So that's something that I did expect and was fulfilled.

Another participant said, "I can always ask questions, and they're willing to help me, which I think has helped me feel more comfortable starting my career, having a great team and very constructive leaders having good leadership and the support." The responses show how constant assistance from leadership during transitions is beneficial for the success of new nurses.

Another factor that the participants felt assisted them with change was experience. Several participants mentioned that the more time nurses work and gain experience in clinical practice, the more confident they are with working in the field. One participant said, "You get a lot of experience, you know, working with the patients being hands-on,

you develop confidence it's difficult, but also it's very rewarding." Another participant said,

> I really wish that my instructors had been more open about discussing those things that they see in healthcare. I wish that some of my instructors who were nurses would have talked more about their experiences in their practice while we were in school."

A third participant said, "There's a lot of experiences that I have from being a CNA. You have to put into effect into being a nurse." The responses from the participants showed that having experience while learning from individuals in leadership roles can assist with a successful transition into nursing practice.

A third variable that some participants felt helped with their transition into nursing practice was learning. The participants thought that the more they learned about nursing practice from leadership, the better nurses they would be. One participant said,

> I learned to do better the next time and remembered what I learned from the previous shift, won't make those mistakes again, or I'll learn maybe a faster way to do it next time. I'll be prepared for the next time and catch it earlier.

Another participant said, "I feel like I have to learn a lot really fast, but it was a good thing because I think it shaped me into being a stronger nurse like that I am today." The responses showed that leadership plays a vital role in the success of new nurses in clinical practice. As the new nurses transition under organizational guidance, leadership must be deliberate and continuous to encourage a successful transition.

Lastly, the participants spoke about how having knowledgeable nurse leaders who are willing to teach when they need help assists with a successful transition into practice. One participant said,

> I felt safe in the clinical environment working with other nurses with more experience. I was more likely to take on more because I knew I could get the support if I needed it. I was willing to step out and say no, I don't know how to do that, but I do want to learn, and I felt safe that I had a mentor who had more experience than me, was reliable, knowledgeable, and willing to teach and step in if I was going to do something wrong.

Another participant said, "Eventually, I can use what I have been taught to teach nurses; maybe whenever we get new residency drives in the future, I can use what I'm learning right now and help them be more prepared." The participant responses showed that new nurses who were guided and taught by experienced nurses felt self-sufficient and safe to perform different tasks with the hopes to lead nurses after them.

Summary

This qualitative descriptive study was to explore novice nurses' perceptions and expectations of nursing practice related to performance, demands, and requirements who work or have left the bedside. This chapter provided insight into the recruitment process, data collection, and analysis. Eight participants signed the informed consent and participated in the telephone interview. The interview was recorded and stored in Otter and later transferred to and managed in a word document. Trustworthiness was utilized

throughout the collection and analysis process. The participants answered each question without objection.

The first theme was stressful environments lead to unsuccessful results. The participants admitted that long work hours, high nurse-to-patient ratios, fast-paced working, and working during the pandemic were challenging and contributed to a stressful environment and undesirable outcomes during the transition from a nursing student to a novice nurse.

The second theme was constant exposure results in better outcomes. Some of the participants interviewed admitted that transition involving completing tasks like giving report, patient care, and completing tasks helped once transitioning into nursing practice from school enabled them to understand their responsibilities in the workplace better.

The third theme was supportive environments lead to successful results. Some participants said that support, experience, learning, and teaching from leadership during transition helped them perform better and confidently speak up about their concerns in nursing practice.

Chapter 5, I summarize and interpret the study, literature comparisons, limitations, implications for social change, and recommendations for nursing practice.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

In this qualitative descriptive study, I aimed to explore novice nurses' perceptions and expectations of nursing practice related to job performance, requirements, and demands. The descriptive approach gave the participants the ability to share their experiences and feelings about nursing practice as they transitioned from nursing school based on what they perceived and believed the nursing practice to be. Novice nurses frequently leave nursing practice with 1 year of experience at the bedside (Scammell, 2019). This results in vacant bedside nursing positions for registered nurses in hospitals (Haddad et al., 2020). Understanding novice nurses' perceptions and expectations of nursing practice are essential to reduce the number of new nurses leaving practice. The RQs used in this study were:

RQ1: What are the lived experiences of novice nurses regarding actual versus perceived job requirements?

RQ2: What are the lived experiences of novice nurses regarding challenges they experienced related to their job performance?

RQ3: What are the lived experiences of novice nurses related to challenging job demands?

I used the descriptive approach with audio-recorded telephone interviews of eight novice nurses around the United States. I used hand-coding to identify the transcripts' specific codes, categories, and themes. The themes that emerged from the participant responses in the study were as follows:

- supportive environments lead to successful results.

- stressful environments lead to unpleasant results.

- constant exposure results in better outcomes.

Lastly, I applied the study results to previous findings found in the literature. I compared each theme to the literature, determining whether there is an agreeance or objection that extends the knowledge about novice nurses' perceptions and expectations of nursing practice. I then used the results to determine the support from Afaf Meleis's transition theory. I used the themes that emerged from the data to show how they supported the concepts in Meleis's transition theory. The three concepts were developmental, situational, and organizational.

In this chapter, I interpret the findings of the study based on the codes, categories, concepts, and themes identified. Next, I will discuss how the results support the transition theory used to guide the study. Finally, I will identify limitations, recommendations, implications, and reflections.

Interpretation of the Findings

Theme 1 Stressful Environment Leads to Unsuccessful Results

Developmental

The developmental stage involves individuals focusing on their perspective of a change (Lindmark et al., 2019). The developmental change for novice nurses transitioning into nursing practice is nursing students' perspectives of adapting to the role of registered practicing nurses. The new nurses leave the role of nursing students and transition into novice nurses. The eight participants were new novice nurses who had

graduated from nursing school and transitioned working as new nurses in patient care. The theme from the results was that stressful environments lead to unsuccessful results. According to some of the participants in the study, they faced several challenges that made it difficult to function as new nurses in clinical practice. An example was working 12-hour shifts and sometimes being required to work overtime. The nurses felt that 12 hours was too long of a time to work and still be able to function providing quality patient care without making mistakes. The responses from the participants are supported by Hussein et al. (2017), who said that new nurses had negative perceptions about long work hours with increased workloads and a lack of support against clinical demands and expectations. The responses are also supported by Jacob et al. (2017), who concluded that nurses feel less prepared to work due to minimal clinical hours in nursing school and hands-on experience.

Next, the participants reported that working with high nurse-to-patient ratios made it challenging to complete patient care. The participants said that they would have between four to six patients assigned to them, which they felt was unmanageable. From the data, the participants perceived nursing practice as an environment where they faced increased workloads they could not successfully manage after leaving nursing school and going into clinical practice. One participant said, "Patient ratios were never less than 6 to 1. I'd have multiple patients on a ventilator when I was titrating drips only 2 months into my nursing practice. It was nerve-racking." The responses are supported by Mason (2019), who concluded that overwhelming nurses who are not fully prepared make the

nurses feel unsupported, unprepared to handle conflict, and unprepared to lead in nursing practice.

Some participants spoke about how starting work as novice nurses during the COVID 19 pandemic affected their transition from nursing school into clinical practice. One participant said,

I graduated in 2019, and then pretty much 2020 started, and it was like the pandemic, so I was still kind of a new nurse, and then COVID hit, so I feel like I had to learn a lot fast.

There were no data to support new nurses working during the pandemic. The data are supported by Rainbow and Steege (2019), who claimed that novice nurses' level of stress, presenteeism, and burnout increases after completing their first year of practice due to feeling overwhelmed with the existing and new workplace responsibilities.

Lastly, the participants spoke about how they were expected to work at a fast pace in nursing practice, which was overwhelming and negatively affected their developmental transition. The participants felt that the pace was too fast for them because they were new nurses, resulting in increased anxiety. They felt that there were a lot of situations that could have been avoided had they had the experience. One participant said, "I had to be fast, a lot faster than I think I was ready for. There were probably a lot of missed opportunities." According to Arrowsmith et al. (2016), novice nurses are more susceptible to feelings of extreme disruption and stress with managing patient care when transitioning into practice. In contrast, experienced nurses are more relaxed as they are competent in their roles.

Theme 2: Constant Exposure Results in Better Outcomes

Situational

The situational stage involves changes in educational and professional roles (Lindmark et al., 2019). A situational transition involves how the novice nurses transitioned from learning in nursing school to learning in clinical practice and implemented the transition of learning to perform independent patient care.

The second theme that emerged was constant exposure results in better outcomes. Several participants mentioned that repetitive tasks they were responsible for during each shift allowed for frequent exposure and a better understanding of the tasks. One participant said, "The typical workday, whenever we first get there, we get report. You are expected to just kind of go into your patient's rooms whenever you first get there. Make sure you introduce yourself, make sure you update your whiteboards." Another participant said, "So we take report from the off-going nurse and then get to work." This evidence was supported by Walton et al. (2018), who concluded that nursing practice is an environment of constant situational challenges and competing demands. Still, the nurses feel rewarded when they achieve desired outcomes that boost their confidence.

Another factor that influenced situational change was the participants mentioning that they were responsible for caring for patients each shift rather than when they learned how to care for patients in nursing school. One participant said, "I'm expected to triage my patients come up with what their main problem is, how dire that problem is, start an IV, get blood work on the patients, and give them medications." The evidence is

supported by McKenna et al. (2017), who said nurses perceived nursing practice as constant exposure to caring for patients to comprehend their role.

Lastly, some participants mentioned the different tasks they were responsible for completing during each work shift. The repetition and constant exposure to task-oriented jobs in patient care made the situational transition from nursing school to practice manageable. One participant said, "I continue to learn and remember the different tasks that I complete every single day." The responses are supported by Forbes et al. (2020), who said that transition shock in the new role leaves new nurses with the perception of nursing practice as an environment of time management and task completion.

Theme 3: Supportive environments lead to successful results

Organizational

The organizational stage involves changing leadership roles from nurse instructor to manager or director in clinical practice (Lindmark et al., 2019). An organizational transition involves how the novice nurses transitioned from being advised and educated by faculty and professors to nurse managers, educators, and directors and how the guidance assisted their transition into nursing practice.

The third theme that emerged was that supportive environments lead to successful results. Several participants perceived the transition from faculty to leadership as an environment where they wanted to learn and feel supported to feel confident in their patients' care. One participant said, "I can always ask questions, and they're willing to help me, which I think has helped me feel more comfortable starting my career, having a great team and very constructive leaders having good leadership and the support." The

literature revealed that support from preceptorship programs prepares novice nurses for high job satisfaction (Lalonde & McGillis Hall, 2017). Role conflict and turnover intent occur without support and guidance from preceptors (Lalonde & McGillis Hall, 2017). There was also support from Harrison et al. (2020), who concluded that the nursing practice environment is one where novices should feel supported by their peers to thrive and fit into the working environment. Hung Shuk Yu et al. (2017) explained that novice nurses expect to work in an environment with interpersonal relationships with colleagues and institutional workplace support and orientation. Kaihlanen et al. (2020) revealed that final clinical practicums prepare new nurses for transition into nursing practice to meet the difficulty of high job demands. Lalonde and McGillis Hall (2017) claimed that nurses perceived preceptorship as role ambiguity, role conflict and turnover intent, and job satisfaction. DeGrande et al. (2018) said that novice nurses perceived nursing practice as an environment where nurses are supported by their peers who work as a team.

Another factor that the participants felt assisted them with organizational change was experience. Several participants mentioned that the more experience nurses accrue in clinical practice, the more confident they are with working. One participant said, "You get a lot of experience, you know, working with the patients being hands-on, you develop confidence it's difficult, but also it's very rewarding." Another participant said,

> I really wish that my instructors had been more open about discussing what they see in healthcare. I wish that some of my instructors who were nurses would have talked more about their experiences in their practice while we were in school.

As stated in the literature, new nurses viewed the nursing practice as maintaining time management, possible mistakes, experiential learning, and a transition process (Forbes et al., 2020).

Some participants said that their organizational transition into nursing practice focused on learning. The participants said they had to learn a lot about nursing practice and thought that the more they learned about nursing practice from leadership, the better nurses they would be. One participant commented,

I learned to do better the next time and remembered what I learned from the previous shift, won't make those mistakes again, or I'll learn maybe a faster way to do it next time. I'll be prepared for the next time and catch it earlier.

Another participant stated, "I feel like I have to learn a lot really fast, but it was a good thing because I think it shaped me into being a stronger nurse like that I am today." The responses are supported by Hung Shuk Yu et al. (2017), who concluded that nursing practice involves feelings of accountability and competency, personal adaptation, interpersonal relationships with colleagues, workplace support, and orientation. In the literature, novice nurses perceived that what they learned in nursing school helped them think critically when assessing the needs of the patients and facilitated their successful transition to nursing practice (Hostetter, 2020).

Lastly, many participants mentioned that having knowledgeable nurse leaders and educators who teach new nurses assists with a successful organizational transition into practice. One participant elaborated,

I felt safe in the clinical environment working with other nurses with more

experience. I was more likely to take on more because I knew I could get the

support if I needed it. I was willing to step out and say no, I don't know how to do

that, but I do want to learn, and I felt safe that I had a mentor who had more

experience than me, was reliable, knowledgeable, and willing to teach and step in

if I was going to do something wrong.

Another participant remarked, "Eventually, I can use what I have been taught to teach

nurses; maybe whenever we get new residency drives in the future, I can use what I'm

learning right now and help them be more prepared." Kaihlanen et al.'s (2020) study

findings revealed the need for well-implemented final clinical practicums that prepare

new nurses for practice. Mason (2019) asserted that it is essential to provide the

necessary support novice nurses need in practice to ensure a successful transition. In

addition, Paatalo and Kyngas (2016) concluded that novice nurses thought that the factors

that influenced their well-being in nursing practice were help, support, and a respectful

work community. Furthermore, novice nurses expect preceptors to be available, have an

approachable attitude, and be trustworthy to encourage and promote clinical competence

(Aboshaiqah & Qasim, 2018).

Meleis's Transition Theory

Meleis (1960) defined transition as a situation that happens before and ends

contingent upon other variables. Meleis's transition theory (1960) consists of four

variables: developmental, health and illness, situational, and organizational patterns. The

transitions are determined by whether the individual experienced single, multiple, sequential, simultaneous, related, or unrelated transitions (Meleis et al., 2000).

Developmental is where individuals focus on their perspective of a change (Lindmark et al., 2019). An example is students transitioning from nursing students to registered practicing nurses. Meleis's transition theory supported the development of my data findings and analysis. The novice nurses who participated in this study had 0 to 24 months of bedside nursing experience and were developmentally transitioning from nursing students to nurse clinicians. The nurses were either currently working in the hospital or transitioned from the bedside to other nursing specialties. The novice nurses who remained in nursing practice displayed similar attributes to the participants who left bedside nursing to pursue different work experiences. Their perspectives included working 12-hour shifts, having high nurse-to-patient ratios, and being fast-paced. The supporting theme was that stressful environments lead to unsuccessful results.

Situational are changes in education or professional roles. Situational applies to novice nurses are expected to use what they learned in nursing school and applying it to practice. In nursing practice, novice nurses are expected to utilize what they learned in nursing school and apply it to nursing practice as situational change and adhere to the policies and changes in the workplace (Lindmark et al., 2019). The participant responses in reference to situational transition were to give report, take care of patients, and perform different tasks. The supporting theme was constant exposure results in better outcomes. Health and illness are when individuals deal with various diseases and manage care

provided during the illness (Lindmark et al., 2019). The participants did not speak on health and illness.

Organizational occurs when there are changes in the environment. An example is novice nurses evolving from nurse instructors to nurse leaders. New nurses detach from nursing instructors and are now led by nurse leaders and managers in clinical practice (Lindmark et al., 2019). The participant responses about organizational transition were support in the workplace, having experience, continuous teaching, and learning. The supporting theme was supportive environments lead to successful results.

Limitations of the Study

All of the participation in the study was voluntary, including a total of eight participants. One limitation is the results provided may not have given a complete representation of all novice nurses transitioning into nursing practice. Another limitation is I could not validate the trustworthiness of the responses as they were what the participants said. Next, the participants selected were registered nurses; therefore, the findings are only applied to that specific population. Also, the participants eligible for the study were from different parts of the United States, which means their experiences may have differed from that of other participants. One limitation I noticed as I self-reflected was that I should have used cues to encourage the participants to elaborate more on their responses. For example, a participant said, "I was precepted by new nurses, which I felt didn't give me the quality training that I needed." I should have asked a probe question encouraging a more detailed response. Asking probe questions became evident as I delved deeper into the individual interviews.

Recommendations

Future qualitative research studies could be conducted with a group of participants that included responses from both novice and experienced nurses. Also, could do qualitative research that involves licensed practice nurses who work with registered nurses as the results may differ from registered nurses. A quantitative study could be beneficial concerning a sample size to compare the most effective ways to initiate a successful transition from nursing school to nursing practice related to current policies for novice nurses transitioning into nursing practice. Another factor that could be beneficial is what policies and procedures are most effective during the transition from nursing school to clinical practice. Lastly, a possible recommendation could be to compare the perceptions and expectations of nursing practice in novice nurses and experienced nurses.

Implications

This study revealed several findings that could result in positive social change for nurses, nursing schools, educators, leaders, and healthcare organizations. The responses from the participants could provide information about practices that encourage and hinder a successful transition into nursing practice along with challenges faced. Understanding these factors that inhibit a successful transition for novice nurses can assist nursing administration in making changes to current curricula and policies. Nurse leaders and educators could also utilize this information to create educational learning tools available in the workplace so that novice nurses can refer to when faced with difficult tasks that they need to be answered to help retain novice nurses in bedside nursing. The insights

provided by the novice nurses in this study can potentially initiate positive social change that increases nurse retention through a successful transition from nursing school into clinical practice. Nurse leaders, administration, faculty, and educators may use the results of this study to create the necessary changes to improve the transition of novice nurses into clinical practice.

Nursing School Administration

In this study, I found that the participants felt several factors contributed to the stressors associated with their transition into clinical practice. Examples include patient ratios, 12-hour shifts, the pandemic, and working at a fast pace. Though not every participant experienced these issues, most of the participants mentioned these factors as complaints that hindered their success in nursing. Though every healthcare facility has different policies and procedures in the workplace, all of the factors mentioned could be applied to improve the workplace environment and novice nurse retention. A way to combat these issues may be to increase patient care assignments for nursing students while in the clinical area to assist them with managing tasks. The clinical instructor could assign the student one patient at the beginning of clinical practicums and require each student to advance to a patient load of three patients by senior year to ensure successful time management by senior internship. The students will be required to take the report on each patient, read orders, administer medication, handle admissions and discharges, and communicate with the care team about the plan of care for each patient. Students could also collaborate with case managers and social workers to better understand discharge planning when the patient leaves to continue care outside of the hospital. The students

may gradually improve critical thinking skills, manage patient care promptly, and understand their resources while caring for patients. Implementing these techniques in nursing school before transitioning into clinical practice may help strengthen novice nurses' skills and mentally prepare them for nursing practice's requirements, demands, and expectations.

Novice Nurses

This study could assist the transition into clinical practice as novice nurses will know what to expect and how to handle the stressors associated with the change in responsibilities such as patient reports, taking care of patients, and completing different tasks. Though the participant responses were both negative and positive, they agreed that nurse practice is an environment that is demanding and requires nurses who are proficient in providing quality patient care. One way to assist with the transition to novice nurse would be to continue the knowledge and skills obtained in nursing school and apply them to practice. After advancing to a patient load of three by senior practicum, the novice nurse will know how to manage the care of four patients in a twelve-hour shift. The novice nurses will do so guided by a preceptor and be required satisfactory to work independently once completed. As a result, the new nurse continues what they learned in nursing school and applies it to nursing practice without interruptions or transition shock.

Healthcare Facilities

The participants mentioned that a supportive environment leads to successful results in nursing practice. Examples included support from leadership, experience, continuous teaching, and learning. Nursing schools creating inclusive curricula that give

new nurses a better understanding of the expectations and requirements of nursing practice may give the novice a better experience of what to expect. Also, while nursing students are in the clinical environment, it may be beneficial to rotate them to different specialty areas to be exposed to the various opportunities they may have to work in a while at the bedside. Health care facilities should consider making the required length of preceptor residency programs mandatory with an evaluation at the end of each program to see if the new nurse requires additional time to become comfortable working independently. After the residency programs, educators should be available to assist new nurses in answering questions and teaching new techniques that may be unfamiliar. The new nurses may feel more comfortable working alone when providing patient care as a novice.

Preceptors and educators should receive annual education courses to keep them abreast of new strategies to improve how they educate and guide new nurses in the residency programs. As a result, the educators remain aware of new nurses' possible challenges and how to face those challenges to avoid novice nurse dissatisfaction in clinical practice. Also, preceptor and educator competency may be essential in the clinical area. Educators should be frequently assessed and updated about new techniques and methods to apply and improve residency programs for new graduate nurses in clinical practice. Educators and new nurses should be allowed to reflect and voice their concerns to nursing administration about improving practice.

Conclusion

In conclusion, based on the data retrieved from participants in the study, I was able to determine; novice nurses are faced with different challenges when transitioning into nursing practice. Theme 1 was a stressful environment leads to unsuccessful results. Results showed that the participants perceived nursing practice to have challenges that make it difficult for them to developmentally transition into nursing practice, such as 12-hour shifts, high nurse-to-patient ratios, the recent pandemic, and working at a fast pace. The participants mentioned heavy workloads that were overwhelming, long hours, and nurse-to-patient ratios that were unmanageable due to the short amount of time they had working in clinical practice.

Theme 2 was a supportive environment leads to successful results. The results were support, experience, continuous learning, and teaching encourages a positive organizational transition into nursing practice. The participants mentioned that support from leadership and educators, when necessary, improved their transition into clinical practice.

The third theme was constant exposure results in a better outcome. The results were giving report, taking care of patients, and different tasks. The participants said that frequent exposure and repetition of the tasks they needed to complete in the workplace encouraged better nursing outcomes.

The theoretical framework used to guide my study was Meleis's Transition Theory. Based on the interpretations of participant responses, constructs about the

transition into nursing practice strongly influenced developmental, situational, and organizational changes.

Lastly, I discussed the limitations, recommendations, and implications. The findings of this study may contribute to acknowledging and improving the challenges new nurses face as they transition from nursing school to clinical practice. Also, the results can be used to influence nursing faculty, administrators, managers, and leaders toward creating curricula and policies toward improving the transition of new nurses in practice that may increase the retention rate of novices at the bedside. There are recommendations to assist with retaining new nurses in nursing practice. Examples include new nurses who complete the residency programs and receive continued support from leadership and peers to feel more comfortable managing patient care independently. The nurses may better understand handling complex and time-consuming tasks they could not complete alone. Also, novice nurses who are educated and prepared to work in clinical practice in nursing may be ready to manage patient care independently while working at the bedside.

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Appendix A: Recruitment Flyer

Appendix B: Interview Guide

Interview Date:

Start Time:

End Time:

Code of Interviewee:

Name of Interviewer:

Recording Mechanism:

Introduction to Interview:

Hello, Mr. or Ms. (Participant's Name), thank you again for volunteering to participate in

this telephone interview with me today. This interview will be beneficial to the study I

am doing the perceptions and expectations of novice nurses related to performance,

demands, and requirements in nursing practice. You were sought out to participate

because you have experience with bedside nursing practice. As mentioned in the

informed consent, the interview will be recorded, and I will take notes as you provide

answers. I will later use the interview recording to create a transcript to verify the

answers you provided. Once completed, the interview recording will be deleted. I

designed each question to have you share your experiences, thoughts, and feelings about

your perceptions and expectations of nursing practice. Please be as thorough as possible

when sharing your personal experiences as they are specific to you. All of your responses

are open-ended meaning I will mostly listen to your responses after asking each question.

All the answers you provide will be kept confidential as mentioned in the informed consent. Please be aware that you have the right to withdraw from the study at any time. Are you ready to proceed with the interview?

Research Questions

Research Questions:

RQ1: What are the lived experiences of novice nurses regarding actual versus perceived job requirements?

RQ2: What are the lived experiences of novice nurses regarding challenges they experienced related to their job performance?

RQ3: What are the lived experiences of novice nurses related to challenging job demands?

Interview Questions

1. Tell me about your experience working as a registered nurse?

   Prompts: Things you have seen or done in practice.

2. Tell me about a typical workday. What are the requirements expected of you when caring for patients?

   Prompts: What are your tasks upon arrival, work shift, and end of shift?

3. What are some of the demands in the workplace that you were not expecting?

   Prompts: Patient care, policies, documentation.

4. Do the nursing demands impact your behavior or performance? How and why?

   Prompts: How do you feel about what you are required to do in practice?

5. How has your understanding of what it means to be a nurse changed from your first day of practice?

Prompts: Any changes in your perceptions from nursing school to practice?

6. What do you wish someone had told you about the realities of nursing practice before you began your nursing program or alternatively what would you tell and individual considering nursing as a career based on your experience?

Prompts: What advice would you give about clinical practice?

Conclusions

Thank you _____ for participating in this interview and sharing your thoughts and opinions about my study. The answers you provided will be helpful in the study results. If you have any questions or concerns, please contact me.

Institutional Review Board Approval #**09-30-21-0416570**

Appendix C: Journal Notes

Participant: _____

Date of interview: _____

Q1.

Q2.

Q3.

Q4.

Q5.

Q6.

Cues:

Overall impression:

Thoughts:

Appendix D: Debriefing

Dear _____,

Thank you again for participating in my study about novice nurses' perceptions and expectations about nursing practice related to performance, demands, and requirements. You mentioned during the interview that you would like me to contact you within 4 weeks of the interview to review your transcript and clarify the information you provided. I would like to send you a transcript of the interview with your responses for verification.

The title of the study you participated in is "Novice nurses' perceptions and expectations about nursing practice related to performance, demands, and requirements". The purpose of this study is to explore the perceptions and expectations of novice nurses related to performance, demands, and requirements in nursing practice. The focus of this study is novice registered nurses with 0 to 24 months of bedside nurse experience. Exploring their experiences in nursing practice may assist with understanding better how perceptions and expectations influence the desire to leave the bedside nursing practice. Once all of the data is collected, I will perform an analysis to identify similar ideas from participant answers to the research questions. I will group the data together in similar themes. All the data will be kept confidential throughout the study. After completing the study, I will make a copy available to you.

You may contact me at any time

You can still withdraw from the study at any time.

Thanks again for your participation in this study.

Sincerely,

McFrances Hayes, Walden University Doctoral Student

Appendix E: Duration of Interviews

Participant (Number)	Introduction (Hr:Min:Sec)	Length of Interview (Hr:Min:Sec)	Debriefing (Hr:Min:Sec)	Total Time (Hr:Min:Sec)
P1	0:0:20	0:14:11	0:01:25	0:15:57
P2	0:00:28	0:43:44	0:01:69	0:45:41
P3	0:0:21	0:09:05	0:0:27	0:09:53
P4	0:00:27	0:11:01	0:01:28	0:12:16
P5	0:00:20	0:16:30	0:01:12	0:17:24
P6	0:00:26	0:5:06	0:01:27	0:06:19
P7	0:00:21	0:11:09	0:01:22	0:12:18
P8	0:00:20	0:09:45	0:01:33	0:10:38

Appendix F: Creating Themes

Sample Transcript Quotes	Themes

"For 12 hours, you just   Stressful Environment Leads to Unsuccessful Results

make sure you're not

doing anything wrong,

and nothing is being

done wrong to harm the patient."

"Patient ratios were never less than

six to one. I'd have multiple patients on a

ventilator when I was titrating drips only

two months into my nursing practice.

It was nerve-racking."

"I have never felt more under-resourced

than I have during this pandemic."

"I had to be fast, a lot faster than I think

I was ready for. There were probably a lot

of missed opportunities."

"So we take report from the off-going   Constant Exposure Results in Better Outcomes

nurse and then get to work."

(Table Continued)

Sample Transcript Quotes	Themes
"I'm expected to triage my patients come up with what their main problem is, how dire that problem is, start an IV, get blood work on the patients, and give them medications." "I feel like I'm just completing task after task."	Constant Exposure Results in Better Outcomes
"I can always ask questions, and they're willing to help me, which I think has helped me feel more comfortable starting my career, having a great team and very constructive leaders having good leadership and the support." "You get a lot of experience, you know, working with the patients being hands-on, you develop confidence it's difficult, but also it's very rewarding."	Supportive environments lead to successful results

(Table Continued)

Sample Transcript Quotes	Emergent Themes
"I feel like I have to learn a lot really fast, but it was a good thing because I think it shaped me into being a stronger nurse like that I am today."	Supportive environments lead to successful results