

2022

## Student Nurses' Senior Practicum Experience and Its Role in Transition to Practice

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# Walden University

College of Health Professions

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Trilla A. Mays

has been found to be complete and satisfactory in all respects,  
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the review committee have been made.

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Walden University  
2022

Abstract

Student Nurses' Senior Practicum Experience and Its Role in Transition to Practice

by

Trilla A. Mays

EdD, Walden University, 2018

MSN, University of Pennsylvania, 1992

BSN, University of North Florida, 1988

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Nursing

Walden University

May 2022

## Abstract

Newly graduated nurses (NGNs) are not prepared to transition to practice, often leaving practice within the first year. The purpose of this descriptive qualitative study, guided by Meleis' transition theory, was to explore the NGN's perceptions of their senior practicum experience and how the experience prepared them for transition to practice. The Covid-19 pandemic limited recruitment of participants. After extended recruitment efforts, three NGNs were recruited, interviewed using a semistructured interview guide, and recorded using Zoom, which was verified while listening to the recording. The Ravitch and Carl three-pronged coding approach and NVivo was used to assist with the manual coding process to reveal six codes leading to two themes: (a) a lack of practicum experiences in general, failure to meet the individual needs of the students, generally poor nursing care, and choice of site made the practicum a poor learning environment and (b) practicum experiences that met the needs of the students, getting to practice and improve nursing skills, and optimal learning experiences made the practicum a good learning experience. Recommendations include an improved process for selecting practicum sites and additional research studies focusing on the effect of new nurses' transition to practice during the last semester nursing practicum and after graduation in a repeated measures study. Attention to providing practicum experiences that meet student learning needs will effect positive social change by improving retention of newly graduated nurses, impacting the nursing shortage and improving patient care.

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## Dedication

I dedicate this dissertation to my family. My parents, Thomas and Lynda Batts; brothers, Daryl and Todd Batts; and my son, Ronnie Mays. Although my dad did not live long enough to see me complete this, I know he is looking down from heaven smiling proudly that I completed this goal. My family provided the support and encouragement I needed to never give up.

## Acknowledgments

I want to acknowledge that without my faith in God, I would never have completed this PhD. I want to thank my mom and brothers for their support throughout this journey. Thank you, Mom, for the constant encouragement to help me finish. I want to thank my son, Ronnie Mays, for helping around the house so I could focus on my writing.

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## Chapter 1: Introduction to the Study

Adequate academic and clinical preparation are essential for the transition of the student nurse to a registered nurse (RN) working in a practice setting. The National Council of State Boards of Nursing (NCSBN, 2020) recognized that a newly graduated nurse (NGN) who is unable to transition effectively impacts the quality of care delivered to patients, leading to the risk of medical errors and diminished patient safety. Additionally, NGNs are more likely to leave the profession within the first year of practice as a result of heavy workload, work–life balance, management, workplace violence, perceived stress, how they perceive a nurse’s role, and lack of autonomy in nursing (Gatchel, 2018; Goodare, 2017; Lee et al., 2017). The value and autonomy nurses feel they have, the work demands, support, physical, and emotional stress, along with any potential knowledge and skill gap between pre- and post-licensure competency contribute to how the new nurse transitions to the profession (Missen et al., 2016; Woo & Newman, 2019). But NGNs have reported a lack of competence and preparation for practice based on their academic preparation (Hatzenbuehler & Klein, 2019). Thus, it is imperative to establish best practices for NGNs from the time they enter nursing education through transition to practice to ensure a successful transition (NCSBN, 2020). The remaining sections of this chapter cover the background, problem statement, purpose, and significance for this research study.

### **Background**

There is a need to establish best practices in transition to practice of new nurses to improve patient safety and decrease turnover (NCSBN, 2020). New nurses transitioning

from student to practice benefit from opportunities to improve skill proficiency, learning to manage and prioritize the needs of multiple patients, professionally socializing into the various health care team members' roles and responsibilities, and understanding the organizational culture. However, new nurses have reported a lack of competence and preparation for practice based on what they learned in nursing school (Hatzenbuehler & Klein, 2019). Further, current literature focuses on post-licensure NGNs' transition to practice during hospital and unit-based orientation (Alghamdi & Baker, 2020; Lea & Cruickshank, 2015; Mellor & Gregoric, 2016), but few studies have examined the senior practicum model implemented during the students' last semester of academic preparation. Additionally, no studies were identified that examined the perceptions of NGNs regarding their senior practicum experiences in relation to their practice transition (López-Entrambasaguas et al., 2019; Sandler, 2018; van Rooyen et al., 2019).

### **Problem Statement**

NGNs are not prepared to transition to practice, often contributing to them leaving practice within the first year due to transition shock (Alghamdi & Baker, 2020; Duchscher & Windey, 2018; Lea & Cruickshank, 2015; Mellor & Gregoric, 2016; Missen et al., 2016; Rusch et al., 2019). But NGNs' experience in their senior practicum has been found to be a strong predictor of a nurse's intention to remain in nursing after 1 year (Sandler, 2018), as academic preparation is designed to help students to develop, along with the knowledge base to do so, the social and emotional strategies needed to transition to their first nursing position (Mellor & Gregoric, 2016). A practicum as defined by Accreditation Commission for Education in Nursing (ACEN, 2017) is a

hands-on activity with patients to achieve the program's outcomes and role-specific competencies. Not every nursing program has a senior practicum; however, those that do may call it a senior practicum, clinical preceptorship, a preceptor clinical, or a senior internship. For the purpose of this study, the senior practicum was defined as the opportunity where last semester or senior nursing students apply what they have learned in nursing school while working side by side with an RN preceptor.

Few studies address readiness for practice related to preceptor clinical or senior practicum and the NGNs' perceptions of readiness (Missen et al., 2016; Rusch et al., 2019). Successful transition requires the student to take what was learned in nursing school and then apply that knowledge as they transition to practice. Therefore, it is important to explore NGNs' perceptions of the senior practicum experience to understand the degree to which they feel prepared. This research may fill the gap in understanding how the NGN perceives the experience of transition from student to professional practice and how their senior practicum helped prepare them for the transition.

### **Purpose of the Study**

The purpose of this study was to explore the perceptions of how NGNs' experiences in their senior practicum prepared them to transition to professional practice.

### **Research Question**

What are newly graduated nurses' perceptions of how the senior practicum prepared them for transition to practice?

## **Theoretical Framework**

Meleis's (2010) transition theory provided the framework of this study. Although the theory was originally developed to support nursing care of patients along the health-illness continuum, the concepts and assumptions of the theory were applicable in a variety of transition experiences, including the processes inherent to an NGN undertaking their first professional role. Successful transitioning to practice requires an individual to progress from using the expected knowledge, skills, and attitudes of a student nurse to fully demonstrating the roles, responsibilities, relationships, and skills of a professional registered nurse (Meleis, 2010). Transition is a complex process involving awareness, engagement, change and difference, time span, and critical events (Meleis, 2010). These conditions, which are embedded in every transition experience, facilitate or inhibit the transition (Meleis, 2010). Transition experiences vary based on the following conditions: the individual's perspective or meaning of transition, their expectations, their knowledge and skills, their environment, the planning they have done, and their emotional and physical well-being; each of these conditions was applicable to the transition experience of a nursing student to that of a professional nurse and served as the structure for the research inquiry (Schumacher & Meleis, 1994).

Because environmental influences on transition include support and communication (Schumacher & Meleis, 1994), the senior practicum environment may influence the transition to practice experience. Although each participant in this study completed a senior practicum, their perspectives of that may have varied. They may have had different expectations, goals, and experiences or environmental influences based on



where they completed their senior practicum. Based on the transition conditions described in transition theory, planning could have happened while the participants were students and as they transitioned to practice. The effectiveness of that planning can influence the NGNs' transition to practice. Additionally, an NGN may experience a range of emotions as they transition to practice as well as physical discomfort, which can also negatively impact emotional well-being during transition (Schumacher & Meleis, 1994). In this study, the influence of the senior practicum experience was explored from the perspective of the NGN. Transition condition was the basis of the research questions and served as the framework for the development of the interview guide to reveal conditions that inhibited or facilitated transition. More detail on Meleis's transition theory will be presented in Chapter 2.

### **Nature of the Study**

As the goal of the research was to provide a comprehensive summary of the role of the senior practicum experience in the transition to professional practice, a descriptive qualitative approach was undertaken (see Patton, 2015). A descriptive qualitative approach is appropriate when a rich description of a phenomenon is desired (Patton, 2015). A descriptive approach also aligned with Meleis's model of transition when exploring the perspectives of the participants' experiences as they transition to practice in addition to aligning with the research question, which was focused on exploring emerging themes that arise from the NGNs perceptions of their senior practicum experiences and how they perceived the experiences influenced their subsequent transition to professional practice.

## Definitions

*Associate degree in nursing:* These programs usually are two-years in length preparing the graduate for licensure as a RN (Florida Board of Nursing, 2020).

*Baccalaureate of science in nursing:* These programs are usually 4 years in length preparing the graduate for licensure as an RN (Florida Board of Nursing, 2020).

*Clinical preceptor:* “A registered nurse or licensed practical nurse who is employed by a clinical training facility to serve as a role model and clinical resource person for a specified period to students enrolled in an approved program” (State of Florida, Statute 464.003, 2020).

*Newly graduated nurse (NGN):* A nurse who has been in professional practice for 12 months or fewer (Whitmore et al. 2019).

*Readiness for practice:* The degree that graduate nurses possess the knowledge, characteristics, and skills required to successfully move into professional practice (Harrison et al., 2020).

*Registered nurse (RN):* “‘Registered nurse’ means any person licensed in this state or holding an active multistate license under statute 464.0095 to practice professional nursing” (State of Florida, Statute 464.003, 2020).

*Senior practicum:* A formal teaching-learning relationship between a clinical preceptor and a nursing student during the last semester of the nursing program.

*Transition:* Transitions are multidimensional containing properties such as awareness, change, time span, and events (Meleis et al., 2000).

*Transition to practice:* A formal program of active learning implemented across all settings, for newly licensed nurses designed to support their progression from education to practice (NCSBN, 2008).

### **Assumptions**

As the primary researcher, it is imperative to be aware of assumptions that could affect the collection and interpretation of qualitative data (Ravitch & Carl, 2016). I assumed that NGNs who completed a senior practicum desire a smooth transition to practice. Additional assumptions were related to academics and practice. I assumed that nursing faculty desire to prepare students to enter practice after graduation. I assumed the RN preceptors the student nurse is paired with during their senior practicum desire to prepare the student to enter nursing practice. Furthermore, I assumed NGNs desire to transition easily from student to practicing nurse. I assumed that what students learn in academia and how they were oriented to the new graduate role in practice contributed to the transition of NGNs. Lastly, I assumed that hospital orientation staff, mentors, and preceptors desired to help NGNS transition to practice.

It was also essential to be aware of assumptions, particularly when conducting interviews. Assumptions and preconceived ideas could cause a researcher to ask interview questions that would result in information that support a researcher's theory instead of discovering what the data reveals (Ellis & Levy, 2009). My assumption was that exploring the NGNs' perceptions of the impact the senior practicum had on their transition to practice could provide useful information to improve the senior practicum, identify knowledge or skills new nurses are expected to know that was not taught in

nursing school or reveal the senior practicum provides the student what is needed to transition to practice as a new nurse.

### **Scope and Delimitations**

Delimitations are the group or participants I, as the researcher, decided to study, whereas the scope was the parameters or limits of this study (Goes & Simon, 2017). The delimitation for this study was NGNs. I selected NGNs who completed a practicum or preceptor clinical their last semester of nursing school because a nurse who have been working fewer than 12 months is still in their transition phase (Duchscher, 2009; Meleis, 2010). The scope of this study included NGNs who have worked more 2 years as a RN and completed a senior practicum or a preceptor clinical their last semester in nursing school. NGNs meeting those parameters who are current students at the college where I serve as a dean were excluded from this study.

Additionally, after reviewing both Duchscher's (2009) transition model and Meleis's (2010) transition theory, I decided to use Meleis's transition theory. Duchscher's transition model described three stages of transition during the first 12 months of professional nursing practice: doing, being, and knowing. But Meleis's transition theory encompasses more than specific stages like Duchscher's model. Transition can be developmental, situation specific, or organizational (Meleis, 2010). Part of transitioning also involves a role change, which can be an individual, a group, or an organization. For the NGN, the knowledge learned from nursing school must be integrated into the new role as a professional nurse (Meleis, 2010). It is a role change the student nurse must go through as they transition to the NGN role.

An additional delimitation was related to the descriptive qualitative research design that was used for this study. A descriptive qualitative approach is appropriate when a rich description of a phenomenon is desired to explore the NGNs perspective of their experiences during transition to practice (Patton, 2015). Ethnography, phenomenology, and a grounded theory designs were not appropriate. Ethnography focuses on one culture, which would not describe NGNs. Phenomenology would not be the correct design to use since NGNs would have already experienced the senior practicum at the time of the interviews (Korstjens & Moser, 2017). A descriptive and not a grounded theory approach aligned with the research question since the purpose of this study was to explore NGNs perceptions not to develop a theory.

Data analysis included a thick description of the findings from the individual interviews. Providing a thick description is a method I used for transferability (Houghton et al., 2013). This study potentially has transferability applications for use in academics and clinical practice preparing NGNs for professional nursing practice.

### **Limitations**

There were limitations, challenges, and potential barriers to this study. Using one college as the study site for recruiting participants was a limitation. Setting up and conducting interviews from past graduates posed a challenge and was a barrier. It was a challenge contacting graduates for the study. Nurses who moved or changed addresses since graduating was a barrier to setting up interviews. It could have been a challenge scheduling interviews since most nurses work 12-hour shifts. However, the interviews were able to be set up at the convenience of the participants without having to reschedule.

Another potential barrier was the possibility that participants could be graduates from one of the programs I supervise. I am the dean of the School of Health Sciences where graduates of the ADN program could have become a participant in the study. Although I teach two courses in the RN to BSN program, I do not teach any course in the ADN program. Therefore, participants were also recruited using social media and through my state's American Nurses Association (ANA) to have NGNs who graduated from several nursing programs, not just from the local program.

There was also the potential that the participants' responses could have been subject to social desirability bias (Bergen & Labonté, 2020; Larson, 2019). Steps were taken to overcome this challenge. The informed consent included the purpose of the study, how the results will be used, and a confidentiality statement. Having an interview guide helped prevent socially desirable responses using consistent wording of the interview questions (Rubin & Rubin, 2012). Without the use of an interview guide, there was a greater chance of socially desirable responses due to researcher bias, which was a limitation and posed a potential challenge. Consistently checking for credibility throughout the data collection and analysis phases should have prevented socially desirable responses (Ravitch & Carl, 2016). Confirming responses with participants may provide results that reflect the participants' experiences not the researcher's opinion of those experiences.

### **Significance**

Exploring NGNs' perceptions regarding the extent to which the senior clinical practicum supported their transition to practice may provide valuable evidence to

promote positive social change by improving transition to practice. Supporting a post-licensure NGNs' transition to practice during hospital and unit-based orientation has been explored (Alghamdi & Baker, 2020; Lea & Cruickshank, 2015; Mellor & Gregoric, 2016). However, few studies have examined the senior practicum model implemented during the students' last semester of academic preparation, and no studies were identified that examined the perceptions of NGNs regarding their senior practicum experiences in relation to their practice transition (López-Entrambasaguas et al., 2019; Sandler, 2018; van Rooyen et al., 2019). The findings may also provide data to support current clinical education practice, suggest areas of needed curriculum redesign, or promote the development of innovative models of clinical education and effect positive social change.

### **Summary**

NGNs experience a period of transition from being a student to becoming a professional nurse. This study explored the new nurses' perceptions of how the senior practicum impacted their transition to practice. The next chapter includes a literature review and the theoretical framework this study used. A discussion of two different theoretical models related to transition is discussed along with the one transition theory selected for this study. The literature review contains information on how the search was conducted and literature narrowed to include pertinent scholarly articles related to the concepts based on the theoretical model and literature search.

## Chapter 2: Literature Review

When a nursing student graduates, they experience a period of transition to the professional nurse role. The purpose of this study was to explore the perceptions of how NGNs' experiences in their senior practicum prepared them to transition to professional practice. Current literature focuses on post-licensure NGNs' transition to practice during hospital and unit-based orientation (Alghamdi & Baker, 2020; Lea & Cruickshank, 2015; Mellor & Gregoric, 2016). But few studies have examined the senior practicum model implemented during the students' last semester of academic preparation, and no studies were identified that examined the perceptions of NGNs regarding their senior practicum experiences in relation to their practice transition (López-Entrambasaguas et al., 2019; Sandler, 2018; van Rooyen et al., 2019). This chapter contains a description of the literature search strategy, an exhaustive review of the literature related to key variables, information pertaining to the theoretical framework for this study, and conclusions.

### **Literature Search Strategy**

I conducted a review of the literature selecting peer-reviewed scholarly articles published 2015 through 2021. Some older literature was included related to the chosen theory and relevant sentinel work. The search was conducted using databases at Walden University Library: CINAHL plus MEDLINE, ERIC, and ProQuest Nursing and Allied Health Source. I also searched two national organizations' websites, American Nurses Association (ANA) and NCSBN. The key search terms used were *newly graduated nurses*, *transition to practice for new nurses*, *preparedness or readiness for practice*, *nursing students*, and *preceptor clinical or senior practicum*. A total of 247 articles were



retrieved. An initial review excluded 161 articles that were either duplicates; focused on nurse practitioners, doctoral students, or patient care; and did not include nursing student transition to professional RN practice. Another search using keywords related to applicable conceptual and theoretical frameworks were *transition theory and facilitated or inhibited transition* revealed an additional 15 articles, of which seven articles were applicable to this study, for a total of 93 articles. The other eight articles were either duplicates from the above searches or had a focus on transition unrelated to transition of a nursing student to professional nurse. After exclusion of articles that were not related, were duplicates, and those that were added as a result of the modified search terms, 46 remained for consideration in this review of the literature.

### **Theoretical Foundation**

The main concept for this study is transition, which was informed by Meleis's transition theory. Meleis's transition theory is applicable for nursing students transitioning in nursing school, out of nursing school, and as a newly graduated nurse (Kim & Shin, 2020). Supporting concepts included preceptor clinical, student nurse, preceptor, NGN, role awareness, change, and transition to practice. Though not chosen for this study, Duchscher's transition model describes the experience as a student transitions to a practicing nurse (Murray et al., 2019). According to the model, an NGN goes through three states: doing, being, and knowing during the first 12 months of nursing practice (Windey & Duchscher, 2018). The initial 3 to 4 months is a period of adjustment for the new nurse going from the familiar nursing student role to the unfamiliar professional nursing role. For the NGN, the knowledge learned from nursing

school must be integrated into the new role as a professional nurse (Meleis, 2010).

Nursing faculty in academic institutions and nurses in clinical facilities can facilitate that transition (Duchscher, 2009; Meleis, 2010).

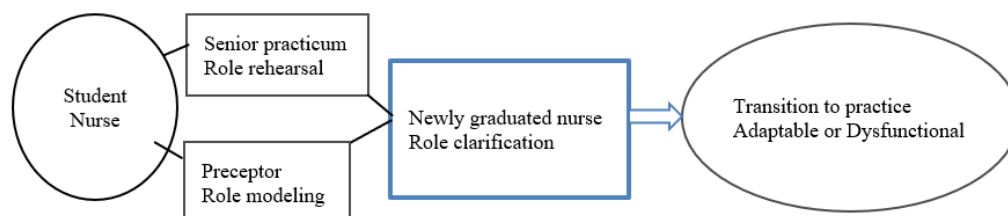
Meleis's (2010) transition theory was chosen for this study to understand how the preceptor clinical influences NGNs' transition to practice. Successful transitioning to practice requires an individual to progress from using the expected knowledge, skills, and attitudes of a student nurse to fully demonstrating the roles, responsibilities, relationships, and skills of a professional registered nurse (Meleis, 2010). Transition experiences can vary based on the following conditions: the individual's perspective or meaning of transition, their expectations, their knowledge, and skills their environment, the planning they have done, and their emotional and physical well-being (Schumacher & Meleis, 1994). For example, perspectives of the senior practicum experience will vary such as students' expectations and goals (Schumacher & Meleis, 1994). Planning is a transition condition that could have happened while the participants were students and as they transitioned to practice that can influence this transition. The final transition conditions are emotional and physical well-being (Schumacher & Meleis, 1994). A newly graduated nurse may experience a range of emotions as they transition to practice, and physical discomfort can negatively impact emotional well-being during transition (Schumacher & Meleis, 1994). Role stress has also been identified as a factor that inhibits transition and results in new nurses leaving practice within their first year (Hallaran, 2020).

The framework, adapted from Meleis's (2010) transition theory, is displayed in Figure 1. Interview questions focused on the NGNs' perceptions of their senior

practicum, which should serve as a role rehearsal with the preceptor serving as the role model for the realities of their nursing practice after graduation. During the first year of practice, the NGN goes through role clarification as they transition to practice. There are factors that could inhibit or facilitate determining whether they achieve an adaptable or dysfunctional transition to practice. The interview questions were designed to determine the NGNs perceptions of the factors that facilitated or inhibited their transition to practice.

**Figure 1**

*Theoretical Framework*



**Literature Review Related to Key Variables or Concepts**

Transition is a complex process involving awareness; engagement; change and difference; time span; as well as critical points and events (Meleis, 2010). Transitions are universal across multiple disciplines and conditions. Regardless of the type or locations of the transition, people experience stress and anxiety (Hart & Swenty, 2015). These conditions, which are embedded in every transition experience facilitate or inhibit the transition (Meleis, 2010). The influence of the senior practicum experience was explored from the perspective of the NGN beginning with transition to practice and readiness for

practice, along with the pairing with a preceptor as an NGN and a student nurse. The review of the literature related to the key variables include transition to practice, readiness for practice, preceptors-newly graduated nurses, and preceptors-senior nursing school practicum.

### **Transition to Practice**

The extent of NGNs' preparation will facilitate or inhibit their transition to practice. NGNs who have completed clinical training without an RN preceptor have reported feeling unprepared to enter practice (Danbjørg, & Birkelund, 2011). Hatzenbuhler and Klein (2019) also discovered that NGNs reported a lack of competence and preparation for practice based on what they learned in nursing school. NGNs who had a clinical with a preceptor face the challenges of transitioning to practice, often lacking proficiency in certain skill areas (Alghamdi & Baker, 2020; Missen, et al, 2016). However, a positive preceptor-nursing student relationship can provide more clinical exposure resulting in improved clinical competence of the new nurses entering practice (Edward, et al, 2017).

RN preceptors in the final clinical or senior semester practicum have been found to facilitate transition to practice (Kaihlanen, et al, 2019). NGNs paired with preceptors still face challenges transitioning to practice, often lacking proficiency in certain skill areas (Alghamdi & Baker, 2020; Missen, et al, 2016). Even with a preceptor clinical focused on preparing students to transition to nursing practice, there continues to be reports that newly graduated nurses are unprepared to transition to practice (Hatzenbuhler & Klein, 2019; Missen, et al., 2018; Wiersma, et al., 2020).

## **Readiness for Practice**

Newly graduated nurses report increased readiness for practice with improved confidence in their patient care abilities when there are programs and support starting with their first nursing position (Calleja, 2019; Oblea, 2019). However, newly graduated nurses continue to report a lack of confidence and preparation to enter practice, inhibiting transition and could result in newly graduated nurses leaving the profession during the first year (Labrague, et al, 2020).

New nurses need many things as they transition from student to nursing practice such as improving skill proficiency, learning to manage and prioritize the needs of multiple patients, professionally socializing into the various healthcare team member's roles and responsibilities, and understanding the organizational culture. Academic preparation is designed to help students build their knowledge base, along with social and emotional strategies needed to transition to their first nursing position (Mellor & Gregoric, 2016). Each semester, clinical experiences are incorporated so that students can acquire the skill set needed as a member of the nursing profession. Casey, et al. (2011) created a readiness for practice survey tool, which discovered that new nurses have confidence in their communication skills but have difficulty performing the skills that were difficult to perform as a student. They need to improve confidence to manage multiple patients, delegate tasks, and recognize when treatment is needed for a patient's change in condition (Casey, et al, 2011; Rusch, et al, 2019).

There can be a difference between what students learn in school and during an internship or orientation at their first nursing position (Beauvais, 2017; Dames, 2019;

Lloyd-Penza & Roach, 2019). This difference causes NGNs stress as they enter their first nursing position. The stress of the nursing profession, the value or autonomy nurses feel they have, work demands, support, physical stress, and emotional stress, along with the difference between what students learn in school and practice contribute to how students transition to nursing. NGNs reported an incongruence between what they learned in nursing school and their subsequent nursing practice (Dames, 2019). However, having faculty assist students' selection of a clinical practicum while in nursing school and deciding where to work after graduation based on the student preference and personality resulted in decreased stress as NGNs entered nursing practice (Dames, 2019). Support from preceptors during the senior practicum and after entering their first nursing position has shown to reduce stress and facilitate transition (Boswell & Sanchez, 2020; Duchscher, 2009; Laschinger, et al, 2016).

A lack of confidence and the differences between academic preparation and the reality of nursing practice contributes to the stress of transitioning from student to nurse (Hatzenbuhler & Klein, 2019; Woo and Newman, 2019). Additionally, NGNs often lack the competence to perform all the skills required (Missen, et al., 2016). In contrast, students with healthcare experience prior to nursing school are more likely to be satisfied with their preparation and transition to practice (Solvik & Struksnes, 2018). Ericson and Zimmerman (2020) discovered a preceptor's perception was different than the student's perception of their readiness for practice. The use of preceptors or mentors for student nurses and NGNs impacts readiness for practice (Edward, et al, 2017).

## **Preceptors and Newly Graduated Nurses**

Despite the valuable preceptor clinical experience and its goal of preparing students to transition to nursing practice, there continues to be reports of newly graduated nurses (NGNs) unprepared to transition to practice (Alghamdi & Baker, 2020; Duchscher & Windey, 2018; Hatzenbuhler & Klein, 2019; Lea & Cruickshank, 2015; Mellor & Gregoric, 2016; Missen, McKenna, Beauchamp, & Larkins, 2016; Rusch, Manz, Hercinger, Oertwich, & McCafferty, 2019; Wiersma, Pintz, & Karen, 2020). There are many reasons NGNs lack preparation affecting their transition to practice, such as clinical experience in nursing school, experience during the senior practicum with preceptors, the experience during orientation at their first RN position, and experience with an RN preceptor or mentor after entering professional practice. New nurses discussed how nursing school did not adequately prepare them for practice, especially high-acuity situations, managing multiple patients, prioritizing, and communicating with team members (Hatzenbuhler & Klein, 2019). Similarly, Hyun, et al. (2020), discovered new nurses need supervising when faced with emergency situations and lacked competence with situations related to ethical or legal practice.

RN preceptors for NGNs focus on improving the new nurse's skills and confidence as they transition to practice (Powers, et al, 2019; Thomas, et al, 2018). The use of preceptors and mentors during orientation and residency programs for NGNs have been found to facilitate transition (Aboshaiqah & Qasim, 2018; Van Patten & Bartone, 2019). The use of RN preceptors for student nurses and new nurses have been found to

improve the transition of NGNs. Additionally, RN preceptors are used for senior nursing students (L'Ecuyer, 2019; Powers, et al, 2019; Thomas, et al, 2018).

### **Preceptors and Senior Nursing School Practicum**

Preceptors can enhance nursing student readiness for practice by providing students with advanced skills and management of multiple patients (Zimmerman, 2020). The use of preceptors in the final nursing clinical or senior practice should improve students' readiness and therefore, transition to practice. Preceptors desire to teach the nursing students what to expect and learn the culture of nursing practice as opposed to what they are taught in nursing school (Strouse, et al, 2018). RN preceptors paired with student nurses during their senior practicum are in a unique position to assess, evaluate, and improve the students' clinical skills (L'Ecuyer, 2019; Thomas et al, 2018).

During the nursing student's final academic semester, a focused, intensive, clinical experience that focuses on promoting independent practice, enhancing prioritization and organizational skills, and role socialization is undertaken. Pairing students with a practicing RN for an intensive practicum or preceptor clinical the final semester aim to improve the transition of student to new nurse. The goal of this 1:1 student to registered nurse preceptor provides a closely mentored approach to clinical education. Previous clinical education for the student has likely taken place in a group model whereby the student to instructor ratio can be as high as 12:1 (State of Florida, 2019). Although the practicum experience supports increasing independence and caring for increasingly complex patients, the student's practice remains under the direction of a registered nurse preceptor. NGNs experience in their last clinical semester has been



found to be a strong predictor of a nurse's intention to remain in nursing after one year (Sandler, 2018). Additionally, NGNs have reported improved confidence as a result of completed a senior practicum course (Kent, et al, 2015). It is important to explore how best to structure such experiences to ensure their success.

The study results discussed throughout this literature review revealed the need for further study to ensure new nurses are prepared for practice. Majority of those studies focused on whether the NGN was prepared for practice, or the reasons NGNs were leaving within the first year of their nursing practice. Sandler (2018) conducted a study focused on discovering reasons NGNs left nursing practice. There are multiple reasons NGNs leave nurses, such as workload demands, lack of extended orientation, incivility, and a poor work environment (Sandler, 2018). A finding related to the reasons for this study was the fact that a NGN's experience in their last semester clinical practicum was one of the significant predictors whether NGNs remain in practice.

Furthermore, Kaihlanen, et al. (2020) discovered a statistically significant association between the final clinical practicum and the transition experience reinforcing the need to formalize transition to practice. Whereas Kaihlanen, et al. (2020) included nurses in practice less than two years, I initially focused on nurses in practice less than one year. Due to recruitment challenges, I expanded participants to nurses in practice less than two years. An instrument was developed measuring the emotional, physical, sociodevelopmental and intellectual domains of transition to determine the relationship between the final practicum and a NGNs intention to leave nursing practice. Kaihlanen,

et al. (2020) confirmed a correlation between the final practicum in nursing school and an NGN intention to leave nursing.

The key concepts discovered include transition to practice, readiness for practice and preceptors for NGN and senior nursing school practicum. Transition to practice for NGNs practice starts in nursing school where students learn the foundation of nursing theory and practice. The senior nurse practicum experience builds on the foundation preparing students for the realities of practice. After entering practice, NGNs continue building on their nursing school foundation benefiting from their individual experience with a RN during their senior nurse practicum and as an NGN with a RN preceptor in their first nursing position. Although there have been studies correlating the last clinical practicum and intention to leave nursing (Kaihlainen et al., 2020; Sandler, 2018); studies revealing new nurses lack skills and confidence (Powers, et al, 2019; Thomas, et al, 2018), and the use of preceptors during hospital orientation and residency programs facilitate transition (Aboshaiqah & Qasim, 2018; Van Patten & Bartone, 2019), there has not been a study that explored the NGNs perceptions of how the last clinical practicum impacted their transition to practice. Therefore, there was a need for this research study.

### **Summary**

Newly graduated nurses are not prepared to transition to practice as evidenced by new nurses reporting lack of readiness for practice, leaving practice within the first year, and experiencing transition shock (Alghamdi & Baker, 2020; Duchscher & Windey, 2018; Lea & Cruickshank, 2015; Mellor & Gregoric, 2016; Missen et al., 2016; Rusch et al., 2019). There is research on NGN's transition to practice focused on the hospital-side

of transition related to orientation, how the preceptors or mentors help the NGN with transition, and how hospital orientation contributes to their transition to practice (Alghamdi & Baker, 2020; Lea & Cruickshank, 2015; Mellor & Gregoric, 2016). However, there are limited studies on the academic side of transitioning student to nursing practice, particularly related to the preceptor clinical in the student's last semester. The literature review confirmed the need to discover how the senior nursing school practicum facilitates the NGNs' transition to practice.

### Chapter 3: Research Method

The purpose of this study was to explore the perceptions of how NGNs' experiences in their senior practicum prepared them to transition to professional practice. This chapter includes the research design and rationale, the research question, my role as the researcher, methodology, and trustworthiness. The chapter ends with a summary of the plan to recruit, interview, and analyze the data using a thematic approach.

#### **Research Design and Rationale**

I used a descriptive qualitative approach (Percy et al., 2015), because the goal was to provide a descriptive summary of the role of the senior practicum experience in the transition to professional practice from the perspective of the NGN. A descriptive qualitative approach is appropriate when a rich description of a phenomenon is desired (Patton, 2015). Ethnography, phenomenology, and grounded theory are commonly used qualitative designs (Korstjens & Moser, 2017). However, those designs did not align with the purpose of this study. Furthermore, a descriptive approach aligned with Meleis's model of transition when exploring the perspectives of the participants' experiences as they transition to practice. The design helped to address the research question "What are newly graduated nurses' perceptions of how the senior practicum prepared them for transition to practice?"

#### **Role of the Researcher**

I created a semistructured interview guide; therefore, as the researcher, I was the instrument. A semistructured interview guide provided a list of basic questions each participant was asked for consistency and decreased the possibility of bias during the

individual interviews (see Appendix B). Semistructured interviews allowed for follow-up or probing questions based on individual participant responses to the questions. As a novice researcher, the semistructured interview guide with preset questions prevented me from missing valuable insight because of not being able to think of appropriate questions at the time of the interview (Whiting, 2008). Furthermore, I was mindful of my positionality or relationship with the context of this study through a positionality memo (Ravitch & Carl, 2016). The memo included assumptions, biases, and how my role as student researcher remained separate from my role as dean of health sciences. I made sure to self-reflect throughout the research process, which increased my awareness of potential bias during the interview and data analysis process (see Ravitch & Carl, 2016). Additionally, I confirmed with participants to describe what I was learning to verify they agree.

I also examined my own assumptions of how the preceptor clinical impacts the NGNs' transition to practice. Awareness of my position and assumptions will ensure those assumptions are not reflected during the interviews and interpretation of the data collected. I used bracketing to look at the perceptions of the NGNs as they see them, not as I would perceive those experiences (Sorsa et al., 2015). During the initial interpretation of the data, I used bracketing to stay aware of my personal assumptions about the senior practicum and transition to practice (Fisher, 2009). Bracketing was used a second time when reviewing the interpretive data. This enabled me to analytically understand the NGN's role to ensure valid arguments can be made while analyzing the data (Ravitch & Carl, 2016). Recruiting participants who are no longer students at the college where I

work further prevented me having to separate my professional relationship with current students during this study. Making these arrangements increased awareness and prevented potential bias from interfering with the credibility of the results.

### **Methodology**

This section includes the method of data collection, analysis, and how the theory guided the research (Ravitch & Carl, 2016). A descriptive qualitative design was used for this study with individual interviews for data collection. The rest of this section includes the participant selection, recruitment procedure, data collection, and data analysis.

#### **Participant Selection**

The target group of participants was NGNs from a prelicensure nursing program, which could be an associate degree or a prelicensure baccalaureate nursing program. Participants were not limited to one 2-year college or 4-year university. Inclusion criteria included employment as a RN in a hospital setting longer less than 2 years. Exclusion criteria were any RN who had been employed longer than 2 years, or not employed in a health care setting. RN students in the RN to BSN program where I serve as the administrator were excluded.

#### **Participant Recruitment**

Multiple strategies were employed to recruit participants. A recruitment flyer for study participants was posted on social media sites Facebook and LinkedIn. Additionally, as a member of my state's nursing association, I submitted a recruitment notice for my study (see Appendix A). The state nurse's association then emailed my recruitment notice to all the members. The college where I am employed sent the flyer to the associate

degree graduates who were not a current student in the RN to BSN program. After I started recruitment and interviews, I used the snowballing technique by asking participants if they know of other NGNs who would be interested in volunteering for this study. All participants who met the criteria and participated were aware that participating in the interview was voluntary and no compensation would be given.

The flyer had a link to a Google Form, which contained the informed consent. After participants reviewed and electronically signed the informed consent, they selected their preference for the day and time to be interviewed, along with their contact information (name, phone number, and email) before submitting the online form. Participants received a follow-up contact with the Zoom link for their interview day and time. This information was sent using the participants' preferred contact method, such as phone call, text, or email.

### **Sample Size**

The focus of participant selection and subsequent interviews was to conduct the number of interviews that will provide the depth of information to answer the research question. The suggested number of participants for qualitative research varies. Mason (2009) discovered few resources with guidelines for the number of participants needed for a rigorous study. Creswell and Creswell (2018) recommend as few as one or two for a narrative study and as many as 30 for a grounded theory study. However, 10 participants were suggested as a minimum (Mason, 2009).

I had a goal of recruiting 20 participants. Individual interviews will begin with the first participant and continue until achieving saturation. Saturation will occur once there

has been no new information gathered from the interviews (Mason, 2009; Gray et al., 2017). I had planned to interview one or two more participants as verification after reaching saturation. However, due to recruitment issues, I was unable to interview more participants.

Recruitment issues resulted in only three participant interviews. The challenges of recruiting resulted in me going back to IRB for a change of procedure three times. Initially, I was posting only to social media sites and the state's nursing association. The first change in procedure, was done to obtain permission to recruit through the college where I worked. After IRB approval, the college sent out my recruitment flyer to the ADN and the RN to BSN graduates from the past two years. I added two of the local hospitals to allow my recruitment flyer to be posted or sent out to their nurses when I sent in the second IRB change of procedures. Even with the multiple methods of recruitment and receiving eight inquiries, I was only able to interview one participant. Therefore, a third change of procedure was submitted requesting an expansion of my participants. Originally, I planned to interview NGNs who had worked less than one year. I expanded it to two years, which provided four more inquiries with two participants who agreed to be interviewed.

### **Data Collection Instrument and Procedure**

Data were collected using a researcher-created interview guide (see Appendix C) for semi structured individual interviews. A semi structured interview process allows me to ask prepared questions and provides an opportunity for follow-up questions (Rubin & Rubin, 2012). Using an interview guide ensures each participant is asked the same initial



questions; although, follow-up questions will differ depending on participant's response to the initial questions.

### ***Interview Process***

Participants were given the choices of the time and date to meet virtually using Zoom. The interviews were arranged for convenience of participants. Interviews conducted using Zoom were recorded. Prior to starting the interview, I verified the participant has read the informed consent, understood the purpose of the interview, that they can stop anytime they want without explanation, and the interview is being recorded. During the interview, I asked the questions from the interview guide. Furthermore, follow-up, probing, and clarification questions were asked to gather more information or clarify the participant's response to each question. After the final question was asked, participants were given the opportunity to add additional information.

During the conclusion of the interview, I reviewed the process, discussed the security of the recording, including how the results will be used, and gave an opportunity for participants to ask questions. Additionally, I discussed that confidentiality will be maintained by providing them with an opportunity to review the transcript to verify their answers. The recorded interviews are stored in a password protected electronic media file that only myself and my research committee can access.

After participants review and make any applicable changes to the interview transcript, identifying information such as their name will be removed from the transcript. Participants were asked generalized questions about where they work. However, if the place where they graduated or where they work was disclosed during the interview, the

identifying information was changed to generic terms such as an ADN program, BSN program, critical care unit, or medical-surgical unit in a hospital instead of the name and location.

### **Data Analysis**

Prior to analysis, the interviews were transcribed using the transcription service attached to the recording service used for the interviews, which ensure confidentiality as part of their service. I did not need to hire someone to transcribe, nor did I have to use an outside paid service to transcribe these interviews. Participants provided their email address and were given an option to review the transcript. Each participant was sent a copy of their transcript, which provided them with an opportunity to review then let me know any additions, deletions, or changes needed prior to analyzing the data.

The data were analyzed using a three-pronged approach. According to Ravitch and Carl (2016), a three-pronged approach to qualitative data analysis consists of data organization, immersion, and representing the data in writing. Although the interview was recorded, I took some field notes, which can be used to clarify parts of the interview that may seem unclear (Rubin, & Rubin, 2012). After each interview, the recording was transcribed then compared with the field notes while listening to the interview. The transcribed interview and notes will be stored electronically in a secure password protected USB storage device for a period of 5 years. Written documents or field notes will be kept in a locked cabinet at the researcher's location. After 5 years, the USB storage device and all data associated with this research will be destroyed per requirements to destroy confidential documents.

The second part of the approach is the immersion of the data, which began with precoding the data. Precoding completed after each interview involves reading, questioning, and engaging in the data (Ravitch & Carl, 2016). NVIVO, a qualitative data analysis software was used for coding. Initially, coding was accomplished by recognizing repetitive patterns such as word, phrases, or similar terminology used more than twice (Saldaña, 2016). Immersion and engagement with the data was accomplished through reading the data multiple times for precoding then development of formal codes. Subsequent review of the data will lead to refinement of the coding, which reinforces some of the codes and resulted in a change to some of the original coding leading to categories and the development of themes.

The third part of the three-pronged approach was writing and representation (Ravitch & Carl, 2016). Writing memos throughout the process enhances the coding and thematic analysis of the data. The writing was representative of the data analysis (Ravitch & Carl, 2016). Reviewing the memos I wrote, the transcribed interviews, and participant validation increased my engagement with the data. A final verification of codes, categories, and themes will be reviewed to verify the analysis is representative of the data collected.

### **Issues of Trustworthiness**

Trustworthiness is required in qualitative research to ensure the quality and rigor of that study, which includes a discussion of credibility, transferability, dependability and confirmability (Ravitch & Carl, 2016). Using semi structured interviews was one method to demonstrate trustworthiness. Furthermore, trustworthiness was demonstrated through

the data analysis process by providing thick descriptions and validating the data with participants (Ravitch & Carl, 2016).

### **Credibility**

Credibility is considered the truth of the information, which can be accomplished by having audit trails, member checking, and triangulation using different methods of data collection (Amankwaa, 2016; Cope, 2014; Shenton, 2004). I had participants review the transcripts to verify the truth of the information. Additionally, I used my personal notes or memos and continual engagement as the researcher involved in this process. A form of triangulation can occur as the data is analyzed discovering common viewpoints of the participants.

### **Transferability**

The next component, transferability, is used to demonstrate how the results can be applied to other situations or groups (Amankwaa, 2016; Cope, 2014; Shenton, 2004). In the analysis section, I provided a substantial description of the findings. This provides readers the information needed to determine whether this research study will have transferability for their situation. The description will include the details of the study, inclusion and exclusion criteria, the interview questions, a comprehensive analysis of the data, limitations, and recommendations for further study.

### **Confirmability**

Confirmability is the ability of the researcher to objectively interpret the findings (Amankwaa, 2016; Cope, 2014; Shenton, 2004). One way to ensure confirmability is to prevent personal bias or preconceived ideas to interfere with objective interpretation. I

double-checked my positionality while reflecting on each step of the research process, particularly during the interpretation or analysis phase of the data. Where applicable, I provided direct quotes to demonstrate the interpretation and conclusion was completed without the interference of my personal bias.

### **Dependability**

The last component is dependability or the ability to demonstrate these findings could be repeated (Amankwaa, 2016; Cope, 2014; Shenton, 2004). It is difficult to replicate a qualitative study exactly due to the variety of extenuating circumstances that can occur such as personal experience of participants, the location of the interviews, and the interviewer. One method that can be used to demonstrate dependability is using audits by an external researcher or someone not involved in this research. (Amankwaa, 2016). As a student researcher, I will have my dissertation chair and committee member review my audit notes about each step of the research process from selection and interviewing of participants to the data analysis.

### **Ethical Procedures**

This research study ensured privacy and confidentiality per Institutional Review Board (IRB) ethical guidelines. The IRB approval # 07-06-21-0341815 expires July 7, 2022. Recruitment of participants and interviews did not start until IRB approval was received. Informed consent was explained in the participant recruitment section above. Participants were informed again at the beginning of the interview the option to stop the interview anytime during the interview. Furthermore, participants were assured of privacy and informed how the data will be stored and for how long, which is included in

the details of data collection and analysis sections above. As previously discussed in the interview and transcription process, once participants have been able to review and verify the transcription of their interview, their identifying information was removed. I had planned to use an excel spreadsheet to track this process. However, with only three participants who were interviewed on different dates, it was unnecessary to have an additional document that would need to be kept secure then destroyed at a later date.

### **Summary**

This research study was a descriptive qualitative study using semi structured individual interviews with an interview guide to collect the data. Participants were recruited using multiple methods such as social media, professional contacts in local hospitals, the researcher's college, and the state's nursing association. Using a thematic approach, data was analyzed using computer-assisted data analysis. A description of the setting, demographics, data collection, and data analysis will be presented in chapter 4, along with evidence of trustworthiness and the results of this study.

## Chapter 4: Results

I conducted a descriptive qualitative study to answer the research question “What are newly graduated nurses’ perceptions of how the senior practicum prepared them for transition to practice?” The purpose of this study was to explore the perceptions of how NGNs’ experiences in their senior practicum prepared them to transition to professional practice. In Chapter 4, I present a description of the settings, demographics, data collection, data analysis, evidence of trustworthiness, and the results.

### **Setting**

I interviewed a total of three participants. All three participants were RNs with less than 2 years’ experience who had a practicum their last semester in nursing school. Participants were interviewed using Zoom. Two of the participants were from a different time zone. I used Zoom so I did not have to travel to the participant’s location. This also allowed the one local person to be interviewed without meeting in person wearing a mask due to COVID-19 restrictions at the time of the interview.

### **Demographics**

Demographic data were limited to protect the identities of the participants. The three participants graduated from three different nursing programs. Two were from an ADN program and one from a BSN program. Two were female and one was male. Two had no health care experience prior to starting nursing school and one participant was previously an LPN. All participants were from the same state.

### **Data Collection**

Recruitment began July 7, 2021 and ended February 28, 2022. I recruited participants using Facebook, LinkedIn, the Florida ANA, two local hospitals, and the college where I am employed. There were 12 individuals who responded to the recruitment flyer and submitted their information to the Google form I created as a pre-screening tool. Three of those participants did not qualify based on their answers. Nine qualified to participate; however, five never responded to my email and phone messages requesting to confirm a day and time for the interview. One participant did not show up for the interview and never responded to my follow-up email and phone call. Therefore, three participants were interviewed. The date of the interview was assigned as the participant identification to maintain their confidentiality. Each participant was informed the interview was being recorded and they could withdraw at any time.

My plan was to interview 20 participants or until saturation was reached. Due to COVID-19 and recruitment issues, I interviewed three participants. The three interviews were similar as evident by the meaning of the data obtained. Through immersion of the data, similar meaning of data was discovered among the three participants resulting in the two themes. Therefore, saturation was met after the third interview.

Participants were interviewed using Zoom and were recorded to allow for transcription and verifying the accuracy of the transcription. I had planned to take detailed notes; however, the notes I took were limited due to the need to concentrate on what each participant was saying during the interview. I did take notes when listening to the recording of each interview.



I used a semistructured interview guide that consisted of nine questions with additional questions to clarify or expand on the answers given by the participants (see Appendix B). Participants were sent their transcript and given the opportunity to review and reply with any changes, deletions, or additional information. They each stated they wanted to see the completed research. I stored the Zoom interviews and all documents on a password-protected electronic file on my computer. This information will be stored for 5 years.

### **Data Analysis**

The data were analyzed using a three-pronged approach: data organization, immersion, and representing the data in writing (Ravitch & Carl, 2016). I clarified statements that were not clear at the time of the interview. Minimal electronic notes were taken during each interview. After each interview, I transcribed the recording. Additional notes were added as needed while I was listening to the interview and reading the transcribed interview at the same time. The transcribed interview was sent to the participant to verify the data. This provided participants an opportunity to make any corrections and add additional information. One participant did not respond to the transcribed interview transcript. Two participants replied that the transcription was correct. One participant added information about the helpfulness of having a mock interview with the nurse manager during the practicum.

### **Immersion of Data**

Immersion of data included precoding after each interview was transcribed. NVivo, a qualitative data analysis software was used for coding. Initially, coding was

accomplished by recognizing repetitive patterns such as word, phrases, or similar terminology used more than twice (Saldaña, 2016). Immersion and engagement with the data was accomplished through reading the data multiple times to determine overall meaning before precoding and then developing formal codes. Initially, I did a word count to discover the most frequently used words or phrases among the three interviewees, such as skills, experience, practicum site, practicum opportunities, and lack of opportunities. I went back through the interviews while reviewing the interview questions and the research question to refine the codes and categories.

### **Coding**

The third part of the three-pronged approach was writing and representation (Ravitch & Carl, 2016). Reviewing the transcribed interviews, notes, and participant validation increased my engagement with the data. I conducted a verification of 12 codes, categories, and themes to confirm the analysis was representative of the meaning of the data collected. A final review revealed similarity of some of the codes resulting in a total of 6 codes, which were distributed among three categories: practicum a poor learning environment, practicum a good learning environment, and practicum sites. The three categories became two themes, which is discussed in the Results section.

Initially there were five codes; however, the codes *practicum did not provide opportunities that would help me* was combined with *practicum lack of experience opportunities* and *unique needs* due to the similarity of those codes. The codes for the first theme were *practicum lacked experience opportunities to build or enhance skills*, *need for better sites with improved selection of practicum sites*, and *loss of new graduates*

related to poor practicum sites. The codes for the second theme were preceptors to teach and guide the student, practicum experience provided during optimal learning times, and quality patient care. Participants revealed opportunities that were present that enhanced their learning experiences, reinforced what was learned in their nursing program, and influenced their decision for where to practice nursing after graduation. Although a patient care situation was less than ideal for one participant, it did result in a learning experience for what should or should not happen.

### **Results**

The research question for this study, “What are newly graduated nurses’ perceptions of how the senior practicum prepared them for transition to practice?,” was answered by interviewing participants using a semi-structured interview with nine questions (Appendix B). After reviewing the transcribed interviews and creating codes and categories, two themes emerged. The six codes were distributed among two themes: practicum experience needs to meet the learning needs of the student and practicum site must be a good learning environment. Detailed results with the information and direct quotes from each participant related to each theme are discussed in this section.

#### **Practicum Experience Needs to Meet the Learning Needs of the Student**

The codes for this theme include practicum lacked experience opportunities to build or enhance skills, need for better sites with improved selection of practicum sites, and loss of new graduates related to poor practicum sites. All three participants revealed they had individualized needs during practicum, which impacted their practicum experience. Two participants would have preferred to select their practicum site.

### ***Practicum Lacked Experience Opportunities to Build or Enhance Skills***

All three participants had unique needs and agreed that more opportunities should be given to them during the practicum. I have included excerpts from each interview as examples. Participant 1 did not experience anything that had not been previously experienced since she had been working on a similar unit as an LPN. There was little distinction between the LPN and RN roles on that unit.

Participant 1 needed experiences in areas where she had never worked or previously had nursing clinical. Participant 1 would have benefited from seeing an area of nursing that demonstrated the differences between the LPN and RN roles. According to Participant 1, there were not any differences in what the RN did and what the participant does as an LPN when working on a similar medical-surgical unit.

Participant 2 reported wanting more experience with documentation and understanding the thought process or critical analysis nurses go through when their patient deteriorates. Knowing what to do next, what medications are needed, when to call the doctor, and what action needs to be taken, which is expected now that participant 2 is working as an RN. "I don't know so much about the bigger picture of let's look at this case. What are the things we're thinking about? What are we looking for in my new job that is definitely how the nursing is done. I wanted to see "more of what the nurse has to think about, like when they get their patient."

Participant 3 also reported wanting more experience with documentation. There were limited skills due to the type of unit and how busy the unit was. Participant 3

planned to start graduate school and go into primary care. The general medical-surgical unit did not provide the experience needed for primary care.

### ***Need for Improved Practicum Sites***

The three participants had different needs that they reported were not met during the practicum experience. Participant 1, who had been working as an LPN prior to returning to nursing school to obtain an RN degree, stated, “would have benefited more if I could have gone to a critical care unit instead of a general medical-surgical unit.” Participant 3 had a similar comment, “Practicum should be where the student thinks they want to work whether it is pediatrics, ICU, inpatient, or outpatient. Nursing schools should help by placing students where they want to work as a nurse.” Although participant 2 was pleased with being placed on a general medical-surgical unit, comments revealed that more could have been done to meet individual needs due to the business of the unit, such as “nurses are busy and get impatient when you are trying to do something for the first time” and “computer work, the chart, and documentation is a huge part of the job”; unable to gain that experience during practicum (Participant 2). This lack of meeting their individual needs contributed to the large amount of data from all three participants regarding the lack of opportunities to gain experience that would have helped their transition to practice.

Participants 1 and 3 preferred a different area of nursing for their practicum. Participant 1 had been working on a medical-surgical unit as an LPN, so desired a different experience. Participant 3 wanted to learn more about critical care not general medical-surgical care. Both participants had gained medical-surgical experience during

the clinical rotations in nursing school; however, lacked experience in critical care areas. Participant 3 stated, “there is a presumptive belief that medical-surgical is where all new nurses should work, yet we are told the world is your oyster and you can go anywhere or do anything or go into any area of nursing.” Additionally, Participant 3 discussed the need to create more opportunities for nursing students in different areas, not just medical-surgical nursing.

Participant 3 started graduate school to become a nurse practitioner. Initially participant 3 was thinking of going into acute/critical care as a nurse practitioner, which was why a critical care area in the hospital was the preferred area for the practicum. Participant 3 discussed not being a typical 20-year-old college student, instead had military and police officer experience. “There were things I did not need help with, such as communication with patients or how to handle patients with psychiatric breaks like a younger nursing student would need help with.”

The participants reported the inability to be placed in the practicum site they selected. Practicum sites were limited due to COVID. Although two of the participants, Participant 1 and 3, wanted an area other than medical-surgical nursing, participant 2 was glad to be placed in a medical-surgical area. Both participant 1 and 3 asked to be placed in a critical care area. Participant 1 was unsure of the reasons why medical-surgical was selected. Participant 3 discussed that before COVID, students were placed in a critical care area if a particular standardized exam score was above a certain score, which that participant did achieve. However, due to COVID, all students were placed on a medical-surgical unit without the consideration of additional specialty areas.

### ***Loss of New Graduates Related to Poor Practicum Sites***

Participant 1, who had been working as an LPN in the hospital setting, stated, “I would probably have stayed working as an RN in the hospital if I had been given a different practicum site”. Participant 3 stated, “we need to help nursing students and new nurses find the right place for them”. If a student thinks they want to work in critical care, emergency department, or pediatrics, that student should be able to do their practicum in that area. Participant 3 stated, “I think we really should be helping nursing students explore more of what’s out there, instead of pushing medical-surgical, because that is the beginning career point for everyone”. Participant 3 also discussed researching new nurses leaving bedside nursing for a project, confirming the reasons he said nursing students should be able to select specialty areas not limiting to only medical-surgical units.

Nurses are not just leaving bedside or hospital nursing; they are leaving nursing altogether. Maybe helping students select an area of nursing they are most interested in for their practicum and stop assuming everyone must work on a medical-surgical nursing as their first job will prevent nurses from leaving.

### **Practicum Site Must be a Good Learning Environment**

The codes for this theme: *preceptors to teach and guide the student, practicum experience provided during optimal learning times, and quality patient care*. Participants revealed opportunities that were present that enhanced their learning experiences, reinforced what was learned in their nursing program, and influenced their decision for where to practice nursing after graduation. Although a patient care situation was less than

ideal for one participant, it did result in a learning experience for what should or should not happen.

### ***Preceptors to Teach and Guide the Student***

Participant 2 reported having a high-quality practicum experience. “In general, the preceptorship was good and made me think I could work in the hospital, and it rounded out my clinical experiences.” Participants 1 and 3 did not report any high-quality practicum experiences. However, participants 1 and 2 discussed the experience opportunities they were able to have during the practicum. Participant 1 said, “the most valuable experience was when I was able to attend a meeting with the nursing supervisor. I enjoyed seeing the administrative side of hospital nursing, hearing what they talked about with the doctor and other things.” Participants 1 and 3 were able to do more skills than other clinical experiences in nursing school. Skills performed during practicum reinforced what was learned in nursing school.

Participant 2 discussed the fact that the preceptor had graduated from the same school and was familiar with the program, which helped. The preceptor would show things like how to use the infusion pump, drawing blood out of a central line, and the tools used to organize the day. Knowing those experiences are limited with other clinical experiences because of so many students with one instructor versus me being paired now with one nurse. Participant 2 also discussed that learning what may seem like simple things was helpful, such as “how to wrap up an IV so a patient could take a shower, seeing the processes with discharging patients, and how to deal with the pharmacy for home medications”.



### ***Practicum Experience Provided During Optimal Learning Times***

Participants 1 and 3 had practicum experiences during the week. Participant 1 attended the practicum during the shifts worked by the RN preceptor, which included shifts during the week and weekend. Having the opportunity to be there with the same preceptor did provide opportunities to meet her needs, such as when attending a meeting with the nursing supervisor discussed above.

Because of having practicum only on the weekends, participant 2 missed the doctor interaction available when working during the week in a hospital, which limited the experience received. Participant 2 wanted to learn things like when to call or not to call the doctor. “I am pushed now to think more critically as an RN; I do not believe my experience in my preceptorship was at that level.”

### ***Quality Patient Care***

Only one participant experienced poor care delivery during the practicum. It was a learning opportunity that needed to be discussed. A situation occurred that was not handled as well as it should have been after it happened. The family pushed their loved one to have surgery and was blaming themselves for the complication that was not their fault. As a student, participant 3, could not tell the family it was not their fault and thought the nurses should be more of an advocate for that patient by explaining what happened. “You are trained in nursing school to be a patient advocate, but how can you in situations like this.” A student does not want to cause any difficulty since they could be a future employer and makes you question working at that facility.

### **Issues of Trustworthiness**

Trustworthiness was required to ensure the quality and rigor of the study, which includes a discussion of credibility, transferability, dependability, and confirmability (Ravitch & Carl, 2016). Using semi structured interviews was one method to demonstrate trustworthiness. Furthermore, trustworthiness was demonstrated through the data analysis process by providing thick descriptions and validating the data with participants (Ravitch & Carl, 2016). All participants were sent the interview transcript and given the opportunity to verify the accuracy of information, make needed corrections, or add additional information. Two of the three participants did respond verifying the accuracy of the information. One gave additional information.

#### **Credibility**

Credibility is considered the truth of the information, which can be accomplished by having audit trails, member checking, and triangulation using different methods of data collection (Amankwaa, 2016; Cope, 2014; Shenton, 2004). I had participants review the transcripts to verify the truth of the information. I was continually engaged as the researcher involved in this process by reading the transcribed interview while listening to the recorded interview to confirm the accuracy of the transcription. I added additional notes as needed while listening to the recorded interviews.

#### **Transferability**

The next component, transferability, is used to demonstrate how the results can be applied to other situations or groups (Amankwaa, 2016; Cope, 2014; Shenton, 2004). In the analysis and results section, I provided a substantial description of the findings. The

description includes the fact that the three participants were from different areas and different nursing programs. Two participants were from an ADN program, and one was from a BSN program. Knowing that both an ADN and a BSN program was represented, not a single nursing school, along with the discussion of the limitations supplies readers the information needed to decide whether this research study will have transferability for their situation.

### **Confirmability**

Confirmability is the ability of the researcher to objectively interpret the findings (Amankwaa, 2016; Cope, 2014; Shenton, 2004). One way I ensured confirmability was to prevent personal bias or preconceived ideas to interfere with objective interpretation. I double-checked my positionality while reflecting on each step of the research process, particularly during the interpretation or analysis phase of the data. Where applicable, I provided direct quotes to demonstrate the interpretation and conclusion was completed without the interference of my personal bias.

### **Dependability**

The last component is dependability or the ability to demonstrate these findings could be repeated (Amankwaa, 2016; Cope, 2014; Shenton, 2004). It is difficult to replicate a qualitative study exactly due to the variety of extenuating circumstances that can occur such as personal experience of participants, the location of the interviews, and the interviewer. One method that can be used to demonstrate dependability is using audits by an external researcher or someone not involved in this research. (Amankwaa, 2016). As a student researcher, my dissertation chair has reviewed the transcribed interviews,

initial and subsequent coding of those interviews, and my interpretation or analysis of the data.

### **Summary**

There were 6 codes combined to create three categories, resulting in two themes: *practicum experiences need to meet the learning needs of the student and practicum site must be a good learning environment*. The first theme, *practicum experiences needs to meet the learning needs of the student* had three codes and the second theme, *practicum site must be a good learning environment* had three codes. The six codes within the two themes were revealed by all three participants. In Chapter 5, I will present the interpretation of these findings, recommendations for future studies, and the limitations of this study.

## Chapter 5: Discussion, Conclusions, and Recommendations

NGNs are not prepared to transition to practice as evidenced by new nurses reporting lack of readiness for practice, leaving practice within the first year, and experiencing transition shock (Alghamdi & Baker, 2020; Duchscher & Windey, 2018; Lea & Cruickshank, 2015; Mellor & Gregoric, 2016; Missen et al., 2016; Rusch et al., 2019). Although there has been research done on NGNs' transition to practice focused on the hospital-side of transition related to orientation, how the preceptors or mentors help the NGN with transition, and how hospital orientation contributes to their transition to practice (Alghamdi & Baker, 2020; Lea & Cruickshank, 2015; Mellor & Gregoric, 2016), there are limited studies on the academic side of transitioning student to nursing practice, particularly related to the preceptor clinical in the student's last semester. The purpose of this descriptive qualitative study was to explore the perceptions of how NGNs' experiences in their senior practicum prepared them to transition to professional practice. In this final chapter I am presenting the qualitative data analysis with interpretation using Meleis's (2010) transition theory along with the limitations and recommendations.

### **Interpretation of the Findings**

#### **Practicum Experience Needs to Meet the Learning Needs of the Student**

The poor learning environment resulted some unmet needs of these NGNs. Student nurses need the opportunity to learn from their preceptors so when they become a nurse, they are prepared for the critical analysis or clinical thinking process that must take place when caring for patients resulting in poor role rehearsal. Poor role rehearsal leads to difficulty with role clarification, which impacts transition to practice and can lead to

burnout during their first year of practice (Frögli, et al., 2019; Hatzenbuhler & Klein, 2019; James, et al., 2016). Students need to see how a preceptor applies their knowledge to a patient situation, which provides a learning opportunity to understand the preceptor's reasoning and critical thinking process. NGNs are required to go through that critical thinking process with their own patients by themselves (Rodríguez-Garcíaa, et al., 2018). Experiential type of learning allows students to take a more active role and provides them the opportunity to see how to apply their knowledge to patient situations (Rodríguez-Garcíaa, et al., 2018). Although there were some instances of poor learning, the practicum environment also provided a good learning environment.

There was a difference of opinion regarding the practicum sites for each participant. One participant was pleased with being placed on a general medical-surgical unit, the other two preferred a specialty area such as intensive care or an outpatient area. The quality and location of the practicum experience was a significant factor in for where the participants decided to work after graduation. My findings were supported by research showing that pre-graduation and where they worked significantly impacted the new nurses' ability to transition to practice (Kim & Yeo, 2019). My findings also supported research where NGNs who are encouraged to select the practicum and future work location experience less stress; therefore, they are less likely to leave nursing (Dames, 2019). One participant stated that being on a medical-surgical unit for practicum prepared her to work on a medical-surgical unit as a nurse, which is supported by the literature (Edward et al., 2017). Another participant decided to leave the hospital setting as a result being going to a medical-surgical unit instead of the acute care unit requested

for practicum. The participants suggested the ability to select their practicum location would have improved their experience.

It may not always be possible to place students with preceptors in area they think they want to work as a nurse. It can be beneficial to student and future employers for students to be paired with a preceptor in an area of nursing where they are considering working. One participant planned to go on to graduate school and work in primary care after graduating from nursing school. Martin and Nair (2022) suggested offering senior practicum in areas other than units in the hospital, such as ambulatory care centers. Although having practicum in the ambulatory center did not increase the number of nurses hired in that area, it did provide the students and subsequent newly graduated nurses with an understanding of that environment. This is consistent with the findings; practicum should provide the opportunity the experience potential areas of nursing they are interested in that they had not previously be exposed to.

### **Practicum Site Must be a Good Learning Environment**

There were more than sufficient positive learning experiences where the preceptor served as a role model assisting the student nurses with role rehearsal leading to role clarification impacting the NGNs transition to practice (Meleis 2010). All three participants reported they were able to continue practicing the skills they had learned along with skills they only performed in lab prior to the practicum; exposure to the management and organization of a nurse with multiple patients; and opportunities to learn some of the processes, such as hospital administration and communication with physicians. Research on transition to practice and practice readiness had similar findings

(Ericson & Zimmerman, 2020 James, et al., 2016; Kaihlanen, et al., 2019; Kaihlanen, et al., 2020). Findings from other research studies revealed that newly graduated nurses who had a preceptor clinical were unprepared to transition to practice (Hatzenbuhler & Klein, 2019; Missen, McKenna, & Beauchamp, 2018; Wiersma, Pintz, & Karen, 2020). In contrast, none of these participants reported feeling unprepared to enter nursing practice after completing their practicum experience with a preceptor.

James et al., (2016) discovered that the practicum experience provided students with skills for their future careers in nursing. One participant reported feeling prepared to enter nursing practice after completing the practicum, which was similar to what Ericson and Zimmerman (2020) discovered. Kaihlanen, et al., (2020) reported a positive relationship between the practicum and transition experience similar to what participants reported in this study. Furthermore, Calleja (2019) and Oblea (2019) reported that participants felt ready to enter nursing practice. Prior to the practicum experience, one participant reported feeling unsure about working as a staff nurse on a medical-surgical nursing. However, after the experience, reported increase confidence in entering that area of nursing. As a result of the practicum experience, that participant had an adaptable transition to practice (Meleis, 2010).

Transition experiences can negatively or positively affect a person's transition. The role modeling by the preceptor was beneficial; the role rehearsal was lacking with two of the participants due to the clinical placement (Meleis, 2010). The participants reported learning from the role modeling done by the preceptor. For example, the participants were able to see how the preceptors organized and managed patient care.



Participants were unable to fully engage in role rehearsal. Specifically, one participant felt that a patient situation called for a different approach from the preceptor and other nursing staff but was unable to speak up because of being a student nurse. All three participants reported having a positive experience because of their preceptor which is similar to studies conducted by Ford et al., ;2016; Gale, et al., 2016; and Rooke, et al., 2022. Furthermore, Edward et al., (2017) reported a positive preceptor-nursing student relationship can result in improved clinical competence of new nurses entering practice.

### **Limitations of the Study**

The most significant limitation was related to recruitment issues. After attempting to recruit from multiple sites and expanding the criteria for participation, only three participants were interviewed. Although there was an abundance of consistent information among the three participants, I must acknowledge that additional participants could have provided either confirmation of that information or new information.

Recruitment was posted on social media; however, all participants were from the same state. The one advantage is the fact that all three participants were from three different nursing programs: two from an ADN program at different colleges and one from a BSN program. With only one participant from a BSN program and three total participants, the results may not be transferable. With further studies, which is discussed in the recommendation section, you may be able to confirm the transferability of these results to other nursing programs with a senior practicum.

### **Recommendations**

Although there were limitations with having only three participants, the analysis of the results was sufficient to propose recommendations. Recommendations include conducting additional research studies focused on the last semester nursing practicum or preceptor clinical and its impact on the new nurses' transition to practice. Most important would be to replicate this study in a non-COVID environment. A longitudinal descriptive study could be conducted to gather more information about the impact of the senior practicum with follow-up surveys given at the end of the nurses first and second year of practice. Another recommendation is to either interview or survey management, preceptors, and nursing staff comparing the students precepted during the senior practicum in their hospital with those students after graduating and becoming an RN working in that same hospital. The final recommendation is for nursing programs and clinical facilities. They need to work together so an increased variety of practicum locations in various areas can be offered instead of placing all students in medical-surgical nursing units for practicum.

### **Implications**

My study provides support to continue providing a nursing practicum in the last semester of the program. NGNs benefit from working closely with an RN in their last semester of nursing school (Ebu Enyan, et al., 2021; Rosli, et al., 2022), but there are areas of improvement needed. One suggestion is placing students in the area they think they want to work after graduating (Martin & Nair, 2022). Two of the participants accepted nursing positions other than in-patient hospital nursing. Similarly, NGNs

unprepared to transition to practice left hospital bedside nursing within the first year of practice (Alghamdi & Baker, 2020; Duchscher & Windey, 2018; Lea & Cruickshank, 2015; Mellor & Gregoric, 2016; Missen et al., 2016; Rusch et al., 2019). Considering the U.S. Bureau of Labor Statistics project, a 9% growth or 194,500 openings yearly through 2030 along with the number of NGNs leaving within their first year of nursing (Alghamdi & Baker, 2020; Duchscher & Windey, 2018), there is a need for more hospital-based nurses. Participants discussed they may have remained a hospital-based nurse had their practicum been in the unit that was their first choice. Therefore, the implication for social change is keeping NGNs at the hospital or clinical site where they had their senior practicum.

### **Conclusion**

In summary, the findings of my study revealed that a senior practicum does impact the students transition to practice. Although there were limited participants, the data obtained were sufficient to analyze and produce meaningful results. Furthermore, the results supported Meleis (2010) transition theory that role rehearsal, role modeling, and role clarification results in an adaptable or dysfunctional transition to practice. Based on those three factors, all participants were able to achieve adaptable transition to nursing practice. NGNs benefited from working closely with an RN, which provided the opportunity to work as an RN in their last semester of nursing school which can affect transition to practice.

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## Appendix A: Recruitment Notice Guidelines



### **Guidelines for Research Recruitment Notices For Website Placement and Email Distribution List**

Nurses who have been FNA members for a minimum of one year are eligible to submit nursing research recruitment notices for distribution via the FNA member email list and on the FNA website *free of charge*. There is a maximum of two studies per year per member.

Nurses who are not FNA members are eligible to submit nursing research recruitment notices for a fee of \$250.00 per notification.

*Guidelines for submission and acceptance of nursing research recruitment notices:*

- Nurses submitting the recruitment notice must be the principal or one of the principal investigators on the research study.
- Nursing research proposals and recruitment notices must already have received institutional IRB approval prior to submission. Written evidence of IRB approval must accompany all study recruitment notices.
- Recruitment notices should be submitted by email to the FNA Executive Director: [wfuller@floridanurse.org](mailto:wfuller@floridanurse.org) and shall include a phone and email contact information for the nurse submitter.
- Notification of acceptance of recruitment notice for email distribution and website placement will occur within 2 weeks/
- The website notice placement will be posted for no more than 12 weeks.
- Email placement will be at the discretion of the Executive Director
- All recruitment notices placements are subject to FNA final approval.

## Appendix B: Interview Guide

Parts of the Interview	Interview Questions
Introduction	Hi, this is_____, Thank you for agreeing to this interview. You signed the consent form agreeing to this interview, which will be recorded. As you know the purpose of this interview is to explore your perception of the last semester preceptor clinical and how it helped you transition to nursing practice. It will take about 45 minutes. Examination of your answers, data analysis, and some of your answers will be shared with the Doctoral Committee Chair. However, your name and identity will not be included in any documents shared.
Question 1	What area of nursing are you currently working in?
Question 2	Please share the reasons you selected that unit/hospital to start your first job as a nurse.
Question 3	How did your preceptor clinical influence your decision to work at the hospital and unit you currently work?
Question 4	What experiences did you have during the preceptor clinical?
Question 5	Explain opportunities you had during the practicum to practice the RN role.
Question 6	Is there anything you would change about your preceptor clinical? Sub question: – tell be about that change.
Question 7	What experiences did you have as you transitioned from student nurse to RN?
Question 8	How did the preceptor clinical prepare you to transition to practice?
Question 9	Is there anything else you would like to share about your experiences? Sub question –  Thank you for taking the time to be interviewed.