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Comparison of Two Clinical Education Models on Confidence, Resilience, Organizational Commitment, and Stress and Burnout of New Graduate Registered Nurses

Lenore Reilly
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Walden University

College of Nursing

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Lenore Reilly

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
2025

Abstract

Comparison of Two Clinical Education Models on Confidence, Resilience,
Organizational Commitment, and Stress and Burnout of New Graduate Registered Nurses

by

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DNP, Loyola University New Orleans, 2022

MSN, Loyola University New Orleans, 2015

MS, University of New Haven, 2002

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

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Abstract

The transition to independent clinical practice is a stressful experience that may lead many new graduate RNs (NGRNs) to leave their first role within a year. Effective clinical education can help prepare NGRNs for the dynamic environment of the acute care setting. The purposes of this study, guided by Meleis's transitions theory, were to determine if there was (a) a difference in confidence in NGRNs who experienced a dedicated education unit (DEU) and NGRNs who experienced a traditional clinical education model (TCEM), (b) a difference in resilience in NGRNs who experienced a DEU and NGRNs who experienced a TCEM, (c) a difference in organizational commitment in NGRNs who experienced a DEU and NGRNs who experienced a TCEM, and (d) a difference in stress/burnout in NGRNs who experienced a DEU and NGRNs who experienced a TCEM. Archived Casey-Fink Graduate Nurse Experience Survey results were collected for 36 NGRNs who had experienced TCEM compared to 24 NGRNs who had experienced DEU. Results of a Mann-Whitney U showed no statistically significant differences in ranks between the TCEM and DEU groups across all four subscales. Future research should include larger sample sizes and incorporate additional dependent variables using expanded survey instruments. Ensuring the implementation of the most effective clinical education models through academic-practice partnerships is essential to support NGRNs' transition to practice success, which affects positive social change.

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Dedication

This paper is dedicated to my husband, who has supported me endlessly during my extensive academic journey. Thank you for your encouragement, patience, and understanding.

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I want to thank my committee chair, Dr. Leslie Hussey, for her support and guidance throughout my Ph.D. journey. Your encouragement and guidance were very appreciated. I would like to thank Dr. Hull for serving on my committee and providing me with valuable feedback through the proposal and final study phase of my degree. Finally, I would also like to thank my children, who motivate and inspire me daily.

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Chapter 1: Introduction to the Study

Introduction

The transition from nursing school to independent clinical practice is a dynamic process that new graduate registered nurses (NGRNs) experience (Martin & LaVigne, 2023; Najafi & Nasiri, 2023). The effectiveness with which clinical education models (CEMs) prepare nursing students for the transition can impact the success of their transition (Jayasekara et al., 2018). NGRNs' confidence, resilience, and stress/burnout affect their ability to learn and function successfully in the acute care environment (Crooks et al., 2005; Dimino et al., 2020; Duchscher, 2008; Garcia-Dia et al., 2013; Hallaran et al., 2023; Irwin et al., 2021; Tusaie & Dyer, 2004; Yu et al., 2019).

The traditional clinical education model (TCEM) remains the primary model nursing schools use to prepare nursing students for practice (Benner et al., 2010, as cited in Benner, 2015; Jayasekara et al., 2018). This model is centered around clinical faculty who manage approximately eight nursing students simultaneously (Luhanga, 2018). The dedicated education unit (DEU) model was developed by the Flinders University School of Nursing in South Australia (Edgecombe et al., 1999). The DEU is an academic-clinical partnership between an institution of higher learning and a healthcare organization whereby a clinical nurse employed by the healthcare organization is trained to serve as an educator and preceptor of nursing students with the support of the academic nursing faculty (Marcellus et al., 2021). A comparison of student nurse self-assessments from those who have experienced either a TCEM or a DEU, using a validated survey tool, provides a basis for future academic-clinical partnerships to support NGRN transition.

My study was significant because it contributed new knowledge regarding differences in confidence, resilience, organizational commitment, and stress/burnout among students educated in the TCEM and the DEU CEM. My study contributes information to the literature regarding the development of confidence, resilience, organizational commitment, and stress/burnout of new nurses to practice from both clinical education settings. My results indicated that there is no statistically significant difference in confidence, resilience, organizational commitment, and stress/burnout among students educated in the TCEM and the DEU CEM, supporting the use of both models to prepare NRGNs for independent practice.

The opportunity for academic-clinical partnerships to take an evidence-based approach to decision-making regarding CEMs that prepare students to manage the stress of hospital settings may help NGRNs have a more successful transition to practice (Martin & LaVigne, 2023). The most appropriate preparation of student nurses for practice is important to patients, communities, nursing colleagues, interprofessional colleagues, and hospital administrators (Martin & LaVigne, 2023).

The implications for social change are far-reaching when schools of nursing and clinical practice centers use an evidence-based approach to prepare students to manage the hospital setting's stress, their transition to practice, and clinical environmental dynamics (Martin & LaVigne, 2023). Academic and clinical partnerships that develop new nurses who practice safely and stay in the location where they are hired have important implications (Martin & LaVigne, 2023). Patient safety, nurse retention, and organizational financial ramifications are impacted by the degree to which students are

prepared for independent practice (Martin & LaVigne, 2023). NGRNs who feel prepared to care for patients after graduation and are familiar with hospital clinical environments may experience more transition success, encouraging them to stay in nursing and their hired location (Fleming et al., 2020). Nurses who stay in practice support the need for adequate staffing levels, which affects positive social change (Begley et al., 2020).

In Chapter 1, I present the concept of transition and how it relates to NGRNs. I explain the problem that was studied and the purpose of the study. I present the research questions (RQs) and corresponding hypotheses that relate to the study's problem and purpose. I also present the theoretical framework, nature of the study, definitions, assumptions, scope, delimitations, limitations, and significance.

Background

According to Duchscher and Corneau (2023), the National Health Care Retention and Registered Nurse (RN) Staffing Report estimates that one nurse leaving a bedside role costs at least \$46,000. The Nursing Solutions, Inc. National Health Care Retention and Staffing Report (NSI, 2024) has the cost up as high as \$56,300. In the United States, 270 hospitals contributed to a report that suggested that 30% of staff attrition was in employees with less than 1 year's employment (Duchscher & Corneau, 2023). Novice nurses experience a high workload, complex care demands, and emotionally charged experiences (ten Hoeve et al., 2020). NGRNs are challenged by their expectations of what nursing practice will be and the actual reality of the role (Graf et al., 2020). Apprehension regarding independent practice capability, dynamic work environments, and fear of failure cause stress and anxiety in NGRNs (Najafi & Nasiri, 2023). Feeling

overwhelmed and experiencing challenging work relationships and unsupportive cultures influence new nurses' stress and anxiety (Urban & Barnes, 2020). Lack of confidence, unpreparedness, discouraging realities, and false hope influence new nurses' decision to stay in their original nursing role and profession (Hallaran et al., 2023). NGRN preparation influences their readiness for clinical work, workplace challenges, ongoing learning needs, and support (Sterner et al., 2023).

Clinical competency is an ongoing process of developing personal, social, professional, and clinical strengths and capabilities to support nursing practice (Nabizadeh-Gharghozar et al., 2021). Personal strengths and capabilities are considered a person's knowledge, skills, experience, motivation, intelligence, ethical principles, patience, empathy, and agility (Charette et al., 2023; Nabizadeh-Gharghozar et al., 2021). Social strengths and capabilities for nurses include practical communication skills, teamwork, and compassionate care delivery skills (Nabizadeh-Gharghozar et al., 2021). Professional strengths and capabilities are developmental and include clinical knowledge, reasoning and judgment, critical thinking, and ethical practice (Nabizadeh-Gharghozar et al., 2021). The characteristics of competency and personal and social strengths are necessary for professional confidence (Holland et al., 2012). The development of professional confidence will support a NGRN's successful transition to practice and completion of their 1st year of independent clinical practice (Dimino et al., 2020).

Professional confidence was defined by McIntosh-Scott et al. (2013, as cited in Makarem et al., 2019) as an inner sense of self-confidence, calmness, and belief that one is competent to accomplish what one intends to achieve. Holland et al. (2012) defined

professional confidence as a dynamic, maturing, personal belief held by a professional or student. Developing professional confidence while in senior-level clinical nursing educational experiences can influence a NGRN's transition to practice (Hallaran et al., 2023). Professional confidence is linked to competence and self-efficacy (Bäck et al., 2017; Bandura, 1982; Cech et al., 2011; Holland et al., 2012; Rosander & Jonson, 2017). Professional identity and self-esteem have also been related to professional confidence (Bandura, 1982; Cech et al., 2011; Holland et al., 2012; Rosander & Jonson, 2017). Practice readiness is the degree to which new employees possess attitudes and characteristics to successfully adapt to the workplace (Caballero & Walker, 2010). Improved perceived practice readiness is an antecedent for the acquisition of confidence for NGRNs (Perry, 2011) and plays an important role in the clinical adaptation of new nurses (Kim & Shin, 2022).

Resilience is a concept associated with well-being during times of uncertainty, such as the transition to nursing practice (Randall et al., 2023). Resilience can be strengthened by experience and education (Drach-Zahavy et al., 2022). Resilience demonstrated by nursing students in the latter years of their nursing school careers may be attributed to their experience with clinical practice in real-life settings, improving their ability to mitigate stress (Drach-Zahavy et al., 2022).

Organizational commitment is an individual's identification with and involvement in their work organization (Porter et al., 1974; Saridakis et al., 2020). It includes an individual's acceptance of the organization's goals and values, an eagerness to work hard for the organization, and an ambition to remain working for that organization (Porter et

al., 1974; Saridakis et al., 2020). A study by Kaihlanen et al. (2021) examined the association between the characteristics of a nursing student's final clinical practicum and the success of their transition to become a NGRN. The study showed that the final clinical practicum of a senior-level nursing student can contribute to an easier transition to practice experience for NGRNs while strengthening their occupational commitment (Kaihlanen et al., 2021). Occupational commitment is strongly associated with organizational commitment (Wang et al., 2019). An example of the strength of the relationship is that occupational commitment is measured using the Occupational Commitment Scale, which is based on Meyer et al.'s (1993) definition of organizational commitment (Kaihlanen et al., 2021). Although organizational commitment was the variable being measured in my study, Kaihlanen et al.'s study reinforces the importance of a strong final clinical practicum experience on occupational commitment. Occupational commitment lowers burnout and stress and has its foundation in organizational commitment research (Lee et al., 2000).

NGRNs are vulnerable to stress and burnout (Duchscher, 2008). Inexperience and the challenges of assimilating to a professional environment and independent practice are among the stressors they experience (Feeg et al., 2022; Reebals et al., 2022). Stress is "a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being" (Lazarus & Folkman, 1984, p. 19). Burnout is "a syndrome of emotional exhaustion and cynicism that frequently occurs among individuals doing 'people work' of some kind," involving emotional exhaustion, depersonalization, and a decreased sense of personal

accomplishment (Maslach & Jackson, 1981, p. 99). Not addressing stress leads to a greater incidence of turnover, medical errors, job dissatisfaction, and burnout in NGRNs (Charette et al., 2023; Han et al., 2022; McNulty et al., 2022). Stress is an antecedent of burnout (Basar & Basim, 2016; Yildirim et al., 2021), and burnout is an antecedent of the intention of nurses to quit their jobs (Basar & Basim, 2016). Nursing students experience stress related to clinical factors, including insecurity regarding their clinical competence, fear of making mistakes, the shock of facing the reality of practice, and relational conflicts with patients and clinical staff (Li & Hasson, 2020). Identifying whether a CEM supports lower stress upon transition at their first employed clinical role is essential to the success of NGRNs. The stress and burnout variables were measured together using the Casey-Fink Graduate Nurse Experience Survey and supported the outcome of this study.

CEMs that best develop confidence then also develop competence, self-efficacy, professional identity, self-esteem, and, ultimately, practice readiness (Bäck et al., 2017; Bandura, 1982; Cech et al., 2011; Hallaran et al., 2023; Holland et al., 2012; Kim & Shin, 2022; Perry, 2011; Rosander & Jonson, 2017). NGRNs' preparation influences their readiness for clinical workplace challenges and ongoing learning needs and support (Sternner et al., 2023). One method to prepare NGRNs for clinical practice is the DEU. A DEU is a CEM developed through a collaborative partnership between academic and practice settings to enculturate student nurses in the clinical environment (Goslee et al., 2020). The DEU prepares student nurses to care for patients admitted to that setting by immersing them in the environment and workflow alongside an experienced, acute care facility-employed RN (Goslee et al., 2020).

Vnenchak et al.'s (2019) one-group, longitudinal study measured the effect of the DEU on senior Bachelor of Science nursing students' critical thinking, anxiety, self-efficacy, self-confidence in clinical decision-making, and confidence. Vnenchak et al. (2019) utilized the Nurse Anxiety and Self-Confidence with Clinical Decision-Making Scale (NAC-CDM) to measure anxiety and self-confidence. The General Self-Efficacy Scale was used to measure student self-efficacy. The Casey-Fink Graduate Nurse Experience Survey (2006) was used to measure confidence levels. Critical thinking was tested using the Health Education System Inc. (HESI) test. Results revealed that NGRNs experienced an increase in critical thinking skills; a decrease in anxiety levels; and an increase in self-confidence, self-efficacy, and confidence from baseline through 12 months after graduation (Vnenchak et al., 2019).

Dimino et al.'s (2020) mixed-methods, retrospective study used a convenience sample to compare the comfort and confidence of those educated in the DEU or a TCEM. The results showed that students clinically educated in the DEU were more comfortable overall suggesting changes to the nursing plan of care and felt more supported by nurses on the unit than those educated in the TCEM (Dimino et al., 2020). Clinically significant findings included that DEU students felt more comfortable and confident than TCEM students in communicating with physicians, delegating tasks, prioritizing, making suggestions, and organizing, and they did not believe they would harm their patients due to a lack of knowledge or experience (Dimino et al., 2020). The qualitative student responses showed that DEU students believed that the DEU model provided support for managing the complexities of the floor. TCEM student responses did not connect their

clinical model with their transition to practice. Qualitative manager feedback collected strongly favored the capability of a DEU NGRN over a student prepared in the TCEM (Dimino et al., 2020).

Rusch et al. (2018) compared evaluations of the competencies and professional attributes of senior nursing students educated for 6 weeks in the DEU and TCEM as evaluated by capstone clinical immersion course preceptors immediately following students' DEU or TCEM experience. Results showed a statistically significant difference in skills competency, knowledge, and professional attributes in students in the DEU compared to students in the TCEM. No statistical significance between the CEMs was found in the realms of documentation of nursing care, communication with patients and families, professional and ethical behaviors, delivering culturally competent care, and delivering age-appropriate care (Rusch et al., 2018).

The DEU clinical education experience provides students with one-on-one education with an experienced nurse to develop the capabilities of self-efficacy (Plemmons et al., 2018), confidence, teamwork, collaboration skills, and competency (Musallam et al., 2021) necessary to transition to independent clinical practice (Goslee et al., 2020). The DEU process promotes knowledge, competency, and professional attribute development more effectively than the TCEM (Rusch et al., 2018). Despite the evidence that the DEUs benefit students and their potential to address students' developmental needs, the DEU has not yet become the standard CEM.

There is a gap in the literature comparing the development of confidence, resilience, organizational commitment, and stress/burnout among NGRNs educated in the

TCEM versus the DEU model. The clinical environment NGRNs enter after graduation is stressful and dynamic (Duchscher & Windey, 2018). Students need to be prepared at the highest level to successfully transition to practice and stay in their position up to and past 1 year of practice. Confidence is linked to competence and self-efficacy (Bäck et al, 2017; Bandura, 1982; Cech et al., 2011; Holland et al., 2012; Rosander & Jonson, 2017), and professional identity and self-esteem are related to professional confidence (Bandura, 1982; Cech et al., 2011; Holland et al., 2012; Rosander & Jonson, 2017). The CEM that best develops NGRNs' confidence, resilience, and organizational commitment and mitigates stress/burnout may best support the transition to independent clinical practice.

A study was needed to determine whether the TCEM or DEU model best develops confidence, resilience, and organizational commitment while mitigating stress/burnout in NGRNs to support academic and practice partnership decisions regarding which model to utilize to prepare NGRNs for transition to practice.

Problem Statement

The transition to independent clinical practice is a stressful experience that leads to NGRNs leaving their first role in under a year or leaving the nursing profession altogether (Duchscher & Corneau, 2023). NGRN clinical education experiences can prepare them for the dynamic environment of the acute care setting by increasing confidence, resilience, and organizational commitment while mitigating stress/burnout (Duchscher, 2008; Martin & LaVigne, 2023).

The national U.S. hospital RN turnover rate within the 1st year of employment for 2023 was 23.8% (NSI, 2024). Despite the high turnover rates in the 1st year of practice,

the TCEM remains the predominant CEM used to prepare nursing students for independent practice. CEMs that support the development of confidence, resilience, organizational commitment, and mitigation of stress/burnout may support a successful NGRN transition to practice.

Confidence was chosen as a dependent variable because of its role in NGRN success. NGRNs often lack confidence when hired for their first nursing role (Duchscher, 2008). The volume of confidence developed by NGRNs is influenced by CEMs (Crooks et al., 2005). Lower clinical education time negatively impacts confidence levels in NGRNs (Lanahan et al., 2022). According to Crooks et al. (2005), confidence supports new nurse problem-solving. Therefore, it is an important characteristic for an NGRN to have.

Resilience was chosen as a dependent variable because of its association with lower NGRN turnover intention. Resilience, which is “the ability to adapt to workplace stressors and avoid psychological harm while continuing to provide safe, high-quality patient care” (Cooper et al., 2020, p. 9), is a factor that can decrease NGRN turnover intention and positively impact transition to practice success (Concilio et al., 2019; Meyer & Shatto, 2018). Determining a CEM that will support higher resilience on hire to the first clinical role can lower turnover up to the completion of the 1st year of hire as an NGRN (Drach-Zahavy et al., 2022; Yu et al., 2019).

Organizational commitment was an important dependent variable in this study because it helps predict nurses’ work motivation and how NGRNs will thrive in their roles (Zhai et al., 2023). Organizational commitment in new nurses is linked to the

quality of care provided, burnout, engagement, and turnover (Kaldal et al., 2024).

Organizational commitment ultimately helps predict the NGRN's outcome with an organization (Perreira et al., 2018; Zhai et al., 2023).

The combined stress/burnout variable was an important dependent variable to study in NGRNs on hire. The NGRN transition to independent practice is challenging and stressful, and it can lead to burnout and nurses leaving their first employment location within the 1st year of practice, and some nurses leave nursing altogether (Duchscher & Corneau, 2023; Duchscher & Windey, 2018). Lower stress in NGRNs predicts a positive transition to practice (Hallaran et al., 2021). Robust clinical learning environments play a role in lowering stress levels (Welsh, 2023). Determining whether the TCEM or DEU better supports lower stress/burnout of NGRNs on hire to their first clinical role helps academic-practice leaders determine the CEM that can best support NGRN retention and success.

The DEU clinical education experience provides students with one-on-one education with an experienced nurse to develop the capabilities of self-efficacy (Plemmons et al., 2018), confidence, teamwork, collaboration skills, and competency (Musallam et al., 2021) necessary to transition to independent clinical practice (Goslee et al., 2020). The DEU process promotes the development of knowledge, competency, and professional attributes more effectively than the TCEM (Rusch et al., 2018). Despite evidence that DEUs benefit students and have the potential to address students' developmental needs, the DEU has not yet become the standard CEM used in prelicensure nursing education programs.

Despite identifying qualitative research yielding positive manager (Dimino et al., 2020) and preceptor perceptions of students (Rusch et al., 2018) who have experienced the DEU environment and quantitative studies demonstrating favorable progress of NGRNs after completing a DEU clinical education experience (Bittner et al., 2021; Vnenchak et al, 2019), few studies have compared the outcomes of NGRNs who have experienced either the TCEM or the DEU in their senior year of nursing school. This study addresses a gap in the literature by comparing the development of confidence, resilience, organizational commitment, and stress/burnout as measured by the Casey-Fink Graduate Nurse Experience Survey (2023). An analysis comparing the TCEM and DEU provided a basis for academic-clinical partnerships to utilize the CEM that best supports NGRN transition success.

Purpose of the Study

The purposes of this quantitative study were to determine if there was (a) a difference in confidence in NGRNs who experienced a DEU and NGRNs who experienced a TCEM and (b) a difference in resilience in NGRNs who experienced a DEU and NGRNs who experienced a TCEM, (c) a difference in organizational commitment in NGRNs who experienced a DEU and NGRNs who experienced a TCEM, and (d) a difference in stress/burnout in NGRNs who experienced a DEU and NGRNs who experienced a TCEM.

Research Questions and Hypotheses

RQ1: What is the difference in confidence in NGRNs who experience a DEU and NGRNs who experience a TCEM?

H₀1: There is no difference in confidence in NGRNs who experience a DEU and NGRNs who experience a TCEM.

H₁1: There is a difference in confidence in NGRNs who experience a DEU and NGRNs who experience a TCEM.

RQ2: What is the difference in resilience in NGRNs who experience a DEU and NGRNs who experience a TCEM?

H₀2: There is no difference in resilience in NGRNs who experience a DEU and NGRNs who experience a TCEM.

H₁2: There is a difference in resilience in NGRNs who experience a DEU and NGRNs who experience a TCEM.

RQ3: What is the difference in organizational commitment in NGRNs who experience a DEU and NGRNs who experience a TCEM?

H₀3: There is no difference in organizational commitment in NGRNs who experience a DEU and NGRNs who experience a TCEM.

H₁3: There is a difference in organizational commitment in NGRNs who experience a DEU and NGRNs who experience a TCEM.

RQ4: What is the difference in stress/burnout in NGRNs who experience a DEU and NGRNs who experience a TCEM?

H₀4: There is no difference in stress/burnout in NGRNs who experience a DEU and NGRNs who experience a TCEM.

H₁4: There is a difference in stress/burnout in NGRNs who experience a DEU and NGRNs who experience a TCEM.

I used the Casey-Fink Graduate Nurse Experience Survey to measure NGRN confidence, resilience, organizational commitment, and stress/burnout upon hire to their first acute care registered nurse job.

Theoretical and/or Conceptual Framework for the Study

The theory that grounded this study was Meleis's middle-range transition theory. The development of Meleis's work with transitions began in 1986 with a concept analysis of the word *transition* (Chick & Meleis, 1986). Transition is situational and can be related to health-illness events (Chick & Meleis, 1986). Transition is defined as a passage from one life phase, condition, or status to another (Chick & Meleis, 1986, p. 239). Transition impacts health, as people are more vulnerable to health risks during transition (Zhan et al., 2022).

Schumacher and Meleis (1994) articulated a framework related to transitions. Both Chick and Meleis's (1986) paper and Schumacher and Meleis's paper guided the development of five qualitative studies (Meleis et al., 2000). After researchers conducted five qualitative studies (Im, 1997; Messias, 1997; Messias, 1995; Sawyer, 1999; Schumacher, 1994), Meleis provided an expanded theoretical framework that emerged from the five studies, which included types and patterns of transitions, properties of transition experiences, transition conditions: facilitators and inhibitors, process indicators, outcome indicators, and nursing therapeutics (Meleis et al., 2000). Meleis et al. (2000) published their process of movement of transitions from a concept to a framework and finally to an emerging middle-range theory.

A strength of transition theory is that it can be applied to the lives of patients and students, organizational transitions, and other situations. It is also generalizable to other disciplines., I utilized transition theory to guide the transition of a student nurse into the role of NGRN in acute care. Chapter 2 presents more detail on Meleis's middle-range transition theory.

Nature of the Study

To address the RQs in this quantitative study, the specific research design included a quantitative, comparative research design using primarily retrospective data collected between August 1, 2023, and May 1, 2025. A quantitative, comparative research design aligned well with the purpose of this study, which was to compare the outcomes of confidence, resilience, organizational commitment, and stress/burnout between NGRNs who were educated in either a TCEM or DEU in their senior year of nursing school.

The setting and sampling plan of my study involved NGRNs from a single health system in New Jersey. The original setting was to include five acute care hospitals within one health system that administered the revised Casey-Fink Graduate Nurse Experience Survey (2023) to NGRNs on hire. Inclusion criteria included NGRNs from associate (ADN) or baccalaureate nursing programs (BSN) who were newly employed by one of the five acute care organizations within a single health system and who had received clinical education in their senior year in either a TCEM or DEU. I used purposive, convenience sampling. I informed the health system Institutional Review Board (IRB) of the five acute care organizations needed for the study and obtained approval. I recruited

nurses employed by the health system at the time of the study to participate. I contacted the NGRNs via email to determine if their senior clinical experience included a TCEM or DEU during their senior nursing school clinical education. A flyer, noted in Appendix A, was included in the email to the NGRNs, explaining the study. The flyer also explained that if they replied to the email sharing whether they experienced a TCEM or DEU in their senior year, their Casey-Fink Graduate Nurse Experience Survey (2023) results would be compiled with those of others who experienced the same senior-level CEM.

I used the Casey-Fink Graduate Nurse Experience Survey (2023) to measure NGRNs' confidence, resilience, organizational commitment, and stress/burnout on hire (Casey-Fink, 2024). Data collection included collecting the results of the Casey-Fink Graduate Nurse Experience Survey (2023) and analyzing the results of the Casey-Fink Graduate Nurse Experience Survey (2023) taken by NGRNs on hire from August 1, 2023, to May 1, 2025. NGRNs who responded to an email I sent them allowed me to place them into either the TCEM or DEU group. I then collated their Casey-Fink Graduate Nurse Experience Survey (2023) results with others who experienced the same senior-level clinical education experience. Confidentiality will be maintained by using encrypted computer technology to protect survey results. Individual identifiers were not used in summarized, collated, or statistically analyzed information.

The RQs and study methodology were aligned because NGRNs' confidence, resilience, organizational commitment, and stress/burnout were dependent variables being measured quantitatively in individual RQs. The senior-level TCEM and DEU were included as independent variables in each RQ.

I had planned to collect data from five hospitals. Data were collected from only four of the five participating hospitals. One of the community hospitals administered the Casey-Fink Graduate Nurse Experience Survey (2023) anonymously. This prevented the hospital from releasing the participant names, and consequently, their data were excluded from the study.

Definitions

Definitions related to independent variables, dependent variables, and key concepts are as follows:

Burnout: Burnout is a physical or emotional reaction due to excessive stress in an individual's work location characterized by emotional exhaustion, depersonalization, reduced personal accomplishment, and cynicism related to inefficacy in response to unmanaged chronic stress (Edwards-Maddox, 2023; Yuan & Xu, 2020).

Confidence: A self-assessed belief held by a professional or student regarding their powers and judgments related to a role, scope of practice, and significance of a profession, which is based on the individual's capacity to fulfill expectations competently, fostered through a process of affirming experiences (Holland et al., 2012).

Dedicated education unit (DEU): An academic-clinical partnership between an institution of higher learning and a healthcare organization whereby a clinical nurse employed by the healthcare organization is trained to serve as an educator and preceptor of nursing students with the support of the academic nursing faculty (Marcellus et al., 2021). One preceptor is assigned to one or two nursing students during a clinical shift.

Organizational commitment: The emotional attachment individuals develop with their work and profession (Zhai et al., 2023).

Resilience: The ability to bounce back or recover from adversity (Garcia-Dia et al., 2013).

Stress: Job stress refers to an individual's psychological and physiological stress response in the work environment, resulting from a mismatch between job requirements and personal abilities, resources, or needs (Sauter et al., 1990).

Transition: A period between fairly stable states and a passage from one life phase, condition, or status to another (Chick & Meleis, 1986, pp. 238, 239).

Traditional clinical education model (TCEM): A CEM in which the RN clinical instructor employed by a college or university is responsible for up to eight nursing students, each caring for one to two patients (Luhanga, 2018). The clinical instructor is responsible for, at a minimum, providing clinical oversight and education, ensuring safety, conducting evaluations, and role modeling (Luhanga, 2018).

Assumptions

My study had two assumptions. The first was that NGRNs would answer the Casey-Fink New Graduate Registered Nurse Survey (2023) seriously and honestly. The second was that all student nurses who become NGRNs desire a successful transition into professional practice. These assumptions were important to my study because the Casey-Fink New Graduate Registered Nurse Survey (2023) requires NGRNs to self-assess their responses to the survey questions. Applying effort to the survey and taking accountability

for honesty in their self-assessment is crucial to the study's analysis and the conclusions drawn.

Scope and Delimitations

The scope of this study was limited to those hired to acute care organizations from a single health system who graduated from at least an ADN program and experienced a TCEM or DEU in their senior year of nursing school. I did not include RNs hired with experience working as RNs in another location, licensed practical nurses, nursing assistants, or other healthcare professionals. The NGRNs who experienced a DEU in a year other than the senior year of nursing school were excluded. The acute care organizations involved in the study ranged from 111 to 735 licensed beds. Two organizations were community hospitals, and two were tertiary care centers. Populations of NGRNs hired to acute care organizations outside the one health system were excluded from the study. NGRNs hired to clinic or home care settings within the health system were excluded.

I examined whether NGRNs self-assess more confidence, resilience, and organizational commitment upon hire to an acute care organization after experiencing either a TCEM or DEU. Additionally, it addressed whether NGRNs self-assess lower stress/burnout on hire after experiencing either a TCEM or DEU. This study adds to the literature information that guides academic and practice leaders regarding the effectiveness of two CEMs used to prepare nursing students for independent clinical practice as RNs.

I chose Meleis's transitions theory because I was interested in conducting a quantitative study that considered transition conditions and their influence on patterns of response. Meleis's core transitions framework considers the nature of the transition (Meleis, 2010). The nature of transition varies based on the specific transition in question, as well as its type, pattern, and property (Meleis, 2010). A strength of Meleis's transitions framework is its flexibility in applying it to various transitions. This research design applies meaningfully to Meleis's transitions theory because the construct "transition conditions" considers concepts that facilitate or inhibit transition (Meleis, 2010). In my study, the TCEM and DEU are presented as potential facilitators or inhibitors of NGRN transition to practice related to their strength in developing confidence, resilience, organizational commitment, and mitigating stress/burnout in NGRNs.

Additional nursing theories that were considered but not used included Benner's novice-to-expert theory and Duchscher's transition shock theory. When researching NGRNs, being aware of Benner's novice-to-expert theory is meaningful. Benner shares five stages of acquisition and skill development: novice, advanced beginner, competent, proficient, and expert (Benner, 1982). An analysis of the stage a NGRN has attained by the time they are hired was not part of my study but could have implications for a future study. My study was a comparative analysis, and Meleis's framework proved more effective in guiding the study and its anticipated findings. Benner's novice-to-expert theory informed my understanding of the nursing student-to-NGRN continuum, but it was not the theory that would most effectively guide the study. Duchscher's transition shock theory (Duchscher, 2008) was acknowledged in this study because it supported the

need to use quantitative evidence to support academic-practice leader decision-making regarding clinical education, which may enhance the development of confidence, resilience, and organizational commitment, while mitigating stress/burnout most effectively.

The generalizability of this study was limited for several reasons. This study utilized purposive, convenience sampling. Purposive, convenience sampling limits generalizability (Stratton, 2021). The participants were from a targeted population of new RN hires to specific acute care organizations. Participants must have experienced a TCEM or DEU in their senior year of nursing school. This criterion prevented others, such as new RN hires from another RN role, from participating in the study. The study included NGRNs from one health system within a single state in the United States. I did not include organizations from urban settings, critical access hospitals, or acute care hospitals. I did not include NGRNs hired to a healthcare setting other than acute care. The use of participants from one healthcare system in one state within the United States, the lack of inclusion of an acute care organization from an urban location, and other specified factors limit the generalizability of the study results.

Limitations

A limitation of the study was achieving the needed sample size per group to support data analysis. Information regarding whether NGRNs experienced a TCEM or DEU is not collected at the time of hire. Therefore, this information had to be collected during the study by contacting the nurses. A sample size that is too low interferes with the study's power based on the recommended *a priori* G*Power analysis.

The quantitative, comparative study design has limitations. The diversity of the nursing participants may be limited (Goerres et al., 2019). The NGRNs hired by the acute care organizations where the survey was conducted may be graduates primarily from baccalaureate degree nursing programs. This would contribute to the underrepresentation of NGRNs from ADN programs in the study. Another limitation of the comparative research design that could impact my study includes bias related to the interpretation of data results (Goerres et al., 2019).

There were potential ethical issues related to my research. I needed to ensure that participation in my study was entirely voluntary. Sivasubramaniam et al. (2021) reinforced that participation must be voluntary. Participants needed to understand that they could remove themselves from participation in the study without penalty. Employees needed to understand that their employment status would not be impacted in any way by the study or whether they agreed to participate.

Anonymity and confidentiality were also ethical considerations I identified for my research. New nurses may have been concerned that their participation in the study would be identifiable through the report of the study outcome. Anonymity was ensured so that the participant's responses or outcomes could not be linked to their identity (Sivasubramaniam et al., 2021). The security of participants' private information, disclosed through the study and/or the collection of demographic information, was assured. The confidentiality of private information shared by participants will remain secure (Sivasubramaniam et al., 2021).

Significance

This study was significant because it contributes new knowledge regarding differences in confidence, resilience, organizational commitment, and stress/burnout among students educated in TCEM and DEU, as measured by the Casey-Fink Graduate Nurse Experience Survey (2023). My study contributes to the literature information regarding the development of confidence, resilience, organizational commitment, and stress/burnout among NGRNs in both clinical education settings. My results did not indicate that one CEM was more effective at developing confidence, resilience, and organizational commitment while mitigating stress/burnout in NGRNs than the other model.

The results of my study create an opportunity for nursing schools and clinical practice centers to use an evidence-based approach to prepare students to manage the stress of hospital settings. Using an evidence-based approach could result in NGRNs having a more successful transition to practice (Martin & LaVigne, 2023). The most appropriate preparation of student nurses for practice is important to patients, communities, nursing colleagues, interprofessional colleagues, and hospital administrators (Martin & LaVigne, 2023).

The implications for social change are far-reaching when schools of nursing and clinical practice centers use an evidence-based approach to prepare students to manage the stress of the hospital setting, their transition to practice, and the dynamics of the clinical environment (Martin & LaVigne, 2023). Academic and clinical partnerships that develop new nurses who practice safely and stay in the location where they are hired

have important implications (Martin & LaVigne, 2023). Patient safety, nurse retention, and organizational financial implications are influenced by the extent to which students are prepared for independent practice (Martin & LaVigne, 2023). NGRNs who feel prepared to care for patients after graduation and who are familiar with hospital clinical environments may experience more transition success, encouraging them to stay in nursing and stay in the location they were hired (Fleming et al., 2020). Nurses who remain in practice support the need for adequate staffing levels, which in turn, affects positive social change (Begley et al., 2020).

Summary

In Chapter 1, I introduced the concept of transition and its role in NGRNs' transition to independent practice. The transition of NGRNs to independent practice is challenging and stressful (Duchscher & Windey, 2018). Challenging and stressful NGRN transitions lead to nurses leaving their first employment location within the 1st year of practice, and some nurses leave nursing altogether (Duchscher & Corneau, 2023). CEMs used to prepare nursing students for the transition may influence the degree of confidence, resilience, organizational commitment, and stress/burnout NGRNs have on transition to their first acute care RN role. The more confidence (Crooks et al., 2005; Holland et al., 2012), resilience (Irwin et al., 2021; Tusaie & Dyer, 2004; Yu et al., 2019), and organizational commitment (Li et al., 2020; Zhai et al., 2023), and the less stress/burnout (Laschinger et al., 2019; Welsh, 2023) NGRNs self-assess on hire may support a transition whereby NGRNs stay in their first role at 1 year of practice and remain in the nursing profession.

Also, in Chapter 1, I explained the scope of this quantitative, comparative study; its problem and purpose; and the meaningful gap that the study addressed. I highlighted that the scope of the study would include NGRNs within one health system who experienced two specific CEMs in their senior year of nursing school. I explained the significance of the study, such that the outcome may inform academic-clinical partnership decisions regarding effective CEMs. Successful NGRN transition to practice influences NGRN decisions to stay in places of employment up to and past 1 year of practice and in the nursing profession, thereby positively influencing social change.

In Chapter 2, I present the synthesis of the literature supporting this study. I also introduce key constructs and concepts important to the problem, purpose, RQs, and theoretical framework that guided the study.

Chapter 2: Literature Review

Introduction

The transition from student nurse to NGRN is stressful and causes shock in those who experience it (Duchscher, 2008; Kramer, 1974). The trauma and shock caused by stressful transitions lead to NGRNs leaving their first RN position within a year or abandoning the profession altogether (Duchscher & Corneau, 2023). Not only do these issues cause human resource, financial, and safety problems in the healthcare system, but NGRNs also become frustrated and disillusioned with the profession (Graf et al., 2020). Strategies must be determined that will facilitate a more successful transition.

Clinical education prepares students for independent clinical practice (Jayasekara et al., 2018). The TCEM is a CEM in which the clinical instructor (CI), who is employed by a college or university, is responsible for up to eight nursing students, each caring for one to two patients (Luhanga, 2018). The DEU is a CEM based on an academic-clinical partnership between an institution of higher learning and a healthcare organization, whereby a clinical nurse employed by the healthcare organization is trained to serve as an educator and preceptor of one to two nursing students with the support of the academic nursing faculty (Marcellus et al., 2021). Despite evidence of the DEU's benefits to students and its potential to support NGRN transition to independent practice, the DEU has not become the standard CEM (Dimino et al., 2020; Goslee et al., 2020; Musallam et al., 2021; Plemmons et al., 2018; Rusch et al., 2018; Vnenchak et al., 2019).

CEMs impact confidence, resilience, organizational commitment, and stress/burnout in NGRNs. Crooks et al. (2005) describe professionally confident nurses

as those with internal feelings of self-assurance, comfort, and confidence, which support their ability to solve problems. Confidence is a characteristic needed by nursing students transitioning into NGRNs (Crooks et al., 2005). Resilience, the ability to bounce back or recover from adversity, is identified as essential for nurses due to their exposure to human distress, suffering, and stress as part of their daily work (Garcia-Dia et al., 2013; Tusaie & Dyer, 2004). “Organizational commitment arises from an individual’s acceptance of the organization’s goals and values, willingness to contribute to that organization’s affairs, and desire to maintain a good relationship with the organization” (Liou, 2008, p. 120). Organizational commitment is a variable that impacts the NGRN, helps predict nurses’ work motivation and how they thrive in their roles, and ultimately helps predict the NGRN outcome with an organization (Perreira et al., 2018; Zhai et al., 2023). Stress, which can precede burnout, is an individual’s perception of a stimulus as overwhelming (Goodnite, 2014; Welsh, 2023). Burnout is a physical or emotional reaction resulting from excessive stress in an individual’s work environment (Edwards-Maddox, 2023; Yuan & Xu, 2020). Burnout is positively related to the increased risk of post-traumatic stress disorder (PTSD) in the NGRN population (Laschinger et al., 2019). Confidence, resilience, organizational commitment, and stress/burnout are dependent variables in my study, which I used to compare the effectiveness of the TCEM and DEU.

The CEMs continue to vary in prelicensure nursing education (Jayasekara et al., 2018). The TCEM and the DEU are two CEMs with different processes for preparing student nurses in their senior year of nursing school to care for patients in the acute care setting. The purpose of this quantitative study was to compare the development of

confidence, resilience, organizational commitment, and stress/burnout among NGRNs as a result of senior-level clinical education obtained through the TCEM versus clinical education obtained through the DEU model, in support of NGRN transition to practice.

In Chapter 2, I review the existing literature on transition, TCEM, DEU, confidence, resilience, organizational commitment, and stress/burnout. I also discuss the literature search strategies and the theoretical foundation of the study.

Literature Search Strategy

To locate literature for this review, I searched databases accessible through the Walden University Library, including Google Scholar, Cumulative Index to Nursing & Allied Health Literature (CINAHL) and MEDLINE combined databases, OVID Nursing Journals Full text, and EBSCOhost. The keyword terms searched were *transition*, *dedicated education unit*, *DEU*, *transition to practice and nurse*, *senior nursing student preceptorship*, *clinical education model*, *senior nursing student capstone*, and *Meleis's transition theory*.

I limited the search to peer-reviewed articles written in English, primarily those published between 2018 and 2024. The articles included in the study that were published outside of this date range were seminal articles on the history of Meleis's transitions theory, seminal articles on the DEU, and concept analyses related to the dependent variables in my study.

Theoretical Foundation

I used Meleis's transitions theory, a middle-range nursing theory, to guide my study. Transitions theory was first developed by Chick and Meleis (1986), who published

a concept analysis of transitions that considered transitions as the journey or process related to a change event. Chick and Meleis defined transition as “the period between fairly stable states” (p. 238). At the point of the concept analysis, the importance of transitions to nursing included the effect of transitions on patients’ health and response to illness (Chick & Meleis, 1986). Chick and Meleis’s transition concept analysis focused on patients’ responses to the disrupting event. Chick and Meleis considered the illness event as the precursor or antecedent triggering the need for transition. Chick and Meleis acknowledged that the term transition was utilized in nursing literature in conjunction with nursing practice, education, and service. An updated definition of transition was provided by Meleis and Trangenstein (1994) as “processes that occur over time and have a sense of flow and movement” (p. 257).

Transition is a change in health status, role relations, expectations, or abilities (Meleis, 1991, as cited in Meleis, 2010). Transition denotes changes in the needs of all human systems (Meleis, 1991, as cited in Meleis, 2010). Transition requires the person to incorporate new knowledge, alter their behavior, and, therefore, change the definition of self in a social context, whether it involves a healthy or ill self, or internal and external needs that affect their health status (Meleis, 1991, as cited in Meleis, 2010). Transition is embedded in the context and situation (Chick & Meleis, 1986). Transition related to NGRNs is the process by which a nursing student moves into the role of an independently practicing RN in a clinical setting.

Other theorists have studied transition related to NGRNs. Kramer (1974) initially studied NGRN transition, specifically reality shock related to NGRN transition to

practice. Duchscher (2008) extended Kramer's work with NGRN reality shock to include NGRN transition shock, delineating NGRN transition phases through their 1st year of practice. Duchscher's NGRN transition phases differ from the components of Meleis's transitions theory framework and include doing, being, and knowing (Duchscher, 2008).

Meleis's transitions theory has assumptions and theoretical propositions related to it. A key assumption of transitions theory is that transitions are complex, occur over time, can impact a person's well-being, and are influenced by their interactions with others and their environment (Meleis, 2015). Theoretical propositions related to Meleis's transitions theory include that the nature of transitions, transition conditions, and people's responses to transition are interrelated and a part of a complex process (Meleis et al., 2000). The first main category of Meleis's transitions theory framework, the nature of transitions, includes the subcategories: types, patterns, and properties of transition (Meleis et al., 2000). The subcategories of types and properties of transition will be elucidated in the theoretical model of my study. The transition of a student nurse into the role of NGRN is a complex process with situational factors, organizational factors, engagement factors, and critical points and events that are interrelated and influence NGRN patterns of response to the transition to practice (see Figure 1; Meleis et al., 2000).

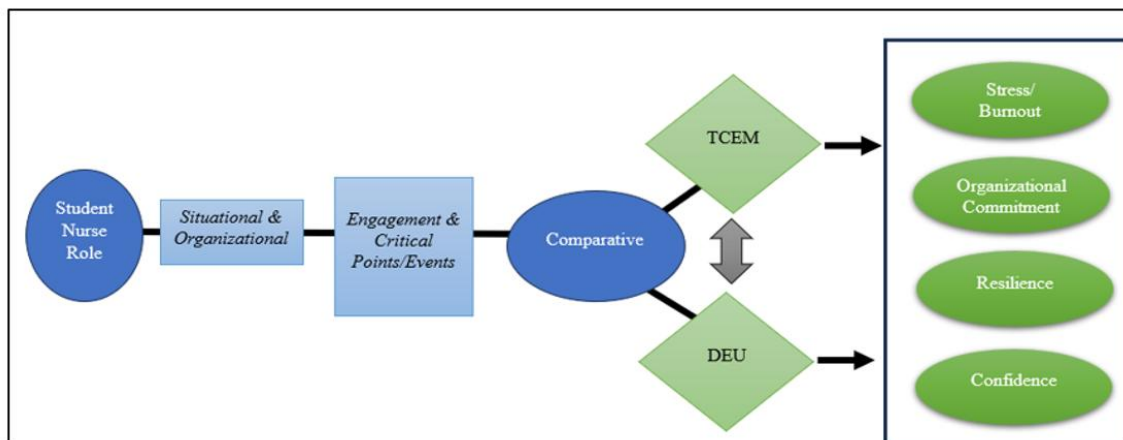
The second main category of Meleis's transitions theory framework includes transition conditions. Transition conditions include the purpose of the transition, expectations related to the transition, necessary knowledge or skill related to the transition, amount of planning, and emotional and physical well-being (see Figure 1; Schumacher & Meleis, 1994). Transitions can be planned or unplanned. Inhibitors of

transitions hinder progress toward achieving a healthy or successful transition (Schumacher & Meleis, 1994). Inhibitors are unique to individuals and their transitions. Examples of inhibitors are lack of social support and lack of health. Inhibitors accompanying transitions may be uncertainty, emotional distress, interpersonal conflict, and worry (Schumacher et al., 1999, as cited in Meleis, 2010). Facilitators are factors that support a healthy or successful transition. Factors that indicate a healthy transition include subjective improvement in quality of life, health, or well-being (Meleis & Trangenstein, 1994). Transition conditions related to my study included the participation of senior-level nursing students in either a TCEM or a DEU. The environment is a part of my study's theoretical model and can be a part of a transition, support, or inhibit it (Chick & Meleis, 1986). Transitions related to the environment may be slow or sudden. The effect of an environmental transition may be influenced by the support provided by the environment (Chick & Meleis, 1986).

Patterns of response are outcome indicators of a transition (see Figure 1; Meleis, 2010). I studied the patterns of response for NGRNs from both the TCEM and the DEU, including their confidence, resilience, organizational commitment, and stress/burnout.

Figure 1

Theoretical Framework Adapted From Meleis's Transitions Theory



Nature of Transition

Type of Transition

The first of the three main categories of Meleis's transitions theory is the nature of transition (Meleis et al., 2000). Within the nature of the transition category, there are three sections. The three sections noted in Figure 1 include the type of transition, pattern of transition, and properties (Meleis et al., 2000). The nature of transition 'type' related to a student nurse in this study includes both situational and organizational aspects. A situational transition includes changes in educational and professional roles (Schumacher & Meleis, 1994). Educational changes for nursing students in the senior year include clinical experiences that prepare student nurses for independent clinical practice (Schumacher & Meleis, 1994). Situational transitions related to professional roles include moving from the student nurse role to the NGRN with expectations of performing RN

responsibilities at the highest level possible after completing nursing school and passing the National Council Licensure Examination (NCLEX; Duchscher, 2008).

Cadorette et al. (2023) combined Meleis's transitions theory with Schon's reflective practice model to create a theory called the new graduate registered nurse transition and reflective practice model (NGRNT & RPM). The NGRNT & RPM addressed the importance of reflection as a strategy to enhance the NGRN transition to practice. Within the NGRNT & RPM, the developmental transition relates to learning new skills, while situational transitions relate to specific experiences with a patient or colleague (Cadorette et al., 2023). Within the NGRNT & RPM, health and illness transitions relate to the care of patients and the NGRN's ability to differentiate between wellness and illness and apply appropriate interventions (Cadorette et al., 2023). Organizational transitions within the NGRNT & RPM relate to the NGRN's ability to adapt to the expectations of being a professional nurse and the ongoing changes within the healthcare climate of an institution (Cadorette et al., 2023).

The NGRNT & RPM shows that patterns of transition experienced by NGRNs may occur individually or simultaneously as they learn to cope with competing patient care demands. The NGRNT & RPM identifies properties of transition as evaluation, including the NGRN and preceptors' level of awareness, engagement, change, and difference, the time span of the NGRN transition, and critical events that occur through the transition (Cadorette et al., 2023).

Properties of Transition

Meleis's transitions theory includes five properties of transition: awareness, engagement, change and difference, timespan, and critical points and events (Meleis et al., 2000). Although these five properties are interrelated components of a complex process, the properties of transition related to nursing students highlighted for my study include engagement and critical points and events. The property of engagement is defined as the degree to which a person demonstrates involvement in the processes inherent to the transition (Meleis et al., 2000). Properties of transition related to engagement and senior-level nursing students include students actively participating in the clinical education process that leads to and through transition. In my study, nursing students experienced either a TCEM or a DEU. The level of engagement of nursing students in their clinical educational experience either facilitated or inhibited their transition to independent clinical practice as an NGRN.

The property of transition, 'critical points and events,' noted in Figure 1, involves critical points characterized by the development of a sense of stabilization of routine, skills, and activities (Meleis et al., 2000). These are vital moments and experiences that occur in the senior-level clinical education experience for nursing students. The nursing students' experience in the TCEM or DEU supports critical thinking, confidence, resilience, and practice readiness, either facilitating or inhibiting the students' transition to independent practice as an NGRN.

Transition Conditions

Meleis's transitions theory includes three transition conditions: personal, community, and society (Meleis et al., 2000). Transition conditions are defined as personal or environmental factors that facilitate or inhibit progress toward achieving health transitions (Meleis, 2010). The first of the three transition condition categories, the personal category, was important to my study. Within the personal category, preparation and knowledge were important to NGRNs. A characteristic of preparation that supports transition is knowing what to expect during and after transition (Meleis et al., 2000). CEMs are environmental conditions that prepare nursing students to transition to independent practice (Duchscher, 2008). During clinical education experiences, nursing students can practice the roles and responsibilities of an RN under supervision, preparing them to function independently after graduation (Duchscher, 2008). The transition conditions that facilitate the preparation and knowledge of nursing students for independent practice include learning activities in the clinical education environment that develop critical thinking, confidence, resilience, and practice readiness (Duchscher, 2008).

Hallaran et al. (2021) tested Meleis's theoretical model against the intentions to leave of nurses through their first two years of practice. The transition conditions of personal, community, and societal were included in the analysis as they relate to NGRNs' intentions to leave (ITL). A limitation of Hallaran et al.'s study included measurement challenges. Because of the measurement challenges, they cautioned against overinterpreting the results (Hallaran et al., 2021). The study identified that lower role

stress predicted a positive transition, but higher self-efficacy and a supportive work environment did not predict a positive transition (Hallaran et al., 2021). This supported the idea that the transition condition, the personal category, influenced the NGRN transition.

Patterns of Response: Process Indicators

Meleis's transitions theory includes two categories of patterns of response: process indicators and outcome indicators (Meleis et al., 2000). Patterns of responses are observable and nonobservable behaviors that are either functional or dysfunctional (Meleis, 2015). The responses start when a change trigger is anticipated and are influenced by personal, community, societal, or global conditions (Meleis, 2015). Process indicators of feeling connected, interactions, locating and being situated, and developing confidence and coping are essential to this study. The two studies by Hallaran et al. (2021) and Hallaran et al. (2023) utilized the Casey-Fink Graduate Nurse Experience Survey (2004) to examine NGRN patterns of response related to skills and procedure performance, comfort and confidence, job satisfaction, and difficulty with role transition. The study identified that lower role stress predicted a positive transition, but higher self-efficacy and a supportive work environment did not (Hallaran et al., 2021). This finding supported the idea that the transition condition, the personal category, influenced the NGRN transition.

Feeling Connected

Feeling connected is essential to successful transitions. The need to feel and stay connected is a prominent theme in many transition experiences (Meleis et al., 2000).

Developing relationships with fellow nursing students, preceptors, clinical faculty, and other interdisciplinary team members during clinical education experiences can facilitate transition (Cadorette et al., 2023).

Interactions

The pattern of response ‘interactions’ supports transition because it helps people going through transition understand its meaning and the behaviors developed in response to transition (Meleis et al., 2000). Student interactions with interdisciplinary team members help prepare nursing students to transition to independent clinical practice (Daws et al., 2020). Interacting with other members of the interdisciplinary team helps students understand their role as members of the care team, who their resources are, and strategies for success when independent (Daws et al., 2020).

Location and Being Situated

Location as a pattern of response within Meleis’s transitions theory involves reflecting on experiences, practices, and attitudes before, during, and after the transition (Meleis et al., 2000). Location as a pattern of response is important to the success of NGRNs because their ability to reflect on their nursing journey, identify in-the-moment experiences, and utilize what they experienced as students to support their transition success can facilitate or inhibit their transition to independent practice (Cadorette et al., 2023).

Meleis et al. (2000) utilized the concept of comparisons as another way to describe ‘situated.’ Reflecting and comparing who an individual was, where they came from, why they came, who they have become, where they have been, where they are

going, and what they are becoming is integral in the transition process (Meleis et al., 2000). Nursing students who reflect on location and being situated may demonstrate confidence in transitioning to independent clinical practice (Cadorette et al., 2023).

Developing Confidence and Coping

The confidence outlined in the ‘patterns of response’ manifests in the level of understanding of those in transition (Meleis et al., 2000). Individuals' ability to develop confidence and cope depends on their understanding of different processes inherent to their transition (Meleis et al., 2000). Nursing students engaged in clinical education experiences utilize their interactions with academic colleagues and interdisciplinary team members and reflection and engagement in the learning environment to develop increasing confidence levels and strategies to cope with clinical and interpersonal challenges (Cadorette et al., 2023).

The process indicators of confidence, organizational commitment, resilience, and stress/burnout were measured on hire when NGRNs took the Casey-Fink Graduate Nurse Experience Survey (2023), which was used as a basis for patterns of response in my study.

Patterns of Response: Outcome Indicators

The outcome indicators of mastery and fluid integrative identities from Meleis’s transitions theory were important to the outcome of my study.

Mastery

Mastery is the healthy completion of a transition, demonstrating the skills and behaviors necessary to manage the new situation or environment. Nursing students who

successfully transition to independent clinical practice as NGRNs will demonstrate mastery of the skills necessary to make the transition (Meleis et al., 2000).

Fluid Integrative Identities

The outcome indicator fluid integrative identity involves reforming individuals' identities based on the summation of their experiences (Meleis et al., 2000). NGRNs' ability to transition to independent practice reflects the summation of their academic and clinical education experiences. The TCEM and DEU served as the clinical education environments compared in this study that influenced the fluid integrative identity of NGRNs.

Meleis's transitions theory has been applied to other NGRN studies. Researchers have utilized Meleis's transitions theory 'transition conditions' to analyze both closed and open-ended feedback from NGRNs and nursing students. Hallaran et al. (2023) completed a thematic analysis of comments provided by NGRNs during a 2021 survey. The categories of inhibitors and facilitators of transition were used by Hallaran et al. (2023) to analyze the NGRNs' comments. Facilitator themes included supportive teams, feeling accepted, confident, prepared, and a new graduate guarantee. Inhibitor themes identified included feeling unprepared, discouraging realities, unsupportive cultures, lacking confidence, and false hope (Hallaran et al., 2023). Cornine et al. (2023) completed a cross-sectional survey of LPN-to-RN students, including closed and open-ended feedback opportunities. Cornine et al. (2023) focused on two of Meleis's three transition conditions categories: personal and community. Cornine et al. (2023) considered the category of personal to relate to the student and the category of

community to relate to the nursing program. Once the inhibitors and facilitators of LPN-to-RN student transition were identified, Cornine et al. (2023) determined the nursing therapeutics LPN-to-RN students needed to support their success. Nursing therapeutics included more encouragement from faculty and holistic approaches to student needs, including financial support, stress reduction, and study skill coaching (Cornine et al., 2023).

Wildermuth et al. (2020) conducted a qualitative, transcendental, phenomenological study to examine the transition experiences of a student and NGRN in a collaborative nurse residency program. Three major themes were identified: feeling overwhelmed, supported, and confident. Four minor themes were identified: communication with physicians, relationships with experienced nurses, jumping in, and learning (Wildermuth et al., 2020). Similar to Cornine et al. (2023), Wildermuth et al. considered Meleis's transition categories. Unlike Cornine et al., Wildermuth et al. utilized all three transition categories in their analysis, including the personal, community, or societal conditions that facilitate or inhibit the transition of NGRNs. Personal factors facilitating positive NGRN transition included learning from preceptors and other experienced nurses in the environment (Wildermuth et al., 2020). Community factors facilitating positive NGRN transition included the students' support during their senior-level clinical experience and NGRN orientation (Wildermuth et al., 2020). A societal condition that inhibited the NGRN transition included exposure to nurses with a negative attitude (Wildermuth et al., 2020).

Transitions theory supported my study's theoretical framework because the concepts experienced by NGRNs and the ultimate phenomenon of transition experienced by NGRNs guided the work. Meleis's transitions theory was important to my study because the model included factors that influenced transition and how the factors influenced the outcome of transition. The transition of NGRNs is stressful (Duchscher, 2008). NGRNs lack confidence, clinical knowledge, and critical thinking (Duchscher, 2008). Meleis et al. (2000) described transitions as complex and multidimensional. Examples of the multidimensional complexities experienced by NGRNs entering their first clinical role include challenges with workload demands and the absence of strategies to communicate with colleagues, including physicians (Duchscher, 2008). In the context of transitions, nursing leaders and educators should focus on facilitating the transition of nursing students to independent clinical practice to support their health, well-being, and outcomes as independent nurses (Duchscher, 2008).

As with Chick and Meleis's original concept analysis, transition theory was developed to provide a framework for the journey or process related to a change event. The journey or process that occurred in my study was the preparation of NGRNs for independent clinical practice. Senior-level nursing students engaged in a culminating, clinical, educational environment or model that required students to synthesize the didactic and prior clinical and educational experiences. There is more than one type of culminating clinical, educational environment, or model in which nursing programs engage. Clinical education environments and models may facilitate or inhibit NGRN transition to independent practice. The primary goal of the nursing mission is to guide

individuals through health transitions, thereby enhancing healthy outcomes (Meleis, 2010). Meleis and Trangenstein (1994) defined nursing as concerned with the processes and experiences of human beings undergoing transitions, where health and perceived well-being are the desired outcomes. Understanding the nature of environments that support or constrain healthy transitions and the models that could prevent and promote unhealthy transitions is a key aspect of transitions theory (Meleis, 2015). Transition theory guided this study in determining if one CEM supported the development of confidence, resilience, and organizational commitment while mitigating stress/burnout more effectively.

My study's RQ built upon Meleis's transitions theory because my quantitative RQ was influenced by transitions theory's three main constructs: nature of transition, transition conditions, and patterns of response. I studied two CEMs and determined whether there is a difference in confidence, resilience, organizational commitment, and stress/burnout between NGRNs who experienced a DEU and NGRNs who experienced a TCEM.

Symbolic interactionism is one of the philosophical foundations of transition theory (Meleis, 2010). Symbolic interactionism is when roles are constantly formulated and redefined based on interactions with others (Meleis, 2010). In Meleis's early work, the roles were often related to the sick and those at risk (Meleis, 2010). The RQs in my study aligned with transitions theory because the roles of the student nurse transitioning into a NGRN relate not to illness, but to the development of characteristics that will support the success of the nursing student as they transition to a NGRN.

My study's RQs built on transitions theory, which assumes that individuals can learn and adapt to new roles brought on by change (Meleis, 2010). An additional underpinning of symbolic interactionism is that an individual's response to transition is influenced by their interactions with others (Meleis, 2010). This understanding aligns with the RQs because the two CEMs' environments involve varying amounts of interaction with others, depending on the CEM in which a student is enrolled.

The concept of transition has been the focus of key theorists inside and outside of nursing. Meleis began developing transitions theory for nursing in 1975 with the publication of role insufficiency and role supplementation. Meleis identified that conditions predispose people with illness to undergo role transition (Meleis, 1975). Schlossberg (1981) focused on adaptation to transition from a psychological perspective. Similar to the application of Meleis's transitions theory that evolved beyond the role transition of patients in illness to other transitions, including NGRNs transitioning into independent clinical practice, Schlossberg's transition theory had a focus on professional role changes and transitions of workers into their first jobs (Meleis, 2010; Schlossberg, 1981). Kramer (1974) developed the theory related to NGRN reality shock. Kramer addressed transition through periods or phases at the beginning of their nursing practice. Duchscher (2008) extended Kramer's work related to NGRN phases of transition by continuing to study NGRN transition to practice and delineating NGRN phases of transition through their 1st year of practice.

Meleis's transitions theory framework supports research involving clinical and professional transitions. Wildermuth et al. (2020) utilized Meleis's transitions theory to

conduct a phenomenological study exploring the lived experiences of a cohort of nurses as students and then as NGRNS during their transition into a nurse residency program. Meleis's transitions theory is divided into three overarching categories: the nature of transitions, transition conditions, and response patterns. Although Wildermuth et al. utilized all categories of the transition theory framework, the transition condition category held great focus. The results of Wildermuth et al.'s phenomenological study utilizing Meleis's transitions theory framework mainly focused on the category of transition, including conditions that inhibit or facilitate transition and patterns of response of the NGRN. Wildermuth et al. identified that personal factors that facilitated NGRN transition included engagement in learning with the NGRN preceptor and learning from experienced nurses. Community factors that facilitated NGRN transition into practice included the support NGRNs experienced from their clinical immersion experience as nursing students and the confidence they developed during their orientation to their NGRN role. The third category within transition conditions included societal conditions. Wildermuth et al.'s study found that societal conditions were inhibitors. Participants identified working with experienced nurses who had negative behaviors or demeanors as inhibitors of transition success (Wildermuth et al., 2020).

Li and Strachan (2021) utilized Meleis's transitions theory framework to develop a needs assessment for children and families of children with medical complexity who undergo transition to adult care and services. The transitions theory framework was used to develop needs assessment questions and supported the interpretation of responses. The framework was adequate for the study, but Li and Strachan acknowledged that Meleis's

middle-range theory required adjustment to make it practical for their study. The original framework's purpose was to explain individuals' experiences with transition, but Li and Strachan also needed information from children's families to fully understand current practices and gaps.

Cadorette et al. (2023) utilized Meleis's transitions theory framework in a study demonstrating how reflection can enhance NGRN transition into practice. Cadorette et al. individualized the category of transition conditions to include personal components. These personal components included cultural expectations, preceptor support, role expectations, preparation, knowledge, and the burden of learning new tasks. Cadorette et al. further individualized the category of transition conditions to organizations and colleagues. In the category patterns of response, Cadorette et al. studied the outcome variables of increased competence, integrating reflective practice, immersion into the nursing role, comfort in the environment, and inquisitiveness without fear. The study proposed using the NGRN transition and reflective practice model to aid new graduates and preceptors in reflection from the beginning of the transition to improve response patterns and avoid disconnectedness.

My study benefited from the transition theory framework because it was aligned with the movement of a student nurse to a NGRN, which is a transition process (Duchscher, 2008). I utilized transition theory to study the experience of NGRNs transitioning into practice. Meleis's transitions theory framework guided the study from the point of the senior-level nursing student entering their senior-level clinical educational experience. The framework addressed the category of nature of transition,

which included situational and organizational, and the category of transition conditions, which included the type of clinical educational format the senior-level nursing student experienced (Meleis et al., 2000). The framework culminated with patterns of response demonstrated by the NGRN as a result of whether they experienced a TCEM or a DEU (Meleis et al., 2000).

Literature Review Related to Key Variables and Concepts

Concepts related to this study include NGRN, TCEM, DEU, confidence, resilience, organizational commitment, and stress/burnout.

A NGRN was integral to this study and is defined as a licensed nurse who has graduated from an accredited nursing school in the last 2 years (Sandler, 2018). Kramer (1974) conducted seminal work analyzing the transition of NGRNs to practice. Kramer coined the term “reality shock” to describe the feelings experienced by NGRNs as they enter independent practice. Duchscher (2008) continued Kramer’s work studying NGRN transition to practice. Duchscher identified that NGRNs experience transition shock as they transition into independent clinical practice and agreed that efforts should be made to support their successful transition.

Traditional Clinical Education Model

The TCEM is one of this study’s two CEMs. The TCEM is the most widely used model for preparing prelicensure nursing students for independent clinical practice (Benner et al., 2010, as cited in Benner, 2015). In the TCEM, the clinical instructor, an RN employed by a college or university, is responsible for up to eight nursing students, each of whom cares for one to two patients (Luhanga, 2018). The clinical instructor is

responsible for, at a minimum, providing clinical oversight, education, ensuring safety, conducting evaluations, and role modeling (Luhanga, 2018).

Plemmons et al. (2018) and Dimino et al. (2020) compared the TCEM to other CEMs and found it less effective comparatively. Dimino et al. compared TCEM students' self-assessments of their physician, patient, and family communication, delegation, organization, and priority management with those who attended the DEU. Plemmons et al. compared TCEM students' self-assessments of their self-efficacy and attitude toward team process study with the DEU and the blended model. They found that students in all three models improved their self-efficacy and attitude toward team process, but the TCEM showed the lowest improvement of the three in these categories.

Dedicated Education Unit

The DEU is the second of two CEMs included in this study. The DEU model was developed by the Flinders University School of Nursing in South Australia (Edgecombe et al., 1999). The DEU is an academic-clinical partnership between an institution of higher learning and a healthcare organization whereby a clinical nurse employed by the healthcare organization is trained to serve as an educator and preceptor of nursing students with the support of the academic nursing faculty (Marcellus et al., 2021). One preceptor is assigned to one or two nursing students during a clinical shift. Students experience extended time in clinical units, immersed as supervised student members of the care team (Glynn et al., 2019).

Quantitative studies by Vnenchak et al. (2019) and Rusch et al. (2018) demonstrated the benefits of the DEU model on student nurse success. Vnenchak et al.

conducted a quasi-experimental, within-subjects, repeated-measures longitudinal design study using a convenience sample of 17 students assigned to a DEU. Researchers found that students experienced increased critical thinking skills, decreased anxiety levels, and increased self-confidence, self-efficacy, and confidence from baseline through 12 months after graduation (Vnenchak et al., 2019). Similarly, Rusch et al. compared student-specific nursing competencies and professional attributes from the DEU and the TCEM and found that students from the DEU scored higher in 26 of 33 specific competencies and professional attributes than students participating in the TCEM. Qualitative studies by Williams et al. (2021) and Dyar et al. (2019) examined the environmental factors within DEU to which students are exposed, that can either support or hinder their success. Furthermore, Dimino et al.'s (2020) mixed-methods study showed that students educated in the DEU had more comfort than students educated in the TCEM.

Confidence

Holland et al. (2012) described professional confidence as a self-assessed belief held by a professional or student regarding one's powers and judgments that are dynamic and maturing. The professional confidence, or belief, held by an individual relates to a belief in a role, scope of practice, and significance of a profession and is based on an individual's capacity to fulfill expectations competently, fostered through a process of affirming experiences (Holland et al., 2012).

Holland et al. (2012) explained that the literature used the synonyms confidence, self-confidence, professional self-confidence, and self-efficacy to describe professional confidence. Professional confidence is linked to competence and self-efficacy (Bäck et

al., 2017; Bandura, 1982; Cech et al., 2011; Holland et al., 2012; Rosander & Jonson, 2017). Self-efficacy is the belief in one's capability to execute the actions required to attain a goal and, as such, is an attribute of confidence/self-confidence (Perry, 2011, p. 224). Self-efficacy includes an individualized ability within the contextual condition to change or adapt through psychological, emotional, or physiological changes (Perry, 2011, p. 224). Professional identity and self-esteem have also been related to professional confidence (Bandura, 1982; Cech et al., 2011; Holland et al., 2012; Rosander & Jonson, 2017). Crooks et al. (2005) describe professionally confident nurses as those with internal feelings of self-assurance, comfort, and confidence, which support their ability to solve problems. Confidence is a characteristic needed by nursing students transitioning into NGRNs (Crooks et al., 2005).

Lanahan et al. (2022) and Najafi and Nasiri (2023) studied NGRN confidence after the transition to practice. Lanahan et al. took a quantitative approach. They studied the impact on student confidence levels when the preparation method took them away from the bedside and into online/virtual learning due to the COVID-19 pandemic. Results revealed that lower amounts of clinical time negatively affected students' perceived preparedness, confidence, and transition to professional practice. In Najafi and Nasiri's qualitative study, they determined that low NGRN confidence levels could be improved by stronger clinical education during nursing school, education regarding communication strategies while in nursing school, and improved interpersonal communication supported by human resource departments in the workplace.

Resilience

Resilience is the ability to bounce back or recover from adversity (Garcia-Dia et al., 2013). The environment, as well as internal and external factors, influences an individual's resilience (Garcia-Dia et al., 2013). Resilience is identified as essential for nurses due to their exposure to human distress, suffering, and stress as part of their daily work (Tusaie & Dyer, 2004). Resilience can be influenced by exposure to diverse experiences, varying educational perspectives, and the opportunity to engage with an interdisciplinary team (Tusaie & Dyer, 2004).

Resilience is an important concept for NGRNs to address to support their practice success and their intention to stay in their roles (Yu et al., 2019). Irwin et al. (2021) and Yu et al. (2019) acknowledge the importance of resilience and resilience strategies for new nurses in practice. Yu et al. conducted a systematic review of work and personal factors associated with nurse resilience. They concluded that newer nurses in practice could benefit from a supportive work environment to improve resilience. Suggested supportive structures included adequate training, career progression, flexible hours, colleague support, and performance feedback (Yu et al., 2019). Irwin et al. developed a resilience program for NGRNs that included a workshop, support group, and mentoring. Irwin et al. found a statistically significant increase in resilience in NGRNs after 4 months in the resilience program.

Organizational Commitment

Nurses who are emotionally attached to the organization have a strong sense of identity, trust, and loyalty to the organization and, consequently, lower interest in leaving

the organization (Li et al., 2020). Affective commitment is a term used to describe the emotional attachment individuals develop to their work and profession (Zhai et al., 2023). Affective commitment reflects employees' genuine willingness and motivation to support the organizational mission rather than out of responsibility and obligation and has been used to represent organizational commitment (Mercurio, 2015; Zhai et al., 2023).

Organizational commitment is an attitude bound by time and space and sustained through interactive processes that arise from the individual's acceptance of the organization's goals and values, willingness to contribute to that organization's affairs, and a strong desire to maintain a good relationship with the organization (Liou, 2008, p. 120). Organizational commitment is a variable that helps predict nurses' work motivation and how they thrive in their roles (Zhai et al., 2023).

Organizational/affective commitment is a variable that impacts the NGRN and helps predict NGRN outcomes (Perreira et al., 2018). An ethnographic study by Kaldal et al. (2024) examined NGRN commitment to their workplace during the 1st year of practice. Kaldal et al. identified the central theme of the intentional transient nature of NGRNs. Additional themes included the NGRN's pursuit of professional development and a supportive work environment, and the lack of follow-through with formal agreements promised to meet expectations for professional development during and after onboarding (Kaldal et al., 2024). NGRNs who experienced breaches in these three themes had weakened trust in the organization, their motivation was influenced, and they were at risk of weakened organizational commitment (Kaldal et al., 2024). A lack of organizational commitment could influence NGRN retention. Perreira et al. (2018)

completed a cross-sectional study design surveying Canadian RNs and determined that enhanced affective commitment to an organization directly impacts RN turnover intention and retention.

Stress/Burnout

NGRN stress and burnout start as early as nursing school (Dames, 2019). They are associated with factors such as lack of self-care, striving for perfection, leading to unrealistic expectations, and increased emotional exhaustion (Dames, 2019). Job stress is an individual's psychological and physiological stress response in the work environment due to a mismatch between job requirements and personal abilities, resources, or needs (Sauter et al., 1990). Burnout is a physical or emotional reaction due to excessive stress in an individual's work location, characterized by emotional exhaustion, depersonalization, reduced personal accomplishment, and cynicism related to inefficacy in response to unmanaged chronic stress (Edwards-Maddox, 2023; Yuan & Xu, 2020).

A systematic review by Welsh (2023) concluded that inadequate clinical skill preparation resulted in mild to moderately high levels of clinical stress. Recommendations for robust clinical learning environments highlight the role clinical student-nurse preparation has in mitigating student-nurse stress levels (Welsh, 2023). Laschinger et al. (2019) examined stress in NGRNs and how situational and personal factors influence NGRNs mental health, overall health, and post-traumatic stress disorder risk caused by exposure to incivility at work. Laschinger et al. found an association between burnout and NGRN-perceived health, with significant relationships between components of burnout and worsening health-related outcomes. The study was the first to

show that burnout is positively related to the increased risk of PTSD in the NGRN population and underscores the importance of reducing and preventing burnout among NGRNs to prevent its effects on mental health (Laschinger et al., 2019).

Prior research related to CEMs and NGRN transition to practice has been completed. Qualitative approaches have been used to study NGRNs, CEMs, and transition to practice. Kaldel et al. (2024) and Dyar et al. (2019) concluded that structurally and interpersonally supportive work environments were necessary for NGRN success. Najafi and Nasiri (2023) and Voldbjerg et al. (2021) suggested that NGRNs be provided education on communication methods to support and enhance their communication skills in the clinical setting because NGRNs find it challenging to speak up to care team members. The qualitative approaches to understanding the needs of NGRNs to determine ways to support NGRN transition to practice are important, but do not quantifiably measure the outcomes of the clinical education environments themselves.

Plemmons et al. (2018) conducted a quasi-experimental study, and Dimino et al. (2020) conducted mixed-methods studies and compared measures between those educated in the DEU and those educated in the TCEM. Plemmons et al. included a blended clinical model in the analysis. Unique to Plemmons et al.'s study is that researchers assessed 2nd-year baccalaureate nursing students' self-assessment of self-efficacy and attitude toward the team process. Dimino et al. assessed NGRNs rather than students and used the Casey-Fink Graduate Nurse Experience Survey (2006) to measure NGRN comfort and confidence. In both studies, those educated in the DEU outperformed

those educated in the TCEM. Limitations of Plemmons et al.'s study include the use of a pre- and post-survey design, and they assessed students rather than NGRNs. The limitations of Dimino et al.'s study included the fact that it only included students from one baccalaureate nursing program and was conducted at a single medical center.

Three studies that compared student outcomes of those who had experienced either a TCEM or DEU used different measurement tools, compared different variables, and studied preceptor feedback rather than students, or students rather than NGRNs. The quantitative component of Dimino et al.'s (2020) mixed-methods study compared the dependent variables of comfort and confidence of NGRNs who experienced the TCEM or DEU using the Casey-Fink Graduate Nurse Experience Survey (2006). Plemmons et al.'s (2018) and Rusch et al.'s (2018) studies compared the impact of the TCEM and the DEU on nursing student outcomes instead of NGRNs. Rusch et al. completed a descriptive comparative study on preceptor feedback regarding junior-level nursing students who experienced a TCEM or DEU using a researcher-developed measurement tool. Plemmons et al. studied self-efficacy using the General Self-Efficacy scale and attitude toward the team process using the TeamSTEPPS® T-TAQ of second-term entry-level baccalaureate nursing students who experienced the blended education model, TCEM, or DEU. The participants in the DEU group of all three studies demonstrated more growth in most study variables than participants in the TCEM group.

The optimum development of confidence, resilience, and organizational commitment variables supports a NGRN's successful transition to independent practice (Duchscher, 2008). Stress/burnout has been found to start in nursing school and can

continue when the NGRN transitions to independent practice (Dames, 2019). Clinical education environments that support the optimal development of confidence, resilience, and organizational commitment, while also reducing stress/burnout, should be pursued. Although there has been research conducted on NGRNs transitioning into practice that compares DEU to TCEM, there was a gap in the literature regarding the comparison of the DEU to the TCEM on the self-assessment of confidence, resilience, organizational commitment, and stress/burnout using the Casey-Fink Graduate Nurse Experience Survey (2023) among NGRNs.

Summary and Conclusions

NGRNs experience transition shock transitioning to independent clinical practice (Duchscher & Corneau, 2023). Inadequate preparation of nursing students for independent practice as NGRNs can lead to nurses leaving their first location of practice within the 1st year of practice or cause NGRNs to leave the profession altogether (Duchscher & Corneau, 2023; Lyu et al., 2024; Sterner et al., 2023). Adequate preparation of nursing students during clinical education can support the development of confidence, resilience, and organizational commitment, which will facilitate a successful transition to practice (Duchscher, 2008; Li et al., 2020; Liou, 2008; Najafi & Nasiri, 2023; Zhai et al., 2023).

The TCEM and DEU are two CEMs that provide nursing students with different approaches to preparation for transition to independent clinical practice. Nursing student clinical preparation may lessen the development of stress/burnout as NGRNs enter practice (Hallaran et al., 2021; Welsh, 2023). A NGRN's understanding of the clinical

environment, as enculturated during the clinical education experience, may support their organizational commitment (Li et al., 2020; Liou, 2008; Zhai et al., 2023). The DEU has demonstrated efficacy in qualitative and quantitative studies (Dimino et al., 2020; Dyar et al., 2019; Glynn et al., 2019; Marcellus et al., 2021; Plemmons et al., 2018; Rusch et al., 2018; Vnenchak et al., 2019). The qualitative component of Dimino et al.'s (2020) mixed-method study determined that managers preferred hiring NGRNs who had experienced a DEU over NGRNs who had experienced a TCEM. Dyar's (2019) observations were restricted to the DEU model and described a cultivating and inclusive learning environment that facilitated learning and enculturation as a healthcare team member. Vnenchak et al. (2019) studied the impact of the DEU on senior-level nursing students over 1 year of independent practice as an RN. However, they did not use a comparison group. My study filled a gap in the literature by comparing the dependent variables of confidence, resilience, organizational commitment, and stress/burnout among NGRNs who experienced a senior-level TCEM or the DEU, using the Casey-Fink Graduate Nurse Experience Survey (2023).

In Chapter 3, I present the research design, the rationale of the study, the methodology, threats to validity, and ethical considerations.

Chapter 3: Research Method

Introduction

The purposes of this quantitative study were to determine if there was (a) a difference in confidence in NGRNs who experienced a DEU and NGRNs who experienced a TCEM, (b) a difference in resilience in NGRNs who experienced a DEU and NGRNs who experienced a TCEM, (c) a difference in organizational commitment in NGRNs who experienced a DEU and NGRNs who experienced a TCEM, and (d) a difference in stress/burnout in NGRNs who experienced a DEU and NGRNs who experienced a TCEM.

In Chapter 3, I discuss the research design and rationale. I also discuss the study methodology, including the study population, recruitment procedures, participation, and the use of archival data. I introduce the instrumentation I used to collect and analyze data related to the study's constructs and concepts. Finally, I present my data analysis plan, threats to validity, and ethical procedures.

Research Design and Rationale

My study had two independent variables and four dependent variables. The independent variables were the TCEM and the DEU. The dependent variables were NGRN confidence, resilience, organizational commitment, and stress/burnout. The quantitative, comparative research design connected to the RQs by comparing NGRN patterns of response related to confidence, resilience, organizational commitment, and stress/burnout after experiencing either a TCEM or DEU in their senior year of nursing school. A quantitative comparative study was necessary to advance knowledge related to

CEMs. Few studies have been done to measure whether the TCEM supports the development of confidence, resilience, and organizational commitment while mitigating stress/burnout more than the DEU in NGRNS. Information was needed to guide academic-practice partnerships and decision-making.

Methodology

I used a quantitative, comparative methodology to compare the self-assessed confidence, resilience, organizational commitment, and stress/burnout measurements of NGRNs who were clinically educated in their senior year in either a TCEM or DEU. The individuals identified for my study were a convenience sample of NGRNs who had been hired by one of four acute care organizations within a single healthcare system, who took the Casey-Fink Graduate Nurse Experience Survey (2023) upon hire, and who were still employed by the health system at the time of data collection. The Casey-Fink Graduate Nurse Experience Survey (2023) measures NGRN self-assessment of confidence, resilience, organizational commitment, and stress/burnout. The Casey-Fink Graduate Nurse Experience Survey (2023) is a reliable, valid survey that was tested on NGRNs participating in residency programs across the United States (Casey & Fink, 2024). I created two independent groups of NGRNs by determining which NGRNs experienced a TCEM and which experienced a DEU. Demographic information was collected on all NGRNs on hire. This information was used to contact NGRNs and ask them to explain whether their senior-level clinical education experience occurred in a TCEM or DEU. I obtained this information through an email reply to an email and a flyer I sent to the NGRNs (see Appendix A). Group one was designated as the NGRNs who participated in

a TCEM in their senior year of nursing school, and group 2 was designated as NGRNs who participated in a DEU in their senior year of nursing school. The secondary data obtained from the Casey-Fink Graduate Nurse Experience Survey (2023) assessments were pooled for all individuals in their respective groups.

Quantitative studies measuring NGRN experiences using the Casey-Fink Graduate Nurse Experience Survey (2006) have been conducted. The repeated time series approach, while using the Casey-Fink Graduate Nurse Experience Survey (2006), supported the evaluation of students and NGRNs as they developed from their student capacity through their 1st year of practice (Christensen et al., 2023; Jamieson et al., 2023; Vnenchak et al., 2019). The Casey-Fink Graduate Nurse Experience Survey (2006) has been used to measure the impact of nurse residencies and transition to practice programs on graduate nurse retention in civilian hospitals and in graduate nurses and medical-surgical nurses with less than 6 months of experience in U.S. military service (Christensen et al., 2023; Koh et al., 2023; Oblea et al., 2019). My approach differed from previous studies because I examined the NGRNs' self-assessment upon hire to their first acute care clinical role regarding confidence, resilience, organizational commitment, and stress/burnout of those experiencing a TCEM or DEU in their senior year of nursing school. Few studies have included NGRNs from ADN programs when studying DEU outcomes (Marcellus et al., 2021).

Population

The study's target population consisted of NGRNs from ADN and BSN programs who were newly employed by one of the four acute care organizations within a single

health system. The NGRNs needed to have received clinical education in their senior year in either a TCEM or DEU. The target study population size was estimated to be 64 participants per group, totaling 128 individuals.

Sampling and Sampling Procedures

The sampling methodology was purposive, convenience sampling. Purposive and convenience sampling were appropriate for my study because four acute care hospitals within one health system have administered the Casey-Fink Graduate Nurse Experience Survey (2023) since approximately fall 2023.

Registries of NGRNs who have taken the Casey-Fink Graduate Nurse Experience Survey (2023) at the five hospitals on hire were kept on file. I contacted the NGRNs via email to determine if they experienced a TCEM or a DEU in their senior year of nursing school. The study individuals were de-identified and placed in either the TCEM or DEU category. Individuals' NGRN Casey-Fink Graduate Nurse Experience Survey (2023) results collected on hire were collated with others in each respective group.

Inclusion criteria included NGRNs from ADN or BSN programs who are newly employed by one of the four acute care organizations within a single health system and who received clinical education in their senior year in either a TCEM or DEU. NGRNs who experienced a DEU in a year other than the senior year of nursing school were excluded. The acute care organizations involved in the study range from 111 to 735 licensed beds. Two of the organizations were community hospitals, and the other two were tertiary care centers. Populations of NGRNs hired to acute care organizations outside the one health system were excluded from the study. Additionally, NGRNs

assigned to work in the clinic or home care settings within the health system were excluded.

I conducted an a priori power analysis using G*Power 3.1.9.7 (Faul et al., 2007). I intended to analyze the difference in means between two independent groups using an independent-samples *t*-test. A two-tailed analysis can be used to determine if there is a significant difference between the two groups in either the positive or negative direction, but the assumptions of the independent-samples *t*-test must be met. An alternative to the *t*-test if the assumptions are not met is the nonparametric Mann-Whitney U (Statistical Solutions, 2025). For the *t*-test analysis, a Cohen's *d* of 0.5 was used to detect a difference between the compared groups (Cohen, 2016). The error probability, or the opportunity of a Type I error, was 0.05, the standard for healthcare studies (Sivasamy, 2023). The power (1- β error probability) for this study was 0.8. This provided an 80% chance of identifying a significant effect if one existed and avoiding a Type II error (Sivasamy, 2023). The allocation ratio N_2/N_1 is 1, meaning that the goal was to achieve equal sample sizes for each independent group (Faul et al., 2007). The group sample sizes needed to reach at least 64 individuals, resulting in a total sample size of 128 individuals (Faul et al., 2007). The actual power of the study is 0.80, which is high (Faul et al., 2007).

Procedures for Recruitment, Participation, and Data Collection

First, I obtained approval to conduct my study from the Nursing Research Council, the IRB, and the chief nursing officers of the partner healthcare system. Stakeholder awareness of the study was crucial to obtaining cooperation from the individual organizations' nurse educators. Once the Health System Research Council and

the participating health system's IRB provided approval for the study on May 29, 2025 (Appendix B), I met with the managers of nursing education at all sites, as well as the nursing educators who managed the NGRN Casey-Fink results. I provided information through a PowerPoint presentation about my study and answered any questions they had regarding the process. I explained that once I received the final approval I needed from the Walden University IRB, I would communicate with the respective nursing educators responsible for the NGRN Casey-Fink Graduate Nurse Experience Survey (2023) database and request the names of all NGRNs who had completed the Casey-Fink Graduate Nurse Experience Survey (2023).

I obtained approval from Walden University's IRB on June 23, 2025. After obtaining the necessary approvals to conduct the study, I notified the applicable nurse educators at the participating acute care campuses. I respectfully requested that they email me the names of all NGRNs who had taken the Casey-Fink Graduate Nurse Experience Survey (2023) upon hire. To be included in the study, NGRNs must have completed the Casey-Fink Graduate Nurse Experience Survey (2023) upon hire. Individual emails were drafted and sent to all NGRNs provided to me by the nurse educators. In the email, I included an introduction, a request to participate, and a flyer to explain the study. Up to three email attempts were made 2 weeks apart. Individuals who received the email were provided with information regarding the details of the study, potential risks and benefits, confidentiality, voluntary participation, and my contact information for any follow-up questions.

The study purpose, procedure, participation question, confidentiality, and withdrawal option were explained in the email. The active participation of study individuals was limited to answering whether they participated in a TCEM or DEU in their senior year of nursing school. Individuals could accept or decline participation in the study by responding or not responding to the email requests. Study individuals could also answer 'no' to the email request to participate. In the event that individuals agreed to answer the question regarding the TCEM or DEU and then decided they did not want their Casey-Fink Graduate Nurse Experience Survey (2023) results used in the pooled data, they could contact me via email or phone to withdraw from the study at any time.

Archival Data Use

All NGRNs take the Casey-Fink Graduate Nurse Experience Survey (2023) upon being hired by a hospital within the health system involved in my study. The survey results are considered secondary data because the data were collected in the past and already exist in each respective campus's nursing education database (Wickham, 2019). As the information regarding whether NGRNs participated in a TCEM or DEU was received, their personal identification was recoded into an anonymized identifier, and their Casey-Fink Graduate Nurse Experience Survey (2023) results were collated with those of others in their group.

The Casey-Fink Graduate Nurse Experience Survey (2023) includes demographic information, such as age range, gender, race, clinical practice area, previous healthcare work experience, and whether their nursing school program was accelerated. This information was used in the descriptive statistics analysis.

Instrumentation and Operationalization of Constructs

Kathy Casey and Regina Fink developed the Casey-Fink Graduate Nurse Experience Survey (2023). The year of publication of the survey was 2023. Section 1 of the Casey-Fink Graduate Nurse Experience Survey (2023) includes 41 questions measuring Role Transition Experience. Section 2 includes a Learning Needs Assessment of 25 skills that do not factor into the subscale results. Respondents rate their confidence in performing the skills. Section 3 of the survey includes 16 demographic questions. The Casey-Fink Graduate Nurse Experience Survey (2023) was appropriate for my study because it measured self-reported NGRN assessments related to confidence, resilience, organizational commitment, and stress/burnout on hire after experiencing either a TCEM or DEU. The assessment taken on hire was the only assessment used to measure the NGRNs. Each dependent variable has been documented as important to the transition success of NGRNs and retention 1 year after being hired to their first role. A letter of approval to use the Casey-Fink Graduate Nurse Experience Survey (2023) with four subscales from Casey and Fink was received (Appendix C).

Psychometric testing was conducted on responses from graduate nurses participating in residency programs across the United States (Casey & Fink, 2024; Appendix D). Reliability scores were obtained after two rounds of data collection (Casey & Fink, 2024). Content validity was obtained by a review of 20 content experts on role transition/transition to practice and using Delphi Content Validity Index scoring (Casey & Fink, 2024). The four subscales that were measured for both groups in my study have undergone testing for internal consistency. Casey and Fink (2024) reported good internal

consistency for most of my study's subscales, with Cronbach's alpha values of 0.88 for confidence, 0.86 for organizational commitment, and 0.84 for stress/burnout. Casey and Fink reported excellent internal consistency for the subscale resilience with a Cronbach's alpha of 0.91.

The operational definition of confidence in my study involved NGRNs self-assessing their confidence level upon hire by responding to the Casey-Fink Graduate Nurse Experience Survey (2023) using a Likert scale with measurements of strongly disagree, disagree, agree, or strongly agree (Appendix E). The mean score for role confidence was based on the individual's response to questions related to the subscale. Strongly disagree was worth one point. Disagree was worth two points. Agree was worth three points. Strongly agree was worth four points. The mean score for role confidence was the mean of the responses to questions 1-8 on the survey.

My study's operational definition of resilience involved NGRNs self-assessing their resilience upon hire by responding to the Casey-Fink Graduate Nurse Experience Survey (2023) using a Likert scale with measurements of strongly disagree, disagree, agree, or strongly agree. The mean score for resilience was based on the individual's response to questions related to the subscale. Strongly disagree was worth one point. Disagree was worth two points. Agree was worth three points. Strongly agree was worth four points. The mean score for resilience was the mean of the survey responses to questions 33-38.

The operational definition of organizational commitment involved NGRNs self-assessing their organizational commitment upon hire by responding to the Casey-Fink

Graduate Nurse Experience Survey (2023) using a Likert scale with measurements of strongly disagree, disagree, agree, or strongly agree. The mean score for organizational commitment was based on the individual's response to questions related to the subscale. Strongly disagree was worth one point. Disagree was worth two points. Agree was worth three points. Strongly agree was worth four points. The mean score for organizational commitment was the mean of the responses to questions 39-41 on the survey.

My study's operational definition of stress/burnout involved NGRNs self-assessing their stress/burnout upon hire by responding to the Casey-Fink Graduate Nurse Experience Survey (2023) using a Likert scale with measurements of strongly disagree, disagree, agree, or strongly agree. The mean score for stress/burnout was based on the individual's response to questions related to the subscale. Strongly disagree was worth one point. Disagree was worth two points. Agree was worth three points. Strongly agree was worth four points. The mean score for stress/burnout was the mean of the survey responses to questions 27-32. The stress and burnout subscale represents a negative construct, where lower mean scores represent lower levels of stress and burnout, and higher mean scores represent higher levels of stress and burnout (K. Casey, personal communication, February 23, 2025).

Data Analysis Plan

I used IBM SPSS Statistics (Version 28) to run the statistical analyses to test the dependent variables in my study. Data cleaning procedures included reviewing NGRN raw data responses to determine that there were no missed/skipped answers to questions that could interfere with the results and interpretation of a category that factors into the

scoring of a dependent variable/subscale included in the study.

RQ1: What is the difference in confidence in NGRNs who experience a DEU and NGRNs who experience a TCEM?

H₀: 1 There is no difference in confidence in NGRNs who experience a DEU and NGRNs who experience a TCEM.

H₁1: There is a difference in confidence in NGRNs who experience a DEU and NGRNs who experience a TCEM.

RQ2: What is the difference in resilience in NGRNs who experience a DEU and NGRNs who experience a TCEM?

H₀2: There is no difference in resilience in NGRNs who experience a DEU and NGRNs who experience a TCEM.

H₁2: There is a difference in resilience in NGRNs who experience a DEU and NGRNs who experience a TCEM.

RQ3: What is the difference in organizational commitment in NGRNs who experience a DEU and NGRNs who experience a TCEM?

H₀3: There is no difference in organizational commitment in NGRNs who experience a DEU and NGRNs who experience a TCEM.

H₁3: There is a difference in organizational commitment in NGRNs who experience a DEU and NGRNs who experience a TCEM.

RQ4: What is the difference in stress/burnout in NGRNs who experience a DEU and NGRNs who experience a TCEM?

H₀:4 There is no difference in stress/burnout in NGRNs who experience a DEU and NGRNs who experience a TCEM.

H₁:4: There is a difference in stress/burnout in NGRNs who experience a DEU and NGRNs who experience a TCEM.

Once I completed the study and analyzed the data, I determined if the assumptions of the independent samples *t*-test were met. I determined that Assumption 1, the dependent variables were measured on a continuous scale, was met. The second assumption, that the independent variable consisted of two categorical, independent groups, was met. I determined that Assumption 3, the independence of observations, was met. The fourth assumption, that there are no significant outliers, was met. I determined that Assumption 5 was violated because the organizational commitment mean score range was not normally distributed. The sixth assumption, the homogeneity of variances, was met. In addition, the two groups had different sample sizes. The TCEM group consisted of 34 participants, and the DEU consisted of 26 participants. Both groups were below the G*Power-recommended sample size. I was unable to use the independent sample *t*-tests to test the study hypotheses and determine if there are statistically significant differences between the means of the four dependent variables of confidence, resilience, organizational commitment, and stress/burnout of the two independent groups. One group is the NGRNs who experienced a TCEM in their senior year of nursing school; the second is the NGRNs who experienced a DEU in their senior year. Instead, I used the Mann-Whitney U, with the approval of my committee chair, to analyze the data.

I used IBM SPSS Statistics (Version 28) to run descriptive statistics (frequencies and percentages) on individuals' demographic information. Individuals' age (categorized in groups with 4-year increments starting with age 20), gender (identified as male, female, nonbinary/transgender/or gender fluid, and other), ethnicity (categorized as American Indian/Alaskan Native, Asian, Black or African American, Hispanic/Latino, Native Hawaiian/other Pacific Islander, White/Caucasian, two or more ethnicities, and other), prelicensure degree obtained (categorized by diploma, ADN, traditional BSN, accelerated BSN, or Masters in Nursing), and previous healthcare work experience (e.g. nursing, medical assistant, unit secretary).

Threats to Validity

Threats to external validity related to treatment variation can impact this study (Burkholder et al., 2020). An example includes the variations of the DEU structure that students responding to the survey have interacted with. DEUs that function for longer numbers of weeks in a semester or DEUs that run for 12-hour shifts rather than 8-hour shifts during clinical education can serve as examples of this variation (Burkholder et al., 2020). Another threat to external validity includes response bias (Burkholder et al., 2020). An example includes individuals taking the survey and answering in a way they believe will please the organization rather than answering honestly based on how they assess themselves (Burkholder et al., 2020).

Threats to internal validity related to history can impact this study (Burkholder et al., 2020). An example includes the differences in study individuals, such as the various means their schools have prepared them for independent practice (Burkholder et al.,

2020). Another threat to internal validity is whether a NGRN had previous experience in a healthcare role before graduating from nursing school. This factor may have prepared them for a successful transition to practice, a benefit not afforded to other individuals (Burkholder et al., 2020).

Threats to construct or statistical conclusion validity include the bias to conclude positive outcomes favoring the DEU over the TCEM because qualitative studies have summarized that the DEU supports nursing student preparation for independent clinical practice (Dyar et al., 2019; Williams et al., 2021).

Ethical Procedures

Before gaining the health system's IRB approval, I presented the study to the partner health system's Research Council and gained their approval to conduct the study. Next, IRB approval was required from the partner health system, where this study will be conducted, and Walden University. The partner health system IRB determined that the study did not meet the definition of human subjects' research. Walden University determined that the proposal met the doctoral capstone ethical standards and assigned the IRB approval number of 06-20-25-1179924.

Because the partner health system IRB determined that the study did not meet the definition of human subjects' research, they communicated that it was not necessary to obtain consent from participants. They requested that the flyer be utilized to notify potential participants about the study.

The archived individual NGRN Casey-Fink Graduate Nurse Experience Survey (2023) results and demographic data collected through the Casey-Fink survey upon hire

will be kept confidential. Confidentiality has been established by replacing individual names with unique codes. Next, NGRNs were placed in one of two groups depending on whether they participated in a TCEM or the DEU. Individual data has been protected by aggregating data from multiple individuals in the same group. Access to the raw data has been limited to me only. Individual data has been stored on a password-protected computer with malware protection software. Now that the study is complete, the data used in the study will be retained for the duration specified by the health system's IRB and then destroyed.

A final ethical consideration is that this study occurred in the health system in which I work. While I work as a manager for two of the campuses included in the study, I do not directly supervise any of the study participants. Study participants have been assured that their decision to participate or not in the study will have no ramifications on their employment and that their participation or nonparticipation will be kept confidential.

Summary

In Chapter 3, I described the quantitative, comparative research design that was used to conduct my study. I explained that the Casey-Fink Graduate Nurse Experience Survey (2023) retrospective data collected from NGRNs hired by four hospitals within a single health system between August 1, 2023, and May 1, 2025, was used. One question regarding whether the NGRN participated in the TCEM or DEU in their senior year of nursing school was asked of the individuals via email. I explained my sample procedures,

recruitment process, data collection methods, statistical methodology, plan for data analysis, potential threats to study validity, and ethical considerations.

In Chapter 4, I explain my data collection and results related to comparing confidence, resilience, organizational commitment, and stress/burnout of NGRNs who experienced either a TCEM or DEU.

Chapter 4: Results

Introduction

The purposes of this quantitative study were to determine if there was (a) a difference in confidence in NGRNs who experienced a DEU and NGRNs who experienced a TCEM, (b) a difference in resilience in NGRNs who experienced a DEU and NGRNs who experienced a TCEM, (c) a difference in organizational commitment in NGRNs who experienced a DEU and NGRNs who experienced a TCEM, and (d) a difference in stress/burnout in NGRNs who experienced a DEU and NGRNs who experienced a TCEM. The RQs and hypotheses that guided the study were the following:

RQ1: What is the difference in confidence in NGRNs who experience a DEU and NGRNs who experience a TCEM?

H₀1: There is no difference in confidence in NGRNs who experience a DEU and NGRNs who experience a TCEM.

H₁1: There is a difference in confidence in NGRNs who experience a DEU and NGRNs who experience a TCEM.

RQ2: What is the difference in resilience in NGRNs who experience a DEU and NGRNs who experience a TCEM?

H₀2: There is no difference in resilience in NGRNs who experience a DEU and NGRNs who experience a TCEM.

H₁2: There is a difference in resilience in NGRNs who experience a DEU and NGRNs who experience a TCEM.

RQ3: What is the difference in organizational commitment in NGRNs who experience a DEU and NGRNs who experience a TCEM?

H₀₃: There is no difference in organizational commitment in NGRNs who experience a DEU and NGRNs who experience a TCEM.

H₁₃: There is a difference in organizational commitment in NGRNs who experience a DEU and NGRNs who experience a TCEM.

RQ4: What is the difference in stress/burnout in NGRNs who experience a DEU and NGRNs who experience a TCEM?

H₀₄: There is no difference in stress/burnout in NGRNs who experience a DEU and NGRNs who experience a TCEM.

H₁₄: There is a difference in stress/burnout in NGRNs who experience a DEU and NGRNs who experience a TCEM.

The results of the data collection are provided in Chapter 4, beginning with the data collection method, archival data collection process, response rate, demographics, changes in the anticipated sample, sample size, and statistical test results.

Data Collection

I began collecting my data in June 2025, after receiving approval from the partner health system's research council and IRB, as well as Walden University's IRB. I sent up to three emails, 2 weeks apart, requesting participation from NGRNs from one health system who had taken the Casey-Fink Graduate Nurse Experience Survey (2023). The NGRNs were asked to explain whether they participated in the TCEM or the DEU in their senior year of nursing school. As NGRN responses were emailed back to me, I

requested their archived Casey-Fink (2023) results from the nurse educator on the respective campus, placed the NGRN into the appropriate group, and deidentified the participant. One hundred seventy-three total NGRNs were eligible to participate. Sixty-three total responses were received. Three responses were removed through the cleaning process. The data of 60 participants were used in the analysis of the study results. The TCEM group included 34 participants. The DEU group included 26 participants. The total response rate was 36%.

Initially, five campuses within the health system were to participate in the study. During the data collection process, it was determined that one of the community hospitals anonymously collected the Casey-Fink Graduate Nurse Experience Survey (2023) results, so they had no knowledge of which results belonged to specific NGRNs. This prevented me from sending emails of participation to that one campus' NGRNs. This left me with four campuses participating.

The population of interest consisted of NGRNs hired to acute care hospitals within a single health system who took the Casey-Fink Graduate Nurse Survey (2023) upon hire. Participants were asked to respond to an email explaining whether they had been educated in the TCEM or the DEU during their senior year of nursing school. The inclusion criteria included graduates of nursing programs other than diploma programs and those who completed the entire survey. Of the 60 respondents who met the inclusion criteria, 56.7% reported experiencing a TCEM during their senior year of nursing school. The majority had received a BSN degree from either a traditional or accelerated program (61.7%), identified as female (88.3%), were between 20 and 24 years old (58.3%), and

identified as White or Caucasian (50%). The majority reported having healthcare work experience (80%). The sample size was smaller than the a priori G*Power analysis recommended to reach the needed power. The small number of respondents was disproportionately White or Caucasian (50%), underrepresenting other minority groups. The nurses who participated in the study were predominantly from a nursing program that awarded a BSN degree or higher (63.4%). The NGRNs employed in the acute care hospitals of the single health system were joining community hospitals in rural areas or large academic medical centers in suburban areas. Urban hospitals were not represented in this single health system.

Results

I conducted descriptive statistics on six demographic variables (see Table 1). The sampling methodology employed a combination of purposive and convenience sampling. Data for five of the demographic variables were collected from archived data obtained through the Casey-Fink Graduate Experience Survey (2023) upon hire to the NGRN's first RN role. These variables included gender, age range, race/ethnicity, type of prelicensure nursing degree obtained, and previous healthcare work experience. The sixth demographic variable was collected via email from the NGRNs during the implementation of the study. This variable, which was also the independent variable of the study, was whether the NGRN was educated in a TCEM or DEU in their senior year of nursing school.

Table 1*Demographic Data*

Demographic variable	Frequency	Percent (%)
Gender		
Male	7	77.7%
Female	53	88.3%
Age range		
20–24	35	58.3%
25–29	5	8.3%
30–34	7	11.7%
35–39	10	16.7%
40–44	3	5.0%
Race/Ethnicity		
2 or more ethnicities	3	5.0%
Asian	13	21.7%
Black or African American	3	5.0%
Hispanic or Latino	11	18.3%
White or Caucasian	30	50.0%
Prelicensure nursing degree obtained		
Accelerated BSN	12	20.0%
Associate	22	36.7%
Master's in Nursing	1	1.7%
Traditional BSN	25	41.7%
Previous health care work experience		
Yes	48	80.0%
No	12	20.0%
Group		
TCEM	34	56.7%
DEU	26	43.3%

Note. Both the TCEM and DEU groups were included in Table 1.

I ran descriptive statistics for the TCEM and DEU groups separately. Table 2 presents the demographics of NGRNs from the TCEM group. Table 3 presents the demographics of NGRNs from the DEU group. There are minimal differences in gender and previous healthcare experience between the two groups. The TCEM group has a

higher percentage of respondents in the age range of 20-24 years old. Where both groups had the highest percentage of students in the category of White/Caucasian, the TCEM had a higher percentage of Hispanic or Latino NGRNs and the DEU group had a higher percentage of Asian NGRNs. The prelicensure nursing category also had differences. The NGRNs from ADN programs had the highest percentage in the category of 55.9%. This exceeded the aggregated BSN data in the TCEM category.

The aggregated data related to BSN NGRNs from the DEU group was 84.6%. My results showed that students from ADN programs participated at greater percentages in TCEMs than those who graduated from accelerated and traditional BSN programs combined (55.9% versus 44.1%). My findings showed that the aggregated percentages of students from accelerated and traditional BSN programs participated at greater percentages in DEU clinical education experiences than those who graduated from ADN programs (84.6% versus 11.5%).

Table 2*Demographic Data for TCEM NGRNs*

Demographic variable	Frequency	Percent (%)
Gender		
Male	4	11.8%
Female	30	88.2%
Age range		
20–24	17	50%
25–29	3	8.8%
30–34	5	14.7%
35–39	7	20.6%
40–44	2	5.9%
Race/Ethnicity		
2 or more ethnicities	2	5.9%
Asian	5	14.7%
Black or African American	1	2.9%
Hispanic or Latino	8	23.5%
White or Caucasian	18	52.9%
Prelicensure nursing degree obtained		
Accelerated BSN	5	14.7%
Associate	19	55.9%
Traditional BSN (Aggregated BSN)	10 (15)	29.4% (44.1%)
Previous health care work experience		
Yes	29	85.3%
No	5	14.7%

Note. TCEM $n = 34$.

Table 3*Demographic Data for DEU NGRNs*

Demographic variable	Frequency	Percent (%)
Gender		
Male	3	11.5%
Female	23	88.5%
Age range		
20–24	18	69.2%
25–29	2	7.7%
30–34	2	7.7%
35–39	3	11.5%
40–44	1	3.8%
Race/Ethnicity		
2 or more ethnicities	1	3.8%
Asian	8	30.8%
Black or African American	2	7.7%
Hispanic or Latino	3	11.5%
White or Caucasian	12	46.2%
Prelicensure nursing degree obtained		
Accelerated BSN	7	26.9%
Associate	3	11.5%
Master's in Nursing	1	3.8%
Traditional BSN (Aggregated BSN)	15 (22)	57.7% (84.6%)
Previous health care work experience		
Yes	19	73.1%
No	7	26.9%

Note. DEU $n = 26$.

Assumptions

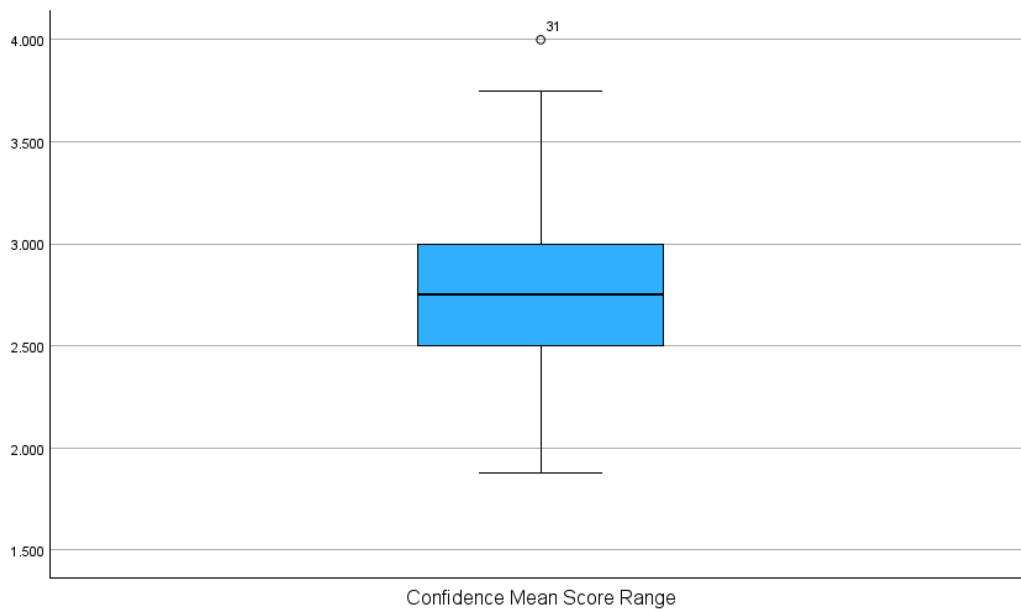
The first three of six assumptions related to the independent samples t -test were analyzed before any statistical analysis was done. The first three assumptions were (a) the dependent variable should be measured on a continuous scale, (b) the independent variable should consist of two categorical, independent groups, and (c) independence of observations. For Assumption 1, the dependent variables of confidence, resilience,

organizational commitment, and stress/burnout scores were measured on a scale of 1 to 4 using the Casey-Fink Graduate Nurse Experience Survey (2023). This was considered interval-level data; therefore, Assumption 1 was met (Laerd, n.d.-a). Assumption 2 was met because my study had two categorical, independent groups, the TCEM and DEU (Laerd, n.d.-a). All survey results for all participants were independent of each other; therefore, Assumption 3 was met (Laerd, n.d.-a).

The last three of six assumptions related to the independent samples *t*-test required testing, and they were (d) there should be no significant outliers, (e) the dependent variable should be approximately normally distributed for each group of the independent variable, and (f) there should be homogeneity of variances. The fourth assumption, that there are no significant outliers, was violated. Box plots were run, and they demonstrated outliers in three of the four dependent variables in the study. The variable confidence had one outlier (see Figure 2). The variable resiliency had five outliers and one significant outlier (see Figure 3). The stress/burnout variable had six outliers and one significant outlier (see Figure 4).

Figure 2

Box Plot of the Variable Confidence

**Figure 3**

Box Plot of Variable Resilience

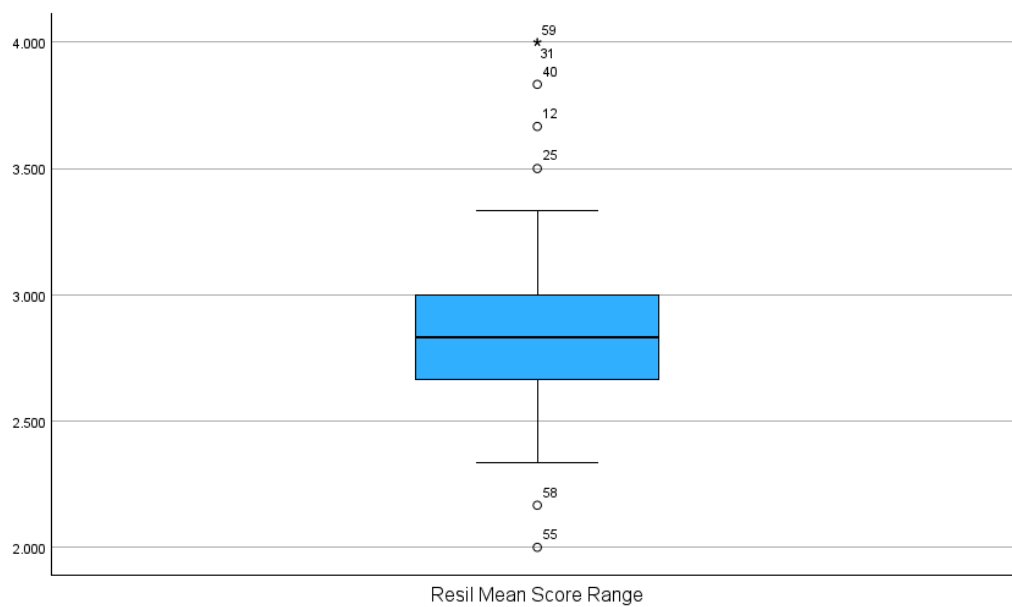
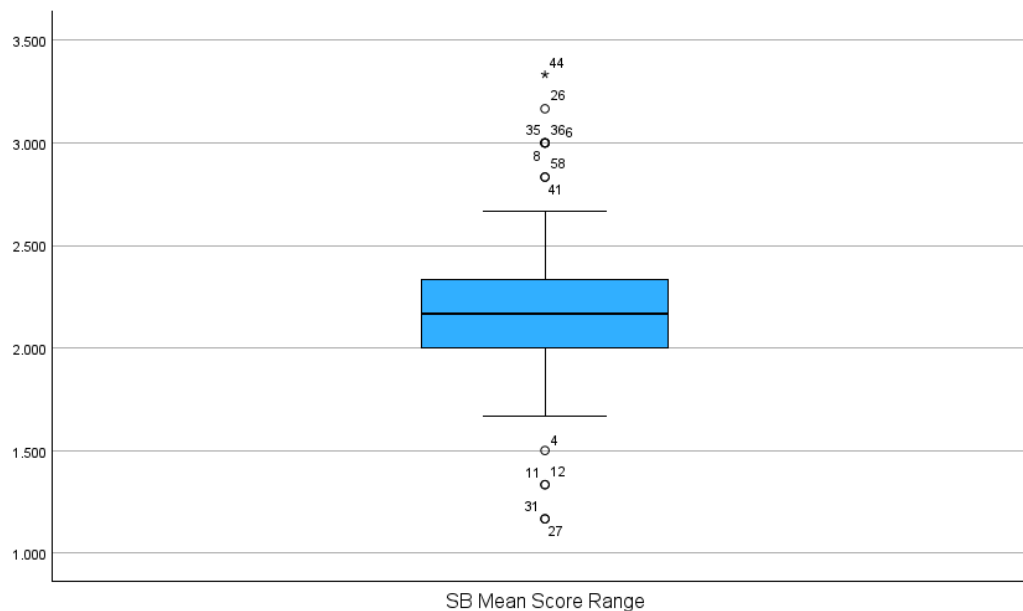


Figure 4*Box Plot of Variable Stress/Burnout*

Assumption 5, that the dependent variable should be approximately normally distributed for each group of the independent variable, was violated (Laerd, n.d.-a). I ran histograms, and the organizational commitment variable was not approximately normally distributed. I determined that Assumption 5 was violated because the organizational commitment mean score range was not normally distributed (see Figure 5; Laerd, n.d.-a). The sixth assumption, the homogeneity of variances, was met because Levene's test for the equality of variances had significance levels for all dependent variables greater than 0.05 (see Table 4; Laerd, n.d.-a). In addition, the two groups had different sample sizes. The TCEM group consisted of 34 participants, and the DEU consisted of 26 participants. Both groups were below the G*Power-recommended sample size. Because the independent samples *t*-test assumptions were violated and the sample size was small and

uneven, I was unable to use the independent sample *t*-tests to test the study hypotheses and determine if there are statistically significant differences between the means of the four dependent variables of confidence, resilience, organizational commitment, and stress/burnout of the two independent groups. Instead, I used the Mann-Whitney U, with the approval of my committee chair, to analyze the data.

Figure 5

Histogram of Organizational Commitment

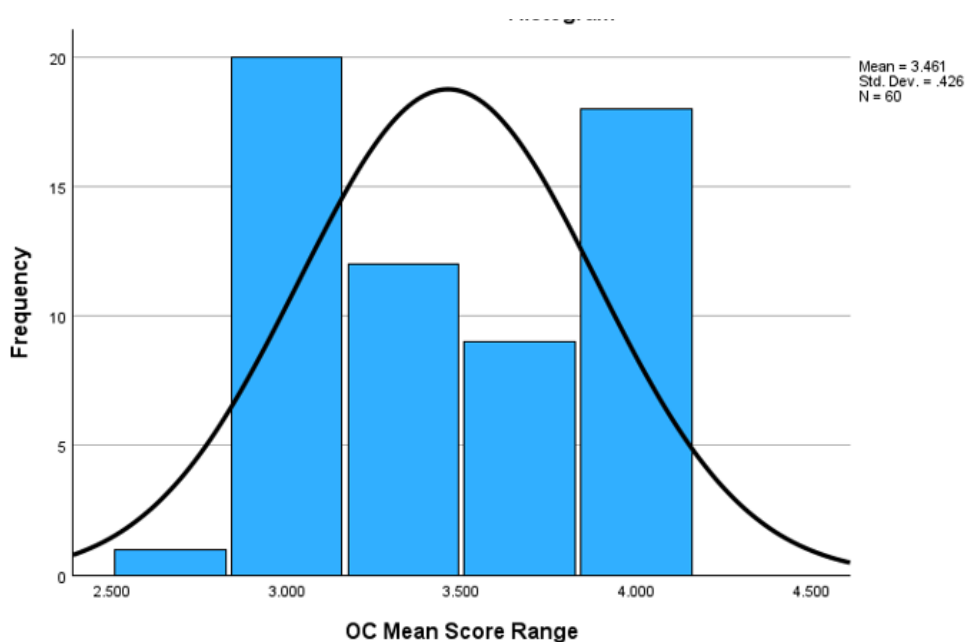


Table 4*Independent Samples t Test/Levene's Test for Equality of Variances*

		Levene's test for equality of variances		t test for equality of means					95% confidence interval of the difference		
		F	Sig.	t	df	One- sided p	Two- sided p	Mean difference	Std. error difference	Lower	Upper
Confidence mean score range	Equal variances assumed	.670	.416	.925	58	.179	.359	.101527	.109726	-.118114	.3211169
	Equal variances not assumed			.957	57.982	.171	.342	.101527	.106073	-.110802	.313856
OC mean score range	Equal variances assumed	.043	.837	.807	58	.211	.423	.089744	.111209	-.132865	.312352
	Equal variances not assumed			.803	52.976	.213	.425	.089744	.111731	-.134362	.313849
Resil mean score range	Equal variances assumed	2.812	.099	1.406	58	.083	.165	.146682	.104318	-.062133	.355497
	Equal variances not assumed			1.343	42.823	.093	.186	.146682	.109231	-.073629	.366992
SB mean score range	Equal variances assumed	.003	.954	-1.940	58	.029	.057	-.225867	.116444	-.458955	.007221
	Equal variances not assumed			-1.962	56.002	.027	.055	-.225867	.115113	-.456466	.004732

The Mann-Whitney U can be used when two independent groups have low numbers of individuals (less than 30) and the groups are not normally distributed (McClenghan, 2024). According to Laerd Statistics (n.d.-b), the assumptions of the Mann-Whitney U test include (a) the dependent variable must be continuous, (b) there must be two categorical, independent groups, (c) independence of observations, and (d) the shape of the distribution affects the interpretation of results. Assumption 1 was met because the dependent variable was continuous. Assumption 2 was met because the two independent groups were categorical. Assumption 3 was met because the observations were independent of each other. To test Assumption 4, group comparison histograms were run. The histograms showed differences in the shape of the two groups; therefore, the Mann-Whitney U test was used to determine whether there were significant differences in the distributions of the two groups (see Figures 6–9).

Figure 6

Comparison Histograms for Confidence Mean Score Range

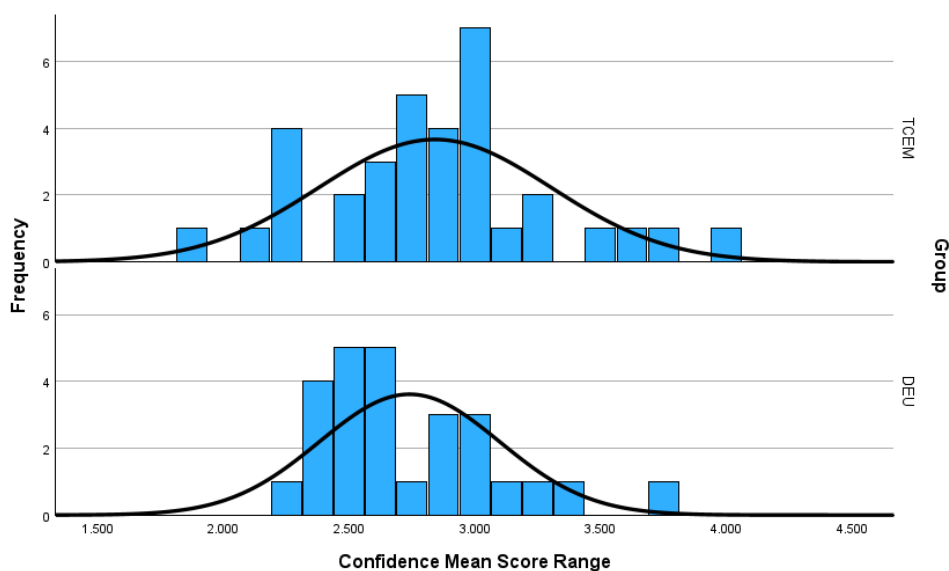


Figure 7

Comparison Histograms for Organizational Commitment Mean Score Range

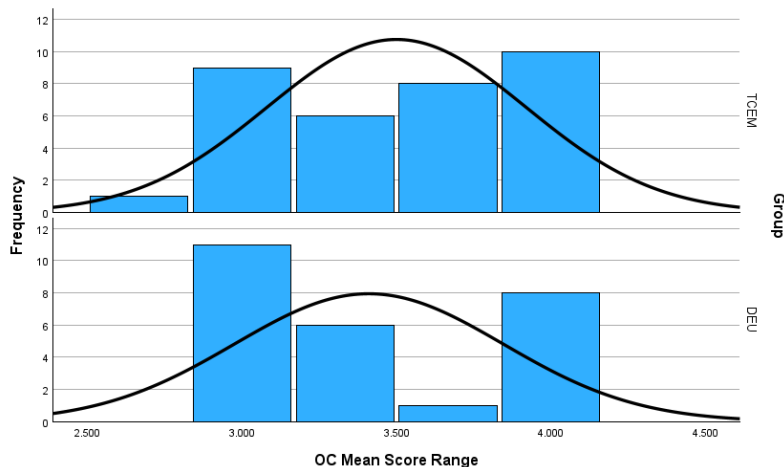


Figure 8

Comparison Histograms of Resilience Mean Score Range

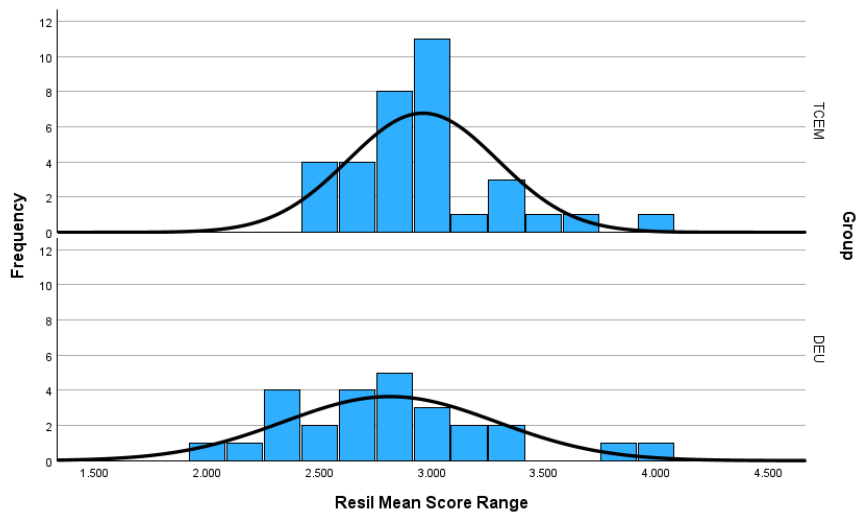
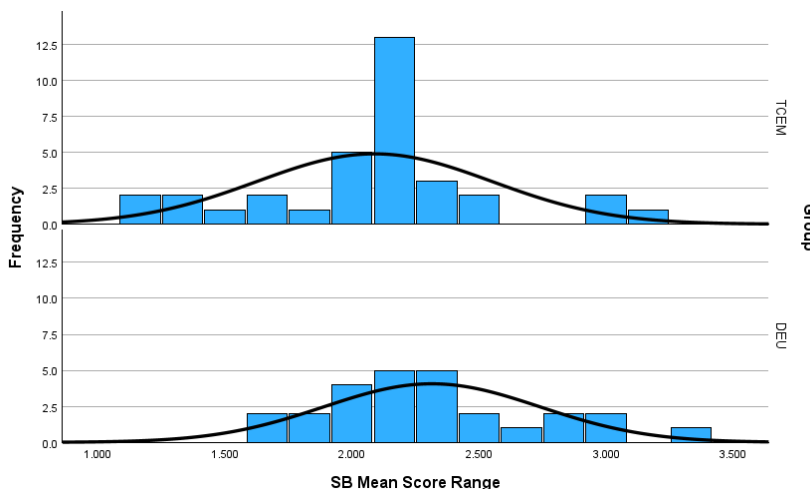


Figure 9*Comparison Histograms of Resilience Mean Score Range*

I used the Mann-Whitney U test to examine the difference in ranks of NGRNs who experienced either the TCEM or DEU in their senior year of nursing school, related to confidence, resilience, organizational commitment, and stress/burnout (see Table 5). No significant difference in the results of confidence were found ($U = 367.50, p > 0.05$). NGRNs from the TCEM group averaged a confidence rank of 32.69, while NGRNs from the DEU group averaged a confidence rank of 27.63. No significant difference in the results of resilience were found ($U = 333.00, p > 0.05$). NGRNs from the TCEM group averaged a resilience rank of 33.71, while NGRNs from the DEU group averaged a resilience rank of 26.31. No significant difference in the results of organizational commitment were found ($U = 390.50, p > 0.05$). NGRNs from the TCEM group averaged an organizational commitment rank of 32.01, while NGRNs from the DEU group averaged an organizational commitment rank of 28.52. No significant difference in stress/burnout was found ($U = 329.00, p > 0.05$). NGRNs from the TCEM group

averaged a stress/burnout rank of 27.18, while NGRNs from the DEU group averaged a stress/burnout rank of 34.85. The mean rank of the TCEM was higher than that of the DEU for confidence, organizational commitment, and resilience. The mean rank for stress/burnout for the TCEM was lower than that of the DEU; however, lower numbers, or ranks, for stress/burnout are a favorable outcome because they indicate lower amounts of stress/burnout, which is better for NGRNs.

Table 5

Mann-Whitney U Test—Ranks

	Ranks			
	Group	<i>N</i>	Mean rank	Sum of ranks
Confidence mean score range	TCEM	34	32.69	1111.50
	DEU	26	27.63	718.50
	Total	60		
OC mean score range	TCEM	34	32.01	1088.50
	DEU	26	28.52	741.50
	Total	60		
Resil mean score range	TCEM	34	33.71	1146.00
	DEU	26	26.31	684.00
	Total	60		
SB mean score range	TCEM	34	27.18	924.00
	DEU	26	34.85	906.00
	Total	60		

Despite the higher rank of TCEM in terms of confidence, organizational commitment, and resilience, and the lower, more favorable rank of stress/burnout, the difference in ranks of the four dependent variables between the two independent groups was not statistically significant. The *p*-values for confidence, organizational commitment, resilience, and stress burnout were all greater than 0.05 (see Table 6). Based on the results of the Mann-Whitney U test, I retained the null hypotheses for RQs 1 through 4.

I conducted a post hoc G*Power analysis for RQs 1 through 4. With the known sample sizes of 34 in the TCEM group and 26 participants in the DEU group, a medium

effect size of $d = 0.5$, and an alpha level of 0.05, the study's power was determined to be 0.42. This means that, given the sample size and expected effect size, there is a 42% chance of detecting a real effect, if one existed.

Table 6

Test Statistics

	Confidence mean score range	Test statistics ^a		
		OC mean score range	Resil mean score range	SB mean score range
Mann-Whitney <i>U</i>	367.500	390.500	333.000	329.000
Wilcoxon <i>W</i>	718.500	741.500	684.000	924.000
Z	-1.118	-.799	-1.648	-1.715
Asymp/Sig. (2-tailed)	.264	.424	.099	.086

^a Grouping variable: Group.

Summary

In Chapter 4, I explained that data for my study was collected over six weeks at four of the five planned acute care hospitals in a single health system. The sample size upon completion of data collection was small and did not meet the sample size required by the a priori analysis to establish the necessary power for the study. The independent samples *t*-test assumptions that there would be no significant outliers and that the data would be approximately normally distributed were violated. To address the violations of *t*-test assumptions, I ran a nonparametric Mann-Whitney U. Because the distributions of the dependent variables for each independent group did not match, ranks were used to analyze the data. Despite the higher rank of TCEM over the DEU in terms of confidence, organizational commitment, and resilience, and the lower, more favorable rank of stress/burnout, the difference in ranks of the four dependent variables between the two independent groups was not statistically significant.

The first RQ was: What is the difference in confidence in NGRNs who experience a DEU and NGRNs who experience a TCEM? The results of the Mann-Whitney U test showed no statistically significant difference in ranks for the dependent variable, confidence, between the two independent groups. In the analysis of RQ one, I retained the null hypothesis.

The second RQ was: What is the difference in resilience in NGRNs who experience a DEU and NGRNs who experience a TCEM? The results of the Mann-Whitney U test show no statistically significant difference in ranks for the dependent variable resilience between the two independent groups. In the analysis of RQ two, I retained the null hypothesis.

The third RQ was: What is the difference in organizational commitment in NGRNs who experience a DEU and NGRNs who experience a TCEM? The results of the Mann-Whitney U test show no statistically significant difference in ranks for the dependent variable, organizational commitment, between the two independent groups. In the analysis of RQ three, I retained the null hypothesis.

The fourth RQ was: What is the difference in stress/burnout in NGRNs who experience a DEU and NGRNs who experience a TCEM? The results of the Mann-Whitney U show no statistically significant difference in ranks for the dependent variable stress/burnout between the two independent groups. In the analysis of RQ four, I retained the null hypothesis.

In Chapter 5, I interpret the study findings and compare the results of this study with those presented in prior literature. I discuss the study's limitations and provide

recommendations for future research. Finally, I present the implications for positive social change.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purposes of this quantitative study were to determine if there was (a) a difference in confidence in NGRNs who experienced a DEU and NGRNs who experienced a TCEM, (b) a difference in resilience in NGRNs who experienced a DEU and NGRNs who experienced a TCEM, (c) a difference in organizational commitment in NGRNs who experienced a DEU and NGRNs who experienced a TCEM, and (d) a difference in stress/burnout in NGRNs who experienced a DEU and NGRNs who experienced a TCEM.

To address the RQs of the study, I utilized a comparative research design. The archived Casey-Fink Graduate Nurse Experience Survey (2023) results collected from NGRNs upon hire to four hospitals in a single health system were used to assess confidence, resilience, organizational commitment, and stress/burnout. The NGRNs were placed in one of two groups, the TCEM or DEU. Due to the violations of the *t*-test assumptions of nonnormal distribution and the presence of outliers, the nonparametric Mann-Whitney U test was used to compare the ranked scores of the four dependent variables (confidence, resilience, organizational commitment, and stress/burnout) between NGRNs who experienced a DEU and those who experienced a TCEM.

Prior research suggests that clinical education experiences can better prepare NGRNs for the dynamic acute care environment by increasing confidence, resilience, and organizational commitment, while mitigating stress/burnout (Duchscher, 2008; Martin & LaVigne, 2023). I conducted this study to determine if there was a statistically

significant difference in confidence, resilience, organizational commitment, and stress/burnout between NGRNs who had experienced a TCEM versus a DEU in their senior year of nursing school. By comparing these two CEMs, the study contributes to the literature on how senior-year clinical experiences impact NGRNs' readiness for practice, particularly in terms of self-assessed confidence, resilience, organizational commitment, and stress/burnout. This study contributes to the literature by comparing the development of confidence, resilience, and organizational commitment among newly hired NGRNs who experienced a TCEM or DEU in their senior year, while also reducing their stress and burnout.

The mean rank of the TCEM group was higher than that of the DEU group for confidence, organizational commitment, and resilience. The mean rank for stress/burnout for the TCEM was lower than that of the DEU; however, lower numbers, or ranks, for stress/burnout are a favorable outcome because they indicate lower amounts of stress/burnout, which is better for NGRNs. Despite the higher rank of TCEM in terms of confidence, organizational commitment, and resilience, and the lower, more favorable rank of stress/burnout, the difference in ranks of the four dependent variables between the two independent groups was not statistically significant. The *p*-values for confidence, organizational commitment, resilience, and stress burnout were all greater than 0.05. Therefore, based on the results of the Mann-Whitney U test, the null hypotheses for RQs 1 through 4 were retained.

Interpretation of the Findings

Rusch et al. (2018) found that students who participated in the DEU scored higher than those participating in the TCEM on 26 of 33 specific competencies and professional attributes. Their findings were based on surveys of preceptors rather than direct feedback from students. While Rusch et al. reported preceptors' perceptions of better performance among DEU students, the current study surveyed NGRNs directly upon hire. Confidence was the one variable the current study had in common with Rusch et al. (2018). The results of the current study did not support the results of Rusch et al.'s study. Rusch et al. determined that preceptor perception of student confidence from those who experienced a DEU demonstrated statistically significantly higher means versus the TCEM students. The current study did not demonstrate a statistical significance between the two groups, and the mean rank of the TCEM NGRNs was higher than the DEU NGRN mean ranks. Results showed no statistically significant differences in rank between the TCEM and DEU on NGRN self-assessed confidence, resilience, organizational commitment, and stress/burnout.

Dimino et al. (2020) used the Casey-Fink Graduate Nurse Experience Survey (2006) to retrospectively assess comfort and confidence in RNs who had experienced either a TCEM or DEU. Their sample consisted of alumni from a single BSN program who graduated between January 2012 and May 2018. Participants completed the survey, in some cases, several years after graduation, introducing the potential for recall bias. In contrast, my study utilized the Casey-Fink Graduate Nurse Experience Survey (2023), which had updated subscales, and was administered to NGRNs at the time of hire, prior

to establishing themselves in their RN practice. This allowed for a more immediate self-assessment after graduation.

Dimino et al. (2020) also examined comfort and confidence in communicating with physicians, delegating tasks, prioritizing, making suggestions, and organizing. Respondents also indicated that they would not harm their patients due to a lack of knowledge or experience. Dimino et al. did not appreciate statistical significance between the two groups with this variable, but reported clinical significance. Similarly, in my study, confidence as measured using the Casey-Fink Graduate Nurse Experience Survey (2023) did not demonstrate statistical significance between the two groups.

My study's RQs built upon Meleis's transitions theory because my quantitative RQs were influenced by transitions theory's three main constructs: nature of transition, transition conditions, and patterns of response. I studied two CEMs and determined whether there is a difference in confidence, resilience, organizational commitment, and stress/burnout between NGRNs who experienced a DEU and NGRNs who experienced a TCEM.

My study was guided by a theoretical framework adapted from Meleis's transitions theory. The first main construct, nature of transition, emphasized the importance of situational, environmental, and organizational factors in shaping individuals' experiences during periods of transition. The second main construct, properties of transition, emphasized the importance of active participation in clinical education (engagement) throughout the transition to NGRN, as well as the development of a sense of routine, skills, and standard activities (critical points and events; Meleis et

al., 2000). CEMs help develop critical thinking, confidence, resilience, and practice readiness (Duchscher, 2008). During these clinical experiences, students encounter situational and organizational factors that shape their transition to practice readiness (Schumacher & Meleis, 1994). The engagement in clinical learning, along with exposure to critical events, can impact their readiness for the professional RN role (Cadorette et al., 2023; Meleis et al., 2000).

In the context of this study, two CEMs, the TCEM and the DEU, influenced the transition conditions and served as key environmental experiences that influenced the development of confidence, resilience, organizational commitment, and stress/burnout in NGRNs. The objectives of the TCEM and DEU were to prepare registered nursing students for independent clinical practice by providing comprehensive clinical experiences that simulate the realities of practicing as an RN. The TCEM and DEU were the two CEMs compared in the study to determine whether they influenced the final construct of the theoretical model, the patterns of response (Meleis et al., 2000).

Limitations of the Study

The generalizability of this study is limited for several reasons. I utilized purposive, convenience sampling. Purposive and convenience sampling limit generalizability (Stratton, 2021). The participants were from a targeted population of new RN hires to specific acute care organizations. Participants must have experienced a TCEM or DEU in their senior year of nursing school. This criterion prevented others, such as new RN hires from another RN role, from participating in the study. The study included NGRNs from a single health system within a single state in the United States.

This study did not include organizations from urban settings, critical access hospitals, or acute care hospitals. This study did not include NGRNs hired to a healthcare setting other than acute care. The use of participants from a single healthcare system in one state within the United States, the lack of inclusion of an acute care organization from an urban location, and other specified factors limit the generalizability of the study results. I accepted surveys from ADN, BSN, and master's degree programs in nursing.

Surveys have limitations associated with them. Social desirability bias is a limitation of survey research. (Bernardi & Nash, 2023). Questions within the survey that were sensitive for the NGRNs to answer may have been answered in a way the NGRN wanted to be perceived (Bernardi & Nash, 2023). Prestige bias is another limitation that may have affected the way the NGRNs responded to the Casey-Fink Graduate Nurse Experience Survey (2023; Nakata et al., 2024). The NGRNs may have wanted to appear more positive or impressive based on their survey responses; therefore, the survey method may not always accurately represent the actual opinions of the survey participants (Nakata et al., 2024). I used the Casey-Fink Graduate Nurse Experience Survey (2023), which is a reliable, valid survey that was tested on NGRNs participating in residency programs across the United States (Casey & Fink, 2024).

The results of my study are not generalizable to diploma degree programs. The highest response rate was from individuals who graduated from either a traditional or accelerated BSN program (61.7%). The sample was predominantly female (88.3%) and white/Caucasian (50%), with the 20-24 age group being the most represented among all age categories. The demographic distribution limits the generalizability to males,

individuals from racial or ethnic backgrounds other than White, and age groups other than 20-24 years old.

Although the results of the Mann-Whitney U test for mean ranks between the two groups for all four dependent variables did not demonstrate statistical significance, the two groups, the TCEM and DEU, had small sample sizes. Another limitation of the study was the small sample size of each group. The TCEM had 34 participants, and the DEU had 26 participants. Post hoc G*Power analyses for Wilcoxon-Mann-Whitney U test (two independent groups) with an effect size $d = 0.5$ showed an actual power of 0.42 for my study.

Recommendations

Recommendations for future research include a prospective study assessing the same or additional variables of NGRNs on hire from both the TCEM and DEU. A priority of the prospective study would be to achieve a larger sample size, which can yield greater statistical power. An additional recommendation for a future study would be to include NGRN hires in more diverse acute care settings, such as urban areas. Rusch et al.'s (2018) study compared the TCEM to the DEU by surveying preceptors. They found that the preceptors assessed students from the DEU higher on all survey items than the TCEM, but did not assess the students' own perceptions. Plemmons et al. (2018) compared 2nd-year students' self-assessment of self-efficacy using the General Self-Efficacy Scale and attitude towards team process using the TeamSTEPPS Teamwork Attitude Questionnaire, comparing those who experienced a TCEM to those who experienced a DEU. Either the Casey-Fink Graduate Nurse Experience Survey (2023)

should be used in a prospective study alone, or in combination with other assessments to gain more insight into the differences between CEMs, such as the General Self-Efficacy Scale and/or the TeamSTEPPS Teamwork Attitude Questionnaire.

Implications

The purpose of this study was to determine if NGRNs educated in the TCEM demonstrated statistically significant differences in confidence, resilience, organizational commitment, and stress/burnout compared to those educated in the DEU. The model that most positively impacts these variables should be considered when structuring the clinical education of RN students through academic-practice partnerships (Welsh, 2023). The most effective model should be available to RN students from all nursing programs, not just BSN programs (Goslee et al., 2020). This ensures that students from all programs will be clinically prepared to care for patients without bias, regardless of their academic degree (Goslee et al., 2020).

The implications for social change from my study demonstrate that regardless of whether students are graduating from BSN, ADN, or Master's degree nursing programs, academic-practice partnerships exist with all programs, exposing RN students from all of the aforementioned degree programs to the DEU model, albeit at a lower percentage for the ADN graduates than the BSN graduates. This study achieved a 36% response rate, and among the participants who responded and were grouped into the TCEM or DEU group, 30% more respondents were assigned to the TCEM model than to the DEU model. The TCEM ranked higher than the DEU in terms of confidence, resilience, and organizational commitment. The stress/burnout variable ranked lower in the TCEM

group than in the DEU, which is favorable because lower stress/burnout is better for NGRNs. Regardless of these rankings, the differences were not statistically significant and could have benefited from a larger, more diverse sample.

Previous studies have examined the TCEM with the DEU, and the DEU has been studied through quantitative methods independently. The DEU has demonstrated efficacy in qualitative and quantitative studies (Dimino et al., 2020; Dyar et al., 2019; Glynn et al., 2019; Marcellus et al., 2021; Plemmons et al., 2018; Rusch et al., 2018; Vnenchak et al., 2019). The qualitative component of Dimino et al.'s (2020) mixed-method study determined that managers preferred hiring NGRNs who had experienced a DEU over NGRNs who had experienced a TCEM. Dyar's (2019) observations were restricted to the DEU model and described a cultivating and inclusive learning environment that facilitated learning and enculturation as a healthcare team member. Vnenchak et al. (2019) studied the impact of the DEU on senior-level nursing students over 1 year of independent practice as an RN. However, they did not use a comparison group. Although my study did not show a significant difference between the TCEM and DEU in terms of their impact on confidence, resilience, organizational commitment, and stress/burnout, previous research has demonstrated advantages of the DEU over the TCEM. Demographic data from this study demonstrated that ADN students have less access to the DEU compared to BSN students, suggesting an opportunity to improve DEU accessibility for ADN programs.

Conclusion

The absence of a standardized approach to prelicensure RN clinical education and the lack of quantitative comparative studies examining whether the TCEM or DEU better prepare NGRNs, from the time of hire to their first RN role in acute care, in terms of confidence, resilience, organizational commitment, and stress/burnout, served as the motivation for this study. My study filled a gap in the literature by comparing the dependent variables of confidence, resilience, organizational commitment, and stress/burnout among NGRNs who experienced a senior-level TCEM or the DEU, using the Casey-Fink Graduate Nurse Experience Survey (2023).

The study findings did not demonstrate a significant difference in ranks between the two CEMs in developing confidence, resilience, and organizational commitment, while mitigating stress/burnout in NGRNs. A small sample size, along with purposive and convenience sampling methods, limits the generalizability of this study. This study should be replicated with a larger sample size and additional survey instruments to analyze additional variables, such as NGRN self-efficacy.

My results also showed a disproportionate percentage of BSN students, compared to ADN students, who experience the DEU model. My findings highlight an opportunity to increase ADN students' exposure to the DEU clinical environment, addressing a social justice concern within ADN clinical education (Marcellus et al., 2021). Although there was no statistically significant difference between the TCEM and DEU data analyses, both models supported the development of confidence, resilience, organizational

commitment, and reduction in stress/burnout. Ensuring equal access to both CEMs for BSN and ADN students may enhance NGRN readiness for practice.

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Appendix A: Study Informational Flyer

Subject Line:

Brief Research Study for New Graduate RNs hired from August 1, 2023 – May 1, 2025

Email Message:

There is a new study comparing the differences in confidence, resilience, organizational commitment, and stress/burnout of new graduate RNs who participated in either a traditional clinical education model during their senior year of their nursing education program, or in a dedicated education unit. This study will support the development of evidence-based clinical education models for nursing students.

For this study, you are invited to provide consent for the researcher to use the Casey-Fink Graduate Nurse Experience Survey 2023 results, which you completed upon hire [REDACTED]. This includes demographic data related to age range, gender, race/ethnicity, prelicensure nursing degree, and previous healthcare work experience.

Note:

Participant identities will remain confidential, and the Casey-Fink Graduate Nurse Experience Survey 2023 Results will be reported as averaged group means rather than individual results.

Two definitions to understand:

The Traditional clinical education model involves a university-employed clinical instructor managing the acute care clinical rotation with up to 10 nursing students.

The Dedicated Education Unit model involves one hospital-employed RN "precepting" one to two nursing students with academic faculty responsible for the overall student evaluation

About the Study:

- Review the attached informed consent.
- Responding to this email indicates consent to participate.
- Respond to this email explaining if you:
 - **A.** Participated in the traditional clinical education model in your senior year of nursing school
- OR
- **B.** If you participated in the dedicated education unit experience at any time in your senior year of nursing school.

Volunteers Must Meet these Requirements:

- Be a new graduate registered nurse hired between 8/1/2023 and 5/1/2025.
- Have taken the Casey-Fink Graduate Nurse Experience Survey 2023 on hire to Atlantic Health.

This study is a part of the doctoral study of Lenore Reilly, a Ph.D. student at Walden University.

Responding to this email will serve as your consent to participate. If you consent, please remember to include whether you participated in a traditional clinical education model or a dedicated education unit in your senior year of nursing school.

Appendix B: Participant Organization IRB Approval

Redacted

Redacted

INSTITUTIONAL REVIEW BOARD (IRB)

May 29, 2025

Lenore Reilly, DNP, MSN, MS

Redacted

Dear Dr. Reilly:

The project entitled *"A Comparison of Two Clinical Education Models on Confidence, Resilience, Organizational Commitment, and Stress and Burnout of New Graduate Registered Nurses"* has been submitted to the [Redacted] Institutional Review Board (AHS IRB). The activities do not meet the definition of "Human Subject Research"; therefore, the project does not require IRB oversight.

Any changes to this proposal that may alter this determination should be presented to the AHS IRB for approval prior to implementation of the changes.

Complete and submit an annual Research Status Report until the conclusion of the project at which time a Research Closure Form should be submitted to the IRB.

Sincerely,

Redacted

Administrative Chair

Appendix C: Approval Letter from Drs. Casey and Fink



February 25, 2025

Dear IRB Committee,

Lenore Reilly DNP, MSN, MS, RN, CCRN, NE-BC has our permission to use the *Casey-Fink Graduate Nurse Experience Survey*© 2023 in her PhD study at Walden University. Lenore's quantitative study is to measure role confidence, resilience, organizational commitment, and stress/burnout in graduate nurses at [redacted]. [redacted] Lenore has our permission to modify the demographic questions and learning needs assessment items to meet the population needs in her project.

Please feel free to reach Kathy Casey at kathy@caseyfinksurveys.com if you have any questions.

Sincerely,

Kathy and Regina

Kathy Casey PhD RN NPD-BC FAAN
Professional Development Specialist
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Appendix D: Psychometrics

Psychometrics Revised Casey Fink Graduate Nurse Experience Survey® 2023

A manuscript is in progress.

Reliability Scores were obtained after two rounds of data collection. Content validity was obtained by a review of 20 content experts on role transition/transition to practice and using a Delphi Content Validity Index (CVI) scoring.

Section I - Includes 48 questions measuring Role Transition Experience including Preceptorship

Section I - There are 8 factors that measure role transition experience:

Factors	Cronbach's alpha	# items	Question numbers
Role Confidence	0.88	8	1,2,3,4,5,6,7,8
Organize/Prioritize Care	0.91	4	9,10,11,12
Support	0.93	6	13,14,15,16,17,18
Role Satisfaction	0.90	8	19,20,21,22,23,24,25,26,
Stress/Burnout	0.84	6	27,28,29,30,31,32
Resilience	0.80	6	33,34,35,36,37,38,
Organizational Commitment	0.86	3	39,40,41
Preceptorship	0.98	7	42,43,44,45,46,47,48

Appendix E: Likert Scale Scoring

Scoring Instructions for the Casey-Fink Graduate Nurse Experience Survey® (revised 2023)			
Kathy Casey, PhD, RN, NPD-BC and Regina Fink, PhD, APRN, AOCN, CHPN, FAAN			
Section I – Role Transition Experience			
1 Strongly Disagree	2 Disagree	3 Agree	4 Strongly Agree
Compute the mean score for each subscale based on its items.			
Subscales			Mean Score (Range: 1 – 4)
Role Confidence (8 items): 1, 2, 3, 4, 5, 6, 7, 8			
Manage Patient Care (4 items): 9, 10, 11, 12			
Support (6 items): 13, 14, 15, 16, 17, 18			
Role Satisfaction (8 items): 19, 20, 21, 22, 23, 24, 25, 26			
Stress and Burnout** (6 items): 27, 28, 29, 30, 31, 32			
Resilience (6 items): 33, 34, 35, 36, 37, 38			
Organizational Commitment (3 items): 39, 40, 41			
** Stress and Burnout subscale represents a negative construct, where lower mean scores represent lower levels of stress and burnout, and higher mean scores represent higher levels of stress and burnout.			