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The Transition-to-Practice Gap and Graduate Nurse Proficiency

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COLLEGE OF EDUCATION

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Maxine Coleman

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Abstract

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MSN, University of Phoenix, 2008

MBA, Old Dominion University, 1996

Doctoral Study Submitted in Partial Fulfillment

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Abstract

After nursing school, graduate nurses complete a licensure examination to demonstrate possession of the minimal knowledge necessary to practice nursing. Even with the successful completion of the examination, many new graduate nurses still lack the competencies required for safe practice. This discrepancy between demonstrated knowledge and competent practice, which is termed a transition-to-practice gap, is a safety issue especially for persons with chronic illnesses. The purpose of this study was to identify and clarify this transition gap to determine possible solutions in the local setting of a large health care system. The theoretical model framing this investigation was Benner's novice to expert theory. A descriptive case study was used to answer the research question regarding which competencies new graduate nurses should possess to facilitate their transition from an educational setting to a practice setting. Purposeful sampling yielded 4 nursing staff educators who had worked with graduate nurses in the past 12 months. Data from interviews with participants were coded using in vivo, initial, and axial coding. Participants reported that graduate nurses lacked adequate communication, socialization, and technical skills. Poor communication and socialization proficiencies compromised collaborative patient care, while the absence of technical skills such as physical assessment impaired direct patient care. Findings supported the development of a transition-to-practice course to prepare graduate nurses to provide quality health care. The implications of social change resulting from this transition-to-practice course may include the positive transformation of new graduate nurses, the improved professional nursing practice setting, and the positive health outcomes of community members.

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Dedication

I would like to dedicate this study to my father who encouraged me to reach for the stars in terms of education. He inspired me to continue to learn and to be the best at whatever I attempted to accomplish.

Acknowledgments

I would like to thank my committee chairperson Dr. Stacy Wahl, and my second committee member Dr. Edward Garten, for their encouragement throughout this arduous endeavor. I also would like to thank my family and best friends for their support.

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Section 1: The Problem

The Local Problem

Global efforts to solve or lessen the problems in health care delivery brought on by the shortage of Registered Nurses (RNs) have created a new problem. Increasing the number of practicing RNs through three entry levels to practice including diplomas, associate degrees in nursing, and bachelor of science degrees in nursing, computerized licensure examinations, and evening weekend fast track educational programs have resulted in an education-practice gap. New graduate nurses, despite graduation from an accredited nursing education program, are entering the workplace unable to deliver safe, effective nursing care. This failure to perform has been labeled as a gap between nursing education preparation and the ability to perform in the health care delivery setting (Sullivan, 2010). Spector et al. (2015) stated "the need for an effective transition-to-practice program in nursing has been documented for more than 80 years" (p. 24). The disparity between new graduate nurses' academic accomplishments and their ability to provide basic or complex nursing care in various health care settings gained national attention as a public safety issue. In 2009, the National Council of State Boards of Nursing (NCSBN) identified the transition-to-practice problem as an issue of public safety and new graduate nurse retention (Spector, 2009).

Background

The transition-to-practice gap becomes evident after the new graduate has passed the licensure examination rather than during the nursing education process. Wolff, Pesut, and Regan (2010) proposed that the problem of transitioning-to-practice should be

addressed at the entry into practice level instead of during the prelicensure education period. These authors maintained that the diversity of the actual practice areas necessitates transition-to-practice programs after nursing graduation instead of trying to change the prelicensure education in the widely varying diploma, associate degree, or baccalaureate curriculums. Wolff, Pesut, and Regan (2010) posited "discourse about practice readiness [in educational settings] too quickly becomes a politicized debate about responsibilities and accountabilities" (p. 191).

Definition of the Problem

When new graduate nurses, who have achieved a passing score on the National Council Licensure Examination (NCLEX®), cannot demonstrate the competencies necessary to provide proficient care to patients there is a definite complex problem. The problem may be defined as a transition-to-practice gap. Sullivan (2010) described this incongruence as demonstrated academic competence coupled with inadequate clinical practice proficiency. Factors creating this gap include rapid entry into practice after initial licensure, and the increased complexity of aging patients' illnesses (Cleary, 2010; Trepanier, Early, Ulrich, & Cherry, 2012; Wolff, Pesut, & Regan, 2010). The advances in equipment and technology, including digital health records, have had an impact on nursing education programs and new graduate nursing practice. In this new digital environment, nursing education programs have been given the task to "ensure students develop proficiency in five main competencies" including informatics (Voge, Hirvela, & Jarzemsky, 2012, p. 56). This task, coupled with the change of paper health records to electronic health records (EHRs), challenges nursing educators to assist students and

graduate nurses with the integration of technology and clinical reasoning. Many of these students and graduates are digital natives, described as those who have experienced the world in terms of digital technologies including the internet, video games, and cell phones (DeSilets & Dickerson, 2011, p. 340). Each of these factors has contributed to a transition-to-practice gap for the new graduate nurse.

Rationale

Evidence of the Problem at the Local Level

Locally, the problem of new nurse graduates' transition-to-practice has been identified by a Nurse Advisory Board to the largest community college nursing program in southwestern Pennsylvania. During the annual meeting, held June 21, 2013, nurse managers and administrators from two large health care systems made general statements regarding the deficiencies in practice readiness of many of the new graduate nurses hired in the previous year. These participants responded with generalized comments such as the new graduates' lack of clinical reasoning skills and their inability to identify early clinical signs of significant problems. The nurse managers and administrators identified their comments as generalizations to prevent disclosure of individual employee details due to privacy laws. Several risk managers from a small local hospital and nursing home identified the new nursing graduates' inability to document care they provided and multiple medication errors as the most serious problems witnessed in the transition period.

The 2012 University of Pittsburgh Medical Center Nursing (UPMC) Annual Report stated, "Unlike other health care professions nursing lacks a standardized

transition from trainee to professional practice" (UPMC, 2012, para.2). The nursing turnover rate for new graduate nurses was 15.4 percent in 2008. To decrease this rate and improve performance, this health care system that employs over 12,000 nurses, developed a nurse residency program for new graduate nurses (UPMC, 2012, para. 2). The turnover rate decreased to 8.1 percent, and performance evaluation scores increased for the new graduate nurses (UPMC, 2012, para. 3). The transition-to-practice gap was not completely erased, but performance did improve.

The responses on the Annual Nursing Employer Survey collected in December, 2014 for the same community college nursing program in southwestern Pennsylvania provided additional evidence of the local problem of a transition-to-practice gap of new graduate nurses. Forty-three respondents answered 11 questions regarding the abilities of graduate nurses who graduated from this community college. Health care facilities in the area, including those providing acute and chronic care, were invited to participate in the survey. The survey incorporated questions on the new graduates' ability to perform the following responsibilities:

- planning patient-centered care
- clinical decision-making
- teamwork and collaboration
- patient teaching in care delivery
- effective communication and
- appropriate professional behaviors.

In each category, some of the respondents indicated that they were either less than satisfied or not at all satisfied with the performance of the graduates. The implied impact of these survey results is that the unacceptable performance of the new graduates could lead to less than desirable patient health care outcomes.

The discussion at the nursing advisory board meeting and the employer survey results, combined with the development of a nurse residency program in the area, provide evidence of a transition-to-practice gap for new nursing graduates in my study setting. Based on my knowledge, stakeholders in the area have not collaborated to research the problem and offer possible solutions.

Evidence of the Problem from the Professional Literature

The National Council of State Boards of Nursing (NCSBN) proposed the increased complexity of health care; sicker patients, increasing number of medical errors, and decreasing mentoring expertise due to Baby Boomer retirements promote the transition-to-practice problem (NCSBN, 2009; Spector et al., 2015). Based on the organization's mission to protect the public and promote nursing professionals, the NCSBN began a study to develop and test a transition-to-practice regulatory model. During the first phase of the study, the NCSBN developed a transition-to-practice program (TTP) based on current residency programs and current literature on competencies necessary for safe nursing practice (Spector & Echternacht, 2010). The second phase of the study involved a longitudinal design research study of the TTP program. The goal of the study was to examine the effect of the TTP program on new graduate nurses' competencies during their first professional nursing position (Spector et

al., 2015). The results of the longitudinal study supported an established, evidence-based transition-to-practice program as a vital step to ensuring safe practice by new graduate nurses (Spector et al., 2015).

Definition of Terms

The following terms applicable to the nursing profession and qualitative research were used in this study:

Acculturation: A "phenomenon which results when groups of individuals having different cultures come into continuous first hand contact, with subsequent changes in the original culture patterns of either or both groups" (Ea, 2014, p. 225).

Associate Degree in Nursing (ADN): A graduate of a 2 year nursing program offered in a community college setting (Staykova, 2012).

Categories: Categories in this context are clusters of codes which are linked to the research data. Extrapolating categories from the codes from interview data "is a way of [beginning] the process of abstracting of the data" (Gale, Heath, Cameron, Rashid, & Redwood, 2013, p. 2).

Code: A "researcher generated construct [label] that symbolizes and thus attributes interpreted meaning to each individual datum for later purpose of pattern detection, categorization, theory building, and other analytic processes" (Saldana, 2013, p. 4).

Constant comparison method: A method used in the coding process during data analysis to compare segments of data to ensure that the same code has been assigned to segments that are similar (Bradley, Curry, & Devers, 2007, p. 1762: Kolb, 2012, p. 83).

Internship: An intern, usually a senior student, "participates as a team member" and is "mentored by the team for a set period" (Budgen & Gamroth, 2008, p. 279).

New Graduate nurse: New graduate nurses have two years or less of experience providing direct client care (Wolff, Pesut, & Regan, 2010, p. 187).

Nurse residency programs: Are "post graduate training programs structured to expand clinical and professional competencies for nurses" (Letourneau & Fater, 2015, p. 96).

Nursing: Nursing is the "planned, scientific alteration of [the] patient's internal and external environments placing patients in the best possible situation for the laws of nature to act, thereby facilitating the healing process" (Kramer, Halfer, Maguire, & Schmalenberg, 2012, p. 148).

Nursing competency: Nursing competency is "equated … with both performance (the ability to perform nursing tasks) and a psychological construct (the integration of cognitive, affective, and psychomotor skills" (Wilkinson, 2013, p. 32).

Organizational socialization: This is "a process where a new employee learns the processes and rules of a particular role, thereby acquiring the necessary knowledge and skills to function in that role" (Phillips, Esterman, & Kenny, 2015, p. 120).

Practice Ready: The nurse who is practice ready possesses the ability to "function independently in stable and predictable situations" (Wolff, Regan, Pesut, & Black, 2010, p. 6).

Preceptorship: In the nursing education, the preceptorship model of education "involves assignment of a student to practice, for a defined period with a clinician

[registered nurse] employed in the unit and experience in the type of practice" (Budgen & Gamroth, 2008, p. 277).

Registered nurse: The National Council of State Board of Nursing (NCSBN) describes a registered nurse as "an individual who has graduated from a state-approved school of nursing, passed the NCLEX-RN Examination and is licensed by a state board of nursing to provide patient care" (retrieved from https//www.ncsbn.org/79.htm).

Secondment model: This is a nursing school clinical practice model in which "a clinician working in a practice organization is relieved of regular responsibilities, and temporarily hired by an academic organization to supervise a group of [nursing] students" (Budgen & Gamroth, 2008, p. 278).

Simulation: This educational method is "a training and feedback strategy where one learns to develop and apply the knowledge and skills to create lifelike circumstances and receive feedback to assist in improving and reining [in] their educational needs" (Moughrabi & Wallace, 2015 as cited by Wallace & Moughrabi, 2016, p. 13).

Themes: Themes are defined as "Interpretative concepts…articulated and developed by interrogating data categories thorough comparison between and within cases" (Gale, Heath, Cameron, Rashid, & Redwood, 2013, p. 2).

Transition-to-practice program: A formal program designed to support new nursing graduates during their progression into practice. The program may be formatted as an orientation, internship or residency (Hoffart, Waddell, & Young, 2011, p. 336).

Definition of Nursing Competencies

In 2008, members of the National League for Nursing's (NLN) Nursing Education Advisory Council (NEAC) began developing a set of competencies for nursing graduates from associate, baccalaureate and diploma nursing programs (National League for Nursing, 2010, p. 2). Members of the work group developed a model that included competencies which all nursing graduates should be able to perform. These competencies included (a) provision of safe care that is culturally and developmentally appropriate, (b) practice within a legal, ethical, and professional scope (c) growth as a professional through knowledge acquisition, and (d) advocating for patient access to quality health care (NLN, 2010, p. 7).

The model contains six concepts each of which is divided into three apprenticeships (NLN, 2010, p. 15). The six concepts include context and environment, knowledge and science, personal and professional development, quality and safety, relationship-centered care, and teamwork (p. 15). The three apprenticeships elucidated in each concept included knowledge, practice, and ethical comportment (p. 15).

The elements of the NEAC workgroup model of competencies that inform my transition-to-practice study include the knowledge and practice apprenticeships of three of the concepts listed above. The standard components of the apprenticeships address the graduate nurse's ability to make decisions in uncertain situations, communicate in multiple settings with professionals, patients, and family members, use technologies to maintain safety and quality of care, use and maintain electronic health records and participate as a team member and team leader. For example, the competencies outlined in

the NEAC model under the concept of context and environment stated that nursing graduates should be prepared to:

- apply professional standards
- show accountability for nursing judgment and actions
- develop advocacy skills
- apply ethical decision-making models
- read and interpret data
- apply health promotion and disease prevention strategies
- conduct population-based transcultural health assessments and interventions,
- manage health record information, and
- apply leadership models in practice (NLN, 2010, p. 18).

This outline covers a broad view of the expected competencies of a graduate nurse in multiple health care settings.

Significance of the Study

The purpose of this study was (a) to determine categories of specific competencies the aggregate group of new graduate nurses lacked upon hire at a local facility and (b) to support development of a transition-to-practice course that advances the local standard of practice in nursing and meets the new licensure requirements under current development by the NCSBN. The study was conducted to gather accurate information on the competency levels of new graduate nurses locally without focusing on any potential shortcomings of the local nursing educational programs. The study results were used to develop a transition-to-practice program in concert with, or in addition to,

the current employer orientation programs. In addition to this application, the study results were used to develop a transition-to-practice course at a local college that will fulfill a proposed regulatory requirement of the NCSBN for the first registered nurse re-licensure period.

Research Questions

Merriam and Tisdell (2016) suggested that "a literature review's impact on problem formation is an interactive process" (p. 92). Problem statements and subsequent research questions come from an investigators initial review of the literature for the problem. The process becomes interactive when the researcher realizes that the problem has not been studied before during the literature review. Creswell (2014) suggested that the central research question should correlate to the research design type (p. 140). Sub-questions should "narrow the focus" and should be used to shape the interview questions for the study (p. 140). This transition-to-practice study was developed to investigate the following central research question:

RQ1. Based on the effects of the prelicensure and postlicensure issues, what competencies should the new graduate nurse possess to facilitate transition from the educational setting to the practice setting?

Research sub-questions derived from this main research question included: (a) what is the effect of the level of competence on the transition of graduate nurses into nursing practice and (b) how does the timeframe and context of orientation vary based on the competency level of graduate nurses?

To identify how the new graduate nurses make the transition and what competencies they must have during this process, I asked the study participants the following questions:

- What is your role in the orientation of new graduate nurses?
- How do you assess the learning needs of new graduate nurses?
- How long is the standard orientation period for the new graduate nurses?
- What are the most significant competencies expected of the new graduates by the institution?
- Can you describe the competencies where new graduate nurses excel?
- Describe what skills the entry level nurse lacks?
- How would you describe the communication skills of the new graduate nurses?
- Can you identify a time frame involved for new graduate nurses to transition from an entry level nurse to an advanced beginner?
- What priorities have you identified as most important for an effective transition-to-practice?
- What are your thoughts regarding transition-to-practice and the new graduate nurse?

Review of the Literature

The dynamics affecting new graduate nurses' entry into the clinical practice area can be divided into the experiences that occur during their prelicensure education and those that occur directly after they achieve licensure. For the purpose of the literature review these factors are labeled as prelicensure topics and postlicensure topics. Literature describing these two topics may help clarify how the transition-to-practice gap

develops between these two time periods. Prelicensure topics include the impact of nursing education on the transition-to-practice gap, specifically the type and length of the nursing schools' curricula, clinical practice issues, and the question of timeline to practice. Postlicensure topics include the precepts of clinical competency, the effectiveness of employer orientation programs, and the impact of other types of programs including nurse residency programs. Benner's (2001) novice to expert conceptual model provides a foundation for developing a theory on what causes this transition-to-practice gap.

Literature Search Strategy

Information for the literature review was retrieved from several online databases including EBSCO host, ERIC, ProQuest, and Google Scholar through the Walden University Library. The keywords and phrases searched included *graduate nurses, transition-to-practice, and education gap, and knowledge gap, transfer of knowledge, graduate nurse proficiency*, and *graduate nurse competencies*. Peer reviewed primary and secondary research articles were retrieved from the timeframe of 2011 to the present. Seminal literature was retrieved and considered for inclusion without timeframe imitations. When no current research was found, the literature search was expanded back in time.

Conceptual Framework

The theoretical model of skill acquisition developed by Benner (2001) guided this study. Benner (2001, p. 1) proposed research efforts to explicate the nature of nurses' application of clinical knowledge to clinical practice endeavors. She stated previous

research focused mostly on the social aspects of nursing practice. This study used Benner's model of new graduate nurses developing from novices to experts to identify and discuss the competencies necessary to make this transition.

Benner based her model of new graduate nurses developing from novices to experts on the work of Stuart and Hubert Dreyfus (as cited by Benner, 2001, p. 13). The Dreyfus model of skills progression consists of five steps. The learners pass from one stage on to the next as they acquire knowledge and performance skills (Kinchin & Cabot, 2010). Benner's (2001) stages of proficiency include novice, advanced beginner, competent, proficient, and expert. As a novice, the student is an observer learning objective information and a set of actions governed by guidelines and regulations. The advanced beginner learns to identify behaviors that depend on previous experience.

Benner's (2001) novice to expert model of skills progression in clinical practice focuses on three general precepts of skilled performance that include:

- Progression from following guidelines to using previously acquired experience
- Viewing the situation as a whole with important aspects
- Advancing from observer to performer

Although new graduate nurses gain experience from clinical rotations in nursing school, they do not have the accumulation of experiences necessary to prioritize situational components of clinical nursing care. Day and Smith (2007) explained that the clinical practice in prelicensure education focuses on the care of one patient at a time. Despite the fact that the care of one patient is significant, Day and Smith (2007) stated this

educational practice “leaves the students with limited ability to practice the skills they will need as professional nurses” (p. 138).

Limited prelicensure experience can prevent the new graduate nurse from viewing the patient’s clinical picture as a whole. The new graduate nurse’s inability to correlate all of the patient’s problems can lead to difficulty in prioritizing those problems. To transition from the novice to the next step, advanced beginner, a new graduate nurse must learn to act to solve a problem immediately. Competency in nursing practice comes from two to three years of experience in the same job or role (Benner, 1984 as cited by Schubert-Bob, 2009). The most pertinent principle in Benner’s novice to expert theoretical model is the importance of experience. Benner (2001) stated “experience is, therefore, a requisite for expertise” (p. 3).

Collegiate nursing school programs follow the theory of constructivism which asserts that learners derive or construct knowledge from their experiences (Doolittle, 2014, p. 485). Historically, organized nursing education began in hospitals where students learned to be nurses in apprentice-like programs (Sullivan, 2010, p. 37). These nursing students worked long hours during on the job training with actual patients. Students were able to learn the information needed to care for their patients on nursing wards. The growth of medical knowledge and the push to make nursing a profession supported the move of nursing education from hospitals to colleges and universities (Sullivan, 2010, p. 37).

Experiential learning that occurs in cognitive apprenticeships, forms the basis of collegiate nursing school programs. A five-phase model for these apprenticeships created by Brandt, Farmer, and Buckmaster (1993) includes:

- Phase one – Modeling
- Phase two – Approximating
- Phase three – Beginning of Independence (Scaffolding)
- Phase four – Self-direction (Self- directed learning)
- Phase five –Generalization of skill performance. (as cited by Lockyer, Ward, Fidler, Toews, & Churcher, 2013, p. 32)

Collegiate nursing programs follow these five phases in nursing student instruction. In phase one, clinical instructors model practice skills during clinical practice. Student nurses approximate or repeat these skills in phase two. In phase three and four the acquired skills become self-directed. The student is allowed to perform these skills with reduced faculty supervision. In the last phase, the student is expected to build on the previously learned skills and to generalize performance to more complicated skills.

Prelicensure Issues

Three types of curriculum, one outcome. Currently, registered nurse students have three educational avenues that prepare them to take the same licensure examination. These educational pursuits end in either a diploma in nursing, an associate's degree in nursing, or a baccalaureate degree in nursing (Scott & Brinson, 2011, p. 300). Hospitals began training programs based on those developed by Florence Nightingale. The Bellevue Training School for Nurses opened in New York in 1873 (Liu, Rodcumdee,

Jiang, & Sha, 2015; Matthias, 2010). The education of registered nurses continued in these apprentice type programs in infirmaries such as the Baltimore Infirmary in Emmittsburgh, Maryland, and the Richmond Medical College in Virginia (Matthews-Libster, 2011, pp. 77-78).

In the hospital-based apprentice type programs, student nurses worked during the day under the tutelage and close supervision of a nurse. Apprenticeships initially followed the model designed by Florence Nightingale, which involved more time spent performing patient care and less time in the classroom (Morin, 2014). The apprenticeship educational models evolved into hospital based diploma nursing programs. The nursing diploma educational programs are three-year programs that include classroom instruction and clinical practice in a hospital setting (Rosseter, 2014). During clinical practice, the student nurse provides nursing care for one or two patients under the supervision of clinical faculty. The clinical practice initially occurs for one eight-hour weekly session; expanding in the upper levels to two eight-hour sessions per week. Although the diploma school curriculum may provide an increased timeframe where the student observes the role of a nurse, the transition-to-practice gap still occurs.

Matthias (2010) and Tobbell (2014) proposed that associate degrees for nurses began as a response to the changes in health care after World War II. A nursing shortage and an increased demand for nurses fueled the idea of a need for a technical nursing role. Matthias (2010) and Tobbell (2014) described the work of Mildred Montag (1908-2004) who wrote a dissertation developing the role of the associate degree nurse. Montag

described the role of this nurse as a technician with responsibilities that required repetitive performance of skills and techniques (Matthias, 2010, p. 41).

Montag's vision of the technical nurse was a nurse that practiced under the supervision of the professional nurse holding a baccalaureate degree in nursing (BSN). Although the associate degree nursing programs increased rapidly, the objective of developing a technical nurse who functioned higher than a nursing assistant, but lower than a professional nurse did not succeed. Instead, the ADN graduate nurse assumed the same registered nurse role as the graduate of the BSN program. Montag's research supported a differentiated practice model. In this model, the technical nurse and the professional nurse would possess diverse competencies based on different levels of educational preparation. In the present education environment, curricula and course objectives continue to be different for the three levels of educational practice for registered nurses prior to licensure. After licensure, the ADN graduate nurse assumes the same registered nurse role as the BSN graduate nurse.

Baccalaureate degree nursing programs include four years of coursework and clinical practice components. Successful completion of these degree programs result in a conferral of a Bachelor of Science degree in Nursing (BSN). The BSN is the third in the series of prelicensure educational preparation that allows the graduate nurse to enter the nursing profession. Several research studies determined that graduates of baccalaureate nursing programs demonstrated diverse professional competencies. These competencies included leadership proficiency, clinical judgment skills, the use of research in practice

situations, higher level use of the nursing process, and self-directed actions (Giger & Davidhizar, 1990; Wolff, Pesut, & Regan, 2010).

In a qualitative study conducted by Wolff, Pesut, and Regan (2010), the participants identified practice readiness as a "developmental process that characterized the professional nurse or a tangible end-product that characterized the technical nurse" (p. 189). The professional graduate nurse's transition-to-practice was perceived as a slower, career developmental process. In contrast, the technical graduate nurse was expected to transition into practice almost immediately using the skills and techniques learned in nursing school (p. 189).

In summary, several research studies support the hypothesis that the type of nursing education program affects the practice readiness of the new graduate nurse. However, Berkow, Virkstis, Stewart, and Conway (2009) suggested that similarities in the practice gap in each of the educational subgroups indicated a need to focus on identification of one reliable method of addressing the lack of competency. A single stage, cross-sectional survey using a sample of 53,000 nursing leaders in the United States substantiated these findings (p. 20). Hopkins and Bromley (2016) proposed new graduate nurses may have very different "skill sets" and "performance levels" based on the type of nursing program that the nurse graduated from (p. 147). Future decisions regarding nursing education and practice readiness will involve looking at the relationship between the three levels of entry into practice and the specific competencies needed by new graduate nurses.

Clinical practice. Despite the three different educational entries into practice levels to attain registered nurse licensure, clinical practice remains one of the foundations of nursing education common to all nursing education programs. Nursing is a discipline composed of an academic component and a practice dimension (Sedwick & Harris, 2012). The National Council of State Boards of Nursing (2005) defined [nursing] competence as the "application of knowledge, interpersonal decision-making and psychomotor skills expected for the practice role within the context of public health" (as cited by Liou, Chang, Tsai, & Cheng, 2013, p. 359). Although the NCLEX® examination can directly test for academic proficiency, psychomotor abilities linked with clinical reasoning are not explicitly tested. Based on this definition of licensure testing, clinical practice during nursing school becomes an essential element that impacts the transition of the new graduate nurse to the rigors of patient care in an actual clinical setting.

Clinical practice prior to graduation can consist of care of actual patients, laboratory exercises, simulation exercises, and virtual patient care situations in the digital laboratory. Budgen and Gamroth (2008) described ten clinical practice educational models. These practice educational models include the faculty supervised practicum, preceptorships, a dedicated education unit, joint appointments, secondment, affiliate, internships, cooperative education, work study programs, and undergraduate nurse employment programs. According to these authors, the most commonly used model is the faculty supervised practicum while the most researched is the preceptorship model (pp. 274, 277).

Faculty supervised practicum. Tanner (2010) suggested that the faculty supervised practicum model for clinical practice has been the same for at least 40 years. Several factors present in the faculty supervised practicum model either promotes or obstructs a smooth transition-to-practice for the new graduate nurse. In this example, nursing undergraduates are assigned in a ratio of six to eight students to each faculty member. The faculty member supervises this group of students in practice on a nursing unit in an organization for several weeks throughout the semester. In theory, the presence of the faculty member allows the student to practice without the fear of making life-threatening mistakes. Faculty can tailor the clinical activities for the best benefit while present on the unit based on knowledge of the curriculum and each student's strengths and weaknesses (Budgen & Gamroth, 2008). However, in some versions of this model, a faculty member must be present while each student performs a patient care activity. The remaining five to seven students must remain idle at that time unless an RN on the hospital unit is willing to oversee student activities. Other drawbacks to this model can include limited exposure to procedures and limited involvement of the nursing staff with the students.

Allan, Smith, and Driscoll (2011) described the staff's limited involvement and varied expectations as part of a hidden curriculum. These authors explained that the hidden curriculum involves all activities outside of the formal curriculum which includes the supernumerary status of the student nurse on a nursing unit. Supernumerary status means the student nurse may not work as a nurse and, therefore, cannot provide unsupervised nursing care to a full assignment of patients during the clinical practice

experience. In the ethnographic case study, Allan et al. (2011) explored how students perceived their learning experiences during clinical practice at four different institutions. The study also tried to discern the level of role modeling experienced by the students and the eventual impact on their transition-to-practice. The study findings indicated that some of the health care institutions' personnel expected the nursing students to provide labor as a workforce member rather than learn by observation despite their supernumerary status. Interviews revealed that the students had negotiated learning opportunities despite the gatekeeping methodology of their supernumerary status.

Preceptorship model of practice education. In the preceptorship model of clinical practice education, student nurses are partnered with individual nurses employed on a nursing unit. This preceptorship assignment may take place in the final semester or earlier, depending on the nursing school program (Sedgwick & Harris, 2012). During the preceptorship, the student nurse works with an assigned preceptor on his or her shift for a designated number of weeks. The preceptor is responsible for supervision and evaluation of the student. The main advantage of this preceptorship model is exposure of the student to the daily role of a practicing clinician. The preceptor can tailor the practice experience to the student's learning needs. Based on how well the student has acclimated and progressed, the preceptor can advance the experiences to promote skill integration, time management, and clinical reasoning skills. The disadvantages of this model include the lack of educational expertise of preceptors, the burden preceptorship adds to the preceptor's workload, and potential personality incompatibilities between the student and

preceptor (Budgen & Gamroth, 2008; Callaghan, Watts, McCullough, Moreau, Little, Gamroth, & Durnford, 2009; Henderson & Eaton, 2013).

In a cross-sectional study conducted by Callaghan et al. (2009), 22 participants described their experiences with the preceptorship model. These participants were Bachelor of Science in nursing graduates who had experienced this preceptorship model of practice education. Overall, these participants expressed that the preceptorship program helped them understand and prepare for their roles as new graduate nurses. The data from the participant interviews revealed two major themes regarding the preceptorship model (Callaghan, Watts, McCullough, Moreau, Little, Gamroth, & Durnford, 2009, p. 248). The first topic was the importance of working with one clinician that fostered not only beneficial educational experiences, but also a level of trust and consistency. The second topic was the positive impact of working with a preceptor in a real clinical setting on the future graduate's transition-to-practice.

Despite the advantages of participating in a preceptorship experience during nursing school, challenges involving the model can hamper a student's transition-to-practice after graduation. Luhanga, Billay, Grundy, Myrick, and Yonge (2010) identified these challenges as the effect of skilled preceptor availability, multiple preceptors, workplace issues, and the shortage of RNs. Each of these challenges can affect the cohesiveness of a preceptorship program and whether the student nurse gains experience that enhances practice readiness.

Collaborative learning unit. The collaborative learning unit model is a clinical practice model that overcomes the challenges of the one-on-one preceptorship model, and

the faculty supervised practice model. In this model, student learning is the responsibility of all of the clinicians on a nursing unit and the students themselves (Callaghan, Watts, McCullough, Moreau, Little, Gamroth, & Durnford, 2009, p. 245). Students choose learning experiences with set goals. The clinicians on the unit provide guidance and supervision. Nursing program faculty members are also a part of the nursing team on this unit. Both clinicians and faculty evaluate students' progress.

In a cross-sectional study conducted by Callaghan et al. (2009), participants discussed their perceptions of the collaborative learning clinical practice model. They identified the advantages of this model including (a) learning how to work with a team and how to work independently and, (b) learning from different practice styles of the clinicians on the unit. The major disadvantage of this model was the perceived difficulty in evaluating the students' progress.

The predominant premise of the literature on clinical practice in nursing programs is that regardless of the model, the roles and responsibilities of the students, clinicians, and faculty must be precise to promote successful transition-to-practice. The literature reviewed supported conducting research on new clinical practice models and increasing collaboration between disciplines in education (Budgen & Gamroth, 2008). So far, collaboration between disciplines in the form of practice partnerships has had limited impact on transition-to-practice issues (Newton, Cross, White, Ockerby, & Billett, 2011).

Simulation. Another important factor impacting clinical practicums in nursing school is the lack of clinical rotations for nursing students while enrolled. Contributing dynamics to this deficiency of clinical rotations include the lack of physical clinical sites.

Clinical sites have diminished based on hospital mergers, declining patient census, shortened length of stays, and the high acuity of the patient populations (Richardson & Claman, 2014). The challenge of securing an adequate number of clinical sites has encouraged the use of high-fidelity manikins in simulation laboratories with commercial pre-packaged simulation scenarios. One of the advantages of simulation laboratory practice for nursing students is the non-threatening environment of the laboratory where patient safety is not an essential factor. One of the disadvantages of using the simulation laboratory includes the substantial number of resources necessary to operate a simulation laboratory. Roche, Schoen, and Kruzel (2013) described the challenges of using simulation including (a) the high cost of equipment, and (b) the investment of faculty time needed to prepare and use the technology. These authors conducted a quasi-experimental pilot study that compared the use of simulation to case studies in new graduate nurse orientation. The study results indicated that the new graduate nurses, exposed to the simulation module, improved their patient safety behaviors.

Timeline to Practice. Sullivan (2010) described the education-practice gap of graduate nurses as a problem of demonstrated academic competence [NCLEX® licensure examination] with inadequate clinical practice proficiency brought on partly by the changes in the education and licensure system of registered nurses. Prior to 1994, graduates of nursing programs obtained temporary provisional licenses and worked until the scheduled licensure examination which was only given a few times during the year (Dyess & Sherman, 2009, 2011). For example, a student who graduated in August from a nursing program could not take the licensing exam until the beginning of the following

year. While waiting for the examination, a new graduate nurse could practice and improve his or her clinical skills, hopefully under the mentorship of seasoned registered nurses (Dyess & Sherman, 2009, p. 403). Based on this extended practice supervised by mentors, practice readiness was not a stumbling block. When the graduate nurse took the licensure examination, the results were not available until months later.

After 1994, due to the implementation of computerized examinations, new graduate nurses have been able to take the licensure examination soon after graduation from nursing school. The time to obtain a license has been shortened to days or weeks after graduation. A new graduate nurse can now be on the job within days of graduation. Dyess and Sherman (2011) further noted that new graduate nurses "sometimes even assume charge nurse roles within weeks of graduation" (p. 313). New graduates entering the workforce as licensed nurses almost immediately after graduation without an interim program only serves to widen the transition-to-practice gap.

Postlicensure Issues

Clinical competency. The issue of clinical competency of new graduate nurses is discussed in the literature from several viewpoints. These views include what defines clinical competence and what actual proficiencies are missing in the practice of new graduate nurses. Nursing executives at health care facilities, nursing school faculty, and new graduate nurses support varied perspectives of what clinical competencies new graduate nurses should possess.

Over 6000 respondents to the New Graduate Nurse Performance Survey, conducted by the Nursing Executive Center , rated how well new graduate nurses

performed on 36 individual competencies (Berkow, Virkstis, Stewart, & Conway, 2009; Hopkins & Bromley, 2016). The respondents included 5700 nurse leaders including nurse managers, charge nurses, directors of nursing, and clinical specialists. A group of nursing educators, including deans, were asked to complete the survey from the perspective of how well the curriculum prepared graduate nurses for practice. The competencies described in the survey ranged from delegation of tasks to the use of information technologies. The top four ranking competencies in this investigation included the use of information technologies, establishing rapport with patients and families, respect for diverse cultural perspectives, and conducting patient assessments (Berkow et al., 2009; Hopkins & Bromley, 2016). In this survey 10 percent of the clinical nurse managers reported a view that new graduate nurses were competent to provide safe patient care while 90 percent of the academic educators viewed new graduate nurses as competent (Wangensten, Johansson, Bjorkstrom, & Nordstrom, 2012, p. 171).

Benner (2001) described a stronger method of identifying competencies than using the opinions of experts. Clinical competencies of nurses were derived from practice situations described by nurses in the Achieving Methods of Intra-professional Consensus, Assessment, and Evaluation (AMICAE) project. The nurses interviewed in the project described the performance of new graduate nurses using actual patient care episodes. The survey covered clinical competencies clustered into seven domains of nursing practice including “the helping role, the teaching-coaching function, the diagnostic and patient monitoring function, efficient management of rapidly changing situations, administering and monitoring therapeutic interventions and regimens, monitoring and ensuring the

quality of health care practices and organizational and work-role competencies" (Benner, 2001, p. 46). The proposed advantage of this method of identifying competencies is that a holistic view of nursing practice is generated rather than a list of procedures and skills.

Evaluation of clinical competence and the link to transition-to-practice includes the new graduate nurses' perception of their clinical competence. A gap in perceived competence and actual performance can create a patient safety issue (Marshburn, Engelke, & Swanson, 2009). A descriptive correlation design study assessed data collected from new graduate nurses using the Performance Based Development System and the Casey Fink Graduate Nurse Experience Survey (Marshburn et al., 2009). The study findings indicated that new nurses who had a higher confidence level in their abilities scored higher on the performance survey. The study authors concluded that the survey results showing specific gaps in competence could be used by nurse educators to "facilitate the transition of the new nurse into the workplace" (Marshburn et al., 2009, p. 431). Identification of clinical competencies and subsequent recognition of the disparity of new graduate nurses' performance of these competencies is an important first step in resolving the transition-to-practice gap. The next step involves determining the best practices to improve the transition process postlicensure.

Employer orientation programs. Traditional facility orientation programs for new graduate nurses include methods from the 20th century that are reflective of the industrial era and are permeated with influences from a "process driven infrastructure" (Porter-O'Grady, Shinkus Clark, & Wiggins, 2010, p. 38). This orientation process is considered an essential step in promoting the transition of new graduate nurses to

beginner positions (Delfino, Williams, Wegener, & Homel, 2014). According to these authors, orientation in a hospital setting takes place in three phases: “general hospital orientation, area-specific orientation [i.e. pediatric unit or emergency unit orientation], and a preceptor-based clinical orientation” (p. 122).

Multiple factors in the health care and economic environment challenge the efficacy of these traditional orientation programs in providing a transitional experience for new graduate nurses. The nursing shortage, predicted to reach more than one million by the year 2020 (Littlejohn, Campbell, Collins-McNeil, & Khayile, 2012), limits the number of experienced nurses available for patient care and preceptorships. Economic constraints on hospital budgets due to cost-reimbursement issues affect the orientation programs (Trepanier, Early, Ulrich, & Cherry, 2012) by pressuring hospital leaders to limit the length of new graduate orientation. This shortened orientation supposedly saves on orientation costs by moving the new graduate nurse to the bedside in an abbreviated timeframe. Bevelacqua (2012) stated these pressures occur because the new graduate nurses are employees who are being paid wages for non-productive time. A shorter orientation period shifts the new graduate nurse to a productive fiscal category. Dyess and Sherman (2009) conducted a qualitative research study that used interviews of new graduate nurses. The study was designed to evaluate the perceived essentials of a transition program from the perspective of new graduate nurses. One of the key recommendations, based on the interviews, was that a transition program should provide “longer term support that includes further development of clinical judgment, debriefing opportunities, and skill set enhancement” (p. 406).

Different aspects of the orientation process, such as program length or the relationship with a preceptor, may attribute to improvement of the competencies of new graduate nurses. For example, Jewell (2013) encouraged transition-to-practice programs for new graduate nurses that extend beyond the employee general orientation. Roth and Johnson (2011) described a three-phase study initiated by the state of North Carolina. This study investigated the issues of new graduate nurses' transition-to-practice in relationship to patient safety. The study developers proposed that a planned transition model would enhance patient safety and retention of new nurses. This longitudinal study of new graduate nurses' relationships with their preceptors in an employment setting was conducted to gather information to direct a transition model. The findings of phase one showed that the quality of the relationship between the new graduate nurse and their preceptors had a greater effect on competence than the type of orientation program (Roth & Johnson, 2011, p. 58).

Transition-to-practice programs. Roth and Johnson (2011) suggested that the inconsistency in employee orientation programs does not support a transition from the educational setting to the practice setting for new graduate nurses. These authors proposed that a new transition program was needed to assist the graduate nurse with safe patient care. Three different types of transition-to-practice programs have evolved based on the need for preparation beyond general employee orientation. These categories include nurse residency programs, non-employer based programs, and a transition-to-practice program developed by the national nursing regulatory agency (NCSBN).

Nurse residency programs. The Versant® RN residency program evolved from a one-year research pilot in 1999 (Ulrich et al., 2010). After the first year, the research project was extended to include additional hospitals in California. The research on the residency program continued for 10 years with 6000 new graduate nurses completing the program. Ulrich et al. (2010) described a transition-to-practice program that included (a) clinical experience with one preceptor, (b) classroom time, (c) hands-on skill training in a laboratory setting, and (d) a mentor for each program participant. In response to an evaluation of the program, the program developers changed the individual preceptorships to team preceptorships. The residency program was based on Benner's (2001) novice to expert theory. A longitudinal study conducted by Ulrich et al. (2010) demonstrated that the residency program (a) improved the new graduate nurse's competency level, (b) reduced turnover, and (c) promoted patient safety. These authors proposed improvement of new graduate competencies "decreases the chance of preventable adverse events, thereby decreasing the hospital's exposure to decreased reimbursement and liability claims" (p. 373).

Other research studies supported a nurse residency program for new graduate nurses. A multisite health care organization in southwestern Ohio worked to consolidate existing in-house nurse residency programs into one program across the network (Little, Ditmer, & Bashaw, 2013). Based on the human caring theory of Jean Watson, the nurse residency programs used a relationship-based care model. Nursing practice at all of the sites included three essential relationships, (a) the caregiver-patient relationship, (b) the caregiver's relationship with self, and (c) the interpersonal relationship between team

members. This model of caring in nursing was used to evaluate, improve, and consolidate the two different nurse residency programs in place at several of the sites. The first nurse residency program included didactic content along with support and self-care components. The second nurse residency program followed the Versant® model and was divided into four phases. These two nurse residency programs were combined to create a transition-to-practice program that promoted retention of nurses and consistent, competent patient care.

Local nurse residency programs have also improved the new graduate nurses' level of competency and retention. Welding (2011), a nurse manager at a local health care system in southwestern Pennsylvania, described a nursing residency program developed by nurse leaders to increase new graduate competency and decrease turnover. The program successfully reduced new graduate nurses' turnover at the participating hospitals from 15% to 10% (p. 39). The evaluation of the residency effectiveness through increased competence and professional advancement of the new nurse graduates is still in progress.

Non-employer programs. Despite the nursing shortage, there are areas that have an over saturation of new nurse graduates. Ulrich et al. (2010) described the adverse economic climate where experienced nurses returned to the workforce or delayed retirement due to financial issues. As a result of this recession, there were fewer employment opportunities for new nursing graduates in some markets. The California Institute for Nursing and Health Care collaborated with various community stakeholders to find a solution to the underutilization of the new nursing graduates who could not find

jobs in California (Jones & West, 2010). The solution was a community-based transition-to-practice program for the unemployed new nursing graduates. With the help of regional collaborators, an internship program was created that lasted 12 to 18 weeks. During this program, new nursing graduates took part in classroom activities, simulation laboratories, and clinical exercises. The goal of the transition program was to engage the new graduates in real clinical settings to sustain existing competencies and encourage professional growth. The new graduates were able to gain experience and confidence while waiting for a job opportunity (Jones & West, 2010, p. 16).

Regulatory agency transition-to-practice programs. The National Council of State Boards of Nursing (NCSBN) is a nonprofit regulatory organization composed of state boards of nursing from the United States and the four U.S. territories. The goals of the organization include (a) promotion and protection of the public welfare and (b) advancement of the interests of the profession of Nursing (NCSBN, 2014). Based on the documentation of the "need for an effective transition-to-practice program for more than 70 years" (Spector & Echternacht, 2010, p. 18), the NCSBN implemented a study to identify existing successful transition models. The NCSBN used the findings from this study to develop a transition-to-practice model that will be implemented through regulation.

The regulatory transition-to-practice model has five modules that incorporate competencies identified from the study. The length of the model will be six months with an additional six months of support for the new graduate nurse after completion of the model. The new graduate nurse will enter this transition-to-practice program after passing

the NCLEX® and will be required to verify completion of a transition-to-practice program in order to renew the registered nurse license for the first time. The NCBSN (2014) maintains that mandating a consistent transition-to-practice program for all newly licensed nurses will solve problems associated with the issues of ineffective practice readiness. The specific issues included medication errors, failure to recognize complications, high turnover rates, and compromised patient safety.

Implications

The literature review supports development of a local solution beyond the current measures. Prelicensure efforts mainly in the educational arena have not resolved the gap. Postlicensure methods including employer orientations and nurse residency programs also have not lessened the problem. A possible solution could involve a collaborative project involving the resources of prelicensure education and postlicensure employment. The interview results may reveal a potential collaborative project between the pre and post licensure stakeholders.

Summary

The reviewed literature supports the presence of a transition-to-practice gap for new graduate nurses. The prelicensure issues involving educational practices; multiple entry levels, variable clinical practice and changes in licensure examinations, have a large impact on the transition-to-practice gap. This significant effect is based on the fact that there are almost 2500 approved nursing programs in the United States as of 2014 (National Council of State Boards of Nursing, 2015, p. S16). The number of nursing school graduates educated in the United States who took the NCLEX licensure

examination in 2013 was 155, 098. Although the 2500 nursing programs are governed by 59 jurisdictional boards of nursing, these boards of nursing are state boards that "provide position or practice statements, clinical practice advisories, advisory rulings or opinions, and interpretive guidelines" based on state nurse practice acts (laws) (p. S28). Even though the educational issues have an impact based on the high number of graduates, there is no current single regulatory organization that can mandate a uniform change in all of the educational programs, especially changes in curricula. Based on the number of programs, the number of graduates, and the lack of one single legal regulatory governing board, the transition-to-practice gap cannot be readily solved by attempting to change the curricula of 2500 different educational programs.

Postlicensure issues affecting the new graduate's entry into the clinical practice setting also have had a negative impact. Using the NCSBN (2014) transition-to-practice model, the individual state boards of nursing can mandate a uniform change in licensure and licensure renewals. The NCSBN model proposes the institution of a competency requirement for the first license renewal. The new graduate nurse will be required to complete a transition-to-practice course before the first license renewal. This change has the potential to address the competency levels of all new graduate nurses in the 59 NCBSN jurisdictions (NCSBN, 2014).

Surveys of nurse managers and new graduate nurses themselves have been used to support offering nursing residency programs, longer orientation programs, and separate transition-to-practice programs to improve competency levels. The nursing shortage combined with the aging population in the United States has magnified the issue of

transition-to-practice of new graduate nurses. Additional information from previously unused resources was used to find solutions to solve the transition gap to promote social change. This study considered the effect of the transition-to-practice gap on new graduate nurse competency levels from the view of staff nurse educators working directly with new graduate nurses in direct care practice areas.

This literature review discussed factors important to the investigation of the transition-to-practice of new graduate nurses. Section 2 of this study discusses the methodology used to gather data on this phenomenon and the results of data collection. Section 3 discusses the study project indicated by the themes formulated during the analysis of the data in Section 2. The final section, Section 4, reflects on the knowledge and experience gained by the researcher including scholarship of teaching and learning and leadership.

Section 2: The Methodology

Research Design and Approach

Research is a six step process that progresses from the identification of a problem, review of what has been stated in literature regarding the problem, specifying a reason to do the research, and then finally collecting, analyzing, interpreting and reporting data (Creswell, 2012, p. 7). Collection of data can be described as the pivotal point between describing the problem and evaluating the results obtained during the research. Quantitative research methodology can involve collection of numbers described as scores or frequency of specified behaviors (Creswell, 2012, p. 11). Qualitative research methodology collects data in the form of interview responses, or the views of respondents (Creswell, 2012, p. 10). The research design chosen for this study is a descriptive case study. Section 2 of this study describes the study design, participants and their protection, data collection, analysis, and evaluation of the final results.

Study Design

In qualitative research, researchers explore experiences that occur in social settings. In this type of investigation, researchers do not test a theory but instead, develop a theory after observing participants. Observations take place in a detailed setting involving the participants. Information is collected, transcribed, and then grouped into similar topics. The researcher develops themes from these topics. The themes support a theory regarding the described experiences. The investigator seeking to use qualitative research to describe and interpret specific human experiences can use the theory of social constructivism. Merriam and Tisdell (2016) stated “interpretive research assumes that

reality is socially constructed "(p.9). Therefore "researchers do not find knowledge; they construct it" (Merriam & Tisdell, 2016, p. 9).

Qualitative research methods used to observe participants and their experiences include ethnography, grounded theory, case studies, phenomenological research, and narrative research. Each of these strategies involves the researcher engaging with participants to chronicle their experiences. Merriam and Tisdell (2016) described ethnography as "a process and a product" whose form has a "focus on human society and culture" (p. 29). Grounded theory researchers organize data collected from participants to build a substantive theory from "everyday world situations" (p. 31). In case study research, investigators observe and analyze data from a phenomenon in a system with boundaries (p. 38). In phenomenological studies, the researcher explores the described experiences of the participants in an attempt to identify the meaning of a shared phenomenon (Creswell, 2014, p. 14). In the narrative research strategy, the researcher interviews an individual and then retells the life of this participant, comparing it to his or her own lived experiences (pp. 13-14).

My goal in conducting this study was to determine the nature of the gap that may exist between new graduate nurses' prelicensure education and their subsequent transition-to-practice in a clinical health care setting. Four staff nurse educators were interviewed to gather data regarding this gap. The specific design for this qualitative study was a descriptive case study. The researcher using this strategy seeks to investigate a person or group or system which has definite boundaries (Merriam and Tisdell, 2016, p. 38). The study was used to examine the lived experiences of the new graduate nurses

based on information provided by staff nurse educators who had assisted with their orientation. Open-ended interviews of the nursing staff educators were used to obtain thick descriptions of the competencies of the new graduates. The goal of the study included the development of common themes regarding the experiences of the new graduate nurses during their transition from student nurse to graduate nurse. The themes were used to develop a transition-to-practice program that may enhance the practice readiness of new graduate nurses in the community that I studied.

Participants

Description

The study population included nursing staff educators in an acute care setting with 2 years of experience, who worked with new graduate nurses hired within the previous 12 months. The purposeful sampling of nursing staff educators included those who were employed at several facilities within a single health care system. The possible sample size of participants consisted of all of the staff educators in this health care system; which was a total of seven educators. Benner's (2001) theory of progression from novice to expert supported the requirement of at least two years of experience working with new graduate nurses for study inclusion. Prior to the interview phase of the study, I considered additional sampling of staff nurse educators at an additional site to achieve a higher level of variability of participant characteristics. Merriam and Tisdell (2016) stated this type of sampling could enhance generalization of the study results (p. 257). However, the health system's Institutional Review Board (IRB) did not approve interviews at more than one of their hospitals.

Selection

Staff nurse educators or clinical nurse educators were chosen for the interviews due to their access to graduate nurses and other nursing staff. When working with new graduate nurses, the general role of the staff nurse educator includes providing orientation to policies, the use of technology, and techniques needed in specialty units. Schipper (2011) described nursing orientation as a "critical organizational activity that influences newcomers' success in the first months of employment" (p. 216). The staff nurse educator also provides continuing education opportunities for all nursing employees. Santos (2012) stated that "in practice settings, the [staff] nurse educator is charged with promoting education and continuous learning to enhance nursing competency and quality patient care" (p. 184).

By definition of the job, the staff nurse educator interacts with new nursing employees, including new graduates and experienced nurses. The opportunity to evaluate the needs of the new employee and then collaboratively develop a learning plan positions the staff nurse educator to gather information on the social and academic skills of the new employee. I devised this study on the transition-to-practice gap to analyze the staff nurse educators' perspective of the practice readiness of new graduate nurses. Interviewing staff nurse educators in this study gave me a view of the central themes describing the competency levels of new graduate nurses.

The Institutional Review Board (IRB) department at the health care facility was contacted to determine necessary steps to obtain approval to conduct interviews (see inquiry letter in Appendix B). The proposal was submitted to the IRB at Walden

University for review. Following provisional approval from the IRB at Walden, the proposal was submitted to the health care facility. Approval to conduct interviews was obtained and forwarded to Walden University. Final IRB approval from Walden University was received with an approval number of 01-21-16-0327066. Seven staff nurse educators were invited to participate in the study when final IRB approval was received. The invitation to participate in the study is described in Appendix C.

Access to Participants

Participants were recruited for the study using an invitation that was sent to seven staff nurse educators using their organization's electronic mail system. This method of contact was approved by the organization's IRB and also by Walden University's IRB. Interview sessions were scheduled with the participants who responded to the invitation. After the participants read and signed the consent form, the interview protocol was used to ask questions regarding the study. The interview sessions were 60 minutes in length and were recorded manually by the researcher. At the end of each interview, the data was presented to each participant to verify that the data captured was what the participant intended to convey to the researcher.

Protection of Participant Rights and Data

Each participant was assigned a numerical identifier generated by a digital random number generator to maintain the confidentiality of identities and interview responses. These numerical identifiers were stored in a separate digital file as well as a paper file. The participant interviews were conducted individually within a four-week period by me. The same interview protocol was used for each participant to ensure that

each person was asked the same questions in the same order. The responses to the questions were manually transcribed by me during the one-hour sessions. This manual transcription of the responses allowed each participant to speak freely without fear of future compromise of the confidential nature of the interviews. After each interview the responses were transcribed into a form developed by me to facilitate line by line analysis. These files were stored in a secure laptop computer. Only I have access to this computer. All the computer files are password protected. Paper copies of the original interviews; identified using the numerical identifier are stored in my home office. All paper files remain locked in a file in my home office and only I have the key to the lock. All of the data from the interviews are stored in a secure computer file as well as a paper file in a locked file cabinet. The paper files will be kept for five years after the completion of the study as required by the IRB. After 5 years the paper files will be shredded and the computer files will be deleted.

Role of the Researcher

Before this study, I had interacted with the participants in a nonsupervisory capacity. The staff nurse educators are responsible for orientation of faculty who supervise student nurses in clinical practice. I was oriented to a specific unit protocol by one of the participants two years before my conducting my study. Additional interactions with the participants were advisory sessions only during which participants provided advice on procedures and policies to me. The interview process did not adversely influence any future professional interactions between me and the participants. Due to the anonymity of the subjects whom the staff educators described in the interview process,

the risk of participation was limited. The anonymity of the subjects also helped eliminate any researcher bias. I was never given any information that would identify any of the new graduate nurses.

Data Collection

Instrumentation

Individual interviews were selected to assist with determining the staff educators' interpretation of the competencies of the new graduate nurses they have worked with in the past 12 months. The advantage of individual interviews over focus group interviews is the information on competency levels is more important to the study than the group dynamics, group views, and interactions of the staff educators (Merriam & Tisdell, 2016, p. 114). Structured or semistructured interviews describe a process where the researcher uses a prepared list of questions to ask each participant (p. 124). The semistructured interview format includes the opportunity for the researcher to explore additional information (Merriam & Tisdell, 2016, p. 111).

A search of the literature did not uncover an established qualitative designed interview protocol to answer the main research question: based on the effects of the prelicensure and postlicensure issues, what competencies should the new graduate nurse possess to facilitate the transition from the educational setting to the practice setting. I developed an interview protocol with questions designed to answer the primary research question and the two sub-questions. These questions were developed using the conceptual framework model of Benner (2001) regarding the transformation of new graduate nurses from novices to experts. The interview protocol is listed in Appendix D. Before the use

of the questions in the interview protocol, a consultant with experience as an educator was asked to review the questions for reliability and to point out potentially biased terminology. These interview questions correspond to the research question and sub-questions as shown in Table 1.

Table 1
Correlation of Interview Questions to Study Research Question/Sub-Questions

Research question	Interview question(s)
Based on the effect of the prelicensure and postlicensure issues, what competencies should the new graduate nurse possess to facilitate the transition from the educational setting to the practice setting?	4. What are the most significant competencies expected of the new graduates by the institution? 9. What priorities have you identified as most important for an effective transition-to-practice?
Subquestion (a)	Interview question(s)
What is the effect of the level of competence on the transition of new graduate nurses into nursing practice?	5. Can you describe the competencies expected where new graduate nurses excel? 6. Describe what skills the entry-level nurse lacks. 7. How would you describe the communication skills of the new graduate nurses? 10. What are your thoughts regarding transition-to-practice and the new graduate nurse?
Subquestion (b)	Interview questions(s)
How does the timeframe and context of orientation vary based on the competency level of new graduate nurses?	2. How do you assess the learning needs of new graduate nurses? 3. How long is the standard orientation period for the new graduate nurse? 8. Can you identify a time frame involved for new graduate nurses to transition from an entry level nurse to an advanced beginner?

The first interview question; what is your role in the orientation of new graduate nurses, was used to gather information on the background of the participants to assist in aligning

their experiences with the new graduate nurses with their description of the competency levels and to ease the participants into a comfortable interview frame of mind.

Interviews

This research study was designed to investigate new graduate nurses' transition-to-practice from a nursing school program to clinical practice as a registered nurse from the perspective of nurse educators. The previous review of the literature indicated prelicensure and postlicensure issues that affected this transition period. The major issues included multiple entry paths to registered nursing, lack of clinical sites for practice before graduation,and inconsistent new hire orientation programs and lack of consistency in nursing education programs resulting in inconsistent competency performance. The primary research question was:

RQ 1: Based on the effect of the prelicensure and postlicensure issues, what competencies should the new graduate nurse possess to facilitate the transition from the educational setting to the practice setting?

This question was designed to elicit a rich description of new graduate nurses and their competency level from the viewpoint of a significant source; staff nurse educators. At the implementation of the interviews of the staff nurse educators, there were no major changes taking place in the institution that could impact the research study results. Any organizational changes were not readily transparent to the researcher. The interviews were conducted around the schedules of the participants and did not present a time challenge to the participants. The participants were all staff nurse educators working in one bounded system. All of the participants met the study requirement of working with a

new graduate nurse within the past 12 months. None of the staff nurse educators were new to the position. Each participant interviewed had multiple years of experience working with new graduate nurses in her current role. Because each of the participants worked with new graduate nurses hired into different areas or units, the descriptions of these graduates were diverse regarding the orientation needed but homogeneous regarding competency descriptions. Each of the participants was able to give detailed information on the new graduate nurses without compromise of privacy or confidentiality.

Four of the seven staff nurse educators invited to participate in the study consented to the interview, two declined and one did not respond. Each participant reviewed and signed a consent form that explained the purpose of the research study, the risks and benefits of participation, the confidentiality of the interviews, and the volunteer nature of their participation. The semistructured interviews consisted of 10 interview questions listed in an interview protocol (see Appendix D for a detailed list of questions). The same interview protocol was used for each participant to ensure that each person was asked the same questions in the same order. The participant interviews were conducted individually within a four week period by me. Each interview was conducted in a setting separate from the workplace and after the official work hours of the participants. I chose to transcribe the interviews manually since the non-work interview settings were not conducive to using a tape recorder. The participants verbally consented to the manual transcription of their answers. The researcher did pause appropriately to verify accurate

transcription or to clarify a statement that was unclear. The final transcripts were reviewed by the participants to ensure accurate capture of their statements.

Accuracy and credibility of findings

Unlike a quantitative research model where the researcher can use numerical methods to assure repeatability and therefore reliability of data collection, analysis, and results, the researcher performing qualitative research must use different methods to test the textual results. Two of the methods used to measure reliability that are available to the researcher conducting a qualitative study include the use of Krippendorff's alpha (Hayes & Krippendorff, 2007) and member checks. Krippendorff's alpha can be used in qualitative data analysis to check if codes describing data are congruent between two or more coders. Textual data is tagged numerically to allow calculation of a reliability coefficient representing the disagreement of codes that have been generated (Krippendorff, 2011). This method of establishing the reliability of data is suitable for use when two or more researchers are analyzing data. Therefore, this study used the process of member checks.

The method of using member checks is appropriate to establish reliability in this research study. Saldana (2013) described member checks as a method of "validating the findings" (p. 35). In this study, the participants were asked to verify that the information transcribed by the researcher represented their ideas and reflections on the topic of transition-to-practice of new graduate nurses.

In addition to member checks, the researcher may use triangulation to provide reliability and validity in a qualitative research study. Creswell (2012) defined

triangulation as a process where evidence that validates the accuracy of research study findings is discovered in multiple sources including different individuals, data collection methods, and different data (p. 259). In this research study, triangulation of the individual participant responses provided validation of the interview questions and subsequent validity of the research questions and sub-questions. Triangulation was also used in the data analysis in this research study. The interview data was analyzed using constant comparison techniques (coding), and keywords-in-context analysis (Kolb, 2012; Leech & Onwuegbuzie, 2007).

Data Analysis Results

Dierckx de Casterie, Gastmans, Bryon, and Denier (2012) described the analysis of qualitative research data as complex and challenging (p. 360). This qualitative data analysis can be inductive or deductive. Inductive analysis of the collected research data involves determining the occurrence of similar suppositions from the actual data. Using these inferences to construct a premise about the research data or a theoretical model is the recommended analysis method for grounded theory development in qualitative research (Bradley, Curry, & Devers, 2007; Creswell, 2014). The deductive analysis starts with a prospective theory and uses themes and codes selected before data collection from supporting conceptual frameworks to analyze the data (Gale, Heath, Cameron, Rashid, & Redwood, 2013).

The collected data in this research study was analyzed using an inductive method. Specifically, the Framework Method discussed by Gale et al. (2013) was used. This method allows the researcher to manage and analyze the collected data which is

subsequently “clustered around themes” (p. 2). Gale et al. stated the Framework Method is frequently used to categorize the data from semistructured interviews into themes (p. 2).

The data from the interviews were transcribed into a word processing program. Each interview was transcribed into a document that contained the interview questions and then the responses of the participants. These transcripts were then used to enter the responses in a form that had each sentence in the responses listed in one column with a separate column for a keyword, phrase or code. These line by line responses were organized by the interview questions. A separate document was devised for each participant. The documents were identified with the random number assigned to each participant.

Before attempting to assign codes or keyword to each sentence, each transcript was read through during three separate sessions. Dierckx de Casterle, Gastmans, Bryon, and Denier (2011) stated a major problem in qualitative data analysis occurs when researchers rush to assign codes and generate themes without taking the time to immerse themselves in the storyline of the interviews by reading and rereading the data (p. 3). After reading the interview transcripts to get a sense of what each participant was attempting to convey, I used In Vivo coding as a first cycle coding process to establish keywords or phrases.

Saldana (2013) described In Vivo coding as the assignment of codes that are actual words or phrases from the interview data (p. 91). I read each sentence from the interviews and pulled out a phrase or word that best described the sentence. Chenail (

2012) described this method of qualitative analysis as a line by line evaluation to categorize a sentence into a smaller phrase, unit, or code (p. 266). Chenail provided two important caveats regarding the breakdown of paragraphs of text into words or phrases. He cautioned that (a) the researcher must report when a switch from line-by-line analysis has occurred, and (b) the researcher must ensure that the analysis is producing meaningful distinctions rather than just lists of counted words (p. 267). I compiled the data from each participant's responses to the interview questions into one list. I listed the actual words of the participants or a short phrase that captured the intent of the responses based on my interpretations from analyzing each line. These phrases were matched with a summary of the interview questions and are listed in Table 2 in the second column. One of the interviews with the respondent's answers and subsequent In Vivo coding of those responses is listed in Appendix E.

I used an additional first cycle method, Initial coding, to garner additional interpretations of the keywords generated using In Vivo coding. Initial coding employs an open minded analysis of the data to find similarities or dissimilarities (Saldana, 2013, p. 100). The keywords or codes from the initial coding are listed as the third column in Table 2.

Table 2

First Cycle Codes from line-by-line analysis of interview transcripts

Interview question	Summary of Interview Question	Codes: In Vivo coding	Codes: Initial coding
IQ (2)	Assessing learning needs of new graduates	Assessment, Assumption of competencies, Blank Slate, Ongoing Assessment, Observation,	Assumption of competency Individualized ongoing assessment

		Individualized assessment	of new graduate skills
IQ (3)	Length of standard orientation	Unit dependent orientation, Extended orientation (based on needs)	Unit dependent Extensions
IQ (4)	Expected significant competencies	Getting help, Chain of command, Recognizing change, Medication safety, skill related competencies	Assessment of condition change Resource recognition Skill related competencies
IQ (5)	Excel at which competencies	Research skills, technological skills, digital references	Technological competencies
IQ (6)	Skills new graduates lack	Accountability, responsibility, organizational skills, perceived competence based on physician satisfaction, no conceptual framework, critical thinking skills, prioritization skills, cognitive skills, Motor skills, Procedural skills, Teamwork, communication Medication safety (errors), preceptors lack skills, delegation skills	Accountability Responsibility Cognitive skills Motor skills Teamwork Communication
IQ (7)	Communication skills	Unable to communicate with patient or with each other, Cell phone use, lack of face to face communication, physical barriers	Face to face communication Physical barriers to communication
IQ (8)	Timeframe to transition from entry level to advanced beginner	Six months, retention problem, BSN graduates, ASN graduates, diploma graduates (different timeframes)	Retention Education background
IQ (9)	Priorities for effective transition	Safety, resource use, asking questions, life-long	Safety Social skills

		learning, questioning attitude, social skills (too many or not enough), same preceptor, prehospital experience	Prehospital experience Same preceptor Life-long learning
IQ (10)	Thoughts regarding transition-to-practice	Retention, Disillusionment, Lack of experience and skills, Turnover, Medication errors, lack of integrity, lack of educators, practice readiness, inappropriate educational focus, lack of clinical sites, lack practice readiness, curriculum in nursing schools different (content eliminated, simulation, leadership courses, clinical hours), collegiality between hospitals and schools, Motivation vs. preparation, need for ongoing continuing education, nurse residency programs	Retention Disillusionment Turnover Practice Readiness Clinical sites Nursing school curriculums Collegiality Continuing education Nurse residency programs

This first cycle coding represents the first stage of analyzing the data to put together a grounded theory based on the experiences of the participants. From this point, I moved to second cycle coding using axial coding to group similar keywords or phrases together to form categories.

Second cycle coding uses advanced coding methods to reorganize the codes developed in the first cycle of coding (Saldana, 2013, p. 207). The codes developed in the In Vivo and initial coding were aligned according to the interview question responses. I grouped these codes listed in Table 2 into similar groups. Five categories emerged from

analysis of the characteristics of the similar codes including acculturation, cognitive and psychomotor competency, collaboration, communication, and socialization. The grouping of axial codes and the subsequent categories are listed in Table 3.

Table 3

Second cycle coding: category development

Axial codes	Categories
Accountability Lack of integrity Effect of consistent preceptors Responsibility Life-long learning Motivation vs preparation Questioning attitude Retention Turnover	Acculturation
Practice Readiness (Competency: medication administration, patient assessment; motor skills)	Cognitive and psychomotor competency
Collegiality Pre-graduate education (content, simulation, focus on leadership courses) Clinical sites & clinical hours Post graduate continuing education	Collaboration
Face to face communication Physical barriers to communication Resource recognition	Communication
Perceived competence based on physician satisfaction Teamwork Abundance/lack of social skills	Socialization

Gale et al. (2013) described the grouping together of similar codes as a method of developing an analytical framework (p. 4). I reviewed each interview transcript using these categories to capture all of the codes possible. Additional codes were added to the

axial codes as needed. Bradley et al.(2007) described the point of theoretical saturation as the finalization of coding that occurs when no new codes emerge from reviewing the data (p. 1764). I reviewed and analyzed each of these categories to develop five themes and their corresponding definitions. The five themes and the definition of each one are listed in Table 4.

Table 4

Definition of Themes

Category	Theme	Definition
Cognitive and psychomotor skill performance	A deficiency of critical thinking skills and psychomotor skills expected in a new graduate nurse	In the context of the interviews, this theme describes the deficiency of skills of the new graduate nurses including critical thinking skills, the application of knowledge and physical skills i.e. intravenous catheter insertion, medication administration, the use of new technologies and assessment skills.
Acculturation	Adaptation to the role of registered nurse	This theme describes how the new graduate nurse must identify and assimilate the role of the registered nurse.
Socialization	Interprofessional socialization of the new graduate nurse	This theme involves the role relationships of the graduate nurse with others in the health care setting including other providers, patients receiving care and the families of these patients.
Communication	Verbal and written interactions of the new graduate nurse	The subject matter of this theme is the verbal and written interaction of the

		new graduate nurse with other providers and the patient.
Collaboration	Collaboration among educational programs and health care facilities	The premise of this theme from the viewpoint of the participants is a working relationship between the schools of nursing and health care facilities.

The five themes represent an overview of the new graduate nurse's transition-to-practice from the viewpoint of the nurse staff educators guided by the interview questions. The findings supported by these themes will be explored in depth based on the conceptual framework of the novice to expert theory of nursing practice described by Benner (2001).

The second cycle axial coding of the participants' responses to the interview questions produced five key themes including (a) a deficiency of critical thinking skills and psychomotor skills expected in a new graduate nurse, (b) adaptation to the role of registered nurse, (c) interprofessional socialization of the new graduate nurses, (d) verbal and written interactions of the graduate nurse, and (e) collaboration among educational programs and health care facilities. These five themes represent the summarization of the reflections of the staff nurse educators regarding the new graduate nurses they each have encountered. These themes support the need for a transition-to-practice program which is described in Section 3.

Theme 1: A deficiency of critical thinking skills and psychomotor skills expected in a new graduate nurse. This theme developed from the responses to interview question two and six which asked the participants to describe how the new

graduate nurse was assessed for orientation purposes and what skills the new graduate nurse lacks. The participants described how the new graduate nurse was considered a "blank slate" when newly hired. The participants stated that it was assumed that the newly hired graduate nurses have multiple orientation needs when hired. Orientation materials were developed based on what unit the graduate nurse was assigned to work on rather than on perceived or measured competency levels. One participant stated the following:

> We don't ask what the new graduate nurse needs are at the beginning. We assume they need to know everything. We assume these nurses are a blank slate. Every [nursing] school focuses on something different. Assessment of their learning needs is an ongoing situation.

Another participant stated:

> We adjust the [orientation] courses based on feedback and observation. During the orientation process we meet weekly with preceptors and orientees to discuss [their] needs. We also document on a weekly progress report.

Responses to interview question six garnered a long list of deficiencies regarding competence. Although the responses varied among the participants, each of these nurse educators emphasized the deficiency of skills that posed a safety hazard to patients including lack of critical thinking skills, inability to perform physical assessments, lack of vital skills such as intravenous line insertion and correct medication administration skills. One participant stated, " the medication errors are through the roof". "Many of the new graduates have never given medications especially intramuscular injections." Another

participant described a rare medication error made by two different new graduate nurses on two different units. The study participants described the deficiency of skills that were assumed to be a part of each of the three different types of nursing programs (diploma, associate degree, and baccalaureate degree). Specifically, the staff nurse educators described how the new graduate nurses failed to use the multiple identifiers necessary to make sure the right patient received the right medication. Additional skills that the new graduate nurses lacked were described including:

- "A lack of a conceptual framework."
- "The new nurse does not understand that she or he cannot take shortcuts due to [a] lack of experience".
- "5 rights of medication administration - missing steps"
- "New graduates lack experience in IV starts. This skill is needed because there is no longer an IV team in the hospital".

Theme 2: Adaptation to the role of registered nurse. All of the participants acknowledged that most of the new graduate nurses were slow to adapt to the role of the registered nurse. The participants' definition of adaptation to the role of the registered nurse included the presence of accountability, responsibility, integrity and a questioning attitude. Representative participants' responses regarding the elements of the registered nurse's role are listed in Table 5.

Table 5

Theme 2: Adaptation to the role of registered nurse

Contextual Element	Sample Participant Response
Integrity	"[The new graduates] seem to have an entitlement attitude and not a good work ethic (most not all)." "[They have a] lack of integrity --- do things without thinking."
Questioning attitude	"[There are] two dangerous nurses - one who thinks they know everything and doesn't ask questions and the one who doesn't ask questions because they don't know what to ask."
Responsibility	"Many new graduate nurses do not take personal responsibility for their actions."
Accountability	"The new nurse does not understand that she or he cannot take shortcuts… due to lack of experience."

The participants based the slow acceptance or acclimation to the role of the registered nurse on the new graduate's the lack of experience in the clinical practice area. One of the participants discussed how new graduate nurses who already had a degree in a

different discipline indicated that they had little or no bedside clinical practice in their 10-month prelicensure nursing program. Another participant attributed the slow acclimation to the role of the registered nurse as a factor of generational differences between new graduate nurses and older more experienced nurses. This participant stated: "Older nurses tend to work as a team. Millennials don't work together. Every patient is your patient. I think it is a generation thing."

Theme 3: Interprofessional socialization of the new graduate nurse. This theme emerged from analysis of the participant responses to interview questions six, nine, and ten. This theme involves the descriptions of the ability of the new graduate nurse to relate to others in the health care setting as a professional. A participant stated that many of the new graduates either possess too few socialization skills or too many. This participant clarified this assertion stating the new graduate nurse with "too many social skills" frequently is overconfident. The participant stated further "new nurses who are too confident don't take the time to listen to constructive criticism, while [on the other hand] those new nurses who are too timid don't really ask for the help they need".

Another participant described the overconfidence of many of the new graduate nurses with a special emphasis on those new graduate nurses who are second-degree students. Second-degree students or those enrolled in a graduate-entry program are those students who enrolled in a nursing school program after receiving an undergraduate degree in a discipline different from nursing (Bloomfield, Cornish, Parry, Pegram, & Moore, 2011, p. 247). A participant stated that many of the second-degree new graduate nurses "think they know everything". She stated that this overconfidence masks a lack of

"critical thinking" which leads to errors. The discussion of the new graduate nurses' confidence level flowed into the interview question regarding communication skills discussed next in theme four.

Theme 4: Verbal and written interactions of the new graduate nurse. The participant responses in interview question seven and ten supported theme four regarding the ability of new graduate nurses to communicate with patients and other providers. One participant described the ability of the new graduate to communicate as the major deficiency regarding competencies. She stated, "They don't know how to communicate with the patient. They don't know how to communicate with each other." This participant attributed this inability to communicate to the proliferation of cell phone usage. She confirmed this belief with the following responses (a) "cell phones may have caused this lack of face to face communications" and (b) "new nurses tend to take this lack of communication to the bedside."

Other participants labeled the use of cell phones instead of face to face communication as a "barrier to communication". Although these participants complained about the use of personal cell phones in the work place, they praised the advent of technology that allows nurses to communicate with patients and physicians. They placed full support behind the use of "unit based" cells phones used during the work hours. The participants supported the comfort level of the new graduate nurses with technology which allows the ease of use of equipment on the clinical units.

Theme 5: Collaboration among educational programs and health care facilities. Interview question ten gave the participants the opportunity to express their

views on the transition-to-practice gap of new graduate nurses. This question was open-ended so each participant could amalgamate their thoughts not only on the new graduate nurses, but the current status of nursing educational programs and the health care facilities themselves. The predominant assertion in the responses was that the nursing education curriculum of today was not "preparing the students for real nursing." One participant expressed this concern by stating the following: "In conversations, I have had with nursing school educators I have learned that nursing school curriculums are based on board (NCLEX) scores. The concern is that there topics not addressed by the NCLEX being eliminated from school curriculums."

A specific nursing program course mentioned by all of the participants was the senior level leadership course. One participant stated: "I think that the nursing schools [are] focusing on leadership more than classes focusing on the clinical aspect [of nursing practice]." Another participant posited that because each nursing school in the area has different requirements for the leadership course, the nursing student receives varying experiences which complicate preceptor choices after graduation.

The final thoughts of the participants regarding collaboration among the nursing education programs and the health care facilities included two major points. The first point was new graduate nurses needed more "hands- on" clinical practice while in nursing school. The participants felt that too much emphasis was placed on leadership in the education program while clinical practice was being abandoned. The second point discussed was the premise that nursing school programs were out of touch with what goes on in the real world of clinical nursing practice. According to the participants, the nursing

programs' narrow view of clinical practice and a focus on leadership alone precipitates a lack of skills necessary to practice nursing.

Discussion of Results

Benner (2001) developed the novice to expert theory to explain how registered nurses incorporate theoretical and practical knowledge to advance from nurses with little experience to those who are experts in patient health care. This transformation results from new graduate nurses using the knowledge from their educational experiences along with the "know how that is acquired through experience" (p. 3). This research study explored (a) the competencies new graduate nurses bring to the transition period from nursing school to nursing practice, (b) how the competency level of new graduate nurses affects their acculturation into the professional role of the RN, and (c) the effect of expected competency levels on the employment orientation time frame. This study used the viewpoint of nursing staff educators working with new graduate nurses to explore the gap that occurs when these new graduates begin to transition.

The interviews yielded five major categories of responses. Five themes arose from these categories. These themes included (a) a deficiency of critical thinking skills and psychomotor skills expected in a new graduate nurse, (b) adaptation to the role of registered nurse (c) interprofessional socialization of the new graduate nurses, (d) verbal and written interactions of the graduate nurse, and (e) collaboration among educational programs and health care facilities. These five themes can be distilled to two major themes including (a) adaptation to the professional role of the registered nurse, and (b) collaboration among nursing education programs and health care facilities.

Adaptation to the professional role of the RN. The first theme, adaptation to the professional role of the registered nurse is made up of the following components labeled verbal and written interaction (communication), socialization, and competencies (see Figure 1).

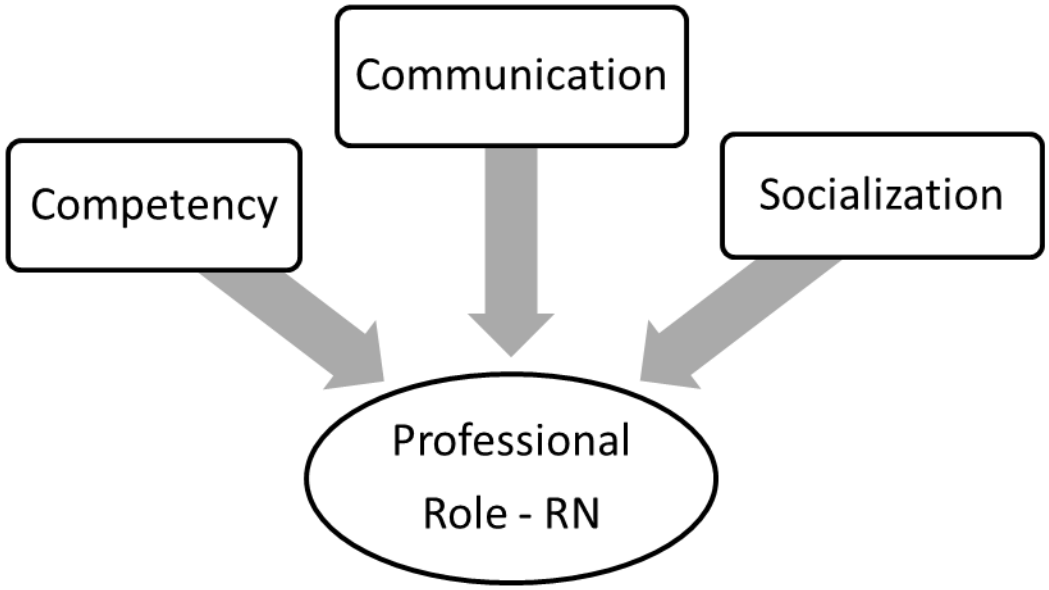

Figure 1. The thematic network developed from study data. The diagram illustrates the contribution of each of the three components to registered nurses' adaptation to their professional role.

Competency. Kajander-Unkuri, et al. (2014) stated the competence of new graduate nurses is associated with not only professional standards, but also the quality of nursing care and the safety of the patients involved (p. 795). At the time of graduation from a nursing education program, the competency level of the graduate nurse is measured using a national standardized examination. Successfully passing the exam results in a license to practice nursing. Trofino (2013) stated each year over 100,000

nursing educational program graduates are “candidates for the National Council Licensure Examination, known as the NCLEX-RN” (p. 4). According to the NCSBN(2011), the NCLEX is used to “test knowledge, skills, and abilities essential to the safe practice of nursing at the entry level” (as cited by Trofino, 2013, p. 5). Despite the use of this national examination to prove competency in nursing practice, a concrete definition of competency in new graduate nurses varies based on who is developing the definition and the setting.

Lima, Newall, Kinney, Jordan, and Hamilton (2013) proposed that attempting to define and understand the competency level of new graduate nurses depended on the context in which the phenomenon was being analyzed (p. 354). The assertion of these authors is that understanding the definition of competency depends on whether the definition is based on a behavioral, attribute based, holistic, actual or potential skill base, evolutionary or static, or a transferable concept (p. 354). Gardulf et al. (2015) stated that although no common definition of “nurses’ professional competence” exists, several attempts at defining competency include reports from the Quality and Safety Education for Nurses (QSEN) and the Institute of Medicine (IOM) in the United States (p. 166). These reports emphasized six competencies including (a) patient-centered care, (b) teamwork and collaboration, (c) evidence-based practice, (d) quality improvement, (e) safety, and (f) informatics (p 166).

In their responses the study participants emphasized that overall the new graduate nurses lacked several of these competencies especially teamwork and collaboration, safety, and patient-centered care. In fact, the nurse educators indicated that the new

graduate nurses did not have the cognitive or motor skills necessary to assume the beginning role of the registered nurse. In response to this low competency level, the nursing staff educators had developed a nurse residency program. All of the respondents indicated the high turnover rate of the new graduate nurses prohibited the success of the nurse residency program.

Communication. The study participants concurred that the new graduate nurses they had encountered had difficulties communicating face to face with staff, patients, and other stakeholders such as family members and physicians. Difficulties in communicating with patients was described in the participant responses as not enough verbal interaction or an inability to communicate with families and physicians. Pfaff, Baxter, Jack, and Ploeg (2014) described new graduate nurses' deficiencies in communication skills as a barrier to interprofessional collaboration (p. 12). The study participants and Pfaff et al. (2014) conveyed that the ability to communicate effectively was related closely to the new graduate nurses' lack of confidence, knowledge, and experience. Pfaff et al. (2014) noted the new graduate nurses' lack of confidence affected their ability to communicate with physicians regarding concerns about patient care (p. 8). Inductively, a conclusion can be made that the inability to communicate regarding patient care is both a safety issue and will affect patient care outcomes.

Socialization. The process of socialization is one of two components of professional acculturation (Martine & Wilson, 2011, p. 22). According to Martine and Wilson (2011), socialization of the new graduate nurse occurs in stages (p. 22). These stages include (a) "anticipation and entry, (b) surprise and reality shock, and (c) status

passage" (p. 22). Status passage involves several ways that the new graduate nurse moves into the role of the registered nurse including a serial passage or "learning the way we do it here" (p. 22). The second component; acculturation is described as an adaptation to the culture of nursing specifically "the culture of the shift, unit, and hospital" (p. 24). This adaptation to the prevailing culture includes fitting in with the professional staff. Overconfidence or the lack of confidence in new graduate nurses can affect both socialization and acculturation. The study participants described the results of overconfidence or a lack of confidence in the new graduate nurses as a problem regarding knowing when to ask questions. Each participant expressed that this failure to ask questions based on too much or not enough confidence could precipitate errors in judgment resulting in inadequate patient care.

Beck-Jones and Perryman (2015) defined professional socialization as a process of enculturation where an individual is submerged into a new culture through exposure to very different routines and practices (p. 19). This process of enculturation assists the new graduate to develop a professional identity. According to Beck-Jones and Perryman (2015), developing a professional identity is done through professional socialization (p. 20). These authors define professional identity in groups such as nursing as "the attitude, beliefs, knowledge, skills, and values that are shared with others within a professional group that can affect how people compare, interact and differentiate themselves from other professional groups" (p. 20). A clear deduction from this definition of professional identity is that new graduate nurses need knowledge, and skills (competencies) of the professional nurse to form a professional identity. Therefore competency levels,

including theoretical knowledge and physical skills, of the new graduate nurse will affect the ease and extent of professional socialization.

Collaboration among nursing education programs and health care facilities. Although some support the notion that nursing education is doing the work of adapting to the changes identified by the health care community (Paul, 2014), the participants in this study felt that nurse educators and the program curriculums were not meeting the needs and demands of the community partners and the local patient population. Theisen and Sandau (2013) proposed that both schools of nursing and hospitals needed to evaluate the requirements of new graduate nurses and change the curriculums and orientation programs respectively (p. 410).

Meleis (2016) proposed an improvement of health care outcomes would come about from health care delivered by collaborative teams. According to Meleis (2016), education of these teams must be done as an integrative process where the team members are educated together (p. 111). This interprofessional education calls for members from different health fields, such as medical students and nursing students, to be educated together to meet new global health care needs (p. 111).

Summary

The results of this study have increased the knowledge base regarding the experiences of new graduate nurses through examination of the viewpoints in a limited system of nurse staff educators at a local facility. The main theory deduced from analysis of the participant responses was that the new graduate nurses in this case study did not perform at the level of advanced beginners as opposed to performance as novice nurses as

per Benner's (2001) theory of novice to expert in nursing practice. Benner(2001) stated that "it is unusual for a graduate nurse to be a novice, but it is possible" (p. 296). This premise is based on the theory that a novice nurse performs using rule-based behavior while the advanced beginner has the advantage of situated experience to guide their behavior (p. 21). In plain terms, the novice nurse does not have the experience that will help to direct his or her behavior in a patient care situation. Instead, the novice relies on the rules from classroom theories. Benner (2001) stated that relying on rules alone without experience to mitigate his or her actions will result in unsuccessful performance (p.21). This rigid behavior or unsuccessful performance may result in less than optimal patient outcomes.

The nursing staff educators attempted to close the transition-to-practice gap by assuming each new graduate was a "blank slate.". According to the participants, the new graduates generally possessed suboptimal skills including assessment of change in condition, communication skills, teamwork skills, socialization skills, and direct hands-on skills including catheter insertions. The employer orientation sessions were directed at these lack of skills and competencies. The participants formed generalized orientation sessions for all the new graduates regardless of educational background. The objectives of the orientation sessions were matched to the placement of the new graduate nurses in speciality areas including the emergency room or intensive care.

Although the emphasis of the interview responses was on the lack of competencies of the new graduate nurses, there were a few areas where the new graduate did excel. Those areas included electronic or digital systems. All of the participants

agreed that the new graduate nurses were able to acclimate quickly to the electronic charting systems or the digital equipment used in patient care.

The next finding determined from the participant interviews was the lack of collegial planning and collaboration among the nursing education programs and the health care facilities. The participants discussed the lack of forethought of the nursing education programs regarding hospital staffing trends and new procedure oriented trends. The participants suggested that there needed to be an exchange or ideas or at least a frequent dialogue between the nursing education programs and the health care facilities. One participant suggested an exchange of personnel to teach new principles and practices. This participant stated that if nurse educators could teach new trends to nursing students at the prelicensure stage, the burden would be lessened for the new graduates, school faculty, and the nurse educator staff.

A solution to fill the transition-to-practice gap is necessary based on the need for (a) new graduate nurses to acclimate to the role of professional nurses via competent skills, professional communication and organizational socialization, and (b) the need for collegial collaboration among the schools of nursing and health care facilities.The study results support the need for a solution both in the local setting and globally. As illustrated in the literature review, there are multiple education paths of entry into practice for registered nurses. Attempting to fix the transition-to-practice gap by developing one congruent nursing education program for everyone seeking to become registered nurses would involve years of negotiations and even years of legislative reform across states and territories.

The proposed solution is to fix the gap in practice between the time the new graduate leaves nursing school and before the period of employment in the practice area. The participant interview responses, mainly describing a lack of new graduate competency, support a transition-to-practice program. This transition program should not mimic the two, three, or four-year nursing educational program the new graduate has just completed. Instead, the transition program should be a precise six to ten-week program that includes the elements of communication, collaboration, and basic practice skills such as assessment and bedside reporting. This transition program should not take the place of a nurse residency program. The main goal of this transition program is to initiate the transformation of the new graduate nurse into the role of a novice nurse as defined by Benner (2001). Facilitating the transformation of new graduate nurses will promote social change in the community by allowing the new graduate nurse to provide quality patient care in the clinical practice area, thereby promoting successful patient outcomes. Improved patient outcomes translate into improved health care and quality of life.

Section 3: The Project

Introduction

The purpose of the descriptive case study was to determine whether a transition to-practice-gap existed based on the competencies possessed by new graduate nurses in a local acute care facility. Interviews of staff nurse educators provided descriptions of the new graduate nurses' competencies. Benner (2001) proposed that in nursing practice, new graduate nurses progress from novice to expert based on situational and experiential learning. Benner (2001) adapted the Dreyfus model of skill acquisition to form the novice to expert model of nursing practice. Benner's model formed the basis of my conceptual framework. The research question guiding this qualitative case study was: Based on the effect of the prelicensure and postlicensure issues, which competencies should the new graduate nurse possess to facilitate the transition from the educational setting to the practice setting. My goal in conducting the study was to improve understanding of the competency levels of new graduate nurses so that a program could be developed to eliminate the gap locally.

Description and Goals of Proposed Project

The proposed project is a transition-to-practice course that involves the use of skills review and simulated nursing practice to acculturate a new graduate nurse into the role of a professional nurse. This proposed course differs from traditional nurse residency programs and employer orientation programs in that the course ideally should take place before the graduate nurse practices nursing. Rhodes et al. (2016) stated that simulation using a mannequin is a better choice for a learning experience rather than an actual acute

patient crisis in a health care setting (p. 244). The course will use case studies, low fidelity simulation and standardized patients to allow the new graduate to learn to solve problems and communicate in a supportive, safe environment.

Rationale

Providing transition education to a new graduate nurse outside of the production status of the nursing unit may alleviate several problems. Trepanier, Early, Ulrich, and Cherry (2012) stated that today's health care environment is charged with financial instability and promotes a decrease in new graduate nurses' "orientation and onboarding period" which is essentially nonproductive time (p. 207). This nonproduction time when the newly hired graduate nurse is in orientation and not providing care for patients costs the employer hourly wages and benefits. Additional orientation time further compounds the cost of the nonproductive time. Therefore a transition-to-practice course that is offered outside of the realm of the new graduate nurses' employment may reduce the financial costs for an employer. An external transition course that is available to the new graduate nurse outside of the pressure to perform may allow the nurse to gain the competencies and confidence to move into the role of the registered nurse.

Review of the Literature

Literature Search Strategy

Information on transition-to-practice was retrieved from several online databases including EBSCO host, ERIC, ProQuest, CINAHL, Science Direct, and Google Scholar through the Walden University Library. The keywords and phrases searched included *transition- to-practice, nurse residency programs, practice readiness, employer*

orientation, *simulation*, *standardized patients*, and *graduate nurse competencies*. Peer reviewed primary and secondary research articles were retrieved from the timeframe of 2011 to 2016. Seminal literature was retrieved and considered for inclusion without timeframe limitations.

Conceptual Framework

Benner's (2001) novice to expert model guided the research for this study as described in Section 2. This model describes the levels of performance "achieved through principles and theory learned in a classroom and the context-dependent judgments and skills …acquired only in real situations" (p. 21). In other words, Benner (2001) theorized that new graduate nurses use rule-driven knowledge and skills learned in the classroom to progress from student nurses to novice nurses (p.21). The new graduate nurse transforms from the novice nurse who uses rules, guidelines, or maxims to provide nursing care to the expert nurse who uses lessons learned through experience (p. 32). Analysis of the study findings in Section 2 resulted in the following major themes (a) adaptation to the professional role of the registered nurse and (b) collaboration among nursing education programs and health care facilities. Further examination of these themes supported the development of a transition-to-practice course for new graduate nurses to assist with the transformation from novice to expert nurses described by Benner (2001). I used the middle range transitions theory of Meleis (2016) as the conceptual framework for this transition-to-practice course.

Wolf (2015) described middle range theories as those theories that are practice based, focus on a specific phenomenon, and describe a process (p. 84). According to Im

(2014), Meleis' goal in developing this middle range transitions theory was to "describe, explain, and predict human beings' experience in various types of transition" (p. 20). At the nucleus of Meleis' transitions theory is the assumption that "all nursing phenomena involve a type of transitions" (p. 20). A reasonable conclusion formed from this assumption, is that the transformation of a new graduate nurse from novice to expert involves a transition. Meleis' transition theory describes the elements of this transition.

The structure of Meleis' transition theory has several components including (a) the nature of transitions, (b) transition conditions, and (c) patterns of responses (Meleis, Sawyer, Im, Hilfinger-Messias, & Schumacher, 2000, p. 17). The subsets of these components can be used to describe a new graduate nurse's transitioning from the role of student to that of registered nurse. The nature of the transition-to-practice of new graduate nurses can be characterized as situational and organizational. Acculturation to the role of the registered nurse involves a personal, situational change as well as an organizational change. In order to understand the personal, situational changes a new graduate nurse must consider the transition theory properties of awareness, engagement, and transition time. According to Meleis' transition theory, the new graduate nurse needs a level of awareness of the need for change and an engagement in the process to affect "a healthy completion of a transition" (Im, 2014, p. 26). The time span for a transition should have a beginning and endpoint (p. 20). The time span concept is important to the transition of the new graduate nurse to encourage a positive flow to completion while allowing for variations in individuals' learning ability. All of these components of Meleis' transition theory provide a scaffold for reviewing the literature to find current

approaches that support the new graduate nurses' transition-to-practice. The concepts of transitional conditions including personal, community, and societal conditions provide a structure to analyze the programs in the literature.

Transition-To-Practice Programs: Nurse Residency Programs

Background. A review of the literature resulted in evidence of multiple program types developed to promote the transition of new graduate nurses from the role of student to the role of registered nurse. These methodologies include employer orientation programs, internships, mentorship models, preceptorship models, and the nurse residency model (Barnett, Minnick, & Norman, 2014, p. 174). Exploration of the similarities and differences in these transition programs was done within the context of the environment that created the transition gap and the transition theory of Meleis (Kumaran & Carney, 2014, p. 609).

In the first literature review, the prelicensure issues including clinical practice, multiple entry levels to practice, and computerized licensing examinations affecting the timeline to practice were shown to have an effect on the practice readiness of the new graduate nurse. Shih, Lee, Liu, and Mills (2013) posed that the challenges of more knowledgeable patients and technological advances have fueled the creation of alternate orientation methods for new health care employees (p. 343). These authors described traditional orientation programs as short term processes that facilitate new employees' acquisition of information regarding the organization and their new role (p. 344). Shih et al. (2013) also stated that in the long run [traditional] orientation helps new employees with career advancement and reduces turnover (p. 344).

The following literature review will focus on the transition programs that have evolved from the traditional orientation programs to address the transition-to-practice gap. Evaluation of the literature regarding transition programs will be guided by Meleis' transition theory which involves change that happens in individuals or environments (Kumaran & Carney, 2014, p. 606).

Definition and scope. The impetus for nurse residency programs is based on two converging influences. First, multiple research studies have indicated that because "most new graduate nurses lack the level of competence required to assume responsibility for patient safety" a need to improve on education of the postgraduate new nurse (Letourneau & Fater, 2015, p. 96). An attempt to resolve this issue resulted in the development of nurse residency programs. Second, the Institute of Medicine in the report, *The Future of Nursing: Focus on Education* (2010) recommended the development of nurse residency programs to decrease new graduate nurse turnover and improve quality of care (Letourneau & Fater, 2015, p. 440; Lin, Viscardi, & McHugh, 2014, p. 96).

Nurse residency programs are one of three types of postgraduate transition-to-practice programs (Hoffart, Waddell, & Young, 2011, p. 336). The other two are orientations for new graduates and internships (p. 336). The common components of these three transition-to-practice programs include a) a course focusing on the learning needs of the graduates, b) clinical preceptors, and c) mentors (p. 336). Barnett, Minnick, and Norman (2014) described nurse residency programs as a combination of models including internships, mentorships, and preceptorships (p. 174). Nurse residency programs were designed by professional nursing organizations, for-profit corporations,

and as a pilot test at eight U.S. Veterans Administration hospitals (Anderson, Hair, & Todero, 2012, p. 205). These new residency programs were supposed to parallel the residencies of graduates of medical school (p. 205). Two main types of nurse residency programs exist including those that persist for three to four months labeled the standard model and the comprehensive model (Anderson, Hair, & Todero, 2012, p. 205). These models differed in terms of preceptor assignments, required learning activities, technological environments available and accreditation of the program. Additional features of these models included a didactic component (four to eight hours a month), preceptorship with an experienced registered nurse for 12 weeks to 12 months, and a reduced actual practice workload (p. 205). To foster collegiality and trust, the residency environment was supposed to be the facility (p. 206).

Outcomes of nurse residency programs. Using the transition theory of Meleis, the major outcome of the nurse residency programs should be the transition of the new graduate nurse to the status of advanced beginner as defined by Benner (2001). Hoffart, Waddell, & Young (2011) stated there are two main categories of outcomes discussed in the research on transition-to-practice programs including the outcomes for the new graduate nurses and the outcomes for the employers who hire them (p. 336). The "most commonly studied outcomes" for the new graduate nurses included those involved with their role and growth as a professional nurse and clinical confidence and performance (p. 336). Bratt and Felzer (2011, 2012) proposed that participants in nurse residency programs did show a "higher job satisfaction, quality of nursing performance and improved clinical decision making ability" (as cited by Letourneau & Fater, 2015, p. 97).

The most frequently studied outcomes for employers included business outcomes including turnover, retention and return on investment (p. 336). Barnett, Minnick, and Norman (2014) advanced the opinion that if the only outcomes of nurse residency programs are cost saving measures without attention to patient outcomes, the cost will be difficult to justify (p. 175).

Efficacy. According to (Rush, Adamack, Gordon, Lilly, and Janke (2013) stated that the measurement of the nurse residency programs' effectiveness has been mostly addressed through self-reports of the new graduates, preceptor reports on the changes made by the new graduates and inference of effectiveness based on another variable (p. 354). An example of using one variable to infer change in another would be the use of decreased turnover in new nursing graduates as an indicator of job satisfaction without actually measuring job satisfaction.

Summary

The transition-to-practice programs reviewed had similar components including workload reductions for the new graduate nurses, didactic classroom sessions, and work with an individual to acclimate to the new role of registered nurse (Anderson, Hair, & Todero, 2012, p. 205). Differences in the programs included program length, program content; work with a preceptor or mentor and measured outcomes. The outcomes measured were those that affected the new graduates' overall performance and those important to the employers including effect of the nurse residency program on turnover or retention and on quality of care. The third outcome investigated was the job satisfaction of the new graduate nurses after participation in nurse residency program.

Barnett et al. (2014) proposed that the nursing residency programs that are vastly different in content and projected outcomes cannot be treated as single interventions affecting patient outcomes. Besides the mention of one instance of impact on general performance, the influence of nurse residency programs on specific new graduate competency levels was not mentioned in the literature reviewed. This lack of attention to competency outcomes and therefore the indirect impact on patient outcomes points to the need for a transition-to-practice program designed to increase competency levels of new graduate nurses. The proposed transition-to-practice course is designed to address new graduate nurse competency levels. This course can be used for all new graduate nurses and not just those beginning employment at one specific facility. A description of the program components is presented in the next section.

Project Description

Introduction

Research studies have shown that new graduate nurses are not practice ready in terms of patient safety, and professional clinical competencies (Letourneau & Fater, 2015, p. 96). Employer based nurse residency programs were set up to solve this practice gap. As a result of the research in the current study, a transition-to-practice program which varies from the employer supported nurse residency programs was developed. The data from the study indicated that the graduate nurses investigated did not possess the competencies necessary to provide safe care immediately after graduating from nursing school. The data also supported additional acclimation to the role of the registered nurse was necessary for the new graduate nurses to succeed in the workplace. The study

participants partially attributed this need for additional support of the new graduate nurses to the inadequate collaboration of nursing education programs with the clinical practice areas. This lack of collaboration coupled with the lack of specific competencies and role acclimation supports a transition-to-practice program in the form of a college course that involves academic educators as well as nurse educators familiar with clinical practice settings.

Course Description

The proposed transition program will be different from the current employer based nurse residency programs. Although one of the goals of the employer based nurse residency programs has been to improve the competency levels of the new graduate nurses, the main goals have been to improve retention, decrease turnover, and improve workplace satisfaction in the U.S. and globally (Missen, McKenna, & Beauchamp, 2014; Procter, et al., 2011). This program will be set up as a college course; open to new graduates planning to work in any clinical setting. The overall goal of the course will not be to repeat classroom theory similar to prelicensure theory courses or a prelicensure examination review course. Instead, the goal of the transition course will be to acculturate the new graduate nurse to the role of the registered nurse by increasing communication, collaboration, and technical skills.

The setting of the course will be a college or professional facility that has a health care simulation laboratory. The course will consist of weekly three hour sessions for 9 weeks. The format of the course will consist of four biweekly case studies with round table discussions alternating with simulations using standardized patients. The

simulations will be followed by debriefings. The final course session will consist of a complex simulation that incorporates all of the course topics and objectives. Each simulation session will end with a debriefing session during which the new graduate nurses will receive feedback. According to Wallace and Moughrabi (2016), debriefing is a feedback session that allows the simulation participants the opportunity to reflect on the components of the simulation and their own performance (p. 15). Reflection, according to these authors, promotes learning (p. 15).

Resources

The human resources necessary to execute this course include nursing educators and staff nurse educators who have taught nursing students or registered nurses in various clinical settings. The academic educators will facilitate the case study reviews and the round table discussions. The staff nurse educators will conduct the simulations. Both the nursing educators and the staff nurse educators will conduct the simulation debriefings. The additional human resource will be the standardized patient. Luctkar-Flude, Wilson-Keates, and Larocque, (2012) described the standardized patient as an actual person who has received training to deliver a consistent role play of a person with health issues (p. 449).

The standardized patient also has a script that details how he or she must interact and communicate with the student. The standardized patient provides feedback to the student after the simulation is over. These authors posed that the standardized patients provided an element of realism to the simulation thereby encouraging the students to provide safe care while developing communication skills and clinical judgement (p. 449).

Schlegel, Woermann, Shaha, Rethans, and Van derVieuten (2012) conducted a quantitative research study in which data supported standardized patients were superior to role playing in communications' training (p. 21).

Existing Supports

The existing supports for this course include the large number of nursing school simulation laboratories in the local area. Each of the 14 community colleges and five universities has a nursing program with a simulation laboratory. Within the local community, two of the universities have simulation laboratories that support the educational efforts of multiple health care disciplines. Therefore the course could easily be expanded to include multiple health care disciplines.

Based on the number of nursing school programs and the number of health care facilities in the local community, resource personnel to teach the course are available. One of the nursing staff educators interviewed suggested collaboration between the academic educators and the clinical practice educators to teach jointly in a nursing program. This educator's idea was to use the clinical practice educator to provide updated practice information to correlate with the didactic information in the classroom. The nursing staff educators at the local facilities are a resource pool of practitioner who can provide current evidence-based nursing practice updates.

Potential Barriers

The first potential barrier is getting the course added to a specific nursing school curriculum. Obtaining approval for a newly created course can be a daunting task at most of the local universities or community colleges. The next barrier is adequate funding to support the course. Faculty salaries, funds to pay standardized patients, and any ancillary support needed will need financial support from the school involved. The last barrier may be student interest. Unless a transition-to-practice course or program is mandated by the state board of nursing as a condition of license renewal, students may hesitate to pay additional tuition for a three credit course.

Solution to Potential Barriers

Although there is a time factor and a learning curve situation, I could seek a grant to support the faculty salaries, including the salaries of the clinical nurse educators. The course could also be marketed as a means to attract potential graduate students. The addition of the course to the curriculum should be done after funding is obtained.

Proposal for implementation

The course documents and forms will be submitted to the curriculum subcommittee at the college for review. This submission should occur at the beginning of the semester for implementation in the subsequent semester. Prior to submission, the course must be evaluated to determine if the student learning outcomes align with the state general education goals. These general education goals are listed in Appendix A in the study project outline. Finally, the course will need to be evaluated for transfer ability in alignment with the state requirements of transfer and articulation policies.

Roles and Responsibilities of Students and Others Involved

Students should begin the course with an open mind with the intention to complete the assignments prior to coming to class. Participation in the round table discussions is vital. The responsibility of the faculty members includes adequate orientation of students, and standardized patients. The standardized patients must follow the scripts consistently for each student. The standardized patient should receive training to ensure accurate feedback is provided after the simulation session is complete.

Project Evaluation Plan

Several evaluation tools will be used to provide the student with feedback on progress and accomplishment of objectives. The course grade will be pass or fail. Thirty percent of this pass grade will be determined by performance on the written papers and projects. Seventy percent of the grade will be decided by evaluation of the student's performance during the simulation sessions. Simulation performance will be measured using an instrument embedded in a performance model. The Arizona Clinical Interview Rating Scale (ACIRS) used to rate the student's interview skills and interactions with standardized patients during a simulation session will be used. The ACIRS is a part of the overall Objective Structured Clinical Examination which is an evaluation of the competencies displayed during the simulation (McWilliam & Botwinski, 2012). The Clinical Cultural Competency Questionnaire will be used as a pre and post examination to determine changes in competency in cultural patient care (Mareno, Hart, & VanBrackle, 2013).

The overall project evaluation will be done through a survey of the students' self-perception of competency and job satisfaction at the end of the course. Because this

course takes place outside of the scope of employer orientations, the survey will need to take place after the student has completed the course and begins work. Lin, Viscardi, and McHugh (2014) described several instruments that can be used for evaluation of job satisfaction. Those surveys include a) the McCloskey Mueller Satisfaction Survey (MMSS), b) the Halfer-Graf Job/Work Environment Nursing Satisfaction Survey, c) the Nurse Job Satisfaction Scale, and d) the Work (Organizational Job) Satisfaction Scale.

Project Implications

The transition-to-practice course can be used for new nursing graduates to improve competency levels which may directly improve the quality of care and quality of life of the recipients of this care. The local practice setting will be influenced by this course in that competent new nurses will increase the level of care provided in the community. This course could also be expanded to include other disciplines. The course format could be expanded to include multidisciplinary simulations which may serve to foster increased learning and collaboration among the various health care disciplines. Increased collaboration may foster an increase in the quality of overall health care offered to the consumers in the local setting.

Section 4: Reflections and Conclusions

Project Strengths and Limitations

The transition-to-practice program's ability to assist the transition of new graduate nurses into the role of a novice registered nurse is strengthened by two factors. First, the program is designed to take place after the student graduates from nursing school and prior to employment as a new graduate nurse. The graduate nurse will not have to repeat the two to four years of nursing theory. Instead, the focus of the transition program will be on the topics and skills necessary to move into the role of the registered nurse. I propose that augmenting the new graduate nurses' didactic educational experience with a chance to perform in a practice-like situation will increase their confidence levels. The second benefit or strength of the transition program is that the program will occur outside of the boundaries of the employment setting. In the setting of transition program, the graduate nurse does not have to perform within a rigorous timeframe with the pressures of a preceptor evaluation.

The volunteer nature of the transition program is one of the limitations. Motivating new graduate nurses to take the time to complete a transition program will be difficult. Many of my nursing students have expressed a need get on with their careers as soon as possible after graduating from nursing school. This eagerness to obtain jobs may be associated with multiple personal factors including school loans to be repaid and the need for a stable, moderately salaried nursing position.

Recommendations for Alternative Approaches

An alternate version of the transition course would be a transition program that is adjustable to fit the needs of the new graduate and the facility where the graduate is now employed. For example, the modules of the course could vary depending on the setting the nurse has been hired to work in. The first weeks of an alternative course would be the same; including the module of communication, collaboration, and technical skills. The remainder of the course would have subdivisions for new graduates working in different clinical subspecialties.

An applicable example would be new graduate nurses working in the clinical setting of mental health. Procter et al., (2011) described the "reality shock" experienced by new graduate nurses entering the mental health clinical setting (p. 256). These authors proposed that transition programs were necessary for these new graduates based on limited exposure to knowledge and experience in the field of mental health (p. 255). The new graduates needed assistance in similar competency areas as in the current study including communication (with patients and staff), and the change in a patient's condition. The need for a transition program resulted in the creation of preceptorships and mentoring programs for new graduate mental health nurses. A mental health component to the transition-to-practice course would be a practical subdivision.

Scholarship, Project Development and Evaluation,

I began the pursuit of a doctorate in education with the initial goal of attaining a better understanding of adult learners' approach to education. My main objective was to learn about general theories of education and how to apply these theories to my

classroom delivery. I was excited about the theory described by Kolb and Kolb (2012) as the cycle of experiential learning that progresses through the components of concrete experience to active experimentation (p. 44). This theory of learning described my own learning experiences prior to my matriculation in the coursework required for this degree.

As I experienced educational situations in both my classrooms and the clinical setting, I started to understand the process of reflecting on these experiences, conceptualizing what had occurred and then experimenting with alternate approaches to teaching (p. 44). With the assistance of Kolb's theory and the theories of Knowles and others I have begun to reformat my approach to teaching. I have learned to integrate my practice experiences and my teaching experiences into a cohesive, forward thinking approach to education overall. By delving further into the theories of educational principles, I began to understand that I needed to expand my personal goals to include a global understanding of the practice of education beyond my classroom. To accomplish this new goal, I searched for and found, a more expansive theory of scholarship; the model of Boyer.

Kern, Mettetal, Dixson, and Morgan (2015) described Boyer's model of the scholarship of faculty as one that focused on the scholarship of discovery, integration, application and teaching (p. 1). The scholarship of discovery is defined as "the generation of new knowledge" (p. 1). I have produced new knowledge based on my inductive analysis of my research data. This new knowledge of the competencies that new graduate nurses possess led to the project development of a standalone transition-to-practice program that differs from the nurse residency programs. Following Boyer's model of the

scholarship of integration, I have suggested in the project development how several components of the transition-to-practice courde could be modified for use with other disciplines besides nursing. Communication, cultural competency, and technical skills are common concepts in multiple disciplines. The transition-to-practice course could be modified to become an interdisciplinary program.

The third and fourth components of Boyer's model, the scholarship of application and the scholarship of teaching are the most relevant to my engagement with the concept of scholarship in this degree program. Applying the knowledge I have gained in the classroom and, more importantly, from the research process has been the most rewarding and challenging part of this doctorate program. I have gained insight into the teaching process through application of the research in project development. I chose to develop a transition course from the data I gathered from the interview process regarding new graduate nurses. During the development of the transition course I had to reflect on what I learned about teaching and the adult learner. This reflection facilitated my thoughts on the student outcomes, and objectives for the program. The four components of Boyer's model of scholarship encouraged and supported my personal and professional growth and my ability to develop a project that will have a positive impact on the local community.

Leadership and Change

Ersuzu and Saklan (2016) characterized leadership as a "social process" that affects all of the collective experiences, motivations, abilities, and pertinent activities of a specified group (p. 1). Within the local and global goals of education, leadership abilities of faculty, especially instructional leadership, takes on a special significance. Education

is a dynamic process that changes constantly based on the changes in the supporting societal structure (Ersozu & Saklan, 2016, p. 1). Therefore, instructional leadership in education is a dynamic process that should take in account both the changes in education as well as changes in the societal structure.

In keeping with the my goals described by Boyer's model of scholarship, specifically the scholarship of application, I have begun to assume the responsibility of leadership in working with my students and colleagues in the community college setting. Each new theory that I have encountered in the process of developing the study project has given me new tools to use in my classroom. I have gained the confidence to assume a role of leader in disseminating new research based practices in the realm of teaching and learning. Leadership behavior is an important faculty attribute necessary to "meet the expectations of social change" in terms of new classroom technologies, retention mandates and a changing student population (Ersozu & Saklan, 2016, p. 1).

Reflection on Importance of the Work

The shortage of nursing staff, retention problems, and difficult transitions to practice all can cause a negative impact on patient safety and health outcomes (Missen, McKenna, & Beauchamp, 2014, p. 2). The plethora of transition programs, specifically nursing residency programs for new graduates discussed in the literature review, demonstrates a significant need for these programs. Missen, McKenna, and Beauchamp (2014) devised a narrative synthesis research review to determine the measured outcomes of satisfaction, retention, turnover and confidence levels of graduate nurses who participated in transition-to-practice programs. After reviewing multiple transition

programs, the authors concluded that these programs succeeded in decreasing turnover, and increasing retention, confidence levels, and job satisfaction (p. 2420). These authors resolved that these transition programs are necessary to assist new graduate nurses to acclimate to the clinical health care environment successfully (p. 2419). Based on the findings from the interviews in the current study, a transition program is necessary to assist local new graduates with attaining similar confidence levels and job satisfaction. The persistence of initial incompetencies and the current existence of a nurse residency program in the health system where the interviews took place infers that additional support is necessary to assist the new graduate nurses with their transformation to registered nurses.

Implications, Applications, and Directions for Future Research

The results of this study support development of a transition-to-practice program that elicits the efforts and cooperation of both nursing academic educators and clinical practice educators to promote an effective transition of new graduate nurses. A course external to the employment arena may offer the new graduate nurse a place to learn and begin to transform without the pressures to perform without errors. Additional implications include the possibility of expanding this new type of transition program to other disciplines to foster interdisciplinary collaboration in a learning atmosphere.

The results also corroborate the need for additional research regarding this important topic. The sample size should be expanded to include nurse staff educators from multiple facilities. A larger sample size may substantiate additional themes. The interview protocol should be expanded to ask specific questions regarding skills based

competencies, cultural competency and the use of evidence-based practice to promote quality and safety patient care.

Also future research could consider the use of mixed methods research design. Creswell (2014) described mixed methods research as a combination of quantitative and qualitative approaches to gathering data (p. 14). Developing a research investigation that uses quantitative and qualitative designs could allow more data to be collected and therefore increase the potential for generalization of the findings. Future research questions may include the following:

- Does the level of education of the new graduate nurse (diploma, associate's degree or baccalaureate degree) have an impact on the transition-to-practice process of the new graduate nurse?

- Does the level of education of the new graduate nurse have an impact on socialization and acculturation to the role of the registered nurse?

Conclusion

The goal of this study was to investigate the transition-to-practice gap that occurs when new graduate nurses begin careers as registered nurses in a clinical setting. A few representative factors supporting the gap included rapid deployment from nursing school to actual clinical practice, supernumerary issues involving pre-graduation clinical practice including preceptors, and the socialization to the role. The findings from the interviews supported the existence of the gap in the local community. The thematic network developed from the findings indicates that communication, socialization, and competency contribute to the transition of the new graduate nurse to the role of a registered nurse.

Based on the transition theory delineated by Meleis (Im, 2014), the new graduate nurses need to experience a transformation to move to this new role.

Current literature indicates the use of multiple methods to close the transition gap thereby assisting the new graduate nurse to transform to an advanced beginner (Benner, 2001). The approach used by many employers is the nurse residency program (NRP). The study participants and the research literature reviewed indicated that although the nurse residency programs contribute to decreased stress and increased retention, there is very little data supporting the outcome of increased competency resulting in quality patient care. These results led to the development of the transition-to-practice course to provide an external method of improving new graduate nurse competencies. The study limitations, including a small sample size, point to future research using nursing staff educators from multiple sites and a mixed methods research design. The implications of social change resulting from the transition-to-practice course include the positive transformation of new nurses to confident nurses providing quality care. The local practice setting and those in the community needing health care are in turn transformed by competent nurses.

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Appendix A: The Project

Transition-to-Practice Course
For
New Graduate Nurses
Maxine Coleman

Transition-to-Practice Course

Course Description

This transition-to-practice course is a hybrid course designed to facilitate new graduate nurses with the transition from the educational setting to the practice setting. The course will not repeat the theory components of nursing introduced in the prelicensure educational setting. The course will provide new graduate nurses with the opportunity to immerse themselves in the topics that challenge their entry into practice including rapid assessment, communication with other health care professionals, evidence based practice and culturally competent nursing care. This course also will provide the new graduate nurse with the experience of collaborating with and delegating to other professionals in a safe, civil environment. The goal of the course is to provide the new graduate nurse with experiences involving patients and those providing care to these patients in a learning environment that is separate from the actual health care setting. To accomplish this goal, the course will use academic and clinical practice educators, case studies, role play, online discussion boards, and simulation scenarios using live standardized patients. These standardized patients will be instructed on the scene and activity to be presented. Using live standardized patients will prevent the nurses involved from underestimating the gravity of the situation.

Course Objectives

a) Collaboration with internal and external clients

b) Culturally competent health care

c) Root-cause-analysis and evidence based practice

d) Therapeutic communication with patients, physicians and nurses

e) Understanding goals of patient-centered care

Student Learning Outcomes

Upon completion of this course the student will be able to:

a) Perform a rapid assessment of a patient whose condition is changing and determine appropriate interventions
b) Communicate with patients, physicians, other nurses and other health care workers
c) Document health care information in an electronic medical record
d) Explain the steps necessary to participate in culturally competent nursing care
e) Deliver patient-centered care based on evidence-based practice.
f) Collaborate with multiple health care employees and external agencies

Target Population

The target population for this course consists of new nursing graduates who have passed the NCLEX examination. Additional appropriate students could be nurses returning to the practice of nursing after an interruption in service. This course would not be suitable as a refresher course where the nurse needs to review basic entry level nursing practice components. Also the span of the topics in this course is not suitable for nursing students needing a theory review course.

Timeframe

The timeframe for this course is three hours a week over a fifteen week timespan. To accommodate variable student schedules, the course could be offered three hours on

two different days for seven weeks. The course should be offered in the fall, spring and summer semester.

Educational Accommodations

The first week of each of the seven modules can be conducted in a classroom setting preferably a classroom with tables and chairs to promote the round table discussions. Since standardized patients will be used in the simulations in the second week of each module, a high fidelity manikin that can cost in the thousands of dollars is not necessary. A well-equipped simulation laboratory with a hospital bed and working basic equipment is necessary for the simulations in week two. For the final technical skill module, a large college nursing laboratory will be needed.

The students will need online access to a learning management system similar to Blackboard™. Current computer hardware and software will be needed in the classroom setting to facilitate the student presentations. Online library access for the students will be necessary.

Resources and Materials

Online library access for the students will be necessary.

Instructional Methods

The case studies will be presented in the online classroom. The students will also have online discussion questions in the learning management system. The discussions will take place asynchronously prior to the actual classroom meeting. The students will be required to read the case studies and answer the online discussions questions. During the first week of each module the students and faculty will meet to discuss the case study.

The faculty facilitates the discussions but will not lecture on the content. The faculty will also facilitate the role play when scheduled. The students will present and discuss abstracts of the papers they have prepared. The debriefings after the simulations will serve as a reflective platform that allows each student to critique his or her performance.

Evaluation Measures

Initially on the first day of the course, the new graduate nurses will take the Casey Fink Readiness for Practice Survey, a tool that measures comfort with skill performance (Casey, et al., 2011). This survey will be administered again at the end of the course. The second survey will be analyzed and shared with the students to provide feedback on progress made during the course. The grade for the overall course will be pass or fail. Grades from the written deliverables will comprise 30% of the course grade. Performance on the simulations will determine the additional 70% of the course grade. Simulation performance will be measured using an instrument embedded in a performance model. The first is the Arizona Clinical Interview Rating Scale (ACIRS) which can be used to rate the student's interview skills and interactions with standardized patients during a simulation session. This instrument is a part of the overall Objective Structured Clinical Examination which is an evaluation of the competencies displayed during the simulation (McWilliam & Botwinski, 2012). As previously mentioned the new nursing graduates will be observed by the academic educator and the staff nurse educator during the simulations. Lastly, the module on cultural competency will be evaluated using the cultural competency instrument; Clinical Cultural Competency Questionnaire - Pre and Post-test for registered nurses or CCCQ-PRE-R (Mareno, Hart, & VanBrackle, 2013).

The new graduate nurses cultural competence will be evaluated prior to the module and then after the module to determine the efficacy of the module in changing the nurse's approach and education on cultural nursing practice.

Learning Modules

1) Assessment
    a) Rapid Assessment
    b) 60 Second Assessment Tool©
    c) Root Cause Analysis
2) Cultural Competency
    a) Knowledge of impact of culture on health care
        i) Traditions
        ii) Language/Communication
        iii) Underserved populations
        iv) Resources
            (1) Facility
            (2) Community
    b) Cultural health assessment
    c) Patient advocacy
3) Evidence Based Practice Competency
4) Interprofessional Communications
5) Patient Centered Care
6) Workplace Collaboration
7) Technical Skills

Course Outline

Module	Content	Student Activities-Week One	Simulation Activities-Week Two
Assessment 1) Rapid assessment 2) 60 Second Assessment Tool© 3) Root Cause Analysis	Case Study Article: Root Cause Analysis	Online Discussion Board Presentation of Assessment	1) Simulation: Patient with rapidly deteriorating condition on medical surgical floor

		during roundtable discussion	2) Debriefing
Cultural Competency 1) Knowledge of Impact of culture on health care a) Traditions b) Language/Communication c) Underserved populations d) Resources (Facility, Community 2) Cultural Health Assessment 3) Patient Advocacy	Case Study Article: Culturally Competent Nursing Care (Cultural Health Assessment)	1)Online Discussion Board - Question 2)Group development of cultural health assessment - role play	1) Simulation A: Patient who does not speak English - at primary care clinic - brings family with him. 2) Simulation B: Recent immigrant; speaks English, without health care insurance, admitted to surgical unit post trauma. 3) Debriefing
Evidence Based Practice Competency		1) Paper: Investigation of practice component. 2) Abstract presentation at roundtable	1) Simulation: Change in process: medication delivery, wound care. 2) Debriefing
Interprofessional Communication	TeamSTEPPS Strategies© Documentation Informatics - Challenges & Positive Aspects	Online discussion board questions. Role play at roundtable discussion	1) Simulation: Communication with Difficult Physician 2) Debriefing
Patient Centered Care	Article: Describing AACN Synergy	Case Study: Synergy model and	1)Simulation A: Aggressive patient

	Model	competencies needed to achieve patient outcomes	with demanding family 2)Simulation B: Inpatient mental health patient 3) Debriefing
Workplace Collaboration	Collaboration- multiple professionals Role of RN- charge nurse Staffing challenges Delegation	Online discussion board questions	Simulation A: Delegating patient care- new patient Simulation B: Multidisciplinary patient care
Technical Skills	Skills workstations	Assessment, Oxygenation, Wound Care, Intravenous Therapy	Simulation: Scenario encompassing all of concepts in the course Debriefing and course evaluations

General Education Goals and Associate Behaviours of Student Learning

General Education Goal	Student Learning Outcome
Communication Employ written and oral communication skills in order to convey clear and organized information to target audiences for specific purposes.	Communicate with patients, physicians, other nurses and other health care workers
Technological Competency Use digital technology and other discipline specific tools in order to access and commnicate information needed to complete tasks.	Document health care information in an electronic medical record
Quantitative and Scientific Reasoning Apply appropriate mathematical and or/scientific concepts and theories in order to interpret data and solve problems based on verifiable evidence.	Deliver patient-centered care based on evidence based practice.
Culture and Society Describe and explain behaviors and beliefs, socio-historical influences, and aesthetic values of various populations within and outside of the United States.	Explain the steps necessary to participate in culturally competent nursing care.

Critical Thinking and Problem Solving Identify problems, explore solutions, prioritize solutions, and revise priorities as a means for purposeful action.	Perform a rapid assessment of a patient whose condition is changing and determine appropriate interventions
Information Literacy Retrieve, analyze, synthesize, organize and evaluate information through technological and traditional means.	Document health care information in an electronic medical record.

Appendix B: Inquiry Letter

Dear (redacted),

I am an Associate Professor of Nursing at the (redacted). I currently conduct a clinical session for first year nursing students at (redacted). I am working on completion of a doctorate in education (Ed.D.) at Walden University under the direction of Dr. Stacy Wahl. The title of my doctoral research project study is *The Transition-to-Practice Gap and Graduate Nurse Proficiency*. I am seeking permission to contact staff nurse educators as my pool of participants.

I am interested in the staff nurse educator's view of the competencies of new graduate nurses in their new role as a registered nurse. I plan on conducting personal interviews of the study participants. The findings from the interviews will be used to develop a transition-to-practice program based on the identified competencies necessary for proficient practice as a new graduate nurse. This program will benefit all new nursing graduates in the local practice community.

The interviews will be conducted on a volunteer basis outside of the staff nurse educators' scheduled work hours. I am aware that I will need to complete the IRB process for (redacted) and Walden University before conducting any and all research. What I would like to obtain from you is the contact person to arrange the voluntary participation in my proposed research project.

Please let me know if you need any additional information from me.

Respectfully submitted,
Maxine Coleman

Appendix C: Invitation to Participate in Research

Dear Nursing Staff Educator,

My name is Maxine Coleman. I am working on completion of a doctorate in education (Ed.D.) at Walden University under the direction of Dr. Stacy Wahl. The title of my doctoral research project study is *The Transition-to-Practice Gap and Graduate Nurse Proficiency*. I am seeking nursing staff educators in the local practice area to interview regarding the competencies of new graduate nurses.

I am interested in the staff nurse educator's view of the competencies of new graduate nurses in their new role as a registered nurse. I plan on conducting personal interviews with each of the participants in my study. The findings from the interviews will be used to develop a transition-to-practice program based on the identified competencies necessary for proficient practice as a new graduate nurse. This program will have the potential to benefit all new nursing graduates in the local practice community.

If you have worked with new graduate nurses hired within the past two years and are willing to spend approximately one hour discussing these nurses' competencies and transition-to-practice please send an electronic message as soon as possible.

Respectfully,

Maxine Coleman

Appendix D: Interview Protocol

Interviewee's Code:
Date and Time of Interview:
Interview Location:
State Purpose of Study and Interview: This research study will examine the characteristics of newly hired graduate nurses. Specifically the study will attempt to identify the cognitive and technical skills that newly hired graduate nurses bring to the practice environment from the classroom experience. The goal of the study is to identify the skills newly hired graduate nurses need to transition-to-practice effectively. You have been chosen as an interviewee because you have worked with newly hired graduate nurses during their first two years of employment.
Rights to confidentiality: Please read this consent form which explains the purpose of the study and your rights to confidentiality. Please sign the form if you agree to the terms. The interview will last approximately 60 minutes.
May I have your permission to record this session? (Recording will begin when permission received).
Interview Questions:

1. What is your role in the orientation of new graduate nurses?
2. How do you assess the learning needs of new graduate nurses?
3. How long is the standard orientation period for the new graduate nurses?
4. What are the most significant competencies expected of the new graduates?
5. Can you describe the competencies where new graduate nurses excel?
6. Describe what skills the entry level nurse lacks?
7. How would you describe the communication skills of the new graduate nurses?
8. Can you identify a time frame involved for new graduate nurses to transition from an entry level nurse to an advanced beginner?
9. What priorities have you identified as most important for an effective transition- to- practice by new graduate nurses?
10. What are your thoughts regarding transition-to-practice and the new graduate nurse?

Appendix E: Sample Coded Interview

Interviewee's Code: 13402
Date and Time of Interview:
Interview Location:

State Purpose of Study and Interview: This research study will examine the characteristics of newly hired graduate nurses. Specifically, the study will attempt to identify the cognitive and technical skills that newly hired graduate nurses bring to the practice environment from the classroom experience. The goal of the study is to identify the skills newly hired graduate nurses need to transition-to-practice effectively. You have been chosen as an interviewee because you have worked with newly hired graduate nurses during their first two years of employment.
Rights to confidentiality: Prior to this interview, you signed the consent form explaining the purpose of the study and your rights to confidentiality. (Consent form sent as separate document).

Interview Questions:

1. What is your role in the orientation of new graduate nurses?

   "I have 20 years of experience working with new graduates. There is central orientation and unit based orientation involving core competencies. The orientation begins with new hire orientation week. The orientation covers policy and procedures, high risk procedures. The classes include IV classes, central line dressings, de-accessing a Porta Cath and other skills. An orientation checklist is initiated when the new graduate (and experienced nurses) nurse is hired."

2. How do you assess the learning needs of new graduate nurses?

   "We don't ask what the new graduate nurse needs are at the beginning. We assume they need to know everything. We assume these nurses are a blank slate. Every school focuses on something different. Assessment of their learning needs is an ongoing situation. Orientation includes environmental

issues, safety issues, service oriented issues, handoff of patients, stay rounds (determining who needs to be discharged), communication, assessment of skin and wounds, care plans, evaluation of patient's responses to interventions, interventions by body systems." (**In Vivo coding: Blank Slate, Ongoing Assessment**)

3. How long is the standard orientation period for the new graduate nurses?

   "The orientation period depends on the unit the nurses are hired to work on. For the general floors; orientation is 6 to 7 weeks. For nurses working on the telemetry units the orientation is 7 weeks on the unit and 2 weeks of class. For critical care (ICU) nurses the orientation is 12 weeks with additional specialty classes for specialized units." (**In Vivo Coding: Unit dependent orientation, extended orientation based on needs**)

4. What are the most significant competencies expected of the new graduates?

   "The expected competencies depend on the unit the nurses are hired to work on. The most significant competencies include medication administration, physical assessment skills, documentation skills, and infection prevention. Additional competencies include enteral therapy, foley catheter insertion and care, working with sterile fields, oxygen administration, bladder scanners, mock codes and trach care. New graduates should at least have experience with good simulations of trach care."

   (**In Vivo Coding: Medication safety, skill related competencies**)

5. What are the competencies where new graduate nurses excel?

"The use of technological systems especially computer documentation systems or other technological systems such as PICO pumps. The new graduates excel at looking up evidence of practice on their smartphones quickly." (**In Vivo Coding: Research skills, technological skills digital references**)

6. Describe what skills the entry level nurse (new graduate nurse) lacks?

"Many new graduate nurses do not take personal responsibility for their actions.

They lack critical thinking skills and organizational skills. [We] must consider specialty units based on physician satisfaction of care requested and delivered. So nurses may not get experience with ostomies, transplant meds, or urological care based on the unit they work on.

Additional skills that graduate nurses' lack: include inserting foley catheters, inserting NG tubes, patient education skills, rules of nursing assistant job (delegation - lack delegation skills) - lack understanding of what nursing assistants must do and should RNs give baths, lack a conceptual framework. Many, many errors made during medication administration.

Example: patient ordered 7.5 mg of a medication. Pyxis stated take out two tablets. One tablet needed to be cut to give 5 mg plus 2 .5mg. Patient given both 5mg tablets; total of 10mg instead of 7.5 mg. [They are] missing steps of medication administration; the 5 rights.

IV proficiency: New graduates lack experience in IV starts. This skill is needed because there is no longer an IV team in the hospital. Nursing school programs are not adapting to removal of IV teams from hospitals. The new nurse does not understand that she or he cannot take shortcuts due to lack of experience." (**In Vivo Coding: Accountability, responsibility, organizational skills, no conceptual framework, critical skills, motor skills, procedural skills, medication safety [errors], delegation skills**)

7. How would you describe the communication skills of the new graduate nurses?

   "Technology increasing communication skills but have barriers to communication created by personal cell phone use during work hours. A positive aspect of the cell phone situation is that nurses are using unit based phones to communicate with physicians, families and hospital departments." (**In Vivo Coding: Personal cell phone use**)

8. What is the time frame involved for new graduate nurses to transition from an entry level nurse (new graduate nurse) to an advanced beginner?

   "4 to 6 months. Many new graduates are not ready after six months. Follow up one month after the 6 months. Problem is that the nurse may transfer to another unit in 6 months. BSN students take longer to progress in the beginning but excel at a faster rate after the initial orientation period. Associate degree nurses and diploma nurses progress faster in the beginning period. Some of the new graduates who have completed initial orientation

period can now act as preceptors after six months." (**In Vivo Coding: Retention problem, ASN & BSN graduates, diploma graduates - different timeframes**)

9. What priorities have you identified as most important for an effective transition- to- practice by new graduate nurses?

   "Priorities include: lifelong learning, caring attitude, communication skills, questioning attitude, moderate social skills. Regarding social skills: New nurses with too many social skills don't do well, while those new nurses who are too quiet also do not do well.

   a. New nurses who are too confident don't take the time to listen to constructive criticism.
   b. Those new nurses who are too timid don't really ask for the help they need."

(**In Vivo Coding: Resource use, asking questions, life-long learning, questioning attitude, social skills [too many or not enough]**)

10. What are your thoughts regarding transition- to- practice and the new graduate nurse?

    "There is a lack of preparation for real nursing. In conversations I have had with nursing school educators I have learned that nursing school curriculums are based on board (NCLEX) scores. The concern is that are the topics not addressed by the NCLEX being eliminated from school

curriculums. For example, leadership is a final course in nursing school curriculums. Every nursing school has different requirements for the hours of clinical in the leadership course i.e. 60 hours, 120 hours, and 240 hours. Nursing students in these leadership courses are often hired on the floor where they completed their clinical hours. Because each school has different requirements the students have different experiences that involve varying levels of practice involvement of the preceptor involved. For example, if the student has not been exposed to the charting software program at the hospital, the student cannot actually retrieve and administer medications.

The new graduate nurses need good simulation experiences while they are students. Those simulation experiences should include trach care, foley care, ostomy care, rectal tube care, central line care and chest tube care. Also the student should have simulation experience in nursing school with PCA pumps, epidural catheters, skin care, restraints and isolation. An additional example includes the care of central line catheters. The procedure has changed from scrubbing in concentric circles to basket weave cleansing with a chlorhexidine swab.

Collegiality is missing between hospitals and schools of nursing. These two entities should be working to fill RN positions and to fill nursing education positions.

All new graduates may lack organizational skills or communication skills but some may do better than others due to motivation not preparation." (**In Vivo**

Coding: Inappropriate educational focus, lack of practice readiness leadership courses, collegiality between hospitals and schools, motivation vs. preparation)