

2017

New Graduate Nurses' Perceptions of Their Delay to Professional Practice

Ruth Ann Obregon
Walden University

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Ruth Ann Obregon

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2017

Abstract

New Graduate Nurses' Perceptions of Their Delay to
Professional Practice

by

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MBA, National University, 1987

MSN, California State University, Dominguez Hills, 2006

BA, Michigan State University, 1972

Doctoral Study Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Education

Walden University

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Abstract

This project study addressed the problem of knowledge and skills lost by new graduate RNs while delayed in transitioning to professional nursing practice. There is a paucity of knowledge about how new RNs experience their delay and how a delay may affect their future clinical performance. Mezirow's transformation learning theory was the conceptual framework for this qualitative case study. Research questions addressed new RNs' understanding of their experiences during a delay to professional practice. A purposeful sample included 8 new RNs who had completed a New Graduate Residency Transition Program (NGRTP) after a delay to practice of 6 months to 3 years. Four managers of the RN participants were also included in the sample. Data were collected through audio-recorded semistructured interviews and manager questionnaires. Qualitative data were coded and analyzed to identify themes. Findings indicated that while waiting for a RN position, the delay to practice new RN (DTP-RN) passed through stages that reflected clinical and professional needs. The consequences of the new RNs' delay to practice may impact the required NGRTP process. Findings influenced the development of a white paper to educate hospital nurse educators and managers about the DTP-RNs' unique needs. Recommendations include a NGRTP designed to meet the transition needs of the DTP-RN. Implementation of recommendations for a NGRTP may enhance the DTP-RNs' successful transition into professional practice with a result of greater job satisfaction and decreased RN turnover.

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Dedication

Dedicated to my husband and soul mate who prayed for me, cheered me on, and sacrificed time with me because he believed in the process and me. Dedicated to my fellow educators who, by educating the nursing staff, make the patient's experience safer. Dedicated to department colleagues, the management, and staff at Kaiser Permanente who encouraged me and never gave up their belief that I could make the grade.

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“In All Ways Acknowledge Him, and He Shall Direct Your Paths” Proverbs 3:6.

Thank you Lord for your deep grace and your unremitting mercy.

Like the “cloud of witnesses”, friends have cheered me forward. It is impossible to acknowledge everyone. As one doctoral student noted: “if I forget to mention anyone by name, please charge it to my head and not to my heart”.

I would like to acknowledge the new graduates who agreed to be part of this study. I know that during our interview, you had to traverse some painful memories and I will never take that for granted. You paid an additional price for your nursing license that you would not have envisioned nor might not have attempted if you had known about the sacrifice it would entail. I will never take any of you for granted.

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Section 1: The Problem

Introduction

The first year of a nurse's practice has been shown to be difficult and often discouraging (Clark & Springer, 2012). New graduates from nursing schools in the local setting for this study were unable to find employment and therefore were delayed in their transition to practice. If a new registered nurse (RN) cannot find a job right after graduation, there may be a loss of knowledge, skills, and confidence (Berman, Johnson, & West, 2014). Unfortunately, few if any studies have looked at the effects of the new graduate's perception of his or her delay to practice. Without sufficiently understanding the new graduate's perception of his or her delay to practice, the New Graduate Residency Transition Program (NGRTP) may not be structured to allow an effective transition to practice or deal with the transition challenges of the delay to practice RN (DTP-RN). This study adds to understanding of the new graduate RN who experiences a delay to practice.

Definition of the Problem

Little is known about the transition process of new RNs who do not immediately transition into their professional RN role. Even less is known about how the new RNs understand their experience during their delay to RN practice. New groups of RNs waiting for a NGRTP have had unique experiences that may have affected their clinical and professional skills as they worked in an underemployed setting. Understanding the new graduate's delay to practice experience may provide the educator additional

understanding needed to design a NGRTP that meets the new RN's unique transition needs (Melrose & Wishart, 2013).

Delay to Practice

Scholars agree that for an adequate transition to the new RN role, there should be adequate transitional resources (Anderson, Hair, & Toderro, 2012; Kramer, Halfer, Maguire, & Schmalenberg, 2012). New registered nurses report they need additional support to assume RN responsibilities (Lima, Newall, Kinney, Jordon, & Hamilton, 2014). Immediate entry into a transition program is important to the new RN's professional identity, clinical confidence, competence, and retention (Benner, Sutphen, Leonard, & Day, 2010; Berman, Johnson, & West, 2014). If new RNs are not accepted into a NGRTP they may continue working in an underemployed position. Feldman (1996) described underemployment as primarily being overeducated for one's job.

There has been an increase of new RNs not being transitioned into professional practice, yet neither locally nor nationally has a researcher studied how this delay may have affected the new RN (Berman et al., 2014). In the local setting, an informal survey of managers showed that there were at least 14 nurses who graduated and passed their RN licensing exam but were unable to find a position in a NGRTP (Local managers, personal conversation, October 15, 2014). If there is a delay to practice, full utilization of the new RN's licensing capabilities may be more difficult than if the new RN is accepted into a NGRTP immediately after graduation. Learning how new RNs may perceive and understand their delay to professional practice may be a key component to creating this personalized and practical NGRTP.

Associating the Local Problem with the Larger Population

Nursing programs in California grew by 36% and the number of RN graduates increased by 92% between 2002 and 2012, with an additional 5000 new nurses each year (Berman et al., 2014; CINHC, 2014). I conducted an informal survey of schools in the local community and discovered that approximately 10% of newly graduated RNs do not advance to a RN position and remain working in an underemployed position (Informal survey with managers in local health care institutions and schools of nursing, personal communication, October and November, 2014). Scholars agree that new RN graduates have insufficient knowledge and skills to safely transition into a RN position (Goode, Lynn, McElroy, Bednash, & Murray, 2013; Parker, Giles, Lantry, & McMillan, 2014). Administrators and educators in health care organizations and schools encourage immediate entry into a NGRTP. The first year of employment has an important impact on the new graduate's future career directions (Parker et al., 2014). If the new RN does not immediately transition into a NGRTP, this delay may impact future professional adjustments. Locally, there are a variety of NGRTP, but none have been created based on the cumulative knowledge gleaned from the delay to practice RN (Barnett, Minnick, & Norman, 2014).

In the local community there are 10 schools that cumulatively graduate each year approximately 800 new nurses, according to the California Board of Registered Nurses (CABRN, 2014). Though there are six major hospitals offering NGRTP, there are not enough openings to accommodate the number of new RN graduates (M. Ruiz, personal communication, June 14, 2014). In addition, there are RNs who continue to work in an

underemployed situation for periods up to 3 years. Without knowledge to guide the educator's understanding of the new RN's experience during this delay, the educator may miss salient educational strategies necessary to support the underemployed new RN's transition to professional practice (Burton, Brundrett, & Jones, 2014). There may be a potential loss of confidence, required knowledge, and skill needed to eventually fully utilize their RN nursing license capabilities and provide leadership for safe patient care (Berman et al., 2014).

Rationale

Evidence of the Problem at the Local Level

There is a growing need for the nursing profession to recover their numbers through recruitment of new nurses and retention of existing nurses (CNIHC, 2014; Juraschek, Zhang, Ranganathan, & Lin, 2012). The complexity of the contemporary health care system requires that a NGRTP meet the transition needs of the new RN (Berkow, Virkstis, Stewart, & Conway, 2008; Sharpnack, Goliat, Baker, Rogers, Shockey, 2013). There is evidence that the new graduate RN may not be fully prepared to begin professional nursing (Berman et al., 2014; Strauss, Ovnat, Gonen, Lev-Ari, & Mizrahi, 2016). If the new graduate RN immediately after graduation is not fully prepared to begin professional practice, then it follows that the new RN might be even less prepared 2 or 3 years postgraduation.

The hospital nurse educator might ask if the delay to practice new RN might benefit from a customized transition-to-practice program (Kramer, Maguire, Halfer, Brewer, & Schmalenberg, 2013). Understanding the new RN's grasp of professional

practice after he or she has spent time working in an underemployed position may be useful when creating a relevant NGRTP. It is important to provide clinically applicable tools to support the new RN's transition to practice (Levine, 2014; Levine et al., 2014). Knowing the new RN's metacognitive processes (thinking about the way he or she thinks) is essential to incorporating relevant information needed to effectively transition into professional practice (Melrose & Gordon, 2011). The purpose of this study was to understand new graduate nurses' perceptions of their delay to professional practice.

Evidence of the Problem from the Professional Literature

Evidence is sparse but Berman et al. (2014) found that the new RN had significant competency and confidence challenges, especially for the new graduate who remained unemployed prior to being hired into a NGRTP. Berman et al. organized the new graduate competency gaps into 10 core challenges such as critical thinking, communication, clinical knowledge, managing time and responsibilities, professionalism, technical or psychomotor skills, physical assessment, and teamwork. Aside from Berman et al., there were no other nursing scholarly studies that addressed new RNs' perceptions of their delay to professional practice. The notion remains that if there is a delay to professional practice, the new registered nurse's knowledge and competence gap may increase (Berman et al., 2014; IOM Future of Nursing Report, 2010). Other professions, such as engineers and business, have studied underemployment and found that there were profound effects such as depression and loss of work related motivation (George, Chaze, Fuller-Thomson, & Brennenstuhl, 2012; McKee-Ryan & Harvey, 2011; Scurry & Blenkinsopp, 2011).

Feldman (1996) categorized underemployed nurses and other disciplines in the following four ways:

1. More formal education than the job requires;
2. Person employed in field outside area of formal education;
3. Person possesses higher-level work skills;
4. Person involuntarily engaged in part-time, temporary, or intermittent

employment and is earning 20% less wages than expected for their education.

The delay to practice new graduate RN who will work in a non RN position or in a clinical position that will require less skill than their license and training permit will meet Feldman's underemployment dimensions and will be legitimately considered underemployed.

Thompson et al. (2013) noted that underemployment created multiple challenges for the new graduate, including poor attitude and turnover. George et al. (2012), using a mixed method study, found that underemployed engineers experienced a decreased "life satisfaction" (p. 1556). Scurry and Blenkinsopp (2011) noted a growing number of new graduates from all fields were working underemployed.

Definitions

Several special medical and non-medical terms are used in this study. Below is a list of those terms and their definitions.

Adult learning: Adults engaging in focused and purposeful learning with relevance to need and purpose. (Mezirow, 2000; Rothwell, 2008).

Ambulatory care (Outpatient): The ambulatory care setting (also known as the outpatient setting) is part of the health care delivery system that admits and discharges patients the same day as treated. (Rondinelli, Omery, Crawford, & Johnson, 2014; Rubenstein & Talbot, 2013).

Delay to practice registered nurse (RN): A registered nurse who graduates, passes the National Council on Licensing Exam (NCLEX) but are not hired into a NGRTP and is unable to immediately transition into a RN position, the new graduate's progress to professional practice is delayed, as well as their knowledge, skill competence, and confidence (Berman et al., 2014).

New Graduate Residency Transition Program (NGRTP): An educational program designed to provide clinical and technical support for new graduate nurses transitioning to professional practice (Anderson et al., 2012; Benner et al., 2010).

Preceptor: A specially trained expert nurse who is clinically competent, with a positive attitude, aptitude for communicating, assessing learning style, and attending to the learning and practice needs of the new graduate nurse. The preceptor acts as a clinical guide to the new nurse for socialization into the unit and nursing practice (Elmers, 2010; Prater & Allen, 2017).

Socialization: Assimilation of the new registered nurse into the social and clinical culture of patient care (Phillips, Esterman, & Kenny, 2015).

Underemployment: An overqualified individual working in a job that underutilizes their education and training. Underemployment may also be measured by the underutilization of the individual's education, training, and the money the employee

might have made if he or she had been hired into his or her field (Feldman, 1996; Nunley, Pugh, Romero, & Seals, 2014).

Significance

Major adjustments occur while moving from student nurse to new professional nurse (Clark & Springer, 2012). Studies show that the first year in a professional RN role is important to job satisfaction and new graduate retention (Kramer et al., 2012; Rheaume, Clement, & LeBel, 2013). Within the first year of professional practice, 28.1% of new graduates leave their job and in the second year an additional 26.2% leave professional RN practice (Brewer, Kovner, Greene, Tukov-Shuser, & Djukic 2012; Unruh, & Zhang 2014). Some reasons identified were poor adjustment when moving from student status to registered nurse practice and unhealthy work environments (Chernomas, Care, Mckenzie, Guse, & Currie, 2010; Clark & Springer, 2012). Furthermore, some experienced nurses expect the new graduate RN to demonstrate immediate, competent, and confident safe patient care (Phillips, Kenny, Esterman, & Smith, 2014).

The delay to practice RN working in an underemployed situation may eventually enter his or her professional practice with special needs. If nurse educators are unaware of those needs, they may not fully address those needs in the NGRTP. Not addressing the unique needs of the underemployed RN during the NGRTP may create patient safety problems and be the impetus for the new RN leaving the nursing profession (Laschinger, 2012; Rush, Adamack, Gordon, Janke, & Ghement, 2015). The underemployed college graduate, from all fields of study over time, tends to acquire a poor attitude and succumb

to the desire to resign (Thompson et al., 2013; Vergruggen, Van Emmerik, Van Gils, Meng, de Grip, 2015). Studies have demonstrated that the new RN is most vulnerable during the first year of professional practice to discouragement, poor attitude, and likelihood to leave the profession (Brewer, Kovner, Obeidat, & Budin, 2013; Cho, Lee, Mark, & Yun, 2012).

Chernomas et al. (2010) found that new nurses needed support from colleagues during their transition. The NGRTP that attempts to align the unique needs of each new RN group may promote patient safety and nurse retention (Kramer et al., 2012; Rush, Adamack, Gordon, Lilly, & Janke, 2013). The transition into the complicated world of health care is difficult and educators should seek to create transition programming that will meet the new graduate RN's unique transition needs (Anderson et al., 2012; Cho et al., 2012).

Research Questions

Even though in the local community a growing number of new RNs wait to transition into professional practice, there are no empirical data to inform educators how to support the delay to practice RN's potentially unique needs through the NGRTP. The focus of this study was to understand new RNs' understanding of their experiences during their delay to practice. The reason for wanting to understand the new RN's delay to professional practice is to increase the effectiveness of the NGRTP. By applying the insights from the new RNs who were unable to immediately transition into professional practice, the NGRTP might be more aligned to the new RN's education needs. Therefore, this research attempted to address the following questions:

1. How do new graduate RNs who have experienced a delay in practice describe how this delay may have affected their future practice?
2. How do new graduate RNs describe what occurred to their professional practice knowledge and skills during their delay to professional practice?
3. How do new graduate RNs describe what was most and least helpful in NGRTP after their delay to professional practice?

Review of the Literature

A thorough literature review was conducted that documented the relevance of the problem and justified the study. The review demonstrated the paucity of studies that looked at the new underemployed RN's delay into professional practice. The databases used to access scholarly studies were: Proquest, Cochrane, CINAHL, PsychINFO, Soc index, and PubMed. The theoretical framework was searched with terms such as: *transformational learning, disorientating dilemma, critical reflection, and critical thinking*. No studies were found that focused on how the new RN perceives what happens during the delay while he or she continues to work underemployed until able to enter a RN-NGRTP. There are studies from other professions that look at the inability of the new graduate to enter his or her chosen profession (Nunley et al., 2014). There were many articles that explained and expanded the conceptual framework being used to guide this study.

Conceptual Framework

The conceptual framework for this study is Mezirow's adult transformative learning theory. Mezirow's adult transformative learning theory describes the learning

process as one that demonstrates learning through behavior change (Mezirow, 1994). Mezirow defined learning as a journey rather than a destination. Mezirow's definition creates great potential for learning about the new registered nurse's journey as he or she moves from advanced novice to expert (Benner, Tanner, & Chesla, 2009). In the movement from novice to expert there are a series of behavior changes that mark the professional and learning pathway of the registered nurse (Benner et al., 2009). Mezirow's identification of a multistage process aligns with nursing scientist Benner, and appears to be a good tracking tool for the steps one might need to take as he or she transitions from a less complex to a more complex role.

Mezirow (1998) believed that the education journey initially begins when the student experiences a disorienting dilemma. A disorienting dilemma, according to Mezirow, motivates the student's desire to learn or change (Mezirow, 2000; Snyder, 2012). The student's desire to learn and change is what Mezirow titles the transformative journey. Mezirow (1994) described the dilemma as one so profound that it motivated the student to begin reframing their worldview. Mezirow (2000) noted that adult learning occurs throughout life. In Mezirow's opinion, it was extremely important how learners made sense out of what they learned and how they were influenced (Mezirow, 2000).

Disorienting dilemma and critical reflection. A unique aspect of the adult transformative learning theory is Mezirow's description of the learner's disorienting dilemma as an event that prompts a change in perspective (Cranton, 2013). Mezirow (1994) described a disorienting dilemma that urged the learner to transform his or her need for learning. Might a delay to professional practice be considered a disorienting

dilemma? According to Mezirow critical reflection might involve looking beyond the current context of delay to when he or she would be able to enter a NGRTP.

Self-authoring. Self-authoring is an aspect of the adult transformative learning theory (Mezirow, 2000). Self-authoring occurs when the individual, as a result of his or her learning experience, begins to change and grow. The new RN may begin the process of self-authoring during his or her university experience (Melrose & Gordon, 2011; Norris, 2013). One of the tasks of a NGRTP is to support the process of a new RN's self-authoring (Boychuk Duchscher, 2009; Mezirow, 2000). Postgraduation delay may create the need to delay the new registered nurses' professional self-redefinition until they are finally accepted into a NGRTP. Kramer et al. (2012) compared self-authoring to reality shock. Reality shock is a phenomenon that may occur when the nurse realizes there is a gap between what he or she imagined nursing to be as opposed to what it really is like (Kramer et al., 2012). If self-authoring is to continue during the new RN's underemployment period, the new RN may need to be encouraged to use outside growth sources, such as continuing education, reading professional journals, and joining professional organizations (Romp et al., 2014). Mezirow (2000) concluded that there might be specific features to a learning delay such as knowledge loss and reduced skill acquisition and linked delay to one of the reasons for the disorienting dilemma.

Literature Review Related to Delay to Practice

The following themes were identified and searched in the literature: (a) underemployment experiences and (b) transitioning to a more complex RN role.

Underemployment and over qualification during delay to practice

experiences. Associating the effects of a delay to professional practice has not been studied; however, other vocations have studied delay to practice in a variety of ways (Scurry & Blenkinsopp, 2010; Thompson et al., 2013). For instance, Barden, Specht, McCarter, Daly, and Fahey (2002) looked at the effect of reducing the number of a resident's practice hours and found that reduction came at the cost of continuity and safety factors of patient care. Though reducing the number of new RN resident's practice hours may be loosely associated with the effects of underemployment or delay to RN practice, similar challenges may occur to the underemployed new RN. For example, the underemployed new RN may lose skills and knowledge over time and may be vulnerable to medical errors when they finally enter RN practice (Berman et al., 2014; Berman, Johnson, & West, 2014). Thompson et al. (2013) described the impact of unemployment and underemployment on knowledge, skills, abilities and other characteristics (KSAOs) and concluded that over time underemployment decreased KSAOs. Laschinger (2012) found that poor job satisfaction was linked to turnover. It follows that if a new RN graduate is underemployed, they may gradually lose their KSAOs and have poor job satisfaction.

Stress is a factor and may build during underemployment and evidence indicates that stress continues after the new RN finds a job. In addition, the first year of nursing is highly stressful. Phillips et al. (2014) interviewed new graduate nurses to understand their first year's stress and challenges and found that during the first year, stress was high. What happens to the new RN's first year stress level if the NGRTP does not

accommodate for his or her delay to practice? If a NGRTP were created that met the needs of underemployed RNs, a buffer to the inevitable reality shock or high stress level might exist (Clark & Springer, 2012; Kramer, 2012; Phillips et al., 2014).

When new graduate RNs are not accepted into a NGRTP, they may continue working in their previous position. The delay to practice RN who continues to work in a position that does not require a licensed nurse is designated underemployed (Scurry & Blenkinsopp, 2011). Until recently, there has been a paucity of research attempting to understand the phenomena of underemployment (McKee-Ryan & Harvey, 2011). When a new RN graduate passes his or her National Council Licensure Exam (NCLEX), the expectation is that he or she will take the next step and enter a New Graduate Residency Transition Program (Berman et al., 2014).

Cunningham (2016) observed that the underemployment problem may begin for the student before entering college with expectations that a degree will guarantee automatic entry into their profession. Cunningham quoted the American Freshman Survey “that 88% of participating freshman stated that getting a better job was the reason they attended college, up nearly 20% since 2006” (p.3). Moreover, there is a great increase of U.S. young adult citizens entering colleges and a decrease of positions that require a college degree (Roksa & Arum, 2013; Vedder, Denhart, & Robe, 2013; Thompson et al., 2013).

Underemployment refers to new graduates employed in jobs that do not match his or her education or training skills (Feldman, 1996; Thompson et al., 2013). Words such as underemployment (Kiertszen, 2013); over qualification (Maltarich, Reilly, & Nyberg,

2011); skill underutilization (McKee-Ryan & Harvey, 2011; Thompson et al., 2013); job skill mismatch (McGuinness & Sloane, 2011; Baert, Cockx, & Verhaest, 2013) describe the growing phenomena of college graduates entering jobs overly prepared for his or her job requirements. Like nurses who are unable to enter directly professional practice, new graduates from other disciplines opt for a job that less skills or training (Murphy, Blustein, Bohlig, & Platt, 2010).

The number of Americans with bachelor degrees is increasing while jobs not requiring a bachelor degree are increasing (Abel, Deitz, & Yaqin Su, 2014; Gabor, 2014). The number of underemployed college graduates has increased from 34% in 2001 to 44% in 2012 (Gabor, 2014). According to Vedder, Denhart, and Robe (2013), within the next 5 years college graduates will increase by 31% and jobs requiring a bachelor degree will increase by only 14%. The potential for finding a RN position appears to be based on job seekers' ability to demonstrate their capability to execute their knowledge and skills (Wilton, 2015). The delay to practice new RN may, as time increases between graduation and potential hire, be less employable.

The effects that underemployment has on the underemployed individual have been found to be loss of confidence, knowledge, and loss of skill (Berman et al., 2014; Scurry & Blenkinsopp, 2010). Nunley et al. (2014) found that underemployment might create discouragement, stress, and a desire to quit. Thompson (2013) used the term over qualification of those individuals who were working at a lower skill and pay level than his or her educational background. Maynard and Feldman (2012) examined the negative effects of mismatched employment and found that there were psychological

consequences that negatively impacted work attitudes and placed a psychological strain on the individual. The aforementioned consequences of underemployment may also be construed to be reflective of some of the effects of the new RN graduate's period of underemployment.

Additional insights were derived from Thompson et al. (2013), who noted that there were various types of underemployment such as those jobs that required less knowledge and skill than their required education level provided; the employee having more skill and experience than their job required. Thompson's findings may have implications for the underemployed new RN who must delay his or her professional practice. The RN graduates with a registered nurse's advanced novice skill and knowledge level (Benner, 1984). If a new graduate RN is not hired into a NGRTP, he or she will continue working in a position that requires less education and training. Further, the new RN's desired occupation will not match his or her current position and so the new RN remains underemployed.

If any concept would fit the experience of the new RN who cannot immediately enter his or her profession, it would be underemployment and over qualification (Maynard & Parfyonova, 2013). Admittedly, the effect of underemployment on the individual may vary based on the individual's perspective. The underemployed RN, similar to other professions, may deal with discouragement, poor attitudes, and have a problem with his or her work ethic (Thompson et al., 2013).

Transition to professional practice. The new graduate RN may not be fully prepared to enter a complex healthcare environment (Cho, Lee, Mark, & Yun, 2012;

Rheaume et al., 2013). The 2010 Institute of Medicine report emphasized that there should be support for the new graduate while they transition into professional practice. Ulrich et al. (2010) found, based on a longitudinal study, that participation in a NGRTP reduced first year turnover.

The need for an organized transition program from graduation to professional practice has been affirmed in nursing and in social work (Clapton, 2013; Dyess & Sherman, 2009; Phillips et al., 2014). Wolff, Pesut, and Regan (2010) conducted an exploratory study to better understand the point of view of nurses regarding the new graduate and his or her readiness to practice. Focus groups made up of hospital nurses were asked who should fill the knowledge practice gap. The focus group participants concluded that when the health care organization hired new graduates, the health care organization should be responsible for closing the new RN graduates' knowledge practice gap. Chernomas et al. (2010) identified the workplace to be the most constructive place for professional practice learning. Hoffert, Waddell, and Young (2011) found few studies that looked at the long-term effects of the NGRTP on an adequate transition but admitted that understanding the views of the new RN is key to a supportive NGRTP.

Phillips et al. (2014) studied the new graduate RN's view of a successful transition. Some new graduate beliefs included the need to have time to adjust to the rigors of RN practice, having institutional support during transition, and having collegial support. Goode et al. (2013) found that residency programs were linked to higher retention and satisfaction rates. Friedman, Cooper, Click, and Fitzpatrick (2011) concurred with Goode et al. that having an adequate supply of transition support is

important to nursing's future. Levine et al. (2014) widened support for a NGRTP by advocating residency programs for ambulatory care settings. Barnette, Minick, and Norman (2014) concluded that residency programs offer extensive transition programs that strengthen commitment and are recommended for every new graduate. Wolff et al. (2010) noted that historically, schools were accountable for fully preparing students for practice. Growth aspects for the new RN are both, a product of schools and an ongoing process accepted by the hiring health care institution. Wolff et al. also surmised that because of today's health care realities, such as "workforce shortages, fiscal restraint, complex healthcare organizations, increasing patient acuity, the explosion of knowledge and technology, changing educational policies and the ever expanding role of nurses in health care" (p.191) there is a need for a hospital based NGRTP that seeks to meet the new RN's professional transition needs.

The reason for new graduate RN turnover has been studied. Bratt and Felzer (2012) linked turnover to the new RNs' organizational commitment, a positive perception of their work environment, job satisfaction, and decreased job stress. High turnover rate (up to 67%) could be predicted if the work environment was stressful. Rheume et al. (2011) maintained that turnover was highest the first year of nursing practice. Kovner, Brewer, Fatehi, and Katigbak (2014), found that 43% of nurses left their jobs within 3 years of employment.

Goode et al. (2013) concluded after reviewing 10 years of new graduate residency programs and finding that those nurses who successfully completed a NGRTP had a higher retention rate than those who did not attend. Furthermore, those who attended a

NGRTP had a greater ability to “organize and prioritize their work, communicate, and provide clinical leadership showed significant increases over the 1-year program” (p 73). Once again retention rate was noted in the Goode et al. study and retention was correlated to being accepted and completing a NGTRP.

Unruh, Zhang, and Chisolm (2014) found that attending a NGRTP built confidence and supported safe patient care and was found to be an additional factor for reducing turnover. Dyess and Shermann (2009) reported that new graduates expressed both excitement and fear about their abilities as a new graduate nurse and recommended support during the first year. The fear and excitement of being accepted into a NGRTP may be a source of discouragement and create a potential clinical difficulty for the new RN (Cho et al., 2012; Rudman, Gustavsson, & Hutell, 2013).

Malouf and West (2011) found that new graduates were also concerned about those they would work with and being socially and clinically accepted. These studies provide important understanding and information that may apply to the underemployed new graduate RN. Presuppositions about what it might be like for the new RN, when he or she is left out of the actual experience of immediately transitioning into professional practice. Scholars agree that to safely transition into professional practice, the NGRTP should be a job requirement (Hofler & Thomas, 2016; Kramer et. al., 2013; Phillips et al., 2014).

Implications

There is no guarantee that, after passing the NCLEX a new RN graduate will find a transition program or job (Berman, Johnson, & West, 2014). What emerged from the

interviews for this study was that, for an adequate transition, there was a need for a uniquely designed NGRTP. Understanding the delay to practice RNs' perceived experiences during their delay is paramount to providing a NGRTP that would adequately support their unique learning and practice needs.

The implications for possible project directions were based on the study's findings, which demonstrated a need for a uniquely designed NGRTP. The series of interviews of the underemployed new graduate RN described the new RNs' loss of confidence, discouragement, and, struggle to balance the new RN identity while working in a position utilizing their old identity. Ginsburg, Tregunno, and Norton (2013) observed: "It is important to capture trainees and new health providers' perspective of their own knowledge and competence" (p. 147) and then apply the obtained knowledge to a specially designed NGRTP.

The findings of this study are in Section 2 and describe the participants' perception of their delay to professional RN practice. The data from this study were used to create a unique NGRTP that may more adequately support the RN's transition from delay to actual RN practice. Findings from this project study have provided the basis of a NGRTP that nurse educators serving this population may use when helping new graduate RNs transition to clinical practice.

Summary

Section 1 described the need and the importance of a new graduate residency transition program. The challenge that the new RN may face is the inability to shift into a

RN role (Peters & Jackson, 2013). The effects of underemployment and the new RN's understanding of his or her delay have yet to be studied.

An exhaustive literature search demonstrated that to safely transition into professional practice, the new graduate would need to enter a new graduate residency transition program. Not all new RNs are accepted into a NGRTP and so must remain in their former position until accepted into a transition program. Working in a job that they are over prepared for is called underemployment. Underemployment may have implications for the new RN's future transition and require a special pathway for transition. The theoretical underpinning to understanding this problem is Mezirow's transformative adult learning theory. Section 1 also included important definitions and research questions. The overarching question for this study is: How will the new RN perceive a delay to his or her professional practice.

Section 2 includes a description of the research methodology that was used, including (a) how the methodology was derived from the problem; (b) criteria for selecting participants, how participants were recruited, how trust was created, and how I protected their rights; (c) data collection methods, including a description of the system for maintaining data and the method for keeping evolving insights, my biases, and methods for mitigating those biases; (d) how data were analyzed using the Corbin and Strauss (2015) data analysis method to code data and the quality procedures to assure the highest amount of accuracy; and (e) an evaluation of the findings, limitations, scope of those delimitations, my biases, and the ethical rights of the participants.

Section 2: The Methodology

Introduction

In this section the qualitative case study design is described and explained with the rationale for its being the best method for analyzing and understanding the new RNs' perceptions of their period of delay to practice. In addition, the population from which the sample was chosen and how the data were collected, analyzed, and validated are described and discussed. Research questions and the study's purpose are restated, explained, and used as a basis for understanding the delay to practice. Research questions were used to generate an understanding of the new RN's experience of delay to practice. The study's findings include discernments of the new graduate's perception of their period of delay. The findings validated the need for a NGRTP that directly addressed the RNs' period of delay and its impact on their clinical practice.

Qualitative Research Design

A qualitative case study design was chosen to investigate the little known experience of new graduate RNs' transformative journey during their delay to practice (Baxter & Jack, 2008; Mezirow, 2000; Yin, 2012). This project study was designed to help nurse educators understand the unique needs of RNs who were required to wait to transition into RN practice. This research attempted to address the following questions:

1. How do new graduate RN who have experienced a delay to practice describe how this delay may have affected their future practice?

2. How do new graduate RNs describe what occurred to their professional practice knowledge and skills during their delay professional practice?
3. How do new graduate RNs describe what was most and least helpful in their NGRTP after their delay to professional practice?

Stake (2010) described qualitative research as a method used to clarify an individual's understanding of a little understood situation. Thus far, no research was found that added knowledge to the question of what new RNs understand about their experience during delay to practice. If there is a paucity of studies about a topic and more insights about the topic might be learned, a case study may be useful (Hancock & Algozzine, 2011). Baxter and Jack (2008) noted that the case study is a way to deeply understand a situation. Using the case study design to probe the new RN's experience of delay to practice provided me with a rich, thick understanding of the situation (Yin, 2014).

In deciding which of the traditions to apply, I considered each of the qualitative designs and then defined and compared them by their focus and intent. Ethnography might be considered the most similar to the case study methodology. Both require individuals to provide descriptions of pieces of unknown information. However, ethnography differs in that the researcher seeks to understand the intricacies within a culture, while a case study allows a deep investigation into the phenomenon of a single case (Lodico, Spaulding, & Voegtle, 2010).

Phenomenology also has some similarities to the case study method but more importantly has critical differences. For instance, though phenomenology is focused on

understanding the individual's grasp of his or her experiences, this approach is concentrated on the lived experience of the participant (Lodico et al., 2010; Merriam, 2009; Stake, 2010). Though I am interested in new RNs' lived experience during a delay to practice, I am more interested in learning about the issues they faced and how it impacted their learning and skill gap (Snyder, 2012; Unluer, 2012). The qualitative case study approach helped me understand how the new graduates perceived or understood their delay to practice, with a deeper and richer understanding of their experiences during the delay to practice (Creswell, 2014; Yin, 2012).

Lastly, in comparison of the grounded theory to the case study, the intent of a grounded theory approach is to develop a theory (Merriam, 2009). Use of the grounded theory did not apply to my intent to understand the transformative journey the new RNs took during their delay to practice. Of all of the qualitative methods, the qualitative case study methodology was the most appropriate to understand the problem (Creswell, 2014).

The case study tradition has several unique characteristics: descriptive, heuristic, and particularistic (Yin, 2012). Descriptive is important to the study of the experiences of the underemployed new RN because of the ability to reveal the explicit, rich description of the elements of the study (Yin, 2014); heuristic aspect provides an understanding and acknowledgement of the studied phenomenon (Mertens & Wilson, 2012); with the particularistic characteristic, there is a focus on a specific phenomenon (Yin, 2012). This study demonstrates all three of these features.

A case study tradition provided me a tool that helped me engage in deep analysis about how new RNs understood their experiences during their underemployment period

(Yin, 2012). The case study method allowed me to probe the participants' belief of how waiting affected their ability to transition to practice, what they learned during their underemployment period, and what might be needed after the new graduate residency transition program (NGRTP) Merriam & Tisdal, 2016). Using the case study method helped me understand the new RN's journey during his or her delay to practice and their perceptions of their experiences (Mezirow, 2000; Yin, 2012).

The qualitative tradition was chosen because little is known about the topic of study so the question required a deeper understanding (Hancock & Algozzone, 2011; Snyder, 2012). A particularistic approach was chosen to study a particular problem and thereby find the practical applications (Stake, 2010). The case study design's flexibility permitted me to investigate the new RNs' understanding of their delay to practice (Hyett, Kenny, & Dickinson-Swift, 2014).

Creating boundaries for the case supported the study's validity (Baxter & Jack, 2008). The chosen boundaries for the case influenced factors such as: the choice of nurses who graduated within the last 3 years, nurses who continued working in their previous underemployed position while waiting to be accepted into a NGRTP, and DTP-RNs who have completed a NGRTP (Creswell, 2014; Glesne, 2011).

To summarize, case study methodology allowed me to learn from participants about their experiences of delay to practice (Stake, 2005; Yin, 2012). The case study provided a deeper understanding of the phenomena of underemployment and its perceived effects on the new RN (Merriam, 2009; Yin, 2012). After pondering several

other designs, I decided that the case study offered more flexibility and a more in depth understanding of the problem (Creswell, 2014; Hyett, Kenny, & Dickson-Swift, 2014).

Participants

Criteria for Selecting Participants

Participants were strategically chosen using specific criteria so that the participants' experiences aligned with the study's research questions (Cleary, Horsfall, & Hayter, 2014). The participants for this study were chosen based on the following criteria: a delay to practice six months to three years before entering a NGRTP and then continued working in their previous job while waiting to be accepted into a NGRTP. Eight participants were chosen and volunteered for this study. Questionnaires were sent to seven managers and four responded. There were a small number of participants because a smaller group enabled a deeper investigation of the problem (Coyne, 1997; Yin, 2012).

Procedure for Gaining Access to Participants

The recruitment process began with my reviewing the names, of new RNs who had completed the NGRTP. I emailed past participants who met the inclusion criteria of delay to practice of six months to three years. When I did not hear back in a reasonable amount of time from the potential participants, I phoned them asking a few qualifying questions such as: how long after graduation were they accepted into the NGRTP. If they fit the study criteria, I explained the study and invited them to participate. In addition, I emailed the participants' managers and asked if they would complete a questionnaire about their perceived perception of their past employee's adjustment during their delay to

practice. I followed up with a phone call and if, after the call, they did not send back a completed questionnaire, I made no further contacts.

From the beginning encounter with each potential participant, I took an intentional approach to build trust (Maxwell, 2014). With each encounter, I demonstrated a positive and warm attitude through thoughtful responses to all of their questions. Evidence that the participants trusted me was demonstrated by their consent to be interviewed. The informed consent process provided participants with an understanding of the research strategy and answered many of their questions thereby generating trust (Yin, 2012). In the case of all participants, I was careful not to be intrusive and demanding.

Building a Working Relationship with the Participant

Throughout the DTP-NGRTP, I intentionally listened to the RNs' stories about their period of underemployment (Lodico, Spaulding, & Voegtler, 2010). Before interviews began, I provided a clear explanation to the participants about the study's purpose and what they could expect during the interview (Merriam, 2009). In addition, I allowed time for the participants to ask questions after they had read the informed consent (Creswell, 2014). A working relationship with the participant began during recruitment and continued during the interview through attentive eye contact, as well as non-judgmental listening to the opinions and responses of the participants (Hollaway & Wheeler, 2010; Stake, 2010).

Measures Taken to Protect the Participant

This study followed the policy and procedure for the protection of participants as mandated by the National Institute of Health, Walden University, and the participating healthcare organization. Walden University's Institutional Review Board (IRB) gave permission to conduct research and affirmed to participants and the research community that the research demonstrated rigor, followed principles of the chosen research tradition, and ensured that participants were not harmed (IRB number is 11-18-15-0142034). The IRB application explained that the interviews would be voluntary and confidential. Full disclosure to the participants of the risks and benefits of the research reflected Walden University and the researcher's belief in the participant's dignity (Flick, 2015). All transcripts used codes in place of names to ensure confidentiality. Each participant was asked to sign an informed consent. Informed consent included the risks and benefits of the study for the participant. After a thorough explanation, each participant signed the informed consent. The consent included a written purpose of the study and an exit clause that allowed any of the participants to leave the study at any time. I explained the consent process during a pre-study meeting with the new graduates. Participants were informed that they would receive a copy of the transcripts and a short summary of the study's conclusions. Flick (2015) recommended that a checklist be instituted to assure that there is a tight ethical process. I will keep all of the gathered information locked in my home office for five years, after which I will destroy all audio files and transcripts.

Data Collection

Description and Justification

Data collection consisted of participants' demographics, face-to-face interviews, a questionnaire for managers, and field notes. Each data collection tool is described below. An important aspect of the case study method is its triangulated and bounded system. Data collected from multiple sources created the richness and depth of the investigation (Yin, 2012).

Demographic data. RNs' demographic data were collected to reveal important characteristics of the sample, including the commonalities and differences between the participants being interviewed. Coyne (1997) noted that sample selection is an important aspect of qualitative research so that it is important to describe the sample used in a study. Characteristics of the sample may also affect interpretation of findings and replication of the study (Coyne, 1997). On a demographic form, salient information was obtained about participants, such as age, gender, and educational level (Appendix B). Stake (2010) noted that if those being interviewed reacted or answered differently than those with like education, age group, gender, or culture, it is important to understand what is common and what is unusual about their response patterns.

Interview data. Merriam and Tisdale (2016) described the qualitative interview as an interdependent activity between the research-observer and participant-observed. The interview provided me with insights about the participants' experiences to be used during data analysis (Hancock & Algozzine, 2011). Face-to-face interviews were in-depth and semistructured, which provided me the freedom to ask additional probing

questions to clarify responses (Lodico et al., 2010; Yin, 2012). Semistructured questions were used so that when the participant provided rich insight, I could move from a structured protocol to a more creative and fluid approach.

An interview protocol checklist (Appendix C) supported the interview process by allowing me to keep track of various aspects of the interview. A collaborative approach to the interview allowed reflection on the participants' journey and augmented their ability to identify deeper and richer insights (Snyder, 2012).

The interviews took place in a classroom and to augment privacy, the door was locked. The length of the interview was approximately 45 to 50 minutes. A clause within the consent asserted that, if more questions were needed to clarify and enhance the data, there might be a follow up interview (Corbin & Straus, 2015; Glaser, 1965).

Data were collected using the questions included in Appendix D. These questions were designed to address the research for this project study. They were only a starting point because, based on the participants' answers, each question provided prompts for additional questions (Yin, 2012).

Field Notes

The final approach to data collection was field notes that included my observations and intuitive insights and the managers' questionnaire that I later compared to the transcribed notes themselves. The field notes became reminders for future reference of the intensity of the nurses' perception of their delay experience and as a place to record comments about the emotions that emerged as they spoke. The field notes

created a third dimension that was not available through reading the transcript or by listening to the recording.

During the interview, I wrote field notes on the interview form and analyzed the notes in conjunction with interview data. Mulhall (2003) noted that field notes are important in qualitative research to capture nuances of behavior and personal reflection. Mulhall stated that recording of unstructured observations in field notes provides insight into interactions during the interview, describes the context of the interview, and helps to provide a complete picture of the interview process (p. 307). Merriam (2009) suggested that field notes assist to focus the researcher so that descriptions of the setting, insightful quotes, and other observations are not missed. I used field notes as a strategy to keep me focused on the interview, the participants, and their conversation (Marshall & Rossman, 2016).

My field notes included observations about the participant's verbal and nonverbal behaviors, the context of the interview, and personal reflections of the interview process that stood out to me as important. I wrote quick notes during the interview but at the same time kept eye contact consistently with the participant. I completed the field notes immediately after the interview. It is important to record events as they happen or close to the time of their happening so that details of the interview process are not forgotten (Merriam and Tisdale, 2016; Mulhall, 2003)

These on-the-spot comments and observations became part of my triangulation strategy that validated my assumptions while listening and reading the transcript. The notes were analyzed throughout the study. Without field notes, some patterns as they

appeared during the interview may not have been captured. For instance, laughter and smiles captured at pertinent points of the interview, or face coloration at an emotional point, or the participants' tone of voice as it aligned with an intense part of their story were captured via field notes. Because interviews took place over a three-month period, field notes enhanced the understanding of each interview. In addition, the field notes augmented my recall and reminded me of the nuances of each conversation.

Manager questionnaire. The manager questionnaire enhanced my understanding of new graduates' adjustment to their period of underemployment. The questionnaire (Appendix E) focused on each new graduate's adjustment to delay as it related to practice and relationship with co-workers. I emailed each participant's manager and explained my study and its purpose. If I did not hear back from the manager, I followed up with a phone call. Of the seven managers I contacted, only four managers responded back and all said they would email me their completed questionnaire.

The Role of the Researcher/Investigator

In qualitative research, the researcher must be perceived as trustworthy, capable of using the personal information with discretion, and maintaining the participant's privacy (Creswell, 2013; Glenton, Lewin, & Scheel, 2011). During the interviews and while reading the questionnaire responses, I sought a deeper understanding of the participant's journey (Yin, 2012). I came with my experiences, biases, and points of view. An important responsibility was to not distort the facts with my biases (Holloway & Wheeler, 2010). Data gathering and data analysis efforts must remain unbiased (Bailey

& Davis, 2014; Stake, 2010). I sought to maintain the participant's trust through consistency so that the participant would choose to disclose (Yin, 2012).

Building trust was an important aspect of my research role and a trusting relationship between participant and myself helped me elicit in-depth responses from participants (Stake, 2010; Yin, 2012). Additional methods I used to build trust: (a) a thorough explanation of the interview process, (b) a clearly written and explained consent form, (c) informal free flowing banter prior to beginning the interview (Stake, 2010).

When the data collection and the interview began, I took the responsibility for setting the tone and creating a sense of safety for the participants (Bailey & Davis, 2014; Creswell, 2014). I set the interview tone by communicating with non-verbal and verbal warmth. Nonverbal warmth included eye contact and appropriate smiles throughout the interview. Verbal warmth occurs through verbal and non-verbal congruity, tone of voice, and warm responses to the participant's response to questions (Merriam, 2009).

Obtaining credible data is more apt to emanate from my warm and encouraging responses to the participant. Moreover, to practice ways to thoroughly mine information during the interview, I practiced the process of asking open-ended questions. Stake (2010) identified that the researcher needs a working knowledge of how to ask open-ended questions because utilizing open-ended questions increases the potential for obtaining credible data.

The Current Role of the Researcher

I am an education nurse consultant in a managed care organization that is associated with 17 other health care organizations throughout Southern California. I

recruited participants from the familiar arena where I work. I had no managerial authority over the participants, which may encourage the DTP-RNs during their interviews to more freely answer the questions. Potential biases such as the effect that professional delay may have on new RNs' knowledge and skill were mitigated through member checking and peer review (Yin, 2012).

Data Analysis

Data analysis was the final stage of discovery and was important to understanding and placing my findings into the bigger picture. Data analysis helped me paint a picture so that I could identify meaning and themes. For data analysis, I used inductive reasoning to understand the data. Lodico et al. (2010) referred to the inductive method as looking at the data from the "bottom up" in order to understand the meaning of the data. I carefully sought out the patterns and as the themes emerged, they helped me to see a broader picture of the data. Data analysis determined the findings of the study.

Processes for Analysis of Data

Demographic data. Demographic data were analyzed to identify frequencies and percentages of specific RN participants' characteristics. These data are presented in Table 1. Manager interview questions did not include demographics.

Interview data. A transcriptionist typed the interview audio recordings verbatim. In addition, prior to hearing interviews, the transcriptionist signed a confidentiality form. Confidentiality was maintained throughout the research process by coding each participant's comments through the use of numbers (Stake, 2010).

Analysis, according to Stake (2010) is the process of taking collated data apart, sorting, and then putting back together what has been analyzed. The ultimate goal of qualitative data analysis is to find themes that may create an understanding of new RNs' underemployment experience. The transcript was read over multiple times, line by line using several colored highlighters, circling and bracketing statements. As analysis progressed, common statements were revealed and related to each other, statements were coded, and understanding emerged. Some insights also evolved as I wrote in a reflective journal throughout the research process.

A major task, after the interview, was to painstakingly take apart the data and to categorize or code the comments that created a pattern. I used codes to note sets of data so that themes became apparent and then were further analyzed (Merriam, 2009). The processes of coding allowed me to sort groups of data and identify the themes pertinent to the study (Stake, 2010; Yin, 2013). I analyzed data at the end of each interview, rather than waiting until all interviews were completed, so that knowledge from interview data were generated earlier (Silverman, 2016; Thorne, 2000). All personal information on the interview transcript was coded through pseudonyms so statements cannot be traced back to individuals. Transcription copies will remain in a locked file in my home that is inaccessible to anyone other than me.

Coding procedures. The aim of coding is to organize interview data into categories (Merriam, 2009). While reviewing the transcript, I made observation notes about those comments that are deemed interesting, thought provoking, and insightful. The transcript became a document for gleaning and retrieving insights and patterns (Creswell,

2014). I conducted a second review, known as the axial coding stage, to find relationships between comments. The coding process was a task of framing and creating a picture, a context, and ultimately produce knowledge.

A symbol was created for each statement to identify the person making the comment and the number of times he or she said it. Each code was categorized based on content. A second review of the codes occurred to find relationships and is known as the axial coding stage (Corbin & Strauss, 2015). Reviewing the entire transcript and re-identifying themes was the third and final coding stage (Creswell, 2014; Merriam & Tisdale, 2016).

Patterns gradually evolved as identified themes led to a deeper understanding of the participant's experience. Inductive by nature coding as a process of data analysis includes the examination of interview data to identify common categories related to the research questions. The coding process was used to identify labels or thematic names, allowing patterns to emerge. As I read and re-read the transcript, data were analyzed, and codes were associated with the themes (Symon & Cassell, 2012). Axial coding, the last phase of the analysis process is the function of making sense of the story by making connections or finding themes that shape the story (Glesne, 2011).

The quality of data for a qualitative study is decided by how it demonstrates truth, and how consistent and applicable it is. Evidence of quality is determined by the standards created by the community of researchers (Yin, 2012). Creswell (2014) proposed that in order to determine quality, the researcher creates questions and uses them as a checklist. The tools used to ascertain emerging understandings for this study

would be: (a) a log associated with research, (b) reflective journal, and (c) coding system. The types of questions asked were key in determining the study outcome. Checklists were used as a quality standard and were used to identify the emergence of an educational intervention (Creswell, 2014). A concerted effort was made to note and document patterns, relationships, and themes that were supported by the data.

Finally, my colleague peer who teaches qualitative research read the interviews, reviewed my themes, and matched statements from the interview to the themes. After discussion, the peer reviewer and I agreed on the final themes.

Manager data. I took the managers' responses and aligned them with the RN participants' responses. The questions asked of the managers were about the delay to professional practice and how it affected their new RNs' work, attitude, and relationship with fellow workers. In addition, there was a question about what might be most helpful for the new RN. I read and re-read the managers' questionnaires to identify the managers' perceptions of the new graduates after they had passed their NCLEX examination.

Measures to Ensure Quality

Triangulation. Most qualitative researchers recommend that triangulation be used to validate the data collected from the interview (Creswell, 2014). Triangulation either supports or disclaims the evidence by finding additional evidence from various sources to validate the themes (Yin, 2012). Sources used to understand this study were primarily face to-face interviews but additional data were provided through field notes and a manager questionnaire. The manager questionnaire further facilitated my understanding and validated the themes from a manager's perspective, of the new

graduate's period of underemployment. Multiple sources were used to validate observations and interpretations (Yin, 2003). Additional data may provide an opportunity to collect evidence that confirmed the validity of the findings (Stake, 2010; Yin, 2012).

Member checking. To assure that the findings were accurate, a member check was embedded into this study. Member checking consisted of participants conducting a review of my data analysis to assure clarity of their comments and reduce misinterpretations of their responses (Baxter & Jack, 2008; Stake, 2010; Yin, 2012). The review included both the RNs and the managers that they worked with during their delay to RN practice. All RN participants were contacted and responded to my request to review their printed interview. I was only able to find one manager who had the time to read my data and give me feedback. She agreed with my findings and commented that it was very interesting. The member check did not produce any controversy and the participants stated it affirmed their memories of their period of underemployment. Hancock and Algozzine (2011) found that allowing the participants to read the transcript also provided a type of debriefing for the researcher.

Member checking is not without controversy. Barusch, Gringeri, and George, (2011) identified that member checking might be counter-productive. Concerns cited were that the participants might revise their views to agree with the researcher. Assumed motives for the aforementioned members' responses might be their effort to please the researcher. I was careful when communicating with participants to emphasize my desire for them to answer candidly and not try to answer according to what they thought I might like to hear.

Peer review and debriefing. Peer review and debriefing is a process used when a colleague reviews a draft study and makes assessments on plausibility and credibility of the study, findings, and conclusions (Creswell, 2013). A colleague, a researcher who is familiar with qualitative methodology, reviewed my findings. She was free to question the assumptions of the findings and challenge the research (Lodico et al., 2010; Merriam, 2009). Debriefing was an interactive process that also entailed an overview of the researcher's conclusions about the study at the date of the meeting. The job of the peer examiner was to challenge the researcher and assure that biases and preconceived notions were not part of the researcher's data analysis and conclusions (Merriam, 2009). Peer review added to the rigor of this study and helped validate the credibility of the data analysis (Creswell, 2014; Glesne, 2011). Asking a colleague who could disagree with my assumptions to read the study also provided another opportunity to uncover bias (Creswell, 2013). My colleague disagreed with the quantity of my themes and so we collaboratively decided that the themes could be distilled down to four themes and for each theme there were several subthemes.

Pattern matching. Systematically organizing data is an important first step to data analysis (Yin, 2012). Analyzing data includes more than studying words; it also includes looking for deeper meanings and other explanations (Creswell, 2013).

Pattern-matching logic is one way to analyze and understand meanings that may seem to compete with each other (Creswell, 2013). Pattern matching allowed me to address competing explanations of data and provide a comparison to my assumptions, thus further strengthening the predicted results (Yin, 2012). Pattern matching is the

process of looking for patterns that demonstrate conclusions. Patterns emerged from demographics and allowed a comparison of emergent patterns derived from the interview. All participants graduated from associate degree programs and all were delayed between 6 months to 3 years. During data analysis, I produced a detailed explanation of how the patterns confirmed or disconfirmed the study's hypothesis. Case study rigor depends on creating a structure for authenticity and quality procedures that will increase credibility; this process is important to future applicability of the research findings (Stake, 2010; Yin, 2012).

Procedures for Addressing Discrepant Cases

Procedures used to address discrepant data and ensure the accuracy of my conclusions included: (a) creation of a research protocol, (b) triangulation through potential additional interviews and field notes, (c) peer debriefing by verbalizing assumptions and conclusions to a colleague, (d) potential member-checking, and (e) cross case checking (Yin, 2012). The interview protocol explained earlier in the methods section served as my road map. There were no discrepant cases. All participants followed the pattern denoted by the themes.

Findings

Data were collected to explore the perceptions of the delay to practice RNs' experiences. Research questions focused on the perceptions of new graduate RNs who had to wait to enter a NGRTP. Findings from analysis of demographic data are presented here, followed by findings from responses to interviews, data from the managers' questionnaires, and field notes.

Demographic Survey

Demographic data provide in-depth information important to a study (Lodico et al., 2010). Demographics are important to fully knowing the context and understanding from whence their perspectives emerged. Demographic data collection provided the study with personal characteristics of the RN group at large. The type of data collected from the RN participants during the study were: (a) where presently working, (b) highest degree, (c) Nursing program attended, (d) age range, (e) gender, (f) ethnicity, (g) date passed NCLEX, and (h) date entered the NGRTP. The study included seven females and one male participant who were all awarded associate degrees; two participants, after passing their NCLEX, continued school and obtained their Bachelor of Science in Nursing (BSN).

Table 1.

Participant Demographics

New Graduates	Degree	Age Range	Gender	Ethnicity	Date Passed NCLEX	Date Entered Program
RN1	A.S.*	36-45	Female	Asian	07/2012	11/2013
RN2	A.S.	36-45	Female	Caucasian	10/2011	10/2013
RN3	A.S.	36-45	Female	Other	12/2012	03/2008
RN4	A.S.	55+	Female	African American	09/2012**	03/2008
RN5	A.S.	36-45	Female	African American	11/2014	03/2015
RN6	A.S.	36-45	Male	Hispanic	09/2009	09/2010
RN7	A.S.	36-45	Female	Hispanic	07/2012	08/2015
RN8	A.S.	36-45	Female	Hispanic	07/2012	08/2015

Table 1. *Note.* *Associate of Science **Entered two inpatient NGRTP but did not complete

Interviews with New Nurse Graduates

Respondents appeared eager to share their stories during the interviews. One participant began to cry when describing her experience of sending an application and either not hearing back from the hospital or reading the rejection letter. The themes gradually emerged by reading, highlighting the text, and rereading the participants' transcribed interviews. The themes were affirmed by the managers' questionnaire responses. Field notes were helpful because I included the participants' emotions and my perceptions of their responses that would not have been identified on the recording nor

the transcription. Codes were created for participant privacy, categorizing RN participants as RN1 through RN8.

Data from the managers' questionnaires affirmed my identified themes from the participants' interviews but the interview was key to the identification of four major themes:

1. Passed the NCLEX: Ready to go
2. Frustration: Wearing a scarlet letter
3. Prepping during delay: Holding the gains
4. Transition: Being the nurse

Through participants' responses to the interview questions, my field notes, and the managers' questionnaires, understanding of the new graduates' perspectives of their delay experiences emerged and provided the following four themes:

Theme 1. Passed the NCLEX: Ready to go: Though patterns and variations occurred throughout the interviews, the new RN passing the NCLEX and his or her anticipation of a new RN position appeared throughout each interview. Participants described passing the NCLEX as their completion of a long sought dream. All participants worked full time during their schooling, most had children or were caring for a relative's children, some were single parents, and all had incurred large debts as a result of being in school. Each participant related excitement after passing the NCLEX to take his or her next step. All stated or implied that they would do whatever it took to enter the field of their dreams. Though very excited about passing the NCLEX and finding a transition RN program, two participants had complex family challenges and were

concerned about the need to care for sick family members while searching for a transition program.

Participant RN5 had many obstacles that included a family tragedy that involved caring for her sister's children throughout school and her mother's death. Describing her potential emotional barriers and the sacrifice she made just to earn her license, she stated:

When my mother died, I was in nursing school and my world crumbled pretty much at that time. When I finally passed the NCLEX, it was worth it because a lifelong dream had come true. I had quite a few setbacks in my goal to become a nurse. When I found out I'd passed the NCLEX, I whooped for joy! I could not express my joy any other way than to dance and sing God's praises! From the beginning, I have always known I wanted to be a nurse. From the 3rd grade, I even have proof I have a list of goals and one of the goals said to be a nurse. So you can imagine how I must have felt when I learned I was actually going to be a nurse – a dream come true! I passed the NCLEX by the grace of God and all of my studying and hard work! Now it's time to get a job.

Post-NCLEX excitement and the desire to begin transitioning into RN practice or "ready to go" was a universal theme. Each new graduate implied or stated that he or she wanted to immediately begin a new graduate residency transition program. Some found that though they wanted to begin, there was no NGRTP at their hospital to apply for and others who applied inside or outside were not accepted. Other participants noted that transition program rejection was an opportunity to further their education. Though they

went back to their old job, underemployed, each used the time to improve their skills. Seeking alternative resources seemed to be important to sustaining their motivation while searching for a transition RN program. For example, two RNs continued to pursue education while they searched for a transition program. Other new RNs described successfully passing courses such as Advanced Cardiac Life Support (ACLS) and Oncology certification programs, which encouraged them while they waited. Discouragement was constant and each participant had to focus on something that they could interpret as winning rather than failing. One participant stated: “After you apply and there are 2000 other applicants for 20–25 positions, and you are not accepted, you feel discouraged and wonder if you are in the right place.”

Participant RN3 practiced for 17 years as a Licensed Vocational Nurse (LVN). She described her joyful experience after passing the NCLEX. It followed a long period of caring for family members so when she learned she had passed she were very happy.

There was lots of delay because of family and work and so forth, but I did graduate 3 years ago and the process for LVN to RN was a long delay in part as well because my mother passed away while I was in my, the beginning part of my nursing school, therefore it did make my grades suffer, my grades suffered because of it. I did take a year off and to get back to nurses school and to pick up where I left off was very challenging. So I actually, when I completed the course that I was lacking, or that I did not do well on, I took it at Event University [pseudonym], and then I had to fight, it was very, very challenging to get back into nursing school, so I was able to

get back in at a different college to finish up my final semester. ... So I took the boards and NCLEX December 31st, actually which was my grandma's birthday and I passed. I was so relieved and excited.

Working full time and going to school full time with family responsibilities created multiple challenges such as fatigue and guilt about having neglected the family. When the participants described their feelings about passing the NCLEX, words such as motivated, enthusiastic to begin, and feeling blessed were threaded throughout their responses. Participant RN8 described the dilemma and challenges created by family responsibilities while working full time:

I graduated from the Community College December 2014 and I immediately applied for the NCLEX examination and which I was given a test date in February so I studied and I brushed up on my skills and I successfully passed on my first attempt. It was an unexplainable joy, passing the NCLEX.

After passing the NCLEX a burst of confidence appeared. Passing the NCLEX meant that an opportunity to transition into a RN position would soon occur. She wanted a transition program to accept her and as she explained: "life would be perfect if I can work as a RN".

Participant RN1 appeared motivated and sought out advice from seasoned RNs. She was willing to do whatever it took and she demonstrated that willingness by taking classes, certification exams, going back to school. Participant RN1 described passing NCLEX as a time for planning and finding the strategy that would launch her into the

career of her dreams, being a registered nurse. She began immediately to plan for the future by going to her manager and asking for advice:

I did speak to my department manager and clinical supervisor and then I said, 'So I'm going to take my state boards, what do you guys recommend if I want to come back and work as a RN in pediatrics?' And so what they recommended was for me to go to the hospital and work for a year and then come back. And I said I was interested in the Infusion Center and they're like, oh yeah, you have to go to the hospital for a year and get your year experience. So at that point I realized OK, I have to head out to the hospital. So I started planning what do I need to prepare mentally to accept a hospital position from transitioning from clinic. I was a clinic nurse for 18 years at that time and then go to the hospital. SO I was ready. Mentally I was prepared. I would do whatever it took and so that when I heard the new grad program was opening up on 5W tele - I started brushing up on my EKG skills and just reviewing... and when I went to the interview I thought I was prepared and so I didn't get it and it was crushing.

Though "nothing was available" was a common statement, the new RNs continued to look inside and outside their organization for a RN position. Working while waiting to find a RN position was frustrating and all stated or implied frustration.

New graduate RN7 described her after graduation experience this way:

Leading up to coming to the new grad program I worked in Kaiser for the past 10 years as a medical assistant in gastroenterology department. During

that time my coworkers and supervisor assisted me in taking classes and getting through the nursing program. My supervisors were always supportive and helped me whenever they could; and then I took my NCLEX maybe about a month after I finished school and I passed. I was excited and ready to look for my first job as a registered nurse.

New RN6 added a description to how she felt after successfully passing the NCLEX:

I worked in Primary Care as an LVN for many, many years then I always wanted to be an RN even as a little child. So went to school, worked in Urgent care during the night and went to school during the day and I was able to pass – pass state boards in 2003. As an RN I passed State Boards and I was so happy and so grateful for that. At the time I was still working as an LVN.

In summary, a common thread throughout each interview was the excitement, thankfulness, and feeling grateful for passing the NCLEX and finally having a RN license. The theme *Ready to go* was implicit in their application to multiple NGRTPs and their decisions to not give up their RN identity or their desire to transition into RN clinical practice. Some new RNs were able to obtain RN positions through temporary agencies that gave them limited assignments in injection clinics. Not all hiring agencies required a NGRTP. However, all of the large local hospitals require a NGRTP as a hiring prerequisite. RNs who want to advance their career are likely to seek a job in one of the local hospitals or clinics.

Theme 2: Frustration: Wearing a scarlet letter. The new graduates agreed that rejection from a NGRTP program was crushing, created feelings of inadequacy, gradually eroded confidence, and was the cause of their forgetting clinical information that they would not have forgotten if they had immediately graduated and then entered a NGRTP. Yet most participants agreed that even though it was difficult to wait for a transition opportunity, waiting to enter RN practice made them stronger. One participant was so busy with family challenges that rejection from a transition program did not seem to challenge her as much. She stated: “I know that I will eventually find a RN job, but finding a job is not as important as being there for her family during their crises.”

After they were rejected from a new graduate residency transition program, most participants stated that they went back to their original position. The new graduates’ stated excitement was predicated on the fulfillment of their dream of becoming a registered nurse. The intended plan did not immediately transpire and all of the new RNs described or implied their denial to their chosen profession as a very frustrating and demoralizing experience.

Participant RN2 stated:

If we needed a RN to do an IV at that time, so even though I had the knowledge, skills, and license to do that I wasn’t allowed to because it was beyond the scope of my LVN license. Because I had to stay within my scope of practice as a LVN, I couldn’t use my knowledge base or license as a RN.

Participant RN7 recalled that after learning that she was rejected from the local NGRTP, her managers and colleagues provided support. Participant RN7 was not the only participant who had collegial support. Those of her transition colleagues who worked in health care described their experience with staff and how they attempted to support and reinforce their confidence by sharing clinical opportunities. One participant did not work in a clinical area, and she had to rely on continuing education classes and certifications to reinforce her RN knowledge and skills. Participant RN7 described her experience waiting for a new graduate position and the effects of waiting:

My supervisors were trying to do everything they could to see if there was any way I could stay in my own department or anything like that and not have to leave to go to the outside and get a job. We have a big union and they have rules ... my managers spent time working with me and teach me a thing...I feel like I am rusty in comparison to someone who might have just finished school. I had lack of confidence... if you feel like you are unsure of yourself you're not so willing to jump in and do things where as if I had just finished school I would still be more comfortable doing procedures or you would know things of that nature versus waiting 3 years and then have to go back do things that I was doing when I was in nursing school.

RN4 created her own support by looking for opportunities to either observe RN activities or to have permission to perform some procedures under a doctor's supervision. Other ways RN4 garnered encouragement was through maintaining relationships with

seasoned colleagues who encouraged her and strove to share their nursing expertise and knowledge.

Participant RN4 added:

Waiting did affect my practice because I knew I was carrying a RN license but working as a LVN...there were many limitations, specially on assessing patients and what I can and cannot do. It was frustrating... I was frustrated. There was some frustration, not angry, but well, still grateful that I could still work as an LVN, while I am having my license, my RN license, but a lot of frustrations. I was very disappointed that I was carrying an RN license but cannot practice. ... because of the limitations on what I can and cannot do, knowing what I know how to do. But because I was hired as a LVN not a RN, I was so limited...but at the same time I used it to help my provider that I worked with, gave him my feedback between him and me.

Participant RN4 described her frustration about not finding a new graduate program to accept her. In addition, RN4 applied to multiple programs and each time she was rejected she felt confused and frustrated. It seemed to her that each rejection made acceptance into a transition program less likely. Frustration was described in many ways such being afraid, angry, and discouraged. RN4 applied but did not find any program to accept her:

I didn't apply right away because there was nothing available. I was trying to do the feelers here at my institution and I was told there were would be

things coming down the line, meaning primary care, and some med surg stuff, ER stuff, because I was still in ER at that time, and I didn't see anything nothing was posted, there was just talking and nothing concrete. So I started looking outside of my institution however I have been with ... this year for 16 years, so I didn't want to leave... so I applied to a couple other hospitals, but I never heard anything because you know, there's 800 other applicants to 20, 30, 100 positions or however many positions there are. So I applied to any new grad program here at ... that did come up. I went to three interviews so I applied for probably 5 or 6 that was including outside of my organization.

Participant RN1 reflected that she followed a seasoned RN's advice to apply for an inpatient RN position and was not hired. She stated, "I was very frustrated and discouraged." Rejected applications to transition programs created frustration, decrease in confidence, and ultimately decrease in RN level knowledge and clinical skills. RN1 explained her frustration the following way:

I was advised to apply to a hospital NGRTP and work in the hospital one year and then return to my chosen department and apply for a RN position. I started applying to oncology hospital positions, the emergency room hospital position, I even applied to endocrine, gastro, and they kept on kicking back my requests stating I do not meet the requirements. So little by little it's breaking me down. At the same time I am working

evenings and every other weekend as an LVN. I hit the ground running and ...did not stay stagnant.

Participant RN6 identified independence as a major reason for his frustration. Being rejected over and over, made him feel dependent and marginalized. He related his perception of the delay to his current practice:

It is very frustrating to me. I am very independent, I love to help people and take care of people, and I feel it's just very frustrating to me when I have a delay in my thought process, because I feel like I have a delay in care, which really in care, which really isn't but I just I feel that way it's very frustrating.

Frustration often occurred when the new graduate was expected to know how to respond and made decisions expected of a registered nurse but could not recall without help from colleagues. Participant RN6 stated: "I feel I am rusty on certain things, definitely. I don't recall some of the information that we were taught in school. I don't recall some of the information that we were taught in school."

Participant RN6 continued on to describe his perception of the delay and that he sometimes felt like he was wearing on his chest a "scarlet letter." Everyone knew he had gone back to school but they shared with him they did not understand why he was not finding a RN job. Because they knew that he had a RN license in his pocket, they did not understand why he continued to work as a LVN. Scarlet letter described how he felt about the rejections he experienced. The letter on his chest was RN, yet he continued to work at a LVN. He described his situation in the following way:

In retrospect, it made me appreciate the journey ... initially I was in limbo career-wise. Reason being is because I was a LVN prior to passing the NCLEX boards for my RN license. And so when I was practicing as a LVN I had no problems practicing as an LVN. I stayed humble. I maintained my practice within my scope of practice as LVN but having that RN license in my pocket for a good 12 – 15 months made me feel like I was in Limbo and it was discouraging. There were a few times where I wondered well, what was the whole point of going back to school and getting my RN if I can't even step up as planned. ...I was labeled new graduate and there were many times I felt like I was wearing a scarlet letter.

In summary, as the DTP-RNs reflected on their multiple applications to NGRTPs and consequent rejections, the second theme frustration emerged. Underemployment literature demonstrates that many new graduates from all fields must grapple with the impact of being unable to enter a transition program and consequently to move from promise to fulfillment (George et al., 2012; Scurry & Blenkinsopp, 2010). A study completed by McGee and Thompson (2015) found that depression among unemployed new graduates of all majors was high enough to call it a public health concern. The participants were underemployed and as such they were also vulnerable to discouragement. Verbruggen, Van Emmerik, Van Gils, Meng, and de Grip (2015) looked at a variety of careers and studied the lasting effects of underemployment and found that underemployment negatively impacted job satisfaction as far out as 5 years.

Theme 3: Prepping during delay: Holding the gains. Not finding a job after taking the NCLEX means, if new RNs want to remain employed, they will have to return to their old job and work underemployed. Knowing what this wait meant to the new RNs and how it affected their skills, application of knowledge and confidence, was important. What the new RNs did during this waiting time is also important to know. All eight participants stated that they spent additional time prepping for the RN role they hoped to assume eventually. Two participants went back to school and earned their bachelor of science in nursing (BSN). Others worked on certifications, such as Advanced Cardiac Life support (ACLS), Pediatric advanced life support (PALS), and Association of Pediatric Oncology Nurse certification (APON). All participants talked about remaining current by reading nursing journals and taking continuing education courses. One new graduate RN only read nursing journals and continued working for her employer as a service representative. This was a variation from the majority of new RNs who continued school, earning certifications, and continuing education courses to remain current.

An additional strategy to maintain RN skills was described by two of the new RNs who continued working at their old job with a lower license but also applied for and were hired into part time RN positions with a temporary agency. Their rationale was they could get RN experience working for the agency and then have a greater chance to be hired into a NGRTP. With minimal orientation, the temporary agency placed them in injection clinics administering immunizations. The local health care organizations did not consider the new RNs' experience working with the temporary agency as an adequate replacement for a NGRTP.

Participant RN8 described work to prep during her delay. Disappointments appeared to be continuous, and yet her story reflected determination that she would prepare for the transition course she hoped to eventually enter:

I took the APON and that test was hard. I failed it the first time and they gave me a 2nd chance. It's chemical administration of these thick medications, what to watch for, what to watch for, reactions and how to treat the patient before you give medications and lab work to look at.

One DTP-RN did not work with RNs and stated she found it difficult to maintain RN knowledge. She stated that to think as a RN she had to rely on reading professional journals. She admitted that during her DTP, not working in a clinical position might have decreased her confidence and made her transition to RN practice more difficult.

Participant RN2 described how working on her BSN and working with RN colleagues helped her professionally in terms of critical thinking skills. Going back to school served to encourage as well as keeping the DTP-RN on a professional track. Seasoned RNs were also helpful to the DTP-RN providing the DTP-RN with responses to questions that prompted the DTP-RN to think as a RN. In addition, RN2's colleagues questioned and allowed RN2 to ask questions. The role of seasoned RNs for each of the DTP-RNs was very important to their ability to strategize next steps. RN2 discussed how she believed working with seasoned RN colleagues and going back to school helped her ability to critically think:

With the critical thinking because in the interim of waiting for a position I started the Bachelors' program, and so I had a lot of critical thinking as far

as like theory and ideas and questions and things that I had to go through as far as answering those kinds of questions so in terms of answering those types of questions... I worked with the RNs and they would give my ideas – not to do the assessments or anything but they would ask what would you do in this case, so they helped me kind of in a way with the critical thinking aspect. They allowed me to say what I would do which I think continued that and then the course of just continuing my education so I just kept myself in the mind frame of being a RN.

Certifications were an additional way that new graduate RNs kept their professional practice current. Working full time, being a mother, and going to school to maintain RN proficiencies was not easy. RN1 described the exacting nature of remaining current:

I went and got my APON certification. I thought, I'll apply for Oncology but then when I started applying they were not interested. I applied to Oncology positions in the hospital, and the Emergency room... I started brushing up on my EKG skills and passed the ACLS certification exam... every month I was doing something, I did not remain stagnant... but it took its toll on me, it really did.

Staying current for some of the participants occurred on the job, where they were allowed to observe RNs assess a patient. In addition, they were allowed to perform, under supervision, certain RN procedures prior to being accepted into a transition program. Some of the participants used peers and providers to affirm their competency as a RN. Participant RN1 stated "I used to help my provider that I worked with, gave him feedback

between him and me”. Participant RN7 attempted to remain current by observing and helping the RNs: “They spent much time working with me and teaching me. They would let me go into the rooms and you know work with alongside the nurses so I could, you know, not totally and completely lose my skills”.

In summary, Theme 3 identified the importance to the new RN of updating clinical skills and continuing to learn from colleagues and physicians. One DTP-RN utilized nursing journals to update knowledge and others utilized RN colleagues to help them remain clinically current. Throughout the interviews, it appeared as if there might have been two reasons the participants found peers to teach, demonstrate, and affirm their RN skills: to learn and maintain skills as much as possible while keeping their skills current, and to demonstrate to themselves that they were capable of working in a RN position.

Theme 4: Transition: Being the nurse. The new RN finally was able to transition into the RN profession. Ambivalence, which consisted of great excitement and joy, yet fear which was reflected through admitted feelings of insecurity about knowledge and current clinical practice. Each new RN experienced transition in a personal way, wondering if other new graduates who did not have to wait to enter a NGRTP felt the same sense of insecurity. The following responses from the participants describe their feelings and perceptions about transition. “I felt fearful and insecure” were statements participants included as they described their transition experience. The responses demonstrate the perceived effect of waiting on their confidence.

Participant RN3 stated she was unprepared, and as the delay continued, her insecure feelings grew. RN3 felt insecure as did the other participants. According to the respondents, as time went forward and there was no job, feelings of insecurity about clinical skills and knowledge grew:

I feel like I am rusty on certain things definitely. I don't recall some of the information we were taught in school. I don't recall some of the information like the back of my hand. Say when I was an LVN if there was a procedure or if there was some type of thought process behind it, it was second nature to me because I had done it for so long and it was just active in my daily routine. Whereas as an RN you don't have to, you really do have to think differently....

Even though all participants described feelings of insecurity regarding their competency in the clinical area, RN8 believed that she was unique and her insecurity was greater than others:

Well the delay obviously ... just goes back to that fear. Where maybe some people coming in even though you are in a new grad program, they may have felt less apprehension where I felt more apprehension to make sure that what I was doing was appropriate and the right care.

She went on to say:

Well it had been a while since I had done a true assessment so the delay when starting that over I had to kind of go back and review assessments and I kept a lot of my books and again just asked questions if I wasn't sure

because it wasn't quite so fresh in my mind. I asked a lot of questions I used my preceptors when we started into the RN New Grad program. I asked both NP/PAs and other RNs for feedback for advice if I had questions. They were all very willing to help me along the way and actually just doing it. Putting myself out there and not trying just to pass it off to another RN and being willing to just take the bull by the horns and practice nursing.

Participant RN8 described the way her insecurity might have affected her present practice:

Ways it may have affected my present practice is probably in not feeling quite as confident coming with that delay being far away from actual hands on RN from precepting, etc. to having that delay and working as an LVN and not working as an RN there was definitely apprehension to make sure that what I was doing was still appropriate care.

Participant RN3 echoed others as she described how the delay created insecurity and affected her transition:

I would say that obviously there's a big step up or big difference between the scope of practice of a LVN and the scope of practice of a RN and when it comes to assessing patients, of course that's more at the RN level. I feel that the delay perhaps literally delayed my critical thinking skills. I remember going through the new grad program as a RN and I kept asking myself what is critical thinking other than from perspective other than just

a hands-on experience. And so if you're not exposed to the experience how can you be held accountable to have the critical thinking?

There were specific procedures that seemed to affect the new RN the most. For Participant RN4 administering medications by IV concerned her, and she reported that when asked to perform the procedure, she felt extremely insecure. This is significant because when new RNs begin their transition program, the hospital nurse educators should identify the greatest concern the participant has regarding his or her clinical transition. Participant RN4 stated:

To me the administration of medications by IV -- there was one incident that I had when I started working in a clinic, the doctor ordered a certain medication and, and you know, I think if I had had more practice and was in there while my mind was still fresh, I probably would have had more knowledge about that certain med.

This participant went on to describe her thoughts and feelings during transition when incidents requiring RN level knowledge and competence emerged: "I felt kind of down, questioning if I was, if I needed to go back to school and study even more; kind of made me feel like; ok did I learn enough? Kind of questioned my knowledge."

Participant RN5 shared how insecure she felt about providing patient care over the phone. The expectation that the new RN will be able to assess the patient based on his or her description of symptoms was very intimidating. The physical assessment review at the beginning of the NGRTP really helped align what she knew when she passed the NCLEX and what she was expected to know after the NGRTP:

That first three weeks when you had people come in, they lectured on what they did, and if we were to be there was they expected from us, which was wonderful, and not only did that help me, but it also, I mean, I don't have any nurses in my family and the nurses at work... or at my previous job, were so busy that talking in between calls, that only like a minute could not happen. So I never really interviewed other people other nurses on what they did. I know that there's so many things that I can do as a nurse so many specialties, but when you brought them in, it actually hit me and let me know that I have options and then where I wanted to go and where I may not want to go.

Participant RN6 described how helpful the class portion of the DTP-NGRTP was:

The classes were very thorough with pediatrics and adults and you broke it down to basically every symptom system that you could think of, and for me having that delay out of school, that was very helpful because I was able to listen and hear the protocol and also I still have information to reference back to. Having the classes really helped me transition into my RN role.

Participants related the importance of being affirmed by expert nurses. The significance of seasoned nurses encouraging and sharing their stories of how they struggled as new RNs gave the new RNs hope that they could successfully transition. Participant RN7 agreed with others that the nurse leaders encouraged her through their observation that her struggles were common to others and that she was not alone. She stated:

The fact that other supervisors and people who have been here for a long time and started as a CNA or LVN and worked their way up because then you have the feeling of am I the only person in this boat or the only person going through this. Because they make you realize you are not the no 1 one and you just have to keep pushing regardless of the roadblocks or walls that you run into and the doubts that you get from other people, to not let it get us down, to keep trying to learn and grow and push through. I think that was very helpful.

Participant RN8 concurred with the PN5, PN6, and PN7 about how important nurse leaders are for encouraging the new RNs to keep going and not give up their dreams:

I think the interaction with the nurse leaders I think having the conversations where they came in and spoke to us and encouraged continuing education. To me that was probably the best thing because it made me feel that yeah there was a delay but I am still a RN and there are so many more opportunities and so much more advancement. For me personally that was probably the most beneficial was talking with all of them AND the fact they wanted to talk to us that these seasoned nurses were excited about New Grads. Which I think is the most important thing because we're getting away from that eating our young mentality to really embracing and encouraging RN's. I benefitted so much because it gave

me a confidence that I had people watching out for me and looking for my best interests. They were just encouragers.

RN8 added about her transition, “I am not feeling quite as confident coming with that delay and being far away from actual hands on....”

RN7 concluded: “Even though I get to work as a nurse, there are a lot of things that I am learning or not doing....”

In summary, Theme 4 created insight into the DTP-RNs’ lack of confidence and insecurity about their transition to being a nurse. Often the DTP-RNs identified times when RN colleagues provided the DTP-RN words of affirmation and explained the importance of those affirmations. The NGRTP must be adequate enough to provide new graduates enough transition tools that they can transition into clinical practice (Al-Dossary, Kitsantas, & Maddox, 2014). Researchers who studied the new graduate transition process agreed that transitioning was depressing and challenging (Phillips et al., 2015; Pineau Stam, Spence Laschinger, Regan, & Wong, 2015). Entering a rapidly changing health care environment makes transitioning to practice an especially difficult experience (Clark & Springer, 2012; Laschinger et al., 2016). With the DTP-RNs’ protracted search for a NGRTP to accept them there were stated fatigue issues as well as feelings that they may not be as equipped “to be the nurse” as RN colleagues who entered a NGRTP immediately after graduation. Laced throughout the interviews was evidence that the DTP-RNs required additional preparation and support.

Managers’ Questionnaire

Managers have pressing operational needs, which made them slow responders.

Only four managers responded to my request to complete the manager's questionnaire. The questionnaire did not produce new information, though it affirmed the themes I discovered through the participant interview. The managers' questionnaires revealed that all of the DTP-RNs were motivated, continued to add to their professional knowledge, and though they continued to experience rejection from new graduate programs, their attitudes remained positive. In addition, managers stated they tried to help new graduates keep their skills current.

The manager survey indicated that after the rejection from a NGRTP, new RNs' attitudes remained positive. All managers agreed that the new RN's delay to professional practice had an effect on their critical thinking, decision-making, and confidence. Managers all agreed that there were no changes in the new RN's relationship with their coworkers. Coworkers worked together with them and there was a sense of caring and compassion among the staff. One manager said that the staff took the new RN at face value. Managers related that staff expressed empathy for the new grad because they knew that the new RN had a RN license, but were working under the lower license. Some managers spoke of their registered nurse colleagues who sought out experiences for them and allowed them to be present when procedures were occurring. One manager spoke of the new RN's need to "hold back" and not assess patients. The same manager was pleased that he had not observed the new RN working outside of the scope of practice, but consistently deferred decision making to the RN in charge.

In summary, each of the participant's managers received a questionnaire, but only four managers completed the questionnaire. The questionnaire sought managers'

perspectives of the period when the new graduates worked with them during their delay to RN practice. All four managers agreed that the new RN graduates, though disappointed, did not allow their rejections to affect their attitude, work ethic, and relationship with colleagues. If anything, the managers' consensus was that during their delay to RN practice, the new RN graduates were motivated and wanted to do their best. In some cases the new RNs asked for opportunities to observe their RN colleagues perform RN scope of practice procedures.

Field Notes

Throughout the interviews, I observed many non-verbal responses that I recorded as narration notes. These notations were a reminder to pay special attention to the DTP-RNs' words to see if they matched my original impressions. For example, when a participant looked down or away during a response, it often occurred during a painful point in the interview. When the participant cried or laughed, it also was noted with his or her statements, so that they could be factored into the analysis. These notations were a reminder to pay special attention to the DTP-RNs' words to see if they matched my original impressions.

Conclusions Related to Research Questions

As the DTP-RNs responded to the research questions, patterns began to emerge. During analysis, four themes developed that helped to identify the DTP-RNs' emotional and professional reflections on their DTP. Feeling strong and confident by passing the NCLEX abruptly changed to frustration and insecurity when the new RN was rejected from the NGRTPs. Based on the DTP-RNs' reflections, the overall findings indicated that

during the delay process, the DTP-RNs experienced periods of confusion and feelings of deep frustration.

Research question 1: How do new graduate registered nurses (RN) who have experienced a delay to practice describe how this delay may have affected their future practice? DTP-RNs who waited to enter a transition program appeared to have special learning and performance needs. All participants referred to their insecurities and fears about the clinical practice expectations others may have for them as a RN. New graduate RNs with special learning and performance needs imply that there should be a special transition approach. The findings indicate that the delay to practice new RN should not be mainstreamed into a traditional NGRTP. A new RN waiting up to 3 years or more to enter a NGRTP may indicate that knowledge and practice loss are a transition problem.

The new graduates experiencing delay to practice found their transition emotionally challenging. Primarily their challenge seemed to be a decreased confidence in their clinical skills, knowledge, and the respect of their colleagues. The longer they were out of school, the more anxiety and frustration they felt and the more fearful they were when they began their first RN position.

Research question 2: How do new graduate RNs describe what occurred to their professional practice knowledge and skills during their delay to professional practice? Some participants called their professional practice and knowledge “rusty” and were fearful that forgetting might cause harm. Most of the new graduates stated that each time they were asked a clinical question they felt the need to double-check their answers.

Others noted that they experienced anxiety and fear when they were expected to make clinical decisions. All participants thought that they were more fearful than other new RN colleagues who had immediately been hired after passing the NCLEX into a new graduate position. The consensus of the respondents was that if they had graduated and had been immediately accepted into a NGRTP, they would be more competent and confident.

Research question 3: How do new graduate RNs describe what was most and least helpful in NGRTP after their delay to professional practice? All RN participants agreed that they needed a thorough review of systems and believed that they the classes helped to bridge their knowledge gap. Simulations were helpful but all felt that working in the clinical area was more helpful. All agreed that trained preceptors were very important to their clinical experience. All believed that going to other clinical areas and specialties was disruptive. One respondent recommended that clinical rotations to specialties be scheduled at the end or the beginning of their clinical experience. All participants liked going to other departments, but having those experiences throughout their clinical experience was distracting. One respondent described her clinical confidence beginning to grow and then she had to leave and go to her pediatric rotation. Upon returning from her pediatric rotation, she felt as fearful and unsure of herself as she did her first day in the module.

Interpretation of Findings

Mezirow's transformation theory was used to further understand the professional and personal learning transformation that occurred to DTP-RNs. Learning, according to

the transformation theory, may ultimately bring changes to the learners' perspectives or opinions about their future profession (Clark, 1993). After graduation and during transition to practice, the new RN begins a new learning experience (Clark & Springer, 2012). Mezirow (2002) described transformation when the student replaced "uncritical assimilation of knowledge" with the "development of critical thinking" (p. 5).

Perspective or idea change may occur gradually when an adult is equipped to differentiate between what one thinks about a concept or idea and what is actually true.

Based on Mezirow's theory, a transformation of the new RN's perspective may begin when the DTP-RN enters the DTP-NGRTP. Through the transformative process, the DTP-RN develops an identity as a professional RN. Findings are interpreted below in relation to the three research questions for the project study.

Research question 1: How do new graduate registered nurses (RN) who have experienced a delay to practice describe how this delay may have affected their future practice? Responses from participants linked waiting to attend a NGRTP to their perceived gradually decreased skills, knowledge, and confidence in their ability to perform at a RN level practice, as reflected by Berman et al., 2014. All new RNs experience insecurity, yet waiting 6 months to several years for a RN position to open has, as the findings from this project study indicate, implications for the DTP-RNs' future practice (Benner et al., 2009; Berman et al., 2014). Findings related to this research question provided insight into the DTP-RNs' perspective of their clinical needs and the need for a specially designed NGRTP to foster the development of critical thinking skills

so important in the transformation to professional practice (Ginsburg et al., 2013; Mezirow, 2002).

Research question 2: How do new graduate RNs describe what occurred to their professional practice knowledge and skills during their delay to practice?

Findings related to research question 2 aligned with other studies from scholarly literature that found that all new RNs lacked confidence and were insecure about their RN skills (Clark & Springer, 2012; Kramer, 2012; Phillips et al., 2014). The DTP-RNs were concerned that their knowledge and skills were compromised by their delay. DTP-RNs described their clinical practice fears and related those fears to their delay to RN practice. As reflected by Mellor and Greenhill (2014), all DTP-RNs stated that their professional practice was negatively affected by their delay and that patient safety was an important reason to attend a NGRTP.

Research question 3: How do new graduate RNs describe what was most and least helpful in NGRTP after their delay to professional practice? The three major concerns about the NGRTP that were described by the DTP-RNs are also reflected in the professional literature:

1. A need for a thorough system review.

Some of the DTP-RNs had been out of school for two years or longer and the loss of knowledge and skills was, as one DTP-RN stated: “alarming”. System review and interactive critical thinking exercises for new RNs is important for improving knowledge and skill retention (Tingleff & Gildberg, 2014; Ulrich et al., 2010).

2. Importance of preceptors to a successful transition.

The DTP-RNs noted that without their preceptors, they would not have successfully transitioned to clinical practice. Noting that the preceptor needed training to understand their situation, the DTP-RN defined the preceptor as a seasoned nurse who was specially trained, who was their personal clinical guide, educator, and who advocated for them (Elmers, 2010; Kang et al., 2016; Prater & Allen, 2017). In addition, the DTP-RNs reflected on the importance of preceptor training so that preceptors would identify their special needs and provided empathic guidance in the clinical area.

3. Working in the clinical area supported competence and confidence more than classroom simulation.

The DTP-RNs believed that their clinical reasoning was engaged more fully by their clinical experiences than their classroom simulation activities. They cited the “real” patients in the clinical area were more instructive and confidence building than classroom simulation. Studies confirm the positive impact of both classroom simulations and clinical experiences for increasing clinical competence and confidence of new graduate nurses (Jung, Lee, Kang, & Kim, 2017; Kaddoura, et al., 2010; Zimmerman & House, 2016). One study found that the effectiveness of simulations and clinical experiences were dependent on how closely they were scheduled to each other (Einat et al., 2016). If simulation was placed directly before or after the clinical experience, the two experiences more fully supported the new graduate and the

development of self-confidence and clinical competency. Simulations and clinical experiences are interdependent, not mutually exclusive, and therefore may be used to maximize the clinical learning experience by strategic placement together in the NGRTP curriculum.

Summary

A qualitative case study design was used to learn about the DTP-RNs perceptions of their delay to practice. Although other qualitative approaches were examined for this research the case study was chosen. The outcome of the study contributed to an understanding of the DTP-RN's experience and identified the need for special attention during the DTP-RN's transition to professional practice

Opinions about nursing practice changed for the DTP-RNs after they began to work in the clinical area. The findings suggested that the lapse of time during the DTP was one reason for the new RNs' loss of confidence about their inability to recall and apply past clinical knowledge. The obstacles faced while waiting to be hired as a RN did not deter RN participants from continuing to prepare and add to their knowledge. Two of the eight RN participants continued with school and two worked for the registry as RNs. All of the new RNs asked to observe their colleague RNs assess and triage patients over the phone and face-to-face, and all continued reading journals and attending classes.

As themes emerged during data analysis, clarity occurred that guided the development of a project that would contribute to the DTP-RNs' successful transition to clinical practice. The study participants agreed that they were very happy that they had successfully completed their coursework and passed the NCLEX but they were unaware

that they would have so much trouble finding their first job. As the DTP-RN discovered that they would remain working at a lower level than a RN, frustration and discouragement ensued. Data from the manager questionnaire did not add new knowledge obtained from the participant interviews. All managers responded that although the new RNs continued to work in an underemployed position, their attitude, work ethic, and relationship with peers remained positive.

Section 3 will include description, goals, deliverables, rationale, review of literature, implementation, potential resources, barriers, and timelines for implementation of the project. The challenges of a stressful transition to professional practice, created by nursing education not keeping up with the rapidly changing healthcare care industry, may be compounded for the DTP-RN. Conclusions for the emergent themes influenced recommendations for a uniquely designed delay to practice NGRTP.

Section 3: The Project

Introduction

The purpose of the white paper project is to educate hospital nurse educators and managers about unique needs of the delay to practice new RN through a white paper that describes findings and implications of the project study. In order to simplify description of the project, the delay to practice RN will be referred to as delay to practice registered nurse (DTP-RN) and the proposed revised New Graduate Residency Transition Program (NGRTP) will be referred to as Delay to Practice - New Graduate Residency Program (DTP- NGRTP). The project is a white paper that provides resources and tools for the hospital nurse educator to use to support the new DTP-RNs in their transition to professional practice. Interviews with new graduates and responses from their managers indicated a concern that the delay might hinder the new graduates' ability to successfully transition into clinical practice.

The success of the DTP-NGRTP is a vital aspect of its adoption and sustainability. The white paper recommendations are to promote a unique DTP-NGRTP for the DTP-RN and his or her transition to professional practice; encourage managers and peers to review the white paper; and any thoughts that might strengthen the next DTP-NGRTP.

Education Framework

Mezirow's work (2003) framed learning as transformative and described the learner discovering meaning during the education process. Mezirow included two approaches for learning: communicative learning and instrumental learning.

Communicative learning is the process of learning to assess the rightness, sincerity, authenticity, and appropriateness of the learner's experience. Instrumental learning is the process Mezirow sees as the attempt to improve performances by controlling and manipulating environments for performance improvement.

Based on the larger concern for patient safety, the white paper's recommendations for the transition process into nursing practice may require both manipulating the clinical environment for the DTP new RN and frequent performance improvement review. During patient care, a preceptor will work side by side with the new graduate and will monitor the new graduate RN closely. The institution's nursing policies will provide practice guidelines for clinical tasks and provide a standard to help the DTP-RNs increase their confidence and competence. The white paper proposes that transitioning into nursing practice may require both approaches with patient safety as the larger concern. For instance, interactive learning, simulation, and clinical practice may be examples of instrumental learning while the didactic and journaling discourse may be considered an application of communicative learning.

The literature varies when identifying how long the transition to clinical practice should be for the DTP-RN. The length of the traditional NGRTP reviewed in literature varied from 16 weeks to 6 months, and one year appeared to be a standard for specialties such as Neonatal Intensive Care Units (NICU), adult Intensive Care Units (ICU) or Emergency Departments (Kramer et al., 2013; Rush et al., 2013; Smith, Rubinson, Echtenkamp, Brostoff, & McCarthy, 2016). The recommended length of the DTP-NGRTP will be 6 months and if needed, an optional 6 months extension. The additional

6-month option will be a collaborative decision between the hospital nurse educator and the DTP-RN. A physical assessment review will contain many applicable based case studies and interactive simulation activities. Similar to the traditional NGRTP, the DTP-NGRTP will also include trained preceptors.

Recommendations in the white paper for preceptor training include information to inform the preceptor about the project study findings and the implications for supporting the DTP-RN. The white paper provides and recommends assessment instruments and documentation tools to track the DTP-RNs' progress. In addition, the mechanism of Mezirow's transformation theory is discussed, including its application and implications for understanding and supporting the DTP-RNs during their transformative journey into the role of the registered nurse.

Purpose of the White Paper

The purpose of this white paper is to acquaint, educate, and convince hospital nurse educators and managers about the effects that delay may have on DTP-RNs and gaps in knowledge and clinical skills that should be addressed (Ewald, 2016; Sakamuro, Stolly, & Hyde, 2015). The white paper was informed by findings from a qualitative case study that described the participants' perception of their delay to the RN profession. From the new graduates' description of a lived experience emerged knowledge about their fear, their lack of confidence, and their perceived loss of clinical skills and knowledge.

Section 3 incorporates the description of a white paper, goals for the white paper, and rationale for using a white paper based on the findings described in Section 2. In Section 2, the findings of a qualitative case study clarified the new RN's perceptions of

their delay to professional clinical practice. The data analysis in Section 2 revealed that delay to practice had a perceived emotional and clinical effect on the new graduates that should be addressed during their transition to practice process. The findings described in Section 2 demonstrated the need for strategies to assist the hospital nurse educators and managers to support the DTP-RN transition to professional practice.

Description and Goals of the White Paper

The findings of a qualitative case study provided evidence for a white paper, which became the basis for a proposed DTP-NGRTP. The study discussed in the white paper, titled *The Delay to Practice Registered Nurse: Recommendations for a Successful Transition to Professional Practice*, includes recommendations and resources for a DTP-NGRTP. The white paper describes the unique needs of the DTP-RN and includes recommendations for a uniquely designed NGRTP for the DTP-RN. In an attempt to understand the DTP-RN's knowledge performance gaps and perceptions, a qualitative case study was done to explore the new graduate's perception of his or her delay to professional practice related to knowledge, skill, and transition experience. The findings were instrumental to providing recommendations to the nurse educator and hiring manager regarding the content and the transition process for the DTP-RN.

There are three goals for the white paper:

Goal 1: Educate the hospital nurse educator and managers about DTP-RNs and their unique transition challenges.

The case study findings described the DTP-RN's growing sense of anxiety, stress, low confidence, and fear about his or her ability to adequately transition to professional

practice. New graduate transition anxiety, stress, and low self-confidence are described in literature and reiterated in the case study findings (Blakely & Jackson, 2016; Dwyer & Revell, 2016). Stress and lack of confidence are similar to both the immediately transitioned RN and the DTP-RN. However, the length of time between graduation and hire are different and that difference might be factored into the DTP-RN's fear to begin professional practice. There will be recommendations within the white paper regarding an early involvement of the Employee Assistance Program (EAP) Director to address the delay to practice new RN's lack of confidence and fear of failure.

The white paper offers to the hospital nurse educator recommendations for a uniquely designed DTP-NGRTP. The concern addressed in the white paper is that the DTP-RNs may have additional learning and performance needs beyond that of their colleagues who immediately entered a NGRTP (Berman et al., 2014) and require additional support during their transition to professional practice. Participants in the project study stated they might have more fear of patient care than their colleagues. Section 2 described one participant who mused about her RN colleague who transitioned to professional practice right after graduation, wondering if the colleague also reviewed and second guessed himself or herself.

Questions that the white paper attempts to answer are: Who are the DTP-RNs and how long should their DTP-NGRTP be? What will be the difference between a traditional NGRTP and the DTP-NGRTP? Recommendations vary in literature for length of time needed for the new RN to adequately transition into clinical practice. Primarily the literature describes the traditional NGRTPs that might last for 12-16 weeks to 6 months

and about 60% of the specialties lasting a year (Adams et al., 2015; Smith, Rubinson, Ectenkamp, Brostoff, & McCarthy, 2016). Some of the DTP-RN's clinical needs may be different than those of a new RN who immediately enters a NGRTP after graduation. The project study identified that lack of confidence and perceived loss of significant clinical data concerned the DTP-RN.

What are the differences and similarities between the traditional NGRTP and the DTP-NGRTP? The traditional NGRTP may be shorter in length, may have fewer classroom hours, and yet the supervision and mentoring of both the new graduate and the DTP-RN is guided by preceptors and mentors. The preceptors and mentors may need specific understanding about the DTP-RNs' clinical and professional needs (Nielsen, Lasater, & Stock, 2016). Knowing and understanding the needs of the new nursing population is important to meeting those needs.

Goal 2: Educate hospital nurse educators and hiring managers about the case study findings and their application to the problem that the case study was attempting to understand.

Educating hospital educators and hiring managers about the case study findings that emerged from interviewing the participants may reinforce the need discovered for a specialized DTP-NGRTP. Strategies laid out in the white paper were based on the findings of the aforementioned case study. The study findings showed that DTP-RNs felt insecure about their skills and knowledge and their ability to safely apply knowledge into clinical practice. Additional findings included the challenges the DTP-RN experienced as they second guessed themselves and felt as if they were viewed as less competent than

their peers who immediately after graduation were accepted into a NGRTP. The white paper provides hospital nurse educators with a series of recommendations for applying to the DTP-NGRPT.

The DTP-RNs' perceptions of their delay may enhance the hospital educators' understanding of the DTP-RN and improve their ability to adequately address the effects of the delay. Currently the traditional NGRTP is based on the belief that all participants have similar needs for transition to clinical practice and the curriculum and process will efficiently meet all of those needs (Goode, Reid Ponte, Sullivan Havens, 2016). The white paper attempts to differentiate the DTP-RN's lived experience occurring after graduation from the new RN who applies to a NGRTP and is immediately accepted. The white paper can remind the hospital nurse educator about the DTP-RNs' unemployment or after returning to previous position underemployment, sending multiple applications to RN-NGRTP, and experiencing multiple rejections.

Goal 3: Provide examples of resources for the DTP-NGRTPs and assist with the DTP-RNs' transition to clinical practice.

Resources in the white paper include evaluation tools, examples of curriculum content and timeline, example of a schedule, and recommendation of a multi-layer evaluation. Learning about the DTP-RNs' clinical and professional needs should trigger the hospital nurse educator's desire to create additional interactions and educational innovations for the DTP-NGRTP. Findings from the case study indicated that DTP-RNs had a growing sense of anxiety, stress, low confidence, and fear about their ability to adequately transition to professional practice. Keeping the above in mind and recognizing

that DTP-RNs may have emotional needs that could create success barriers should provide hospital nurse educators a reason to explore the DTP-RNs' thoughts regarding their particular challenges so that any special needs might be addressed.

Enlightening the hospital nurse educators may encourage their transition support for DTP-RNs. Moreover understanding the DTP-RNs' challenges may encourage a supportive and facilitative attitude about the DTP-RNs' ability to successfully transition into clinical practice. An opportunity for the hiring managers to intermingle with the DTP-RNs, hearing their stories, and learning about their motivations to persist in their pursuit of professional practice may create positive social change. Changing attitudes and beliefs about the DTP-RNs' ability to succeed is the hoped-for deliverable.

The managers and hospital nurse educators have the important role of encouraging and sustaining the new RN's desire to grow and learn. The white paper includes recommendations for educating the manager to understand and support the new RN graduate (Freeling & Parker, 2015; Phillips et al., 2014). The use of video technology will be recommended to track the progress of the DTP-RNs and document their stories of successful transition (Flinkman & Salantera, 2014; Pineau Stam et al., 2015).

White paper recommendations also include using a clinical assessment tool to provide a baseline of the DTP-RNs' perceived clinical skill gaps. In addition, the white paper includes methods for addressing the DTP-RNs' knowledge gap(s) (Johnson, 2016; Tingleff & Gildberg, 2014). The white paper recommends that the DTP-NGRTP should be at least 6 months long with 1 day per week in class the first 2 months and periodic Employee Assistant Program (EAP) meetings for private group discussions addressing

the case study findings of DTP-RN's fears and lack of confidence (Niemi, McErlane, Vasseur, & Bohl, 2014).

Preceptors are key to the new RN's successful transition to professional practice (Nielsen et al., 2016). The white paper encourages a situational and interactive training program with recommendations for preceptor assessment resources for mentors and preceptors (Lee-Hsieh et al., 2016; Martensson, Lofmark, Mamhidir, & Skytt, 2016).

Because of a complex health care environment, the DTP-RN will need a preceptor and mentor who can encourage intentional socialization opportunities (Lalonde & McGillis Hall, 2017). Socialization is the process in which all new RNs learn and practice the roles and values needed as a RN (Dinmohammadi & Mehadad, 2013). Some of the greatest challenges the DTP-RN may have are interpersonal and literature indicates that interpersonal conflict is stressful to the new RN (Clark & Springer, 2012; Yeh & Yu, 2009). Other reasons for stress include the delay itself and several of the participants reported that having a long delay before being hired made their transition very stressful. The white paper recommends methods needed to ameliorate the DTP-RN's clinical and emotional challenges (Berman et al., 2014; Hickerson, Terhaar, & Taylor, 2016).

Rationale for the White Paper as a Project

A white paper project was chosen to advocate for a DTP-NGRTP for the DTP-RN (Stelzner, 2010). The purpose of a white paper is to generate concern, define a service, grab the busy persons' interest, and empower the reader to act on the information provided (Gould, 2016). Sakamuro et al. (2015) stated that the white paper is "distinctive, in terms of purpose, audience, and organization" (p.1). The key to the white paper's

adoption is its readability and the hospital nurse educator's subsequent realization that the DTP-RN has a special need that might be solved through the adoption of the recommendations therein (Graham, 2015; Sakamuro et al., 2015).

The white paper provides evidence from the case study in Section 2, in which interviews with DTP-RNs explored their perceptions of having a RN license without a job as RN. With so little attention to the dilemma of the unemployed or underemployed RN, the hospital nurse educators and hiring managers may not have enough information to recognize the need for a special DTP-NGRTP. At the local health care organization, the DTP-RNs are not accepted into RN positions and if they are hired, there is no evidence of any awareness of or accommodation to their learning and transition needs. Moreover, there is no evidence that the hospital nurse educator is aware that DTP-RNs may have special learning and skill needs. The basis of this white paper project is to create an awareness of DTP-RNs' hiring and transition dilemmas and to provide resources for their transition needs.

The white paper shares evidence from literature and research for each recommendation and strategy so that it will have value to the managers and hospital nurse educators (Rush et al., 2013). I chose the white paper because it is the best way to quickly explain DTP-RNs' dilemma and offer practical recommendations to bridge DTP-RNs' knowledge and clinical practice gaps.

Another approach might be to provide hospital nurse educators a ready-made NGRTP for DTP-RNs. I considered writing a NGRTP curriculum design for hospital nurse educators. However, because little has been written about DTP-RNs, writing a

curriculum seemed premature. For instance if hospital nurse educators are not aware that DTP-RNs may have special transition needs, they may set the curriculum aside and view it as unnecessary. Kolowich (2014) explained that a white paper advocates on behalf of an idea. Offering a specialized curriculum without a clear explanation of a DTP-NGRTP may confuse hospital nurse educators. If hospital nurse educators and managers do not understand the clinical and knowledge challenges that grew out of the delay to practice, they may wonder about the relevance of a separate curriculum. Consequently, it seemed appropriate to choose a white paper as a forerunner to the eventual DTP-NGRTP curriculum.

Local healthcare organizations have not identified the DTP-RNs as a group needing special attention during their transition to practice. The white paper focuses on the learning and practice needs of the delay to practice new RN. During the interviews, the participants cited that their DTP was a source of discouragement and frustration and they thought it led to their lack of confidence in their clinical skills.

Based on the study's findings, the white paper includes resources and recommendations for a NGRTP that will meet the needs of a new RN who had to wait to enter clinical practice as a registered nurse (Rudman, Gustavsson, Ehrenberg, Bostrom, & Wallin, 2012). Resource recommendations are included in the white paper so that those chosen by the educator might be integrated into a separate unique NGRTP for the DTP-RN.

Chapter 1 of the white paper provides a discussion of the case study, describing the DTP-RNs' story of their delay and how it affected them personally, professionally,

and their clinical practice as a RN. Chapter 2 is a scholarly literature search giving the major evidence from literature and research. Chapter 3 includes recommendations and strategies for the DTP-NGRTP and applications of each strategy. Chapter 4 proposes methods for evaluating and measuring outcomes of the DTP-NGRTP.

Review of the Literature

The literature review focused on the scholarly interest in the use and efficacy of a white paper to inform, convince, and disseminate information to a particular audience. Databases engaged were Google Scholar, ProQuest Nursing & Allied Health Source, PubMed, Dissertation, Theses at Walden University, and CINAHL Plus with Full Text. The keywords utilized for the searches were: *white paper*, *definition of white papers*, *using a white paper to motivate action*, and *white paper as a type of rapid review*.

A white paper or a position paper is a type of rapid review because the white paper attempts to rapidly create understanding so that knowledge may move into action (Thigpen, Puddy, Harber-Singer, & Hall, 2012). Thigpen et al. (2012) described the rapid review as: “an overall process that rapidly translates knowledge into action” (p. 284). A rapid review may also be used to describe a condensed synthesis of evidence to support a process that is promoted for application (Khangura, Polisena, Clifford, & Kamel, 2014). The choice of a white paper is consistent with a rapid review because in the white paper, a synthesis of evidence will reduce it to important practice applications (Harker & Kleijnen, 2012). Busy health care professionals need convenient data so important decisions may be made. The white paper format provides rationale, evidence, and

recommendations for a DTP-NGRTP that meets the needs of busy hospital nurse educators and managers (Thigpen et al., 2012).

Substantiating the Choice of the White Paper

White papers have been used in many settings to recommend solutions and application to problems (Mattern, 2013; Reis & Macario, 2014). Using a precise and succinct communication device to convince and recommend a format for practice is a valid method to convince busy health care professionals to enlarge their NGRTP offerings (Graham, 2015). The white paper is an efficient and practical way to present findings and recommendations for needed changes. Featherstone et al. (2015) inferred that a white paper might be an example of a rapid review. Featherstone observed that there is no single definition for a rapid review because the rapid review has the goal of bringing knowledge to action by using a range of various information delivery methods. A white paper is useful to persuade an audience to understand a particular need and adopt a particular strategy (Hoffman, 2016; Khangura, Polisena, Clifford, & Farrah, 2014).

The white paper includes a process for transitioning the DTP- RN that will address his or her unique transition needs (Sakamuro et al., 2015). Successfully engaging a busy audience by synthesizing evidence that will advocate for a particular position and provide resources is practical and useful (Featherstone et al., 2015; Khangura, et al., 2014). Thigpen et al. (2012) advocated for a practical method to disseminate evidence to shorten the research practice gap that existed between researchers and educational practitioners. Using a white paper rather than a complex dissertation or manuscript is an

efficient way to convince busy professionals that a separate and specialized NGRTP is needed for DTP-RNs.

The Need for a Delay to Practice Transition Program

Scholars agree that transition support to clinical practice is an important element for the new RN's transition to clinical practice (Freeling & Parker, 2015; Parker et al., 2014). Evidence for the need for a DTP-NGRTP is sparse. There were few studies discussing the need for special attention for the DTP-RN (Berman et al., 2014; Peters & Jackson, 2013). Primarily the need for a special DTP-NGRTP was implied and sought to stress the importance of transition support for those who were unemployed and had not found a RN position. Kim et al. (2015) found that when the new graduate's self-identified needs were matched to clinical practice, the new graduate's transition to professional practice was more successful. Other scholars noted that skill identification assists the seasoned RN to match skill opportunities to the new graduate's needs (Clark & Springer, 2012; Goode et al., 2016). Spector et al. (2015) conducted a multisite investigation that studied transition to clinical practice. Spector found that established transition programs had higher retention rates, fewer safety issues, and higher competence levels. New graduate satisfaction may be an additional indicator that the new graduate's clinical practice skills are being met (Mellor & Greenhill, 2014; Niemi et al., 2016; Twibell et al., 2012). Nurse leaders describe an important clinical skill as the ability to critically analytically think, make critical decisions, and demonstrate procedural competence needed to perform patient care duties (Rosenfield, Glassman, & Capobianco, 2015; Scott, Keenhar-Engelke, & Swanson, 2008). The white paper recommends early skill

assessment in the DTP-NGRTP.

The Need for Preceptor Training

Multiple studies have documented the importance of trained preceptors for the new graduate's successful transition (Kim et al., 2015; Martensson et al., 2016; Spector et al., 2015). Seasoned RNs may or may not be ready to interact and supervise a new graduate RN who has been delayed to clinical practice. All RNs in a clinical preceptor role need to be educated about how to interact with and supervise a new RN. The preceptor will guide the new graduate to growth and clinical competence (Arrowsmith, Lau-Walker, Norman, & Maben, 2016; Henderson & Eaton, 2013). When the new RN has been delayed to RN practice, there may be special intrapersonal and clinical needs that the preceptor may observe (Berman et al., 2014). How to best support the new RN's ability to demonstrate critical thinking and make safe decisions is important for supervising all new graduates (Kaddoura, 2013). The preceptor must provide transition support that will reinforce clinical knowledge and skills (Clayton, Broome, & Ellis, 1989; Prion et al., 2015). There is also a need for a mentor to encourage and sustain positive emotional courage for the DTP-RN (Pineau Stam et al., 2015).

A preceptor and the mentor are seasoned nurses with clinical expertise who also temporarily fill the role of an educator and encourager (Blegan et al., 2015). To be effective trainers and clinical guides, preceptors need training and growth opportunities (Kang, Chiu, Lin, & Chang, 2016; Nielsen et al., 2016). Kumaran and Carney (2014) described the role of the preceptor as one that creates "hidden influences", or influences that might not be quantified but none-the-less were powerful (p. 605). Finally, Lasater,

Nielsen, Stock, and Ostrogorsky (2015) emphasized that the preceptor is one who facilitates practical learning and also is an on-the-job evaluator.

To enhance the preceptor's ability to relate and positively guide the new graduate, the preceptor training classes should include emotional intelligence, identifying learning and performance gaps, and communication techniques (Hu et al., 2015; Lalonde & McGilles Hall, 2017; Martensson et al., 2016).

The assessment of the preceptors' learning and performance needs is critical to assuring that preceptors are providing quality experiences for the new RNs' clinical practice (Lee-Hsieh et al., 2016; Pineau Stam et al., 2015). The preceptor has the important role of assuring that the new graduate will thrive and survive the stressful challenge of transition to professional practice (Henderson, Ossenberg, & Tyler, 2015; Nielsen et al., 2016; Ulrich et al., 2010). All studies point to the importance of the new graduate success being aligned with the preceptor's guidance and support.

Project Description

The project is a white paper that describes, recommends and advocates for a separate new graduate resident transition program (NGRTP) designed specifically for the delay to practice RN (DTP-RN). The audience for the white paper is hospital nurse educators and managers. The white paper includes recommendations and strategies for the DTP-NGRTP to enhance the DTP-RNs' knowledge and skills. Lastly, the white paper describes resources and recommendations for implementing and evaluating the program.

Needed Resources and Existing Supports

The white paper discusses needed resources for a New Graduate Residence Transition Program (NGRTP). For example, seasoned RNs should be identified and recruited as role models and mentors to DTP-RNs. Staff alliances within the hospital are a resource that will be needed to garner support for the proposed DTP-NGRTP.

Preceptors are another vital resource to the DTP-RNs' successful transition to professional practice (Laschinger et al., 2016). The white paper describes the value of a trained and committed preceptor assigned to the DTP-RN. New graduates may find it difficult to transition from student to registered nurse. The white paper emphasizes that without the nurse preceptor, a successful transition may not occur (Dwyer & Revell 2016; Rush et al., 2013).

Managers are also important to a successful DTP-RN transition. Managers influence the departments' learning culture by encouraging preceptors to be positive role models. Furthermore, managers may facilitate DTP-RNs' learning by assuring that there is adequate staff to support preceptors while they focus on helping the DTP-RNs (Regan et al., 2017).

Potential Limitations and Barriers to the White Paper Recommendations

One potential limitation to implementation of the white paper recommendations may be the budget required. Hospital nurse educators may need to seek external funding sources to underwrite the cost of the DTP-NGRTP. Other possible limitations to implementation of the white paper's recommendations may be biases of seasoned colleagues that may include the belief that the DTP-RN has been out of school too long to

safely transition to clinical practice. Strong biases may close the minds of hospital nurse educators and keep them from wanting to read and apply the white papers' recommendations.

Implementation of Project

This project will focus on the framework for a supportive DTP-NGRTP. Berman et al. (2014) noted that scholars have identified multiple competency gaps among new graduates but less is known about clinical performance gaps of the new RN who is not immediately employed.

The process for educating and disseminating the white paper to the stakeholders:

1. The white paper will be emailed to the stakeholders (managers and hospital nurse educators)
2. An email will include an explanation of the white paper, its purpose, and an invitation to an explanatory webinar
3. The webinar will include a review of the white paper and its applications in detail, the case study that framed the white paper, and a time for questions and answers and dialogue

The audience for this white paper will be three hospital nurse educators and all interested managers. The number of managers receiving the white paper will be based on those managers with identified interest in hiring a DTP-RNs. Utilizing the white paper to educate and convince managers with tight budgets and a variety of additional worries may require data about the successful transition of DTP-RNs. The hospital nurse

educators may be more apt to recognize the new RNs' dilemma sooner and may support the recommendations contained in the white paper.

Other barriers to implementation of the recommendations of the white paper might be:

1. Bias of the seasoned nurses toward the success of the DTP-RNs and their potential to transition to professional practice.
2. Belief by the hospital nurse educator and manager that the DTP-RN has no special needs and thus the DTP-NGRTP is a waste of money and time.
3. Not enough equipped preceptors to align their beliefs with the hospital nurse educator in the potential of the DTP-RN to successfully transition to professional practice.

Preceptors and mentors should have a situational training program that includes simulation opportunities in advance of the NGRTP start date. Simulation opportunities may include difficult and typical situations that preceptor may encounter, dialogue about situational awareness, and relational discussions about how to assure a better transition to professional practice for the new graduate (Kang et al., 2016).

Stakeholders

Stakeholders include the new graduates' future managers, preceptors, and mentors. The stakeholders may have a reason to be concerned about the transition potential of the DTP-RN. Transitioning is labor intensive and costly and when a new RN fails to transition, it takes an emotional toll on all concerned. Anyone working with the new graduate should be aware of the potential challenges that delay might have incurred

(Ebrahimi, Hassankhani, Gillespie, Negarandeh, & Azizi, 2016). Stakeholders need information about any potential challenges that may be unique to the DTP-RN so that there is an informed commitment from those who are investing in the new RNs' success.

The discussion will include:

1. Educating the stakeholders about the first year's stressors and how the DTP-RNs successful transition may reduce the DTP-RN's stress and potential feelings of failure.

2. Informing the stakeholders about the power of positive team behavior toward the DTP-RN's and their ability to succeed.

Preceptors and mentors are important to the DTP-RNs' transition to professional practice and are therefore a key to the successful implementation of the white paper's recommendations (Nielsen et al., 2016). Transition to clinical practice is stressful and the managers and preceptors should be in agreement about the importance of influencing the seasoned RNs to demonstrate commitment to the new graduate's success (Laschinger et al., 2016). Other white paper recommendations include classroom and simulation experiences with 3 weeks of system review, interactive simulation activities, leadership, journal clubs, critical thinking exercises and clinical practice.

The white paper additionally recommends that throughout the implementation of the clinical experience the new graduate journals, monthly preceptor webinars, and weekly visits by the hospital nurse educator to each of the new graduate clinical areas support for their successful completion, the white paper recommends that, with permission from the new graduate, a video interview of each delay to practice new

graduate to be shown to their managers at the new graduate's celebration after the completion of the NGRTP (Flinkman & Salantera, 2015; Pineau Stam et al., 2015).

Table 2 is a chart describing the white paper's recommendations for the timing of topics, simulations, clinical practice, and clinical rotations for the DTP-NGRTP process. The white paper's recommendations for the DTP-NGRTP appear similar to the traditional NGRTP, but differ from the traditional NGTP by increasing length of didactic physical assessment review and by the use of simulations, case studies, and the Employee Assistance Program (EAP) director to provide a safe space to express their concerns. The white paper includes recommendations for ongoing skill assessments and if needed, an optional 6 month clinical experience increase.

Table 2

Recommended Timeline for DTP-RN NGRTP

NGRTP Process	Time Allocated	Wk 1-8 New Grad	Wk 8-16 New Grad	Wk 16-24 New Grad	Wk 24-52 Optional
<i>Preceptor & Mentor Preparation – 8 hour classroom/lab - two weeks prior to DTP-NGRTP start date</i>	Two 4 hour sessions	Skill self competency assessment and BKAT Assessment	Clinical Rotations - Pediatric 16 hours	Clinical Home Module	Clinical Home Module
<i>DTP-RN Classroom Intensives - New Graduates</i>	120 hours	3-week Classroom intensive	OB/GYN 8 hours - observe Infusion Center -	Clinical practice is the priority	<i>6 months to one year the new graduate is supervised by the nurse manager with the hospital nurse educator as the consultant</i>
<i>Journal club - during intensives-Scholarly journal review on pertinent topics associated with nursing practice.</i>	<i>1 hour Daily</i>	-Week 4 Begin clinical in home department	<i>Weekly four hours afternoon classroom debrief</i>	<i>Monthly four-hour afternoon classroom de-brief</i>	
		Primary care module <i>Weekly 4 hours</i>			

Table 2 is a brief explanation of the white paper's recommendations for DTP-NGRTP content and timeline. Time allocation, content, and weekly schedule are inserted into a labeled column that include generalized topics and a time-line. The last column includes the optional clinical expansion of the DTP-NGRTP to an additional six months

if there is an agreement by manager, hospital nurse educator, and DTP-RN. During an optional 6 months, an assigned preceptor will maintain oversight of the DTP-RN and the hospital nurse educator will check bi-weekly with the DTP-RN conducting a brief interview addressing any concerns of the DTP-RN. During the optional 6 months, the DTP-RNs will continue sending monthly journals to the hospital nurse educator.

Explanation of the Responsibilities of the Preceptor

The white paper emphasizes the importance of preparing the preceptor for the DTP-RN prior to the first day of the DTP-NGRTP. Noting the necessity of preceptor and mentor understanding of the implications of DTP, the white paper recommends that preceptor and mentor training include an explanation of the DTP-RN and the DTP-NGRTP. Supporting the DTP-RN with informed preceptors is one way to create a buffer between the insecurity of DTP-RN and the way the delay may have impacted their ability to transition to professional practice.

The white paper's emphasis on preceptor training and responsibility is important because it is the preceptor's responsibility is to guide the DTP-RN into organizational and professional socialization (Scott et al., 2008). The unique personal attributes of the DTP-RN that include their DTP with their insecurities and a widened knowledge practice gap. Also included is the role of the preceptor who should be assigned to a DTP-RN to oversee, coach, educate, and supervise the DTP-RN's clinical performance of tasks (Sandau & Halm, 2010). In addition, there is an emphasis on the role of a preceptor as one who facilitates practical learning and also is an on-the-job evaluator (Lasater et al., 2015). There should be a lead preceptor for each DTP-RN with alternates for relief and

when the lead preceptor is unavailable or not working. Further there will be additional recommendations that will include the role of the lead preceptor as the primary clinical evaluator (Sandau & Halm, 2010). Alternate preceptors may be utilized when the lead preceptor is not available or needs additional input, will report to the lead preceptor about practice concerns and the DTP-RN's progress. Even-temperament, transparency, diligence, and emotional steadiness are important traits for the preceptor (Lalonde & McGillis-Hall, 2016).

Emphasis on the Roles and Responsibilities of the DTP-RN

The DTP-RN primary responsibility is to demonstrate his or her transition growth as he or she validates clinical and knowledge skill growth. As part of the DTP-NGRTP the DTP-RN will have regular opportunities to reflect on their practices. All new graduates find the first couple of months a critical time for their success (Spiva et al., 2013). Ericsson et al. (1993) introduced the concept of deliberate practice in acquisition of expert performance. The white paper emphasizes that the efforts of the DTP-RNs are based on their deliberate efforts and an intentional partnership with the preceptor.

The white paper includes exercises that assist with critical thinking and as part of the critical reflection exercise, the DTP-RN will journal, reflecting on experiences and insights that encouraged or concerned he or she during the week. Journaling is a critical thinking exercise and is considered foundational for creating clinical thinking (Zori, 2016). Journal club participation is another form of learning (Johnson, 2016). The journal club forms the DTP-RNs' awareness of evidence based practice and scholarly research. Moreover, the DTP-RN may learn about how to use research as a basis for

making clinical decisions (Goodfellow, 2004; Ryan, 2016). Last, the DTP-RN is responsible for engaging in the learning process through attendance. Not missing classes or clinical is an important element of transition success.

Project Evaluation

Evaluating success of this project is important to understanding the impact of the white paper on the stakeholders. Knowing if the white paper influences the managers and hospital nurse educators to include the recommendations included in the white paper is important for future DTP-RNs' transition. The white paper describes the DTP-RNs and based on the case study, the implications of their delay to professional practice. I chose the white paper because the stakeholders can easily access important information. The overall goal of the white paper was to convince the hospital nurse educator and managers that the DTP-RN had special needs and would benefit from a DTP-NGRTP that adequately aligned with those needs.

The white paper makes the following recommendations: each month and at the completion of the didactic and clinical experience content, timing, length, the program be evaluated. Evaluations will be both formative and summative. Throughout the NGRPT, preceptors will monitor the DTP-RNs' transition. The purpose of the formative evaluation is to help the new RN identify their strengths and weaknesses and focus on areas of the NGRTP that need work. (Griffie & Gorsuch, 2016). Preceptors providing on the spot evaluations and recommendations to the new RN throughout clinical practice is an opportunity to co-develop the new RNs clinical judgment (Nielsen et al., 2016). Formative evaluations occur on the spot during clinical experience and may require

special training. Summative evaluations will occur on a couple levels: managers, preceptors, and the DTP-RNs. After reviewing the project's recommendations, the nurse educators will decide if the original objectives were met and where adjustments should be made for the next group.

Evaluating the success of the delay to practice new graduate residence transition program (DTP-NGRTP) is a vital aspect of its sustainability. The white paper's goals are: (a) to identify strengths and weaknesses of the white paper's recommendations for the DTP-NGRTP and (b) review the white paper and compare its recommendations to the evaluation results and include any of the provided recommendations that may strengthen the next DTP-NGRTP.

To assess the white paper recommendations, the following open ended questions be sent to the hospital nurse educators:

1. Describe the success or lack of success of the white paper's recommended NGRTP timeline.
2. Did the recommended NGRTP timeline fit the needs of the DTP-RN? If not, please explain how you will know if the timeline was adequate:
3. Based on the white paper's recommendations, what would you do differently with the next cohort of delay to practice new RNs?
4. How will you implement and make changes based on what you learned?

The program's success should be evident after year two of the DTP-RNs' employment. It has been established that greatest numbers of new graduates leave the profession during their first year of practice (Cho et al., 2012; Clark & Springer, 2012).

Knowing the number of participants remaining in the organization after attending the recommended NGRTP may be an indicator of the success of the policy paper's recommendations.

Individuals who leave the organization the first year after completing the NGRTP are a source of important data regarding the success and weakness of the white paper's recommendations. In the local organization, new graduate loss has not been an issue, but if a DTP-RN leave their job during the first year, it might be helpful to learn from them the reason. Knowing about the DTP-RN's satisfaction with their NGRTP experience and their perceived success or failure to function as a respected professional on their team will help future NGRTP (Phillips et al., 2014; Walker, Earl, Costa, & Cuddihy, 2013).

Questions recommended might mirror the research questions:

1. How did the NGRTP support your transition to professional practice?
2. How did the NGRTP not support your transition to professional practice?
3. What do you recommend be added to the NGRTP to support the next cohort's transition to professional practice?
4. Do you have any other comments, suggestions, or ideas that would strengthen the next NGRTP addressing the challenges that the delay to practice new RN might have?

Project Implications and Social Change

The white paper addresses the special transition needs of the unemployed new RN. Further, the white paper recommends strategies for addressing the needs of the DTP-RN. The purpose of the white paper is to create recognition of the DTP-RN and promote

the included recommendations to other health care institutions. Developing and implementing a DTP-NGRTP is derived from analyzing the DTP-RNs perceptions of their delay to RN practice and may be applied to DTP-NGRTP curriculums throughout the country. The impact of the white paper on local nursing attitudes toward the DTP-RN may be:

- An attitude change and acceptance of RN colleagues toward the DTP-RNs and their ability to transition to professional clinical practice,
- An attitude change and acceptance of the DTP-RN, by a manager who might have been skeptical about the DTP-RN's ability to transition may help to increase the new RNs' confidence, competence, and socialization.
- An attitude change and a positive attitude toward success by DTP-RN.
- The nursing culture of the local organization may experience social change when the experienced RN, who may not previously have supported the DTP-RN, changes their attitude after seeing the motivated new DTP-RN successfully transition to professional clinical practice.

Additional implications for this white paper will be the importance of it as a vehicle for sharing the findings of the case study. The white paper will be disseminated to professional organizations, such as American Academy of Ambulatory Care Nurses and the American Association of Critical Care Nurses. Included with the white paper will be a letter describing the intent of the study and recommendations for the development and evaluation of a DTP-NGRTP. I will respond to professional organizations' call for abstracts by writing about the delay to practice new RN study. I will create a poster

describing the study and recommended interventions and display it at a local Sigma Theta Tau meeting. Educating the professional community about the DTP-RN is important to ongoing efforts to providing transition resources for the DTP-RN.

Cost effective transition programs that meet the needs of the entire nursing community are vital for building the next generation's workforce. Those registered nurses who, for economic and other reasons, delayed their retirement are now leaving the profession and must be replaced (Berman et al., 2014). During the new RN's first year he or she is expected to adapt and assimilate, strengthen and demonstrate clinical skills. When unable to immediately after graduation secure a RN position, these tasks are delayed making assimilation or socialization more difficult (Walker et al., 2013).

It is vital to patient safety that the new RNs who worked underemployed and had to place their nursing identity, knowledge, and skills on hold, are amply prepared for professional practice (Parker et al., 2014). Because the recommended NGRTP will be the only such program in our community, if adopted by local educators, it will provide delay to practice new RNs an opportunity to achieve their dream and transition into professional practice. After completing the project, I will send the white paper to each of the approximately twelve Director of Education (DOE) of the Southern California Kaiser Permanente areas. I will ask each DOE to read the white paper and then share the white paper with the hospital nurse educators that work in their departments. The white paper will be attached to an explanatory email that will briefly describe the challenges that occur when a new graduate RN cannot find a new graduate transition program to accept them. The email will include current new graduate hiring statistics from local schools and

direct the email recipient to the white paper that will include recommendations for a NGRTP that may be applied to the wider community.

Conclusion

Supporting the transition needs of the DTP-RN is important for their retention, confidence, and competence. The delay to practice experience of the new RN has not been fully investigated. When these RNs finally are hired into a RN position, they are typically placed in a generic NGRPT without the acknowledgement that they have unaddressed special needs. The white paper resources provided will assist the hospital nurse educator to design a NGRTP providing education and transition to professional practice support to the new graduate. Evaluating the clinical and social needs of new graduate RNs may increase new nurse confidence by increasing competence and by the support of those who were formerly skeptical about the DTP-RNs' ability to transition to professional practice. A literature review in Section 3 validated the use of the white paper genre, the commonalities and differences between the needs of the immediately hired new graduate and those who are delayed to practice.

Section 4 will present a discussion of the strengths and limitations addressed in the project. Also included in Section 4 are recommendations for the project that may address limitations and information about the development of the project's transition to clinical practice support for the delay to practice new RN. Information will be included about what was learned during the development process of the project. In addition, I will include a reflective analysis of my role as it applies to scholarship and project development.

Section 4: Reflections and Conclusions

Introduction

This case study was conducted to learn about the new graduate nurses' perceptions of their delay to professional practice. The white paper's recommendations were based on the study's findings. Based on the study's findings, described in Section 2, strategies are recommended that might be applicable to the transition needs of the DTP-RN.

During the new registered nurse (RN) delay to practice (DTP-RN), their knowledge practice gap might have grown. I could not find any studies addressing the needs or acknowledging the challenges of the DTP-RN. This case study focused on the DTP-RNs' perception of their delay and looked at how they perceived its effect on their transition to professional practice. Applications of the case study's results were applied and recommendations were made in a white paper for a delay to practice RN new graduate resident transition program (DTP-NGRTP).

During the interviews the participants shared their experiences. Because of their experiences, they shared their acquired learning and their recommendations for a future DTP-NGRTP. Learned lessons from their transition to practice provided a background to their recommendations for a DTP-NGRTP that might support their successful transition to professional practice.

Section 4 includes: how this white paper addresses the case study findings of the need for a specialized DTP-NGRTP transition to practice, the project's limitations, strengths, deliverables, and alternate ways to address the problem, recommendations for

future applications of this study, and potential alternatives to my recommendations. Finally, Section 4 incorporates reflections of myself as a project developer and scholar, descriptions of the importance of my work, and what it means to me as a hospital nurse educator. Section 4 concludes with a discussion of the implications for positive social change and recommendations for future research.

Project Strengths

The white paper was chosen because it provided a format to explain, convince, and provide resources for a poorly acknowledged new RN population, the DTP-RN. Additionally, the white paper attempts to engage the hospital nurse educator by providing recommendations for knowledge gap recognition, and involving the DTP-RN in identifying and closing their own clinical and practice knowledge gaps.

The strength of this project is its relevancy to today's hiring environment that appears to prefer newly qualified RNs to those who wait for an opportunity to be hired into professional practice. This white paper's purpose will be to describe the potential effect of the DTP phenomenon of waiting to enter professional practice, and recommend actions and consequent deliverables that include:

1. A strategic focus on the unique transition needs of the DTP-RN.
2. Strategies that seek to mitigate the problems that emerge when a DTP-RN transition into the patient care clinical arena.
3. Provide the hospital nurse educator a recommended timeline, evidence based transition process, and evaluation techniques.

The greatest strength of this project is educating the hospital nurse educator about the importance of understanding the DTP-RN professional practice needs, proposing transition tools, and providing recommendations for evaluating DTP-NGRTP effectiveness. Cost savings will occur if the DTP-RN successfully transitions and does not transfer out of the unit.

Project Limitations

Some of the limitations of this white paper are based on whether the stakeholders are amenable to discussions about the topic and the recommendations for resolving the problems incurred by the new RN's delay to practice. If the hospital nurse educator does not believe that the DTP-RN has special clinical needs the white paper will not be useful to them. The influence of the white paper might also be limited by the cost of conducting two types of NGRTPs. If a health care organization cannot support two types of NGRTPs then they may default to one that focuses on the recent graduate new RN. Moreover, since it may be easier and potentially less costly to transition a recent graduate into clinical practice than the DTP-RN, the organization may request that the hospital educator primarily transition the recent RN graduates.

Remediation of Limitations

In order to remediate the limitations caused by budgetary concerns, it will be important to spend time explaining the importance of finding positions for the DTP-RN. It is important to explain the hospital nurse educator's professional responsibility to encourage colleagues who may have been overlooked by the professional community causing their DTP. In addition, it will be important to share the white paper with

managers as well as educators and have ample evidence to back up recommendations. Furthermore presenting the findings and recommendations at professional conferences might encourage other researchers to study this topic. Additional studies will add to the number and content studied and may allow additional evidence to emerge that will help us understand and support the transition of a delay to practice RN.

Another limitation may be the costly and labor-intensive process of separately transitioning a new RN. It is estimated that the cost to transition a newly graduated RN is about \$97,000 (Kovner, Brewer, Fatehi, & Jun, 2015). If the cost for a recent graduate is \$97,000, the additional cost for transitioning to practice the RN whose entry to practice has been delayed, must be discussed. Higher transition costs may be associated with the additional time and labor it takes to adequately transition the delay to practice RN to professional practice. The restoration of the DTP-RN's lost confidence is a social justice matter and will occur if they receive adequate transition support. New RNs leaving a job during their first year of practice is a reoccurring problem (Boamah & Laschinger, 2015). New RN turnover is an important reason to assure that if the DTP-RN is hired their professional practice and knowledge needs are identified and met (Berman, Johnson, & West, 2014).

Alternative Approaches

I considered writing a ready-made curriculum but for a poorly understood population, a curriculum may be rejected as unneeded. For an unrecognized group, the dilemma of delay to clinical practice and its resolution must be first explained. In the local organization, both managers and hospital nurse educators have repeatedly stated

that they do not think that the DPT-RN can successfully transition. Hiring committees made up of managers and hospital nurse educators consistently pass over the DTP-RNs' applications due to the gap between their graduation and their potential practice. Providing corroborating evidence that the DTP-RN has special needs that can be met through a specialized DTP-NGRTP and explained in a white paper that can advocate for and provide resources, made the most sense.

Scholarship

My doctoral journey has taught me much about the process of finding and using evidence. What I have learned about scholarship: journals with peer review articles will ground my assumptions; journals with peer review articles will provide evidence of best practices; to be taken seriously by change agents, I will need evidence from scholarly sources; and that scholarship will be important for accurate problem identification and finding solutions. Finally, evidence will take time to be translated into practice and the less scholarly the presentation is, the longer it will take.

A scholar initiates the scholarly process by wondering enough about a question to search the literature until the point of saturation or full discovery. I have learned how to search scholarly resources such as EBSCO, ProQuest, CINAHL, Cochrane Data Base, and Google Scholar to find studies that answered questions or validated my assumptions. Scholarship required being skeptical and finding answers from, not just tradition and anecdotes, but finding answers through scholarly knowledge sources. Scholarship requires openness to ideas and a desire to not only learn but also to add to knowledge through research.

Throughout my doctoral journey, the doctoral committee offered guidance and support as I struggled to find my identity as a scholar. The committees' support and feedback was never punitive but always instructive. They persevered with engaging recommendations even when I did not completely understand the scholarly writing process. Discovering what scholarship has meant to my field of study has given me a greater sense of personal destiny and professionalism.

Project Development and Evaluation

Project development is complex and therefore difficult. Deciding the most efficient way to present the outcome of my study to busy department heads and hospital nurse educators is a challenge. Developing a project is iterative and therefore ideas gradually emerge to enlighten and produce additional ideas. Ideas for the project occurred as I read and pondered my studies' findings, listened to my own thoughts and experiences, thought about my colleagues' ideas, and read and experienced the health care context that the new DTP-RN desired to enter. I thought about the best way to translate knowledge into practice and the individuals that might be best to present my data analysis to. Part of the project evaluation included an intentional familiarization with the data, both as it was collected and as it was collated. In addition, the comments of my committee chair stimulated, challenged me and helped to clarify my thoughts about the direction I would take to support the needs of the delay to practice RN.

Leadership and Change

Passion and good character are two very important elements of a leader. Without passion, leading becomes tedious and the work it entails becomes a series of tasks. From

my experience, it is clear that there are more managers than leaders. Leadership takes a lot of work. Without passion most will choose to not follow the leader. Without values the leader may not take responsibility for their failures. A leader will seek purpose and is motivated by that purpose to find an opportunity to change the status quo. A leader carefully analyzes their behavior and responses so that the paths they take others are motivated to follow.

Leadership includes formal and informal leadership. Formal leaders have power they can use their power to determine how others might follow. Informal leaders lead through influence. Influence is powerful and may be more powerful than the power generated from a formal leadership role. The educator has an informal leadership role and leadership power may come from influence. The awareness that my power is derived from influence motivates me to take ownership of my behavior giving me greater moral clarity. An honest leader takes responsibility for both the positive and negative outcomes of any project they own.

Collaboration is another important element of leadership. Collaborating with other leaders and educators about the study's findings has provided a greater awareness of the problem and because of shared thoughts solutions have emerged. In addition, because stakeholders are co-creating solutions, they are also bonding with the solutions and thus become willing to invest time and budget for positive outcomes.

An important element of social change is collaboration, because the hospital nurse educator and leader, through dialogue may inspire others. In the process of collaborating

the hospital nurse educator may multiply or extend efforts and thereby have a greater influence and impact on social change.

Analysis of Self as Practitioner

Reflecting on my role as a researcher has included the realization that I am not alone but dependent on others. Working on the IRB application reminded me that my research goals may make others vulnerable. Learning that one must back up assertions with evidence created the need to be humble about my beliefs. I have learned that finding evidence is an imperative for drawing conclusions and is embedded in scholarship so now I am less apt to have opinions without backing them up with evidence. In the attempt to correlate my role of student, educator, and scholar, I have discovered it is important to back my project with relevant research and to ground my assumptions with evidence.

I have learned to take care that I do not receive and use private information without the respect and signed consent of those willing to share their private information. Those I interviewed chose to give me their time and their stories. They did so because they trusted that I would be careful with their narratives and the IRB gave me the chance to think through how I would protect the participants' data.

Each step I have taken to the role of the practitioner has been guided by the methodology I chose. Throughout my journey, I have had a growing sense of my responsibility to use my knowledge and growth for the benefit of others. My project is based on the hopes and dreams of those who have persisted until they have attained their dream of working as a registered nurse. I want to support the new RNs' transition dreams

and provide tools for the nurse educator who would like to transition to professional practice of those who have waited to transition.

Analysis of Self as Project Developer

This project was very personal and as such it was a challenge to remain bias-free. There are RNs who are unable to find jobs and they are deeply troubled. DTP-RNs wonder if they will ever be given a chance and the managers and hospital nurse educators fear that if they hire a DTP-RN they may be placing patients at risk. Because I wanted to help the DTP-RN, yet understood the manager's hesitancy to hire the DTP-RN, I often felt the need to stop and re-evaluate my biases and my motivations. My goals were to educate and thereby influence the managers and educators to accept the DTP-RNs' need for a DTP-NGRTP and to assure them that if adequately trained, the DTP-RN would be a safe practitioner.

I have learned a lot about my tenacity. The process has been long, arduous, and at times discouraging. There have been many times that I have wondered if I could attain a scholarly approach expressing my passion and I have felt like withdrawing from the doctoral program. I have searched my family, my soul, my future, and my colleagues for answers to the question: "should I continue"? The answer has been consistently yes. I understand that self-sacrifice and persistence are important to the task of completing the project. I want to make a difference in the lives of my future colleagues. I have decided that however long it takes to be successful, whatever the task requires, whatever the evidence challenges me to produce, is worth the effort it will take.

Reflection on the Importance of the Work

A reflection on the work demonstrated that including DTP-RN in a traditional NGRTP might not be the most efficient way to successfully transition a DTP-RN to professional practice. Contributing to the hospital nurse educator's knowledge about the DTP-RN, may positively impact the attitude about the DTP-RN's ability to safely transition to professional practice. The DTP-RNs reported that felt marginalized by their peers because of their inability to find a RN position. This study is important because it may change the perception of the hospital nurse educator because it will inform them about the DTP phenomenon and demonstrate that, with the correct resources, the DTP-RN can safely transition to professional practice. The findings will be shared with professional organizations, which may disseminate the information to administrators and other educators.

Without a DTP-NGRTP, administered by a supportive community, a DTP-RN may never have the opportunity to transition to professional practice. If the delay continues, the DPT-RN may potentially be lost to the nursing profession or be permanently underemployed.

Implications, Applications, and Directions for Future Research

The implication of this project and study are that without advocates, the DTP-RNs may not find work and they may eventually be lost to the profession. The study's focus was on understanding the new RNs' perception of their experiences during their delay to professional practice. Implementation of the recommendations will depend on the organization's budgetary resources, willingness to understand the DTP-RNs' need for a

specialized NGRTP, and the need for RNs. The wave of predicted retirement provides hope that the need for the new RN will increase thereby creating a willingness to implement the recommendations of this project. Supporting this potentially forgotten group and implementing the most effective way to transition them into practice, is a valuable application of nursing resources. The Institute of Medicine report established for most health care organizations an imperative for a NGRTP across the health care continuum. In addition, multiple studies indicate that providing a NGRTP increases a new RN's confidence, professional skill competence, socialization process, and retention (Clark & Springer, 2012; Kim, Lee, Eudey, Lounsbury, & Wede, 2015). Providing a DTP-RN may improve the successful transition of RNs who waited and admittedly lost confidence in their skills and lost knowledge.

Over time, hospital administration is recognizing the RN as a valuable patient care resource for quality patient care. Medicare has linked certain clinical care outcomes such as patient fall reduction and hospital acquired pressure ulcers (HAPU) to reimbursing the care the hospital provides through the RN. Having RNs provide patient care has demonstrated a decrease in HAPU and outcome improvement. In addition, evidence has indicated that there are fewer falls when the RN provided patient care. Reducing patient falls and HAPU allows more Medicare reimbursement and reimbursement lowers the cost of patient care (Schwab, Foreman, King, & Parcetic, 2017). Consequently, hospital administration is motivated to improve clinical care outcomes through the use of highly trained RNs (Kovner et al., 2014). Unfortunately, the local organization is predicting a high number of seasoned RNs will be retiring in 2017 –

2018 and it is also predicted that the loss may have an impact on quality care outcomes. Since the RN is valued for his or her ability to improve patient care outcomes there may be a greater need to resupply nursing by using evidence to learn how to best transition the new RN.

There should be ongoing studies to determine the outcomes of educating the nurse who waited to be hired into a RN position. For example, additional studies are necessary to understand the DPT-RN's success or reasons for failure; attitudes or opinions of seasoned nurses about their success; and studies to evaluate the DTP-NGRTP and factors that contribute to the DTP-RN's success. In addition, there could be studies that look at the role of a preceptor working with the DPT-RN and studies that look at the value of the preceptor to the success of the DTP-RNs' transition to professional practice.

Conclusion

To adequately support the delay to DTP-RNs' transition to professional practice, hospital nurse educators need to understand the challenges created for the new RN during their delay to professional practice. Strategies are needed to mitigate the impact that the DTP had in widening their knowledge practice gap. The outcome of this study produced evidence that was applied to a white paper. The white paper includes recommendations and transition tools for hospital nurse educators. Empowered DTP-RN that successfully transition into professional practice may prompt managers and hospital nurse educators to see the value of implementing NGRTP so that DTP-RN can transition to professional practice. Patient safety has been linked to an adequate transition to professional practice. A well-transitioned RN is more apt to remain during their first year of practice, which is

their most vulnerable time (Hillman & Foster, 2011). The case study and the resultant white paper are an important contribution to the knowledge and practice of the new DTP-RN, to managers, and to hospital nurse educators.

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Appendix A: The Project

THE DELAY TO PRACTICE REGISTERED NURSE:
TRANSITION TO PROFESSIONAL PRACTICE
A WHITE PAPER

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Executive Summary

Not all newly graduated registered nurses (RN) are immediately employed into their profession. If the new RN is not employed into a New Graduate Resident Transition Program (NGRTP), he or she will remain unemployed or go back to a previous position (California Institute for Nursing & Health Care, 2014). Being rejected by multiple employers after graduation is emotionally painful, disappointing, and often a marginalizing experience. Building on the findings of a case study, this white paper describes the new graduates' perception of their situation, recommend methods for mitigating the effects of delay to professional practice, and refresh their clinical knowledge and skills.

This white paper is written for the hospital nurse educator and the hiring manager. The responsibility for creating and implementing the recommended NGRTP resides with the nurse educator but in actuality must be supported by the manager. One of the intended outcomes for this white paper is to encourage a partnership between the delay to practice RN (DTP-RN) and the hospital nurse educator. The findings of this study, as represented in the white paper, will provide the nurse educator insight into the disorienting experiences of the DTP-RN (Hofler & Thomas, 2016; Mezirow, 2000).

This white paper has three goals:

Goal 1: Educate the hospital nurse educator about the DTP-RNs and their unique transition challenge.

Goal 2: Educate the hospital nurse educator and hiring manager about the case study themes and their application to the problem that the case study was attempting to understand.

Goal 3: Provide examples of resources for the DPT-RNs' transition to practice

An informed hospital nurse educator is key to providing the DTP-RN a NGRTTP that will generate a successful transition.

The Delay to Practice Registered Nurse:

Transition to Professional Practice

Introduction

To better understand California's new RN hiring dilemma, the California Institute for Nursing & Health Care (CINHC) studied current hiring practices (CINHC, 2014). CINHC's findings are illustrated on the table below. Table 1 differentiates the after graduation employment and unemployment data of Bachelor of Science Nursing (BSN) and Associate Degree Nurses' (ADN). According to the hiring data, corroborated by other studies, hospitals tend to prefer hiring the BSN graduate, indicating that approximately 10% fewer ADN graduates are hired than BSN graduates (American Association of Colleges of Nursing, 2013; Auerbach, Buerhaus, & Staiger, 2015).

Table 1.

New RNs Hire Rates

Type of Nursing Degree	Associate Degree Nursing	Bachelor Science Nurses
Employed RNs	55% (N = 312)	62.7% (N = 312)
Unemployed RNs	44.5% (N = 255)	37.3% (N = 156)

Table 1. (CINHC, 2014)

This data also affirm the reason behind anecdotal data that more of the Delay to Practice RNs (DTP-RNs) graduate from ADN programs. The fact remains that all DTP-RNs may either work underemployed in a job that is beneath their qualifications or remain unemployed (Feldman, 1996). Knowing that this phenomenon occurs begs the

question: are there clinical and professional consequences to a delay to professional practice? This white paper is predicated on the case study findings that the interviewed RNs believed that there were professional and personal consequences to being rejected from multiple attempts to find a RN position. To mitigate the perceived consequences of delay to clinical RN practice, it is important to recognize and understand the needs that may evolve during new graduates' delay (Berman et al., 2014). This white paper is an attempt to answer this question and supply supportive recommendations for DTP-RNs' successful transition to professional practice.

New Graduate Skill and Knowledge Gap

At the heart of the DTP-RN dilemma is a widening skill-knowledge gap. How to close that gap, while addressing the wider concern of the DTP-RN's self-respect and belief in his or her own ability to transition is important to success.

Figure 1 demonstrates the surrounding milieu and support system that is important to the DTP-RN and in turn to the managers, preceptor, and the hospital nurse educator access to the DTP-RN. Managers are part of the DTP-RN's transition infrastructure. The manager will set practices, processes, and systems for a collaborative supportive transition process. The infrastructure will provide a foundational support of the DTP-RN's transition. Figure 1 also is a visual for some of the primary relationships necessary to adequately transition the DTP-RN to professional practice. The broken lines surrounding the DTP-RN represent the ability to transfer information between the key players and the DTP-RN. Without a strong infrastructure supporting DTP-RNs, closing knowledge and skill gaps, may not possible at the worst and difficult at the best

Figure 1. The DTP-RN and the support system

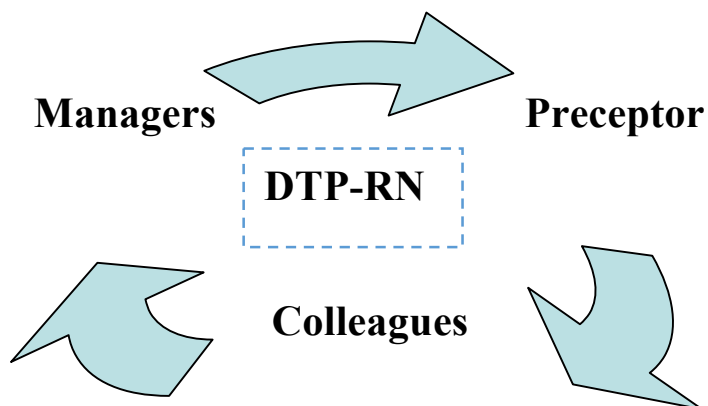


Figure 1. DTP-RN support system

Berman et al. (2014) made the point that all new graduates have significant knowledge and practice gaps after graduation and need a support system. Berman also noted that few scholars have looked at the competence gaps that may continue to grow if the new RN is not immediately employed (Hickerson, Taylor, & Terhaar, 2016). Further complicating the new graduates' dilemma, Casey, Fink, Krugman, and Probst (2004) described the first year of clinical RN practice experience as a *period of stress, role adjustment, and reality shock*, (p 303). This white paper is an attempt to point out the opportunities and provide learning strategies designed for the DTP-RNs transition to clinical practice. By providing resources the hospital nurse educator will close the DTP-RN's widened practice and knowledge gap.

This white paper includes recommendations for strategic classroom experiences, trained preceptors, mentoring, interactive clinical interventions, and an optional additional clinical practice time for the DTP-RN (Hickerson, Terhaar, & Taylor, 2016). Because of a potentially larger gap, the DTP-RN should have additional attention but not be limited to three areas of practice: leadership, professional roles, patient systems and outcomes.

Chapter 1 reviews the case study that provided insight into the DTP-RN delay experience. Interview statements from the DTP-RNs about their delay experience provide insights into the new RNs' lack of confidence and feelings of insecurity about transitioning to RN practice.

Chapter 2 describes the recommended DTP-NGRTP associated with evidence found in the case study and literature, with learning strategies that include learning activities, timing of various activities, and clinical opportunities.

Chapter 3 includes plans for both evaluating the DTP-RNs' new graduate transition based on the proposed DTP-NGRTP.

The intended audience for this white paper is hospital nurse educators and managers. Stakeholders are the hiring nurse managers, nurse colleagues who will benefit by a well-trained RN, and the patients who want safe, competent nursing care. Though the DTP-NGRTP and the traditional NGRPT are similar, this white paper recommends that when a new RN's clinical practice is delayed there may be a need to apply additional strategies.

Chapter One

The Case Study

If a new registered nurse (RN) is unable to find a RN position, what occurs during the delay to their incomplete knowledge base? Using case study methodology, eight registered nurses responded to that question. To provide additional understanding the managers of each of the participants were also interviewed. Participants of this study provided their perceptions of experiences they had during their delay to professional RN practice. The findings of this study became the foundation for this white paper and included the recommendations for enhancing and evaluating the delay to practice new RN's transition to professional practice. The major findings of this study are:

1. The Delay to Practice - Registered Nurse (DTP-RN) graduate is challenged by insecurity and fear about his or her knowledge base.
2. The DTP-RN graduate is fearful of an inability to apply what they have been taught about RN practice.
3. The DTP-RN is challenged with clinical information recall, decision-making skills, critical thinking, and leadership skills.
4. The DTP-RN values remaining current in clinical practice and utilizes a combination of efforts to mitigate the effects of the delay. Strategies used by the delay to practice new RN include: working on a higher degree, obtaining certifications, shadowing RNs in their department, and taking continuing education courses.

The new graduates' reflections revealed strongly motivated nurses who were determined not to give up and willing to do whatever it might take to experience their dream of transitioning into the role of a registered nurse. Though the new graduate RNs are highly motivated to withstand the wait, vulnerabilities emerged during the interview, such as: fear of failure, insecurity about the RN role, lack of confidence in their clinical skills, and clinical knowledge loss was apparent throughout the interviews.

From this study's evidence I concluded that the delay produced a growing knowledge practice gap and with that growth, insecurity and lack of confidence in their clinical skills also grew. Knowing what may have occurred during the new graduate's delay will assist the hospital nurse educator to produce a DTP-NGRTP, which might mitigate the effects of the delay. Conducting a DTP-NGRTP that will meet the clinical and knowledge needs of DTP-RNs is important to a successful transition into professional practice. Successful transition to practice will provide greater job satisfaction and will decrease RN turnover (Dwyer & Hunter-Revell, 2016).

Case Study Findings

The DTP-RNs had definite opinions about how their delay affected their professional practice. Findings included:

- Lack of confidence. The DTP-RNs described comparing their clinical knowledge and practice to other new graduates and feelings of insecurity when working with seasoned RNs.

- Transition barriers. The existing staff seemed to want them to fail and some seasoned RNs voiced doubt that the DTP-RNs could succeed after such long delay to practice.
- Critical thinking. All but one participant indicated that it was a struggle to critically think and make autonomous decisions.
- Specific RN procedures: Participants noted that not remembering steps to procedures and the rationale behind the steps to the procedure left them feeling fearful and weak.
- Specific RN knowledge: Participants identified wound care as one of the RN responsibilities that required enhanced knowledge of pathophysiology, wound assessment, and choice of wound care products.
- Fear of making a mistake, created anxiety for the new graduate and at times, frustrated the preceptor.
- Decision-making: Participants noted that making a clinical decision was based on adequate knowledge base. In their opinion, they believed that they had lost a lot of clinical knowledge during their delay to professional practice.
- Critical thinking: Participants continued to identify critical thinking being a source of concern for them and their preceptors.
- Relationships: Each new graduate talked about how much they valued the speakers (content experts) that came and shared their expertise. Participants described the speakers as important to the renewal of their professional confidence.

- Preceptors and mentors: New DTP-RNs need to have and know that there are expert nurses who will support them in the clinical area where they feel weakest.
- Managers: Managers should engage in the success of the new graduate. They and the RN are legally responsible for safe patient care. The manager's belief in the success of the new graduate builds the new RN's confidence. When the manager's shared their journey with the participant the new RN described encouragement and feeling as if they were part of a larger nursing narrative.

Case Study Findings and Applications

Insecurity and fear. The Delay to Practice - Registered Nurse (DTP-RN) graduate is challenged by insecurity and fear about his or her knowledge base. Fear and insecurity are common among novice RNs (Clark et al., 2014). For the DTP-RN the fear may be greater and have deeper consequences. The DTP-RNs described frustration, rejection, and indecision about what to do about their inability to transition into professional practice. The wait for all of the participants, in their opinion was a source of deep insecurity and belief that they were losing their knowledge and skills. This is a significant finding and the recommendations of the white paper incorporate this finding into the structure of the NGRPT. Examples of recommendations that applied to the aforementioned finding such as the three week physical assessment course and the optional three month clinical extension.

Embarrassment and feelings of insecurity due to multiple rejections are another consideration when creating the NGRPT experience for the DTP-RN.

Frustration. This finding illustrates that high hopes were not a good enough reason for the health care institutions to hire the DTP-RN. Some new graduates' applications were not responded to but if they received a rejection letter from the hiring institution, it often referred them to other programs where they *might be more successful*. Little by little, they reported feeling that they might never be hired into a RN position (Berman, Johnson, & West, 2014). Some applied to multiple organizations with no response or if a response and they were rejected, they felt marginalized and then frustrated. The new graduate described the response of healthcare organizations to their applications that often read: "Though you have many excellent qualities, we cannot accept your application at this time". Rejection set in motion a variety of confused feelings. Attached to mounting feelings of insecurity was the frustrating realization that even though they had a RN license, many had to keep working as licensed vocational nurses or medical assistants. Understanding that the DTP-RN has a unique context is important in supporting his or her successful transition.

The DTP-RN is resilient. Not all of the findings were negative for the DTP-RN. Resiliency brought the DTP-RN through months and years of delay. Resilience is overcoming stressful situations such as rejection and delay to professional practice (Wahab, Mordiffi, Ang, & Lopez, 2017). Evidence of resiliency may be, rather than giving up and remaining underemployed, his or her willingness to find ways to remain current in their field. Remaining current was not only an option, it was a mandate and was key to remaining resilient. All participants stated that they attempted to keep current so that they would not forget what they learned in school. All reflected a sense that it was

imperative to keep their growing knowledge-practice gap to a minimum. Often tears appeared during the interview, reflecting that emotional pain remained demonstrating the new RNs' frustration of having to wait for their chance to transition. The DTP-RNs' resilience helped to sustain their will to continue their pursuit of a NGRTP. Encouraging, motivating, and teaching skills they may have forgotten or felt insecure about, is an example of how to strengthen resilience (Lim, Tan, Liu, Chua, Ang, Kua, & Mahenfran, 2016).

Being the nurse. Nurses described the effects of their delay. Being accepted into a program did not seem to erase the new RNs' emotional pain. They spoke of struggling with confidence and depression. Though appreciative of being chosen to finally enter a NGRTP, they expressed feelings of fear and insecurity. They admitted that being "passed over" for more recent graduates created insecurity and a fear of failure. On the other hand, they were highly motivated and wanted to learn as much as possible. There was an intensity to their motivation that, as some declared, might not have been there without having to wait for acceptance into a NGRTP. All were extremely thankful and all indicated that they would do whatever it took to successfully transition to professional RN practice.

As the DTP-RNs' professional goal was denied, existential pain was revealed. The RNs were excited about their future, frustrated when they could not enter and grow in their chosen profession, and resilient when they decided that nothing would hinder them from preparing for their ultimate goal of transitioning into professional practice. Ultimately they were hired into RN positions and the realities of the delay occurred as

they transitioned. The findings provided insight so that the differences between the new RN who immediately transitioned into RN practice and the DTP-RN were apparent.

The DTP-RNs often observed the differences between their nursing practice and the RNs who immediately were accepted into a NGRTP. Most often, they reported a lack of confidence and, from the DTP-RNs' perspective, a greater loss of clinical knowledge and skills. Though this challenge was addressed earlier as a finding, additional reference to learning about what the DTP-RNs' perceived about knowledge and skill gaps may need to be emphasized. Evidence describes the new graduate RN as lacking skills and knowledge to be clinically independent but the DTP-RN who has been out of school for one to three years may have an even greater loss (Berman et al., 2014). Based on the DTP-RNs' loss of skills and knowledge, the NGRTP was written to include the hospital nurse educator assessment each new RNs' skill and knowledge gaps. Based on assessments, the white paper recommends didactic, simulation, and clinical experiences that strengthen the clinical skills of the DTP-RN.

Chapter Two

Strategies and Applications

A successful transition to professional registered nurse practice (RN) will depend on the registered nurses' motivation and support provided during the transition program.

The new graduate residence transition program (NGRTP) should contain at least 3 elements:

- **Leadership:** Leadership should include critical thinking, decision-making, delegation, situational awareness, emotional intelligence, and communication techniques (Carragher & Gormley, 2017; Nielsen et al., 2016).
- **Patient conditions and system review:** Provide interactive physical assessment, pharmacology, and a situation based pathophysiology course (Goode, Lynn, McElroy, Bednash, & Murray, 2013).
- **Evaluation:** Provide skill review and lab based return demonstrations associated with each body system. Evaluation continues in the clinical area as the preceptor follows the competency pathway. The competency pathway includes: the DTP-RN observes as the preceptor performs the skill; the preceptor observes the DTP-RN perform the skill; the DPT-RN performs the skill with the preceptor near (Lasater, Nielsen, Stock, & Ostrogorsky, 2015).

From the case study's findings, the following are recommended:

- Partner with the new DTP-RNs by asking for a clinical self-assessment of their clinical their needs and strengths and a dialogue to define goals for their transition.

- The first day of the DTP-NGRPT, set a competency skill base line by asking the DTP-RNs' to assess their perceived competencies by administering a competency skill checklist. The new graduates' perceived assessment of their skills would inform the hospital nurse educator where to focus skill review efforts (Prion et al., 2015).
- The first week of the DTP-NGRTP, provide a medical-surgical Basic Knowledge Assessment Tool (BKAT) to the DTP-RNs. The BKAT is a paper and pencil test that measures basic knowledge in Medical Surgical nursing. The items measured are: endocrine, skin wounds, pain control, safety falls, infection control communication, emotional spiritual care, and drug calculations (<http://www.bkat-toth.org/The-MED-SURG-BKAT.html>).
- Provide an interactive and application-based physical assessment course utilizing expert clinicians, case studies, and simulation (Rush, Adamack, Gordon, Lilly, & Janke, 2013).
- DTP-RNs need extra opportunities beyond the usual multi-layered simulation in the classroom and clinical environment. Begin simulation with simple role-play scenarios of patient care needs that require simple decision-making. Ultimately utilizing high tech simulation opportunities requiring use of complex clinical reasoning. Include scenarios that involve problems requiring high-level critical thinking such as a life-saving situation.
- To encourage a wider context for practice, the new graduates should have clinical rotations to Pediatrics, OB/GYN, Urgent Care, and Infusion center (Levine et al.,

2014).

- Develop a community of caring group that may consist of managers and preceptors who will act as consultants and content experts throughout the DTP-NGRTP process (Ortiz, 2016).
- Provide and foster positive relationships with trained preceptors and mentors to guide the new graduates throughout their transition (Strauss, Ovnat, Gonen, Lev-Ari, & Mizrahi, 2016).
- Be an engaged hospital nurse educator who will commit to oversee the process and progress of the new graduate via site visits, attentive reading of the new graduate's weekly journals, and maintain a role of advocate and arbitrator for any clinical challenges with staff or management (Al-Dossary, Kitsantas, Maddox, 2014; Rush, Adamack, Gordon, Lilly, & Janke, 2013).
- Encourage consistent, confidence building, and constructive feedback to the new graduate from staff and management (Chesser-Smyth & Long, 2013; Kramer et al., 2013).
- Seek confidence building through site visits, reading and presenting in a journal club, and weekly new graduate group meetings throughout the clinical experience (Johnson, 2016; Laschinger et al., 2016)
- Provide opportunities for the new RN to ponder his or her clinical experience through weekly journaling (Drewry, Nevison, & Pretti, 2016).
- The hospital nurse educator should visit the DTP-RN in the clinical area to provide emotional support (Henderson, Ossenberg, & Tyler, 2015).

In today's health care environment, the graduate RN must integrate knowledge into clinical practice, critically think, and draw conclusions about how to make patient care decisions (Ballem & Macintosh, 2014). The hospital nurse educator's responsibility is to understand the DTP-RN specific needs and support them as they transition to safe clinical practice (Benner et al., 2010; Nielsen et al., 2016). The transition team consists of the hiring manager, clinical preceptors, mentors, the oversight hospital nurse educator, and the DTP-RN. Included in the white paper are examples of learning-need differences between a newly graduated RN and the DTP-RN.

The analysis of data from this study revealed that for DTP-RNs, there is a need for a transition course with a design that meets their clinical needs. The transition support included in the white paper for DPT-RNs: (1) Information about the depth of the new graduate's knowledge and practice gap (Nielsen et al., 2016); (2) socialization challenges that link high turnover during the first year of practice to lack of or inadequate NGRTP (Ulrich et al., 2010); and (3) increased complexity of patient care in all practice settings (I.O.M Report, 2010; Rondinelli, Omery, Crawford, & Johnson, 2014). When accepted into a NGRTP, the DTRP-RN may require a more structured approach than the new graduate RN who, after graduation, immediately enters a NGRTP.

Strategies for Addressing Findings

Addressing insecurities. According to the study participants, insecurity and lack of confidence are a major issue. All stated that intense fear and trepidation accompanied them throughout their transition to professional practice. The themes were indicative of the new graduate's beliefs and ideas about their delay. Theme one was a universal

“Ready to go – successfully passed the NCLEX”. Excitement and thankfulness permeated their demeanor and created the notion that they were motivated, enthusiastic, and ready to meet the challenge with no doubts.

The importance of the new RN graduate recapturing the belief that they are successful and their dream of transitioning to a RN position is occurring. All new RNs lack confidence in their nurse practice skills and struggle with dependency and a desire to be independent (Dwyer & Hunter Revell, 2016). The DTP-RN described feelings insecurity and fear of making mistakes in the clinical area. Throughout the DTP-NGRTP, strategies should include interactive discussions and encouragement with the goal of replacing fear and insecurity with hope and excitement about their future. Being aware of the DTP-RNs’ confidence as well as competence continues throughout the NGRTP. If the hospital nurse educator has evidence that the DTP-RN needs additional NGRPT time, an extension at the end of the NGRTP might be recommended and potentially solve his or her problem of fear and insecurity. Simulation activities are included throughout the entire NGRTP process. Confidence and competence is enhanced through simulation activities (Yuan, Williams, & Fang, 2011).

Confidence building simulated activities may include emergent and urgent assessments and interventions, procedures, medication administration and phone advice simulation. Multiple clinical procedures and situations can be practiced in the classroom and in the high fidelity simulation lab. Practicing therapeutic communication skills, demonstrate critical thinking and assessment over the telephone, face to face physical

assessment, urgent and emergent interventions support the DTP-RN and assist he or she prepare for actual clinical practice (Garrison, Dearman, & Graves, 2017).

Addressing frustration. Job rejection is difficult at best and humiliating at the worst. Returning to their previous job was humiliating and frustrating. They reported that they felt overwhelmed knowing that they would not immediately begin building their knowledge and skills as a RN. Instead of building their knowledge and skills, they were held in place by rejection and left in a position that was below their education preparation.

Due to a new graduate's inability to immediately transition into a RN position, a growing knowledge/practice gap may merge with insecurity and in some cases hopelessness. The participants of this study described the euphoric experience of passing the National Council of Licensure Examination (NCLEX) and feeling ready to enter their profession and then the reality of the inability to immediately transition to RN practice quickly replaced their feeling of success. Because of the impact and intensity of frustration expressed by the new graduate, three strategies are highly recommended.

Strategy 1: Reassurance is needed. Providing reassurance and a positive learning environment will enhance the new graduates' ability to confront his or her fears. As part of the NGRTP, it is important to include opportunities for the new graduates to replace their frustration and with knowledge and clinical experience.

Managers have great influence and their genuine approval of the new graduate may begin the DTP-RN's healing process. Managers should meet the new graduates the first day of their transition program. If possible, a celebratory luncheon to acknowledge

the importance of the new graduate and the manager's belief that, though the new graduate may have had a late start, they will succeed. The introductory process is vital and should be laced with conversations that relate resources and make the belief in the success of each new graduate the first day's most important conversation. It is vital that the managers and educators provide emotional warmth to each new graduate.

Furthermore, the first day is the day to rejoice with the new graduate by demonstrating that they believe in the new graduate's ability to successfully transition to professional practice.

Strategy 2: An awareness that that the DTP-RNs learning needs may be similar to the new RN who immediately enters a NGRTP, but not the same.

Few studies have looked at the competence gap of the unemployed new RN (Berman et al., 2014). At the outset of the DTP-NGRTP, the DTP-RN should self-assess his or her competency needs, In addition, the DTP-RN should self-identify a plan that prioritizes the importance of each competency. Berman et al. (2014) recommended the importance of skill assessment. After taking the self-assessment tool, the DTP-RN should determine priorities for their transition journey. Using a case study format, interactive simulation is a proven option for learning and practicing multiple skills (Wallace & Moughrabi, 2016). Rush et al. (2013) recommended that there be a resource person for the new graduate. The hospital nurse educator is the resource person for the new graduate RN. The first month of the NGRTP the hospital nurse educator is a resource for skill acquisition and skill reinforcement. Thereafter the preceptor becomes the DTP-RNs'

primary resource for socialization into the new graduate role (Pineau Stam, Laschinger, Regan, & Wong, 2015).

Strategy 3: An early meeting with the DTP-RNs' preceptors. Prior to going to the clinical area, preceptors should be introduced to the new graduates. Preferably the preceptors should meet the new graduates sometime the first week. Meeting the preceptors prior to clinical practice is highly recommended. Because of the important role the preceptor plays with the new graduate, it necessitates the nurse educator setting up an early meeting between the nurse educator, the preceptors and the new graduate so bonding can begin. The meeting should take place, midway through the classes, and prior to the new graduate first day of clinical. The meeting should be informal with the nurse educator facilitating dialogue between the preceptors and the new graduate. Two questions to begin the dialogue:

- Introductions – names, where the preceptor works, when they graduated, and where they went to nursing school.
- Questions the new graduate might have for the preceptor.
- Questions the preceptor might have for the new graduate.

The advantages to bonding prior to coming to the clinical area are:

- (a) The preceptor's role is clarified and potentially an early commitment is gained to the new graduate's success.
- (b) Potential intimidation the new graduate might feel about working with a highly skilled preceptor can be diminished.
- (c) Potential doubts the preceptor may have about the new graduate ability to

succeed can be decreased.

(d) May reduce the new graduate's fear about going to the clinical area because they will discover after meeting the preceptor that they are the new graduate's advocates.

Strategy 3 also includes the choices and preparations of the clinical preceptors. Preceptors should be nurses who like teaching, are emotionally intelligent, have self-respect and provide respect to others, and are excellent clinical practitioners (Lalonde & McGillis, 2016). Well trained and caring preceptors produce, among new graduates, high NGRTP satisfaction, improved skill competency, and readiness to handle patient care (Kang, Chiu, Lin, & Chang, 2016). Prior to the new graduate arriving in their area, the preceptors should be identified, meet with the nurse educator, and have a special training session. At the special training session, the preceptor will learn of their assigned new graduate. I recommend there be conversations about the special needs created through delay to professional practice. For example:

- Lack of confidence
- Fear of failure
- Inability for instant recall of clinical facts
- Potential fatigue from the long journey

Preceptors are important to the success of the new graduate (Nielsen, et al., 2016). The preceptor should have a historical overview of the new graduate's efforts to remain current, and how their motivation can be leveraged in the clinical area to their benefit. Another important topic might be problem solving about the first day, and what they can

expect from a delay to practice new graduate.

Tools to support the preceptor might include a notebook so they can create a daily log that includes: the DTP-RN clinical dates; the new DTP-RN's goals – met or unmet and strategies to help the new graduate with their challenges; areas that need additional work. The log may also include anecdotes of the new graduate's daily patient care encounters and questions the preceptor may have about that day. In addition, there will be a picture of the new graduate and their education profile. Discussions occurred about when the new graduate should begin his or her clinical experience and during clinical how to support the new graduate.

The preceptor is the new graduate's coach and coordinator for patient care experiences (Matua, Seshan, Savithri, & Fronda, 2014). There may be additional preceptors, but there should be only one primary preceptor (McNamara, LaVigne, & Martin, 2016). At the primary preceptor meeting, there will be a review of the delay to practice RN's special needs and what they might expect when they come to the clinical area. The preparatory dialogue with preceptors will also include topics, discussions, and review:

- methods for providing constructive feedback,
- situational awareness and how to cite struggles before they become issues, engaging the new RN in rational acts of safety, and proactive planning for support and encouragement.

Preceptors should have a situational training program that includes simulation opportunities in advance of the NGRTP start date. Simulation opportunities may

include difficult and typical situations that preceptor may encounter, dialogue about situational awareness, and relational discussions about how to assure a better transition to professional practice for the new graduate (Kang et al., 2016).

All of the study participants indicated they felt insecure about entering the clinical area and working in their new role as a registered nurse. The role of the preceptor is key to the new graduate's success and may be the most important factor in a successful transition. It is possible that the preceptor is the single most important element in the delay to practice RNs' pursuit of transition to professional practice. Therefore, prepping the preceptors before they receive the new graduate is vital to the new graduate's support process, which is necessary to the new graduates' successful transition.

Capitalizing on the new graduate's high level of motivation. Theme three include the important strategy of capitalizing on the new graduate's high level of motivation. Each new graduate insisted that he or she found ways to improve their ability to find a RN position. There was a cumulative belief that if they had to wait for a position, they should find certifications or degrees that would, though on the periphery, keep them in the RN world of ideas and practices.

The participants noted that prepping while they waited was confidence building. Others stated it kept their sense of being professional intact. One study participant indicated that every month she did something to upgrade her knowledge. She went on to explain that she was not always successful but never stopped trying.

To maintain motivation the hospital nurse educator may capitalize on the DTP-RNs' high level of motivation by utilizing three strategies for the new graduate residency

transition program. All of the strategies are based on the belief that the new graduate's learning is not complete. The participants interviewed had been out of school for up to three years, and the irony of their delay was that they continued to practice their right to learn and to grow in attitude and clinical knowledge. Even so, the new graduate has additional needs and needs additional support. Theme three identified the new graduate's personal need to demonstrate their desire to continue their education.

Strategy 1: Create a community of caring from which mentors might be chosen (Halfer, Graf, & Sullivan, 2008).

The first mentor may be the hospital nurse educator. The role of the educator is as Williamson (2015) described as: "an awakener" (p. 6). Evidence produced by the case study was that, as a result of their DTP, the DPT-RNs' confidence was low. You are not chosen by the DPT-RN, but the program you administer was, and as such, you have the potential to become highly influential to the DPT-RN.

There is a difference between the mentor and the preceptor. The mentor is part of the new graduate's emotional and maturity support. The preceptor is the person who shepherds the new graduate into clinical competence. There may be more emotional distance implied by the preceptor role (Myrick, 2002). Mirjares, Baxley, & Bond (2013) described mentoring as: "an interpersonal process that takes place between a trained, seasoned mentor and a novice protégé" (p.27). Mentoring will provide the DTP-RN professional and psychological support by decreasing anxiety, increase their job satisfaction, and retention (Halfer, Graf, & Sullivan, 2008). Because the mentoring relationship is an interpersonal process, learning can be encouraged.

Prior to the launch of the NGRTP, a process should be developed for engaging the seasoned RN and RN managers to be part of a community of caring (Wilson, Martin, & Esposito, 2015). The community of caring members may be recruited to give time and effort to the new graduates in the classroom by presenting topics included in the curriculum. Helping the new graduate succeed is a community process because the nurse educator cannot transition the new graduate alone.

Mentors should be chosen early in the program from a list of registered nurses who have cited their interest in being a new graduate mentor. If the organization has a mentoring process the nurse educator should use the program as a resource. An example of using an aspect of an existing mentoring program might be: their recruitment process, learning materials utilized for mentor training, and any legal information regarding mentoring that involve staff.

If there are no internal resources for mentorship, the nurse educator could begin the process of finding seasoned registered nurses interested in mentoring new graduates. The group of nurses who have identified their interest in providing professional guidance to new graduates become a community of caring. Interested nurse mentors are introduced to the new graduates throughout the NGRPT via their volunteer activities such as their classroom lectures and informal dialogue created during brown bag lunches. Brown bag lunches occur monthly at a minimum and should be scheduled into the first month of the NGRTP calendar of special events.

It is important that the new graduate is educated about the value of having a professional mentor. Included in your discussion should be the differences between a

mentor and a preceptor, and the value of a mentor, best practices for utilizing their support and services. Choosing the mentor may come after the initial introductions, but because the relationship with the mentor is volitional, the new graduate will choose their mentor. If there is a new graduate welcome luncheon, the volunteer mentors, should be invited to meet the new graduates. I recommend a notebook with a page devoted to each volunteer mentor. The page might include a description of the nurse mentor, the mentor's picture, where they work, years in nursing, degrees, job responsibilities, and their professional life motto. An initial luncheon with the mentors will begin relationship building.

The relationship between the new graduate and mentor should be an interdependent and trusting relationship built around common goals and desires for the new graduate's successful transition (Bannister, Bowen-Brady, & Winfrey, 2014). The new graduate mentor choice is based on the affinity felt and his or her expectation that the mentor will provide professional guidance.

Strategy 2: mentor preparation. Because mentors may be nurse managers, busy schedules may be a barrier to the success of the mentoring program. Therefore, it is important to find a user-friendly option to motivate and educate them about the definition of their role, their value and purpose to the new graduate, and answers questions about process. To reduce travel and the time it adds to their schedule, I recommend a webinar so that they easily access the meeting, ask questions, and dispel myths about mentoring.

Strategy 3: the relationship between the mentor and the nurse educator. Though privacy is ultimate, there may be times, especially when there are relational challenges,

the nurse educator should be alerted. The mentor should dialogue with the nurse educator about utilizing the nurse educator when unsolved difficulties might arise. For example, if the new graduate is excessively troubled with fear and anxiety about their clinical experience, the nurse educator might, as an objective third party be a sounding board and offer suggestions for supporting the new graduate.

A series of classes, simulation labs, and clinical experiences should be created and reviewed by a subset of interested nurse managers so that there is a consensus. Based on the knowledge and skills the new graduate might have lost during their delay to practice it is imperative that the NGRTP process be vetted by others and checked for relevance to current professional practice. It is vital to the growth and development of every new graduate and vital to the DTP-RN that the curriculum begin with an in depth review of the structure and process of the NGRTP.

Lack of confidence is an important issue that must be dealt with throughout the NGRTP curriculum. For example, hesitancy to attempt new procedures or maintaining a slow pace, may demonstrate low confidence. The assumption that the delay to practice RN is weak or has a low learning potential may be counterproductive to supporting the new graduate's transition. Planning for these and other confidence issues may occur prior to the new graduate coming to the clinical area. Schedule a meeting with the managers to discuss the challenges the DTP-RNs may experience. Creating a support structure, composed of mentors, informed nurse managers prior to the new graduate entering their assigned clinical area is vital to their success. Additional support might include structuring a plan to receive the new graduate the first day of their clinical, to layer the

new graduate's clinical responsibilities, and to maintain a clear communication plan.

There are four strategies to enhance the DTP-RNs' transition period:

Strategy 1: The new graduate self-assessment of his or her competence level.

Clinical self-assessment should occur the first day of the NGRTP (Figure 1). Self-assessment will offer several advantages: (a) Provide a confidence competence baseline for the nurse educator and the new graduate; (b) Provide data that may inform the nurse educator where the clinical emphasis might begin; (c) Provide the new graduate an opportunity to take responsibility for their knowledge practice gap. Having the new graduate self-identify their strengths and weaknesses allows the new graduate to take ownership of their knowledge practice gaps. Self-assessment is an important step to clinical need acknowledgement. A clinical self assessment by the new graduates informs the hospital nurse educator and the new graduate of their perceived greatest need. When new graduates identify their skills strengths and weaknesses they partner with the hospital nurse educator and thereby take responsibility and accountability for their learning plan.

A discussion about the DTP-RNs' their clinical goals should occur. This is a important discussion for two reasons: (a) it breaks the ice and allows fears and insecurities to surface, (b) by the educator's response, it demonstrates that conversations between you and they are safe and there may be a healing effect in corporately admitting their fears. Classroom time and practice lab experiences are important for bonding with the nurse educator.

For a thorough assessment by the DTP-RN should be given a comprehensive list of skills to self-assess. This competency and confidence assessment will serve as a

baseline of the DTP-RN. Figure 1 below is an exact replica of a portion of a competency and confidence assessment.

Figure 2 is an example of a section of a skills checklist with self-assessment.

RN Residency Program										
CIRCLE THE DEGREE OF COMPETENCE AND CONFIDENCE YOU THINK YOU HAVE IN THE FOLLOWING AREAS:										
Skills	CONFIDENCE					COMPETENCE				
	0 None	1 Minimal	2 Moderate	3 Confident	4 Can teach others	1 Never done	2 Require moderate supervision	3 Require minimal supervision	4 Independent	5 Can teach others
Critical thinking	0	1	2	3	4	0	1	2	3	4
Prioritize work	0	1	2	3	4	0	1	2	3	4
Time management	0	1	2	3	4	0	1	2	3	4
Organizational skills	0	1	2	3	4	0	1	2	3	4
Patient assessment	0	1	2	3	4	0	1	2	3	4

Figure 2. Example of a section of a skill checklist with self-assessment. Adapted from collaborative efforts of author and Kaiser Permanente Educators

Strategy 2: Timing of the clinical experience. Clinical experiences should begin after the 2 weeks of review classes. Review-classes consist of a physical assessment course, simulation with an emphasis on critical thinking and decision making opportunities, and leadership (Goode, Ponte, & Havens, 2016). Classroom time should be placed throughout the clinical portion of the NGRTP using a half-day a week to debrief the new graduate's clinical experiences and providing clinical updates associated with the new graduate's week. Classes will be used to fulfill the new graduate's need to bridge the knowledge gap and clinical debriefs will assess and bridge practice gaps.

The classes that occur after beginning their clinical will capitalize on that week's learning and reinforce clinical practice. Classes will also focus on the clinical concern of

the week. The clinical concern of the week is co-chosen by the new graduates and nurse educator the prior week. The new graduate will experience troubling clinical situations and these experiences will identify knowledge practice gaps. The new graduates will make lists of topics for which they need updates and those topics may be placed into weekly the bucket list that will be picked by one of the new graduates for the next week's discussion.

Strategy 3: Use of a journal club. Journal clubs are useful for building confidence, critical thinking, interest in evidence, and collegiality (Haggman-Laitila, Mattila, & Melender, 2016; Johnson, 2016; Whiting, 2015). The journal club concept may be introduced the first day of the new graduate program. It is helpful to provide a reference list divided under topics, because it will provide the new graduate options for the literature they plan to share with the group. New graduates should be encouraged to add to the list with the nurse educator's approval. The goal of the journal club will be an opportunity for the new graduates to: (a) review literature, (b) identify and discuss evidence, and (c) make clinical applications. Each new graduate will choose his or her date to share the article and be responsible to follow the journal club guidelines.

Strategy 4: Opportunities to enhance critical thinking and reflection. Each new graduate could be given a journal and asked to journal their daily experiences. It is recommended that guidelines for journal use might be to: personally reflect each day on challenges and victories. The journal may include an overview of each week and reflections on learning and growth opportunities. Reflection is an important opportunity to relive, reflect, and learn from experiences. It is also recommended that the new

graduate might email the weekly journal summaries to the hospital nurse educator.

In summary, the strategies recommended may be utilized as written or the hospital nurse educator might form a task force that would read and recommend a variation of the strategies. Recommendations found in the chapter two of this white paper may be a starting point for the hospital nurse educator. The primary focus is the DTP-RN and the aforementioned recommendations may or may not be the best for the local context.

Chapter Three

Evaluation

Future iterations of the will be based on the DTP-RN evaluation data derived from each DTP-NGRTP. Evaluations are a learning tool and each time the DTP-NGRTP is conducted, evaluations may be applied to the DTP-NGRTP.

As the DTP-RNs await a transition program their knowledge practice gap may widen. Having been rejected from multiple new graduate programs their RN practice was delayed. Conversations with local nurse educators revealed their opinion regarding the effect the new RN graduates' delay had on their knowledge base in an increasingly complex health care environment. The DTP-RNs' confidence and competence is weak and patient care safety may become an issue for all concerned parties. Many nurse managers and hospital nurse educators do not want to risk patient safety to accept them into their program (Berman et al., 2014)

Recommendations for Evaluation

Evaluation should include managers, seasoned staff, preceptors, and mentors. Those working with the new graduate should be provided an opportunity to share their views about the various aspects of the new graduate residency transition program. The closer to the RN transition the evaluation is, the more accurate the data and application of findings will be. Internal evaluation also includes the assessment of new RNs' belief to discover whether or not they were sufficiently equipped and supported throughout the NGRTP.

The following recommendations are for evaluations:

1. Conduct focus groups of managers and preceptors to make a best practice analysis.

Recommendations for focus group questions:

- Questions about each aspect of the DTP-NGRTP.
 - Questions that address the clinical assignment, the timing of new graduate skill development.
 - Questions about preceptor training and oversight: inclusion of additional topics, potential preceptor support groups, and management support during a challenging period of the new graduate transition.
2. At the end of the NGRTP, conduct a written summative pen and paper evaluation for the new graduate.

Evaluation should also include management's opinion of the NGRTP's influence on new graduate retention. For management, loyalty to the department after transitioning into practice is another aspect of success. Due to the cost of a NGRTP, job satisfaction is important because it is tied to job retention. Feeling equipped for clinical practice is vital to patient safety. Those who remain in the department for at least one year will reflect successful transitioning to RN practice.

Conclusion

The purpose of the white paper is to provide pertinent recommendations for a new graduate residency transition program for DTP-RNs. An additional purpose was to recommend evaluation strategies that would validate the effectiveness of the NGRTP. Evaluation of the effectiveness of the GRGTP is vital to the new graduates' transition to clinical practice. New graduate retention may be a reflection of a successful DTP-

NGRTP and an indication that the DTP-RN can transition to professional practice. This white paper may be used as is or adapted to fit the hospital nurse educator's health care context.

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Appendix B: Demographic Survey for Participants

Thank you for your time and for completing this demographic survey for this study. Please answer the following questions. The answers to these questions will enhance my understanding of your background and support the overall goal of this study.

1. I presently work at: _____ (if not presently working, enter NA)
2. Nursing Degree(s) _____:
 - a. Associate Degree _____
 - b. Bachelor of Science _____
 - c. Master of Science _____
2. Age range: 19-25 ____; 26-35 ____; 36-45 ____; 46-55 ____; 55+ ____
3. Female: ____ Male: ____
4. Ethnicity: African American __ Asian __ Caucasian __ Hispanic __ Other __
5. Date passed the National Council of Nursing Licensing Exam
Month ____ Year ____
6. Date entered a New Graduate Residency Transition Program
Month ____ Year ____

Appendix C. Interview Checklist

1. Welcome and thank you for participating in this research project.
2. Go over informed consent and participant rights.
3. Provide a synopsis of the research purpose and process
4. The interview
5. Digital recorder
6. Additional Batteries

Appendix D: New Graduate Interview Questions

So that I will keep track and remember what you say, I will be audio-recording our interview. To protect you, your identity will not be disclosed to anyone, with extreme confidentiality maintained; only a letter will be assigned to you and placed on file to identify your comments during the interview. We will begin with my questions but as we continue additional questions may evolve and I may divert from my list. Do you have any questions before we begin?

Date: _____

Begin Time: _____

End Time: _____

Questions:

1. I am interested in how a delay in practice may affect new graduate nurses' future practice. Now that you are practicing as a RN, can you think back on this process and describe some ways in which the delay may have affected your present practice? (Research question 1).
2. Think back on the process of your beginning practice after the delay in starting. Can you think of a specific incident when you thought, "This would not have happened if I had not been delayed! Tell me how your delay to practice affected your present practice. (Research question 1).
3. Tell me how your experience during your delay to practice affected your RN skills and knowledge and your ability to work to the full extent of your RN license. (Research question 2).
4. Tell me how your delay might have affected your ability to assess a patient and make decisions based on that assessment. (Research question 2).
5. How would you describe what was most helpful to you during your New Graduate Residency Transition Program (NGRTP)? (Research question 3).
6. Tell me what was least helpful to you during your NGRTP? (Research question 3).
7. What else would you like to tell me about your experience of transitioning to professional practice after a delay in participating in a NGRTP? (Research question 1, 2, 3).

Appendix E: New Graduate RN Working in Non-RN Role Post Graduation Manager Questionnaire

This questionnaire is intended to provide insight into the new graduate RN's experience during their wait to enter a new graduate residency transition program. Answering these questions will allow you to participate in an effort to more fully understand the new RN's journey during their wait for acceptance into a new graduate residency transition program. Your insights will be used in a wider effort to support the development of future new graduate residency transition programs.

In your role as _____:
:

1. Have you seen any ways in which a delay to professional practice has affected the new graduate RN's work? If so, please describe this.
2. Have you seen any ways in which a delay to professional practice might have affected the new graduate's RN's attitude? If so, please describe this.
3. Have you seen any ways in which a delay to professional practice might have affected the new graduate's RN's relationships with his or her colleagues? If so, please describe this.
4. What knowledge and skills of the new graduate RN do you think are affected by a delay to professional practice? If so, please describe this.
5. What do you think would be most helpful in a new graduate residency transition program for a new graduate RN who has experienced a delay to professional practice?