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Lessons Learned: Newly Hired Nurses' Perspectives on Transition into Practice

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Abstract

This descriptive qualitative study explored data from debriefs of all newly hired nurses at 3, 6, and 12 months posthire during a newly designed transition-to-practice program at a pediatric hospital. Four major themes emerged: preceptors, education process, adaptation to the organization, and role transition. Supportive factors included staged orientation, limited preceptors, mentors, regular communication with leaders, and a culture of teamwork. Stressors included too many preceptors, mentorship needs, floating, communication challenges, and organizational changes.

Nurses often make many transitions during the course of a career. The transition from nursing student to new graduate nurse (NGN) to the role of experienced registered nurse (RN) can be difficult. NGNs report that it takes them at least 12 months to feel comfortable and confident practicing in the acute care setting (Casey, Fink, Krugman, & Probst, 2004). This difficult transition is reflected in the poor retention rates of this vulnerable group of new professionals. In the past decade, some organizations report NGNs leave the workforce prematurely with 60%-75% leaving during the first year (Halfer & Graf, 2006; Welding, 2011).

Early attrition from nursing practice is costly and can be measured in terms of dollars, patient safety, quality of care, and the lost human resource (Bratt, 2009; Friedman, Cooper, Click, & Fitzpatrick, 2011; Hatler, Stoffers, Kelly, Redding, & Carr, 2011; Jones, 2008; Krugman et al., 2006; Lee, Tzeng, Lin, & Yeh, 2009; Myers et al., 2010). Reasons cited for the early departure from professional nursing include an unwelcoming clinical environment, high patient acuities, and unfamiliar and advanced medical technology (Baxter, 2010). Failed retention of NGNs and newly hired experienced nurses is costly in terms of dollars to the healthcare organization. Jones (2008) calculated that costs per nurse turnover can vary from \$8,000 to \$64,000. Organizations with lower turnover rates of nursing staff have reported shorter lengths of stays and lower mortality rates for patients (Jones & Gates, 2007).

Available evidence suggests that use of a well-planned and executed orientation program and/or nurse residency program for NGNs facilitates transition and can increase retention (Bratt, 2009; Friedman et al., 2011; Hatler et al., 2011; Spector et al., 2015). These programs have been identified as transition-to-practice (TTP) programs. The Institute of Medicine's (2011) future of nursing report recommends that a TTP program be available to the nurse upon completion of a prelicensure program, advanced practice degree, or when the nurse transitions to a new clinical specialty such as pediatrics. In the recent status report for the Institute of Medicine's future of nursing report, the progress of the TTP programs cited an approximate 10% increase in the number of programs and requirements that more new graduates attend a TTP program when entering practice settings (National Academies of Sciences, Engineering, and Medicine, 2016). The progress report also identifies that there are many variations among the programs and challenges continue when attempting to systematically track their progress.

Evidence is lacking related to experienced nurses' transition to a new nursing specialty; however, it may be postulated that a similar program will aid their transition.

PURPOSE

The purpose of the study was to evaluate a newly designed and expanded TTP program at a tertiary level pediatric teaching hospital located in a large metropolitan city in the Midwest. The TTP program was designed for all newly hired nurses, including both NGNs and experienced nurses who were changing to a pediatric practice setting. Experienced nurses were defined as having 1 year or more of experience as an RN. The 12-month program included a central orientation, debriefing sessions, and three education days. These education days and debriefing sessions were strategically placed at 3, 6, and 12 months posthire and are referred to as Day 1, Day 2, and Day 3, respectively, in the remainder of the article. The study focused on all newly hired nurses' experience and perception of their transition as expressed during facilitated debriefing sessions during the year-long TTP program.

METHODS

Design

A qualitative design, consistent with Sandelowski's (2000) exposition of qualitative descriptive research, was used to collect and analyze the data from the facilitated debriefing sessions. This design is useful when the researchers seek to obtain "straight and largely unadorned (i.e., minimally theorized or otherwise transformed or spun) answers to questions of special relevance for practitioners and policy makers" (Sandelowski, 2000, p. 337). Transition theory conceptualizes transition as a diverse, complex, and multidimensional process that often has phases or critical points (Meleis, Sawyer, Im, Hilfinger Messias, & Schumacher, 2000) and provided a framework for the study. Reflective practice has been a strategy integrated into practice to create opportunities for learners to make sense of their current experience and to move forward to shape future actions and thoughts in a meaningful and intentional way (Sherwood & Horton-Deutsch, 2012). The experiences of nurses responsible for orientation of new hires also contributed greatly to the integration of debriefing sessions into the overall TTP program. A concurrent quantitative component of the study was conducted and is reported separately.

SAMPLE

All nurses who were hired between January 2010 and February 2011 were invited to participate in the study; there were no exclusion criteria. One hundred eighteen nurses participated in Day 1 and completed the demographic survey. The group had a mean age of 28 (SD = 6.7) years, were predominately female (93%), Caucasian (93%), and BSN prepared (75%), and most had less than 1 year of experience (64%).

Data Collection/Procedure

Following the initial central orientation and during the preceptored clinical experience, nurses were scheduled for the first 4-hour education Day 1 and debriefing. Education Day 2 and Day 3 occurred at approximately 6 months and 12 months, respectively. The TTP program content and timing are displayed in Table 1. Each education day was offered six times during the data collection period.

Table 1 Transition-to-Practice Curriculum

Central Orientation	Day 1	Day 2	Day 3
4 days during first 2 weeks of hire	3 months posthire	6 months posthire	12 months posthire
Tour	Death and dying	Interprofessional communication	Preceptor role and resources
Clinical care topics	Professional boundaries of care	Patient and family communication	Debriefing
Safety	Ethical dilemmas	Debriefing	
Policies and procedures	Debriefing		
Medication test			
Service excellence			
Developmental and family-centered care			

Data were gathered through facilitated, structured, debriefing sessions that lasted 45 minutes at the end of each education day. The large group of attendees was randomly divided into smaller groups of 8-10 members with an assigned facilitator and a scribe. Each debriefing session followed the same outline, starting with a standard introduction communicating the confidential nature of the debriefings. Nurses were asked to reflect on the progress of their orientation. Four open-ended questions adapted from the Studer employee engagement recommendations (Studer, 2003) were posed to the group by the facilitators in the following order: What went well? What didn't go well? Any surprises? What one thing would you change? Facilitators and scribes were chosen from a consistent group of clinical nurse specialists who had received training in data collection and transcription. Scribes were instructed to capture as much verbatim response in the form of quotes as possible.

Informed consent and demographic data were obtained at the start of Day 1. The known risk for participating in the study was considered minimal. Participants were informed that they could opt out at any time without penalty. Ground rules for maintaining confidentiality about what was shared in each session were reviewed.

Data Analysis

Qualitative data were analyzed in the order in which they were collected. All data from the six Day 1 sessions were analyzed individually and then collectively with similar analysis conducted with the data from Days 2 and 3. Data were analyzed across all three education days to assess for similarities and differences in themes. The research team consisted of seven clinical nurse specialists, a doctoral student, and a research consultant. The team met twice a month to analyze the data, and a minimum of three clinical nurse specialists were required to be in attendance at any given meeting to proceed with the analysis. Each question was analyzed separately. Initially, the responses (raw data) for each question were placed into broad themes that were determined by consensus of the research team. The material was transcribed again under these large themes following this same process for each transcript and reviewing them line by line. Once consensus was met regarding the thematic nature of

the statements, subthemes were identified and the frequency of like statements was counted to determine the relative weighting of the statements. The team composed a summary statement to capture the meaning of each category. By using this data analytic method, the research team attempted to bolster validity of findings and reduce bias through the process of investigator triangulation when findings emerge through consensus of the investigators (Giacomini & Cook, 2000).

The data analysis procedure used is consistent with Sandelowski's (2000) description of qualitative content analysis in an attempt to yield a straight descriptive summary of the informational contents of the data organized in a way that best fits the data. Counting the responses provides a description of the patterns or regularities discovered in the data and confirms the discovery (Sandelowski, 2000).

RESULTS

When data were analyzed for all three education days, four major themes emerged: preceptors, education process, adaptation to the organization, and role transition. Each of these themes is present across all three education days; however, the degree of importance or emphasis of each theme varies across the three points of time. Subthemes emerged under each theme and were articulated as either stressors or supports, depending on the quality, nature, and occurrence of the issues. The four questions evoked examples and quotes related to the perceptions of supports or stressors for transition. Refer to Table 2 for themes, subthemes, and the number of times theme-related issues were discussed over time.

Table 2 Themes, Subthemes, and Number of Theme Comments Over Time

Education	Day 1 (3 months)	Day 2 (6 months)	Day 3 (12 months)
Preceptors	118 (comments)	22	10
	<ul style="list-style-type: none"> • Number • Quality • Communication • Feedback patterns 	<ul style="list-style-type: none"> • Advocacy role • Multiple viewpoints • Teaching style • Mentors 	<ul style="list-style-type: none"> • Mentors
Teaching education process	123	135	116
	<ul style="list-style-type: none"> • Staged orientation • Scheduling/logistics • Resources • Floating • Varied clinical experiences • Blended learning 	<ul style="list-style-type: none"> • Staged orientation • Scheduling/logistics • Resources • Continuing education • Floating 	<ul style="list-style-type: none"> • Staged orientation • Scheduling/logistics • Resources • Continuing education • Floating
Adaptation to organization	83	100	187
	<ul style="list-style-type: none"> • Leadership • Communication • Organizational change • Culture 	<ul style="list-style-type: none"> • Leadership • Communication • Organizational change • Culture 	<ul style="list-style-type: none"> • Leadership • Communication • Organizational change • Culture
Role transition	48	56	40

	<ul style="list-style-type: none"> • Confidence • Independence • Personal growth • Unit integration 	<ul style="list-style-type: none"> • Confidence • Independence • Personal growth & Unit integration & Reality shock • Complexity/psychosocial needs of children and families 	<ul style="list-style-type: none"> • Confidence • Independence • Personal growth • Unit integration • Work/life balance
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What Went Well?

Preceptors

Preceptors were a major topic at Day 1 and reflected the importance they hold for new hires. Participants identified that one to two preceptors early in orientation facilitated their learning best. When preceptors advocated for the participant, sought learning experiences, and were knowledgeable, enthusiastic, and supportive in their role, participants felt that the orientation went well. Participants appreciated opportunities for feedback and reciprocal communication. Several participants at Day 1 shared, "My preceptor challenged me, was open to questions and instilled confidence in me." Another participant added, "My preceptor is an advocate for what I need to learn; if I have not had a certain type of patient, she will try to get that assignment for me." At Day 2, they could see the value of having more than one preceptor to gain multiple viewpoints. Preceptors were seldom mentioned at Day 3, indicating their primary importance in the early weeks and months of transition.

Education process

A number of participants from Days 1 and 2 commented positively on the use of a structured or staged orientation that involves a detailed written plan moving the nurse through orientation in an organized, orderly, and competency-based fashion. A graduated progression of increasingly difficult patient care assignments allows the nurse to gain skill and confidence before moving on to the next more difficult stage. A participant from Day 1 shared, "Staged orientation lets you progress; you know where you stand."

Participants remarked that being able to orient on the day shift was helpful and supported a successful transition. A participant from Day 1 remarked, "I was hired for nights but they make us go to days and I'm really glad for that opportunity to meet people and learn." Mentors began to be mentioned as an important support at Day 2 and continued to be a focus through the 1-year milestone. One participant stated, "The mentor program (ICU Program) at night helps a lot, mainly with higher acuity kids and fosters a sense of teamwork with co-workers versus the teacher/learner situation of orientation."

Adaptation to the organization

Unit socialization was important, and participants could identify the value of feeling welcomed and recognized. An individual at Day 1 remarked, "I'm getting introduced to new staff at every encounter." A different participant from Day 1 shared, "The culture on the unit makes it or breaks it." Participants from Days 1 and 2 expressed a desire for more contact with unit leadership and emphasized the importance of feedback from leadership regarding their progress in the orientation process. One individual from Day 1 remarked, "The check-ins with the unit orientation coordinator and manager were beneficial."

The participation and visibility of senior nursing leadership who were involved in the orientation process was perceived as a positive, welcoming gesture by the new nursing hires. These leaders presented topics regarding the organization's nursing philosophy. A participant from Day 1, who had been identified as an experienced nurse, commented, "This is the first time I've ever met the Chief Nursing Officer; it was nice to hear her point of view."

Role transition

Comments made by participants across all three points in time showed an increasing awareness of professional growth and comfort in the role of professional nurse. An attendee at Day 1 stated, "Staff were checking in on me to see how I was doing and how I'm sleeping since starting the night shift." A participant from Day 2 commented, "I like that I can build relationships with others besides my preceptor and get to know them." Another nurse from Day 2 stated, "I'm finally more independent. Parents see me as the resource, not the orientee."

The new hires from Day 3 reflected on their growth and were amazed at how much they had learned. One individual commented, "I was going from tasks to the whole picture." Another shared, "I'm beginning to get into my comfort zone and more confident in taking care of multiple patients[horizontal ellipsis]improved time management." Several other participants from Day 3 had comments that showed emerging recognition of confidence and newly developed clinical judgment. One participant stated, "I can now take care of sicker kids and critically think." Another added, "It's nice not to be terrified all the time." Yet another nurse remarked, "Feeling like, 'I can do this.'"

What Didn't Go Well?

Preceptors

When the relationship with the preceptor did not go well, reasons cited included too many preceptors, lack of communication between the preceptor team members or between the preceptor and the orientee. A participant from Day 1 stated, "I bounced between five and six preceptors and spent the first half of the shift getting the trust level up[horizontal ellipsis]it hurts the day when you spend time trying to find the right level." When participants perceived that there were too many preceptors and communication among preceptors was inadequate, they felt undervalued and had concerns about their progress or lack of progress in the orientation process. One individual from Day 2 stated, "Multiple preceptors[horizontal ellipsis]each has a different style and doesn't know where I am at. Some hover, some are not as available."

Education process

New nurses were able to identify when preceptors were reluctant to teach or acknowledge what the orientee had learned during orientation. A participant in Day 1 stated, "Some RNs just do the work of the new RN's patients instead of teaching the new orientee." A Day 2 attendee who was transitioning to independent practice shared concerns when things did not go as planned and stated, "I was told I would have a resource person that I could go to after my orientation, but that person was always too busy to deal with me so I felt guilty asking her anything or going to her for help." Nurses who had prior work experience felt their prior experience was not always recognized. A participant from Day 1 stated, "Honor previous knowledge, respect what the new hires bring with them."

Adaptation to the organization

There were both planned and unexpected organizational changes within the hospital system during the study. These changes were noted to increase stress and impact morale. Participant responses to these changes were prominent and plentiful at each education day debriefing session. Unexpected organizational change brought forth feelings of uncertainty and vulnerability and at times low morale. A participant from Day 3 commented, "[horizontal ellipsis]scary time for everyone." Another commented, "Too much change happening on the unit leading to complaining and gossiping." Despite these changes, participants were able to recognize welcoming and supportive peers and leaders. A participant from Day 2 shared the importance of honest and open communication, stating, "The manager was open and honest despite having difficult things to share. I really appreciated her honesty." On Day 3, another stated, "If you don't have the answers let us know that too."

Role transition

Nurses struggled as they transitioned from dependent to independent practice. A participant from Day 2 stated, "At six to seven months it felt like I was only doing tasks, not brain work." Delegation was another challenge the new nurses struggled with during transition. A Day 2, an attendee remarked, "Balancing out my responsibility as an RN and not trying to do everything is tough. When to delegate and when to try and do it myself is a constant battle." There were a number of new nurses who transitioned from nursing assistant and intern roles in the organization and were sometimes challenged in the overall experience. A participant from Day 2 stated, "Role transition is hindered if you were in a previous role as they assume you know stuff and how to look it up on your own."

What Surprised You?

Preceptors

New nursing hires were surprised that not all preceptors were expert nurses. A Day 1 attendee commented, "It's a very different experience working with a new preceptor than an experienced one; you're more focused on time management with a new preceptor." Some were also surprised that they were not asked to give feedback about the preceptor. A Day 1 attendee commented, "I would like to be able to give feedback on preceptors." They sometimes perceived that preceptors were not acknowledged or recognized sufficiently for assuming the role of preceptor.

Education process

New nurses were also surprised by the amount of additional education required of them after the date of hire. A participant from Day 1 stated, "[I][horizontal ellipsis]expected to be surprised, you learn as you go and learn to ask certain types of questions as you go. At first you don't know what you don't know." A participant from Day 2 stated, "[horizontal ellipsis]more education to keep up on than I expected." Another person from Day 3 remarked, "It's helpful to hear that new nurses are expected to have a learning curve[horizontal ellipsis]."

Adaptation to the organization

The complexity of the hospital system surprised many. A Day 1 participant commented, "It was confusing that there are so many systems." Another from Day 1 stated, "There are many differences in practice from where I came from." By Day 2, the focus shifted to the availability of resources. One attendee stated, "There are a lot of resources to access when you need help." Another said, "It's great to have docs and residents available."

Role transition

Role transition surprises were identified at each education day. Initially the difficulty adapting to a day/night rotation was identified. A participant from Day 1 stated, "Day/night rotation was hard to deal with-it's hard sleeping during the day." Nurses from all three education days were surprised by their individual professional growth. A participant from Day 2 stated, "[horizontal ellipsis]Surprised how comfortable I feel after my orientation is over with." A nurse from Day 3 remarked about progression and "[horizontal ellipsis]how far we've come or grown."

Participants from Day 2 were also surprised at the realities of dealing with critically ill children and the complex psychosocial needs of the patient and family. A participant from Day 2 stated, "It's a whole different world, parents with journals and watching everything you do." Another said, "I was surprised that the transition to pediatrics was so difficult. Coworkers were very helpful and supportive but it was way harder than I anticipated."

What One Thing Would You Change?

Preceptors

Suggested changes for preceptors included improved preparation, dedicated time for orientees to debrief with their preceptor, and an opportunity to provide feedback about preceptor performance. A nurse from Day 1 stated, "Some preceptors have been doing it a long time, but it doesn't necessarily go well. Need to touch base with preceptors and ask them if they are still interested in developing new staff on the unit." Discussions also centered on the way assignments were made, and participants suggested that preceptors become more involved in making assignments for the new nurse. A participant from Day 1 remarked, "Assignments are given by the charge nurse not the preceptor, so the patients are not progressively more complex."

Education process

Participants recommended that the orientation process be changed to one that is more individualized and recognizes individual needs and past experiences. An individual from Day 1 stated, "Don't cram so many experiences into one day that I forget everything about that day." An experienced nurse from Day 3 stated, "Don't assume experienced nurses know everything."

A great deal of discussion during the debriefings centered on floating staff to other units to meet unexpected staffing needs. A nurse from Day 1 simply stated, "I wish I could have had a chance to float to another unit with a preceptor." A participant from Day 3 remarked, "Charge RNs need to talk to each other more, especially in relation to float assignments[horizontal ellipsis]." Nurses were also able to see the value of a full-time versus part-time orientation. A participant from Day 1 stated, "If I could re-do, I really wish I could do the orientation full time; I'd be off 5 days, I didn't do a line change and it was hard to remember what I learned before."

Adaptation to the organization

Nurses new to the organization had several recommendations in regard to leadership, communication, and personal work schedules. Nurses expressed a need for timely feedback by a leader familiar with them, and this is reflected in the following statement from a participant at Day 3, "Don't want to be forgotten[horizontal ellipsis]started out on weekend nights and didn't hear from leadership about how I was doing." Other participants from Day 2 talked of the need for more contact with leadership after

orientation was completed and the preceptor relationship had ended. A participant stated, "[horizontal ellipsis]need more checking in the whole first year." Nurses also made suggestions regarding scheduling personal time off.

Role transition

Participants were able to identify that developing a trusting relationship with medical care providers helped to facilitate role transition. A participant from Day 2 suggested, "[need][horizontal ellipsis]a better way to meet physicians[horizontal ellipsis]learn the hierarchy[horizontal ellipsis]more unit specific, who's covering your patient, how to connect[horizontal ellipsis]"

DISCUSSION

Evidence from the current study suggests that several factors were key to a successful transition for both NGNs and experienced nurses. First, a positive supportive relationship with their preceptor set the tone for the orientation period whereas a well-structured, staged orientation program provided milestones for feedback, planning, and a focus on progressive complexity of patient assignments. Second, an understanding of expectations and the culture of the organization to the newly hired nurses set the context for the new hire. Finally, education days presented throughout the first year addressed topics relevant to the new hires' professional progress.

The introduction of a semistructured, reflective practice and debrief as the final step of each education day yielded significant information about the new hires' responses to orientation and their transition to their new role. Data derived from the debriefs indicated new hires progressed over the year from a narrow focus on their own situation to an expanded view of their professional growth and then the wider picture of the work unit and organization as a whole, confirming the transition as a diverse, complex, and multidimensional process with phases or critical points (Meleis et al., 2000). Reflective practice created opportunities for newly hired nurses to make sense of their experiences and to move forward in a meaningful and intentional way (Sherwood & Horton-Deutsch, 2012).

During the first 6 months of transition, mastering the necessary skills and fitting into the unit socially were primary concerns. Having a small group (no more than three) of consistent, engaged, well-prepared, and supported preceptors during the first 3 to 6 months of orientation facilitated transition. The use of a staged orientation offered a structured way to learn in a complex organization. Study participants recommended that the healthcare organization, the nursing unit, and nursing peers needed to support the role of the preceptor by selecting and preparing those individuals for this important role. Orientees valued regular and scheduled feedback to mark progress in the transition to independent practice. Without this, the new hires felt uncertain and insecure regarding their progress.

Nurses from this study wanted an early connection with a visible leadership team, which was also noted by Fink, Krugman, Casey, and Goode (2008) as a way to improve and support the transition experience of participants. As noted earlier, the new hires indicated that open, honest communication was important especially during times of change, even if the leaders did not have all the answers. The need to connect with leadership was noted early in the transition at approximately 3 months after the hire date.

Many of the suggestions for change recommended by the participants could be implemented with little cost, but meaningful impact. For example, increased visibility of nursing leadership during orientation, floating to other units with their preceptor, and staged orientation on all units were seen as valuable. Although not specifically addressed in this study, the mixing of new graduate nurses and experienced nurses in the groups provided a time for those with more experience to provide reassurance and coping strategies to the new graduate nurses. Similarly, those who had transitioned from other roles in the organization were able to offer information about the care of pediatric patient and their families, an area of challenge for some experienced nurses who were new to pediatrics.

Each newly hired nurse (NGN and experienced nurse) should expect and be a part of a well-designed and developed TTP program. Prior evidence-supported TTP programs should be at least 6 months in length to provide the transitioning nurse with support during times that have been identified by the current study and the literature as especially stressful (Casey et al., 2004; Fink et al., 2008; Goode, Lynn, Krsek, & Bednash., 2009; Krugman et al., 2006). A recent study suggests that a longer time frame of 9-12 months is indicated due to the first 6-9 months being the most vulnerable period for transition difficulties (Spector et al., 2015). Our study expands the evidence that NGNs continue to progress in their transition through the first year. The Institute of Medicine's report on the future of nursing (Recommendation 3) calls for implementation of nurse residency programs and asserts that state boards of nursing, accrediting bodies, the federal government, and healthcare organizations should take actions to support nurses' completion of a TTP program or nurse residency programs (Institute of Medicine, 2011). These programs should not only be supported and available to the nurse upon completion of a prelicensure program, but should also be available and required when the nurse transitions to a new clinical practice area (Institute of Medicine, 2011). This study expands on this recommendation by including experienced nurses transitioning to a new organization or to the specialty of pediatrics.

Nursing professional development practitioners are central to the success of TTP programs, playing a key leadership role in the development, implementation, and evaluation of the effectiveness of these programs. They have the ability to critically appraise and translate current research into practice. Nursing professional development practitioners also serve as coaches not only for the nurses in transition but also for other staff and leaders involved in onboarding and hiring new nurses in the organization.

LIMITATIONS

Lack of an audiotaped interview and availability of a transcription of that interview to use in the analysis is a limitation of the study. Another limitation is the demographics of participants in study site. The study from which the data originated took place at a single specialty hospital located in the Midwest. The sample was predominantly White women who had been prepared at the baccalaureate level. Not all of the 118 nurses attended every session, although 95% of the sample did attend all three sessions. Data collection for the study occurred during a time of hospital reorganization and change, all of which could have affected the participants and influenced the response to research questions posed during the debriefs. Therefore, findings from the study may not be generalized to different programs in other organizations.

CONCLUSION

There are a number of stressors and supports newly hired nurse's experience during transitions in practice. The newly hired nurses in this study relied upon the support of a structured orientation, the help of a preceptor to navigate the process of transition and leadership to be visible and provide information and feedback that was timely and meaningful. The TTP program included a debriefing session that provided valuable time for the newly hired nurse to process the experience of transition. These sessions provided a safe outlet for all newly hired nurses, not just NGNs, to express their concerns, receive support, and feel valued. The findings from this study suggest that a well-planned transition program for nurses new to the pediatric specialty appears to be a sound practice and an important organizational investment.

References

- Bratt M. (2009). Retaining the next generation of nurses: The Wisconsin nurse residency program provides a continuum of support. *Journal of Continuing Education in Nursing*, 40(9), 416-425.
- Casey K., Fink R., Krugman M., Probst J. (2004). The graduate nurse experience. *The Journal of Nursing Administration*, 34(6), 303-311.
- Fink R., Krugman M., Casey K., Goode C. (2008). The graduate nurse experience: Qualitative residency program outcomes. *The Journal of Nursing Administration*, 38(7/8), 341-348.
- Friedman MI. I., Cooper A. H., Click E., Fitzpatrick J. J. (2011). Specialized new graduate RN critical care orientation: Retention and financial impact. *Nursing Economic\$*, 29(1), 7-14.
- Giacomini M. K., Cook D. J. (2000). Qualitative research in healthcare: Are the results of the study valid? *Journal of the American Medical Association*, 284(3), 357-362.
- Goode C. J., Lynn M. R., Krsek C., Bednash G. D. (2009). Nurse residency programs: An essential requirement for nursing. *Nursing Economic\$*, 27(3), 142-147.
- Halfer D., Graf E. (2006). Graduate nurse perceptions of the work experience. *Nursing Economic\$*, 24(4), 150-155.
- Hatler C., Stoffers P., Kelly L., Redding K., Carr L. L. (2011). Work unit transformation to welcome new graduate nurses: Using nurses' wisdom. *Nursing Economic\$*, 29(2), 88-93.
- Institute of Medicine. (2011). *The future of nursing: Leading change, advancing health*. Washington, DC: National Academies Press.
- Jones C. B. (2008). Revisiting nurse turnover costs: Adjusting for inflation. *The Journal of Nursing Administration*, 38(1), 11-18.
- Jones C., Gates M. (2007). The costs and benefits of nurse turnover: A business case for nurse retention. *The Online Journal of Issues in Nursing*, 12(3).
- Krugman M., Bretschneider J., Horn P. B., Krsek C. A., Moutafis R. A., Smith M. O. (2006). The post-baccalaureate graduate nurse residency program: A model for excellence in transition to practice. *Journal for Nurses in Staff Development*, 22(4), 196-205.
- Lee T. Y., Tzeng W. C., Lin C. H., Yeh M. L. (2009). Effects of a preceptorship program on turnover rate, cost, quality, and professional development. *Journal of Clinical Nursing*, 18, 1217-1225.
- Meleis A. I., Sawyer L. M., Im E. O., Hilfinger Messias D. K., Schumacher K. (2000). Experiencing transitions: An emerging middle-range theory. *Advances in Nursing Science*, 23(1), 12-28.

- Myers S., Reidy P., French B., McHale J., Chisholm M., Griffin M. (2010). Safety concerns of hospital-based new-to-practice registered nurses. *Journal of Continuing Education in Nursing*, 41(4), 163-171.
- National Academies of Sciences, Engineering, and Medicine. 2016. Assessing progress on the Institute of Medicine report. The future of nursing. Washington, DC: The National Academies Press.
- Sandelowski M. (2000). Whatever happened to qualitative description? *Research in Nursing & Health*, 23(4), 334-340.
- Sherwood G., Horton-Deutsch S. (2012). *Reflective practice: Transforming education and improving outcomes*. Indianapolis, IN: Sigma Theta Tau Press.
- Spector N., Blegen M. A., Silvestre J., Barnsteiner J., Lynn M. R., Ulrich B., Alexander M. (2015). Transition to practice study in hospital settings. *Journal of Nursing Regulation*, 5(4), 24-38.
- Studer Q. (2003). *Hardwiring excellence: Purpose, worthwhile work, making a difference*. Gulf Breeze, FL: Fire Starter Publishing.
- Welding N., Gulf Breeze FL. (2011). Creating a nursing residency: Decrease turnover and increase clinical competence. *Medsurg Nursing*, 20(1), 37-40.