EXPLORING NEW NURSES' PERCEPTIONS OF A NURSE RESIDENCY PROGRAM

by

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ABSTRACT

Health care facilities across the United States have implemented innovative approaches such as nurse residency programs to facilitate a successful transition to practice for new nurses. Many nurse residency programs evaluate their effectiveness by assessing critical thinking abilities, retention, return on investment, and job satisfaction. Evaluations are conducted using surveys and focus groups. However, there is a void in the literature that examines the effectiveness of a new nurse residency program from the participants' perspective; particularly asking the resident how the nurse residency program has advanced them to become a more competent professional. The theoretical model framing this investigation is Patricia Benner's novice to expert theory. The purpose of this qualitative case study is to understand participants' perceptions of a nurse residency program, specifically looking at how the program transitioned them from advanced beginner to competent nurse professional. The study sample included eight participants employed in a health care facility located in the southeastern United States. Open-ended research questions were designed to elicit the new nurses' perceptions of the effectiveness of a nurse residency program. Data collection was conducted using interviews and audio recordings. Emerging themes indicated that pre-experiences and expectations, leadership and professional development, stress and coping, supportive cohort, program improvements, and reflection on confidence and competency were fundamental elements for an effective nurse residency program. One recommendation from this study was for pre-residency assessment tools to be given to residents for customization to better facilitate the transition of new nurses to a competent professional.

DEDICATION

I want to dedicate this dissertation to the Author of all knowledge and wisdom, my God, and my Friend. Without Him, this would not have been possible.

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Many people need to be acknowledged for the success of this study and the success of my years as a doctoral student at The University of Alabama. It has taken a collective effort from some of the most wonderful people who rallied repeatedly for my success. I am forever grateful for all they did for me during this time to make sure I got through to the other side.

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To my son Cameron, I sincerely hope I have made you proud of me; I love you, unconditionally. To my closest friends, you all were my greatest cheerleaders; I love you all.

C.L.H.

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CHAPTER ONE

INTRODUCTION

Nationwide, new nurse graduates' transition to practice is demanding and overwhelming despite ongoing attempts to resolve the problem (Anderson, Hair, & Todero, 2012; Benner, 1984; Cho, Laschinger, & Wong, 2006; Goode, Lynn, McElroy, Bednash, & Murray, 2013; Kramer, Maguire, Halfer, Brewer, & Schmalenberg, 2011; Pine & Tart, 2007; Sledge, Potter, & Stapleton, 2016; Thomson, 2011). A negative experience during this transition can delay new nurse graduates reaching their potential to become competent professionals. Those who feel overwhelmed may leave the profession altogether (Casey, Fink, Krugman, & Propst, 2005), or leave their first job within 1 year of employment (Halfer, 2011). Also, new graduates may face increasingly complex practice environments in which patients present with a plethora of clinical and sociopsychological challenges. The repercussions are already stressed and overworked nursing staff, compounded by a loss of investment made in the preparation of new nurse graduates. To counteract this, attempts have been made to ease the transition by providing strategies that have a direct impact on increasing confidence and reducing anxiety and stress in the individual and decreasing turnover rates and improving retention in healthcare organizations.

A myriad of strategies to improve the transition process has been reported in the literature. These strategies range from formal to informal approaches. The formal methods include graduate programs (Anderson et al., 2012), new nurse residency programs (Anderson et al., 2012; Bratt & Felzer, 2011; Cappel, Hoak, & Karo, 2013; Glynn & Silva, 2013), orientation programs (Guhde, 2005; Strauss, Ovnat, Gonen, Lev-Ari, & Mizrahi, 2016), and nurse

internships (Beecroft, Kunzman, & Krozek, 2007; Ulrich et al., 2010). An informal approach is mentoring (Del Bueno, 2005; O'Brien-Pallas, Duffield, & Hayes, 2006). Whether formal or informal, the overarching goal of transition to practice programs is to transition new graduate nurses to fully functioning professional nurses who are comfortable with and satisfied in their role as a registered nurse (Keller, Meekins, & Summers, 2006; Thomas, Bertram, & Allen, 2012; Versant, n.d.).

A specific strategy that has gained tremendous momentum in the last 15 years is new nurse residency programs (Anderson et al., 2012; Keller et al., 2006). Nurse residency programs were implemented to link the preparation-to-practice gap, improve the expertise of the nursing workforce, increase safety by decreasing clinical errors, and minimize burnout and turnover in new nurses who may be underprepared. Nurse residency programs have demonstrated effectiveness in improving clinical competency and communication, as well as retention and a sense of belonging, thus resulting in cost savings. Casey et al. (2005) purported turnover in the new graduate nurse is a documented phenomenon with reports showing that during the 1st year of practice, 30% to 61% of new graduates change their place of employment. New graduate turnover is costly for health care facilities. A nurse with less than 1 year of experience who leaves costs the organization nearly $50,000, which is approximately a nurse's annual salary (Beecroft et al., 2007). Although many have shared the benefits of nurse residency programs (AL-Dossary, Kitsantas, & Maddox, 2014; Anderson et al., 2012; Cappel et al., 2013; Goode et al., 2013), there is a lack of research on structured residency programs' effectiveness in transitioning a new graduate nurse from advanced beginner to competent nurse.

Statement of the Problem

Many hospitals across the United States have implemented innovative approaches such as nurse residency programs (NRPs) to assist their new nurse graduates in transitioning to the role of a competent nurse. The hospital in this study used the University HealthSystem Consortium/American Association of Colleges of Nursing (UHC/AACN) residency program. Over the course of 12 months, each new nurse graduate participated in monthly 4-hour educational sessions that focused on professional development, with an emphasis on critical thinking in areas such as ethics, patient safety, changing patient condition, quality patient outcomes, and practicing safe patient care (University HealthSystem Consortium/American Association of Colleges of Nursing [The UHC/AACN], 2009). The main objective of this program is to transition the novice nurse from advanced beginner to more competent provider of care. To accomplish this, it is essential to evaluate the residency program, as well as evaluate the perceptions and experiences of the participants that have completed the 1-year residency program. There are several studies that have detailed the evaluation of NRPs (Anderson et al., 2012; Beecroft et al., 2007; Casey et al., 2005; Evans, Boxer, & Sanber, n.d.; Glynn & Silva, 2013; Sledge et al., 2016; Trepanier, Early, Ulrich, & Cherry, 2012). The studies mainly researched developmental characteristics such as competence, confidence, and critical thinking that were gained as a result of being in the NRP. Some studies examined retention, recruitment, and turnover rates to evaluate the efficacy of a residency program. However, there is a scarcity in the literature that examines the effectiveness of educational strategies in the UHC/AACN residency program that support new nurse graduates in their ability to transition into a competent professional nurse in a hospital setting from the participants' perspective.

Statement of Purpose

The purpose of this research study was to describe and explore the experiences of new graduate nurses and their perceptions through participation in a 1-year new nurse residency program. Through this study, the various components and pacing of the NRP reflected upon ascertaining whether the modules presented were the appropriate tools, education, and support to assist the new graduate nurse in progressing from advanced beginner to a competent provider of care. While the nurse residency program that I studied utilizes a survey (Casey-Fink Graduate Nurse Experience Survey) for evaluation of the program objectives, I wanted to understand perceptions of the nurse residency program through the nurses' own voices to dive deeper and uncover their thoughts and opinions. Moreover, in hearing their voices, I wanted to support nursing practice to identify strengths and weaknesses to potentially improve the nurse residency program.

Research Questions

This study sought to answer the following qualitative research questions:

1. What are the experiences of new nurse graduates completing a nurse residency program?

2. What factors do new nurse graduates identify as strengthening their transition into practice?

Significance of the Study

To meet current and future healthcare needs, it is imperative that evidenced-based nurse residency programs are developed to prepare novice nurses in delivering safe, competent, and effective care. To ascertain that these residency programs are well designed to meet the needs of the participants, an evaluation process must take place. Using qualitative methods provides the

researcher with the opportunity to further engage in discussion regarding the NRP. Furthermore, assessing the efficacy of an NRP in a qualitative manner probes new nurse graduates' thoughts and feelings regarding specific elements of an NRP. For example, with the UHC/AACN survey currently being used to evaluate the NRP, a participant can give their opinion about the effectiveness of the residency; however, there is no opportunity to get to the "why" of their assertions about the program. By utilizing qualitative methods, the researcher can gather data on which to assess the different components of the nurse residency program to gain a better understanding from the perspective of the participants on the strengths and weaknesses of the program. The feedback that is gleaned then can be used to improve the program, nursing profession, and patient safety.

Overview of Literature

Although the volume of literature on nurse residency programs and their effectiveness in nursing has multiplied over the last decade, there remains limited empirical inquiry on how new nurse's perception of a nurse residency program provides support to assist in the transition to a competent nurse. This is especially true in the United States, where many health care organizations have implemented transition programs for new graduate nurses (Rush, Adamack, Gordon, Lilly, & Janke, 2013). Nurse residency programs were warranted because nursing academia and nurse managers in health care facilities both agreed that nursing schools could not fit everything new graduate nurses needed to know to begin a professional nurse career into the limited clinical opportunities that were available. Additionally, the programs were developed to ensure patients remain safe while new inexperienced nurses transition into practice. Valdez (2008) argued that 75% of inexperienced registered nurses did not have acceptable entry-level clinical judgment skills, and the majority had a hard time translating knowledge and theory into

practice. Studies have shown that new graduate nurse residency programs are effective transition to practice programs (Strauss et al., 2016); retain new graduate nurses in their first year of employment (Rosenfeld & Glassman, 2016); improve critical thinking, organization, and prioritization skills (Anderson, Linden, & Gibbs, 2009; Bratt & Felzer, 2011; Goode et al., 2013); increase clinical competence and confidence (Welding, 2011); and are a cost-effective approach to decreasing turnover rates among new nurses in the health care setting (Trepanier et al., 2010).

The effectiveness of a nurse residency program significantly impacts a new graduate nurse's job satisfaction, quality of patient care, and patient safety. Research has suggested that new nurse residency programs are beneficial to the retention of new nurses (Cappel et al., 2013; Fink, Krugman, Casey, & Goode, 2008; Goode et al., 2013). However, there is too little information in the nursing literature regarding the evaluation of a new nurse residency program and its effectiveness from the participants' voice. Exploring and understanding how a nurse residency program facilitates the transition of the new nurse from advanced beginner to competent nurse from those who have experienced the phenomenon will inform health care organizations, academic institutions, and nurse leaders.

Methodology

This research used a qualitative research method. Creswell (2014) recognized that qualitative research occurs when a researcher exists in the natural setting of the phenomenon being studied, collecting data through words, then analyzing them inductively, focusing on the meaning of the participants. Qualitative researchers are concerned with making sense of their world and the experiences that arise in the world (Merriam, 2009). Munhall (2012) posited using qualitative research methods has the capability of freeing researchers from errors and

preconceived notions, raising understanding, encouraging vocalization, and lifting some researchers from oppression.

A case study research is qualitative in nature and investigates a bounded system (a case) in a specific time frame, by exploring detailed data collection involving several sources of information (Creswell, 2014). Yin (2014) purported a case study design should be considered when (a) the focus of the study is to answer "how" and "why" questions, (b) the researcher cannot influence the behavior of those involved in the study, (c) the researcher wants to report contextual conditions because of relevancy, or (d) the boundaries are not well-defined between the phenomenon and context. As with most qualitative research whose purpose is to bring forth knowledge about similar patterns and themes within human experience, this process continued with the comparison of new interviews until all have been compared with each other. A qualitative design using a case study method was used to understand the meaning new nurses give to their experiences after completing a nurse residency program.

In this qualitative research, new nurse graduates were chosen using purposeful sampling. Dr. Patricia Benner's novice to expert theory was used to help frame and organize data to understand how new nurse graduates perceive the effectiveness of a nurse residency program. This theory is a highly renowned model which describes five stages through which a new nurse acquires competency and expertise. Dr. Benner introduced the concept that expert nurses develop skills and understanding of patient care over time through a sound educational base as well as a multitude of experiences (Benner, 1984). She further posited that competency in nursing practice comes from 2 to 3 years of experience in the same job or role. For this study, the most pertinent principle in Benner's novice to expert theory was the importance of experience. Benner stated that experience in the practice area is required to be an expert in that

area. Triangulation, member checks, and researcher reflexivity were utilized to support the reliability and validity of this research. Ethical considerations are addressed in Chapter Three.

Limitations of Study

Due to this small sample size and subjective nature of the qualitative inquiry, the outcome of this study may not be generalizable, and assumptions should not be drawn that all new nurses with the same educational background or that have completed a new graduate nurse residency program will have the same experiences. However, the study is essential and will provide support for the findings, which will attempt to record the perceptions of new graduate nurses. Another limitation of this study is the use of purposeful sampling. Purposeful selection entails deliberately selecting participants for a study that will best help the researcher understand the problem and the research question (Creswell, 2014). Therefore, due to the nature of this study, participants were chosen purposively and not randomly.

Delimitations of Study

This study has certain delimitations. Most significantly, the participants were new nurse graduates, with less than 2 years of experience in one nurse residency program. The study was conducted at a community hospital in the Southeast, which may not reflect all institutions with nurse residency programs nor reflect the broader population of community hospitals nationwide. Typical of studies that rely on individuals to volunteer, a selection bias called volunteer bias may affect the results. It is possible that the volunteers may, in some way, be different from those who did not volunteer to participate in the study and that they may not be representative of the entire population. However, this study will provide robust data from the participants in evaluating a nurse residency program which can have future implications for the nurse residency program in question and the new nurse graduates that participate in the program.

Chapter Summary

New graduate nurses' transition into the practice of nursing has been documented as a complicated process. The process involved with adjusting to a new role and dealing with patients who have multiple health conditions are everyday experiences for new nurses. Many health care facilities across the United States have implemented new nurse residency programs to help the advanced beginner nurse transition into a competent professional nurse. Few studies have evaluated a nurse residency program from the participants' perspective. The purpose of this study was to understand better how new nurse graduates experience a nurse residency program. In Chapter Two, I present an introduction to the history of nursing practice and nursing education, along with a description of the different significant models of nurse residency programs that are available. Also, I introduce an analysis, synthesis, and critique of the relevant research literature related to the evaluation of nurse residency programs.

Operational Definitions

Associate Degree in Nursing (ADN). This is a 2 to 3-year program of study in nursing to obtain an associate degree usually offered at community colleges.

Bachelor of Science in Nursing (BSN). This is an academic degree in the science and principles of nursing that is granted by a 4-year accredited college or university.

New Nurse Graduate. The term in this study refers to a registered nurse who is newly licensed with less than 6 months to 2 years of nursing experience in clinical nursing practice since graduation from a school of nursing. Similar terms include "novice nurse," "nurse resident," and "neophyte nurse."

Nurse Residency Program. Nurse residency programs (NRP) are structured programs designed to orient a new nurse graduate to the professional nursing role. NRPs have planned

experiences between educational preparation and independent competent nursing practice. They facilitate new nurse graduates to develop clinical knowledge and skills to meet the demands of professional nursing practice. These programs vary in length from 6 weeks to 1 year.

Reality Shock. A reaction among new graduate nurses to the nursing profession as they go through a learning and growing transition.

Transition to Practice. The phenomenon of transition to practice is defined in the literature as the period between being a student nurse and an independent professional registered nurse (Casey et al., 2005; Etheridge, 2007; Keller et al., 2006).

CHAPTER TWO

REVIEW OF LITERATURE

Nurse residency programs have gained popularity in the last 2 decades. The Institute of Medicine (IOM) described NRPs as "planned, comprehensive periods of time during which nursing graduates can acquire the knowledge and skills to deliver safe, quality care that meets defined (organizations or professional society) standards of practice" (2011, pp. 120-121). According to Letourneau and Fater (2015), new nurse residency programs are supportive resources designed to facilitate professionalism, along with strengthening clinical skills. In fact, NRPs are orientation programs that can significantly impact the success of the new nurse graduate. They afford the new nurse graduate with support from facilitators, faculty advisors, and other new nurses as they transition into a professional nurse.

Additionally, NRPs improve the new nurse graduate's commitment to the nursing profession and have increased the overall retention of novice nurses (Fink et al., 2008). Furthermore, NRPs are programs that empower nurses, reduce turnover costs, and yields improvements in patient care and safety (UHC/AACN, 2009). More specific, nurse residency programs are detailed as a collaboration between academia and practice that is learner specific, where the post-graduate experience is designed to support the development of competency in nursing practice (Herdrich & Lindsay, 2006).

The purpose of this review of literature is comprehensive. I begin with an overview of the history of nursing practice and nursing education, disclosing the dynamics that affect new nurse graduates' entry into the clinical practice area today. This is followed by an evaluation and

synthesis of specific models of NRPs that assist in the transition to practice, mainly focusing on how they enhance competence in new nurse graduates. Last, I explore gaps in the literature about NRPs efficacy, specifically in guiding a new nurse from advanced beginner to competent nurse.

History of Nurse Residency Programs: How we got Here

During the early 1900s, nurses trained very differently than today. In fact, nearly all the nurse training took place at the bedside in a hospital setting. Diploma nursing programs were the earliest nursing programs in the United States. They were patterned after the Nightingale School of Nursing founded by Florence Nightingale in London. The earliest programs were instructed by doctors and were only a few weeks in length (Blais, Hayes, Kozier, & Erb, 2006). Benner, Sutphen, Leonard, and Day (2010) asserted that "in these service-driven programs, classroom instruction and planned, tutored clinical experiences—the basic components of today's nursing curriculum—were not only limited but also subordinate to the hospital's need for an inexpensive and relatively unskilled labor pool" (p. 34). The nursing students provided free labor for the hospitals, as they often worked 12 to 18 hours a day and 6 to 7 days a week. The training time for nursing students entailed learning nursing skills through countless hours of hands-on experience. This training was beneficial because the students gained confidence in their technical and skill-set abilities. Sullivan (2010) purported that as new graduate registered nurses, they were completely prepared and had in fact "practiced" in the role for a substantial amount of time. For them, there were no surprises in the needs and expectations of the workplace. The "at the bedside training" further solidified the nursing student's foundation in nursing practice (Hansen, 2014).

By the late 1970s, diploma programs had decreased significantly. They were closing and transitioning to university and college-based schools of nursing. The technical or clinical immersion in patient care was replaced with mostly classroom-filled curriculum. Nursing leaders then felt this curriculum would provide the quality of education necessary for highly competent nurses (Billings & Halstead, 2009). Clinical rotation for this curriculum typically included a couple of days a week of clinical experiences over a 2-year to 3-year time span (Baltimore, 2005). Students were given as little as 2 or 3 weeks in one location. Phillips, Esterman, Smith, and Kenny (2013) suggested that this approach had become a disadvantage, because it did not allow students the opportunity to gain a realistic sense of how nurses work, experience meaningful collaborations with multidisciplinary members of the health care team, or develop an understanding of patients' paths of care. Nevertheless, with this transition, nursing achieved momentum in providing a foundation and unique identity to nursing but did so at the cost of time spent at the bedside. In other words, nursing students were obtaining their licensure and entering the workforce with only a minimum number of bedside hours compared to what older, experienced nurses had completed in the past (Cappel et al., 2013).

This profound transformation from hospital-based training in nursing to academically based nursing education caused a big divide between nursing academia and nursing practice (Benner et al., 2010). Newly graduated nurses often experience difficulties when moving from the academic setting of nursing to the clinical reality of nursing practice (Valdez, 2008). In 1974, Kramer termed this *reality shock*. There are significant differences between what new nurses understand about nursing from their education and what they experience in the "real world" of healthcare. New graduates are confronted with feelings of incompetence, being

antagonized by physicians, and the challenge of not being able to organize, prioritize, and delegate (Fink et al., 2008).

Moreover, new graduates face increasingly complex practice environments in which patients present with a plethora of clinical and physical challenges. More than 90% of nursing school faculty believe that when student nurses graduate, they are prepared for practice. However, managers of health care facilities feel that 90% of the new nurse graduates are not prepared to start work as a new nurse (AL-Dossary et al., 2014). Additionally, new nurses find it is challenging to manage a team of five to six patients; considering they typically only cared for one or two patients with guidance and support from a clinical instructor or faculty member during their clinical experience in a college or university setting. Last, new nurses also find it challenging to develop effective time management, clinical judgment, and decision-making skills (Casey et al., 2005; Evans et al., n.d.; Fink et al., 2008; Rosenfeld, Smith, Iervolino, & Bowar-Ferres, 2004). This stress overload can intensify and lead to the inability of new nurses to satisfactorily move from nursing student to professional nurse; which, per AL-Dossary et al. (2014), leads to adverse consequences such as a significantly large number of new graduate nurses leaving their first job in less than a year of being employed. For the health care facilities, this is extremely expensive and can lead to potentially harmful outcomes for patient safety (Anderson et al., 2012; Benner et al., 2010; Bratt & Felzer, 2011; Cappel et al., 2013; Goode et al., 2013; Halfer, 2011; Robert Wood Johnson Foundation, 2010; Strauss et al., 2016). Understanding the intricacy of health care and workforce concerns that affect new graduate nurses is vital to maintaining the future labor force and a constructive and useful workplace environment.

Today, programs that facilitate adjustment to the nursing profession are recommended for new graduate nurses. The much read *The Future of Nursing: Leading Change Advancing Health,* an Institute of Medicine report, proposed that new graduates should have a residency program to transition to their first position as a professional nurse (IOM, 2011). A Carnegie Foundation report suggested that all new nursing graduates be required to complete a 12-month clinical residency (Benner et al., 2010). The National Council of State Boards of Nursing (NCSBN, 2009) established a model that substantiates the need for standardized transition to practice programs be implemented through regulation (Hansen, 2014). In addition, Joint Commission published a white paper that recommended "[e]stablishing a standardized post-graduate nurse residency program, which is a program similar to the Accreditation Council for Graduate Medical Education, and funding to support training" (2005, p. 31). Many health care facilities across the country have developed safety nets to ensure that patients remain safe while new inexperienced nurses transition into practice. Nurse residency programs were implemented to link the preparation-practice gap and improve the expertise of the new nurse graduate (IOM, 2011). Residency programs were developed to increase safety by decreasing clinical errors, and minimizing burnout and turnover in new graduate nurses who may not be prepared for the 1st year of practice in the hospital setting (Cappel et al., 2013, Dyess & Sherman, 2009, Hillman & Foster, 2011). Additionally, nurse residency programs were put in place to provide evidence-based practices to improve patient safety and quality nursing care (Hansen, 2014).

The Benner Effect: Nurse Residency Programs Defined

The nurse residency program idea was originally noted in literature in the 1980s as a model for transition into practice for the new nurse graduate. Based on the work of Patricia Benner (1984), the concept of moving a student from novice to competent nurse as effectively as

possible in the workplace was discussed offering several solutions. NRPs provide an official and unofficial array of learning opportunities that concentrate on facility practices aimed at gaining knowledge on the institution's policies, procedures, and standards of care. The goal of such programs is to provide new graduate nurses advantages to build skills in real clinical settings and, most importantly, to provide safe and effective care in the 21st century healthcare environment (Letourneau & Fater, 2015). The residency program accomplishes this by establishing competencies in nurses that they might not have had the opportunity to develop (or sufficiently develop) in nursing school. For example, inserting an indwelling catheter for urine drainage is a skill that is taught at some time in nursing school. It is usually demonstrated by nursing faculty first using a mannequin, after which the nursing student must demonstrate what they have just been taught or had demonstrated to them to validate that he or she is competent in the skill. However, most nursing students do not get the opportunity to place an indwelling catheter on an actual patient prior to leaving nursing school. Thus, this is where the NRPs bridge the gap to facilitate development of competencies.

The curriculum of most NRPs incorporates an evidence-based approach with essential components such as communication, patient-centered care, organizational skills, and leadership. Beyond these essential areas, NRPs differ in several areas. There are two established NRPs for purchase in the market: (1) University HealthSystems Consortium and the American Association of Colleges of Nursing (UHC/AACN™) Nurse Residency Program, which began in 2002; and (2) Versant® New Graduate Residency Program, in place since 1999 but an independent company in 2004. Large in number but not able to be quantified are the numerous healthcare organizations that have developed their own NRPs. The course of study for these individual programs comes typically from the literature and tailored to the organization.

The Vizient/UHC/AACN™ Nurse Residency Program

It was initiated because of concerns regarding graduate nurse transition to practice and to implement strategies to increase the number of Bachelor of Science in Nursing (BSN) nurses in the workforce (Krugman et al., 2006). The focus for this residency program was to have modules of learning and work experiences so that the BSN graduates could make the transition into their first professional role as a nurse specifically in an acute care setting. A key component of this NRP was the collaboration of an affiliated school of nursing and an academic hospital. This would establish a mutual understanding the program would follow the Essentials of Baccalaureate Education (American Association of Colleges of Nursing, 1998), so that the program would not repeat content that the BSN prepared nurses covered in nursing school.

The UHC/AACN uses the BSN essentials statements in the curriculum design of their nurse residency program. The Essentials of Baccalaureate Education for Professional Nursing Practice provides an important framework for designing and assessing baccalaureate education programs (AACN, 1998). The nine essentials outcomes expect the graduates of a baccalaureate to achieve a solid base in liberal education; knowledge in leadership, quality improvement, and patient safety; current evidence in practice patient care technology; and management of information. The outcomes look also at healthcare policy and financial regulatory standards, communication and collaboration with the other healthcare team members, and health promotion and disease prevention to improve population health.

The program is 1 year in length and supplements a hospital and nursing orientation in addition to specialty training courses. The program admission criteria consists of the resident graduating from an accredited generic BSN program within the previous 6 months, hold a registered nurse license or a temporary license, and commit to the program for 1 year. As

previously stated, this residency program initially was developed for new nurses from an accredited baccalaureate nursing program; now many healthcare facilities utilizing it are allowing all their new nurse hires to be admitted into the program. Thus, this may include a new nurse who has completed an associate degree program, diploma program, or a baccalaureate nursing program.

The nursing profession is unique in that there are multiple educational pathways that lead to an entry-level to practice. Nursing students can purse three educational pathways to become a registered nurse (RN): the Bachelor of Science in nursing (BSN), the associate degree in nursing (ADN), and the diploma in nursing. A diploma in nursing is usually a hospital-based program that takes 2 to 3 years to complete and has an emphasis on patient care and clinical skills (Registered Nursing, 2019). An associate degree in nursing teach the main competencies of nursing as well as nursing clinicals to assist with hands-on experience in health care settings. This program takes 2 years to complete. According to Institute of Medicine 2011, a BSN education takes 4 years to complete and introduce students to a wider range of competencies such as health policy and economics, community and public health, leadership, quality improvement, and systems thinking. Moreover, a nurse that has a baccalaureate degree is more equipped to meet the needs of a more technologically advanced health care system (IOM, 2011).

During the year-long program, each new nurse participates in monthly 4-hour educational sessions that focus on professional development, with an emphasis on critical thinking. Core features of the program includes areas such as being able to assess and evaluate changes in patient conditions, ethics, patient safety, practicing safe patient care, and quality patient outcomes. Core content that includes professional reflection is provided in structured seminars to facilitate the new nurse graduate in transitioning as well. In addition, the nurse residency

program offers case studies to address and emphasize institution-specific policies and procedures. Key program elements are cohort relationships and clinical narratives. At the beginning of the program, residents are placed in cohorts by hire dates to promote relationships and encourage trust. The hope is for the residents to share work experiences with a group of peers to promote professional development through bonding relationships (Krugman et al., 2006). Clinical narratives are critical to the NRP because this activity encourage reflective inquiry. The cohort is given true stories or events that have occurred, and they are asked to find key clinical issues and answer questions of what went well, what did not go so well, and how nursing interventions or responses could be different the next time. The goal is for this activity to facilitate the residents to think critically and use evidence-based practice. The UHC/AACN nurse residency program model has become one of the more recognized models nationwide (Williams, Goode, Krsek, Bednash, & Lynn, 2007). Despite the significant interest in and implementation of this model, there is little research available that evaluates the value of the residency program from the lived experience of the new nurse graduates.

Evaluation of Nurse Residency Programs: Do They Work?

For the new nurse graduate, the 1st year is critical to develop into a safe and competent professional nurse. Nurse residency programs are critical for the nursing profession. They have been shown to be an effective transition to practice programs that are designed for novice nurses to prepare them in giving competent, safe, and effective care to patients. Also, NRPs can provide healthy work environments that enable new graduate nurses to feel less stressed and feel better about the transition to practice and want to stay in their positions. Research supported nurse residency programs as a key strategy to retain nursing graduates (Maxwell, 2011; Setter, Walker, Connelly, & Petterman, 2011; Strauss et al., 2016). NRPs that utilized preceptors in

their programs to assist new nurse graduates and were at least 4 to 6 months in length had the highest retention rates (Setter et al., 2011). Many of the new nurse graduates in the NRPs believed that the preceptor was the key factor in the residency program (Glynn & Silva, 2013; Halfer & Graf, 2006). A strong connection with the preceptor was perceived as producing a positive experience of the entire residency process (Bratt & Felzer, 2011; Cho et al., 2006; Thomson, 2011). Therefore, opportunities valued by new graduate nurses in an NRP included a relationship with the preceptor and adequate time in a residency program to transition to a competent nurse (AL-Dossary et al., 2014; Dyess & Sherman, 2009; Goode et al., 2013).

Data on Nurse Residency Programs

A goal of an evidence-based NRP is to take the advance beginner learner from new graduate nurse to a more effective competent provider of care (University HealthSystem Consortium, 2016). To obtain this goal, it is critical to evaluate the residency program and its efficacy. A retrospective, longitudinal study (Rosenfeld & Glassman, 2016) conducted in a large urban academic medical center examined the effects of a nurse residency program on former nurse residents in eight cohorts (2005-2012) and compared those who left the institution with those who remained. Findings indicate on average, leavers stayed for 2.18 years at the institution; stayers typically remained for 4.86 years, suggesting that retention beyond 2 years is dependent on complex set of circumstances beyond the treatment effect of the nurse residency program. Several features of this study limit its generalizability. Specifically, the respondents were nurse residents in one large academic medical center, which may not reflect all institutions with NRPs and certainly not reflect the wider population of acute care hospitals nationwide.

Bratt and Felzer (2011) conducted a repeated measures design study on 468 newly licensed registered nurses employed in an acute care hospital setting who were participants in a

nurse residency program from 2005 to 2008. The study examined their perceptions of their professional practice, decision-making ability, and quality of nursing performance, work environment factors, job satisfaction, job stress, and organizational commitment, during a 12-month period. The study results concluded that on completion of the residency program, participants were significantly satisfied with their jobs, clinical decision-making ability, quality of nursing performance, and organizational commitment, and lower means of stress compared with baseline or 6-month measures. The scores for organizational commitment at the end of the program had no significance in being higher than the baseline scores. This may be an indication that new nurse graduates are still struggling with their professional role transition and have yet to transition effectively. The design of the study was weak. It was not an experimental design. The study participants functioned as their own control group in a single sample design. Therefore, it is difficult to know whether the positive changes in the variables could be because of the interventions in the residency program. The study had several threats to internal validity. One was that participant fatigue and burden in completing the research instruments could have reduced the accuracy of responses. Another threat was that the respondents were given the same questionnaires at three different times during the study, which could also have biased the results. Participants gradually leaving the experiment may have influenced the results; and most of the participants of the study were White females, which may limit the generalizability of the results.

A study that was conducted over a 10-year span reviewed the efficacy of a post-baccalaureate new graduate nurse residency program (Goode et al., 2013). The study used four different instruments to evaluate the residency program. They used the Casey-Fink Graduate Nurse Experience Survey (Casey-Fink), the McCloskey Mueller Satisfaction Scale (MMSS), Gerber's Control over Nursing Practice Scale (CONP), and the Graduate Nurse Residency

Program Evaluation (GNRPE). The study results concluded that across the program, retention rates gradually increased from 88% to 94.6%. The residents' evaluation of the program had been consistently positive, with highest ratings given to overall welcome and the faculty participating in the program. Resident views of the organization of the program were positive as well. One problem that was noted throughout the evaluation of the residency program was willingness of residents to participate in data collection. Data were collected at the beginning, mid-point, and at the end of the program. However, many of the original participants of the nurse residency program dropped out, which resulted in the overall program analyses being based on fewer than 40% of the residents.

Kowalski and Cross's (2010) study on 55 new nurses who were enrolled in a 1-year new nurse residency program showed significant improvement in their clinical competencies and critical thinking over time. The study time was done at 3, 6, and 8 weeks, and 3, 6, and 8 months. A final assessment was concluded during the last month, which was at 12 months.

Williams et al. (2007) also conducted a study on the 1-year outcomes of a post-baccalaureate residency program developed by Vizient/AACN. Data were obtained from two cohorts of new nurse graduate residents. The study was conducted at 12 different locations across the United States. The data were also evaluated at different times. They used multiple instruments (the Casey-Fink Graduate Nurse Experience Survey, the Gerber's Control over Nursing Practice Scale, and the McCloskey Mueller Satisfaction Scale). The findings indicated improvement in outcomes compared to new graduate nurses at the beginning of the program through the time the program was completed. Variables with the greatest improvements for both cohorts were the residents' ability to organize, prioritize, and communicate.

A mixed methods (qualitative and quantitative) study made a comparison of job satisfaction and the employee engagement of 90 novice graduate nurses. The study was completed by using computer-based interactive nurse residency modules. The modules tested the reliability and validity of the Halfer-Graf Job/Work Environment Nursing Satisfaction Survey. The results concluded that reliability and validity of the Halfer-Graf tool were supported. The qualitative component produced results related to satisfiers such as patients, patient outcomes, and how well they handled teamwork. The dissatisfiers mainly consisted of staffing and scheduling, lack of teamwork, and physician disrespect. The teaching strategies that garnered the highest rankings were simulation scenarios, debriefing, and e-mail communication with peers. The study concluded that the teaching strategies were beneficial. The findings from this study supported previous research that was conducted. In addition, the nurse retention rate was consistent with previous residency programming (Anderson et al., 2009).

A descriptive study (Thomson, 2011) evaluated the survey results between associate- and baccalaureate-prepared new graduate nurses in a year-long residency program. Data were collected using the McCloskey Mueller Satisfaction Scale (MMSS), the Casey-Fink Graduate Nurse Experience Survey (CF), and the Gerber Control over Nursing Practice Scale (CONP). The results concluded with both the BSN and ADN groups' job satisfaction was better at 1 month than at 1 year of practice. The scores were the same for both groups when the survey evaluated professional autonomy and ability to make a difference in the nursing practice. The limitations were related to the small number of participants. Also, many of the research participants had more experience in the actual health care facility because that is where they did their student clinical rotations. Therefore, being familiar with the work environment may have influenced the results.

Trepanier et al. (2012) utilized a cost-benefit analysis to study 524 new nurse graduates in a nurse residency program. The focus of the study was conducted to assess the economic outcomes of the new nurses by using turnover rate and contract labor usage data from a large health care organization. Findings reported a new graduate residency program was associated with a decrease in the 12-month turnover rate from 36.08% to 6.41% and reduction in contract labor usage from $19,099 to $5,490 per average daily census. The cost-benefit analyses suggested net savings between $10 and $50 per patient day when compared to traditional methods of orientation. The study also concluded that a new graduate residency program offers a cost-effective approach and should be valued as an investment as opposed to an expense.

A systematic review determined that nurse residency programs can decrease turnover rates during the 1st year of employment with new nurse graduates and are cost-effective (AL-Dossary et al., 2014). Lindfors and Junttila (2014) purported that a successful orientation program creates a sense of belonging and facilitates socialization as well as teaching skills and knowledge needed for clinical know-how. They advocated for well-organized programs for new nurse graduates to improve nurse retention and decrease new nurse graduate intent to leave the health care facility within 1 year.

A qualitative design study (Glynn & Silva, 2013) was conducted with eight nurses who participated in a new graduate internship program. The purpose of the study was to examine the experiences of new graduate nurses. Three themes were identified from the experiences: the attainment of new knowledge and skills in a specialty area, becoming more proficient, and assistance with role transition. The study also identified the significant roles and importance of the unit-base clinical nurse specialist and nurse preceptors. The findings concluded that a structured internship program is helpful to new graduate nurses when orienting to a critical care

area. The small sample size and obtaining the data from one specific hospital were limitations of the study. This limitation makes generalization to other new graduates in different types of institutions or other locations difficulty. Another limitation is that the interviews took place at different stages of the new graduates' careers, suggesting that the length of time between the program end and the interview may have led to some difficulty in remembering program details. And another possible limitation was that the coordinator of the program was involved in the study. Although the coordinator did not participate in the interviews, participants may have thought the coordinator would be aware of their comments.

The studies of Goode et al. (2013), Rosenfeld and Glassman (2016), Thomson (2011), and Williams et al. (2007) were the basis for this study as they recommended further studies to examine the experiences of new graduate nurses in a nurse residency program. Specifically, I proposed to take an in-depth look at a specific NRP utilizing qualitative methods. Qualitative methodology gave me the opportunity to further probe the participants' thoughts and feelings regarding the different elements of the NRP. For example, with the empirical data that a survey may generate, a participant will give a belief; however, there is no opportunity to get to the "why" of their assertions.

Turnover and Nurse Residency Programs

The nursing shortage in the United States has been well recognized (AL-Dossary et al., 2014; Kowalski & Cross, 2010; Rosenfeld & Glassman, 2016; Thomas et al., 2012; Williams et al., 2007). Likewise, turnover of new nurse graduates is problematic for nursing leaders as well (Trepanier et al., 2012). Turnover rates at 1-year post-hire for novice nurses have been documented to be 13% to 75% (Ulrich et al., 2010). A study conducted by Kovner et al. (2007) discovered 24% of new nurses stated that they would leave their job by their second year of work

because of insufficient training and the gap between their expectations and the real world of nursing. Halfer (2011) posited that the cost to replace a new graduate nurse is estimated to be between $49,000 and $92,000 per nurse. Hence, it is crucial for nurse leaders to consider retention of new nurses as vital to their staffing and financial effectiveness. Nurse residency programs are effective at decreasing turnover rates during the first 12 months of employment for new graduate nurses (AL-Dossary et al., 2014; Kowalski & Cross, 2010; Rosenfeld & Glassman, 2016). Williams et al. (2007) posited that residency programs for novice nurses must assist with learning the roles and values of a professional nurse and make the transition into the professional role one in which the new nurse will gain knowledge and skills needed for competence. Also, they advocated for an evidence-based and multivariate program for newly graduated nurses in increasing nursing retention and lessening new graduate nurse's intent to leave the organization at 6 months. Thomas et al. (2012) conducted research on NRPs and found that the duration, type of education, and support given varied a great deal among the programs. They also found that the presence of a formal new nurse transition program resulted in new nurses wanting to stay, a positive return on investment, and improved acquisition of skills, thus adding to the literature that suggested NRPs meet the need in decreasing turnover rates. However, more research is needed in developing specific curriculum content to meet the needs of each participant of an NRP. The research I conducted allowed the participants of an NRP to expound on each component of the NRP and give their account of its effectiveness.

Clinical Competence and Confidence and Nurse Residency Programs

Healthcare administrators struggle with novice nurses' preparedness to practice. Clinical competency and a myriad of other challenges affect the new graduate nurse (Welding, 2011). Using the Versant® New Graduate Residency Program, a comprehensive study exploring

confidence and competence among new graduate nurses observed a significant increase in both outcomes (Ulrich et al., 2010). Specifically, competence was measured using Slater Nursing Competencies Rating Scale (Wandelt & Stewart, 1975). This 84-item scale measures perceived role competencies per self-report and observed report. It is a 5-point Likert-type scale with responses ranging from 5 (excellent) to 1 (poor). The Cronbach's alpha for this scale is .98, which indicates that the higher level of perceived competence, the higher the score. The Skills Competency Self-Confidence Survey was initiated to measure confidence in this study. This survey was conducted at 12 and 24 months. Results indicated that there was an increase in confidence at the completion of the 18-week residency program (Ulrich et al., 2010).

The Performance Based Development System (PBDS) (del Bueno, 1990) was utilized in a study to measure performance-based clinical competence among novice nurses. It was used in conjunction with the Casey-Fink Graduate Experience Survey (1999) in examining relationships between novice nurses' perceptions of clinical competence and measured performance-based competence. The PBDS is a critical thinking competence test used to assess clinical knowledge in a real-world situation (del Bueno, 2005). A significant portion of the test is comprised of the tester viewing videos and then deciding how to handle the situation. The results of this study showed positive correlations between previous nursing work experience (nursing assistant, externs, medical technicians, licensed practical nurses) and critical thinking competence (del Bueno, 2005). Literature seemed to suggest that assessing competence is challenging because there is a lack of rigor and methods used in measuring competence. More research is needed to clarify competency and how it relates to novice nurses transitioning in a residency program. Specifically, a qualitative research approach can be used to address competence to explore how

the participants of an NRP interpret their experiences and if the NRP effectively transitioned them from advanced beginner to competent nurse.

Gaps in the Literature

It is well documented in the literature that nurse residency programs are an effective strategy for transitioning new graduate nurses to professional practice (AL-Dossary et al., 2014; Cappel et al., 2013; Fink et al., 2008; Goode et al., 2013). Additionally, the literature review enabled an identification of the gap in the literature. The studies of Goode et al. (2013), Rosenfeld and Glassman (2016), Thomson (2011), and Williams et al. (2007) recommended further studies to focus on the experiences of new graduate nurses after completing a nurse residency program. Halfer (2011), Kovner et al. (2007), and Ulrich et al. (2010) recommended an in-depth study on NRPs curriculum content to meet the needs of each participant of an NRP. However, to obtain this objective it is critical to evaluate not only the NRPs, but also the perceptions and experiences of the novice nurses completing the programs. More specifically, studying how nurse resident experiences in the program compared to their expectations and, equally valuable, as compared to the expectations or goals of the NRP. In short, this study sought to gain insight into what participants find in an NRP to be the most and least beneficial to their growth as competent nurses who completed an NRP. The basis of this study was to fill in the gaps in the literature by understanding perceptions of the NRP participants through their voices to learn from their experiences that adds to and informs the development of best practices for the nursing profession.

The literature review on new nurse graduate residency programs focused on providing a history of nursing and how it evolved from a technical and skill-set laden hospital service need to a university motivated educational plan for the nursing profession. NRPs were defined with

clear analysis and synthesis of the components, including what elements of the NRPs provided the best results for a new nurse graduate to have a positive transition into the role as a professional nurse. The literature review found that there are many existing new nurse residency programs that are variable in design and method, which creates challenges in comparing and evaluating the programs. No studies specifically addressed an NRP and its effectiveness in transitioning advance beginner nurses to competent nurses. This research study used a qualitative study approach to examine how new nurse graduates experienced a nurse residency program and transitioned from advance beginner to competent nurse. Nurses were interviewed and asked a series of questions about their experience while in a nurse residency program that utilizes the UHC/AACN™ Nurse Residency Program curriculum. This research is important to the future of nursing to assist in identifying and evaluating an NRPs' curriculum content to build a potentially useful body of knowledge that nursing educators and nurses in practice can draw upon. Chapter Three includes a description of the research methodology chosen to respond to the problem and answer the research questions.

CHAPTER THREE

METHODOLOGY

This chapter describes the methodological framework that supported and guided this study. The implementation of nurse residency programs for new graduate nurses for smooth transition to practice has been widely researched in the literature. For this study, a qualitative research design using a constant comparative approach was used to examine the new graduate nurses' unique perspective on a nurse residency program efficacy. Specifically, I sought the new graduate nurses' perception on various components of the program and obtained their perspective on whether the program transitioned them from advanced beginner to a competent professional nurse. The research questions, setting, participant selection and recruitment, sample selection, demographic representation, data collection and analysis, theoretical framework, accuracy and credibility, and researcher positionality are presented in this chapter.

Research Questions

Based on the questions and issues that were raised in the earlier chapters, there has not been enough discussion on the aspect of an NRP, therefore I will use qualitative research to answer the following questions:

1. What are the experiences of new nurse graduates completing a nurse residency program?

2. What factors do new nurse graduates identify as strengthening their transition into practice?

Setting of Research

The research study took place in the southeastern United States. The hospital where all the participants worked is a community owned health care system. The system consists of three medical centers, which are owned by the public and the system is operated on behalf of the public by a board of directors. It has 848-beds and offers a variety of specialty units and advanced services including cancer, cardiology, robotic and minimally invasive surgery, and the region's most advanced trauma center. There are more than 250 physicians who practice at the health care facility and a multitude of nurses that hold a masters, baccalaureate, or associate degree in nursing. Also, many of the nurses employed have specialty certifications.

All interviews were conducted by the principal investigator (PI). The study setting was a mutually agreed upon time and place of the interested participants and PI. This researcher conducted all face-to-face interviews with the participants in a quiet environment. The initial interview was a semi-structured interview session that focused on the participant's narrative of their evaluation of a nurse residency program. The first interviews were scheduled for approximately 60 minutes. Follow-up interviews occurred in the same location as the initial interview or by telephone at the discretion of the nurse participants to review the transcribed data from the first interview for member checking and verification of the data.

Participant Selection and Recruitment

For any study, selection of the participants holds high importance in evaluating the study (Merriam, 2009). The selection of participants were new nurse graduates employed at an 848-bed hospital in the southeastern United States and graduates of that hospital's nurse residency program with 2 years or fewer experience working on the nursing units. The rationale for selecting new graduate nurses with 2 or fewer years of experience follows the five stages of

Benner's model that emphasizes the novice to expert model. According to Benner (1984), the advanced beginner stage is where newly licensed registered nurses are when they enter the workforce. Also, this stage is where new nurse graduates enter a nurse residency program to receive transitional support. The hospital in this study implemented the UHC/AACN™ Nurse Residency Program which is based on Benner's model that emphasizes the novice to expert progression of new nurse graduates transitioning to practice.

Nurses were recruited by flier announcements (Appendix A) emailed through the hospital's electronic email system and face-to-face handout announcements (Appendix B). The recruitment process entailed the principle investigator sending an introductory e-mail message to potential nurse participants. The e-mail that was distributed detailed the principle investigator's role, purpose of the study, intent of the study, participants' role in the study, and an invitation to participate in the study. A gift card with the face-value of $25.00 was offered as an incentive to participants who completed the entire interview process. The principle investigator obtained demographic data and the level of the participants' education on a principle investigator developed form (see Appendix C). However, there was no exclusion criteria based on demographic data or educational level.

Sample Selection

Purposeful and snowball sampling were used in this qualitative research. Merriam (2009) and Patton (2002) stated utilizing purposeful sampling assumes that the investigator wants to discover, understand, and gain insight and thus must choose a sample from which the most can be learned. The researcher extended an invitation to potential participants via flyers and the hospital internal email system. Initially, participants replied to fliers and called the principle investigator to discuss requirements for participation. Four participants were recruited

via the flyer announcement, and the remaining four participants resulted from snowball sampling. This sampling occurs when research participants recruit other potential participants for a study. It is interesting to note that the original four participants all were specialty area nurses. They either were employed in the emergency department, neonatal intensive care unit, or obstetric department. The participants who were obtained by snowball sampling were all medical surgical nurses. Eight nurses who met the criteria responded favorably and volunteered for the study. Since the nurse residents' participation was voluntary, the researcher anticipated a smaller sample size who were willing to participate since it was unlikely to expect involvement from every person in the cohort. If the participant was eligible, informed consent (see Appendix D) was obtained and appointments were set to complete a tape-recorded interview. The participants were also informed that there would be a second contact by email to allow them to check the researcher's analysis of their experiences to maintain rigor in the study. The participants had a choice of a face-to-face interview or telephone. All of the participants requested a face-to-face interview. Upon receipt of the demographics and consent forms, a file was started and kept in a locked cabinet. No technological problems that occurred during the interviews.

Demographic Representation

A total of eight new graduate nurses responded to the study requests to participate. Participants in this study were all English-speaking and at least 19 years of age. Of the eight nurses, all were females. All of the eight nurses had attended an Associate Degree in Nursing (ADN) program. Four of the nurses were Caucasian, and four were African American. One of the nurses worked in Emergency Department (ED), one worked in obstetrics department, two practiced in the Neonatal Intensive Care Unit (NICU), and four nurses were recruited from various medical surgical units.

All the participants exhibited an attitude of honesty and willingness and needed minimal prompting in giving their narrative. Each interview session lasted approximately 30 minutes to 1 hour. The participants were excited to assist in the research study and eager to make their voices heard to further advance nursing education and practice. All of the participants, in reflection, relayed how they enjoyed the interview.

Characteristics of the Participants

Each participant in this study was given an identifying pseudonym to insure confidentiality and privacy. The characteristics of each participant were obtained from the demographic sheets, observations during the interviews, and reflection on information shared by participants during the individual interview sessions. All participants were forthcoming about their experiences regarding their time during the nurse residency program. The following depicts a brief synopsis of the characteristics of each participant.

Kim is a Caucasian female in the age range of 25 to 34 years. During the nurse residency program, Kim worked in the Emergency Department (ED). She has 23 months nursing experience and continues to work in the ED. Kim is a nontraditional nursing student. She came back to school to complete her nursing degree after marriage and starting a family. During the observation of Kim, she answered the interview questions with confidence and passion.

Sharon is a Caucasian female in the age range of 19 to 24 years and has 23 months of work experience. Sharon worked in the Neonatal Intensive Care Unit (NICU) during the nurse residency program. She has been employed for 23 months. Sharon was very energetic and eager to participate in the study.

Candice is a Caucasian female in the age range of 19 to 24 years and worked in Obstetrics during the nurse residency program. She was very soft-spoken and answered questions without hesitation. She has been a nurse for 23 months.

Monica is a Caucasian female in the age range of 25 to 34 years. While in the nurse residency program, she worked in the NICU. She continues to work there now. Monica has been employed for 23 months. She was also a nontraditional student. She was carefree and ready to share her experience.

Pam is an African American female in the age range of 35 to 44 years. It has been 23 months since she completed the nurse residency program. She worked on a medical surgical floor during the nurse residency program. She was a nontraditional student. Pam was self-assured and willing to discuss her experience.

LaDonna is an African American female in the age range of 25 to 34 years. She worked on a medical surgical unit as she completed the nurse residency program. LaDonna did her preceptorship during nursing school on the same unit. She was very sincere and willing to discuss the time she was in the nurse residency program.

Regina is an African American female in the age range of 25 to 34 years. She has been employed for almost 24 months. She worked on a medical surgical floor during the nurse residency program. Regina did not hesitate to provide her experience in the nurse residency program.

Betty is in the age range of 25 to 34 years. She is an African American female and has been a nurse for 23 months. She was like most of the participants of this study: a nontraditional student. She was very straight-forward and eager to answer questions about her experience in the nurse residency program.

Methodology Selection

Research is a detailed process from selecting a problem, synthesizing the literature about a problem, explaining why the problem warrants research, and lastly obtaining, examining, delineating, and disclosing data (Creswell, 2014). Qualitative research is a means for discovering and interpreting the meaning individuals or groups attribute to a social or human problem (Creswell, 2014). Maxwell (2005) posited that qualitative research is essentially an exploratory process where the researcher gradually makes a social phenomenon readily known by contrasting, comparing, replicating, cataloguing, and classifying the object of study. Merriam (2009) suggested that this entails full engagement in the day-to-day life of the setting chosen for the study. A key quality of qualitative research is that individuals construct reality in interaction with their social worlds (Merriam, 2009). To further explain, researchers interested in qualitative research are concerned with (a) how people understand their experiences, (b) how they fabricate their worlds, and (c) what significance they attribute to their experiences. Merriam (2009) further purported that the overall objective is to understand how people make sense of their lives and their experiences. The purpose of this study was to understand how new nurse graduates, in their own words, become competent professional nurses after completing a nurse residency program.

Research Design

A case study is a method to research that enables exploration of a phenomenon within its context using a variety of data sources to ensure variability of facts of the phenomenon (Creswell, 2014; Merriam, 2009). Yin (2014) purports a case study design should be considered when: (1) the focus of the study is to answer "how" and "why" questions; (2) the researcher cannot influence the behavior of those involved in the study; (3) the researcher wants to report

contextual conditions because of relevancy; or (4) the boundaries are not well-defined between the phenomenon and context. Merriam (2009) further emphasized that case studies are types of qualitative research that search for knowledge and meaning, the researcher is typically the primary instrument of data collection and analysis, uses inductive investigative strategies, and the outcome is richly descriptive. Merriam (2009) concluded that case studies greatest characteristic lies in delimiting the object of study, the case. A case study is less of a methodological choice than a choice of what is to be studied (Stake, 2006). In other words, I can box in who I am going to study; which is a specific group of new nurse graduates that have completed a nurse residency program.

Theoretical Framework

A theoretical framework is the primary structure, the support, and frame of a study. Maxwell (2005, p. 33) characterizes it as "the system of concepts, assumptions, expectations, beliefs, and theories that supports and informs research." Essentially, the theoretical framework describes the main things to be studied and the presumed relationships among them. Anfara and Mertz (2006) acknowledge that a theoretical framework is an observation or experiment on a set of principles of social or psychological processes that can be applied to the understanding of a phenomenon. In this view, a theoretical framework facilitates an experience to come into focus or view. Merriam (2009) defines it as the underlying structure, the scaffolding or frame of a study. Maxwell (2005, p. 33) defines it as "the system of concepts, assumptions, expectations, beliefs, and theories that supports and informs your research." Essentially a theoretical framework allows the researcher to intellectually transition from simply describing a phenomenon that is observed to generalizing about various aspects of that phenomenon. Patricia Benner's novice to expert theory was used to frame and organize the data from this qualitative

study. Benner's theory served as a guide since it aligns with a new nurse graduate experience in a nurse residency program.

Benner (1984) posited that the shift from novice to expert occurs because of experience-based skill learning in the clinical practice setting. In the publication, *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*, Benner modelled the Dreyfus Model of Skill Acquisition and Skill Development to explain the process of clinical judgment and skill development in nursing practice. These five levels of proficiency are novice, advanced beginner, competent, proficient, and expert.

The novice stage describes beginners who have had no experience with the situations in which they are expected to perform. During this stage, the learner is exposed to situations and allowed to gain the experience required for skill development. This stage is seen in students still in nursing school. Nursing students are given situations in terms of objective factors of a patient's condition such as how to measure vital signs, obtain intake, output, and weight. In this stage, skill sets can be established without situational experience. The rule-dictated actions typical of the novice is limited and inflexible (Benner, 1984). Moreover, in the clinical setting, student nurses have some contextual comprehension of the rules and procedures; however, often they have not had sufficient exposure to perform in that setting beyond the novice level.

The advanced beginner represents new nurses who have had enough experience to note meaningful parts of a situation (Benner, 1984). They are aware of rules and adhere to them without deviation. During this stage of experiential learning, the nurse begins to view the clinical setting as a whole, identifying specific qualities of individual patient situations. This is the stage where they can strengthen their skills and the new nurses start to develop time management and critical thinking skills. This is the stage at which most newly graduated

registered nurses start their professional career. This is also the stage where they enter nurse residency programs to receive mentoring from experienced nurses and transitional support through the nursing profession.

As new graduate nurses transition through the NRP, they are developing characteristics of the advanced beginner. In the advanced beginner stage, new nurse graduates are eager to learn, but still have reservations with multitasking and they may not be able to identify subtle changes in their patients' condition. They typically require the competent (experienced) nurse on the unit to assist them with managing their patients' care.

The competent stage describes nurses with a plethora of situational experience under their belts. They can assess, plan, implement, and evaluate patient care efficiently and appropriately. During this stage of skill acquisition, the nurse is able to concentrate on a particular identified patient priority instead of relying on a stimulus to evoke a predictable and consistent response. Benner purported that in this stage, the competent nurse is not as quick and flexible as the proficient nurse; however, during this stage the skill set of the competent nurse is such that they can perform more demanding and difficult nursing practices. In fact, they may become overly concerned with their patients and very critical of themselves.

During the proficient stage, the nurse can perceive the situation as a whole rather than responding to explicit aspects of patient care. This level of nursing corresponds with many years of practical experience with an understanding of key principles of nursing and basic human needs. The proficient nurse learns from experience what typical events to expect in each situation and how plans need to be modified in response to these events (Benner, 1984). For example, the proficient nurse is often able to recognize deterioration or patient problems prior to explicit changes in vital signs; in healthcare, we refer to this as early warning signs. This full

understanding improves the proficient nurse's decision making without the need to consult learned rules or guidelines. While there have been time frames placed on these stages of skill acquisition, they will vary from one individual to another. The proficient nurse generally has 3 to 5 years of experience in each clinical setting.

According to Benner (1984), the nurse that has advanced to an expert or the expert stage does not need guidelines or rules to be able to connect his or her understanding of a patient condition or disease process. The expert clinician, with a massive background of experience, now has an instinctual grasp of each situation and zeroes in on the accurate area of the problem without having to think much about alternative diagnoses and solutions. This nurse acts in the clinical setting with an intense grasp of clinical know-how, perception, and awareness. Benner further explained that not all nurses reach the expert stage. For example, a bedside nurse may reach the competent stage and then change career goals to become a nurse educator. At this point, she starts over in the stages and becomes a novice nurse educator.

The nurse residency program (NRP) evaluated in this study is based on Benner's Novice to Expert in Clinical Nursing Practice with a concentration on the competent stage. The goal of the NRP is to facilitate the new nurse to develop over the course of the program from advanced beginner to a competent professional nurse based on the quality and relevance of the education provided in the program. According to Benner (1984), due to inexperience, new nurses do not know what they do not know. They must depend on others to recognize what is important. Thus, discussing and communicating with others enhances judgement. The residency program incorporates a series of learning and work experiences to help new graduate nurses transition into their first professional role as a nurse.

This study used Benner's model of new graduate nurses developing from advanced beginner to competent nurse to identify and discuss strategies for an effective nurse residency program. According to Benner (1984), competency in nursing practice comes from 2 or more years of experience in the same job or position. The most important principle in Benner's novice to expert theoretical model is the importance of experience. Benner stated, "experience is, therefore, a requisite for expertise" (p. 3)

Data Collection

After I received formal ethical clearance by the University Institutional Review Board (IRB) and written approval from the 848-bed hospital IRB, I recruited nurses for this study. Data collection for this qualitative research was through open-ended and semi-structured questions. Interviews are typically a process where an investigator and participant of a study engage in a conversation focused on questions related to a research study (Merriam, 2009). I used the interview process to gain the participant's perspective. During data collection, I recorded the interview. Tape recording the interview ensured that everything said was preserved for analysis (Merriam, 2009).

A significant portion of the interview was guided by a list of semi-structured questions (Appendix E) and neither the exact wording nor the order of the questions was determined in advance. Semi-structured interviews allowed the researcher to respond to situations at hand, to the emerging worldview of the participant, and to new ideas on the topic (Merriam, 2009). Notes were taken in the margins during the interview to capture participants' emotions and body languages while answering the questions. After the interview, I transcribed the recorded interviews verbatim. According to Merriam (2009), this process provides the best database for analysis. The interview data were analyzed using constant comparison techniques (coding).

Data collection happened for as long as it took to reach saturation. Saturation was achieved when the data collection reached the point where it became counter-productive and that any of the new data that was being discovered did not necessarily add any more value to the overall purpose of the study (Yin, 2014). Data saturation occurred after six participants, but I continued with the interviews that had already been scheduled. Yin (2014) posited that there cannot be a set number of participants, nor can there be a specific amount of data that will be collected to reach saturation. It was dependent on the researcher considering that all of the data that were collected were deemed equally important. Eventually, I knew that the phenomenon had been fully investigated when the data from the participants continued to become similar.

Data Analysis

In qualitative research, data collection and analysis are a simultaneous process (Munhall, 2012). It is not a step-by-step method, but data analysis begins with the initial interview developing insights and feelings. Because qualitative data analysis is mostly inductive and comparative, this study was led by the constant comparative method of data analysis. This method compares sections of data to explore similarities and differences. Data are sectioned into smaller pieces and each piece is coded and paired together, becoming a category or theme. The themes in this study were organized to determine if they replicated or challenged Benner's framework.

Before attempting to assign codes or a keyword to each sentence, each transcript was read and reread to gather a sense of what each of the participants were trying to convey. The data from the recorded interviews were accurately transcribed into a Microsoft Word document for each interview with the left margins at 2.5 inches to allow for coding. Coding involves assigning a word or phrase to actions or statements in the data that relate to the research

questions (Saldana, 2016). Each interview was transcribed into a document that contained the interview questions and then the responses of the participants. I numbered each interview in the top left corner by the order in which the interview was conducted. This number corresponded with the consent forms that were securely stored. In addition, for confidentiality of the participants, I randomly assigned each participant a pseudonym.

The original transcribed interviews were left in black font. I copied the original transcribed interviews and assigned them different colored fonts to be able to identify what code came from which interview. I used the coding process on the transcribed interviews. Creswell (2014) purported that coding entails closely examining data obtained from an interview looking for themes, ideas, and categories and then noting similar parts and giving them a code label. Using the original transcribed interviews, I independently identified key words from the participants' narratives. From this process, I was able to make comparisons between categories and ideas, before identifying any patterns that required further investigation as I redefined themes developed from the interviews. Common interview excerpts were coded and entered into a table in a Microsoft Word document and are listed in Table 1.

Some participants had more than one comment and other participants had no comments at all. After compiling the common codes, an analysis was completed, and common themes were developed and placed on the left-hand side of the chart. A partial list of codes and themes constructed during the data analysis process are shown in Appendix F. The objective was to have themes from which to understand the phenomena experienced by the participants in the study.

Table 1

Sample Themes and Codes

Themes	Interview Excerpts	Codes
	-once you finished or completed the whole program	Experienced based
Benefits	-you decided to go to the university near the hospital and move up for your bachelor's degree that some of those credits will help you	Professional benefits
Benefits	-what would the program bring and do for me -learned basic stuff The program itself was good to experience It has made me a stronger nurse by helping me to transition through my first year with help -All the modules that were presented helped me get a better understanding of my practice on the unit I felt like it was only going to help me in becoming a better nurse I have been charge nurse a few times since completing the orientation process. I had to step up	Professional support
Cohort	-The NRP would let us vent is what it did -gripe fest -go over different subject matter nurse residency program was good for a venting session It was mostly a time to vent what was going on our unit	Venting
Cohort	-You got to listen to other nurses on other units and how they handle things and you realize everybody does something different -good to be able to talk about that with somebody else and be able for them to give you some insights on	Team building

Note. Excerpts from participant interviews.

Accuracy and Credibility

Merriam (2009) suggested in order to have an impact on practice, research studies must hold rigor and they need to present insights and conclusions that ring true to readers, peers, and other researchers. Accuracy and credibility are concerns that can be approached through careful attention to a study's conceptualization and the way in which the data are collected, analyzed, and interpreted, and the way in which the findings are presented (Merriam, 2009). Specifically, a qualitative study should provide the reader with a depiction that is descriptive and vivid in enough detail to show that the investigator's conclusion makes sense. Internal validity looks at how research findings match reality. Also, it asks how compatible the findings of a study are with reality.

There are many strategies in qualitative research design principles that promote data credibility. For this study, triangulation, member checks, and reflexivity were utilized. Merriam (2009) postulated triangulation is a process that uses several different sources to obtain data on the same topic. This can be accomplished by comparing and cross-checking data collected through observations at different times and places or interview data collected from follow-up interviews with the same people. Member checks involve ruling out the possibility of misinterpreting the meaning of what participants of a study say and do and the perspective they have on what is occurring around them. Furthermore, member checks are an important way of identifying the researcher's biases and misunderstanding of what is observed (Maxwell, 2005, p. 111). To do this, I had a second contact with the participants of the study by email. I requested that the participants review their transcribed narrative as well as the interpretations derived from the information and asked the participants whether my interpretation was correct. The researcher's position or reflexivity is also used to increase credibility. This process involves the researcher reflecting critically on the self as researcher. Researchers explain their biases, dispositions, assumptions, and worldviews concerning the research to be undertaken (Merriam, 2009). This allows the readers of the study a better understanding on how the individual researcher might have arrived at the interpretation of the data.

Ethical Considerations

An ethical issue to consider is ensuring confidentiality of the individuals contributing to the study. Ethical issues include privacy of patient's information and personal disclosure. This consisted of providing the participants with pseudonyms to protect their identities in the study. An understanding about anonymity is part of informed consent. Often what is not stated is that there will be publication and dissemination of findings (Munhall, 2012). In this study, on the

consent form, the participants were provided with written documentation about the study, participant anonymity, any rewards for participating, what I intended to do with the findings, and a statement that detailed their right to withdraw from the study at any time. Great care was also taken to disguise the setting of the study.

Researcher Positionality

In qualitative research, the investigators reflect about how their role in the study and their personal background, culture, and experiences hold the potential for shaping their interpretations formed during a study (Creswell, 2014). This is known as researcher reflexivity. In this section, I identified my potential biases by explaining my personal feelings toward the participants and the institution involved in this study. Researcher bias cannot be eliminated but implementing this strategy assisted me in recognizing its existence and decreasing its negative influences.

I have been a nurse since 1995 and a nurse educator since 2012. I have had the opportunity to be employed at the facility in which I did my research from 2006 to 2012. There, I was initially a registered nurse on a medical surgical unit and my last 2 years I was employed as a nurse education coordinator. Prior to my leaving the healthcare facility to become a nurse educator at a university, the healthcare facility decided to implement a nurse residency program. We all felt the program would be beneficial in transitioning the new nurse graduates into a professional nurse. Today, for me those feelings still hold true. The reason for my inquiry into this subject matter is that I desired to learn just how effective nurse residency programs have been to the participants that have completed them. Also, I was curious whether this specific program's components and objectives are being met and if not, what are ways in which they can be changed to meet the needs of the participants? Most importantly, when I entered the field to

collect data, I wanted to be clear and transparent with the participants of this study to foster honesty and a trusting relationship between the participants and myself.

Conclusion

There are several studies that have examined the efficacy of nurse residency programs (Anderson et al., 2012; Beecroft et al., 2007; Casey et al., 2005; Evans et al., n.d.; Glynn & Silva, 2013; Sledge et al., 2016; Trepanier et al., 2012). Review of the literature suggested that research has been done on developmental characteristics such as competence, confidence, and critical thinking gained as a result of being in a nurse residency program. Also, some studies examined retention, recruitment, and turnover rates to evaluate the efficacy of a residency program. However, there is a gap in the literature that examines the effectiveness of educational strategies in the UHC/AACN residency program specifically that support new nurse graduates in their ability to transition into competent professional nurses in a hospital setting from the participants' perspective. A qualitative research design was implemented to explore new nurse graduates' perceptions of the effectiveness of a nurse residency program. A qualitative study was appropriate to answer the research question because the study attempted to make sense of the meaning that the new nurse graduates brought regarding the efficacy of a NRP. A constant comparative data analysis helped in identifying themes that emerged from the data. By using this type of analysis, the researcher gathered data from which to assess the different components of the nurse residency program to gain a better understanding from the perspective of the participants on the strengths and weaknesses of the program. The feedback that was gleaned, then can be used to improve the nurse residency program, nursing profession, and patient safety.

Chapter Three discussed the methodology for this study. It included the questions for this study, theoretical framework, the setting, selection of participants and recruitment, and

sample selection. Additionally, this chapter included data collection, data analysis, accuracy and credibility, and researcher position. Chapter Four will discuss the findings of this research.

CHAPTER FOUR

FINDINGS

This chapter provides the findings of this qualitative research study using a case study approach. The narrative of eight new nurses was documented to determine their view of a nurse residency program (NRP) during their year in the program and 1 year after completing the program. Excerpts of their stories help to support the codes and themes in this chapter. The first section describes the hospital's nurse residency program core curriculum content and the expectations of the residency program. Then, preliminary findings are presented that answer the research questions. Through categorical analysis of the data, codes and themes were created. The analysis of data, including themes and quotations from participants that spurred these themes, are included in this chapter.

A case study approach allowed the researcher to understand a real-world case and assume that such an understanding is likely to involve important contextual conditions that are important to a case (Yin, 2014). The researcher, through the process of interview and careful review, was able to investigate the experiences of new nurse graduates, and their evaluation of a nurse residency program. Munhall (2012) posited that the narrative of people's experiences is constantly changing and evolving, and the analysis of data constitutes the reality of the participants in this current time and context.

The meanings and understanding of new nurses were uncovered through an analysis of their written texts in response to the original research questions, "What are the experiences of new nurse graduates completing a nurse residency program?" and "What components in the

nurse residency program do new nurse graduates identify as strengthening their transition into practice?" This thematic analysis occurred from several readings of the narratives, listening to the participants' voices on tape recordings several times, and reflecting on the uniqueness of their accounts. Each participant's narrative was based on her interpretation of the experiences. Munhall (2012) purported that for each person, "truth" is an interpretation of a phenomenon, and the more that interpretation is revealed, the more factual it becomes. Careful analysis of the data led to the emergence of six major themes. Figure 1 depicts the assigned themes and categories from the analyzed data. What will follow after detailing the curricular content of the nurse residency program are the major themes and categories that emerged from the analysis.

Figure 1. Themes and categories for nurse residency program interviews.

The Nurse Residency Program and Curriculum

Evaluating the impact of a nurse residency program requires understanding common goals of the residency program. The hospital in this study purchased the University HealthSystems Consortium and the American Association of Colleges of Nursing (UHC/AACN™) Nurse Residency Program. This 1-year long program utilizes a series of learning and work experiences to support graduate nurses as they transition into their first professional position. The program facilitates direct care roles in the hospital acute care settings. The core curriculum focus is on in-depth development of the resident's leadership skills, analysis of evidence through reviews of the literature, application of outcome data to patient care improvements, and professional development. For the first cohort of nurse residents, at the health care facility in this study, participation was a requirement of employment, and all residents were graduates of baccalaureate nursing programs. However, a decision by hospital leaders mandated that graduates of an associate degree nursing program added to the nurse residency. Eventually, there were more associate degree nursing graduates versus baccalaureate nursing graduates participating in the program. At the time of this study, the health care facility hired 145 new graduate registered nurses. Of that number, 45.52% participated in the NRP. The ADN residents made up 87.87% of the program, and BSN residents comprised 12.12% of the program.

One of the UHC/AACN's specific goals for the NRP draws on Patricia Benner's theory which is to take the advanced beginner from new graduate to more competent professional nurse. In the year-long program, the new graduate assumes responsibilities as a staff nurse and is supported by a structured education component. Classroom activities consist of half-day sessions 1 day out of every month for a year (see Appendix E for sample agenda). The nurse

residency program is divided into two phases. In Phase One, the program is focused on transition of new nurses into the nursing units. The second phase starts at month 6 when the residents create evidence-based practice projects. The classroom instruction is presented by the nurse residency coordinator, clinical experts at the hospital, and collaborating universities' academic liaisons (faculty). The focus of classroom sessions was educational, but they also provided a place for the residents to share experiences, decompress, and bond with their cohort of residents. Table 2 depicts an example of the nurse residency program sessions.

Table 2

Sample Session Outline From Nurse Residency Program

Nurse Residency Program Sample Session Outline	
Each session will begin with the following:	• Welcome • Purpose of meeting • Sharing/Decompressing/Tales from the Bedside
Session 1: Orientation to Nurse Residency Program	• Residents and Facilitators introduction • Goals of residency process explained, and questions answered

The "Tales from the Bedside" session is an important aspect of the NRP. This session was set aside at each NRP meeting where residents were divided into small groups. An academic liaison facilitated each group. During this time, residents were given the opportunity to share experiences they had on their unit since the last NRP meeting. Also, the hospital NRP curriculum consists of a partnership with a local university. It offers an incentive in the form of course assignment credits for the associate degree new nurses in the residency program who successfully complete the program and want to further their education to receive a Bachelor of

Science in Nursing (BSN). Many of the sessions were described and evaluated by the participants of this study. Ensuing are the themes that emerged from the codes and categories from each interview transcript.

Themes

Pre-experiences and Expectations

The nurse residency program evaluated in this study requires that all new nurses who have less than 2 years of experience participant in the program. One theme that emerged from the analysis of the data was from the semi-structured question, "What are your expectations of the nurse residency program?" The investigator wanted to know the participants' prior knowledge of the nurse residency program and also what the participants were expecting to get out of the program. No expectations were the feeling of many of the participants that completed the nurse residency program. LaDonna discussed her expectations in the nurse residency program as, "I didn't have any. I was just kind of excited to see what would the program bring and do for me being that I was a new graduate." LaDonna did not have any expectations of the nurse residency program. However, she was eager to get started and see what the nurse residency program had in store for her. For Betty, her expectations for the nurse residency program were overpowering:

> I mean I was expecting for it to be a lot of overwhelming stuff and it was going to be too much stuff to try to learn and remember in addition to actually working on the unit the days we were not in the residency program.

Betty went on to describe how she thought the residency program might be like an extended orientation to the hospital where they were going to be learning about policies and procedures. She was expecting the residency program to be more like orientation to a hospital where a new

nurse is taught about skills and the way in which the hospital requires their employee to perform those skills.

Kim, who went to work in the emergency department (ED) after graduating from an associate degree program, said that she had heard it was going to be a "gripe fest" during her interview when she shared,

> Honestly, I'm going to say I didn't know that much about it. I didn't have any expectations about it. I had heard rumors about it and that it was a 'gripe fest' and that you learned basic stuff, but I didn't have any expectations.

The annoyance in her voice was noticeable, but so was the disappointment with the nurse residency program as the researcher had come to learn. Kim was a nontraditional new nurse graduate. She was in her 30s when she graduated from nursing school and had a former career in another field before she attended nursing school. The gripe fest she alluded to is what the nurse residency program called the sharing and decompressing time. The residents had the opportunity to talk about what had happened to them on the unit they were working on since the last NRP meeting. This allowed them an outlet to share experiences, often finding that others are in the same stress-filled boat.

I asked Monica to describe her expectations in the nurse residency program. This was her response.

> I mean I had not heard anything about it. It was just thrown upon us a couple of days before we started. I mean I expected to have peer support and I knew it was a program for new nurses and they were going to talk about things new nurses experienced. My expectations were to have a support system for new nurses and older nurses you could go to for help, that kind of thing.

Monica's expectations of the NRP was that it was going to be beneficial. This sense of help and support from the NRP was felt by several of the participants in the study. Some of the participants expressed how the hospital in this study had employment recruiters come to their

school as a recruitment strategy. They talked about the incentives the hospital had to offer new nurse graduates and they specifically spoke about the nurse residency program. Betty stated, "The staff at the hospital where I am currently employed came to our nursing school and informed us of the nurse residency program." She stated that the recruiters emphasized how important the NRP was in facilitating their new graduate nurses' transition into nursing practice. Other participants like LaDonna and Pam both verbalized, "the program was mandatory." Every new nurse who graduated within 2 years and was hired by the hospital in this study was required to participate in the nurse residency program.

The research participants clearly described in their voices the expectations they were feeling of the nurse residency program. For these participants, some did not have any expectations of the nurse residency program. Some research participants expected it to be a session where they could gripe and voice their opinion about what was going on with them when they were on their nursing unit working. And others felt some apprehension about the program.

Leadership and Professional Development

An objective of the nurse residency program in this study is to strengthen the new nurse graduate commitment to nursing as a professional career choice. This is done by managing resources for optimal patient care and by enhancing the growth and development of the new nurse both professionally and personally.

Professional support, the same as professional development, is a category of leadership and professional development that is critical to the nursing profession because it stresses the significance of continuing education, evaluating learning needs, and maintaining competency. It is imperative that nurses continue to learn throughout their careers. They need to stay current on patient care, trends in health care, treatments, and techniques. This is accomplished by requiring

the residents of the NRP in this study to complete a unit improvement project individually or with a team. Once the NRP is completed and the improvement project is finished, the resident will receive 100% credit for some of the assignments in the RN to BSN track with the partnering university. This is offered to the residents who have an associate degree and want to attend the partnering university.

LaDonna is a new nurse who graduated from an associate degree in nursing (ADN) program. She currently works on a medical surgical unit. She stated, "I liked how if you decided to go to the university near the hospital and move up for your bachelor's degree that some of the credits from the NRP will already be approved once the program is completed." Many of the residents stated they planned on going back to obtain their BSN after completing the NRP and completing some general education courses. Betty agreed that the NRP provided professional support because after completing the program, she knew more about being a professional nurse and knew the program was much more to a nurse than "text stuff" and what she learned in school.

The *acquisition of knowledge* category from the leadership and development theme described the residents' experiences with the educational sessions or lack thereof from the NRP. At the first NRP meeting, the residents were assigned to small groups that met on a monthly basis. The small group sessions were facilitated by nurse educators, academic liaisons (university faculty), and staff nurses. Regina, a 19- to 24-year-old who worked on a medical surgical unit stated, "All the modules that were presented helped me get a better understanding of my practice on the unit." I asked Regina could she name any of the topics that were discussed at the NRP sessions specifically and she stated, "Yes, one of the topics that helped me was time management." Time management is critical in nursing because it facilitates nurses in prioritizing

their time and efforts to provide quality patient care. Regina currently works on a medical surgical unit and often uses the content that presented in some of the sessions in the NRP. She went on to express that it was helping her right now even though she has been out of the program for almost 2 years. Of all the participants in this study, Regina was able to detail several of the modules that were discussed in the NRP. She said, "It also taught me about de-escalation techniques. I asked Regina to describe the de-escalation content and she said, "Well the facilitator talked about what it was and why we would need to use it." Regina described how the facilitator used an angry family member as an example, "She said make sure you are calm before talking to the person and to not use a high-pitched voice, and to not be so defensive." Regina further described how they were then placed in smaller groups to practice different scenarios and how to de-escalate a situation. "This was a good module to me because I struggle with being able to handle situations like that." I further probed Regina and followed up with asking her how many times she has used any of the de-escalation strategies since the NRP and she looked over at me with a nervous grin and said, "None." De-escalating volatile situations oftentimes requires identifying increasing agitation and many new nurses have not been exposed to it in nursing school to be able to intervene before situations get out of hand.

Others recalled what they perceived about some of the educational sessions as not helpful. Kim said, "It benefitted the floor nurses better because like the material was more geared to them." Kim was a new graduate nurse who currently works in the emergency department (ED). The ED is considered a specialty area in which patients are not admitted into the hospital yet, but oftentimes require immediate care to save their lives. Regina was also able to recall having a session during the nurse residency on how to manage colostomy bags and how to communicate with doctors. LaDonna and Pam were able to recall some of the educational

sessions, too. They discussed the wound and skin care creams and ointments sessions. LaDonna verbalized how since completing the NRP she has joined the group of wound care nurses. LaDonna said, "I go around the hospital every month to assess pressure ulcers on patients admitted into the hospital." She said that she really enjoys participating in that because she gets to meet a lot of different people on every unit of the hospital.

Stress and Coping

Stress is an all too common phenomenon that affects everyone's life. New graduate nurses entering into the profession often fall prey to it and may feel overwhelmed and may want to quit their first job altogether. The participants' responses in interviews for this study revealed that the 1st year as a new nurse is perceived by the new nurses as one that poses a great deal of anxiety and stress. One of the main sources of stress for the residents of this study while they were completing the nurse residency program was having to "learn everything." At the health care facility in this study, during their first 2 months residents undergo hospital orientation and nursing orientation, as well as the nurse residency program. Simultaneously, the residents are attempting to adjust to working in a health care environment which oftentimes is their first place of employment. The participants reflect on stress and coping surrounding the workplace environment.

Kim, who had been in the emergency room for almost 2 years stated that she copes with work stress by crying, drinking within reason, and talking to coworkers a lot of times. "I call my doctors who I work with to vent about what may have happened if there was a very stressful event and I feel so much better after talking to them." She went on to elaborate about how in the ED they have become like family members. "I mean that is what you have to do is depend on each other. They are the only ones that understand." Kim went on to voice that she felt as if she

spent more time with co-workers and doctors than her family when she said, "You become family, you know." Kim further elaborated that as much as her family was very supportive of her and wanted to help her with anything that they could; she could not talk to them about patients in the workplace due to confidentiality and "they would not understand" anyway. Sharon gave a general suggestion on how to cope with stress.

> They tell you about following the chain of command and who you need to go to, but I am the type of person that is not going to tattle, you know what I mean? Just avoid it and it will get better.

Sharon was aware of the correct actions to take when necessary but chose to avoid stressful situations instead. For her, if there was not a stressor in place, then she would not have to implement coping mechanisms. However, I then asked Sharon why she felt as if it would be tattling if she went to her managers to report her concerns and she stated,

> I feel like it would have made it worse and I did not want to go back to my manager or team leader for them to only go back to the person who said it and I didn't want it to cause more attention. Because on my unit it is a lot of older nurses and they kind of group together and you would know when they were talking about you because they would be looking at you and it was just disheartening to see that.

The fear of being construed as reporting someone as it relates to notifying management of concerns may require more determination on the part of a novice nurse than a more experienced nurse. Candice, a new nurse graduate who worked on the obstetrics unit acknowledged how she managed stress.

> I deal with stress by being around trusting friends who are also new nurses. We talk about work and just be there for one another. Because you can't talk about it with other people, they just don't understand. They try to, but it feels a whole lot better when you are able to get it out.

Candice viewed talking to people with similar issues in the workplace as very cathartic and facilitated her with managing conflict. She recalled an incident that occurred 6 months after she

started on her unit. She was told she had to be the team leader for her shift. With resentment in her voice and on her face, Candice stated,

> It was so overwhelming! Because I would make assignments that people would not like but I had to 'bite the bullet.' I think it bothered me more so than it did a lot of the other new nurses in my situation. Because I would go home with it and worry about. But the next day or shift, it would be gone, and a new shift would be starting.

Team leaders are like charge nurses. Team leaders are expected to lead staff on their team, while managing the work systems on their units to ensure that the needs of the patients are met. It is a skillful balancing act and can be very challenging to any nurse; but especially for a new nurse graduate with only 6 months of unit experience under her belt.

Monica had a different take on coping with stress stating, "First off, my stressors were work and not knowing what the heck I was supposed to be doing." She stated that her new job and being straight out of school was a culture shock when she voiced, "It's nothing like school and being in the clinical setting with a clinical instructor." She was clearly recalling nursing school and how clinical instructors were reliably at her side to guide and instruct on safe and effective patient care. Whereas at work, she was given a team of patients and was expected to provide care with no supervision from a more experienced nurse. Monica went on to say that she did have stress management activities such as "keeping to herself" when she was at work and going to the gym to "work out" on occasions. Monica also talked about how she did talk to some of her co-workers, but she said, "I don't really know them, so I just call my mom a bunch." Again, family support was critical with some of the study participants.

One study participant discussed having a strong religious conviction as a coping mechanism she used when managing stress and conflict in the workplace. Pam said, "For me, all of it is faith-based and having positive coworkers." Pam was a new nurse graduate who started working on a medical surgical unit. She had been out of the NRP for almost 1 year. She recalled

with confidence, "I know we are going to get through it because we have each other's back and God has ours." Pam recognized also that there must be healthy work relationships with coworkers to minimize stress and conflict at work.

LaDonna was a new graduate nurse with an ADN degree and worked on a medical surgical unit. She stated that she was still new and needed to learn more. LaDonna went on to say that to assist with stressful situations at work, she talked to friends who are nurses. She stated that it is an even more of an advantage because some of her friends graduated with her from the same nursing program and some of her friends work in the same health care facility that she works in as well. Regina was very specific with her stress and coping skills. She said,

> If I feel like it's a problem with my coworkers or whatever I just use some of the techniques that were taught in the NRP. I will pull them to the side and try to get to the bottom of the problem without it being confrontational. But if it can be worked out I definitely will work it out.

I asked Regina if she had the opportunity to use any of the techniques that were discussed in the NRP program, to which she said, "Thankfully I haven't had the problem yet." She went on to discuss how while in the NRP they had sessions on techniques such as counting and taking deep breaths to calm down before talking to co-workers. Finally, Regina expressed to me other coping mechanisms she used when she said matter-of-factly, "This was not talked about in the NRP, but I manage stress by reading my Bible a lot." I asked Regina to further expound on her faith and she stated that it was strong and oftentimes her faith was what had made her a confident, competent, and caring individual.

For some participants, it was easier for them to not have to deal with managing conflict and stress in the workplace. As Betty explained, "I would probably just walk away from them." Betty went on to say that she really had not been in those circumstances because she stayed to herself. She did recall where she became frustrated with a nursing assistant because she had

asked them to go to a patient room to assist with getting on a bedside commode. She stated that the patient called several minutes later and said no one ever came to help her. Betty stated that she ended up going to assist the patient. Betty stated that later after she was done assisting the patient she went to the bathroom and cried. She recalled, "That's why I do stuff for my patients before asking someone else, because I know it will get done". Novice nurses find it difficult to delegate to others; even if the person is a nursing assistant. They fear causing tension or being viewed negatively. Betty concluded talking about stress and coping by saying, "I talk to one of my formal nursing school classmates that works on the same unit as I do, and she would say don't worry about it." Again, several participants sought counsel from friends to help them to manage conflict and stressful situations.

Supportive Cohort

Another theme that emerged from the analysis of the data was supportive cohort. The *supportive cohort* theme disseminates into the categories *venting*, *team building*, *mentoring*, and *supportive mediators*. Cohorts are considered a group of individuals who are put together to engage in group learning and sharing. In this theme, the study participants express what they perceive the NRP provided as they transitioned as a new graduate nurse. Several of the NRP residents in this study described how the program offered them the opportunity to share their experience of working at the bedside. LaDonna and Sharon both recalled how the NRP was good for a "venting session." This was typically done during the tales from the bedside session where participants could share and decompress about their work experience on their nursing unit. Some residents described how the NRP was good at team building. LaDonna stated, "You got to listen to other new nurses on other units and how they handle things and you realize everybody does something different." Sharon said, "It's also good that we can talk to each other at the same

place and they may be able to give you some insights on how to go about things and certain situations." In agreement with what Sharon said, Regina also stated, "Yeah, other new nurses were going through some of the same things I had gone through and they gave me advice on what to do about situations." This provided residents the assurance that they had someone looking out for their best interests.

Others recalled what they perceived as *supportive mediators* during the NRP sessions. At the beginning of each NRP session, the facilitator would start by asking the group if they had any concerns that needed to be brought to their attention. Regina replied, "We were given the opportunity every time we met at the NRP to let our facilitator know of any problems or concerns." And, if they had concerns LaDonna said, "The facilitators would go to the nurse managers to address it with them for us." LaDonna revealed that it really made her feel safe when she was at the NRP sessions.

Some study participants verbalized the NRP offered support to them when they had the monthly meetings. Candice voiced, "It kind of helped me to know that I was not the only one nervous about certain things or not the only one that didn't know what I was doing for a little while." I asked Candice to elaborate more and she stated that being a new nurse on the nursing unit she felt like she did not know everything and that other more experienced nurses did not want to help out. Monica had similar feelings as well when she answered,

> It was good to get away from the unit and see that other new nurses were going through some of the same things. And I'm not the only one struggling and not the only one out of nursing school that don't know what the heck I am doing.

Kim summed it up by emphasizing that at the end of the NRP nurses from different areas did get to see the perspective of what each nursing unit do when she said, "We all have hard jobs . . . we just have different priorities."

Program improvements. A persistent theme in the interviews was the need to improve the nurse residency program. Several of the participants who were interviewed suggested that the NRP be specific for each nursing department. As it stands, every registered nurse with less than 2 years of nursing experience must complete the nurse residency program. The program does not consider in which unit a resident works; in fact, they prefer that the cohort is a good representation of all the units at the health care facility. Kim, an emergency department nurse, suggested that there should be different nurse residency programs for specialty nurses. She further voiced, "I feel like if there is a program that is geared towards us, then that is fine; but I do not feel all nursing departments should be in one nurse residency program together." Kim recalled how the nurse educators would remark that some of the educational sessions would not apply to the specialty area nurses. Kim shared, "I mean we needed to know about airway and not skin breakdown." She was referring to the educational session on wounds and ostomy care. The session discussed how to identify wounds, documentation of wounds in nursing notes, and ostomy care. Other participants of this study had the same concerns. They voiced that the cohort should not be divided such that different departments could mingle with other departments. They suggested that there be an ER (emergency room) group, an OR (operating room) group, an ICU (intensive care unit) group, and a medical surgical group. Kim voiced, "That would probably be really nice. But having us thrown in together was just a big chaotic mess." Sharon, a new nurse who worked in the obstetrics department, discussed how it would have helped her had the NRP talked about material relevant to what obstetric nurses were passionate about. In a firm voice Sharon stated, "We don't care about skin breakdown. And I know it can be relevant sometimes, but oftentimes we do not have the same issues that occur in adult health." She was another participant who voiced a need for a unit-specific nurse residency

program. Candice, who also worked in the obstetrics department but with newborns in the neonatal intensive care unit (NICU) specified,

> I don't know if this is even possible but to have like an obstetrics nurse residency program just for the new nurses going into the obstetrics area. I know one of the goals of the current NRP is to have every type of nurse intermingling together; but to see results that are beneficial for nurses like us who work with women and children, I think we need to be in the same cohort and there should be stuff geared towards that because the current program had nothing for infants at all.

Candice further asserted that she remembered during one of the NRP sessions where the educators attempted to incorporate an obstetric subject when they used a scenario of a new mother who fell in the NICU. In a matter-of-fact way, Candice said, "they (new mothers) are in a wheelchair anyway so that scenario was still not something you would see happen in our area." Candice, like all the specialty participants of this study, expressed the need for the sessions to be delivered in such a way as to engage them and really connect content to their area.

Monica, another NICU nurse and friend of Candice agreed that the residency program should be unit specific. She also had concerns about scheduling conflicts. Monica worked 12-hour shifts at night and stated oftentimes her manager had scheduled her to attend the residency sessions after working. She recalled, "I would have to sit in the class and try to stay awake . . . it was hard." Some participants felt that the NRP did not need any enhancements. Pam and LaDonna both worked on medical surgical floors and stated that they could not think of anything to make the program better. LaDonna, a new nurse who worked on a medical surgical unit, expressed that the program did not need enhancements and it was a "safe haven" and allowed her to "vent." Regina was another nurse that had been working on a medical surgical unit for almost 2 years. She said, "The program has been so helpful for me, I don't see where it would need any improvements." She went on to state that she remembered several of the ICU nurses complaining and saying they could not use the information that was presented to them. Betty

was also a medical surgical nurse and was agreement with all the medical surgical nurses that the nurse residency program did not require any changes. In fact, she felt it is some of the residents who need to change when she asserted,

> I don't think necessarily that the program needs any changes, but I do feel that the new nurses that are in the program need to change their perception of what the program is for or about. Like I said, a lot of the nurses would say, "Oh this is a waste of time." So in the sessions they really wasn't paying attention. They would be on their phones or having their own conversations. Just like they weren't ready to learn about the new stuff that was presented to us.

Betty felt the perceptions of some of the nurses who were in the NRP program needed to change versus the program itself needing enhancements. I followed up with asking Betty if she could recall the unit or area where the nurses worked, and she stated it was nurses from specialty areas. It is significant to note, that all the nurses from a specialty area wanted the nurse residency program to be unit specific; whereas the residents who worked on a medical surgical unit felt the NRP did not require any improvement in its curriculum.

Reflection on confidence and competency. The final theme that came from data analysis was answered through the semi-structured question, "After completing the NRP, how has it made you a competent nurse?" This theme emerged from the voices of the nurse participants as they spoke of how their co-workers made them feel, their confidence in being able to do their job, and, in some instances, how the patients had confidence in them to facilitate quality care. During interviews with some of the participants, they reflected on their confidence as a result of their experience and increased knowledge while working on their respective units. Kim discussed how the NRP was not successful in preparing her to be able to do her job. Kim referred to the residency as an "inconvenience" and a "waste of time." She recalled, "It could have benefitted the floor (medical surgical) nurses better because like the material was more geared to them and most of the material did not apply to us." Prior to Kim being employed in

the emergency room (ED), she had the opportunity to do precepting in the same department. Preceptorship is a period of time where a nurse mentors a student nurse and provides instruction and training prior to the student graduating. Kim felt she was more competent with her job in the ED because she received a lot of hands-on experience and support during the preceptorship. With confidence Kim stated,

> Being familiar with the department because of my preceptorship and support from my coworkers has made me a better more competent nurse. I could not do my job without the doctors. They talk with me and ask or inquire about how we can do things better.

A healthy and supportive work environment is needed in the nursing profession, especially with novice nurses who lack confidence and competency straight out of nursing school.

Sharon shared her feelings about the NRP. She also felt the NRP did not build her competency level. She attributed "time" on her unit to increasing her competency level. Sharon currently works on a neonatal intensive care unit. She described how she was very comfortable taking care of her patients on the unit; however, occasionally she will have to assist with emergency situations such as a Caesarean delivery, which takes her out of her "comfort zone." Sharon stated, "I am more confident in doing some things than other things, but I think it is just experience you know and if I stay in the same area, I will eventually become comfortable with everything that I am doing." When novice nurses' confidence in their skills and critical thinking abilities increases, it is a direct result of experience in their practice area.

Candice had been a labor and delivery nurse for 20 months. She expressed that she did not feel the NRP influenced her. She stated that the length of time on her unit has garnered her the experience she has with taking care of patients. Candice voiced, "I don't know if you will ever feel like you know everything at all, but I feel like I know enough to keep my patients safe and give them the care that they deserve." Monica stated that she felt competent because she

was not considered one of the "new girls" (nurses) anymore. The study participants described many instances during their orientation process that were less than ideal. Participants described orientations that were "cut short." Monica recalled, "I don't have a choice but to be competent because we are now considered experienced nurses and should be able to teach them." It is significant to note that all of the specialty (ED, NICU, and Obstetrics) nurse participants attributed their competency to experiential learning on their units and not the time spent in the nurse residency program.

Some of the participants valued the NRP and felt it adequately transitioned them to competent nurses. LaDonna specifically communicated how the nurse residency program made her competent:

> I mean . . . yeah I feel like I'm competent because it helped me to realize I'm not the only new nurse out here. The program ranged from fresh newbies that were in their 20s to people that became nurses in their 50s. We kind of bonded and talked about what was going on with us when we were on our floor (unit). They gave us good advice about how to deal with difficult doctors and hard patients.

LaDonna's entire orientation process from the NRP to being on the medical surgical unit was a positive experience. She stated that her nurse manager paired her with an "awesome" nurse. She said, "I owe a lot to that nurse specifically. She picked up where the NRP left off or if the NRP didn't discuss something that was specific for my unit, the nurse that oriented me did." LaDonna expressed that because she gained so much experience and knowledge with the nurse that oriented her, she was able to become a charge nurse in less than 1 year.

It is critical that novice nurses have positive social support. Social support refers to positive encounters with other new nurses, NRP facilitators, and other healthcare team members. This allows new nurses the opportunity to adjust to the nursing profession, which creates a sense

of confidence and competency. Regina expressed how the NRP facilitated her in being a competent nurse:

> It has made me a stronger nurse by helping me to transition through my first year with help. While we were going to the meetings, I didn't feel alone. I saw that other new nurses were going through some of the same things I had gone through and they gave me advice on what to do about situations and the lead facilitator would follow-up with issues if needed and you know . . . that gave me confidence to keep on and eventually I got better at taking care of my patients.

Betty, a medical surgical nurse with less than 2 years of experience expressed how the NRP made her comfortable in her role as a new nurse. She stated that the time on the unit was a big factor in her competency level. Betty stated, "I think the NRP and just time itself because a year ago until today, I am a lot more confident in talking to patients about medicines and explaining procedures that they are going down for." She went on to say that her patients were able to discern that she had confidence in her abilities to take care of them because she was able to answer their questions and she always kept them informed of what was going on with them. Betty recalled, "They will ask me how long have I been working, and I would say almost 2 years and they would say oh I can't even tell." Positive feedback from patients about the care they are receiving is an important factor to enable new nurses to carry out their duties competently.

Chapter Summary

The eight nurse participants in this qualitative study have all been involved in the same nurse residency program. Each provided their experiences and perceptions on what they found to be the most and least beneficial to their growth as professional nurses from a nurse residency program. Using a case study methodology, six themes emerged from data analysis of the nurse participants' lived experiences of participating in a nurse residency program and the evaluation of the program. The major themes of the study include *pre-experiences and expectations*, *leadership and professional development*, *stress and coping*, *cohort cohesiveness*, *program*

improvements, and *self-reflection on competency*. The *pre-experiences and expectations* theme garnered data from the residents on what they may have heard about the NRP before being employed by the health care facility. Some stated that it was "required," and they had to participate in the program because they were new nurse graduates. Some voiced they had "high expectations" of the NRP and that it was going to provide them with a "support system" to be able to transition to a competent nurse. And still others were told through recruitment fairs of how after completing the NRP they would be able to apply credits to earn a bachelor's degree. Unfortunately, many of the residents were told by co-workers that the residency was a "waste of time" which could cause the residents to have preconceived feelings of the program before attending it.

The *leadership and professional development* theme uncovered ways in which the residents believed they could strengthen their commitment to the nursing profession. Some participants spoke about how they were excited about starting and finishing the NRP because then they would have "credits" to go towards a bachelor's degree. As a note, all of the participants of this study were associate degree-prepared nurses. Thus, many had expressed their goal of going back to school. The category *acquisition of knowledge* described the residents' experiences with the NRP educational sessions. Some participants verbalized how the sessions "helped" them in providing patient care. Others recalled how the sessions were not "beneficial" to them. Again, the medical-surgical nurses voiced how the educational sessions were "helpful" to them and the specialty nurses often described the education sessions as not "beneficial" or "a waste of time."

In the *stress and coping theme*, participants of the study discussed what caused them to have stressful moments while in the nurse residency program. And they offered meaningful

ways in which they managed the stress. Some found being able to "vent" to their cohort during the NRP meetings were helpful; and some shared that they "talk[ed] with friends" that are new nurses; even "family support" and co-worker support kept them motivated as they transitioned into their new role as a professional nurse. Other study participants talked about a "strong religious faith" and "healthy work relationships with coworkers" that facilitated their needs in managing stress and coping mechanisms.

The orientation period for new nurses is a critical time. The research participants' narrative was clear when they expressed enhancements needed to improve the nurse residency program. All of the participants that worked in the specialty areas, such as the emergency department, neonatal intensive care unit, and the obstetrics unit, made similar recommendations. The common suggestion was to have a "specialty specific" nurse residency program. All believed the NRP "benefitted" only the medical surgical nurses. Their stories revealed that the content that was presented during the educational sessions "did not apply" to their work areas and they could not use it. Conversely, all of the medical surgical nurse participants were able to detail how the NRP educational sessions were "helpful" and that the NRP did not need improvements in its curriculum. Last, it was under the theme *reflection on confidence and competency* where the new nurse participants discussed whether the NRP prepared them to be a competent nurse. Most reflected on how their "confidence" and "just time on the unit" helped them to become more confident and competent in their role as a professional nurse. Chapter Five will present a discussion, recommendations, and conclusion of this research.

CHAPTER FIVE

DISCUSSION, RECOMMENDATIONS, AND CONCLUSION

This qualitative case study explored new graduate nurses' experiences in a nurse residency program and how those experiences facilitated their transition from advance beginner to competent professional. By evaluating the various components of the NRP, this study also sought to ascertain whether the modules presented were the appropriate tools, education, and support to assist the new graduate nurse in their transition process. The design supported the evaluation of a nurse residency program through listening to the stories and experiences of eight nurse residents, after completion of an NRP and working in the profession for less than 1 year. Analysis of data yielded six themes: *pre-experiences and expectations of the program*, *leadership and professional development*, *stress and coping*, *supportive cohort*, *program improvements*, and *reflection on confidence and competency*. This chapter presents an analysis of these themes and compares them to current literature and their relationship to the novice to expert theory; specifically addressing the advanced beginner to competent stages. It discusses the implications to nurse residency program improvement, identifies and evaluates the limitations and strengths of this study, and discusses recommendations for further study.

As the nurse residents' narratives were analyzed, they were simultaneously aligned with some of the nurse residency program curriculum outcomes. Their stories revealed repeated references to the themes that the program relied heavily on: (a) leadership and professional development, and (b) the NRP facilitator and residents providing support. The qualitative case study design was strengthened with the triangulation of data through interviews, recording of

interviews with verbatim transcription, and follow-up interviews after transcription. The research questions that were asked during this study were

1. What are the experiences of new nurse graduates completing a nurse residency program?

2. What factors do new nurse graduates identify as strengthening their transition into practice?

Discussion

This exploration of new nurses' perceptions of a nurse residency program provides insights into the effectiveness of the program content to assist novices to become competent professionals. The findings from interviews indicated that the program content meets the needs of some of the residents. The first theme to emerge from these study data was *pre-experiences and expectations* of the NRP. Participants of the study were asked about their prior experiences with the nurse residency program and what they wanted to get out of participating in the program or their expectations. Many of the participants reported that they had no prior experiences with, but some preconceived notions about, the program. When interviewed, one participant stated, "I had heard rumors about it and that it was a gripe fest." Another participant in the study discussed that the program was going to be "overwhelming" and "too much to learn." There was only one participant of this study who expressed that she was excited about the NRP and what it had to offer her. The studies in current literature did not address the resident's prior experiences or the expectations about the nurse residency program. One study evaluated the perception the nurse residents had on nursing practice, work environment factors, job satisfaction and job stress (Bratt & Felzer, 2011). Since NRPs were implemented to facilitate an effective transition of new graduate nurses (Benner et al., 2010; Hansen, 2014; IOM, 2011), it is vital to include asking the

participants about their expectations of the nurse residency program. It is also critical to ask NRP participants at the end of the program about the effectiveness of the NRP, so as to determine if program objectives and outcomes are met. In the literature, Kovner et al. (2007) discovered new nurses would leave their job by their 2nd year of work because of insufficient training and the gap between their expectations and the real world of nursing. Thus, determining effectiveness helps to formulate better decisions to improve a nurse residency program. As an example of the importance of realizing the effectiveness of an NRP, in this study there was an obvious gap in the perception of the NRP for medical surgical nurses and nurses who worked in specialty units. The medical surgical nurses described the NRP as "helpful" and requiring no improvements, while the specialty nurses described it as "inconvenient" and a "waste of time." The contrasting evaluations of the program show that there are areas that need improvement to ensure that program objectives are met for all nurses entering the program and not a select few.

The second theme noted from the participants was *leadership and professional development*. This theme is congruent with the core curriculum content of the NRP, which supports enhancing growth and development (University HealthSystem Consortium, 2016). The acquisition of knowledge category of leadership and development describes the residents' experience with the educational sessions that were presented in the residency program. Several of the participants thought the educational sessions that were presented assisted them with managing care of the patients on the unit (Williams et al., 2007); specifically, the four participants who worked on medical surgical units. They were able to recall exactly which educational sessions assisted them to be competent professionals from their perspectives. However, there were also dissatisfaction and disappointment related to the nurse residency program and the classroom content presented to the study participants. Four participants who

worked in specialty units were not able to recall specific educational sessions during the nurse residency program that were beneficial to their clinical area of expertise. When they did remember the educational session, it was due to the fact that it was not relevant to their work area and they recalled it as an example to explain how it did not increase their competence or confidence. Contrary to what this study found, current literature concluded that a significant amount of the nursing residents were able to obtain new knowledge and acquisition of skills during a nurse residency program (Thomas et al., 2012; Ulrich et al., 2010; Welding, 2011).

Participants' responses in the *stress and coping* theme revealed that the 1st year is perceived by the new nurse graduates as one that presents a great deal of pressure and anxiety. Accounts from the participants asserted that they experienced a lot of stress. Some of the main sources of stress for new graduate nurses is having to learn an extreme amount of information in their first 3 months of employment, becoming more competent, and finding assistance with role transition (Glynn & Silva, 2013). This is consistent with the findings in the study. Candice recalled her work environment being "overwhelming" when, after 6 months on the obstetrics unit, she was promoted to team leader (another term for charge nurse) of her unit, a role for which she did not feel sufficiently prepared. She had not received any training to be in this role (lack of support with role transition), yet she was left with little choice other than to be responsible for all the patient assignments, patient care, and personnel for her shift. Monica felt the stressor that most new nurse graduates feel, "not knowing what the heck I was supposed to be doing" and dealing with the culture shock of nursing school versus real-world nursing with no safety net or clinical faculty to guide one through the dos and don'ts of patient care. All of the study participants expressed multiple and effective strategies to cope with stress.

In the *supportive cohort* theme, many of the participants of this study voiced that they received support from the facilitator and the other new graduate nurses that were in the NRP (Thomas et al., 2012). Participants discussed that when the cohort came together for the *tales from the bedside session*, it had an impact on creating a positive experience of the whole transition (AL-Dossary et al., 2014; Kowalski & Cross, 2010; Rosenfeld & Glassman, 2016). In fact, all participants described this session of NRP as one of the most important aspects of the program. They discussed how it allowed them the opportunity to share their experience as they transitioned through their 1st year as a new nurse. Additionally, it provided the residents the opportunity to collectively obtain advice and assurance from other new nurses and facilitators regarding their new role as a nurse. Of note here is that the Supportive Mediator is a facilitator that is a member of the NRP and is distant from the participants' units. The participants lacked a Supportive Mediator on their home unit they could rely on in times of eminent distress. Having a constant support system that is unit specific and is a part of the mission of the NRP could prove useful in strengthening this area. reducing the participants' stress and increasing their coping skills.

The fifth theme that emerged from this study was enhancements needed for *program improvements*. Many of the participants of this study provided feedback on what was needed for the NRP. Two participants shared that the NRP needed modifying to improve the program. One participant suggested "[c]hanging the length of the NRP from 1 year to 2 years." In fact, six out of the eight participants of this study agreed that providing a nurse residency program that is specialty specific would greatly benefit the new graduate nurses. One participant in particular voiced that a specialty nurse residency program would have been more beneficial to her needs. She stated,

> If they had some type of specialty NRP, people [the NRP participants] would be more attentive to what they would be talking about because it would be relevant to their nursing area; and they would enjoy going to it [NRP] because they know it would be related to them.

In the literature, Lindfors and Junttila (2014) found that the new nurse graduates advocated also for a well-organized nurse residency program. In addition, Glynn and Silva's (2013) study participants identified the importance of developing an NRP to specifically orient critical care specialty new nurses to intensive care units. Therefore, this study's findings and studies reviewed in the literature have similar suggestions from the participants to implement curriculum content to meet the individualized needs of each participant (Glynn & Silva, 2013).

The competent stage described by Patricia Benner (1984) is the time in a nurse's career when he or she has been exposed to a multitude of situational experiences. They are able to follow the nursing process without much effort or assistance. In her book, Benner stated that with the assistance of an NRP, new nurses can transition from a novice nurse to a competent practitioner with sound critical thinking abilities to manage the care of acute and chronic patients. Benner also stated that as the nurse gains experience and clinical expertise, abstract principles are refined and expanded. The final theme that emerged from this study was *reflection on confidence and competency* after completing the NRP. One participant shared how the NRP was not successful in making her competent. She stated that it was more of an "inconvenience" and "a waste of time". Of significance, all but two of the study participants voiced how their competency as a nurse was not attributed to being in the residency program. They attributed time (2 years employed as a nurse) or experience on their units as the factor for their competency, not the nurse residency program. It appears the literature supported both the nurse residency program providing competency in addition to time and experience. Fink et al. (2008) posited that it takes 1 year to master transition into practice. This was echoed in a study by

Casey et al. (2005) where they found graduate nurses felt that it took 12 months to feel confident to practice as a nurse. Benner (1984) further proposed that a new graduate can work up to 2 years before completing transition to being a competent nurse, which supports where the participants of this study were at the time of the interviews. Additionally, Ulrich et al.'s (2010) results indicated that there was an increase in perceived competence among novice nurses after completing a nurse residency program. However, the participants of this study attributed their competence to time spent working on their units and not the time in the NRP. The specialty nurses in particular voiced the educational sessions were not beneficial for them. Although gaining experience on their units is a large and valuable component of the NRP, educational sessions that enhance the experience of the specialty need to be incorporated for the success of a nurse residency. The nurse residency program of the Emergency Nurses Association has a process of this nature. The program is individualized for each learner and takes previous knowledge and experience of the resident into account (Proehl, 2002). The evaluation is based on a self-assessment by the resident to identify perceived strengths and weaknesses before the orientation program. The evaluator can use the self-assessment to customize the orientation process by focusing on appropriate content and skills, especially for each participant that is in the nurse residency program (Proehl, 2002).

There was a significant gap noted in the literature addressing the effectiveness of nurse residency programs' educational strategies and their support of the residents in transitioning from advanced beginners to competent professionals. Goode et al. (2013) conducted a study that covered a span of 10 years. The study used four different valid and reliable instruments to evaluate a new graduate nurse residency program. One instrument used was the Casey Fink Graduate Nurse Experience survey, which measured the new nurse's preparedness to practice.

The McCloskey Mueller Satisfaction Scale measured nurse's job satisfactions which are satisfaction with extrinsic rewards, scheduling, family/work balance, co-workers, interaction, professional opportunities, praise/recognition, and control/responsibility. The Control over Nursing Practice Scale measured retention rates and the overall welcome of the faculty participating in the program to report that the evaluation of the program was positive. But again, much of the current literature is quantitative in nature and looks at surveys and measurable scales versus attainment of data from the perspective of the new nurse.

Another study on 468 new nurses who had completed a nurse residency program examined their perception of their professional practice, decision-making ability, and quality of nursing performance, work environment factors, job satisfaction, job stress, and organizational commitment during a 12-month period in a nurse residency program (Bratt & Felzer, 2011). The study results concluded that the participants evaluated the NRP with positive outcomes. Again, using surveys, many of the questions that were asked of the new nurse graduates related to how well the graduates were satisfied with their job and the different skill sets that would prepare them for the nursing practice. Relevant competency measurement of nursing behavior is scarce. In the literature, no specific question asked the participants if the NRP was effective in transitioning them from advanced beginner to a competent nurse.

Although the NRP in this study was well-managed and it provided educational sessions and support sessions that focused on patient safety measures, it is of concern that several of the study participants voiced dissatisfaction with the program and frustration with their perceived lack of program effectiveness. Most notable were the participants who worked in the specialty areas of nursing. The following implications and recommendations use evidence from this and other studies to propose solutions to effective nurse residency programs.

Implications

The results of this study have implications for potential positive changes to improve nurse residency programs. In this research, most of the participants suggested that the nurse residency program was not specific for their nursing area and that they did not get anything out of the program. Participants saw that offering nurse residency programs that are unit specific would bring advantages. Health care facilities have been charged with the responsibility of effectively transitioning new nurses to their mission, vision, and values, as well as affecting the behavior of the individual to fit the organization's philosophy. Additionally, coordinators of nurse residency programs have the obligation to organize, implement, and evaluate nurse residency programs to facilitate professional growth, skill development, and a smooth transition into the role of a professional nurse. To do this, health care facilities should implement unit specific nurse residency programs to enable new graduate nurses to become competent professionals.

Recommendations

Current nursing pedagogy dictates that nursing education continue to be taught in the same vein as the early 1900s model. However, current practice dictates that a new framework for nursing education is birthed to include a seamless transition into nursing practice for new graduates. Within this framework lies the basic tenets of a nurse residency program that allows new graduates to formulate ethical, psychomotor, and critical reasoning skills. In her published dissertation, Mary Hanks (2017) conceptualized a framework to combat lateral violence in nursing by teaching affective-based practice in nursing pedagogy and throughout a nurse's professional career. She introduced a set of guidelines for creating a healthy work environment for new nurses upon entering a nurse residency program and for the preceptors who will interact

with then. Emphasis is placed on new graduates paired with skilled preceptors who are trained to teach, mentor, and guide the new nurse within a predetermined time frame that will optimize patient care outcomes.

The NRP in this study was not individualized. It is a purchased product from UHC/AACN nurse residency program. Currently, the program offers a one-size fits all approach to competency development of the new nurse graduate upon hire to the health care facility. A recommendation related to improving the educational components of the NRP requires implementation of pre-residency competence assessment evaluation tools be given to the residents. These tools would provide valuable data to the health care facility to be able to customize the program for the participants prior to them attending the sessions. Equally important would be to add an evaluation tool to former NRP participants to further enhance the nurse residency program to assist with facilitating the advance beginner nurse to a competent individual.

Another important evaluation modality is an assessment tool to evaluate how nurse managers or leaders perceive competence and confidence development in the new nurse. Oftentimes, employees perceive their abilities to be at a different level than employers. Maintaining a comparison data base on the residents' and their nurse managers' perspectives on the influence of Nurse Residency Programs on competence and confidence of new graduate nurses could prove useful for establishing ways nursing practice transitions future nurses.

Limitations

Limitations of this study included the small sample size due to the qualitative design of the study. The researcher included in the study only new graduate nurses with 2 years or fewer work experience, who had completed the specific nurse residency program. The interviews also

took place 1 year after the nurse residency program was completed. This time span between completion of the NRP and the interview may have led to participants having problems with remembering details. Furthermore, the study was carried out at one health care facility in the southern region of the United States, all of the participants were from the same NRP cohort, and only female nurses were interviewed.

Another limitation to add is that the NRP at the health care facility in this study adopted an NRP originally designed for BSN graduates entering an academic practice setting, not ADN nurse graduates at a community hospital. The facility customization of the NRP did not use a preceptor in the program. The preceptor role is to acclimate a new graduate nurse to a unit by teaching, mentoring, and providing learning experiences to deliver quality patient care. In a properly designed NRP, the ADN participants should have benefitted from the BSN designed nurse residency because the program focus is on leadership, patient outcomes and the professional role of the new nurse (Vizient/AACN, 2018)

Future Research

Findings from this research help close the gap in the literature by exploring how new nurses evaluated the efficacy of a nurse residency program. There are too few qualitative studies regarding this phenomenon. More studies are needed to identify in practice what makes an exemplary nurse residency program for new graduate nurses. It would be even more valuable for health care facilities that have NRPs to undertake an evaluative study approach for future research. Moreover, it would be equally valuable for health care facilities with nurse residency programs to develop and implement unit specific nurse residency programs. Existing literature on nurse residency programs largely explores attainment of technical nursing skills and return on investment to determine the success of a nurse residency program; few, if any, explored the

participants' perception and expectations of the NRP, and no existing studies examined effectiveness of NRPs on patient care (Ulrich et al., 2010). Research that focuses on the evaluation of a nurse residency program from the new graduate nurse's perspective and expectations and the impact that NRPs have on quality and safety of patient care is needed.

Conclusion

Hearing the voices of new graduate nurses at one health care facility gave insight to the effectiveness of an NRP. In the literature and this study, it goes without saying that nurse residency programs are needed to facilitate the transition of novice nurses to competent nurses (Anderson et al., 2012; Beecroft et al., 2007; Benner et al., 2010; Goode et al., 2013). However, the literature is limited with research on the evaluation of nurse residency programs from the perspective of the participants. It is critical to evaluate nurse residency programs' curricula, but also the perceptions and experiences of the novice nurses completing the programs. To accomplish this, more studies need to be done on the participants' experiences in the program compared to their expectations. Moreover, and equally valuable, research should be conducted that compares the new nurses' expectations to the expectations or goals of the nurse residency program. Developing the best nurse residency possible is critical to the new graduate's successful transition to the prestigious professional practice of nursing.

REFERENCES

AL-Dossary, R., Kitsantas, P., & Maddox, P. J. (2014). The impact of residency programs on new nurse graduates' clinical decision-making and leadership skills: A systematic review. *Nurse Education Today*, *34*, 1024-1028.

American Association of Colleges of Nursing. (1998). *The essentials of baccalaureate education for professional nursing practice*. Washington, DC: American Association of Colleges of Nursing.

Anderson, G., Hair, C., & Todero, C. (2012). Nurse residency programs: An evidence-based review of theory, process, and outcomes. *Journal of Professional Nursing*, *28*(4), 203-212.

Anderson, T., Linden, L., Allen, M., & Gibbs, E. (2009). New graduate RN work satisfaction after completing an interactive nurse residency. *The Journal of Nursing Administration*, *39*(4), 165-169.

Anfara, Jr., V. A., & Mertz, N. T. (2006). *Theoretical frameworks in qualitative research*. Thousand Oaks, CA: SAGE.

Baltimore, J. (2005). Hospital clinical preceptor: Essential preparation for success. *Journal of Continuing Education in Nursing*, *35*(3), 133-140.

Beecroft, P., Kunzman, L., & Krozek, C. (2007). RN internship: Outcomes of a one-year pilot program. *Journal of Nursing Administration*, *31*(12), 575-582.

Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park, CA: Addison-Wesley Publishing.

Benner, P., Sutphen, M., Leonard, V., & Day, L. (2010). *Educating nurses: A radical call for transformation*. Stanford, CA: Jossey-Bass.

Billings, D. M., & Halstead, J. A. (2009). *Teaching in nursing: A guide for faculty* (3rd ed.). St. Louis: Saunders Elsevier.

Blais, K. K., Hayes, J. S., Kozier, B., & Erb, G. (2006). *Professional nursing practice: Concepts and perspectives* (5th Ed.). Upper Saddle River, NJ: Pearson Prentice Hall.

Bratt, M. M., & Felzer, H. M. (2011). Perceptions of professional practice and work environment of new graduates in a nurse residency program. *The Journal of Continuing Education in Nursing*, *42*(12), 559-568.

Cappel, C., Hoak, P., & Karo, P. (2013). Nurse residency programs: What nurses need to know. *Pennsylvania Nurse*, *68*(4), 22-28.

Casey, K., Fink, R., Krugman, M., & Propst, J. (2005). The graduate nurse experience. *Journal of Nursing Administration*, *34*(6), 303-311.

Cho, J., Laschinger, H., & Wong, C. (2006). Workplace empowerment, work environment and organizational commitment of the new graduate nurses. *Nursing Leadership*, *19*(3), 43-60.

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). Thousand Oaks, CA: SAGE.

Del Bueno, D. (2005). A crisis in critical thinking. *Nursing Education Perspectives*, *26*(5), 278-282.

Dyess, S., & Sherman, R. (2009). The first year of practice: New graduate nurses' transition and learning needs. *Journal of Continuing Education in Nursing*, *40*(9), 403-410.

Etheridge, S. (2007). Learning to think like a nurse: Stories from new nurse graduates. *Journal of Continuing Education in Nursing*, *38*(1), 24-30.

Evans, J., Boxer, E., & Sanber, S. (n.d.). The strengths and weaknesses of transitional support programs for newly registered nurses. *Australian Journal of Advanced Nursing*, *25*(4), 16-22.

Fink, R., Krugman, M., Casey, K., & Goode, C. (2008). The graduate nurse experience: Qualitative residency program outcomes. *Journal of Nursing Administration*, *38*(7), 341-348.

Glynn, P., & Silva, S. (2013). Meeting the needs of new graduates in the emergency department: A qualitative study evaluating a new graduate internship program. *Nurse Educator*, *39*(2), 173-178.

Goode, C., Lynn, M., McElroy, D., Bednash, G., & Murray, B. (2013, February). Lessons learned from 10 years of research on a post-baccalaureate nurse residency program. *The Journal of Nursing Administration*, *43*(2), 73-79.

Guhde, K. (2005). When orientation ends . . . Supporting the new nurse who is struggling to succeed. *Journal for Nurses in Staff Development*, *21*(4), 145-149.

Halfer, D. (2011). Job embeddedness factors and retention of nurses with 1 to 3 years of experience. *Journal of Continuing Education in Nursing*, *42*(10), 468-476.

Halfer, D., & Graf, E. (2006). Graduate nurse perceptions of the work experience. *Nursing Economic*$, *24*(3), 150-155.

Hanks, M. (2017). *New nurses' experiences in the lateral violence zone: A grounded theory*. (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses database. (2017-07-28T14:12:28Z).

Hansen, J. (2014). Nurse residency programs: Why now? *Journal for Nurses in Professional Development*, *30*(1), 47-48.

Herdrich, B. & Lindsay, A. (2006). Nurse residency programs: Redesigning the transition into practice. *Journal for Nurses in Staff Development*, *22*(2), 55-62.

Hillman, L., & Foster, R. (2011). The impact of a nursing transitions programme on retention and cost savings. *Journal of Nursing Management*, *19*, 50-56.

Institute of Medicine. (2011). *The future of nursing: Leading change, advancing health*. Washington, DC: National Academies Press.

Joint Commission (2005). Health care at the crossroads: Strategies for addressing the evolving nursing crisis. Retrieved from http://www.jointcommission.org/assets/1/18/ health_care_at_the_crossroads.pdf

Keller, J., Meekins, K., & Summers, B. (2006). Pearls and pitfalls of a new graduate academic residency program. *Journal of Nursing Administration*, *36*(12), 589-598.

Kovner, C. T., Brewer, C. S., Fairchild, S., Poormina, S., Kim, H., & Djukic, M. (2007). Newly licensed RN's characteristics, work attitudes, and intentions to work. *American Journal of Nursing*, *107*(9), 58-70.

Kowalski, S., & Cross, C. (2010). Preliminary outcomes of a local residency programme for new graduate registered nurses. *Journal of Nursing Management*, *18*, 96-104.

Kramer, M. (1974). *Reality shock: Why nurses leave nursing*. St. Louis: Mosby.

Kramer, M., Maguire, P., Halfer, D., Brewer, B., & Schmalenberg, C. (2011). Impact of residency programs on professional socialization of newly licensed registered nurses. *Western Journal of Nursing Research*, *35*(4), 459-496.

Krugman, M., Bretschneider, J., Horn, P. B., Krsek, C., Moutafis, R., & Smith, M. (2006). The national post-baccalaureate graduate nurse residency program: A model for excellence in transition to practice. *Journal for Nurses in Staff Development*, *22*(4), 194-205.

Letourneau, R., & Fater, K. H. (2015). Nurse residency programs: An integrative review of the literature. *Nursing Education Perspectives*, *36*(2), 96-101. doi: 10.5480/13-1229

Lindfors, K., & Junttila, K. (2014). The effectiveness of orientation programs on professional competence and organizational commitment of newly graduated nurses in specialized health care: A systematic review protocol. *JPI Database of Systematic Reviews & Implementation Reports*, *12*(5), 2-14.

Maxwell, J. A. (2005). *Qualitative research design: An interactive approach* (2nd ed.). Thousand Oaks, CA: Sage.

Maxwell, K. (2011). The implementation of the UHC/AACN New Graduate Nurse Residency Program in a community hospital. *Nursing Clinics of North America*, *46*(1), 27-33.

Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation*. San Francisco: Jossey-Bass.

Munhall, P. L. (2012). *Nursing research: A qualitative perspective* (5th ed.). Sudbury, MA: Jones & Bartlett Learning.

National Council of State Boards of Nursing. (2009). *2009 NCLEX-RN detailed test plan* [Test plan]. Chicago: Author.

O'Brien-Pallas, L., Duffield, C., & Hayes, L. (2006). Do we really know how to retain nurses? *Journal of Nursing Management*, *14*, 262-270.

Patton, T. J. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.

Phillips, C., Esterman, A., Smith, C., & Kenny, A. (2013, June). Predictors of successful transition to registered nurse. *Journal of Advanced Nursing*, *69*(6), 1314-1322.

Pine, R., & Tart, K. (2007). Return on investment: Benefits and challenges of a baccalaureate nurse residency program. *Nursing Economic$*, *25*(1), 13-18.

Proehl, J. A. (2002). Developing Emergency Nursing Competence. *Nursing Clinics of North America,37*(1), 89-96.

Registered Nursing. (2019, May 21). Retrieved June 25, 2019, from https://www.registerednursing.org/

Robert Wood Johnson Foundation (2010). *The future of nursing: Leading change, advancing health* [Annual report]. Retrieved from http://www.rwjf.org/content/dam/farm/reports/reports/2010/rwjf67190

Rosenfeld, P., & Glassman, K. (2016). The long-term effect of a nurse residency program, 2005-2012: Analysis of former nurse residents. *The Journal of Nursing Administration*, *46*(6), 336-344.

Rosenfeld, P., Smith, M., Iervolino, L., & Bowar-Ferres, S. (2004, April). Nurse residency program. *Journal of Nursing Administration*, *34*(4), 188-194.

Rush, K., Adamack, M., Gordon, J., Lilly, M., & Janke, R. (2013). Best practices of formal new graduate nurse transition programs: An integrative review. *International Journal of Nursing Studies*, *50*(3), 345-356.

Saldana, J. (2016). *The coding manual for qualitative researchers* (3rd ed). Washington, DC: SAGE.

Setter, R., Walker, M., Connelly, L. M., & Petterman, T. (2011). Nurse residency graduates' commitment to their first positions. *Journal of Nurse Staff Development*, *27*(2), 58-64.

Sledge, J., Potter, P., & Stapleton, P. (2016). Participant voices: Making a nurse residency program better. *Nurse Leader*, *14*(5), 358-364.

Stake, R. E. (2006). *Multiple case study analysis*. New York: The Guilford Press.

Strauss, E., Ovnat, C., Gonen, A., Lev-Ari, L., & Mizrahi, A. (2016). Do orientation programs help new graduates? *Nurse Education Today*, *36*, 422-426.

Sullivan, D. T. (2010). Connecting nursing education and practice: A focus on shared goals for quality and safety. *Creative Nursing*, *16*(1), 37-43.

Thomas, C. M., Bertram, E., & Allen, R. L. (2012). The transition from student to new registered nurse in professional practice. *Journal for Nurses in Staff Development*, *28*(5), 243-249.

Thomson, S. (2011). Transition into practice: A comparison of outcomes between Associate and Baccalaureate-prepared nurses participating in a nurse residency program. *Journal for Nurses in Staff Development*, *27*(6), 266-271.

Trepanier, S., Early, S., Ulrich, B., & Cherry, B. (2012). New graduate nurse residency program: A cost-benefit analysis based on turnover and contract labor usage. *Nursing Economic$*, *30*(4), 207-214.

Ulrich, B., Krozek, C., Early, S., Ashlock, C. H., Africa, L. M., & Carman, M. L. (2010). Improving retention, confidence, and competence of new graduate nurses: Results from a 10-year longitudinal database. *Nursing Economic$*, *28*(6), 363-375.

University HealthSystem Consortium/American Association of Colleges of Nursing. (2009). *A solution to the problem of first-year nurse turnover* [White paper]. Retrieved from www.uhc.edu

University HealthSystem Consortium (2016). UHC/AACN nurse residency program, 2015. Retrieved from http://www.aacn.nche.edu

Valdez, A. M. (2008). Transitioning from novice to competent: What can we learn from the literature about graduate nurses in the emergency setting. *Journal of Emergency Nursing*, *34*(5), 435-440.

Versant. (n.d.). *Quantifying the nursing residency advantage: The fast-track to nursing competence and confidence* [White paper]. Retrieved from www.versant.org

Vizient/AACN Nurse Residency Program. (2018, May). Retrieved June 26, 2019, from https://www.aacnnursing.org/Nurse-Residency-Program

Wandelt, M. & Stewart, D. (1975). *Slater Nursing Competencies Rating Scale*. New York: Appleton-Century Crofts.

Welding, N. M. (2011). Creating a nursing residency: Decrease turnover and increase clinical competence. *MedSurg Nursing*, *20*(1), 37-40.

Williams, C., Goode, C., Krsek, C., Bednash, G., & Lynn, M. (2007). Post-baccalaureate nurse residency 1-year outcomes. *Journal of Nursing Administration*, *37*, 357-365.

Yin, R. K. (2014). *Case study research: Design and methods* (5th ed.). Thousand Oaks, CA: SAGE.

APPENDIX A

EXPLORING NEW NURSES PERCEPTION OF A NURSE RESIDENCY PROGRAM INVITATION FLYER

RESEARCH STUDY
ON NURSE RESIDENCY EFFECTIVENESS

Do you want to express your feelings on the nurse residency program?

The nurse residency program connects members with the opportunity to learn, improve, and build. It also is designed to transition new graduate nurses to the professional nurse practice.

RN PARTICIPANTS WANTED!!

—

$ 25 GIFT CARD FOR STUDY COMPLETION

—

TO ENROLL OR FOR FURTHER INFORMATION AND ADDITIONAL INQUIRIES REGARDING THE STUDY AND/OR INFORMED CONSENT PLEASE CONTACT:

CHINEDA HILL

Principal Investigator
University of Alabama
Doctoral Candidate
Department of Education

clhill2@crimson.ua.edu

(706) 518-2081

April 2018 – May 2018

APPENDIX B

INVITATION TO PARTICIPATE IN RESEARCH

Invitation to participate in the research project titled:

"Exploring New Graduate Nurses' Perceptions of a Nurse Residency Program"

Dear Registered Nursing Colleagues,

I am conducting interviews as part of a research study to increase our understanding of how nurse residency programs prepare new graduate nurses to the professional practice of nursing. If you are a new graduate nurse that has completed the DCH Health System Nurse Residency Program and have been working for at least one year and no more than two years, you are in an ideal position to give valuable firsthand information from your perspective.

The interview takes about one hour and is very informal. I am simply trying to capture your thoughts and perspectives on completion of the nurse residency program and how it facilitated your transition to practice. Your responses to the questions will be kept confidential. Each interview will be assigned a code to help ensure that personal identifiers are not revealed during the analysis and write up of findings.

After participation in the interview and a follow-up interview to ensure that I have documented your thoughts precisely, a $25 gift card will be given to you. Your participation will be a valuable addition to this research study and findings could lead to greater understanding of nurse residency programs and their effectiveness with transition to practice. Participation is strictly voluntary, and you do not have to answer any questions that make you uncomfortable.

If you are willing to participate, please suggest a day and time that best suits you and I will do my best to be available. If you have any questions or concerns, please do not hesitate to contact me.

Thanks for your consideration,

Chineda Hill, MSN, RN, CNL
clhill2@crimson.ua.edu
(706) 518-2081

APPENDIX C

DEMOGRAPHIC SURVEY FOR EXPLORING NURSE RESIDENCY STUDY

1. What is your gender?

☐Female

☐Male

2. What is your age?

☐19 to 24

☐25 to 34

☐35 to 44

☐45 or older

3. What is the highest nursing degree you have received?

☐Associate degree

☐Bachelor's degree

4. Which race/ethnicity best describes you? (Please choose only one.)

☐American Indian or Alaskan Native

☐Asian / Pacific Islander

☐Black or African American

☐Hispanic

☐White / Caucasian

☐Multiple ethnicity / Other (please specify)

5. How long has it been since you completed the nurse residency program?

APPENDIX D

INFORMED CONSENT TO BE IN A RESEARCH STUDY

THE UNIVERSITY OF ALABAMA

Informed Consent to be in a Research Study

You are being asked to take part in a research study. The study is called "Exploring New Nurses' Perceptions of a Nurse Residency Program". Chineda Hill, a doctoral student at the University of Alabama, is conducting this study. Ms. Hill is being supervised by Dr. Nirmala Erevelles who is a professor at the University of Alabama.

What is this study about?
This study is about evaluating a nurse residency program from the perspective of the new nurses that participated in the program. The investigator is seeking to understand the new nurses' perceptions of the nurse residency program to learn from their experiences that may add to and inform the development of best practices for the nursing profession. There is little literature that addresses the evaluation of a nurse residency program from the lived experiences of the participants. The purpose of this qualitative research study is to gain insight into what participants find in a nurse residency program to be the most and least beneficial to their growth as competent nurses who completed a nurse residency program.

Why is this study important?
This study is important to the future of nursing to assist in identifying and evaluating a nurse residency programs curriculum content to build a potentially useful body of knowledge that nursing educators and nurses in practice can draw upon.

Why have I been asked to take part in this study?
You are being asked to take part in this study because you are a registered nurse who has completed a nurse residency program in the last twelve months.

How many people will be in this study?
The investigator is seeking at least eight participants to be a part of this study. Additional participants are welcome.

What will I be asked to do in this study?
If you agree to participate in this study, you will complete one demographic data sheet. You will then be asked to participate in a face-to-face interview that will be audio recorded.

How much time will I spend being in this study?
The survey will take approximately five minutes to complete. The interview will last about one hour.

Will being in this study cost me anything?
The only cost is your time.

UNIVERSITY OF ALABAMA IRB
CONSENT FORM APPROVED: 4/9/18
EXPIRATION DATE: 4/8/19

Will I be compensated for being in this study?
In appreciation of your time, participants who complete interviews will receive a $25 VISA gift card.

What are the risks (problems or dangers) from being in this study?
Though the risks of participating in this study is small, there is a risk that you may get tired from the interview. If this occurs, we will stop the interview, provide a break, or reschedule the interview.

What are the benefits of being in the study?
There are no immediate benefits to you as a participant in this study. However, being in this study will improve the body of knowledge that nursing educators and nurses in practice can use from your experience in this study.

How will my privacy be protected?
The only place your name will appear in connection with this study is on this informed consent form. The primary investigator will collect the consent forms. They will be placed in a sealed envelope. The envelope will be locked in a file drawer in the investigator's home.

How will my confidentiality be protected?
All participants will be interviewed in a private room secured by the primary investigator. You will not include your name on the demographic survey. Paper copies of the information provided will be kept in a locked file cabinet by the investigator. The information you provide in the survey will be kept confidential.

The interviews will be recorded for coding purposes. The recordings will be destroyed by erasure after the research study has been completed. If you choose not to be recorded, the investigator will use field notes to conduct your interview. Field notes are hand-written accounts of an interview. Your identification in association with the interviews will remain anonymous.

The investigator will use the data from this study to write a dissertation. In addition, the data may be used to write research articles and make professional presentations. All participant identities will remain anonymous.

Participants will only be identified as "nurses in the southeastern United States" and designated by years of employment, degree type, and other demographics such as age, gender, or race.

What are the alternatives to being in the study?
The alternative to being in this study is not to participate.

UNIVERSITY OF ALABAMA IRB
CONSENT FORM APPROVED: 4/9/18
EXPIRATION DATE: 4/8/2019

What are my rights as a participant?
Taking part in this study is voluntary. It is your free choice. You can choose not to be in the study at any time. If you start the study, you can stop at any time.

The University of Alabama Institutional Review Board (IRB) is a committee that protects the rights of people in research studies. The IRB may review study records from time to time to be sure that people in research studies are being treated fairly and that the study is being carried out as planned.

Who do I call if I have questions or problems?
If you have questions about this study right now, please ask them. If you have questions at a later time, please call Dr. Nirmala Erevelles at 205-348-6060 or email her at nerevell@ua.edu. If you have questions or complaints about your rights as a research participant, please call Ms. Tanta Myles, the Research Compliance Officer of the University of Alabama, at 205-348-8461 or toll-free at 1-877-820-3066.

You may ask questions, make suggestions, or file complaints and concerns through the IRB Outreach website at http://ovpred.ua.edu/research-compliance/prco/ or email the Research Compliance office at participantoutreach@ua.edu.

After you participate, you are encouraged to complete the survey for research participants that is online at the outreach website or you may ask Ms. Tanta Myles for a copy of it and mail it to the University Office for Research Compliance, Box 870127, 358 Rose Administration Building, Tuscaloosa, AL 35487-0127.

_____ Yes, I agree to be audio-recorded during interviews.

_____ No, I do not wish to be audio-recorded during interviews.

I have read this consent form. I have had a chance to ask questions. I agree to participate.

_____
Signature of Research Participant Date

_____
Signature of Investigator Date

UNIVERSITY OF ALABAMA IRB
CONSENT FORM APPROVED: 4/9/18
EXPIRATION DATE: 4/8/2019

APPENDIX E

SEMI-STRUCTURED INTERVIEW QUESTIONS

Tell me about what you have heard about nurse residency programs when you were in school.

Tell me the ways in which involved with the NRP has enhanced the way that you care for your patients.

What were your expectations of the NRP?

How have you incorporated evidenced-based practice with the patients you take care?

As you look back at what you have learned in the NRP, has it changed or influenced the way you care for your patients?

How has NRP influenced your understanding or perception of your role as a professional nurse?

How long have you been out of the NRP? Looking back when you were in the NRP, how does the experiences in the program compare to your expectations?

How has being involved in the NRP influenced your understanding of your role as a professional nurse?

What enhancements are needed to the NRP to make it more successful?

You have completed the NRP now. What have you found to be least prepared for?

What have you found to be your most critical needs now that you have completed the NRP and how has the NRP helped meet those needs?

How do you manage stress surrounding conflict with people you work with? How has the NRP helped you to deal with stressful situations?

Describe how your confidence as a professional nurse is since completing the NRP.

APPENDIX F

SAMPLE THEMES AND CODES CHART

Themes	Interview Excerpts	Codes
	-once you finished or completed the whole program	Experienced based
Benefits	-you decided to go to the university near the hospital and move up for your bachelor's degree that some of those credits will help you	Professional benefits
Benefits	-what would the program bring and do for me -learned basic stuff The program itself was good to experience It has made me a stronger nurse by helping me to transition through my first year with help -All the modules that were presented helped me get a better understanding of my practice on the unit I felt like it was only going to help me in becoming a better nurse I have been charge nurse a few times since completing the orientation process. I had to step up	Professional support
Cohort	-The NRP would let us vent is what it did -gripe fest -go over different subject matter nurse residency program was good for a venting session It was mostly a time to vent what was going on our unit	Venting
Cohort	-You got to listen to other nurses on other units and how they handle things and you realize everybody does something different -good to be able to talk about that with somebody else and be able for them to give you some insights on	Team building

APPENDIX G

NURSE RESIDENCY SCHEDULE

Session Outlines

Each session will begin with the following:

- Welcome
- Purpose of meeting
- Sharing/decompressing

Session 1: Orientation to NRP

- Residents and Facilitators introduced to each other
- Goals of residency process explained, and questions answered

Stress Management and Self Care
Data Collection

Session 2: Organization of Data/Shift Report/Resource Management
Communication between RN, Care Team, and Physician

Session 3: Managing the Delivery of Care

Session 4: Fall Prevention/Medication Administration

Session 5: Management of the Changing Patient Condition and Family Teaching

Session 6: Evidence Based Practice/Professionalism

Session 7: Cultural Competence in the Nursing Care Environment
Ethical Decision Making

Session 8: Evidence Based Skin Care Practice/Infection Control

Session 9: Professional Development/Goal Setting and Evaluation

Session 10: Professional Development/Professional Organizations & Certification

Session 11: Program Outcome Data/Program Improvement/Group Discussion
Presentation of Final Projects ***Celebration***

APPENDIX H

IRB RENEWAL APPROVAL LETTER

THE UNIVERSITY OF ALABAMA | Office of the Vice President for Research & Economic Development
Office for Research Compliance

April 10, 2018

Chineda Hill
ELPTS
College of Education
Box 870302

Re: IRB#: 18-OR-148 "Exploring New Nurses' Perceptions of a Nurse Residency Program"

Dear Chineda Hill:

The University of Alabama Institutional Review Board has granted approval for your proposed research.

Your application has been given expedited approval according to 45 CFR part 46. Approval has been given under expedited review category 7 as outlined below:

(7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies

Your application will expire on April 8, 2019. If your research will continue beyond this date, complete the relevant portions of the IRB Renewal Application. If you wish to modify the application, complete the Modification of an Approved Protocol Form. Changes in this study cannot be initiated without IRB approval, except when necessary to eliminate apparent immediate hazards to participants. When the study closes, complete the appropriate portions of the IRB Request for Study Closure Form.

Please use reproductions of the IRB approved stamped consent form to provide to your participants.

Should you need to submit any further correspondence regarding this proposal, please include the above application number.

Good luck with your research.

Sincerely,

[redacted]

Director & Research Compliance Officer

358 Rose Administration Building | Box 870127 | Tuscaloosa, AL 35487-0127
205-348-8461 | Fax 205-348-7189 | Toll Free 1-877-820-3066