ABSTRACT OF THESIS

EFFECTS OF A NURSE TRANSITION PROGRAM ON RETENTION OF GRADUATE NURSES

The first year of employment has been identified as a period of high turnover for graduate nurses. Focus needs to be placed on strategies to improve graduate nurse retention. Graduate nurse retention impacts organizations financially and through direct patient care. The financial impacts are salary, hiring expenses, orientation expenses, and replacement costs. Direct patient care is affected through patient satisfaction, job satisfaction, and quality of care. A quantitative, non-experimental, descriptive correlation study was conducted using questionnaires to determine if a nurse transition program improved graduate nurse retention during the first year of employment. Benner’s Novice to Expert Model was used as the framework for the study. A convenience sample of graduate nurses from a midwestern teaching hospital with a nurse transition program was used. Chi-square test analysis was performed and determined no significant difference in retention rates. However, the data collected using the Casey-Fink Graduate Nurse Experience Survey (2004) did show that the nurse transition program had a significant positive impact on perceived experiences of graduate nurses such as increased comfort/confidence, work relationships, skills/procedures performance, and an easier transition to the work environment. Nurse transition programs have a potential positive impact on graduate nurses’ perceived experiences.

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April 1, 2009
EFFECTS OF A NURSE TRANSITION PROGRAM ON RETENTION OF 
GRADUATE NURSES

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EFFECTS OF A NURSE TRANSITION PROGRAM ON RETENTION OF
GRADUATE NURSES

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INVESTIGATIVE PROJECT

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A thesis submitted in partial fulfillment of the
requirements for the degree of Master of Science in Nursing
at Northern Kentucky University

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CHAPTER I

Introduction

Introduction and Background

The transition from nursing school to the acute care work environment can be stressful for graduate nurses. Graduate nurses can feel overwhelmed and unprepared during this transition (Casey, Fink, Krugman, & Propst, 2004). Graduate nurses can have difficulty adjusting to their new role and new environment. Factors that influence this adjustment include: a) lack of confidence; b) relationships and communication with peers, preceptors, and physicians; c) struggles with dependence versus independence; and d) adapting to the work environment (Casey, Fink, Krugman, & Propst, 2004). Bridging the gap between the educational environment and workplace may help ease this transition.

Recently, programs have been developed in the acute care setting to help support graduate nurses through the orientation process during this stressful transition period. A nurse transition program supports graduate nurses educationally and emotionally to facilitate entry into practice (Casey, Fink, Krugman, & Propst, 2004). “Graduate nurses experience stress transitioning from student to practicing professional nurse, moving from a familiar educational environment into the workplace, where expectations are to rapidly function as a competent nurse” (Casey, Fink, Krugman, & Propst, 2004, p. 303). Providing graduate nurses with resources, support, and education in a nurse transition program is a strategy to help bridge the gap between school and acute care work environments.
The number of graduate nurses that change jobs within the first year of employment is estimated to be as high as 55-61% (Casey, Fink, Krugman, & Propst, 2004). Graduate nurses have reported that they do not feel confident with their nursing skills for as long as one year after being hired (Casey, Fink, Krugman, & Propst, 2004). Halfer & Graf (2006) reported that new graduate nurses will leave within the first year of employment because of “the inability to handle the intense work environment, advanced medical technology, and high patient acuity” (p. 150). Providing graduate nurses with needed support and resources within this critical first year period will help facilitate successful entry into the nursing profession (Casey, Fink, Krugman, & Propst, 2004).

Statement of the Purpose

It is important to have a program to help graduate nurses transition into acute care work environments. The first year of employment has been identified as a critical period of adjustment. Retaining graduate nurses in their position to complete adjustment to the work environment is crucial. This study was conducted to determine if a nurse transition program improved graduate nurse retention. In addition, the researcher investigated graduate nurses’ perceptions concerning the nurse transition program.

Significance of Study

Focus needs to be placed on strategies for graduate nurse retention. Evidence shows lack of support directly impacts graduate nurse retention (Mangone, King, Croft, & Church, 2005). Programs focusing on training and education of new nurses as well as providing support, such as nurse transition programs, can be one strategy to try to improve retention rates.
Graduate nurse retention impacts organizations financially and through direct patient care. The financial impact on organizations is evident through salaries, hiring expenses, orientation expenses, and replacement costs (Casey, Fink, Krugman, & Propst, 2004). The cost of nurse turnover can range from $22,000 to $64,000 per nurse (Jones & Gates, 2007). In addition, retention of graduate nurses can impact direct patient care. A high turnover rate can affect patient safety, job satisfaction, and quality of patient care (Halfer & Graf, 2006).

**Conceptual Framework**

The conceptual framework that was used for this research study of the graduate nurse transition program in the acute care setting is Patricia Benner’s Novice to Expert Model (Benner, 1984). This model was first developed by a mathematician, Stuart Dreyfus, and a philosopher, Hubert Dreyfus (Benner, 1984). The model was developed to explain that the development of a skill goes through five levels of proficiency: a) novice, b) advanced beginner, c) competent, d) proficient, and e) expert (Benner, 1984). Benner (1984) applied these five stages of proficiency and studied nurses’ development of intervention and clinical judgment skills (Benner, 1984). The Novice to Expert Model “takes into account increments in skill performance based upon experience as well as education” (Benner, 1982). In stage one, the novice nurse has no experience with clinical situations. This nurse needs guidance to gain necessary experience for developing skills. According to Benner (1984), the novice nurse is not only the new nurse with no clinical experience, but also an experienced nurse that is entering a clinical setting where he/she has never worked (Benner, 1984). Stage two, the advanced beginner, is a nurse that has been working for less than one
year. This nurse can demonstrate “marginally acceptable performance” because he/she has had some experience with real clinical situations (Benner, 1984). The advanced beginner has a basic understanding and can function under general guidelines (Benner, 1984). These nurses need support in setting priorities because the advanced beginner cannot distinguish what is most important (Benner, 1984). In stage three, the competent nurse has two to three years experience. These nurses are able to adapt well to many situations, provide care independently, view their actions in terms of long range goals, and are able to plan and prioritize patient care (Benner, 1984). According to Benner (1984), the competent nurse is limited in speed and flexibility in which they can carry out a skill. Stage four, the proficient nurse, has three to five years experience. These nurses are able to view situations as a whole rather than separately. The proficient nurse adapts well to change, anticipates problems, and acts on problems before they worsen (Benner, 1984). Stage five is the expert nurse; these nurses have more than five years experience. The expert nurse has a strong knowledge base. These nurses can provide care in complex clinical situations. The expert nurse acts instinctively and does not need to rely on rules or guidelines to direct their appropriate action (Benner, 1984). Expert nurses are a resource to other nurses when giving care. According to Benner (1984), not all nurses are able to become an expert. “The vision of what is possible is one of the characteristics that separate competent from proficient and expert performance” (Benner, 1984, p. 35).

Benner’s model (1984) describes the way the graduate nurse will acquire and develop skills needed in their new environment. By applying Benner’s
Novice to Expert Model (1984) as the conceptual framework for this study to investigate effects of a nurse transition program on the retention of graduate nurses, skill development happens through five levels of proficiency (Benner, 1984). The model guides the nurse transition program in determining what stage of skill development the graduate nurse achieves. According to Benner (1984), the graduate nurse is usually at the advanced beginner level. The Novice to Expert Model (1984) demonstrates improvement in performance and mastery of skill with experience. Graduate nurses verbalize feelings of inadequacy which include being unsure in their ability to learn new skills and critically think (Casey, Fink, Krugman, & Propst, 2004). When working with new nurses Benner’s Model (1984) can be used to identify clinical and educational needs of the graduate nurse. Providing graduate nurses with appropriate support during this first year of transition may help bridge the gap and improve confidence, work relationships, adaptation to the environment, and skill proficiency (Casey, Fink, Krugman, & Propst, 2004). Research showed that graduate nurses do not feel confident in their new role for as much as one year after being hired (Casey, Fink, Krugman, & Propst, 2004).

**Research Questions**

What is the effect of a nurse transition program on the retention of graduate nurses?

a. How does a nurse transition program affect the perceived confidence of graduate nurses?

b. What is the experience of graduate nurses related to new work relationships (preceptors, peers, physicians)?
c. What perceived issues do graduate nurses have in the work environment?

d. How do graduate nurses perceive their ability to organize, prioritize, and perform skills?

Variables

The variables will be defined as follows:

Confidence (conceptual): is the ability of the graduate nurse to feel comfortable in their role (Casey, Fink, Krugman, & Propst, 2004).

Confidence (operational): was the graduate nurses’ perceived ability of being able to deliver patient care. It was a subjective measurement that the graduate nurse determines from Likert Scale response questions (Casey, Fink, Krugman, & Propst, 2004).

Dependence (conceptual): is the need to have rules and guidance in a given situation (Benner, 1984).

Dependence (operational) was how much the graduate nurse relied on the preceptor in the acute care work environment. It was measured through open-ended questions. Dependence was the graduate nurses’ perception of how they handled their new level of responsibilities (Casey, Fink, Krugman, Propst, 2004).

Experience (conceptual): is “the refinement of preconceived notions and theory by encountering many actual practical situations that add nuances or shades of differences to theory” (Benner, 1982, p407)

Experience (operational): included the graduate nurses’ encounter to the work environment and the relationships within that environment. It was a subjective
measurement that the graduate nurse determined from Likert Scale response questions.

Independence (conceptual): is the process of refining and changing preconceived theories, notions, and ideas when confronted with actual situations (Benner, 1984). According to Benner (1984), it is the ability to accurately interpret specific responses to a specific situation.

Independence (operational): was the graduate nurse’s ability to care for the patient assignment in the acute care setting without relying on the preceptor. It was measured through open-ended questions of how the graduate nurse perceived their ability to handle the new level of responsibility; the perceived struggle that graduate nurses feel between dependence and independence (Casey, Fink, Krugman, & Propst, 2004).

Nurse transition program (conceptual): provides support and assistance during transition period from graduate nurse to registered nurse.

Nurse transition program (operational): A clinical nurse specialist was assigned to graduate nurses. The clinical nurse specialist provided educational and emotional support to graduate nurses for the first year of employment.

Retention (conceptual): the ability of an organization to decrease turnover and keep nurses employed (Jones & Gates, 2007).

Retention (operational): was the number of graduate nurses’ still employed at the medical center at three and six months of employment. Retention was measured by comparison of retention rates of two groups of graduate nurses, one group who went through the nurse transition program and one group before the nurse transition program was established.
Work environment (conceptual): is defined not only as the physical environment but the activities and relationships with the environment. The work environment involves organizational and work-role competencies. This includes nurses' ability to adapt to priority setting, team building, coordinating, and providing for continuity (Benner, 1984). According to Benner (1984), because the work environment can be socially embedded and relational, and because of the dialogical nature of clinical knowledge, there is a different period of adaptation for each institution.

Work environment (operational): was the unit that the graduate nurse works on in the acute care setting. It was described by the graduate nurse through open-ended questions. The graduate nurse described his/her experience with the work environment and the adjustment during the role transition (Casey, Fink, Krugman, & Propst, 2004).

Work relationship experiences (conceptual): involved developing therapeutic, professional relationship experiences. It can include work related relationships developed with staff, patients and families, and physicians (Benner, 1984).

Work relationship experiences (operational) included those work relationship experiences between the graduate nurse and preceptors, peers, and physicians. The relationships were measured with open ended questions.
CHAPTER II

Literature Review

Introduction

Retention of graduate nurses is important to the future of healthcare. Focus needs to be placed on strategies to improve graduate nurse retention. It has been identified that the first year of employment is a critical period of transition for graduate nurses (Casey, Fink, Krugman, & Propst, 2004). Implementing programs to bridge the gap from nursing school to the acute care setting is crucial for the graduate nurse’s transition (Casey, Fink, Krugman, & Propst, 2004).

Chapter two of this research study includes the review of literature in areas important to the purpose of this study. The literature review has been organized in four sections:

1. Graduate nurses’ experienced stress transitioning from school to practice setting.
2. Graduate nurses’ perceptions of the work experience.
3. The impact of support during transition from school to practice.
4. Graduate nurses’ characteristics and attitudes toward work.

Graduate nurses experienced stress

Casey, Fink, Krugman, and Propst (2004) conducted a descriptive, comparative study using survey questionnaire methods to gather both quantitative and qualitative data of graduate nurses’ experiences for the first year of transition into the acute care setting. The study consisted of a convenience sample of 270 graduate nurses from six acute care facilities. The purpose of this
study was to identify stresses and challenges that graduate nurses experienced their first year of practice. Data were collected at baseline, three months, six months, and 12 months. The study identified that graduate nurses’ experience stress, feelings of inadequacy, and deficits in knowledge and skill acquisition. The common themes identified were: a) confidence; b) relationships; c) dependence and independence; d) work environment; and e) skill performance, organization, and priority setting. The authors identified two key findings. First, the graduate nurse perceived that it took at least twelve months to feel comfortable in the acute care setting. The data showed that the time period between six and twelve months is the most difficult adjustment period. Therefore, the transition from graduate to competent nurse takes time, supervision, and support. Secondly, the data collected showed how significant the preceptor’s role is to the graduate nurses’ transition into the professional role. The role of the preceptor influences graduate nurses’ job satisfaction and development of professional behaviors. The need to further research the preceptors’ ability to deal with stressors and affects on their ability to mentor was identified. Limitations to this study included complexity of tracking graduate nurses from six different sites, decreased response rate and attrition with time, and the instrument used was under development. Casey, Fink, Krugman, and Propst (2004) concluded that programs must be developed to provide consistent support and professional development during the first year of practice. Formal programs which offer support provide a way to decrease the gap between the graduate nurse and competent nurse.
Graduate nurses’ perceptions of the work experience

Halfer and Graf (2006) conducted a study of graduate nurses’ perceptions of the work environment and their work experiences. A convenience sample of 84 nurses was studied. The study was conducted at a 265 bed tertiary care children’s hospital. Data were collected at three months, six months, twelve months, and eighteen months. The purpose of this study was to understand the elements behind turnover to help design interventions and determine areas to invest resources. The findings of the study included that the graduate nurse has difficulty adjusting to the work environment. Work schedules were linked to job satisfaction. The study stressed the importance of nursing leaders to describe unit practices during the interview process and again in more detail during the orientation process. The study identified areas of the work environment/experience that influence job satisfaction which included: a) developing effective working relationships, b) feeling supported by leaders, c) flexible scheduling, d) understanding leadership expectations, e) ability to get work done and manage job demands, and f) awareness of professional development opportunities.

According to the study, findings influenced the design of a nurse internship program to help support role transition of graduate nurses. The implementation of the internship program will provide strategies to promote critical thinking, support peer discussions, and maintain professional role transition throughout the first year.
Impact of support during the transition period from school to practice

Amos (2001) conducted a qualitative research study to evaluate the graduate nurses’ transition from student to the nurse role. A sample size of 10 graduate nurses was used with five nurses being from gynecology clinical areas and five nurses from non-gynecology areas. Data were collected using two different formats. In group one, semi-structured, individual interviews were performed. In group two, interviews were conducted using a focus group approach. Both groups also participated in unstructured interviews to generate more in-depth information. The purpose of this study was to investigate the difficulties graduate nurses experience when adapting to the staff nurse role. The findings identified common themes from the interviews. The common themes included: a) responsibility, b) confidence, c) support and preceptorship, d) relationship, and e) clinical work environment. The research concluded that structured supervision by preceptors and programs would be most beneficial in the transition from student to staff nurse. The need to further develop, and evaluate such programs was recommended (Amos, 2001).

Delaney (2003) conducted a qualitative study of graduate nurses. Delaney used a phenomenological approach having graduate nurses describe their lived experiences. A purposive sample size of 10 female graduate nurses was studied. The setting was at a hospital; the length of the study was not specified. The purpose of the study was to examine and describe graduate nurses’ orientation experiences. The data were organized and grouped into ten common themes:
• Mixed emotions
• Preceptor validity
• Welcome to the real world
• Stressed and overwhelmed
• Learning the system and culture shock
• Not ready for dying and death
• Dancing to their own rhythm
• Stepping back to see the view
• The power of nursing
• Ready to fly solo

The findings suggested the importance of collaboration between education institutions and employers. The findings also suggested development of a more supportive atmosphere to ease transition to the employment sector. Development of programs and support groups are suggested for a successful transition (Delaney, 2003).

Graduate nurses’ characteristics and attitudes toward work

Kovner et al. (2007) conducted a cross-sectional, two-stage design study of newly licensed Registered Nurses (RNs). The study consisted of a random sample of 3,266 nurses at 60 sites from 51 metropolitan areas and nine rural areas located in 35 states and District of Columbia. Data were collected using a 16 page mailed survey. Data were gathered in four areas: a) individual characteristics, b) work setting, c) attitudes toward work and personal life, and d) perceptions of job opportunities in other organizations. The purpose of this
study was to identify areas that influenced retention rates in hospitals. The areas that influenced retention the most included job satisfaction, work group cohesiveness, organizational commitment, quantitative workload, and autonomy. Limitations of the study included self reporting nature of the survey, possibility of inadequately defined questions, and possibility of social response bias. The findings of the study suggested that acute care settings invest better resources in orientation and management of newly licensed RN's. Research has shown that preceptor programs can have a positive impact on retention of newly licensed nurses. This study suggested that long term studies should be conducted to determine the impact of better orientation and mentoring programs on retaining newly licensed nurses to the hospital setting.

Summary and Conclusion

Current literature is limited specifically researching nurse transition programs. There is in-depth literature on the orientation process for the graduate nurse. All of the literature identified the need to provide the graduate nurse with educational and emotional support past the traditional orientation period. Further research is needed to investigate the benefits of nurse transition programs. The need to implement research on nurse transition programs was supported by the literature. Therefore, the purpose of this study was to examine the effects of nurse transition programs on the retention of graduate nurses.
CHAPTER III

Methodology

Design

The design of this study was a quantitative, descriptive correlation study in which effects of a nurse transition program on retention of graduate nurses was described. A qualitative design was not used because the data did not support this design. There was two parts to this study. Part I consisted of comparison of retention rates with the current nurse transition program and retention rates before the transition program was established. Part II was the Casey-Fink Graduate Nurse Experience Survey (2004) administration to determine what perceptions graduate nurses in the nurse transition program had concerning the program.

Setting

In the summer of 2008 this study was conducted at a 650 bed midwestern teaching medical center. Part I, comparison of retention rates was completed from numerical information by human resources department personnel at the study facility and given to the researcher. Part II, completion of graduate nurse surveys' was completed in a classroom or office setting at the medical center.

Sample

The target population of interest was all graduate nurses that were employed and went through the nurse transition program. A convenience sample of all graduate nurses that enter the program in the summer of 2008 that agree to participate was included. Due to the limited number of graduate nurses that enter the program in summer of 2008, all graduate nurses that agree to
participate were included in order to obtain the largest possible sample size. Those excluded from the study included any nurse who did not go through the nurse transition program when hired.

**Instrument**

The Casey Fink Graduate Nurse Experience Survey (2004) was used for the data collection in phase II of this study. This survey was developed and tested for content validity using experts including nurse directors, nurse educators, staff nurses, and graduate nurses. The survey was tested for reliability with five factors (support, organizing/prioritizing, stress, communication/leadership, and professional satisfaction) ranging from 0.71 to 0.90. A total Cronbach’s alpha score of 0.89 was determined (R. Fink, personal communication, April 27, 2008). The letter of permission to use the survey was obtained by the principle investigator (PI) (see Appendix A).

**Data Collection**

Recruitment was completed by a letter of invitation to the graduate nurse (see Appendix B). Letters were given to every graduate nurse at the beginning of the nurse transition program in summer 2008. This letter asked for permission for the PI to contact the participant. If permission was given to contact the graduate nurse, the study was explained and informed consent (see Appendix C) was obtained. IRB approval from the study site (see Appendix D) and Northern Kentucky University (see Appendix E) was obtained before research began. Participants were advised that information was kept confidential. Information collected will be kept by the PI for five years. No identifiers are on the surveys. All surveys will be kept by the PI stored in a locked file, in a locked office.
Participants were informed that the results of this study will be used to benefit the education of nurses for clinical implications.

Data collection for this study included two phases. Phase I included obtaining retention rate information from human resources department personnel at the study site. The retention rates included two groups of graduate nurses, one group who went through the nurse transition program and another group before the program was established, over a six month period. The comparison of the two groups of graduate nurses was used to determine the proportion of nurses who are being retained with the nurse transition as compared to before the transition program was established. A data collection tool was used to document the retention rates at intervals of hire date, three months, and six months. During phase I of this study the PI contacted the human resources department to obtain numerical information of retention rates. A letter of permission was obtained from nursing administration to obtain information about retention rates (see Appendix D). The PI went to the human resources office and request retention rates from six months of data for the two groups of graduate nurses. The retention rates were recorded from hire date and three months and six months.

Phase II of the data collection consisted of using the Casey-Fink Graduate Nurse Experience Survey. This survey was administered to the graduate nurse when hired, and at three and six months. The survey consists of five sections: a) demographics, b) skills/procedure performance, c) comfort/confidence, d) job satisfaction, e) work environment, and f) challenges in role transition. Demographic information included age, gender, ethnicity,
specialty area, date of graduation, degree received, previous health care work experience, date of hire, length of time at current hospital, number of preceptors during orientation, and length of unit orientation. Demographic information was summarized as a whole and not reported on an individual basis. The information obtained from the surveys was entered into an excel spreadsheet developed by the Burkardt Consulting Center at Northern Kentucky University.

A Nurse Transition Program Supplemental Survey was also administered at the same intervals as the Casey-Fink Graduate Nurse Experience Survey. This survey consisted of sections that included: classes, resources, support, and accessibility of the Nurse Transition Program to the graduate nurse. The information obtained from the surveys was entered into the excel spreadsheet developed by the Burkardt Consulting Center at Northern Kentucky University.

**Research Rigor**

Research rigor was addressed in this study by means of reliability, creditability, internal validity, external validity, construct validity, and objectivity. This study was first submitted for Institutional Review Board (IRB) approval from study medical center and then Northern Kentucky University. Permission was obtained from hospital administration to obtain employment retention rates. After explaining the research study to the participant, the participants were asked to sign informed consent. Consent forms are kept in a locked cabinet in a locked office with the PI having the only access to these documents. No identifiers are connected to research data in order to protect confidentiality. In order to obtain the largest sample size possible to achieve statistical conclusion validity, all graduate nurses that are willing to participate in the study were included. The
data collection tool that was used is an existing survey that has been validated using experts in the field. To avoid any bias the PI was the only one collecting data. Data were consistently put into the data collection tool and thoroughly checked before statistical analysis was performed. All information will be kept confidential and secure by the PI. There will be no potential impact on the setting as a result of this study.

Data Analysis

Once study data collection was complete, all data were sent to the Burkardt Consultation Center for statistical analysis. The data were entered into Minitab or Statistical Package for Social Sciences program. The data were analyzed by items, demographics, and aggregate groups. Chi-Squared tests were used to analyze this data. For both three months and six months Chi-Squared analysis was tested to see if there was a difference in the retention rates for graduate nurses with versus without a nurse transition program. The level of significance was set at 0.05.

Conclusion

In conclusion, the sample size of this quantitative, descriptive correlation study included a convenience sample of all graduate nurses in summer 2008 willing to participate. The setting was a midwestern teaching medical center. The data were collected through two phases, phase I by comparison of retention rates of two groups of graduate nurses and phase II using an existing survey that has been validated. Threats to research rigor was addressed in order to strengthen the research. Once data collection was completed the data analysis was performed by the Burkardt Consulting Center at Northern Kentucky
University. The researcher then interpreted the data and discussed the findings and conclusion from the study. The information obtained from this research study will be used to benefit the education of nurses for clinical implications.
Chapter IV

Presentation, Analyses, Interpretation of Data

Presentation, Analyses, and Interpretation of Data

The purpose of this study was to determine if a nurse transition program improved graduate nurse retention and to determine graduate nurses’ perceptions concerning the nurse transition program. Data were collected through two phases. Phase I, included comparison of retention rates with the current nurse transition program and retention rates before the transition program was established. Phase II, consisted of administration of the Casey-Fink Graduate Nurse Experience Survey to determine what perceptions graduate nurses in the nurse transition program had concerning the program.

Research study: Phase I

Phase I of the research study was comparison of retention rates between two groups of graduate nurses, group I, graduate nurses before the program was established and group II, graduate nurses that went through the nurse transition program. Data were obtained by the PI from human resources personnel in a spreadsheet format. The information received from human resources did not contain any identifiers which protected the rights of graduate nurses. The spreadsheet included information on job title, date of hire, and employment status at three and six months of employment.

Question #1: What is the effect of a nurse transition program on the retention of graduate nurses?

Retention rates were compared between the two groups at three months and six months employment. In group I, before the transition program was
established, 93.8% were retained at three months versus group II, graduate nurses that went through the nurse transition program 89.1% were retained at three months. Retention rates were again compared at six months of employment. In group I, 93.8% were retained at six months versus 82.6% in group II at six months. Comparison of retention rates was completed using a chi-square test for statistical analysis. The level of significance was set at 0.05. Statistical analysis revealed a p-value=0.694 at three months, and a p-value=0.148 at six months. From the statistical analysis of comparing graduate nurse retention rates before the nurse transition program was established to graduate nurse retention rates that went through the program, there was no significant difference between the groups.

Research study: Phase II

Phase II, consisted of administration of the Casey-Fink Graduate Nurse Experience Survey to determine what perceptions graduate nurses in the nurse transition program had about the program. The survey was administered at baseline, three months, and six months of employment. A total of 75 baseline surveys, 60 three month surveys, and 29 six month surveys were completed by study participants. The Casey-Fink Graduate Nurse Survey consists of five sections: demographics, skills/performance, comfort/confidence, job satisfaction, and role transition/support.

Demographic information at baseline was obtained and statistical information was analyzed. The average participant was 26 year old, female (92%), and Caucasian (92%). The graduate nurses were assigned to a range of clinical areas including medical/surgical (32%), adult critical care (44%),
obstetrics/post partum (4%), emergency department (2.7%), oncology (5.3%), surgery/recovery (1.3%), telemetry (10.7%), and wound care (1.3%). The majority of the students, 94.6%, attended a local college or university in the tri-state area. The degrees obtained by the graduate nurses were almost evenly distributed at 48% with an Associate’s Degree in Nursing and 52% with a Bachelor’s of Science in Nursing. A small portion of the population, 10.4% had another non-nursing degree in areas such as business, marketing, management, biology, and elementary education.

The participants that were included in the study were hired in the summer of 2008 and hire dates ranged from April 1, 2008 to August 18, 2008. Previous health care experience ranged from volunteer (13.3%), nursing assistant (58.7%), medical assistant (6.7%), unit secretary (12.0%), emergency medical technician (2.7%), student externship (20.0%), and other (24.0%). The participants’ assigned shift varied from straight night shift (46.7%), straight day shift (23.3%), straight evening shift (16.7%), and rotating shifts (18.6%). Length of orientation varied with the largest percentage being 9-12 weeks (43.3%). In addition, the number of preceptors the graduate nurse had during orientation varied. However, over 50% of the graduate nurses indicated three or less preceptors during orientation.

Question #2: How does a nurse transition program affect perceived confidence of graduate nurses?

The perceived comfort and confidence of graduate nurses functioning in the work environment was addressed on the Casey-Fink Graduate Nurse Experience Survey (2004). This section included 25 questions with Likert Scale
responses with 1=strongly disagree to 4=strongly agree. The perceived comfort and confidence of the graduate nurse was addressed in areas of communication with physicians, caring for a dying patient, delegating tasks, asking for help from other nurses, prioritizing patient care, encouragement and feedback from preceptor, availability of staff in new situations, responsibilities and workload. The perceived comfort and confidence of graduate nurses also addressed support from other nurses on the unit, opportunities to practice skills/procedures, communication with patients and families, time management, job expectations, responsibilities, making changes in plan of care, organization, possibility of harming a patient, role models, self-confidence, support from family/friends, satisfaction with profession, encouragement and feedback from manager, and types of personal stress (see Figure 1). Initially, 53.4% of graduate nurses surveyed disagreed or strongly disagreed with feeling comfortable knowing what to do for a dying patient. By three months and six months, graduate nurses were responding over 60% that they are comfortable knowing what to do for a dying patient. Most participants were immediately comfortable delegating tasks to nursing assistants; 80% at baseline, 88% at three months, and 90% at six months. Almost all graduate nurses, over 90%, felt comfortable asking other nurses on the unit for help at baseline, three months, and six months. At baseline, 69.4% of graduate nurses felt confident in the prioritization of patient care needs. This number did significantly improve to over 85% at both three months and six months of employment. The graduate nurses’ confidence with the amount of support, encouragement, and feedback the preceptor provided and their availability during new situations and procedures was high at baseline,
88%, and increased to over 90% at three months and six months of employment. In addition, 86% of graduate nurses also reported having the opportunity to practice skills and procedures. At baseline, over 50% of graduate nurses responded to feeling overwhelmed by the responsibilities and workload associated with patient care. However, the percentage decreased to 44% at three months and 30% at six months of employment pertaining to overwhelming feelings of patient care responsibilities. Almost all of the participants, over 93%, reported feeling comfortable communicating with patients and families at baseline, three months and six months of employment. The level of comfort of the graduate nurse in the ability to complete patient care assignment on time was moderately high at baseline (80%) and three months (81.7%), and then increased at six months to over 96%. The expectations of the job being realistic were moderately high (86.6%) initially, 83.1% at three months, and 86.7% at six months of employment. The graduate nurse’s confidence of being prepared to complete job responsibilities increased from 73.4% at baseline, to 90% at three months, and 96.6% at six months of employment. Originally, 48% of graduate nurses did not feel comfortable making suggestions for changes to nursing plans of care. However, this area significantly improved between three months and six months from 68.4% to 86.6%. Initially, 28% of graduate nurses indicated having difficulty organizing patient care needs at baseline. This number significantly decreased to 6.7% at three and six months of employment. There were 33.3% of graduate nurses who participated in this study that responded to a lack of confidence in knowledge and experience. The number that lacked confidence in knowledge and expertise decreased to 18.3% at three months and 10.3% at six
months. From the beginning and through the study, over 97% of participants felt they had positive role models to observe on the nursing units. The research also indicated that over 90% of the participants felt that preceptors helped to develop confidence in practice. Satisfaction with chosen nursing specialty was indicated initially by 74.7% of graduate nurses. This number increased to over 86% at three months and six months of employment. The majority of graduate nurses in this study, over 90%, at baseline, three months, and six months felt that work was exciting and challenging. Finally, participants comfort with the amount of feedback and encouragement managers provided was 65.3% at baseline. This number significantly increased between three and six months from 76.6% to 90% of participants feeling comfortable with the amount of encouragement and feedback provided by the manager.

Figure 1. Graduate nurses’ perceived comfort/confidence
Question #3: What is the experience of graduate nurses related to new work relationships?

Role transition and support related to work relationships was addressed with the Casey-Fink Graduate Nurse Experience Survey (2004). Graduate nurses were asked multiple choice questions with the ability to choose more than one option. First, participants were asked about any difficulties they may be experiencing with the transition from the student role to RN role. The options included role expectations (autonomy, responsibility, being a preceptor or charge nurse), lack of confidence (communication skills, delegation, knowledge deficit, critical thinking), workload (organizing, prioritizing feeling overwhelmed, ratios, patient acuity), fears (patient safety), and orientation issues (unit familiarization, learning technology, relationship with peers/preceptors, information overload) (see Table 1). The frequency of difficulties graduate nurses experienced with transition was measured for each answer at baseline, three months, and six months. When asked if graduate nurses experienced any difficulties with role expectations, 40% were experiencing difficulties at baseline, 23% were experiencing difficulties at three months, and 28% were experiencing difficulties at six months. Graduate nurses that experienced difficulties with lack of confidence showed significant improvement from baseline (65%) to three months (55%) and six months (28%). Graduate nurses’ difficulties with workload slightly decreased from baseline (55%), three months (50%), and six months (41%). Graduate nurses’ difficulties with fears experienced during transition from student to RN significantly decreased from 44% at baseline, 33% at three months, and 17% at six months. Finally, graduate nurses difficulties with orientation issues
also significantly decreased from 48% at baseline, 18% at three months, and 14% at six months.

Table 1

*Graduate nurses’ role transition and support related to work relationships*

<table>
<thead>
<tr>
<th>Frequency=n</th>
<th>Role expectations</th>
<th>3 Months</th>
<th>6 Months</th>
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</thead>
<tbody>
<tr>
<td>(n)</td>
<td>(n)</td>
<td>(%)</td>
<td>(%)</td>
</tr>
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<td>14</td>
<td>23</td>
<td>8</td>
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<table>
<thead>
<tr>
<th>Frequency=n</th>
<th>Lack of confidence</th>
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<td>(n)</td>
<td>(n)</td>
<td>(%)</td>
<td>(%)</td>
</tr>
<tr>
<td>49</td>
<td>33</td>
<td>55</td>
<td>8</td>
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</table>

<table>
<thead>
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<th>Frequency=n</th>
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<th>6 Months</th>
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<tr>
<td>(n)</td>
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<td>30</td>
<td>50</td>
<td>12</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Frequency=n</th>
<th>Fears</th>
<th>3 Months</th>
<th>6 Months</th>
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</thead>
<tbody>
<tr>
<td>(n)</td>
<td>(n)</td>
<td>(%)</td>
<td>(%)</td>
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<tr>
<td>33</td>
<td>20</td>
<td>33</td>
<td>5</td>
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</table>

<table>
<thead>
<tr>
<th>Frequency=n</th>
<th>Orientation issues</th>
<th>3 Months</th>
<th>6 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>(n)</td>
<td>(n)</td>
<td>(%)</td>
<td>(%)</td>
</tr>
<tr>
<td>36</td>
<td>11</td>
<td>18</td>
<td>4</td>
</tr>
</tbody>
</table>

Next, graduate nurses were asked what could be done to help them feel more supported or integrated into the unit. Graduate nurses were asked multiple choice questions with the ability to choose more than one option. The questions measuring graduate nurses’ work relationship experiences included improved orientation (preceptor support and consistency, orientation extension, practice of unit specific skills), increased support (manager, RN, educator feedback and support, mentorship), unit socialization (introduced to staff and physicians, opportunities for staff socialization) and improved work environment (ratios, more assistance from ancillary staff, involvement with schedule and committee involvement) (see Table 2). Graduate nurses were asked to identify deficits in orientation and preceptor relationships. At baseline 25%, three months 25%, and six months 24% of participants felt there was a deficit in orientation and preceptor
relationships. Graduate nurses also addressed their experience with support from work relationships including managers, peers, educators, and mentors. Participants identified at baseline 28%, three months 23%, and six months 14% experienced the need to improve support with work relationships. Unit socialization, including introduction to staff, physicians, and opportunities for staff socialization, identified that the need for improvement decreased from 57% at baseline, 28% at three months, and 31% at six months. Graduate nurses responses increased, 31% at baseline, 40% at three months, and 53% at six months in the need to improve work relationships with ancillary staff and schedule and committee involvement.

Table 2

Graduate nurses’ work relationship experiences

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>3 Months</th>
<th>6 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frequency=n p(100)=%</strong></td>
<td>(n)</td>
<td>%</td>
<td>(n)</td>
</tr>
<tr>
<td>Improved orientation</td>
<td>19</td>
<td>25</td>
<td>15</td>
</tr>
<tr>
<td>Increased support</td>
<td>21</td>
<td>28</td>
<td>14</td>
</tr>
<tr>
<td>Unit socialization</td>
<td>43</td>
<td>57</td>
<td>17</td>
</tr>
<tr>
<td>Work environment</td>
<td>23</td>
<td>31</td>
<td>24</td>
</tr>
</tbody>
</table>

Questions asked specifically about the graduate nurses’ experience with nurse transition program (NTP) relationship included classes, resources when studying for NCLEX, feeling of support from the Clinical Nurse Specialist (CNS), accessibility to the CNS, and time spent with CNS (see Table 3). At baseline 96% of graduate nurses’ experiences demonstrated that nurse transition program
classes were helpful in day to day practice. This number decreased slightly at three months (92%), but increased to 97% at six months. Graduate nurses experience with the nurse transition program as a resource for NCLEX review indicated that 59% at baseline, 63% at three months, and 57% at six months agreed. The support the graduate nurse experienced from the CNS in the nurse transition program was 97% at baseline, 98% at three months, and 97% at six months. Graduate nurses’ experience of accessibility to the CNS were indicated with 96% at baseline, 97% at three months, and 97% at six months agreed. Finally, graduate nurse experiences with the amount of time spent with the CNS indicated 93% at baseline, 97% at three months, and 93% at six months felt it was adequate.

Table 3

*Graduate nurses’ experience with nurse transition program relationship*

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>3 Months</th>
<th>6 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency=n p(100)=%</td>
<td>(n)</td>
<td>%</td>
<td>(n)</td>
</tr>
<tr>
<td>NTP classes</td>
<td>72</td>
<td>96</td>
<td>55</td>
</tr>
<tr>
<td>NCLEX resources</td>
<td>44</td>
<td>59</td>
<td>38</td>
</tr>
<tr>
<td>CNS support</td>
<td>73</td>
<td>97</td>
<td>59</td>
</tr>
<tr>
<td>CNS accessibility</td>
<td>72</td>
<td>96</td>
<td>58</td>
</tr>
<tr>
<td>Time with CNS</td>
<td>70</td>
<td>93</td>
<td>58</td>
</tr>
</tbody>
</table>
Question #4: What perceived issues do graduate nurses have in the work environment?

Job satisfaction was included on the Casey-Fink Graduate Nurse Experience Survey. This section included salary, vacation, benefits, hours worked, weekends off, responsibility, career advancement opportunities, encouragement and feedback, and opportunity to work straight days in a row. All participants were questioned about job satisfaction at baseline, three months and six months using a Likert Scale response with 1=very dissatisfied and 5=very satisfied. Statistical analysis reported that over 73% of participants were moderately to very satisfied with salary at baseline, three months and six months. When it came to vacation benefits less than 20% of participants were dissatisfied at baseline, three months, and six months. The participants were around 65% satisfied with the benefits package at all times of the survey. When asked about hours worked, participants were over 70% satisfied at baseline, three months and six months. In addition, less than 25% of participants were dissatisfied with the number of weekends off per month. Less than 12% of participants were dissatisfied with the amount of job responsibility. When questioned about opportunities for career advancement, less than 10% of participants were dissatisfied. More than 66% of participants were satisfied with the amount of encouragement and feedback received. Finally, less than 27% of participants were dissatisfied with the opportunity to work straight days in a row.

Graduate nurses were asked what aspects of the work environment were least satisfying. The areas that were addressed included nursing work environment (unrealistic ratios, tough schedule, futility of care), system (outdated
facilities and equipment, small workspace, charting, paperwork), interpersonal relationships (gossip, lack of recognition, lack of teamwork, politics) and orientation (inconsistent preceptors, lack of feedback). Percentages were low when it came to graduate nurses’ responses to least satisfying aspects in the work environment. Graduate nurses were given the option of choosing more than one answer or none at all. The nursing work environment, which included unrealistic ratios, tough schedule, and futility of care, was indicated 33% at baseline, 33% at three months, and 41% at six months. Graduate nurses’ responses to system, which included outdated facilities and equipment, small workspace, charting, and paperwork, were reported at baseline 29%, three months 20%, and then significantly increased to 59% at six months. Interpersonal relationships were identified by graduate nurses as being the least satisfying aspect of the work environment, 21% at baseline, 15% at three months, and 17% at six months. Finally, graduate nurses were asked about dissatisfaction with orientation, which included inconsistent preceptors and lack of feedback. Graduate nurses indicated orientation being the least satisfying aspect of the work environment 13% at baseline, 12% at three months, and 7% at six months (see Table 4).
Table 4

Graduate nurses’ perceived issues (least satisfying) in work environment

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>3 Months</th>
<th>6 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency=n</td>
<td>(n)</td>
<td>%</td>
<td>(n)</td>
</tr>
<tr>
<td>Nursing work environment</td>
<td>25</td>
<td>33</td>
<td>20</td>
</tr>
<tr>
<td>System</td>
<td>22</td>
<td>29</td>
<td>12</td>
</tr>
<tr>
<td>Interpersonal relationships</td>
<td>16</td>
<td>21</td>
<td>9</td>
</tr>
<tr>
<td>Orientation</td>
<td>10</td>
<td>13</td>
<td>7</td>
</tr>
</tbody>
</table>

Graduate nurses were asked what aspects of the work environment were most satisfying. The areas that were addressed included peer support (belonging, team approach, helpful and friendly staff), patients and families (making a difference, positive feedback, patient satisfaction, patient interaction), ongoing learning (preceptors, unit role models, mentorship), professional nursing role (challenge, benefits, fast pace, critical thinking, empowerment), and positive work environment (good ratios, available resources, great facility, up-to-date technology). When asked about peer support graduate nurses responded 55% at baseline, 68% at three months, and 76% at six months that this aspect was most satisfying in the work environment. Graduate nurses identified patients and families as most satisfying in the work environment 72% at baseline, 65% at three months, and 66% at six months. The ongoing education that the graduate nurse receives in the work environment was indicated as being most satisfying 45% at baseline, 37% at three months, and 28% at six months. Nursing as a professional role was designated as being the most satisfying.
aspect of the work environment 48% at baseline, 37% at three months, and 34% at six months. A positive work environment was indicated as being the most satisfying component 33% at baseline, 23% at three months, and 21% at six months (see Table 5).

Table 5

*Graduate nurses’ perceived issues (satisfaction) in work environment*

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>3 Months</th>
<th>6 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency=n p(100)=% (n) %</td>
<td>(n) %</td>
<td>(n) %</td>
<td>(n) %</td>
</tr>
<tr>
<td>Peer support</td>
<td>41 55</td>
<td>41 68</td>
<td>22 76</td>
</tr>
<tr>
<td>Patients/families</td>
<td>54 72</td>
<td>39 65</td>
<td>19 66</td>
</tr>
<tr>
<td>Learning</td>
<td>34 45</td>
<td>22 37</td>
<td>8 28</td>
</tr>
<tr>
<td>Professional role</td>
<td>36 48</td>
<td>22 37</td>
<td>10 34</td>
</tr>
<tr>
<td>Positive work environment</td>
<td>25 33</td>
<td>14 23</td>
<td>6 21</td>
</tr>
</tbody>
</table>

Question #5: How do graduate nurses perceive their ability to organize, prioritize, and perform skills?

The skills and procedure performance section of the survey consisted of three open-ended questions. The survey was administered at baseline, three months and six months of employment. The graduate nurse was asked to fill in three skills/procedures, in no specific order, they were uncomfortable performing independently at those times. The graduate nurse was also given the option to check a box that indicated independent in all skills. Graduate nurses that indicated they were independent in all skills included 1% at baseline, 1% at three months, and 3% at six months. At baseline, the skills graduate nurses were most
uncomfortable with included arterial/venous lines, chest tube care, code/emergency, intravenous (IV) starts, physician communication, and vent care. At three months, the skills graduate nurses were most uncomfortable with included code/emergency, chest tube care, IV starts, tracheostomy care, and physician communication. Finally, at six months the skills that graduate nurses indicated most uncomfortable in performing included arterial/venous lines, code/emergency, IV starts, chest tubes, and tracheostomy care (see Figure 2).

![Figure 2. Graduate nurses' skills/procedures perceived uncomfortable performing](image)

**Summary and Conclusion**

In conclusion, the research questions revealed that there was no significant difference between retention rates of graduate nurses who went through the nurse transition program and graduate nurses before the program was established. However, one must take into account the many factors that affect retention that could not be controlled, such as family relocation, changes in
health status, family responsibilities, or other personal or family issues. In addition, phase II of the study, administration of the Casey-Fink Graduate Nurse Experience Survey (2004) revealed significant evidence and had positive effects on graduate nurses’ perceptions of the NTP.
CHAPTER V
Discussion and Implications

Discussion

The purpose of this study was to determine the effects of a nurse transition program (NTP) on the retention of graduate nurses and to investigate graduate nurses’ perceptions concerning the NTP. The study results showed no significant statistical difference in retention rates between graduate nurses who went through the nurse transition program and graduate nurses before the program was established. The small sample size may have contributed to the lack of statistical significance of the study.

In addition, the study of the effects of the nurse transition program revealed graduate nurses' perceived experiences in the areas of confidence, work relationships, work environment, and ability to perform skills/procedures. Confidence was measured with Likert Scale responses that described the graduate nurses' perceived comfort and confidence level. Graduate nurses perceived comfort and confidence levels increased in the areas of caring for a dying patient, communication with physicians, delegating tasks, asking for help from other nurses, prioritizing patient care, amount of feedback and encouragement from preceptor, availability of staff to the graduate nurse in new situations, responsibilities and workload, support from nurses on the unit, ability to provide safe patient care, and amount of support and feedback provided by manager. There was no significant change in the comfort and confidence level of graduate nurses in the areas of opportunities to complete skills (89% baseline, 87% at three months, and 89% at six months), communication with patients and
families (95% baseline, 95% at three months, and 93% at six months), job expectations (87% baseline, 83% at three months, and 87% at six months), role models and preceptors (97% baseline, 98% at three months, and 100% at six months). There were no areas that graduate nurses experienced a decrease in comfort and confidence during this study.

Next, this study measured the graduate nurses' experience with work relationships through multiple choice questions with the ability to choose more than one answer. Areas that graduate nurses' experiences improved with work relationships included role transition, manager, educator, and mentor support, and unit socialization. Greater than 90% of all graduate nurses completing this study acknowledged the relationship with the nurse transition program staff as helpful and supportive. Graduate nurses felt that the amount of time spent with the nurse transition program (over 95%) and the accessibility of the nurse transition program staff (over 90%) benefited their practice. Graduate nurses' experience with preceptor work relationships remained consistent throughout the study. Graduate nurses' experiences demonstrated increased difficulties in work relationships with ancillary staff and committees.

There is much research that studied graduate nurses' transition into the work environment (Amos, 2001; Casey, Fink, Krugman, & Propst, 2004; Delaney, 2003; Ellerton, 2003; Halfer & Graf, 2006; Kovner, Brewer, Fairchild, Poornima & Djukic, 2007). This study identified the importance of the work environment as reported by the graduate nurses' perceived experiences. Halfer and Graf (2006) identified that graduate nurses perceptions of the work environment was also affected by the amount of support during the first year. In this study, the work
environment was measured by the graduate nurses’ perceived issues in their work environment. The areas that graduate nurses’ perceived satisfaction in their work environment included salary, vacation, number of hours worked, number of weekends, job responsibilities, and opportunity for career advancement. The areas that graduate nurses perceived least satisfying included nurse to patient ratios, work schedule, outdated facilities and equipment, small workspace, charting, and paperwork.

This study also measured graduate nurses’ perceived ability to perform skills/procedures. The graduate nurse listed skills/procedures that they were uncomfortable performing independently. Various skills/procedures were listed at baseline, and three and six months. The skills/procedures that consistently remained high over the course of the three surveys included code/emergency, IV starts, and chest tubes. Allowing graduate nurses to identify skills/procedures that they are uncomfortable performing allows a nurse transition program to incorporate more education in these areas. Amos (2001) identified the need to improve graduate nurses’ clinical and critical thinking skills. Amos (2001) also recognized the importance of providing graduate nurses with formalized support and education to assist in the development of these skills. In this study, the nurse transition programs’ clinical nurse specialists and preceptors, provided the graduate nurse with support, guidance, and clinical experiences to help improve graduate nurses’ confidence in performing skills independently.

**Limitations**

A limitation to this study was that some graduate nurses left the facility before completion of the study. The inability of graduate nurses to complete the
study may have affected the results. A second limitation to this study was some graduate nurses changed positions or floors before completion of the study. This may have affected their ability to complete the study. Both these limitations may have contributed to the decreased response rate with the three month and six month surveys. Attrition rates for this study included an initial 75 participants at baseline, which decreases to 60 participants at three months and 30 participants at six months. A third limitation was the small sample size of the study. The small sample size may have contributed to the lack of statistical significance of the study. Finally, the data collection for this study was limited to a midwestern medical center and this specific population of graduate nurses. Therefore, the study data may not be generalized to other facilities.

**Implications for Research, Theory, and Practice**

*Implications for Research*

It has been identified that the first year of transition from the education environment to the work environment is a critical period for graduate nurses. Therefore, research is needed in an attempt to establish programs to support the graduate nurse. This research study attempted to determine the effects of a nurse transition program on the retention of graduate nurses. The study results showed no significant difference in retention rates of graduate nurses who went through the nurse transition program versus graduate nurses before the nurse transition program was established. However, the data collected using the Casey-Fink Graduate Nurse Experience Survey (2004) did show that the nurse transition program had a significant positive impact on the perceived experiences of the graduate nurse in the areas of confidence, work relationships, work
environment, and ability to perform skills/procedures at baseline, three months, and six months. Further research including nine month and 12 month surveys would be beneficial. Additional research using a qualitative research design may be beneficial to further determine the perceived experiences of graduate nurses in a nurse transition program. Since nurse transition programs are a recent addition to facilities, a prospective research study design may help determine the effects of a nurse transition program on retention of graduate nurses. Lastly, studying differences in content and curriculum of nurse transition programs may offer information for facilities wanting to develop or improve nurse transition programs.

**Implications for Theory**

Benner’s Novice to Expert Theory was used as the organizing framework for this research study. In Benner’s Novice to Expert Theory, it describes the way graduate nurses acquire and develop skills needed in their new environment. It requires an understanding that differences exist between the novice and expert nurse and also takes into account that skill performance is not only based upon education, but experience as well (Benner, 1982). A key finding from this study was the influence that preceptors, mentors, and educators had on graduate nurses in the NTP. In this study specifically, findings that support Benner’s framework are as time increased, graduate nurses’ satisfaction with nursing specialty increased, graduate nurses’ perception of managers’ feedback and encouragement increased, and confidence and comfort in patient care increased. The NTP offers graduate nurses experts, CNSs and preceptors, to provide support and education to the graduate nurse. Providing graduate nurses
with appropriate support during the first year of transition can help ease the
transition and improve confidence, work relationship, adaptation to the work
environment, and skill proficiency (Casey, Fink, Krugman, & Propst, 2004).
Further research on NTPs using Benner’s theory may assist in increasing the
knowledge about NTPs and graduate nurses. This may encourage facilities to
incorporate NTPs to provide support, encouragement, and education for
graduate nurses.

Implications for Practice

This study showed significant, positive influence of the nurse transition
program, including CNS’s and preceptors, on graduate nurses’ perceived
experiences in the areas of confidence, work relationships, work environment,
and ability to perform skills/procedures. This is significant for practice because
these areas can effect graduate nurses’ job satisfaction and professional
development. This study provides strong support on the benefits a nurse
transition program can have on graduate nurses’ perceived experiences.
Therefore, it provides validation of why facilities should incorporate similar
programs to offer graduate nurses continued support past the traditional
orientation period. In addition, this study provided the nurse transition program
with a survey to continue to evaluate graduate nurses’ perceived experiences.
Continuing the research to incorporate the nine month and 12 month surveys
may also provide beneficial information for practice.
Summary and Conclusions

This research study attempted to determine the effects of a nurse transition program on the retention of graduate nurses and to determine graduate nurses’ perceptions concerning the NTP. The study results showed no significant difference in retention rates of graduate nurses who went through the nurse transition program and graduate nurses before the nurse transition program was established. However, the data collected using the Casey-Fink Graduate Nurse Experience Survey (2004) did show that the nurse transition program had a significant positive impact on the graduate nurses’ perceived experiences. The NTP was an important factor in the quality of support and education provided to graduate nurses. The study results showed the NTP had a significant positive impact on perceived experiences of graduate nurses such as increased comfort/confidence, work relationships, skills/procedures performance, and an easier transition to the work environment.
Appendix A

Letter of Permission to Use Survey

Dear Colleague:

Thank you for the inquiry regarding the *Casey-Fink Graduate Nurse Experience Survey*© instrument.

The survey was originally developed in the spring of 1999 and was revised in June 2002. Since that time, it has been used to survey over 250 nurses in hospital settings in the Denver metropolitan area, and has been further validated by over 1,000 graduate nurse residents participating in the University Health System Consortium/AACN Post Baccalaureate Residency program. Psychometric analysis has been done using these data and is reported in the summary included with this letter. We have recently published a report of the research we conducted in the development of this instrument:


We are granting you permission to use this tool to assess the graduate nurse experience in your setting. Please note that this tool is copyrighted and should not be changed in any way. We have enclosed a copy for you to use for reproduction of the instrument.

We hope that our tool will be useful in your efforts to enhance the retention, professional development and support of graduate nurses in your practice setting. Please contact the primary author, Kathy Casey, if you have further questions. We would be interested in being informed as to your results or publications related to the use of our instrument.

Sincerely,

Kathy Casey, RN, MS    Regina Fink, RN, PhD, FAAN
Clinical Development Coordinator    Research Nurse Scientist
kathy.casey@uch.edu    regina.fink@uch.edu

University of Colorado Hospital    Mary Krugman RN, PhD, FAAN
Department of Professional Resources    Director, Professional Resources
4200 E. Ninth Avenue, Box A021    mary.krugman@uch.edu
Denver, CO 80262    303 372-5578
Appendix B

Letter of Invitation to the Graduate Nurse

Dear Graduate Nurse,

It is important to have a program to help graduate nurses transition into the acute care setting. The first year of employment has been identified as a critical period of adjustment. Although a great deal of literature supports the development of nurse transition programs, little research has been conducted examining the effects of a nurse transition program on graduate nurse retention. As a MSN student, I am researching the effects of a nurse transition program on graduate nurse retention. I hope you will assist me in expanding this area of knowledge by participating in my study.

Participation would involve completion of a survey three times: upon entering the nurse transition program, and at three and six months of employment. Data abstracted from the surveys will not be linked to any individual employee but only reported as a group.

I hope you will give your consent to contact you by signing below. This will then give me the opportunity to contact you and explain the research in detail and you can decide if you want to participate. If you have any questions or concerns about this project, please feel free to contact my faculty advisor or me. The appropriate numbers are listed below. Thank you for your time and consideration.

Sincerely,

M. Megan Vasseur, RN, BSN
Graduate Student/Principal Investigator
9820 Burleigh Lane
Union, KY 41091
(859) 466-2035
meganvasseur@insightbb.com

Karen Mutsch, DNP, RN, CDE
Faculty Chairperson
(859) 572-5579
mutschk1@nku.edu

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Signature of person agreeing to participate _______________________________ Date ___________________
Appendix C

Consent to Participate in a Research Study  
Nurse Transition Program Study

WHY AM I BEING ASKED TO PARTICIPATE IN THIS RESEARCH?
You are invited to take part in a research study about the effects of a nurse transition program on graduate nurse retention. If you volunteer, you will be able to participate in this study along with other graduate nurses employed in the summer of 2008.

WHO IS DOING THIS STUDY?
The primary research investigator of this study is M. Megan Vasseur, RN, BSN, MSN student. The study will be overseen by Karen Mutsch, DNP, RN, CDE Project Chair. Cara Rigby, MSN will also be involved as a community resource and committee member.

WHAT IS THE PURPOSE OF THIS STUDY?
The purpose of this study is to determine if a nurse transition program affects graduate nurses. Your involvement in this research study means that you will answer questions to help graduate nurses’ transition from nursing school to acute care setting.

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?
The research procedure will take place at an acute care facility in an office setting. You will be asked to complete a survey about your transition into the acute care setting. The survey will take approximately 15-20 minutes to complete. You will be asked to complete the survey at baseline, three months, and six months of employment.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?
You will be answering questions about your transition from nursing school into the acute care setting. The risks associated with this research will be the same that you might feel when you normally share your thoughts and feelings when filling out a survey. This may include stress, anxiety, or questioning level of confidence. If demographic information is discoverable the participant may be at risk for changes in working environment. Therefore, all information will be collected by the principle investigator, secured by the principle investigator in a locked cabinet in a locked office, and kept confidential. Individual responses by participants will not be discoverable by the medical center. All data will be reported in aggregated form.

WILL I BENEFIT FROM PARTICIPATING IN THIS STUDY?
Your participation in this research study will help us better understand the effects of a nurse transition program on graduate nurse retention. The information obtained from this research study will be used to benefit the education of nurses for clinical implications. There will be no compensation for your participation.
DO I HAVE TO PARTICIPATE IN THIS STUDY?
Your decision whether or not to participate will not prejudice you. If you decide to participate, you are free to withdraw your consent, and to discontinue participation at any time without prejudice to you. Participation in this research study is voluntary. You will not lose any rights or benefits you would normally have if you do not chose to participate.

IF I DO NOT WANT TO PARTICIPATE, ARE THERE OTHER CHOICES?
If you chose not to participate in the research study, you will continue to receive the same nurse transition program/orientation process as those who participate.

WHO WILL SEE THE INFORMATION THAT I GIVE?
Your identity will be kept confidential as required by law. You will not be identified by name, social security number, address, telephone number, or any other direct personal identifier. All information and research records will be kept in a secure location and access limited to primary investigator. The results of this research study will be written and possibly published in journals. However, your identity will not be disclosed. All information will be reported as a group.

CAN MY PARTICIPATION IN THIS STUDY END EARLY?
If you first agree to participate and then you change your mind, you are free to withdraw your consent and discontinue your participation at any time. You will continue to receive the same nurse transition program/orientation process as those who participate.

WHAT IF I HAVE QUESTIONS?
If you have any question about this study, please ask before you decided to participate. If you decide to participate and you have questions during the study you can contact the primary investigator, M. Megan Vasseur, RN, BSN at (859) 466-2035. You may also contact the project chair Karen Mutsch, DNP, RN, CDE at (859) 301-5413 with any questions or concerns. If you have questions or concerns in regards to the rights as a study participant you may contact the chair of the IRB, Allen Zobay, MD at (859) 301-2115. A copy of this consent form will be given to you.

__________________________________________________      _________________
Signature of person agreeing to participate in this study           Date

__________________________________________________
Printed name of person agreeing to participate in this study

__________________________________________________      _________________
Name of person providing information to participant           Date

__________________________________________________
Signature of Investigator
EXEMPTION CERTIFICATE SIGNATURE PAGE

SENT TO REVIEWER: 6/02/08  IRB #: 5/2008-012  P.I.'s Name: Megan Vessey, RN BSN

Protocol Title: Effects of a Nurse Transition Program on Retention of Graduate Nurses

IRB Reviewer's Comments:


Exemption Status:

☑ Approved  [ ] Additional Information Requested  [ ] Disapproved

* If disapproved, the P.I. has the option of re-submitting the protocol for full review.

[Signature]

DATE 06/03/08

[Signature]

DATE 06/02/08

[Signature]

DATE 6/1/08
Appendix E

DOCUMENTATION OF REVIEW AND APPROVAL COVER SHEET
of Research Project Utilizing Human Subjects

Information must be typed directly into this form. Submit this along with other required documentation to the Research, Grants & Contracts Office, AC 616, Attention: IRB Administrator.

Title of Project: Effects of a Nurse Transition Program on Graduate Nurse Retention

Project Type: ☐ Research (Funded Project # _____) ☑ New ☐ Revision: IRB No: _____

☐ Teaching (Course # _____) ☐ Continuation: IRB No: _____

Project start & end dates: 6/08 - 6/09 (do not begin until IRB approval and must end within one year of start date)

Principal Investigator: M. Megan Vassar Department: Nursing

Campus Address: [Address] Phone: (office) 488-3621 (email) vassarm1@nkku.edu

Rank: ☑ Student (if Student, please list your Faculty Advisor as Project Director and complete the section below.)

Project Director (if different) or Faculty Advisor: Dr. Karan Mutsch Department: Nursing

Campus Address: Africab Health Care Center Floor: (office) 572-3579 (email) mutschkl@nkku.edu

Other Researchers: (name, department, rank):

* If this is a continuation application or exactly the same as a protocol submitted and approved within the past year, and there are no changes in subject use procedures, then simply fill out this form and attach a copy of all materials previously approved.

* If you are requesting approval for a modification to a current protocol, please check the Revision box above and attach the proposed modifications.

As this signature below testifies, the principal investigator(s) and Faculty Advisor are pledged to conform to the following:

* As one engaged in investigation utilizing human subjects, I acknowledge the rights and welfare of the human subject/patient involved.

* I acknowledge my responsibility as an investigator to secure the informed consent of the subject explaining the procedures, in so far as possible, and by describing the risks as weighed against the potential benefits of the investigation.

* I agree to conform to the ethical principles regarding research involving human subjects as set forth in the report of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research entitled, "Ethical Principles and Guidelines for the Protection of Human Subjects of Research," also known as the Belmont Report.

* If there is reason for me to deviate from the above, I will seek prior approval in writing from the NKU Institutional Review Board.

☑ I have completed the IRB Training (Basic or 11 College of Nursing CITI web-based modules accessible through the RGC website or at http://www.citiprogram.org/). The training is a mandatory pre-requisite to be completed by all investigators and faculty advisor. IRB approval is required for all research involving human subjects at NKU.

Principal Investigator(s):

M. Megan Vassar, BSN

Signature: 6/12/08

Date

If Student, Faculty Advisor

Karan Mutsch, DNP, RN, CDE

Signature: 6/12/08

Date

Typed name

Campus level review:

This protocol for the use of human subject(s) has been reviewed by the Northern Kentucky University Institutional Review Board.

☐ Exempt Review ☑ Expedited Review ☐ Full Review

Not Approved 06-18-08

Chairperson, Ag. IRB Committee

Last updated June 11, 2008

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Appendix F

Letter of Permission for Retention Rates

Dear Nursing Administration,

It is important to have a program to help graduate nurses transition into the acute care setting. The first year of employment has been identified as a critical period of adjustment. Although a great deal of literature supports the development of nurse transition programs, little research has been conducted examining the effects of a nurse transition program on graduate nurse retention. As a MSN student, I am researching the effects of a nurse transition program on graduate nurse retention. I hope you will assist me in expanding this area of knowledge by participating in my study.

Participation would involve obtaining retention rates from the human resources department for two groups of graduate nurses; one group who participated in the nurse transition program and one group before the program was established. Data obtained from human resources will not be linked to any individual employee but only reported as a group.

I hope you will give your consent to participate by signing below. If you have any questions or concerns about this project, please feel free to contact my faculty advisor or me. The appropriate numbers are listed below. Thank you for your time and consideration.

Sincerely,

M. Megan Vasseur, RN, BSN
Graduate Student/Principal Investigator
9820 Burleigh Lane
Union, KY 41091
(859) 466-2035
meganvasseur@insightbb.com

Karen Mutsch, DNP, RN, CDE
Faculty Chairperson
(859) 572-5579
mutschk1@nku.edu

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Signature of Vice President of Nursing                   Date

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Signature of Director of Research                        Date
References


Curriculum Vitae

Name
M. Megan Vasseur, RN, BSN

Education
Northern Kentucky University
Masters of Science in Nursing candidate
August 2007-May 2009

College of Mount St. Joseph
Bachelor of Science in Nursing
Summa Cum Laude
August 2004-May 2007

University of South Dakota
Associate Degree in Nursing
Graduated May 1997

Professional Experience
St. Elizabeth Medical Center
August 1997-present
Staff nurse on a medical-surgical floor, specialty orthopedics.
Responsibilities include: staff nurse, charge nurse, schedule coordinator, and preceptor coordinator.

Licensure
Kentucky Board of Nursing RN Licensure

Honors
Florence Nightingale Award nominee 2008 and 2009
Sigma Theta Tau National Honor Society Member
Clinical Ladder RN III awarded October 2008
Nursing Excellence Award nominee 2007 & 2008

Committee Involvement
Preceptor Coordinator Committee
Human Resources and Management Committee
Unit Based Design Team