NEW GRADUATE NURSES’ EXPERIENCES WITH PRECEPTORS DURING A RESIDENCY PROGRAM

A thesis presented
by

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Abstract

Nurse turnover is a significant problem leading to nursing shortages in many hospitals. This shortage will continue to grow, especially as the baby boomer generation starts to retire, if hospitals do not implement changes to retain qualified nurses. Nurse turnover not only puts patients at risk for substandard care, but also leads to increases health care-related costs as organizations try to recoup the cost of training and orientating new nurses. Therefore, retention, turnover, and quality of care are essential organizational drivers. One strategy targeting all of these drivers is preceptorship, in which a preceptor facilitates the assimilation and amalgamation of newly hired nurses into their role. The purpose of this study is to examine and evaluate the lived experiences of recently graduated registered nurses’ interactions with preceptors during their orientation. Identifying the traits and techniques used by highly effective preceptors will assist in developing a more effective preceptor teaching model, potentially improving job retention, quality of care, and reducing turnover. This study aims to accomplish this goal by isolating their actions and behaviors through the verbal descriptions and perceptions of new graduates. New graduates in this study raised themes of communication and trust, management support, guidance and role modeling, technical skill development, and improving confidence. The study’s evaluation of preceptors is intended to assist in restructuring the preceptor training program at the research site. Establishing an educational and supportive program for preceptor training can assist preceptors in their role and affect new graduate nurses’ job satisfaction and retention. Both new graduate nurses and preceptors will benefit from the precepting process as well as assist in a positive patient outcome.

Keywords: preceptor, new graduate nurse, preceptee, nurse residency program, nurse retention, preceptor training, communication, critical thinking, technical competency
Dedication and Acknowledgments

This dissertation is dedicated to my father, Dr. Ed Schultze, who at 75 years of age, proved one was never too old to go back to school. To my mother, Mary Ellen Schultze, a truly passionate and professional nurse who inspired me to become a nurse. To my dear friends Mary Kim, Bret, and Sydney who have been with me from the start, offering their support and guidance. Finally to Shane, who was there by my side offering encouragement and a shoulder to lean on.

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Chapter One: Introduction

New nurses who have graduated from an accredited program often experience difficulty developing a clinical foundation of skills as they transition from the role of student nurse to one of a practicing registered nurse due to the state of fluctuation in today’s health care system (Aiken & Clarke, 2003; Candela & Bowles, 2008; del Bueno, 2005; Orsolini-Hain & Malone, 2007; Ulrich et al., 2010). It is imperative new graduates develop and maintain a strong foundation of both clinical and non-clinical skills from which to build upon. This not only supports progressive professional development, and a safe and healthy work environment, but assists in upholding the nursing tradition of trust and respect from patients, their families, and the public in general. Recent literature on role transition in nursing encourages health care organizations to develop programs to support the needs of new graduates, while facilitating their continued development and strengthening their core nursing skills learned in school (Casey, Fink, Krugman, & Propst, 2004; Duchscher, 2009; Duclos-Miller, 2011; Dyess & Sherman, 2009; Fero, Witsberger, Wesmiller, Zullo, & Hoffman, 2008; Kovner et al., 2007; Marshburn, Engelke, & Swanson, 2009; Roth & Johnson, 2011; Ulrich et al., 2010).

Even with research to guide health care organizations in the creation of supportive programs, constantly reexamining the issues facing new graduate nurses is essential. Key questions include: what are the issues and difficulties new graduate nurses encounter as they make their transition into the nursing role? How can health care organizations assist in making this change smoother for the new graduate? Pursuit of these questions provides a foundation for ongoing improvement. Current studies validate the need for initial and continuous assessment to uncover and address the issues and difficulties that exist among new graduate nurses (Goode, Lynn, Krsek, & Bednash, 2009; Goode, Lynn, & McElroy, 2013; Little,

One way health care organizations have taken the necessary steps to support new graduates in their transition from student to practitioner is by establishing new graduate nurse residency programs with a preceptor component (Goode et al., 2013; Little et al., 2013; Ulrich et al., 2010). The Carnegie Foundation supports the development of nurse residency programs in their study on nursing education (Benner, Sutphen, Leonard, & Day, 2010) and the Institute of Medicine (IOM) as a way to increase patient safety and maintain the quality of patient care (IOM, 2010). Even with the implementation of these preceptor-based residency programs, retaining new graduates has proven difficult and turnover rates remain high in the hospital setting (American Association of Colleges of Nurses, 2015b; Robert Wood Johnson Foundation, 2014).

After reviewing published studies, and interviewing new graduates and their personal experiences, the author designed this phenomenological qualitative study as a way to explore and evaluate new graduate registered nurses’ lived experiences. This study was delimited to the interactions of nurses and preceptors during a new graduate nurse residency program at Salem Hospital in Salem, Oregon.

**Organization of Thesis**

This chapter contains an introduction to the problem under investigation, and a discussion of the nature and types of issues encountered by new graduate registered nurses transitioning into the profession. Chapter one also outlines the author’s position statement and personal biases. The chapter also contains the purpose statement and research question, along with the theoretical framework utilized to guide this research.

Chapter two describes the literature related to the components of new graduate nurse residency programs, including the nurse’s role, mentorship development, and the nurse
preceptor’s role. Major topics for this literature review include: workplace entry (both in general and in relation to new graduates), issues of critical thinking, technical competency, socialization/communication development, reality shock, and burnout. Chapter three provides a description of the methodology applied in this phenomenological qualitative study. It also provides a discussion of the participants, data collection and storage, data analysis, and the steps taken to insure trustworthiness and validity of the study.

Chapter four details the process of data collection and analysis. Five themes emerged from the data, including: communication and trust, management support, guidance and role modeling, technical skill development, and improving confidence. Chapter five includes a discussion of the findings, subsequent recommendations (both from the researcher and the participants), and concluding remarks.

**Statement of the Problem**

This research study investigated the nature and type of issues new graduate registered nurses face as they successfully transition from an academic program into the profession, and how the preceptor can assist them in making this transition. The purpose of this study was to examine the lived experiences of new graduate registered nurses’ interactions with their preceptors during this transition; otherwise known as the orientation period. This study identified the actions and behaviors, as well as traits and techniques, used by preceptors to support the successful transition of new graduates, based on the verbal descriptions and perceptions of new graduate nurses. The data could assist in the continuing development of an effective preceptor teaching model, which will improve job retention and quality of care while at the same time reducing turnover.
The phenomenon of new graduate nurse transition has been widely examined (Aiken & Clarke, 2003; Candela & Bowles, 2008; del Bueno, 2005; Dyess et al., 2009; Feng & Tsai, 2012; Goode et al., 2013; Little et al., 2013; Orsolini-Hain & Malone, 2007; Rush, Adamack, Gordon, Lilly, & Janke, 2013; Ulrich et al., 2010). Health care organizations have started to address some of the issues new graduates face, including clinical competence, critical thinking, and orientation; nonetheless, new graduates continue to encounter difficulties in making the transition from student to professional (Chandler, 2012; Hoffart, Waddell, & Young, 2011; Trepanier et al., 2012).

Past literature suggests new graduates are frequently lacking in critical thinking, technical competencies, socialization/communication skills, and may also suffer from reality shock and burnout, potentially putting themselves and their patients at risk (Baxter, 2010; Berkow, Virkstis, Stewart, & Conway, 2009; Bolden, Cuevas, Raia, Meredith, & Prince, 2011; Brown, Neudorf, Poitras, & Rodger, 2007; Casey et al., 2004; Duchscher, 2009; Garrett & McDaniel, 2001; Killam & Heerschap, 2013; Laschinger, Finegan, & Wilik, 2009; Laschinger & Grau, 2012; Rella, Winwood, & Lushighton, 2008; Rudman & Gustavsson, 2011). These areas of concern are not limited to new graduates in the United States, they are an internationally recognized and documented phenomenon (Anderson, Hair, & Todero, 2012; Blanzola, Linderman, & King, 2004; Boychuk Duchscher, 2009; Boychuk Duchscher & Myrick, 2008; Bratt, 2009; Cho, Lee, Mark, & Yun, 2012; Clark & Springer, 2012; del Bueno, 2005; Duclos-Miller, 2011; Orsolini-Hain & Malone, 2007; Salt, Cummings, & Profetto-McGrath, 2008; Thompson et al., 2014; Valdez, 2008).
**Issues New Graduates Face**

Critical thinking is often considered the foundation for making sound judgments and decisions, and has been described as the art of exploring and assessing one’s thought processes with the aim of improving one’s thinking (Gervey, Drout, & Wang, 2009; Paul & Elder, 2006; Tümkaya, Aybek, & Aldaş, 2009; Valenzuela, Nieto, & Saiz, 2011). Nurses are required to possess higher levels of clinical judgment and critical thinking skills than in the past (Lisko & O’Dell, 2010), and are expected to have specialized skills encompassing a diverse set of practices and functions based on research and theory (Tayray, 2009).

Technical competency in nursing can be interpreted as the clinical knowledge, experience, and capabilities that are appropriate for carrying out assigned duties or for performing as expected (Calhoun, Rider, Meyer, Lamiani, & Truog, 2009; Nelson, 2013). New graduates must be deemed technically competent to provide the best possible standard of care (Axley, 2008). In light of the rapidly changing state of biomedical equipment, nursing procedures, and pharmaceuticals, new graduates must be prepared to face an ever-evolving and advancing health care system as they assess, treat, and evaluate their patients’ health issues (Buppert, 2012).

Successful socialization requires comprehensive continuous educational programs, supportive working structures, professional and competent role models, opportunities for clinical experience, and constructive feedback (Dinmohammadi, Peyrovi, & Mehrdad, 2013; Halstead, 2012). The outcome of positive professional socialization is role identity, organizational commitment, and improved quality of care, with new graduates looking towards the preceptor as a role model (Donaldson & Carter, 2005; Johnson et al., 2012; Loh & Nalliah, 2010; Perry, 2009; Weissmann, Branch, Gracey, Haidet, & Frankel, 2006). One of the core competencies for
nurse educators and preceptors of The National League for Nursing is socialization (Halstead, 2012).

Reality shock among new graduate nurses has been the subject of numerous worldwide studies. These studies have found increased stress and decreased confidence, poor job satisfaction, and higher turnover rates from reality shock, which in turn can affect the retention of new nurses, create financial burdens, and decrease both patient and employee safety (Caliskan & Ergun, 2012; Clare & van Loon, 2003; Cowin & Hengstberger-Sims, 2006; Dizer, İyigün, & Kiliç, 2008; Ewens, 2003; Kanogawa, 1986; Lei, Youn Hee, & Dong, 2010; Stacey & Hardy, 2011; Takase, Maude, & Manias, 2006). Multiple studies, specific to new graduates, have concluded that negative work environments, poor transitions, and having little to no social support leads to burnout and high turnover rates (Ilhan, Durukan, Taner, Maral, & Bumin, 2007; Laschinger, Finegan, & Wilk, 2009; Lashinger & Grau, 2012) as high as sixty percent within the first year of employment (Spence Laschinger, Wong, & Grau, 2012).

These same studies have found preceptor-based programs, incorporating both didactic and social approaches, are a safe and organized way for new graduate nurses to identify, learn, and master the technical and social skills they need to succeed (Ilhan, Durukan, Taner, Maral, & Bumin, 2007; Laschinger, Finegan, & Wilk, 2009; Lashinger & Grau, 2012; Spence Laschinger, Wong, & Grau, 2012). Based on these past results, this study explored the perceptions and lived experiences of recent graduates to determine, in part: if they do in fact lack critical thinking abilities, technical competency, and socialization/communication skills, whether they suffer from reality shock and burnout, and whether preceptors made new graduates feel supported during their orientation period. The results will be used to inform continuous improvement efforts, reduce employee turnover, and to assure proper patient care and safety. This will decrease
hospital costs, stabilize the nursing shortage, and enhance the first-year experience for graduate nurses.

Significance of the Problem

According to statistics kept by Salem Hospital’s human resource department, the hospital has experienced a turnover of new graduate nurses over the past five years, with 18% leaving within two years of hire (J. Klaus, personal communication, September, 2015). This is keeping in line with a national 10-year RN Work Project result of 17.5% of new graduate nurses leaving their job within the first two years (Kovner, Brewer, Fatehi, & Jun, 2014). According to Bratt (2009), up to 30% of new graduate nurses will change their place of employment within the first year, costing organizations substantial financial loss. The estimated cost of recruitment and acclimation of new graduate nurses is between $60,000 and $96,000 in orientation, salary, benefits, and support (Anderson et al., 2012; Arnold, 2012). Additional studies strongly support a preceptor-based residency program as a cost saving method for health care institutions by reducing turnover (Baggot, Hensinger, Parry, Valdes, & Zaim, 2005; Beecroft, Dorey, & Wenten, 2008; Contino, 2002; Jones, 2008; Krozek, 2008; Ulrich et al., 2010). The American Association of Colleges of Nursing (AACN, 2015a) stated hospitals could incur up to $300,000 in costs for every 1% increase in turnover each year. Goode et al. (2009) found with adding a nurse residency program, turnover rates for residency graduates decreased to 5.7% compared to 35%–50% turnover for nurses who did not complete a residency. Additionally, the AACN (2015a) reported a 94.3% retention rate for new graduate nurses who complete a one-year residency program. This is a powerful statistic showing that a positive preceptor-facilitated post-completion transition is a key component in retaining new graduates in the nursing workforce (Duclos-Miller, 2011; Goode et al., 2009; Rush, Adamack, Gordon, Lilly,
New graduate residency programs can cost a hospital anywhere from $1,000 to $3,000 per graduate (IOM, 2010), which is a small price to pay when hospitals are faced with a 50% to 80% turnover rate (Baggot et al., 2005; Beecroft et al., 2008; Ulrich et al., 2010).

Today’s health care system is changing at a rapid pace, as new technology and methods of care delivery are constantly introduced. Health care managers are now seeing the stress of these changes on their staff, along with the increased safety risks of orienting new graduates, and the lack of preparation these new graduates have for the demands of the workplace (Cylke, 2012). While nursing schools prepare students by providing the basic foundations of nursing care, it falls upon health care institutions (i.e., hospitals) to provide the continuing education new graduates need, as well as providing a supportive, nurturing environment to ensure these new nurses become safe and competent members of the health care team (Goode, et al., 2009; Lee, Tzeng, Lin, & Yeh, 2009; Scott, Engelke, & Swanson, 2008).

One crucial aspect of a new graduate nurse residency program is the preceptor, who plays a critical role for the new graduate during the program (Al-Dossary, Kitsantas, & Maddox, 2014; Anderson et al., 2012; Barnett, Minnick, & Norman, 2014; Callaghan et al., 2009; Cockerham, Figueroa-Altman, Ross, & Salamy, 2011; Croxon & Maginnis, 2009; Elmers, 2010; Gross Forneris & Peden-McAlpine, 2009; Hoffart, Waddell, & Young, 2011; Marks-Maran et al., 2013; McCarthy & Murphy, 2008; Murphy-Rozanski, 2008; Robitaille, 2013; Rush et al., 2011; Shinners, Mallory, & Franqueiro, 2013). A residency program combines an academic program along with new skill training and competency development as supported by a preceptor. Residency programs are devised to offer new graduates encouragement by way of feedback, and assist new graduates in building supportive and collaborative relationships with other members of the interdisciplinary health care team (Baxter, 2010; Berkow, Virkstis, Stewart, & Conway,
A preceptor is an experienced nurse, usually with some additional training in the preceptor-based role, who provides one-on-one training and orientation to the new graduate (i.e., preceptee) as they transition into their new professional role (Brammer, 2008; Brown, Stevens, & Kermode, 2012; Donner, 2007; Hsu, Lee, Fu, & Tang, 2011; Murphy, 2008; Putnam, 2010; Swihart, 2007). The preceptor not only assists in the development of the new graduate’s clinical skills, but also acts as a role model within the clinical setting, which is a critical component in the professional growth of a new nurse (Allan, Smith, & Lorentzon, 2008; Bradbury-Jones, Sambrook, & Irvine, 2011; Kilcullen, 2007; Lee, Cholowski, & Williams, 2002; Perry, 2009).

**Benefit of Research**

The data collected and analyzed from this research will have a positive effect on Salem Hospital and the community it serves in a number of ways. Well-trained, dedicated nursing personnel are in constant demand. As the baby boomer population starts to retire, fewer and fewer experienced nurses will be available to participate in the preceptorship and mentoring of incoming graduates. Thus, a residency program based on a preceptor-teaching model will make a positive contribution to the development of proficient and self-confident staff. This, in turn, will allow those who have completed the program to pass on their experience to new graduates in the future.

New graduates will benefit from this research as well by having a say in the future development of the residency program (via this study); thus, giving them a sense of belonging and purpose within the organization (Bolden et al., 2011; Gavlak, 2007; Spence Laschinger, Borgogni, Consiglio, & Read, 2015; Winter-Collins & McDaniel, 2000). The data gathered in
this research will assist future new graduates in their development of critical thinking and new technical skills (competencies) by assisting nurse educators and preceptors in the continuing development of a residency program.

Another positive outcome for a residency program is the fostering of continuing education and lifelong learning by the participants. Bratt (2009) found nurse managers were delighted with the enthusiasm of residency graduates to further their education in various programs, including specialty certification and nurse management courses. Nurses engaging in these formal and informal education programs give stability to both the facility and the individual nurse (Bratt, 2009). On a side note, Salem Health has earned the distinction of being a Magnet hospital by the American Nurse Credentialing Center, making the qualities of leadership and continuing education vital to maintaining Magnet standards (American Nursing Credentialing Center, 2015).

Whether or not new graduates move on in their careers, they will have learned the skills necessary to adapt and grow in any nursing setting they choose, which in turn will assist in the global nursing shortage (Littlejohn, Campbell, Collins-McNeil, & Khaylie, 2012; McDermind, Peters, Jackson, & Daly, 2012; Oulton, 2006). Bratt and Felzer (2012) found new graduate nurses felt more committed to their organization when a residency program was part of their orientation. Increased commitment can assist in easing the financial burden some hospitals with a high turnover of new graduates face, as these new graduates are more likely to stay with the organization. It is hoped this research will make a lasting impact on the development, retention, and satisfaction of the nursing staff at Salem Hospital, while simultaneously improving patient safety and quality of care (Bland Jones & Gates, 2007).
Positionality Statement

Nursing, and all it entails, is one of the foundations of my personal and professional life. Growing up, I always admired my mother, who is a nurse, as well as other various family members for their compassion and caring manners. As a registered nurse, I belong to a special community of caregivers, which I express when using my knowledge and skills. Now, as a nursing instructor, I must go a step further and convey my love of nursing to my students, through my experience and wisdom, who in turn must go out and contribute to the community of nursing.

I am currently employed at a local nursing college, instructing first-year nursing students. I assist in the selection of the most appropriate curriculum and methods of teaching to accommodate different learning styles and the various learning environments at the college. I am also tasked with demonstrating the impact of learning and development programs and restructuring these programs as needed depending on the outcomes and future developments.

Previously, I was employed as the Professional Development Specialist (PDS) at Salem Hospital. This was a nursing education role, covering the four critical care areas and respiratory therapy unit. I was responsible for the initial and continuing education needs of more than 420 clinical staff members on these units. In this role, I also assisted in building the foundations of the New Graduate Nurse Residency Program by developing and implementing curricula, be it in lecture, computer-based, or skill lab formats.

In my past readings on education and teaching, I was particularly drawn to Bain’s (2004) book, *What the Best College Teachers Do*, especially chapter four, “What do they expect of their students?” This chapter really hit home for me when I was in the middle of assisting with the restructuring of the hospital’s new graduate residency program. The three other individuals on
the team wanted a very structured, lecture-style format. They did not want to take into consideration the students; it was all about them as instructors. They expected the students to sit in class, 6–8 hours a day for 3-weeks of “learning.” Teaching in this manner is very difficult for me, as I place value on education and the needs of students before my own needs as an instructor. I also feel that I am not an efficient instructor if all I do is lecture. I need class participation, hands-on work, group work, and student feedback. This cannot be accomplished in a lecture-only format. I have carried this philosophy with me as I transition from the clinical setting to the academic arena.

To me, strict lecturing is one of the worst ways of teaching. Fennel and Arnot (2008) stated that instructors must move from the didactic form of teaching to the facilitative form. As instructors, we need to create an environment that is open, safe, neutral, and is conducive to learning. Lecturing to students is not neutral; the instructor is in control and is just spoon-feeding the students. While it is true, in today’s technologically-driven world, students want their information as fast and as concise as possible, how does lecture-only allow for creativity and the development of critical thinking?

Upon further reading of Bain (2004), I related to his section on creating a diverse learning experience (p. 116-117). He viewed each student as different, with different learning styles and needs. This was echoed by Jupp and Slattery (2010), especially from the point of view of white male teachers (which I am a member). So, we should not use the same tool to measure everyone, as there are different learning styles and ways of processing information, as discussed by Fennel and Arnot (2008). As instructors, I believe we have to follow this mantra: everyone learns differently. Identifying my biases as a scholar–practitioner can also assist in keeping an open mind while I study new nurses and their interactions with their preceptors as they develop their
nursing and interpersonal skills. Having been in the profession of nursing and training new nurses as a preceptor, I bring not only my experience, but also my love for teaching and seeing new nurses grow into contributing members of the profession. Being aware of my biases and views on educating these students, I know I am in an excellent position to discover the variances in literature and other programs and how I can contribute to making a difference in the further education of new graduate nurses.

As the researcher of this study, I recognize that my personal experience and knowledge as a preceptor could pose a potential bias during this study. I have been a preceptor for numerous new graduate nurses during my career, from those who needed very little instruction to those who could not function without me being by their side all day. Personally, I enjoyed those new graduates who fell somewhere in the middle; those who were able to recognize what they did not know and ask for assistance. Preceptorship does involve extra work, at least at the beginning, as I try to establish a bond of trust between us, and it is always easier to perform the task myself then to have the new graduate do it. Simply standing beside the new graduate and observing can often be very demanding as well.

The new graduate who thinks they know everything and does not ask for assistance, in my opinion, is not going to succeed and will likely put their patients’ lives at risk. This bias toward overconfidence had to be kept in the forefront of my mind during the research. On the flip side, I also have a bias toward the preceptor who believes the new graduate should already know everything, does not offer support or guidance, or is perceived as unapproachable. This sets up the new graduate for failure, and puts patients’ lives at risk as well.

Chenail (2011) stipulates qualitative researchers should have a design in place to prevent personal bias from influencing the data. Throughout all phases of this study, I made a conscious
effort to acknowledge and separate my personal and professional attitudes and beliefs from the study. I also made a conscious effort to refrain from interjecting my personal opinions, previous knowledge, or experience while collecting the data and conducting the analysis (Creswell, 2013; Glesne, 2011; Polit & Beck, 2013). I followed specific research guidelines as outlined by Northeastern University and its institutional review board and consulted my committee when questions arose to ensure I applied proper ethics in the data collection, transcription, interpretation, and data analysis processes (Friga & Chapas, 2008).

Before beginning interviews with the participants, I reviewed the purpose and process of this study with each individual and answered any questions before they signed consent forms. I had not been the preceptor for any of the participants, which allowed them to talk freely and their responses were not influenced by my presence. After each interview, I took time to reflect with the participant on any questions that might have come up during the interview process. I undertook personal reflection and recorded any thoughts in my journal that could potentially bias the findings.

**Research Question**

The purpose of this phenomenological qualitative research study was to explore, identify, and evaluate new graduate registered nurses’ lived experiences of interactions with preceptors during the course of a residency program. Isolating the actions and behaviors of preceptors, through verbal descriptions and perceptions offered by the new graduate, assisted in identifying the traits and techniques utilized by effective preceptors during the new graduates’ progression from student to professional. Identifying these positive traits can assist future preceptors training of new graduates, confirm the benefits of the nurse residency program, help retain competent
nurses within the profession, and most importantly, improve patient safety. To examine this issue, the following question was addressed:

*How do new graduate registered nurses’ describe their experiences with preceptors during the orientation period of a new graduate nurse residency program?*

**Theoretical Framework**

Benner’s (1984) grand nursing theory, *Novice to Expert*, provides the theoretical framework for this research. Benner’s model grew out of the Dreyfus (1980) experiential learning skill acquisition model, which viewed improvements in nursing practice as being dependent upon experience and science (Benner, 2004). Benner’s theory of learning stated that learning not only occurs during the collaboration between new graduates and preceptors, but also during the entire professional life of the nurse, as the nurse is expected to maintain their competencies for licensure and practice. Benner’s theory applies to the changes that occur when the new graduate progresses through phases of unfamiliarity, starting as a novice nurse and working into, hopefully, becoming an expert nurse. Subsequent research has expanded on Benner’s novice to expert theory, adding to the existing body of knowledge surrounding the profession of nursing (Cappel, Hoak, & Karo, 2013; Dale et al., 2013; DeSandre, 2014; Gentile, 2012; Mann-Salinas et al., 2013; Spiva et al., 2013).

Benner expanded on the concept of experiential learning to moral and ethical decision forming, developing helping relations, and how the experiential learning process influences those decisions. When a patient is experiencing a health issue, it is up to the nurse to make the distinction between the continuum of care, comfort, control, and suffering. These choices are influenced by the context and the relationship the nurse has with the patient (Benner, 1984). Qualitative distinctions require an emotional adjustment that cannot be made through textbook
knowledge alone. A relationship between patients and nurses requires trust and open communication, and to establish this policy, protocols must be examined and individualized for each patient. This is where the preceptor teaching model plays an important part in the new graduates’ entry into practice. The preceptor can provide support and expertise so the new graduate does not have to learn these traits by trial-and-error. According to Benner (2001b), skilled know-how and ethical practice are the hallmarks of a good practitioner, and learning how to respond during the actual encounter with the patient is experiential learning.

**Benner’s Model of Novice to Expert**

Benner’s theory differentiated five levels of nursing experience: novice, advanced beginner, competent, proficient, and expert. These five stages identify nurses’ growth in knowledge and skill as they gain more experience and represent their progression from novice to expert, with each stage building upon the knowledge and skills learned in the previous stage (Arreciado & Pera, 2015; DeSandre, 2014; Dracup & Bryan-Brown, 2004; Koontz, Mallory, Burns, & Chapman, 2010).

Benner’s theoretical model dovetails comfortably with Kolb’s model of experiential learning. According to Kolb (1984), “Learning is the process whereby knowledge is created through the transformation of experience” (p. 38). Kolb believed emphasis should be placed on the process of growth, adaption to the situation or environment, and what is being learned rather than a specific outcome. Kolb also believed that knowledge is a transformation process and learning transforms the experience in both its subjective and objective forms (Kolb, 1984). Kolb (2005) stated that learning occurs in the presence of two processes: (a) grasping or understanding the event, and (b) transforming the experience, which in turn is how nurses progress from novice
to expert within Benner’s theoretical model of development. Each of Benner’s five stages are briefly discussed below.

Novice. In the beginning, the new graduate has no significant practical experience related to the clinical environment. A novice nurse is focused on achieving a set of goals and developing rapport with the patient. Such a narrow focus inhibits their ability to see the “big picture.” They have not had the experience of caring for enough patients to realize when a patient is taking a turn for the worse.

New graduate nurses start in the novice stage, as they are utilizing the facts they have just learned in school to guide their actions, and tend to be limited and unyielding when it comes to contemplating the complexity of a situation (Arreciado & Pera, 2015; Carlson, Crawford, & Contrades, 1989). Novices are limited in their confidence, lack basic critical-thinking skills, and possess limited clinical judgment. As a result, they have difficulty multi-tasking and seeing the big picture, are fixated on performing specific tasks, and tend to rely on straight memorization for knowledge growth. Tell the novice nurse what to do, and they will do it without understanding why it should be done (Alligood & Tomey, 2010; Petit dit Dariel, Raby, Ravaut, & Rothen-Tondeur, 2013).

Those working with novice new graduate nurses should take into consideration that this population will have difficulty organizing and prioritizing tasks, such as patient care, as they are learning to translate their new knowledge into experience (Anderson et al., 2012; Blanzola et al., 2004; Bratt, 2009; Clark & Springer, 2012; del Bueno, 2005; Ironside, McNeilis, & Ebright, 2014; Orsolini-Hain, & Malone, 2007; Salt et al., 2008). Preceptors should focus their teaching on helping the new graduate become competent in their skills and confident in themselves; and they can accomplish this by assisting the new graduate in learning to set priorities, recognize
medical trends in patients, distinguishing important information from non-important information, and developing confidence in themselves as nurses (Croxon & Maginnis, 2009; Elmers, 2010; Gross Forneris & Peden-McAlpine, 2009; Koontz et al., 2010; Robitaille, 2013). The data for this study came from this group of novice nurses.

**Advanced beginner.** The advanced beginner is a new nurse who has completed their orientation and is in the first few years of independent practice and whose performance is marginally acceptable (Hnatiuk, 2012). In this phase, the new nurse is able to recognize recurring meaningful events due to having observed situations during nursing school and as a novice nurse. Educators should be aware that the advanced beginner new graduate nurse views all aspects of care equally and does not recognize priorities as they arise. This can, obviously, have a damaging effect on patient care (DeSandre, 2014; Koontz et al., 2010).

**Competent.** By this phase, the nurse has been practicing for two to three years and possesses the ability to perform independently and safely. They possess insight and have the comprehension and aptitude to make the distinction between life threatening and non-life threatening information. The nurses’ clinical experiences strongly contribute to this development level (Koontz et al., 2010). A competent nurse can focus on different aspect of the patient and feels comfortable managing multiple patients. The nurse is now beginning to feel more comfortable with planning and time management skills, and has confidence in their actions, but still lacks visualization of the whole picture (Arreciado & Pera, 2015; Koontz et al., 2010). The competent will progress to the proficient stage as they continue to experience situations, process and learn from the knowledge they have gained.

**Proficient.** The proficient nurse observes and processes situations fully, instead of in singular steps in order to accomplish a task. This assists the nurse in decision-making and serves
as a guide, while at the same time enables the nurse to remain flexible depending on the condition of the patients (Dale et al., 2013; DeSandre, 2014; Koontz et al., 2010). At this stage, the nurse possesses the ability to step back and look at the whole picture based on previous experiences, and can anticipate and recognize subtle patient cues before they become critical (Koontz et al., 2010).

**Expert.** During the fifth stage, the expert nurse no longer relies on guidelines to comprehend the patient’s condition, is able to react more quickly, and take the appropriate actions. The expert nurse has enough experience to act more intuitively, quickly comprehending the data at hand and drawing conclusions without considering all of the possible alternatives. When facing the unknown, they are able to solve problems analytically (Benner, 2004). The expert nurse is more attuned to particular concerns in the clinical situation; they see the big picture, understand potential complications, and are able to evaluate ethical issues to arrive at a plan of care. Benner (2004) suggested that the new graduate nurse transitions from a confused or vague understanding to a clearer understanding that seeks to eliminate errors, and clarifies the limits and possibilities in the situation. The expert nurse has now accrued extensive experience, can demonstrate clinical reasoning, and is able to anticipate the unexpected because they comprehend what is needed and why (Koontz et al., 2010).

Dracup and Bryan-Brown (2004), state expert nurses do not rely on the technical task-orientation process that is the focus for the novice. An expert nurse uses critical reasoning and judgment to modify care based on the changing condition of the patient. Expert nurses are ideally poised to become preceptors themselves, thereby advancing their own clinical and professional practice (Dracup & Bryan-Brown, 2004).

Benner’s nursing model emphasizes the importance of clinical nursing as the foundation
of the design. The model also advocates that observation and emulation of preceptor actions is the preferred method of learning. Preceptors are nurses who have already gained the experience to function at a higher level than the novice. This provides an opportunity for the novice to study the actions and thought process of the expert nurse. An opportunity to observe the actions of an expert nurse allows the novice nurse to expand their scope of practice in a more confident manner (Benner, 1984).

Penprase’s (2012) research acknowledged the importance of preceptorships, which is relevant to this study because it indicates preceptorship and orientation programs make a significant impact on empowering new graduates for success. It also supports Benner’s Theory of Novice to Expert by describing the importance of an active preceptorship program in the transition from a student nurse to a Registered Nurse. By utilizing Benner’s theory as the theoretical model for this study it allows the researcher to further explore ways preceptors can assist new graduate nurses in the clinical learning and how they can apply theoretical knowledge to clinical situations (Schaubhut & Gentry, 2010).

Summary

Hospitals are now developing their own new graduate residency programs to assist new graduate nurses in bridging the gap between academia and the clinical arena. By developing a new graduate residency program, with a preceptor-based teaching model, the health care organization is providing the support the new nurse needs in their transition, retention, and continuing development of skills within the organization. By providing a safe and structured educational experience, preceptorships may assist in reducing new graduate nurses’ reality shock, burnout, and turnover; thus, improving the retention rate of new graduate staff. In conjunction with the ongoing development of the program, objective ways of measuring the
program’s success and contribution to the organization need to be established. Measuring the effectiveness of a preceptor-based teaching model in terms of its outcomes, processes, and long-term impact on practice is crucial for the success of these programs.

Experiential learning is involved in every aspect of nursing education. It is the essence of the transition from a student to practitioner, and what enables the nurse to practice with confidence in their decision-making ability. Consequently, Benner’s grand nursing theory of novice to expert provides a sound theoretical framework for this study. Having a clear and precise preceptor-based program in place will allow scholar-practitioners the opportunity to gather data on the effectiveness of nurse residency programs and make any changes if needed. Thus, benefiting not only participants, but also the organization and nursing profession as a whole.
Chapter Two: Literature Review

This phenomenological qualitative research study explored and evaluated new graduate registered nurses’ actual lived experiences of preceptor interactions during the course of a new graduate nurse residency program. Isolating the actions and behaviors of preceptors, through verbal descriptions and perceptions of the lived experiences of new graduates, assisted in identifying the traits and techniques used by effective preceptors when training new graduate nurses. It is hoped this information will have a positive impact on employee retention and clinical competency. This literature review begins with an overview of some the different aspects of the nurse’s role, including the concept of mentorship, and a discussion of the nurse preceptor. The chapter continues with a discourse on workplace entry, both in general and pertaining to new nurses, and the issues surrounding new graduate turnover. The chapter concludes with an exploration of the issues facing new graduate nurses, including: critical thinking, technical competency, confidence improvement, socialization/communication development, reality shock, and burnout. This will be followed by a summary of the discussion thus far.

Aspects of the Nursing Role

The professional nursing role has been described as both an art and science (Locsin, 2013; Norman & Ryrie, 2013; Sheets, 2012), and includes different qualities that are called into play based upon the work situation. One of these roles involves acting as a caregiver, where the nurse strives to prioritize and meet the needs of their patients as well as demonstrates necessary technical competencies, ethical considerations, and critical thinking skills (Krueger, Funk, Green, & Kuznar, 2013). Another role assumed by the nurse involves working as an organizer and developing care plans specific to each patient. The nurse must be able to determine which
factors influence the need for care, know and determine how this care should be carried out, either by the nurse or delegated to others, and have the ability to coordinate and implement the plan of care (Alberto et al., 2014).

The nurse utilizes evidence-based policies and practices to influence the care provided to the patient. The nurse focuses on innovation and quality improvement, as well as being aware of current research, and utilizing critical thinking in the care of their patients (Hood, 2014; Kuznar, 2012). Moreover, in their role as health care professionals, the nurse is part of a larger team, regularly interacting with other members of the health care team. The nurse must be able to work with a variety of staff from different disciplines, such as physical therapy, occupational therapy, speech pathology, and registered dietitians (Lees, 2013; Yoder-Wise, 2015).

Finally, the nurse takes on the role of coach. This includes motivating and stimulating staff, giving feedback to peers, or acting as a preceptor with new staff (Minnick et al., 2008). A professional nurse is defined by possessing the ability to incorporate all of these roles, as well as knowing how and when to prioritize them (Finkelman & Kenner, 2014; Masters, 2014). The preceptor plays an important role in assisting the new graduate in developing these first two crucial roles of caregiver and organizer. If the new graduate cannot master being a caregiver and organizer, they will not be able to progress successfully in the profession.

**Mentorship**

The literature describes the term “mentoring” at length. In the ground-breaking book *The Seasons of a Man’s Life*, a mentor was defined as someone who is able to provide moral, emotional, and psychosocial support to another individual (Levinson, Darrow, Klein, Levinson, & McKee, 1978). Twenty years later, Campbell and Campbell (1997) explored the perspective of mentoring in the workplace, in which an experienced member of the organization guided and
supported newer staff members, thus leading to a more productive organization. Mentoring has also been discussed in the fields of business (Purcell & Scheyvens, 2015; Srivastava & Jomon, 2013; Waters, McCabe, Kiellerup, & Kiellerup, 2002), medicine (Bauman, 2007; Kashiwagi, Varkey, & Cook, 2013; Wright, Dirsa, & Martin, 2002), education (Haas, 2012; Hobson, Ashby, Malderea, & Tomlinson, 2009; Larkin, 2013; Le Maistre & Paré, 2010), and psychology (Canter, Kessler, Odar, Aylward, & Roberts, 2012; Crisp & Cruz, 2009; Laschober, Eby, & Kinkade, 2013). Following a meta-analysis, Eby, Durley, Evans, and Ragins (2008) proposed that mentoring relationships assist in providing positive outcomes for novices entering the field, such as higher job satisfaction and support from management. According to Jacobi (1991), people enter a mentorship for a number of reasons, including growth on a personal level, to gain professional advice and growth, or to find a support structure.

Mentors can offer professional guidance in the form of emotional support, as well as being a positive role model to the novice, giving constructive feedback, and demonstrating appropriate behavior (Allen, Eby, & Lents 2006; St-Jean & Audet, 2009). Mentors are chosen either by the individual or the organization because they have the knowledge and experience to guide the mentees on their new journey (Awaya et al., 2003). Mentors can act as guides and assist in shaping the behaviors of the novice through the course of their career and can offer emotional, social, and psychosocial support in the forms of acceptance, counseling, coaching, friendship, visibility, protection, and offering challenging assignments (Betts & Pepe, 2006; Eby, Allen, Evans, Ng, & DuBois, 2008; Eby & Lockwood, 2005; Wanberg, Kammeyer-Mueller, & Marchese, 2006). Mentors should be selected not only for their technical expertise, but also for their experience and knowledge of the organization (Cull, 2006; St-Jean & Audet, 2009).
Mentoring in health care. Mentorship plays an important and vital role in the health care setting, where it influences career progression, employee satisfaction, and employee retention (Brunetto, Farr-Wharton, Shacklock, & Robson, 2012; Finley, Ivanitskaya, Kennedy, & Hofmann, 2007; Huang & Weng, 2012). The American College of Healthcare Executives has developed numerous formal mentoring programs with experienced executives that include such aspects as job shadowing, continuing educational programs, and personal progression plans for those wishing to climb the corporate ladder (Weil & Zimmerman, 2007).

One of senior health care management’s duties is to identify potential successors and to groom them for future promotion by acting as a coach and mentor (Dubiel, 2013; Hicks & McCracken, 2010). Both formal and informal health care mentoring programs have been discussed in the literature, with some studies indicating that senior executives are more likely to serve as mentors if an established formal program exists (Finley et al., 2007); while other studies report a more informal approach lends itself better to health care (Finley et al., 2007; Hicks & McCracken, 2010).

The nurse as preceptor. The conceptual framework of a preceptor with educational and administrative support has been proven to enhance the clinical competences of new graduates (Shinners, Mallory, & Franqueiro, 2013; Singer, 2006; Ulrich et al., 2010). Preceptors are experienced nurses who provide teaching and support while sharing their expertise and clinical knowledge with the new graduate. The preceptor also facilitates socialization and objectively evaluates and critiques the new graduate, while simultaneously acting as a professional role model (Myrick, Yonge, & Billay, 2010; Shinners et al., 2013; Ulrich et al., 2010).

Preceptors also provide guidance to develop the clinical reasoning and critical thinking skills of new graduates, develop technical skills, build the confidence of new nurses (Billings &
Halstead, 2012; Shinners et al., 2013), and make the transition from novice to advanced beginner (Benner, 1982, 1984). A preceptor accomplishes this by offering collaboration, emotional support, constructive feedback, and by building a professional bond between the new graduate and themselves (Myrick et al., 2010; Shinners et al., 2013). Foley, Myrick, and Yonge (2013) noted that preceptorships also decrease horizontal violence and create a safer working environment in which the new graduate can raise questions without fear of reprisal. However, without a strong positive relationship between the new graduate and the preceptor, the experience will not be productive and could actually have negative effects for both the preceptor and the new graduate (Duteau, 2012; Yonge, Myrick & Ferguson, 2011).

According to Berkow et al. (2008), new graduates currently make up around 10% of the nursing workforce in most hospitals. Decisions on hiring new graduates are influenced by cost, policy, and organizational needs, which include turnover rates. The higher the turnover rate, the higher number of vacancies, which can put added stress on preceptors and other staff. The number of preceptors is usually fixed and does not fluctuate in response to the organization’s turnover rate. Additionally, many preceptors “often felt the full weight of responsibility for a new nurse’s experiences” (Shermont & Krepcio, 2006, p. 409). A vicious cycle can soon develop in which units, already suffering from staff shortages, employ new graduates who may require longer periods of orientation, thus taking up more of experienced preceptors’ time. Invariably, a certain percentage of the new graduates will leave before the end of the year, thus perpetuating the shortage of nursing staff, which only further complicates this precarious situation. Many articles reference this revolving door, which exerts an “emotional toll experienced by senior nurses” (Shermont & Krepcio, 2006, p. 409).
The literature is conflicted regarding the nature of the relationship between preceptor and preceptee (new graduate). Some authors feel it should be kept on a professional level, while others feel there should be some form of personal connection (Moore & Spence Cagle, 2012). Ultimately, however, a good match between the preceptor and preceptee must be established based on learning and teaching styles (Callaghan et al., 2009; Croxon & McGinnis, 2009; Ironside et al., 2014; Papathanasiou, Tsaras, & Sarafis, 2014; Tiwari et al., 2005), assessment and clinical skill strategies (Duteau, 2012, McCarthy & Murphy 2008), critical thinking development (Carlson, Wann-Hansson, & Pilhammar, 2009; Gross Forneris & Peden-McAlpine, 2009), and role modeling (Baldwin, Mills, Birks, & Budden 2014; McClure & Black, 2013). As new graduates complete residency programs with their preceptors, they become more competent and prepared to deal with the challenges of the workplace (Cappel et al., 2013; Caramanica & Feldman, 2010; Clark & Springer, 2012; DeSilets, Dickerson, Shinners, Mallory, & Franqueiro 2013; Goode et al., 2009).

In order to examine the perceived competence of students and newly graduated nurses, Lofmark, Smide, and Wikblad (2006) surveyed 106 senior nursing students who were ready for graduation and 136 nurses who had experience as preceptors. Experienced nurses rated only 58% of the new graduate nurses as competent, whereas the student nurses gave the same group a 70% rating. This indicates the presence of two issues: (a) student nurses measure competence differently, and they may not have an understanding of the role and responsibilities of a nurse; and (b) experienced staff that are working as preceptors felt that 42% of graduate nurses were not competent in patient care.

As discussed above, many different aspects of preceptorship must be taken into consideration when assigning a new graduate to a preceptor. Consequently, Rodrigues and Witt
(2013) suggested a need for formal preceptorship training programs founded on pedagogical principles. This lends credence to the observation of Eddy (2010), who stated that formal preceptorship training has not yet caught up with the needs of preceptors. Bradley et al. (2015) noted that preceptors should be continually evaluated; not only by the management, but also by the preceptees, and that a strong preceptor-training program is vital for new graduates to succeed. Preceptorships have also been shown to reduce staff turnover and increase job satisfaction, while simultaneously preparing new graduates to assume leadership roles in the future, all of which leads to better patient outcomes (Bland Jones & Gates, 2007; Duteau, 2012; Morgan, Mattison, Stephens, & Medows, 2012; Rodrigues & Witt, 2013; Shinners et al., 2013; Singer, 2006).

**Workplace Entry and Turnover**

Two main themes emerged concerning the challenges faced by new graduates from reviewing the literature on workplace entry or college-to-career transition. The first theme concerns the personal challenges new graduates encounter. This can be as simple as moving to a new location, learning to manage a budget, making new friends, and/or developing a new social or religious network (Polach, 2004). The second theme concerns the various professional challenges new graduates may face. In Wendlandt and Rochlen’s (2008) extensive literature review, they identified the most common professional challenges new graduates face while transitioning into a working environment: anticipation, adjustment, and achievement. The authors developed a three-stage, college-to-career transition model, inclusive of: (a) a change in philosophy associated with the transition between academia and practice; (b) the new graduate’s lack of experience and skills, both technical and non-technical, as required by employers; and (c) the new graduate’s misunderstood expectations about work life or reality shock.
While most new graduates face similar adjustment issues in making the transition from academic to professional lives, how the new graduate responds to these challenges varies from one individual to the next (Murphy, Blustein, Bohlig, & Platt, 2010). A qualitative study performed by Murphy et al. (2010) explored new graduates’ ability to adapt to their new surroundings. The researchers found that new graduates were better able to adjust to changes in their work and living environment when they were able to identify realistic expectations and were flexible in their approach to the job market.

**New Nurse Graduates’ Entry into the Workplace**

New graduate nurses face many obstacles in their transition from the academic to the clinical arena. Casey et al. (2004) noted a dip in new graduates’ confidence around the third and twelfth month of starting their professional practice and that their confidence did not improve until after their first full year of practicing as a registered nurse. Therefore, the literature indicates that it can take at least one year for a new graduate nurse to become comfortable in their job due to specialization and changes in technology (Blanzola et al., 2004; Goode et al., 2009; Halfer et al., 2008; Wangensteen, Johnson, & Nordstrom, 2008). In another study, Fink, Krugman, Casey, and Goode (2008) noted the job satisfaction of new graduates dropped 6-months after being hired. Several reasons for this are possible, including the new graduate’s interaction with their preceptors’ supervision, their development of critical thinking and new skill acquisition, as well as learning new organizational and communicational skills (Casey et al., 2004; Delaney, 2003; Etheridge & Haggblom, 2007; Fink et al., 2008). The feeling of being overwhelmed in taking care of patients was also high on the new graduates’ list of stressors (Al-Dossary et al., 2014; Casey et al., 2004; Cho et al., 2012; Cowin & Hengstberger-Sims, 2006; Etheridge, 2007; Kovner, Brewer, Wu, Cheng, & Suzuki, 2006; Yeh & Yu, 2011).
Delaney (2003) identified ten themes among new graduate nurses in relation to starting out in the nursing profession. These included:

- learning the system and culture shock;
- feeling stressed and overwhelmed;
- possessing mixed emotions;
- welcome to the real world;
- the power of nursing;
- dancing to their own rhythm;
- preceptor variability;
- unprepared for dying and death;
- stepping back to see the view;
- ready to fly solo.

Experiencing stress was the most common of the themes and related to all aspects of the orientation process. As the new graduate gained new skills and confidence, their reported stress level began to diminish.

**Graduate Nurse Turnover**

Employee turnover threatens the ability of an organization to maintain a stable workforce. Hunt (2009) reported a 27% turnover rate for new graduate nurses within their first year of employment. The National Council of State Boards of Nursing (Ulrich et al., 2010) reported that 26% of new graduate nurses leave their jobs in the first two years of employment. Dion (2012) reported that 18–60% of new graduate nurses leave the acute care environment during their first year of employment, possibly due to the high level of clinical skills required for such an environment, thus leading to higher levels of stress (Newton & McKenna, 2007). Other
studies have identified stress as a leading cause of graduate nurse turnover (Duffield, Roche, Blay, & Stasa, 2010; Grochow, 2008; Morrow, 2009; Yeh & Yu, 2011).

Cowin and Hengstberger-Sims (2006) investigated the relationship between the developing self-concept of new graduate nurses and their intention to remain in their current place of work. The investigators suggested that organizations look at ways to assist the new nurse develop a sense of purpose and well-being; thus, increasing retention, as well as developing highly trained and competent nurses.

Cho et al.’s (2012) survival analysis study found the turnover rate to be at 17.7% within the first year of hire for new graduates, by two years the turnover rate was 33.4%, and 46.3% by three years. These findings are consistent with those of the IOM (2010) and Kovner et al. (2014). Cho et al. (2012) attributed such a high rate of turnover to stress, job satisfaction, interactions with peers, and issues of self-worth—issues previously identified by Delaney (2003); Lai, Peng, and Chang (2006); and Yeh and Yu (2011). Yeh and Yu (2011) identified work stress as a major contributor to new graduates leaving within the first year of hire, and challenged organizations and managers to find ways of improving conditions to alleviate the sense of stress experienced by new graduates.

Parker, Giles, Lantry, and McMillan (2014) administered an online survey to 282 new graduate nurses, with question items related to current employment, prior healthcare experience, issues surrounding transition into practice, confidence in practice, and job satisfaction. Data was analyzed using chi squared contingency tables and Kruskal-Wallis one-way analysis of variance to predict to a significance of 0.05. Focus groups, lasting 60–90 minutes, were conducted with 55 new graduates, focusing on the transition experiences regarding support, workload, expectations, intent to stay, relationships, and career opportunities. Nearly 10% of the
participants reported they were considering leaving nursing all together and only 2% intended to stay two years in the profession. The new graduates identified a large incongruity between the amount of support provided by their hospitals and the amount of support they felt they needed. The new graduate nurses felt pressure from the hospitals to be working independently with a minimum amount of training. This perceived lack of training and support resulted in low retention and job satisfaction. This study supports the need for formal residency programs that provides comprehensive positive experiences for new graduates who are balancing the stresses of adapting to a new workplace, increased workload demands, and emotional strains of taking care of patients (Parker et al., 2014).

Jones (2008) found the cost associated with nurse turnover averaged $65,000 per lost nurse. This includes the cost of refilling these vacancies, the orientation for new hires, and the loss of organizational productivity. By developing effective transition strategies, with preceptors playing a key role, employing health care organizations can potentially reduce the stress of new graduate nurses and assist in job retention.

**Issues New Graduates Face**

Making the transition from student nurse to a new graduate nurse can be a tremendous and worrisome experience. Too often the new graduate leaves the academic setting with the foundational knowledge of basic nursing skills, but lacks skills in critical thinking, technical competency, personal confidence, and the necessary socialization and communication skills to be successful in the clinical setting. Without support from the employer, such as skills training, and personal and emotional support, the new graduate can become bewildered, discouraged, and generally disillusioned with their career choice, thus leading to higher levels of stress, reality shock, and burnout. Park and Jones (2010) found this same phenomenon, stating that many new
graduates leave their place of employment within the first year due to poor training, a lack of support systems, intense working environments, and higher patient acuity than they anticipated. The following subsections will address these main issues individually.

Critical Thinking

No consensus exists in the literature on the definition of critical thinking. It appears easier to define how a critical thinker behaves than to define the concept itself. Nosich (2012) described critical thinking as the approach to developing alternatives, envisioning alternate options, and anticipating consequences, all while keeping goals in sight. Paul and Elder (2006) broke down critical thinking into two broad categories: analyzing thinking and assessing thinking. The authors described the critical thinker as someone who asks vital questions and sees potential problems, gathers, assesses, and clearly formulates relevant information using abstract ideas to interpret the data effectively within alternative systems of thought, tests ideas against relevant criteria and standards, and effectively communicates with others.

Critical thinking requires one to be heedful and amenable to understanding various viewpoints in order to consider other perspectives (Facione, 2010). Additional definitions of critical thinking include making sound judgments through reasoning; careful weighing of evidence while skillfully synthesizing and evaluating information to arrive at the best solution to a problem; and utilizing the skills of questioning, analyzing evaluating, reasoning, reflecting, and believing (Abrami et al., 2008; Alwehaibi, 2012; Carlson, 2013; Paul & Elder, 2009). More precisely, critical thinking is a systematic method of examining thinking, with the end goal of improvement.

Carmichael and Farrell (2012) utilized a mixed methodology approach to investigate students’ experiences of learning and their actual use of critical thinking. An interactive
Blackboard website at the University of Western Sydney was developed for students to log into, both independently and as a discussion group, to assist in the students’ development on the concept and practice of critical thinking. This website contained nursing case study modules the students could complete, as well as an interactive chat room where students could communicate with each other. Information from 2006 and 2009 was gathered by a questionnaire, which was then followed-up by semi-structured telephone interviews, and each component was analyzed thematically. Seventy-three percent of the responders to the questionnaire (n = 113) indicated that the site was useful in terms of understanding critical thinking.

The acquisition of critical thinking skills is considered the cornerstone of any nursing preparatory program. By utilizing the knowledge acquired during their nursing course as a foundation, along with the clinical experience acquired during orientation, the new graduate continues to develop their critical thinking skills, and by applying these skills, the new graduate is able to learn to manage complex patients (Kaddoura, 2010). Anderson et al. (2012), in a systematic review of the literature, found evidence of improved critical thinking, behavioral performance, and nursing skill competency over time, irrespective of the type of nurse education that was offered. Additionally, while reviewing a problem-based learning new graduate program, Apalin, Williams, Day, and Buro (2011) reported that the program supported the development of new graduate competency, thus encouraging the residents to become critical thinkers.

Using structured student evaluations, Beyea, Von Reyn, and Slattery (2007) reported on the efficacy of a simulation-based residency program. The investigators reported that a high fidelity simulation-based residency program not only strengthened the new graduates’ assessment and clinical skills, but also enhanced their ability to apply critical thinking to patient
care and reduced the overall resource investment spent on orientation, thus saving the hospital money. New graduates reported that the debriefing sessions in the simulation lab assisted them in acquiring self-reflection skills, while the feedback from their peers assisted in developing/improving critical thinking skills.

Kowalski and Cross (2010) used multiple measurement scales to review residency outcomes, including: the Preceptor Evaluation of Resident form, the Pagana Threat score, the Spielberger State-Trait Anxiety Inventory, and the Casey-Fink Nurse Experience Survey. An analysis of the data revealed significant improvements among new graduate nurses enrolled in residency programs in relation to setting priorities, knowing their limits, discerning urgency, anticipating and implementing appropriate nursing interventions, and adapting patient’s care plans based on actual outcomes.

In another study performed by Marcum and West (2004), new nurse graduates, preceptors, and at least one member of the nursing staff from the unit where the graduates were assigned to work, completed evaluations one year after program completion. The results demonstrated that 83.3% of the residency participants displayed very strong critical thinking skills and the remaining 16.6% still scored in the positive range for critical thinking. Critical thinking enables new graduates to make sound, informed decisions and judgments, which in turn has the potential to enhance the quality of a patient’s care (Crenshaw, Hale, & Harper 2011; Dowding et al., 2012; Lim, 2011).

**Technical Competency**

As with the term *critical thinking*, no consensus on the definition of *competency* exists either. Competency was first discussed by McClelland (1973) during a study of human performance, and was perceived as observable human actions as opposed to an assumption of the
action. Observable meant there was a way to measure and capture the actions, which in turn allowed an educator to be able to develop a curriculum and teach those actions to others for potential growth and/or improvement. A further definition of competency involves having the required skills, retained or learned, necessary for the individual to successfully perform their duties as outlined in their job description (Elliott & Dillon, 2012).

The development and assessment of competency within the workplace is not restricted to nursing. Higher education (Johnstone & Soares, 2014; Panel, I.E.C.E., 2011), counseling (American School Counselor Association; 2012; Sue, Zane, Nagayma Hall, & Berger, 2009), accounting (Boritz & Carnaghan, 2003), informatics systems (Kaltoft, Nielsen, Salkeld, & Dowie, 2014; Rodger & Bhatt, 2014), and multi-national corporations (Ulrich, Brockbank, Younger, & Ulrich, 2012; Wang, Turnbull-James, Denyer, & Baily, 2014) all focus on the training and advancement of their staff’s technical skills.

A review of literature describes competencies as the result of integrative learning experiences in which combinations of skills, abilities, and knowledge are applied through demonstration in measurable levels of performance (Adelman, Ewell, Gaston, & Schneider, 2014; ANCC, 2015; Gay, Mills, & Airasian, 2011; Pearce & Offerman, 2010; Kennedy, Hyland, & Ryann, 2009). These can include: training and organizational development; knowledge of subject matter; client management and relations; ability to solve problems; effective communication skills; recruiting, ability to set priorities and use time effectively; and internal relations (Fernandez et al., 2012; Gay et al., 2011; Johnstone & Soares, 2014; Klein-Collins, Ikenberry, & Kuh, 201; O’Donoghue & Chapman, 2010).

The Nurse Executive Center (2007) conducted a large study of graduate nurse performance. A survey was sent to 53,000 Chief Nursing Officers, asking them to rate the
proficiency of new graduate nurses on 36 individual competencies and to consider the graduate overall. The 5,700 responses to the survey were then broken down by nursing position: director (9%), nurse educator (12%), charge nurse (17%), clinical nurse specialist (7%), nurse manager (33%), and experienced staff nurse (23%). Only 10% of Chief Nursing Officers surveyed felt that their graduates were providing safe and effective patient care. Therefore, 90% of hospital nurse administrators do not have confidence in the patient care provided by new graduate nurses. This lends support to the view that new graduate nurses enter the workforce with only the most basic knowledge of nursing and that it is up to the employer to build upon that knowledge, thus underscoring the importance of competent clinical preceptors.

Across all 36 competencies, respondents indicated that the new graduate nurses performed poorly, even on the top-rated skills. Although there was significant variation between the top- and bottom-rated skills, they represented broader themes of critical thinking, communication, and professionalism. Interestingly, the skills ranked in the bottom third were those that were better taught in clinical settings, skills such as delegation, taking initiative, and managing multiple patient care loads.

Anderson et al. (2012) conducted a systemic review of the literature that examined the outcomes of nurse residency programs over more than three decades, finding that residency programs did in fact improve new graduates’ critical thinking skills. Blanzola et al. (2004) also found new graduate nurses who participated in a residency program with a preceptor component scored higher on basic core competencies than those who did not participate in a residency program. Ulrich et al. (2010) compared the results of an 18-week residency program with a control group that had an average of 17 months nursing experience. Using the Slater Nurse
Competencies Rating Scale the new graduates demonstrated a greater or equal level of competency rating at the end of their residency as compared to the control group.

Developing clinical skills takes observation, practice, and a basic knowledge of the issue at hand. During orientation, preceptors can support the new graduate by seeking out opportunities for them to perform, thus enhancing the new graduate’s acquisition of skills and maintaining patient safety. Fink et al. (2008) found that even after one year of experience, a number of technical skills were still identified by new nurses as problematic, including responding to a code, providing tracheostomy care, and end of life care.

Fundamental nursing skills, such as physical assessment and documentation, need to be evaluated when transitioning to practice in order to determine new graduate nurses’ level of competency (Anderson, 2012; Fink et al.; Ulrich et al., 2010) New graduates need to be prepared to function as a member of an interdisciplinary team in order to deliver safe and effective patient-centered care (AACN, 2015b; IOM, 2010; National League for Nursing, 2015). Competency development studies have used simulation scenarios (Aronson, Glynn, & Squires, 2013; Beyea et al., 2007; Hagler & Wilson, 2013; Vyas, McMulloh, Dyer, Gregory, & Higbee, 2012; Waterval, Stephan, Peczinka, & Shaw, 2012; Wunder, Glymph, Gonzalez, Gonzalez, & Groom, 2014), or concentrated on immediate impacts (Hallin, Kiessling, Waldner, & Henriksson, 2009; MacDonnell, Rege, Misto, Dollase, & George, 2012). Despite multiple definitions of competency, once thing is clear: new graduate nurses need to spend time in the clinical setting, at the patient’s bedside, gaining experience in both clinical and cognitive skills, thus increasing their nursing knowledge. In order to do this safely, they need direct observation, via a preceptor, and constant constructive feedback to grow as a nurse.
Confidence Improvement

Van de Gaer, Grisay, Schulz, and Gebhardt (2012) utilized a multi-level regression model to research the correlation between academic self-confidence and achievement. Their study relied on data gathered from the 2006 Programme for International Student Assessment study, and included 353,403 students from 13,886 schools in 53 countries. After analyzing the data, the investigators concluded a positive correlation exists between students reporting higher levels of self-confidence and schools setting high standards or expectations of them. This also held true for the opposite, lower levels of self-confidence were reported when the expectations on students were lower. The investigators go on to discuss “The Big Fish Little Pond” phenomenon, “Which is related to the negative cross-national relationship between achievement and self-concept” (Van de Gaer et al., 2012, p. 1,223). For example, students reported a higher level of self-confidence when they received a good grade, and lower self-confidence with lower grades, and if students received higher grades than their classmates, their level of self-confidence improved and vise-versa. Also, students placed more emphasis on some grades as opposed to others (e.g. science), so those grades held more sway on self-confidence reporting, both positive and negative.

An important outcome of new graduate residency programs includes positive changes in the new nurse’s level of confidence. Confidence rises with experience and contributes to competency. In a study using a self-rated survey completed by residents at 2, 16, and 18-weeks, and at 1, 2, and 5-years, Ulrich et al. (2010) reported that self-confidence grew over time. After analyzing multiple nursing residency, structured programs, and internship studies, Park and Jones (2010) reported that new graduates demonstrated increased confidence and competence with patient care delivery and believed that they were able to provide safe and competent care in
the areas of assessment, critical thinking, communication, medication administration, and technology.

The ability to employ critical thinking and reasoning in high fidelity simulated patient scenarios suggests that the use of these simulations in new graduate residency programs can be an important educational tool. Simulation can assist in strengthening the new graduate’s assessment skills and competencies, thus leading to an increase in confidence. Beyea et al. (2007) reported that the use of simulations not only promoted the new nurse’s development of skills and competencies, but also assisted in developing nursing decision-making skills and interventions by learning to synthesize clinical data in a safe and less stressful environment.

According to Kaddoura (2010), simulation assisted new graduates to develop important psychomotor, cognitive, and team interaction skills by providing a safe, non-critical arena in which to practice their skills. Kaddoura (2010) also found the use of simulations helped to improve new graduate nurses’ collaboration and teamwork skills, leadership and delegation skills, clinically relevant knowledge, clinical decision-making, and general clinical competency. These findings come as no surprise, however, given that Anderson, Linden, Allen, and Gibbs (2009) had earlier reported that high fidelity simulations promoted critical thinking and team building in residents.

**Socialization/Communication Improvement**

Professional socialization has been described as a “dynamic, interactive process through which attitudes, knowledge, skills, values, norms behaviors of the nursing profession are internalized and a professional identity is developed” (Dinmohammadi et al., 2013, p. 32). The ability to communicate clearly and effectively is a necessary skill for all professions, not just
nursing. Physicians must be able to successfully communicate to their patients in order for them to receive optimal care (Kripalani, et al., 2007).

New graduates must learn socialization skills not only to communicate effectively with their patients, but family members and fellow staff as well. Socialization also assists the new graduate to learn their role and the values within the organization (Dinmohammadi et al., 2014; Lai & Lim, 2012; Price, 2009). The process of socialization involves learning the norms of the organizational culture and redefining one’s self-concept or identity. Through this process, new graduates are able to adapt to their roles and accept the differences in their idealistic and realistic expectations of the profession (Zarshenas, Shariff, Molazem, Khayyer, & Ebadi, 2014).

In measuring a range of clinical competencies, Kowalski and Cross (2010) reported that a residency program that focused on communication and leadership skills assisted new graduates in attaining their professional goals. To assist in developing such skills, the investigators used an educational module focused on developing communication skills among staff members and patients. Prior knowledge and experience in using the communication techniques contributed toward participants’ communication skill development (Kowalski & Cross, 2010). In another study, Hickey (2009) found that 62 preceptors (out of 200 surveyed) indicated new graduates were effective in their communication with patients, with 63% indicating that they were effective most of the time or always with respect to their use of the communication skills they had been taught.

The benefits of acquiring effective communication skills appear to be far reaching. Goode et al. (2009) demonstrated that new nurses felt more comfortable communicating with other members of the care team, patients, and families after having completed a yearlong competency program. However, one might reasonably question whether this greater sense of
communication confidence was a product of the program itself or of particular components of the program. Altier and Kresk (2006), for example, found communication and constructive feedback from the preceptors and educators helped the new graduate nurses develop mutually respectful relationships with other members of the healthcare team and to expand their skills in the nurturing environment.

Moreover, in a study by Komaratat and Oumtanee (2009), nursing interns reported having developed better relationships with their coworkers and patients, as well as having improved their communication skills because of the assistance they received from their preceptors. Herdrich and Lindsay (2006) reported that participants of a nursing graduate residency program not only improved in terms of their communication with other practitioners, but that the communication skills taught during the program enhanced the nursing graduates’ socialization into their organizational relationships. These findings reinforce the importance of new nurses mastering the art of communication, which can be accomplished through a new graduate residency program.

**Reality Shock**

Reality shock can occur when a new employee’s expectations differ significantly from what the employee experiences upon entering the organization (Dean, 1983; Kramer, 1985), such as the professional acculturation from nursing student to nursing professional (Martin & Wilson, 2011). Kramer (1974) first discussed reality shock as a way of describing the detachment new graduates experience between what they thought their new role would be versus the reality of the role in the professional workplace. Kramer’s theory focused on the socialization of new nurse graduates and described four stages that the new graduates encounter as they transition into their
professional nursing roles. These stages were named the honeymoon, shock, recovery, and resolution stages.

The authors of a 2011 report followed 468 new graduates in 20 Magnet hospitals within the United States through their first year of transition into practice, specifically looking at the impact healthy work environments play in reducing reality shock. Data was collected using the Essentials of Magnetism II questionnaire, completed by the new graduates at 4, 8, and 12-months post-hire. A healthy work environment was the single most significant variable affecting the new graduates’ transition into practice. As the preceptor models used among the 20 hospitals involved in this study had not been standardized, the new graduates’ experiences with preceptors were not discussed in any detail (Kramer, Maguire, & Brewer 2011).

Sin, Kwon, and Kim (2014) analyzed self-report questionnaire data from 26 new graduates in Korea on factors influencing reality shock. Making improvements in the work environment, allowing new graduates to request days off, and self-scheduling were all contributing factors that would assist to lessen reality shock for these nurses. Two other studies (Cantrell, Browne, & Lupinacci, 2005; Starr & Conley, 2006) give support to the use of residency programs as a transitional tool to assist in lessening the effects of new graduates’ reality shock.

Newton and McKenna (2007) utilized focus groups in their qualitative study, exploring how new graduates developed nursing skills and to identify any facilitating or hindering factors. Twenty-six nurses from Victoria, Australia, participated in the study. The authors concluded that despite efforts by nursing schools, they could do little to reduce the effect of reality shock for new graduates as they entered the workforce. A later study by Hinton & Chirgwin (2010) of Indigenous Australian nurses between 2006 and 2008 (a specific number was not reported)
reporting that a nursing curriculum focusing on incorporating maximum clinical practice hours provided a solution to reducing much of the reality shock experienced by new graduate nurses.

**Burnout**

Burnout, characterized by emotional exhaustion, is discussed in the literature pertaining to job satisfaction and may contribute to an individual’s intention to leave an organization, and lead to emotional exhaustion, frustration, and fatigue (Kristensen, Borritz, Villadsen, & Christensen, 2005; Spence Laschinger, Grau, Finegan, & Wilk, 2010; Talas, Semra, & Selma, 2011). These same emotions have been reported among new graduate nurses in hospital settings (Spence Laschinger et al., 2010).

Burnout has long been studied among the nursing population. Gandi, Wai, Karick, and Dagona (2011) define burnout as:

Sustained response to the chronic work stress comprised of three components: the experience of being emotionally exhausted, negative feelings and attitudes towards the recipients of the service (depersonalization), and feelings of low accomplishment and/or professional failure (lack of personal accomplishment). Burnout is a prolonged response to chronic emotional and interpersonal stressors that an employee encounters in the context of a job. (p. 183)

Burnout can also be defined as a syndrome comprising two core aspects: exhaustion and disengagement (Beckstead, 2002; Leiter & Maslach, 2009; Rudman & Gustavsson, 2011). Poghosyan, Clarke, Finlayson, and Aiken (2010) reported that burnout was on the rise across six countries and negatively affected patient care.

The social climate of the workplace also contributes to burnout. An incongruity between the employee’s expectations and the extent to which the workplace is meeting these expectations
creates a disconnect that can initiate the burnout process. Examples of expectations include workload, control, reward, fairness, values, and social support within the workplace (Fearson & Nicol, 2011). Garrett and McDaniel (2001) sought to explain the correlation between burnout and social climate, finding that the social climate affected the behavior, feelings, and growth of nurses. The social climate may also affect the individual’s morale, sense of well-being, aspirations of growth, self-understanding, and impulse control. The investigators stated that coping could be negatively affected by perceptions about social climate, leading to emotional withdrawal and burnout. Once a nurse becomes withdrawn and dissatisfied with their work environment, their intention to leave skyrockets and is directly related to cynicism, a component of burnout (Leiter & Maslach, 2009).

Kristensen et al. (2005) conducted a survey of 1,914 employees, including nurses, across seven workplaces to determine changes in burnout perceptions. The investigators utilized Spearman rank correlation and regression analysis to analyze their data, finding that reported levels of burnout changed substantially over time. Subjects reported both physical and emotional exhaustion in the workplace. Other issues reported by participants included sleep related issues (25%) and the weekly use of painkillers (26%). The Burnout Assessment Tool, developed by the investigators, has been used in multiple studies to assess burnout as a general concept.

Regardless of the place of employment, younger nurses suffer from a higher rate of burnout than their older counterparts (Gillespie & Melby, 2003; Ilhan et al., 2007). Younger nurses face an initial shock when confronted with the realities of the job (Ilhan et al., 2007), and lack adequate coping mechanisms due to their young age and lack of experience (Spence Laschinger, Wilk, Cho, & Greco, 2009), resulting in 66% of new graduates experiencing symptoms of burnout in one particular study (Cho, Lashinger, & Wong, 2006). The transition
from student to professional has been linked with decreased confidence and low self-esteem (Smith, Andrusyszyn, & Spence Laschinger, 2010). Role stress also has been linked with burnout due to a lack of clear and consistent information about the role and conflicting expectations (Chang, Hancock, Johnson, Daly, & Jackson, 2005; Rella et al., 2008) along with lack of support and work overload (Chang & Hancock, 2003). Due to differences in age and experience, new graduate nurses can be anticipated to experience increased burnout and have different needs than more experienced nurses.

Depersonalization is another symptom of burnout. The characteristics of depersonalization include distancing oneself or withdrawing from a stressful situation as a coping mechanism (Kristensen et al., 2005; Faller & Gates, 2011). By distancing, the nurse still delivers care, but they do not engage with the emotional aspects of caring for the patient (Pich, Hazelton, Suden, & Kable, 2010). By utilizing depersonalization as a coping mechanism, the nurse eventually becomes burned-out and leaves the organization (Faller & Gates, 2011).

Rudman and Gustavsson (2011) studied burnout trajectories among new graduate nurses and found that during the first three years of practice, every fifth nurse was suffering from burn out.

Burnout develops due to prolonged, stressful situations in the workplace. Stressful events for a new nurse may differ greatly from what more experienced nurses describe as taxing. The latter precisely describes the reason why the new graduate nurse population desperately needs to be examined in a different light. With the increased complexity of care and ongoing changes in health care, burnout will continue to increase if major interventions are not implemented. Experienced nurses who experience burnout themselves, undoubtedly, contribute to the burnout of new graduate nurses, resulting in a negative continuum (Rudman & Gustavsson, 2011).
The topic of burnout among new graduate nurses has not gained interest until recently, therefore researchers are still investigating the factors that contribute to burnout. Rudman and Gustavsson (2012) examined correlations among nursing students through their first three years of practice. The researchers found that burnout increased from 30% to 41% across three years. Emotional exhaustion was prevalent due to feeling unprepared when asked to use their nursing skills, and frustration due to the lack of research utilization (using evidence-based practices learned in school) during the first year of practice. These feelings continued throughout the first three years of practice and were most intense during the second year and led to increased intentions to leave the profession all together (Rudman & Gustavsson, 2011).

Summary

As seen in the literature, it is vitally important to understand the issues new graduate nurses face as they make the transition from academic to professional roles in order to keep retention high. A wide variety of studies, utilizing various methodologies and research styles that have examined the needs of the new graduate, with an emphasis on formal residency programs and preceptorships have been conducted. The literature reveals that structured new graduate residency programs and preceptor-based teaching approaches demonstrate improved self and/or preceptor/manager reported competency, critical thinking, and clinical skill acquisition among new graduate nurses. The literature suggests that an effective preceptorship program is a vital component of new graduates’ orientation process; consequently, implementing similar preceptor training programs is highly recommended. Such measures would not only benefit the new graduate, but also prove to be a cost saving measure for the hospital with respect to staff retention, and most importantly, lead to improvements in the quality of patient care and safety.
Chapter Three: Research Design

Chapter three introduces the research design and rational for the use of phenomenology. This chapter provides a basic overview of phenomenology and phenomenological approaches to data collection and analysis. Some of the main theorists contributing to the development of this research paradigm will also be discussed. Examples of phenomenological research will be offered in relation to new nurses as they make the transition from academia to the professional field in regards to their experience with preceptors. This chapter also includes a discussion of the research participants, including recruitment and access; data collection and storage; data analysis and coding approaches; and the steps taken to insure the trustworthiness of the study.

This phenomenological qualitative research study explored and evaluated new graduate registered nurses’ lived experiences with preceptors during the orientation period of a new graduate nurse residency program. This was achieved by isolating the actions and behaviors of preceptors through verbal descriptions and perceptions offered by the new graduates. From this, the traits and techniques utilized by highly effective preceptors when instructing new graduate nurses were identified. As stated in the first chapter, the following question was used to guide this study: *How do new graduate registered nurses’ describe their experiences with preceptors during the course of the new graduate nurse residency program?*

Research Design

The qualitative method of phenomenology was chosen because it allows for rich and detailed descriptions of the subjects’ lived experiences, as told from their perspectives. According to Creswell (2013), the phenomenological researcher identifies the themes that emerge from the data to better understand the specific issues the population under scrutiny is experiencing. Polit and Beck (2008) described the goal of phenomenology was to depict the
meaning of individuals’ life experiences. Additionally, the phenomenological method can be used as the basis for developing practical theory, as well as supporting or challenging current policy (Ogiri Itotenaan, Samy, & Brampton, 2014).

Fitzpatrick and Wallace (2006) described phenomenology as both a research method and philosophical movement, with meaning bridging the relationship between the individual and the world in which they live. One of the main principles of phenomenology is the concept of intentionality, that humans are inseparably connected to the world in which they live (Dowling, 2005). Phenomenology attempts to aggregate individuals’ experiences with a phenomenon into a collective essence that describes the nature of the experience (Creswell, 2013). Phenomenology helps the researcher to begin to understand what it means for the participant to have a particular experience (Creswell, 2013; Polit & Beck, 2008).

**Research Tradition**

Edmund Husserl (1859–1938), mathematician and philosopher, is considered the founding father of phenomenological research (Smith, 2007). The word phenomenon is derived from the Greek *phaenesthai*, which means “to show itself” or “to appear” (Moustakas, 1994). Husserl studied the ways in which individuals interpreted their experiences through their senses and processed these interpretations into their daily life. Husserl focused on the individual sense-making process to gain a better understanding of the meaning of the experience. Husserl’s student, Martin Heidegger (1889–1976), took a different approach and focused on how the individual interprets events (i.e., modes of being) and the various meanings attributed to interactions with the world (Laverty, 2003). Assuming existential autonomy, Heidegger explored the individual’s lived experience, arguing that this should take precedence over understanding the world because the lived experience actually existed (Porter
Husserl and Heidegger looked at focusing on the perceptions of participants, trying to gain a better understanding of their interpretation of the subject matter. From there, phenomenology expanded and branched off into different methods of data collection, including descriptive, interpretative, and hermeneutic, as researchers and philosophers tried to gain a better understanding of the individual and how they interpreted the world around them.

Jean-Paul Sartre (1905–1980) and Maurice Merleau-Ponty (1908–1961) followed closely with their definitions and thoughts on phenomenology. Sartre proposed that consciousness involved being aware of objects and that just being there was the root of phenomenology (Laverty, 2003). Borrowing from the field of psychology, Merleau-Ponty further defined the emergent field of phenomenology by incorporating ideas about how the individual’s own body and its significance in our activities affects experiences in the moment (van Manen, 2014). Despite slight variations in themes, these early pioneers based their practice on the idea of knowledge and consciousness, on what the individual experienced, and how the individual processed and expressed that experience.

The phenomenology of van Manen. The aim of phenomenological research is to establish a rekindled connection with the original experience and to transform the lived experience into a textual representation. Thus, van Manen’s (1990) hermeneutic phenomenological approach, which is a blend of Husserl’s descriptive and Heidegger’s interpretive traditions (Cohen & Omery, 1994; Dowling, 2005), was used in this study to answer the research question. This approach enabled a greater understanding of the actual lived experiences of the participants. The lived experience, according to van Manen (1990), is the alpha and the omega of phenomenological research, and can only be reflected on as past
experiences due to their chronological characteristics. Scholarship, according to van Manen, is a fundamental element of human science research. Scholarship is at the heart of phenomenology because no universally agreed upon method of conducting phenomenological research exists, it must be explored and found.

Van Manen’s work is particularly useful as a framework for this research because the meanings and experiences are unique to the individual participants. Van Manen’s approach is intended to give structure to inquisitiveness. According to van Manen (1990), phenomenological research is “the study of essences; and the description of the experiential meanings as we live them” (p. 9). Van Manen described the lived experience as being reflective of past presence, positing that the lived experience can never be grasped in its immediate manifestation. In simpler terms, our experiences of the present are the sum of our recollection of past experiences, which invariably have some degree of temporal disparity between experience and processing. Phenomenology is well suited to the exploration of the new graduates’ experiences with preceptors and describing how these experiences are interpreted, understood, contextualized, and applied in practice. Phenomenological inquiry supports the acquisition of new knowledge and developing an understanding of the lived transitions experienced by new nurses (Creswell, 2013). Participants in this study were asked to reflect upon and describe their experiences through the medium of the spoken word, via a semi-structured open-ended audiotaped interview, the results of which were transcribed and coded.

The new graduates’ experiences and their significances were identified within the analysis of the transcripts. Through interpretation and deeper analysis of the transcripts the essence of the phenomenon, or what is known as phenomenological text, was identified.
Phenomenological text, as described by van Manen (1990), is descriptive in the sense it names something, “and in the naming it points to and lets something show itself” (p. 26).

**Application to research.** Nursing is concerned with helping patients heal and this is achieved, in part, through the skills in understanding one’s patients, being insightful, and empathizing with them. Nursing recognizes the validity and uniqueness of individuals’ experiences and supports them in exercising control over their own health care (Erickson, Tomlin, & Swain, 2008; Roy & Andrews, 2008). Phenomenology, like nursing, considers the person as a whole, including their experiences. Nurses are taught to respect individuals, to listen to them and believe them, to be good listeners, and to empathize and to create rapport, often in a short period of time. These valuable skills make nurses excellent participants for researchers conducting phenomenology studies, as they are trained to observe both the objective and the subjective, and to use these observations to make informed decisions.

Colleen-Delany (2003) conducted a phenomenological study of ten new graduate nurses to better understand the lived experiences of the participants in relation to their orientation process. Using audiotaped interviews, the participants disclosed the skills of the preceptor, both technical and nontechnical, significantly affected their perceptions and progress through the orientation process. The new graduates also mentioned support groups, supportive mentors and managers as well as journaling provided additional support. The most surprising finding of the study was the unpreparedness of the new graduates for death and dying. This study was limited, as most phenomenological studies are, as it was only ten new graduates at one hospital, and the specificity of the results makes replication of the outcomes difficult.

Zinsmeister & Schafer, 2009, conducted a phenomenological study with nine new
graduates and found that providing a positive work environment played a key role in maintaining the professional commitment of these nurses. The researchers identified five themes that assisted the new graduates’ transition experience, including: (a) the need for a supportive work environment; (b) participating in a comprehensive orientation process; (c) providing a positive preceptor experience; (d) modeling a sense of professionalism; and (e) providing clarity in role expectations. By gaining insight into the transition period of graduate nurses, health care organizations can develop strategies to support the entire nursing workforce.

The tradition of phenomenology, and specifically van Manen’s work, is particularly useful as a framework for this research because the meanings and experiences are unique to the individual participants. By taking this approach, this study is based on a paradigm of personal knowledge and subjectivity, thus emphasizing the importance of the participants’ personal perspectives and interpretations of the event. These perspectives and interpretations are an essential element for the researcher, as they assist in understanding and gaining insight into the participant’s experience. By doing so the researcher can challenge normative assumptions that may exist pertaining to the experience, and bring to the surface issues that may not be discovered through other research methods. This study utilized phenomenology to assist in discovering the experiences new graduate registered nurses had with their preceptors. The results can assist future preceptors when training new graduates, confirm the benefits of the nurse residency program, help retain competent nurses within the profession, and most importantly, improve patient safety.
The Participants

This study used a purposive sampling method, which means the researcher selected cases most likely to benefit the study (Polit & Beck, 2008). A homogenous sampling strategy was used to limit variation and focus the inquiry on the phenomenon being studied (Polit & Beck, 2008). The guiding principle of sample size is that participants must have experienced the phenomenon and must be able to articulate their experience (Polit & Beck, 2008). The sampling method selected new graduate nurses who had completed working with a preceptor during the new graduate nurse orientation program, since this was the phenomenon of interest.

The participants in this study were new graduate registered nurses employed by Salem Health and who met the criteria of having successfully completed the preceptor portion of the new graduate residency program at Salem Health between February 2015 and November 2015. Candidates were also required for inclusion to have 6-14 months of independent work experience by the time of the interviews. Participants were considered to be new graduates if they graduated from an accredited nursing school within 12 months prior to employment. There was no exclusion based on the school the participants graduated from, or if it was from a two-year (associate’s degree) or four-year (bachelor’s degree) program.

Participants were excluded if they were not enrolled in the new graduate orientation program during the above mentioned dates, such as nurses hired at Salem Health who came with experience from another hospital, yet still worked with a preceptor during an orientation period. Other exclusions included nurses who transferred from one unit to another and required working with a preceptor for orientation purposes, and nurses who were hired by the hospital from a different health care setting, such as home health or a medical clinic, who also required orientation with a preceptor.
Table 3
Demographic Make-up of Participants

<table>
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<tr>
<th>Participants</th>
<th>Age</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Education Level</th>
</tr>
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<td>ADN</td>
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<td>P3</td>
<td>23</td>
<td>F</td>
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<td>BSN</td>
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<tr>
<td>P4</td>
<td>35</td>
<td>F</td>
<td>Caucasian</td>
<td>ADN</td>
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Recruitment and Access

Northeastern University and Salem Health’s institutional review board gave their prior approval for this study (Appendixes A and B). The researcher developed a questionnaire for the collection of initial demographic data and an interview guide that was used in this study (Appendix C). Volunteer participants gave verbal consent to being part of the research study after reviewing the nature, the procedure, the risks and benefits, and confidentiality aspects of the study with the researcher and before the audiotaped interview.

A general e-mail asking for volunteers for this study was sent to 123 individuals who met the above criteria. Using records kept by the Salem Health Clinical Education Department, who oversee the new graduate residency program, a list of potential participants was generated. Twenty-seven individuals responded to the general e-mail, with nine declining to be interviewed, and eighteen who volunteered for this research project. These eighteen people were assigned a number-coded identity, which was entered into an Excel spreadsheet. By using the randomization function, a sample of ten participants was selected with two alternates.
Data Collection

According to Creswell (2013), the semi-structured interview is the most appropriate data collection method to achieve data validity and reliability. The interview includes direct contact between the researcher and the participants and is a commonly accepted research protocol to generate abundant data from the transcribed responses (Denscomb, 2014; DiCicco-Bloom & Crabtree, 2006; McLellan, MacQueen, & Neidig, 2003; Turner, 2010). A semi-structured interview is appropriate for data collection in this study because it elicits responses that are representative of an interpretive relationship between the phenomenon and the experiences of the new graduate nurses (Denscomb, 2014; McLellan et al., 2003).

Questions developed for the semi-structured interview were guided by the research question, which elicited detailed descriptions of the new graduates’ experiences with their preceptor. Semi-structured interviews gave the researcher more flexibility to expand upon the pre-established questions, guiding the participants to provide richer and more descriptive details (Creswell, 2013; Denscomb, 2014; Rubin & Rubin, 2012).

Prior to the study, the questions were piloted with two registered nurses at Salem Health, who had completed the new graduate residency program and had been working on their own for two years. A list of those nurses who met this criterion was generated from the Clinical Education Department. A general email was sent out to 82 nurses asking for volunteers. Sixteen responded and their names were entered into an Excel spreadsheet. By using the randomization function, two nurses were selected and one alternate. The two selected nurses agreed to participate in an informal interview in order for the researcher to make any adjustments needed to the interview questions.

The participants were asked to participate in one 60-90 minute audiotaped interview.
with the researcher. Thirty minutes were set aside before the interview for discussion of the nature and purpose of the project, for the participant to give verbal consent, and for the researcher to answer any questions the participant might have about the study. The interviews were conducted between June 30, 2016 and July 30, 2016.

Six of the interviews were conducted at Chemeketa Community College’s library in a private room and four were conducted at Salem, Oregon’s public library, also in a private room. The interviews were not conducted at the researcher’s office or on Salem Health property to avoid any appearance of coercion. The interviews were conducted during participants’ non-working hours from Salem Health. The interviews were audiotaped on the researcher’s password-protected laptop using the QuickTime 10 player application. A test of the application was conducted before each interview and the researcher, in case of application failure, took written notes. Notes were also used to assist in capturing the reflection and tone of the participants (Rubin & Rubin, 2012).

Each interview lasted 45–90 minutes, depending upon the amount of information the participant wished to share and if any clarifying questions were asked. Each interview was then transcribed into a Word document, printed, and reviewed within 72 hours. By continually reviewing each transcript, referring back to the research question, and understanding the participants’ words through exhaustive descriptions, rich details about the new graduates’ clinical experiences and answers to the guiding interview questions evolved (Miles, Huberman, & Saldaña, 2014; Richards, 2015; Saldaña, 2013).

Creswell (2013) recommended participants be given the opportunity to review and discuss the findings from their own data to regulate the accuracy of the findings. The participants were contacted via e-mail directly within 24 hours after the transcriptions were
completed to see if they wanted to make any modifications to their transcripts. Thus, the participants were allowed to review the accuracy of their interview transcripts with the researcher. This allowed the participant to clarify any questions they might have or make any revisions to their transcripts to more accurately reflect their responses. Four of the ten made minor corrections to their transcripts by adding clarifying comments, which did not change the meaning of the descriptive text. One did not respond to the e-mail, while the other five did not have any changes to make.

**Data Storage**

Transcribed data, as well as hand-written notes, were kept in a binder separated by the pre-assigned numerical identifier to aid in organization prior to analysis. The identities of the participants were only stored based on their numerical identifier rather than their names to protect participant anonymity. These files were kept on a separate Excel spreadsheet on a password-protected computer in the researcher’s home office. These pseudonyms were used on the audiotapes and transcriptions, thus no participant identifiers were used. Prior to coding, the audiotapes were kept on the researcher’s password-protected computer, which only the researcher had access, and all printed data was secured in a locked cabinet in the researcher’s home office. After coding, the audiotapes were erased and all printed transcripts and handwritten notes were shredded. To also assist in the protection of participant’s confidentiality, all email correspondence between the participants and the researcher was deleted at the conclusion of the study.

**Data Analysis**

Data collection and analysis are simultaneous activities in qualitative research, which leads to the refinement of the questions and results in deeper responses (Flick, 2014). The
interview questions were designed to explore the perceptions of the new nurse graduates’ clinical preceptorship experiences. Van Manen’s (1990) approach was used to uncover themes and sub-themes in the participants’ interviews. Van Manen proposed three techniques to uncover phenomenological themes. The first approach is to evaluate the interview as a whole, identify the overall meaning of the interview, and reduce it to one sentence. Also known as the sententious approach, the researcher attempts to summarize the entire interview in a sentence. The second approach proposed by van Manen (1990) is the selective or highlighting approach. With this approach, the researcher attempts to identify particular sentences in the interview transcript that illuminate the nature of the experience. The third approach involves a detailed line-by-line analysis of the entire interview, each word being scrutinized for recurring themes and ideas.

Once the themes are uncovered, they need to be isolated and broken down into subsequent sub-themes. Van Manen (1997) maintained that themes could be isolated in several ways. The first way of isolating themes, the detailed reading approach, has the researcher asking, “What does this sentence, or sentence cluster, reveal about the phenomenon or experience being described?” By reading and re-reading the transcripts, and identifying key words, phrases, or concepts that appear in particular sentences or groups of sentences, the researcher can then cluster these together as part of the first method of analysis.

The second stage of analysis, which asks what is essential or revealed in the text, is the selective approach. Here the researcher discovers which statements were most revealing about the phenomenon in question. These statements were then highlighted, grouped in clusters, and tabulated. Finally, the holistic approach, which asks what phrases or one sentence captures the meaning of the text, was employed a number of times. It involved stepping back and looking at
the text again as a whole, asking which notable phrase(s) captures the fundamental meaning of the text?

Using van Manen’s approaches as discussed above, the researcher organized the data by first conducting open coding, by collecting significant statements from the transcripts and grouping them into larger units or themes. The researcher was able to begin identifying patterns and themes by further grouping textual and structural descriptions of the participants’ experiences, along with writing composite descriptions to convey the overall essence of ‘what’ and ‘how’ the participants experienced the phenomenon. All transcripts were examined for patterns and themes derived from the lived experiences of the new graduate’s nurse/preceptor relationship, such as commonly used phrases, quotes, or concepts to ensure that themes were identified, noted, and reflected the essence of the new graduates’ tone, ideas, and meaning of their preceptor experiences (Miles, Huberman, & Saldaña, 2014; Richards, 2015; Saldaña, 2013).

The data was subsequently reorganized into new categories and recoded utilizing the concept of axial coding, identifying a core category and related categories (Saldaña, 2013). The process of identifying similar categories was repeated with each of the ten interview transcripts. Common key words and concepts identified between the transcripts were then grouped together. Common descriptive words were integrated into these new categories. To ensure that the themes did not overlap, the meaning of each theme was clarified through the use of new graduate quotes, phrases, and common descriptive words. These words were integrated into new themes, and then reduced further into five main themes, which still provided a rich description of the participant’s experiences.

Guided by the conceptual framework, themes consistent with Benner’s (1984) nursing theory were discovered and were commonly described within the new graduate’s preceptorship
clinical experience (i.e., being a novice nurse): “I know I was a new nurse walking in the door,” “You could tell I was a newbie,” “I felt like I was starting from scratch,” “There were times I felt I didn’t know anything,” and “There was so much to learn, I didn’t know where to start.”

Trustworthiness

The potential for researcher bias and reactivity existed throughout this study, as the researcher had first-hand experience with the subject. The researcher was a preceptor at Salem Health for eight years prior to the interviews and was part of the original team that developed the new graduate nurse orientation program. The researcher addressed these potential threats to validly in a number of ways. The researcher no longer was a preceptor at Salem Health for two years prior to the interviews, thus the researcher had no previous contact with the participants. The researcher also has not been actively involved with the new graduate nurse residency program at Salem Health for three years prior to the interviews.

Trust was established between participants and the researcher, along with veracity of the data, through triangulation, reflexivity, and prolonged engagement with the data (Creswell, 2013; Shenton, 2004). Triangulation is a technique that facilitates data validation through cross checking of multiple data sources (Creswell, 2013; Marshall & Rossman, 2011). In this phenomenological study, the investigator used triangulation via data sources (van Manen, 1990) to enhance the credibility and dependability of the research findings. Individual participants’ viewpoints and experiences were verified against each other and, ultimately, a rich picture of the participants’ experiences were constructed. Multiple data sources were used in the study to support the findings.

Through triangulation, the researcher combined theories, methods, and data sources to lend credence to the subject matter under observation (Creswell, 2013). Prolonged engagement
with the data kept the text and responses of the survey in the forefront of the researcher’s mind, reminding the researcher of the purpose of the study (Shenton, 2004). This process included staying focused on the research study question to order to decrease the chances of diverging down a different path (Kawulich, 2005).

To further ground validity and trustworthiness, reflexivity was utilized as a method to self-examine and discover the researcher’s own experiences and biases. Reflexivity emphasizes the importance of self-awareness, the political and cultural consciousness surrounding the research, and the realization of one’s own biases. According to van Manen (1990), a researcher knowing too much about the phenomena being studied can pose a problem in phenomenological studies. Van Manen (1990) recommended making explicit one’s understandings, beliefs, biases, and assumptions instead of forgetting “what we know” (p. 47).

Reflexivity involves continuous self-questioning and self-understanding throughout the research process (Creswell, 2013). Throughout the study, the researcher took his own awareness, assumptions, biases, and reflections into account by keeping a weekly journal that described the authenticity of these perspectives. Reflexivity provided an opportunity for the researcher to renew contact with his own experience of transition to support structural and thematic analysis aspects of this sample’s transitional experiences (see Appendix E for examples of field notes).

Using van Manen’s (1997) method, the researcher maintained focus on the research question and accurately reported the participants’ lived experiences. Lincoln and Guba (1985) defined trustworthy research as having truth, value, consistency, applicability and neutrality. To achieve trustworthiness, the researcher read and re-read every transcript multiple times to identify consistent and applicable themes that revealed the truth of the participants’ lived experiences. Prolonged engagement with the text invokes trustworthiness and validity and
allows the essence of the participant’s experiences to come out. After multiple readings, the verbatim texts were copied into a Microsoft Word document, then analyzed and coded. The text was then categorized, synthesized and further reduced into subthemes and major themes. The results were then compared to past literature regarding the experiences of new graduate nurses’ interactions with preceptors.

**Summary**

This chapter gave a detailed description of the methodology used to investigate the nature and types of issues new-graduate nurses face as they transition from an academic program into the profession, and how the preceptor can assist in this transition. The study was guided by the following research question: *How do new graduate registered nurses’ describe their experiences with preceptors during the orientation period of the new graduate nurse residency program?*

The study utilized a qualitative, hermeneutic phenomenology research design, using van Manen’s multi-step data analysis approach. The ten study participants were selected without bias using both a purposeful sampling and random selection methods. Data collection was gathered by informal, semi-structured interviews consisting of six main questions, with some clarifying sub-questions as needed. These questions guided the participants to reflect on their experiences with preceptors.

The researcher utilized multiple strategies to guarantee trustworthiness and validity. These included triangulation, reflexivity, and prolonged engagement with the data. The researcher was also aware of the potential for researcher bias and reactivity. By identifying and addressing these potential threats to the study, these issues were kept at a minimum and did not bias the research. The following chapter presents the findings that emerged from the semi-structured interviews.
Chapter Four: Results and Findings

This chapter introduces the findings that emerged from data collection as described in the previous chapter. The purpose of this phenomenological qualitative research study was to explore and evaluate new graduate registered nurses’ lived experiences with preceptors during the orientation period of a new graduate nurse residency program. Van Manen’s hermeneutic phenomenological method was used to describe and interpret the nurses’ experiences in an attempt to identify themes and assign meaning to the themes. The study was guided by the following research question: *How do new graduate registered nurses’ describe their experiences with preceptors during the course of the new graduate nurse residency program?*

This chapter describes and discusses the research results and findings. The results provided insight to the central research question and provided further understanding of new graduate nurses’ perspectives of their preceptorship clinical experiences. Findings were supported by sound examples from the data generated by the sample.

From the axial cycles of coding five themes emerged from the data and the meaning of each theme was clarified through use of participants’ quotes and phrases. Common descriptive words were further integrated into the five themes to ensure no overlap. These themes include: communication/trust; manager support, confidence improvement; role model/socialization; and developing technical skills. Each of the five themes is discussed in detail in the following sections.

**Emergent Themes**

**Theme One: Communication and Trust**

The foremost theme was the importance of communication and trust between the new graduate and the preceptor. All of the participants described or identified this as the most
significant component of the whole preceptorship clinical experience. The theme
communication and trust is defined for the purpose of this study as interactions between the
new graduate and the preceptor established within the clinical setting. This interactive
experience between the new graduate nurse and the preceptor may promote variable degrees of
bonding, reliance, and empathy.

During the interviews, “open communication” was discussed by all ten of the
participants. When asked to explain or described further Participants 1 and 9 talked about
being able to “discuss all sorts of things” and “review the day and how it as going to look.” as
well as “what complications the patients could have.” Participants 2, 7, and 10 discussed how
“open communication” assisted them to “get through the day” in a “more relaxed” manner and
to have a more “positive experience.” Participants 4, 5, and 8 reflected on the “positive
communication” between themselves and their preceptor, as they felt “safe” in going to their
preceptor with “questions” and “concerns” about their patients. Participants 3 and 6
commented on feeling “secure” in knowing they could “discuss anything” with their preceptor,
and being able to “reflect” on the days assignment. This communication between the new
graduate and the preceptor is a vital part of learning as it assists the new graduate in developing
self-confidence, building trust between the new graduate and the preceptor, and leads to better
patient care.

The preceptor-preceptee relationship was crucial during the orientation period as it was
associated with “support,” “trust,” “respect,” and “acceptance.” Participants described the base
of their relationship with their preceptor as one built on trust, with eight of the participants
using the word “trust,” “trustworthiness,” or “trusting” when further illustrating the
relationship. The participants also shared if they had not been able to trust their preceptor then
it impacted how they trusted themselves. Participant 4 summed it up by stating, “If I couldn’t trust her, then how could I begin to trust myself.”

Participant 1 shared that her preceptor had an “intense personality” and that she “liked that feel of a relationship.” Participant 1 also shared that “If the trust wouldn’t have been there I would have left.” Participant 2 stated that she and her preceptor discussed “ground rules” which “was really helpful to establish a good start” and in doing so they “were able to work really well together and trust each other.” Participant 3 disclosed how she felt her preceptor had an “intense personality” and was “kind of blunt.” She went on to say this was a “Helpful challenge to me because it made me have to be on my game all the time.”

Participant 4 shared as she is an “assertive enough person” she and her preceptor were able to set “some boundaries” that they both agreed on, which was how “a mutual trust was developed.” Overall Participant 4 felt that this worked “really well” during the clinical experience.” Participant 5 stated she was “Fairly competent going in (working with a preceptor)” as well as knew if she “got to the point where I needed help, that I really needed help” and her preceptor would be there to “support” her. In doing so Participant 5 and her preceptor had a “really trusting relationship that way” and “she wasn’t going to leave me high and dry if I got to the point where I needed assistance.”

Participant 6 started off by say he and his preceptor had “a good relationship.” This was based on the fact that Participant 6 knew his preceptor from previous clinical experience during nursing school. Even though he had previous involvement with his preceptor he felt “as time went on we were able to trust each other and work better together.” For Participant 6 this was particularly helpful when he started “taking the whole group (patient assignment)” yet, his preceptor “was there for me” when he needed assistance.
Participant 7 described a very different experience working with her preceptor then the first six. She discovered she and her preceptor had “very different personalities” and “could tell from day one that it wasn’t going to work out.” She and her preceptor were able to discuss their differences and talk to the manger about how this was not a good fit. Participant 7 was able to be assigned a new preceptor and she described this new relationship as one that “really worked well together and I had a great experience.” Participant 7 expressed her gratitude to her original preceptor in that “we had a problem” and they were “able to fix it.” Now that she is working on her own, Participant 7 stated of her original preceptor that “now we work well together on the unit … yeah, I would say I could trust him.”

“We sat down and got to know each other before we started working,” was how Participant 8 described her relationship with her preceptor. “It was good to get to know my preceptor as a person” as this “helped when we had issues and had to figure out how to work them out.” Participant 8 shared there were a “few times” when “difference of opinions” could get “in the way,” but it “never affected patient care” and “we were always able to talk it out.” Participant 9’s comments echoed those of Participant 8’s, in that she felt “getting to know my preceptor right off the bat” and discovering “we were a good match” assisted in a more “trusting and open” preceptor experience.

Participant 10 had the same experience as Participant 7, in that she did not “get along” with her preceptor. It was not until week two that she was able to switch to a different preceptor. She shared most of the concern was in “communication” as the preceptor “didn’t want to tell me anything…she just wanted to do it all.” After she had a new preceptor, Participant 10 shared the insight, “I think it would be beneficial if they (managers) maybe had a way of looking at
personality type things, because I think that because we were a good match, it made the preceptorship more successful.”

One additional area the participants commented on, pertaining to communication, was learning to communicate with physicians. Participants remarked they had difficulty in talking with physicians, especially when the need arose to inform the physician about a patient’s condition. Participant 3 stated she felt “unorganized” and “scared” when she needed to call the physician. Participant 5, 7, and 9 who felt “very nervous” and “afraid” they would give the wrong information or have the physician “yell” or “scream” at them endorsed these feelings. Participant 6 also shared he would “start to shake” whenever he had to call the physician.

In reflecting back on their experiences all the participants who discussed concerns in communicating with the physician stated their preceptor “helped” them develop a “script” in order to follow when calling the physician. “This was very helpful” and “really helped reduce my anxiety,” was how Participant 5 described working on a script with her preceptor. Participant 1 and 6 shared their preceptor had them “practice” what they were going to say before they called and they found this “reassuring” and “less stressful” when they did make the actual call. “I feel more confident now” and can be “an advocate for my patients” Participant 1 summarized her experience in working with her preceptor communication.

The trusting relationships between the new graduate and preceptor were integral in all the interviews with the participants. During the course of the interviews the participants exhibited body language that conveyed feelings that expressed the importance of the relationship and the experience. The researcher noted the participants posture changed when talking about their experience. Participants sat upright and talked with livelier tones in their voice and had smiles on their faces. Overall the preceptor role was highly regarded in the interviews with the new
graduates. It became clear that for the majority of the participants, this relationship and the building of communication and trust were of utmost importance as they journeyed into the new profession.

Some participants felt they had a better experience than others, especially if there was more than one new graduate on the unit and they could compare experiences and support each other. The participants placed particular emphasis on “positive” and “transparent” relationships with their preceptors during orientation. The bonds created in the preceptor-preceptee relationships over time fostered mutual trust between the new graduate nurse and their preceptor.

**Theme Two: Manager Support**

The second theme, support from the unit manager, was discussed by nine of the ten participants as being “important” and “essential” in their orientation period. Participants used words such as “very supportive” and “made me feel welcome” to describe their respective managers. Participants also described their managers as having a “positive attitude,” and being “very nice” and “receptive” towards the participants. The participants also appreciated the managers who went “out of their way to check in on me” and to “make sure I was doing all right.”

Participants shared their appreciation for having nurse managers available for questions or “just to talk.” They described their managers as “awesome,” “went out of their way to make me feel welcome,” “was always there for me,” and “she never had a bad word to say.” This assisted in reducing the anxiety the participants were feeling as they started with preceptors. “Just knowing someone was there who had my back took a lot of stress off,” stated Participant 1. “I felt less stress seeing the manager on a daily basis … it made her seem more human,” shared
Participant 6 and Participant 9 felt “more comfortable talking to her (manager) since she was checking in with me.”

The theme “management support” is defined as caring, nurturing and advocating behaviors from the individual managers on the units where the new graduates were working, and for the new graduates is of substantial importance as they transition into the professional nursing role. Participants in the study spoke of “caring” and “nurturing managers” as support systems during their orientation time. Participant 2 shared the example of how she “had this complex wound” and she “couldn’t even picture the things I should be using on it.” She had the idea to shadow the wound care nurse for a day and approached her manager about it. She stated her manager “responded favorably” to the idea, so the manager “set that up” for her and she now feels “so much more confident now about looking at wounds and knowing what the supplies are, and where to get them, and all that.”

Participant 3 echoed Participant 2’s comments about a “supportive manager” in “seeking out opportunities for learning,” but wishes she could have done more. “I think that there are more of those (opportunities) that I could have had, would’ve liked to have during that preceptorship time, because you have a little more flexibility during that time.” Participant 3 shared she appreciated her manager “being there” and “going out of her way” to be “supportive.”

“She actually made me feel welcome and explained everything. She had been on that unit for years, so she knew a lot,” was how Participant 4 described her manager. Her comments reiterated Participants 2’s and 3’s comments on how the manager made her feel “comfortable.” Participant 4 also expressed her gratitude for her manager making her feel “at ease” in asking questions. “She (manager) told me no question is dumb, and you can ask anything,” and this made Participant 4 feel “welcomed,” “supported,” and “part of the team.”
Participant 5 shared her overall view of management by stating, “If you don't feel like you’re supported (by management), you lose confidence and you lose your forward motion.” Participant 6 shared she felt supported when her manager gave her “feedback,” both “positive” and “constructive.” She felt this was “helpful” and “supportive” knowing that the manager was “going to be there when you ask her to.” Participant 7 confirmed these feelings by sharing how her manager “checked in” with her “each day” to ask how she “was doing” and to see “if there was anything” she needed. Participant 7 also made the comment how she “appreciated her manager” talking to her “privately” to see how she “was doing” with her preceptor. She felt this showed “caring on the manger’s side” not only about the “new graduates on her unit,” but the preceptors as well.

Even though Participant 9 stated she “really didn’t see” her “manager that much” she commented that when she “needed to talk to her (manager), she was receptive and had a positive attitude.” Participant 9 also commented she had heard from other nurse that “she was a great manager...that she was there for her staff.” This assisted in establishing a feeling of “support” and “trust” towards her manager. Participant 10 shared that there were “some changes in management on the unit, so people were a bit tense.” She shared that since she had not worked with the previous manager she “didn’t have any issues” to “commiserate” with the staff. Participant 2 went on to say she felt the “new manager was very nice” and “went out of her way to welcome all of us.”

Two participants had some concerns about working with their preceptors at the beginning of the experience, but were able to go to their manager and were able to voice their concerns. Both new graduates stated they felt the nurse manager “supported” them and “wanted them to
They both were able to change to a different preceptor and had a satisfying preceptor experience.

Some of the new graduate nurses in this study described caring and nurturing behaviors from managers, while others expressed satisfaction with the supportive roles of their managers. All of the participants confirmed supportive managerial relationships that were especially beneficial in times of challenging experiences or after a stressful day. For example, Participant 3 reflected on the experience she had in dealing with end of life care with her patient. She stated she “received great support” and “additional information” she needed from her manager. This allowed the preceptor and the nurse manager to come together and assist the new grad in recognizing her own personal beliefs and concerns as well as in developing skills and strategies to overcome her specific apprehensions.

The interactions of the managers and the support given to new graduate nurses may serve as positive reinforcement. New graduate nurses who feel supported in their new roll are likely to remain on the job. For example, Participants 1, 3, 5, and 8 commented their respective managers were “one reason” they were not “looking elsewhere” for another position, nor “wanting to transfer” to another “unit,” and are “happy” and satisfied” where there are due to their “manager’s support.”

**Theme Three: Developing Technical Skills**

The third theme described by the participants was the continuing development of technical skills. The promotion and development of technical skills in new graduates are often achieved by asking questions such as *why, how, and who*. Fundamental nursing skills, such as physical assessment and documentation skills need to be evaluated when transitioning to practice to determine new graduate nurses’ level of competency. New graduates need to be prepared to
function as a member of an interdisciplinary team in order to deliver safe and effective patient-centered care.

Participants commented they had a “fundamental” or “basic” knowledge of skills learned in nursing school, but being able to practice these skills and to learn additional ones was a positive component of the preceptor experience. In working with their preceptors, participants commented they were able to communicate with their preceptors in order to “get more time” in “working on skills.” Participants also commented they appreciated their preceptors “found things (skills)” for them in order to “develop skills.” Having the preceptor there to “walk through the procedure” or to “talk it through” was also beneficial for the participant. They felt they were “able to ask for help” if needed and were able to “develop” additional skills they “had not learned in school.”

All the participants alluded to the importance of developing new technical skills during the preceptor experience. Participant 1 commented, “if there was something” she “hadn’t done before” she was able to talk to her preceptor and “watch first” or ‘talk through it outside the room.” Participant 1 stated this was “really helpful” in ‘building my skill level” as well as boosting her “self-confidence.” She appreciated her preceptor “being there” and “allowing the time to review the procedure” with her. This also assisted in “building trust” between the two.

When developing her skills, Participant 2 felt she was able to talk to her preceptor about needing “guidance” and “support.” She gave the example of her lack of knowledge in wound care. In discussing this with her preceptor her preceptor “set some tome aside to discuss the different dressings and such.” Participant 2 stated how in doing so she began “to feel more comfortable” in performing this skill. Participant 5 indicated how she would have “liked more opportunities to learn skills,” yet felt there “wasn’t really the opportunity to do so.” She shared
how the unit she was working on was very “specific” and “limited on skills.” Learning the “skills in class were one thing,” but not being able to “practice” them on the unit was “very frustrating.”

Participant 6 shared how he was “frustrated” as well with “basic skills” he had learned in school. He stated once he had “voiced” his “frustration” to his preceptor, “she found all sorts of stuff for me to do helping out other nurses.” In doing so assisted Participant 6 in his skills development, but he still felt as though he “was missing something.” When asked to elaborate, Participant 6 commented he felt he was “missing the big picture” and just “running around doing things (tasks), not really being a nurse.” Participant 7’s comments echoed those of Participant 6’s in that she felt she “really didn’t learn anything new, just reinforced the skills” she already had experience with. She shared “it would have been nice to go to other units to see different things” or to have a “place to go and practice skills, like we had in school.”

“Everything was rushed,” was how Participant 8 described her preceptor experience. She felt her preceptor did not have enough “quality time” to spend with her in order to develop skills. Participant 8 expressed how her preceptor “would do things without me” and later on “would talk about them.” She felt “cheated” out of her experience in relation to developing new skills and also expressed a wish “to have a skills lab” in order to “practice skills” and “develop new ones.”

Participants 9 and 10 had the opposite experience, as they stated they “learned so much” with their preceptor in relation to skills development. Participant 9 shared how her preceptor let her “do everything, with her guidance at first, then on my own,” which she “really appreciated.” Participant 9 also took the time to “seek out new opportunities” to work on her skills. Participant 10 shared how she was able to go the emergency room “to start IVs.” She went on to disclose
how she was “appreciative” of her preceptor for “setting up” this opportunity to “develop skills.” She made the comment how this “was a great day” in working with her preceptor.

Most of the participants believed they did not develop new technical skills or improve the ones they did know until they had been working with their preceptor for some time. For example, Participant 1 said, “Watching and talking to other nurses really helped me develop my IV skills. I guess it just takes time.” Several participants agreed that they were able to become skilled at IV placement by observing not only their preceptor, but also other nurses in action. Participant 2 stated, “My preceptor put the word out to other nurses I needed practice on IVs, so the other nurses let me put them in on their patients when I was free.”

All participants stressed that they wished they had “more time” in orientation prior to being assigned a preceptor to practice skills or that there was a place they could go to practice on their own. A common thread among the participants was the need to continually practice their technical skills, such as in a simulation lab, as Participant 3 said, “I was able to practice in the med room, but it really wasn’t the same.” Developing clinical skills takes observation, practice, and a basic knowledge of the issue at hand. During orientation, preceptors can support the new graduate by seeking out opportunities for them to perform, thus enhancing the new graduate’s acquisition of skills and maintaining patient safety.

**Theme Four: Confidence Improvement**

Confidence improvement, not only in skill development, but also in “building of self-confidence” was the fourth theme described by the participants. Support from preceptors in the form of “feedback,” “debriefing,” and “progressive responsibility” was noted as indicators of establishing self-confidence. New graduates discussed having a preceptor with whom they could
consult was highly beneficial in strengthening their skills and building their self-confidence during and after the orientation period.

Participants used words like “preparedness,” “readiness,” and “prioritization” to describe their development of confidence improvement. Participant 3 stated, “I thought I was ready, but really wasn’t (to take care of patients), but my preceptor helped me though my thought process,” while Participant 5 shared, “I struggled with prioritization…my preceptor tried to help me and I eventually got better.” Participant 9 reflected “My preceptor helped me figure out a way who (which patient) to see first and how to manage my time better,” and Participant 10 summed it up by stating, “School did not prepare me for being a real nurse…my preceptor was really good…I learned a lot of skills from her.”

The new graduates also felt supported and had the time needed to “build confidence” and make independent, critically weighed decisions with the assistance of a preceptor. If the new graduates received this support, then “self-confidence,” “trust,” and “respect” were fostered. Seven of the ten participants reported a change in their self-confidence, either during or within a few months after their preceptorship experience. Participant 1 reflected on the feedback given by her preceptor, letting her know she could “trust her” and was “efficient, effective, and did everything you needed to do.” Participant 1 felt this was “a good confidence builder” and gave her the confidence to say, “Okay, I’ve got this.”

Participant 3 shared how once her preceptor “let her fly solo” she “did not like being out” on her own, “not knowing that there wasn’t somebody walking behind” her and “double-checking everything” she was doing. She reflected further once she “got her feet under her” she started “feeling more like a real nurse.” Yet, she knew her preceptor would be there in case “anything went wrong.” Participant 4’s comments reflected what Participant 3 shared in that she
felt “worried” and “scared” about being on her own. In talking with her preceptor she reflected on the past couple of weeks and realized she “had been on her own” and did “just great.” Participant 4 stated she “needed that boost of self-confidence” in order to “move on” and to begin to “feel like part of the team.” Knowing that “other nurses” were there to “help her out if needed” also added to Participant 4’s development of self-confidence.

“I didn’t know I was ready for independent practice,” was the comment Participant 6 shared. He reflected he “had a crutch for so long” in relying on his preceptor that on his first day on his own he felt like he “was back to square one.” When he discussed these feelings with his preceptor she reminded him of all the “things” he “had accomplished” and that he knew “what to do” when presented with a “situation.” Participants 6’s preceptor reminded him he “got this,” and that he “was ready to be on his own.” These “pep talks” assisted in his development of self-confidence of not only a nurse, but also of a “human being.”

Two of the participants discussed how their preceptors reviewed critical thinking questions using real clinical situations to assist in boosting their confidence level. Participant 1 said, “Yes, my preceptor did help improve my confidence by letting me know I was doing things right and not being mean when I was wrong,” and Participant 2 commented that, “Reviewing scenarios really helped me feel prepared to take care of patients.”

The participants’ comments lend support to the fact preceptors and managers need to be aware new graduate nurses need extra assistance in developing their sense of self-confidence. For example, Participant 3 said, “They (other members of the healthcare team) didn’t treat me like an idiot if I didn’t know the answer right away.” Participant 4 said, “My preceptor helped me develop a script to use when calling the doctor, it really helped me get over my nervousness about calling him.” Participant 6 commented, “My preceptor made sure she introduced me to
everyone, so I felt part of the team,” while Participant 8 reflected, “My manager was always talking positive and giving me pep talks, which really helped boost me self-esteem.”

All of the participants indicated that being able to discuss the potential complications that could arise while taking care of patients with their preceptor, what to look for, and how to avoid or correct any complications was “highly beneficial” in improving their confidence levels. Participant 7 commented, “At first I didn’t feel my assessment skills were that good, I wasn’t ready to start on patients,” but she felt after working with her preceptor she “was able to improve and provide the care I wanted to.” Participant 8 stated, “As we went on (in the orientation period) I felt I began to see the ‘big picture’ and became more confident in problem solving,” and Participant 9 echoed these feelings by sharing, “I definitely didn’t feel like I was ready to start taking care of patients … my preceptor helped me to see I was.”

Preceptorship not only prepares new graduates for the realities of working in health care, but also assists in the crucial process of building self-confidence. The opportunities for additional hands on training provided by the preceptor or nurse manager increased the new graduate’s skill proficiency, but also instilled, nurtured, and developed a sense of confidence in their own abilities. The development of self-confidence lends support to a feeling of belonging, a crucial element in the retention of new graduates in the workplace.

**Theme Five: Role Model and Socialization**

Theme five, role model and socialization, emerged as the participants described the preceptor as being a “positive role model” as well being introduced to the culture of the hospital and individual unit. This assisted the new graduate to begin to feel as “part of the team,” as described by Participants 3, 4, 6, and 8. Two new graduates described “getting off to a rocky start,” but once those individual issues were resolved, all participants stated they enjoyed and
valued the preceptor experience.

The new graduates voiced the importance of making connections and feeling connected with other members of the healthcare team as they developed their professional personas. Seven of the participants said their preceptors provided guidance and were a positive role model. The participants also commented on how their preceptors assisted in navigating electronic charting, how to talk to other members of the healthcare team, and how to speak up for their patients. Three participants made the comment they sometimes felt like they were being judged as a group, not as individuals.

“The first day she (preceptor) took me around and introduced me to everyone,” was the comment made by Participant 1. This action made her feel “like part of the team, not just a visitor.” Participant 1 reflected this has “really been beneficial” in that she feels like a “true member of the team” and not just “the new person.” She also reflected she “has a better report” with “doctors” and other members of the “healthcare team.”

Participant 2 ruminated on her preceptor experience in that her preceptor “would always help me or provide guidance, demonstrate, or just help me” when she had a question. This assisted in building her “sense of self-worth” and “confidence.” Participant 2 noted how everyone on the unit “looked after each other” and “supported each other.” During self-reflection, she realized that the unit she was working on “was the place to be for me.”

Participant 3’s comments were very similar in nature as Participant 2’s as she commented her unit “is so amazing, there’s support from everybody, not just your preceptor.” She went on to state “this is what I thought nursing would be like…a big family.” Having other staff “look out” for her has assisted Participant 3 to feel “at ease” working on the unit which has led her to “making new friends” on other units in the hospital.
Participant 4 had a different experience when it came to role modeling. She shared how she heard her preceptor make a “negative comment” to another staff member in regards to her abilities. She felt this was “unprofessional” and made her feel “worthless” and question if she “had made the right choice.” She shared her feelings with other new graduates and “discovered” other preceptors had “made the same negative comments.” Participant 4 did share her feelings in a reflection group as part of the residency program, yet she felt she “didn’t get the support” she needed from the nurse educator leading the group.

Participant 6 shared a similar experience in that he was “having trouble” administering certain medications. In sharing his concerns with his preceptor, she made the comment “everyone” was having trouble, so she “would expect him to as well.” When asked to clarify this remark, Participant 6 felt it was said as a “derogatory comment,” and did not “reflect the true spirit of nursing.” Participant 7 also had a negative experience in regards to role modeling. She shared how she was “lumped into the group (of new graduates)” and not looked at “as an individual” when working with her preceptor. She felt she had to “prove” to her preceptor she was “different” from the other new graduates, an “individual.” Participant 7 stated that once she had “cleared the air” she and her preceptor “got a long great.”

Participants 5 and 8 had “very positive” experiences with their preceptor in regards to role modeling and socialization. Participant 5 stated her preceptor was “just who I want to be” in regards to as a nurse. Her preceptor demonstrated “leadership, strength, compassion, and humanity,” and she felt her preceptor “emulated” what a “true nurse” should be. Participant 8 shared how her preceptor challenged her to “be better” and to “learn from mistakes.” Participant 8 also reflected how not only her preceptor, but “all the staff respected each other and their patients.”
Most participants said their preceptors provided guidance and were a role model in learning the professional nurse’s role and expectations. Almost all of the participants indicated an improved ability to communicate with both patients and families as a result of their experience with preceptors. Seven of the participants spoke of their initial difficulty in introducing themselves to patients; they were hesitant and apprehensive because they had minimal experience in their nursing program. For example, Participant 5 said, “I was really nervous at first going into the patient’s room if there was family there, but I soon got over that,” and Participant 7 said:

I am so focused on the patient and doing the right thing I sometimes would ignore the family in the room. My preceptor would talk to them at first, but then made me talk to them, let them know what I was doing.

Preceptors not only play an important role in the growth of the new graduate, but also in the integration of the new graduate into the clinical setting via socialization. Each of the participants commented on starting to feel connected with other staff, be it through communication or interdisciplinary collaboration with patient care while working with their preceptor. The participants also commented on the way their preceptor made them feel comfortable in the working setting. Being able to communicate efficiently to staff and patients assisted the participants in their personal development as a nurse as well as assisting in their assimilation to the hospital culture.

**Research Limitations**

This study sought to investigate and evaluate the experiences of new graduate nurses in their interactions with their preceptors during the course of a new graduate nurse residency program at Salem Health, in Salem, Oregon. This study was limited by a reliance on narratives
localized to a specific health care setting and the use of a limited sample size of ten participants.
Consequently, the transferability of the findings of this study is limited to new graduate nurses in
this hospital setting. However, the findings of this study might be generalizable to all situations
and populations with characteristics similar to those defined in this study. Another limitation of
this study was homogeneity. With only one of the participants being male, this study did not
accurately capture the male perspective of new graduate nurses, which may have been different
than their female counterparts.

The use of only one data collection method posed another limitation. Other research
methods could have increased the validity of the findings, particularly if a quantitative method
was used in conjunction with qualitative (e.g., a survey administered at set times throughout the
preceptor experience). The study was also limited by the usefulness of the results to the primary
stakeholders, Salem Health and its clinical education department, as well as future new
graduate nurses and preceptors at Salem Health.

Summary

The purpose of this qualitative, phenomenological research was to understand the lived
experiences of new graduate nurses’ interactions with preceptors by asking the question: How do
new graduate registered nurses’ describe their experiences with preceptors during the
orientation period of a new graduate nurse residency program? In this chapter, the data
collection and analysis process, as well as the five main themes that emerged from the analysis,
were presented in detail by providing examples from participants’ interviews. Clear descriptions
of the participants’ recollections of their preceptor experiences ensured that interpretation behind
the preceptors’ behavioral patterns, expressions, thoughts, values, and motivations were
understood.
The five themes that emerged from the data and the meaning of each theme was clarified through use of participants’ quotes and phrases, and common descriptive words were further integrated into new themes to ensure no overlap. The foremost theme was the importance of communication and trust between the preceptor and the new graduate. The second theme derived from the data was the need for support from the unit manager. The third theme described by the participants was the continuing development of technical skills. Confidence improvement, not only in skill development, but also in communicating with patients and staff and a building of self-confidence was the fourth theme described by the participants. Theme five, role model and socialization, emerged as the participants described the preceptor as being a positive role model as well being introduced to the culture of the hospital and individual unit. The last theme that emerged through the data was the overall positive experience the participants had with their preceptor.

In the next chapter the researcher will review and discuss the interpretation of the primary findings in relation to the theoretical framework and literature reviewed. The topics discussed are those first explored in the literature review of this study and include: critical thinking, technical competency, confidence improvement, socialization and communication improvement, reality shock, and burnout. The researcher will present recommendations based on these themes as well as the five themes that emerged from the participants’ data. The researcher will also discuss recommendations for further research and practice in relation to the findings and a final conclusion will be offered.
Chapter Five: Interpretations, Recommendations, and Conclusions

The purpose of this phenomenological qualitative research study was to explore, identify, and evaluate new graduate registered nurses’ lived experiences in their interactions with preceptors during the course of a new graduate nurse residency program as they make the transition into the nursing field. To examine this issue, the following question was addressed in this study: *How do new graduate registered nurses’ describe their experiences with their preceptors during the orientation period of the new graduate nurse residency program?* This study sought to reveal the essence and obtain a deeper understanding of the phenomenon. Analysis of the data revealed five themes: communication and trust; manager support; developing technical skills; confidence improvement; and role model and socialization.

In this chapter, the researcher will review and discuss the interpretation of the primary findings in relation to themes discovered in Chapter four. These themes include: communication and trust; manager support; developing technical skills; confidence improvement; and role model and socialization. These themes will be addressed in detail and an overall discussion will follow with supportive literature. A discussion of these themes and how they relate to the themes critical thinking, technical competency, confidence improvement, socialization and communication, reality shock, and burnout, as discussed in the literature review of Chapter two will follow. Following this the theoretical framework, Benner’s (1984) *Novice to Expert*, used in this study will be discussed.

Finally, the researcher will offer recommendations based on the data gathered from the participants. These recommendations include providing a supportive learning environment, additional preceptor time, scheduling, looking at the individual, matching teaching and learning
styles, and developing technical skills. The researcher will also discuss recommendations for further research and practice in relation to the findings and a final conclusion will be offered.

**Interpretation of Primary Findings**

The analysis of the interview data was guided by van Manen’s phenomenological method, as described in Chapter three. By isolating themes derived from the interviews, the researcher was able to discern structural meaning of the experiences these new graduate nurses encountered. Five main themes were identified: communication and trust; manager support; developing technical skills; confidence improvement; and role model and socialization, that conveyed the essence of the lived experience of the ten new graduate nurses and the meaning they acquired that continues to influence their nursing practice. After identifying the major themes during the coding process, the participant’s transcripts and words were reviewed once again and summarized within the five themes. It is essential new graduates acquire and maintain a strong basis of both clinical and non-clinical skills from which to build upon. This assists the new graduate not only in their professional progression, but contributes to positive patient outcomes (Berkow et al., 2009; Bolden et al., 2011; Casey et al., 2004; Killam & Heerschap, 2013; Laschinger & Grau, 2012; Rudman & Gustavsson, 2011).

Literature suggests new graduates are frequently lacking in these skills and, along with suffering from reality shock and burnout, have the potential to put themselves and their patients at risk (Baxter, 2010; Brown, Neudorf, Poitras, & Rodger, 2007; Duchscher, 2009; Garrett & McDaniel, 2001; Laschinger, Finegan, & Wilik, 2009; Rella, Winwood, & Lushington, 2008). These results from this study confirm that new nurses require consistent support and professional development during their first year of practice. Evidence of this finding includes comments made by participants in relation to the five themes, which are now discussed in more detail.
Communication and Trust

Communication and trust between new graduate nurses and preceptors has been a focus of several studies. Ulrich et al., (2012) suggested the preceptor should have knowledge of communication and coaching strategies, be trained in adult learning theories and learning styles, as well as possess an understanding of learner assessment and evaluation. According to Duteau (2012), a successful preceptorship will assist in building the new graduates’ socialization and self-confidence as well as supporting improvement in communication and technical skills. This in turn can lead to a more positive clinical experience for the new graduate. Rodrigues and Witt (2013) support a positive preceptorship by noting that preceptorships can improve communication skills, promote autonomy, as well as facilitate teamwork for the new graduate.

Relationships between new graduate nurses and preceptors are vital and must be established early on in the relationship in order to gain the necessary learning experiences. It is through role modeling by the preceptor and open communication such relationships can develop (Koloroutis, 2004). Some studies have recommended core curriculum for new graduate nurse training which includes critical thinking, communication skills, prioritization, and utilizing Benner’s (1994, 2004) Novice to Expert theory (Boyer, 2008; Lowen et al., 2011; Melillo et al., 2012; Staffileno & Carlson, 2010). Warren and Denham’s (2010) results reinforced the findings in the literature describing effective preceptors as ones who develop relationships with the new graduates that indorse expressive communication, act as role models, and provide positive and beneficial feedback to the new graduate.

Kovner et al. (2007) noted when there was a breakdown in communication between preceptor and new graduate the confidence of the new graduate diminished, which can lead to their inability to provide safe and quality care to patients. This breakdown can also lead to the
new graduates’ inability to communicate accurately to physicians, patients, and other members of the healthcare team (Kovner et al., 2007). If new graduate nurses have difficulties in communication, this can lead to negative implications for patient safety, as pertinent information may not get passed on to physicians and other members of the healthcare team (Boswell & Wilhoit, 2004).

Results of a descriptive study by Carlson, Pilhammar, and Wann-Hansson’s (2010) established the professional socialization between new graduate nurses and preceptors led to establishing a trusting relationship and assisted in enhancing the clinical experience. Preceptors themselves find trust to be essential, especially when it comes to giving the new graduate more responsibility (Håggman-Laitila, Elina, Riitta, Kirsi, & Leena, 2007). While an ethnographic study conducted by Carlson et al. (2010) demonstrated that once a trustful and supportive relationship was established, preceptors gave new graduates more independence and responsibility, which aided in establishing a positive learning outcome for the new graduate.

The novice nurse, according to Benner (1984), has very little experience and requires guidance; they need rules and objectives to assist them in performing their duties and caring for patients (Tomey & Alligood, 2006). This is why it is so important for a novice nurse to have someone, such as a preceptor, that they can trust and go to with questions (Benner, 1994). Preceptors facilitate new graduate nurses’ learning through the development of mutual trust during the precepting relationship. Furthermore, preceptors have expressed the importance of creating a trusting relationship to enhance the feeling of security for the student. By doing so, new graduate nurses reported that the preceptorship experience was enhanced (Carlson, Pilhammar, & Wann-Hansson, 2010; Koloroutis, 2004).
Manager Support

Today’s health care environment requires nurse managers to possess the ability and desire to coach and mentor staff, including new graduate nurses (Shiparski, 2005). Nurse managers must also accept the responsibility to assist new graduates by providing individual coaching to help improve conflict management skills as well as one-on-one mentoring (Bratt, 2009; Coomber & Barriball, 2007; Twibell & St. Pierre, 2012). Cowden et al. (2011) proposed the nurses who were employed on units where they felt supported by their managers and coworkers, where they were acknowledged and appreciated for their contributions, and inspired to participate in decision making were overall more satisfied with their working environment and more committed to their place of employment.

Having a strong positive leadership presence can also create a positive role model for the new graduate and has the potential to lead to mentorship as the new graduate progresses in their career (Dubiel, 2013; Hicks & McCracken, 2010). The literature, as well as this study, suggests that having the nurse manager accessible and available plays a crucial role in the development of new graduates’ sense of confidence, especially in interprofessional collaboration (Pfaff, Baxter, Jack, & Ploeg, 2014). The literature suggests that programs should be developed to assist nurse managers in their interactions with new graduates, thus building stronger relationships between the two (Cockerham, Figueroa-Altman, Eyster, Ross, & Salamy, 2011; D’Addona, Pinto, Oliver, Turcotte & Lavoie-Tremblay, 2015).

Development of Technical Skills

New graduates come to the clinical setting from school as a novice, with a fundamental knowledge and skills set needed to provide basic patient care (Benner, 1984, 2004). The novice nurse focuses on achieving set goals and tasks that need to be accomplished without questioning
or considering other priorities. Studies performed by nurse researchers have shown that working with a preceptor has increased the effectiveness and efficiency of new graduates’ skills performance (Boyer, 2008; Cherry & Jacob, 2011; del Bueno, 2005; Duteau, 2012; Hickey, 2009; Olson, 2009; Vance, 2000). Therefore, preceptors must seek out critical learning experiences for new graduate nurses if they are going to develop the technical skills necessary to function in the clinical setting.

With a shortage of nursing staff, many health care organizations are hiring new graduates and, without a competent residency program in place to assist them, many new graduates suffer immense stress and job burnout (Oermann & Garvin, 2002; Oermann & Moffitt-Wolf, 1997). The development of a residency program that assists the new graduate in learning both technical and non-technical skills is essential in supporting their transition and requires knowledgeable preceptors (Myrick & Yonge, 2005; Yonge, Ferguson, Myrick, & Haase 2003). More than 40% of new graduate nurses reported they felt unprepared to identify and intervene in life-threatening complications, as well as have a higher incidence of making mediation errors O’Keeffe (2013). Preceptors can assist new graduates in these matters as well as help them visualize and develop the kind of technical skills they must perform in a variety of clinical settings (Richards & Bowles, 2012).

**Confidence Improvement**

Preceptorship not only assists new graduates in their preparation for working in the hospital, but also the crucial process of building self-confidence. Past studies have shown a need for the development of residency programs to address the development of confidence within the new graduate nurse (Duchscher, 2008; Duclos-Miller, 2011; Fero et al., 2008; Marshburn, Engelke, & Swanson, 2009; Roth & Johnson, 2011; Ulrich et al., 2010). Preceptor experiences
can assist new graduates with familiarizing themselves with hospital policies and empowers them to confidently adhere to these policies once they have completed their orientation (Speers, Strzyzewski, & Ziolkowski, 2004). Positive reinforcement can also assist in building a new graduate’s confidence (Hodges, Keeley, & Troyan, 2008).

Confidence is essential for effective collaboration between all members of the healthcare team. Pfaff, Baxter, Jack, and Ploeg (2014) found new graduate nurses often have a deficiency in self-confidence that can have a negative impact on patient care and outcome. According to Benner’s (1984) *Novice to Expert* theory, as nurses advance in experience they become more proficient and confident in their knowledge, skills, and attitudes. New nurse graduates are considered to be in the novice stage of nursing skill development, having very little experience that assists them to recognize some aspects of situations, so they still require support and assistance.

Nursing literature has reported that in some areas of care it can take a new graduate one-year to obtain the competence and confidence to independently provide care for patients (Koh, 2013). Additionally, some studies that examine self-efficacy in nursing have focused on self-reports of one’s confidence (Chesser-Smyth & Long, 2012; Marshall & Shelton, 2012; Rosen, 2000) and self-confidence appears to facilitate competence in practice (Chesser-Smyth & Long, 2012). The literature has also showed positive reinforcement from preceptors, peers, and managers can assist in building a new graduate’s confidence, not only with patient care, but also in terms of interacting with that patient’s family, peers, and other members of the health care team. Bagnardi (2014) discussed the importance of developing confidence among new graduates and how preceptors can assist with this, be it in teaching prioritization, organization, or other “soft” skills.
Role Model and Socialization

Building relationships is one of the focuses of nurse residency programs emphasizing collaboration and communication among staff, managers, and administrators (Anderson et al., 2012). As new graduates complete their residency programs they become more competent and prepared to deal with new workplace challenges (Bratt & Felzer, 2011). Preceptors work closely with and are role models for new graduates. Following their examples enhances confidence and promotes team work and socialization as the new graduates become competent professionals (Bratt & Felzer, 2011; DeSilets et al., 2013; Halfer et al., 2008).

The majority of the participants described their preceptors as “good” or “excellent” role models who provided guidance throughout their orientation. Having preceptors emulate positive role modeling can assist new graduates to focus on delivering quality patient care. Relationships between new graduates and preceptors are vital and must be developed in order for the new graduate to benefit from the learning experience. Through role modeling, guidance, and open communication, such relationships can develop (Koloroutis, 2004).

Socialization is a way for the new graduate nurse to begin processing their values, traditions, obligations, and responsibilities of the profession, thus starting professional identity development (Feng & Tsai, 2012). During this socialization process, new graduate nurses are exposed to the group culture of the workplace (Bisholt, 2012). An important dimension of this progression is the interaction with coworkers and other members of the healthcare team. The socialization process may, at times, impose difficulties for the individual transitioning to a new role, thus the guidance of a preceptor is crucial during this time (Phillips, Kenny, Esterman, & Smith, 2014).
Socialization within the workplace may prove beneficial in the development of creative learning environment (Newton et al., 2011). However, the provision of continued training and support is necessary for their success and retention in the workforce. Newton et al.’s (2011) study is in line with previous research that supports the idea of continued training and support in the workplace (Ranse & Arbon, 2008; Casey et al., 2004). With the improvement of social interactions of new graduate nurses within the workplace, their confidence may grow as they gain new knowledge through different learning situations and patient experiences (Newton et al., 2011).

**Review of Themes in Relation to Literature Review**

**Critical Thinking**

Critical thinking refers to one’s ability to be prepared to analyze and assess the issue at the given moment; to be ready to correctly interpret, formulate, and prioritize the data at hand; and to arrive at the best solution to the present problem (Facione, 2010; Nosich, 2012; Paul & Elder, 2006). Results from multiple studies have shown residency programs, with a preceptor component, have assisted in enhancing the critical thinking skills of new graduate nurses (Anderson et al., 2012; Blanzola et al. 2004; Fink et al., 2008; Ulrich et al., 2010) as well as receive support from professional organizations (AACN, 2015b; IOM, 2010; National League for Nursing, 2015).

The actual phrase “critical thinking” was not discussed or articulated by participants as a discreet topic in itself, but was interwoven within the participants’ broader dialog. Participants used words like “preparedness,” “readiness,” and “prioritization” to describe their development of critical thinking skills. All of the participants indicated that being able to discuss the potential complications that could arise while taking care of patients with their preceptor, what to look for,
and how to avoid or correct any complications was highly beneficial in developing their critical thinking skills. Participant 3 commented, “At first I didn’t feel my assessment skills were that good, I wasn’t ready to start on patients … with my preceptor I was able to improve and provide the care I wanted to,” while Participant 6 shared, “As we went on (in the orientation period) I felt I began to see the ‘big picture’ and became more confident in problem solving,” and Participant 8 reflected, “I definitely didn’t feel like I was ready to start taking care of patients … my preceptor helped me to see I was.”

Most of the participants believed they did not learn how to prioritize until they had been working with their preceptor for some time. For example, Participant 1 stated, “Watching and talking to other nurses really helped me figure out my prioritization skills. I guess it just takes time.” Overall, the participants did not feel they perfected their skills during orientation; however, some participants did learn which situations required immediate action versus situations that could wait. Several participants agreed that they were able to become skilled at prioritizing by observing not only their preceptor, but also other nurses in action, noting how they handled their patient assignments.

The majority of the participants had some problems with prioritization as new graduates. For example, Participant 4 stated, “It’s really easy if the patient is in trouble, you go see them first. After that, you just see who is awake and go from there.” Participants sometimes felt overwhelmed and inadequate when challenged with clinical situations that required immediate decisions related to priorities. Participant 7 said, “We practiced this in school (prioritization). It is way different once you are on your own.”

Three new graduates commented that it was not until after their preceptorship, when they were working on their own and were exposed to working with different nurses, that they had the
opportunity to observe a variety of methods as to how nurses prioritize their workload. This helped them learn which actions were important versus which tasks could wait. Participant 6 commented, “I really relied on the night shift (previous shift) to help me figure out who to see first and so on.” While Participant 9 stated, “I really relied on the charge nurse or previous shift to help me figure out who to see first. I think it just comes with time and experience.”

Major themes derived from participant transcripts align with certain aspects of the literature including the need to develop critical thinking. Applin et al. (2011) reported a residency program encouraged the participants to become critical thinkers, while Anderson et al. (2012) found evidence of improved critical thinking among those who went through a residency program. Kowalski and Cross (2010) utilized multiple measurement scales to review residency programs with the data revealing an improvement on participant’s critical thinking skills and Apclin et al. (2011) reported a residency program supported the development of new graduate competency, this encouraging the participants to become critical thinkers.

**Technical Competency**

According to While (1994), competency is the “possession of knowledge, practice skills, attitudes, and the ability to perform to a prescribed standard” (p.526). Competency as it relates to nursing can be further defined as the “nurse’s ability to demonstrate a set of skills and expectations within an established period” (Good & Schulman, 2000, p. 77). These fundamental nursing skills are important as the new graduate makes their transition to practice, as they need to be prepared to function as a member of an interdisciplinary team in order to deliver safe and effective patient-centered care (AACN, 2015B; Hallin et al., 2009; IOM, 2010; MacDonnell et al., 2012).
The use of a simulation lab (either low or high fidelity) has been shown not only to increase nurses’ technical skills, but is an acceptable teaching method for nurses to practice and retain their skills (Bevan, Joy, Keeley, & Brown, 2015; Bland, Topping, & Tobbell, 2014; Moule, 2011). The comments made by participants support this part of the literature in that preceptors, managers, and educators need to be aware new graduate nurses need extra assistance and time in developing their technical competency skills. For example, Participant 5 specified, “When we had general orientation we practiced some skills in the lab, it would have been nice to have the lab open during the day so we could go and practice,” and Participant 8 disclosed, “Having an open lab somewhere to practice, like we had in school, would have been helpful.”

These findings are consistent with Benner’s (1984) model of novice to expert, which requires continuing support and education for new graduates to progress professionally. This research is also consistent with Fink et al.’s (2008) findings that even after one year of experience, new nurses identified a number of technical skills as problematic. The Nurse Executive Center (2007) also articulated in their article the concern employers expressed about graduate nurses’ lack of readiness to practice in the hospital setting.

Confidence Improvement

As stated earlier, working with a preceptor not only prepares new graduates for the realities of working in health care, but also assists in the crucial process of building self-confidence (Cowin & Hengstberger-Sims, 2006; Freiburger, 2002; Ulrich et al., 2010). Seven of the ten participants reported improved self-confidence, either during or within a few months after completing their preceptorship experience. The opportunities for additional hands on training provided by the preceptor or nurse manager increased the new graduate’s skill proficiency, but also instilled, nurtured, and developed a sense of confidence in their own abilities.
The development of self-confidence lends support to a feeling of belonging, a crucial element in the retention of new graduates in the workplace (Baltimore, 2004; Kelly & McAllister, 2013; Winter-Collins & McDaniel, 2000). Two of the participants discussed how their preceptors reviewed critical thinking questions using real clinical situations to assist in boosting their confidence level. Participant 1, “Yes, my preceptor did help improve my confidence by letting me know I was doing things right and not being mean when I was wrong;” and Participant 2 expressed that, “Reviewing scenarios really helped me feel prepared to take care of patients.”

Having a strong positive leadership presence can also create a positive role model for the new graduate, and has the potential to lead to mentorship as the new graduate progresses in their career (Dubiel, 2013; Hicks & McCracken, 2010). The literature, as well as this study, suggests that having the nurse manager accessible and available plays a crucial role in the development of new graduates’ sense of confidence, especially in interprofessional collaboration (Pfaff, et al., 2014). The literature suggests that programs should be developed to assist nurse managers in their interactions with new graduates, thus building stronger relationships between the two (Cockerham, Figueroa-Altman, Eyster, Ross, & Salamy, 2011; D’Addona, et al., 2015).

**Socialization and Communication Improvement**

Socialization can be defined as the process of enculturation where an individual is exposed to a new culture through different routes and practices (Beck-Jones & Perryman, 2015). Socialization also assists the new graduate to learn their role and the values within the organization (Dinmohammadi et al., 2014). The ability to socialize and communicate clearly and effectively is a necessary skill for new graduates to develop and has been the topic of recent studies (Dinmohammadi et al., 2014; Kowalski & Cross, 2010; Lai & Lim, 2012; Zarshenas et
Being comfortable communicating with other members of the healthcare team, patients, and families is an important skill for new graduates to master as it can lead to developing relationships and improve patient outcomes via patient education (Goode et al., 2009; Herdrich & Lindsay, 2006; Komaratat & Oumtanee, 2009).

The participants stressed the importance of learning how to talk to other members of the health care team, and how to speak up for their patients. For example, Participant 6 stated, “My preceptor was there the whole time supporting me and the manager came out later and told me I did I good job.” This is supported by the literature, which stresses the importance of positive role modeling and socialization in assisting new graduates’ nurse development and how they interact within the organization (Baldwin, Birks, & Budden, 2014; Dinmohammadi et al., 2014; Lai & Lim, 2012; Price, 2009). The participants’ comments support the literature, in that preceptors, managers, and peers need to be aware that new graduate nurses need extra assistance in developing socialization and communication skills.

**Reality Shock and Burnout**

These topics, as discussed in the literature review in chapter two, were not specifically discussed among the participants. Several possible hypotheses for these omissions will be discussed in this section. Kramer, Maguire, and Brewer (2011) collected data from 468 new graduates at three intervals during the first year of practice. Those researchers were specifically looking at the impact healthy work environments play in reducing reality shock. The researchers concluded that a healthy work environment had a positive effect on new graduates. The new graduate nurses who were interviewed for the present study made numerous comments about the positive work environment they were in, “everyone has been very supportive,” “I feel I can go to
my manager with anything,” “the nurses on the unit were very welcoming,” and “it helped I had clinical on the unit I was hired to.”

Importantly, all ten participants had worked less than one year at the time of this study, and follow-up at 12, 18, and 24-months might yield interesting results vis-à-vis reality shock. It is also possible that since Salem Health is the main hospital in the area where nursing students perform their clinical rotations, participants might have had a more realistic idea of what was expected when they started working at this hospital as compared to other studies’ participants.

As mentioned in the literature review, the research pertaining to burnout among new graduate nurses is still fairly new. The published literature suggests that it can take up to three years for new graduates to experience burnout (Rudman & Gustavsson, 2012). Positive and supportive leadership can promote the retention of new graduates and reduce their feelings of emotional exhaustion (Laschinger, Borgogni, Consiglio, & Read, 2015; Laschinger & Fida, 2014; Laschinger, Wong, & Grau, 2013). As stated above, each of the ten participants for this study had worked for less than one year at the time of interviews. The researcher suggests a more longitudinal study by revisiting these same participants at 18, 24, and 36-months to determine whether they are exhibiting any symptoms indicative of burnout. The researcher hypothesizes, based on the preponderance of positive comments from the participants pertaining to the leadership they have encountered so far, that if the new graduates did experience burnout within the next two to three years, then the cause would be from other issues.

**Discussion**

The interviews and the subsequent data gathered unveiled the new graduate nurse needs the support of a preceptor during their transition to clinical practice. The findings relating to the essence of the lived experiences of these ten participants are shared with detailed narratives to
support findings and confirm authenticity. The data analysis revealed five main themes that conveyed the essence of the lived experience of the participants. The five themes were: communication and trust, manager support, developing technical skills, confidence improvement, and role model and socialization. However, while this study aligns with current research in citing the need that exists in the profession, it goes further in presenting a detailed report of the lived experiences of new graduate registered nurses in their professional journey.

The opinions expressed by these participants support Casey et al.’s (2004) assumption that continued education is essential for new graduate nurses’ professional growth. If new graduate nurses are leaving the hospital setting because they feel inadequately prepared, then it is problematic for all stakeholders. High turnover can be costly for employing organizations, harmful to careers, and most importantly, patient safety (IOM, 2010). Kovner, Brewer, Fatchi, and Jun (2014), as well as Anderson et al. (2012), discussed the high cost employing organizations incur as a result of high turnover among new graduate nurses. The findings in this study support the findings of Casey et al. (2004) regarding the difficulties new graduate nurses face in the clinical learning environment upon leaving nursing school and upon entry into clinical practice. These difficulties include, but are not limited to, developing communication skills and trust among coworkers (theme one); the continuing development of technical skills (theme three); improving self-confidence levels (theme four); and socialization within a new environment (theme five).

It is imperative new graduates seek learning experiences in order to develop the necessary skills to function in the fast-paced health care setting. This is not limited to technical skills, but is inclusive of other skills as well, such as critical thinking and communication. It is also important
to note that managers and nurse educators have the responsibility to make sure these learning opportunities are available for the new graduate. The implication is that new graduate nurses must learn to develop skills, both technical and non-technical, in order to provide safe patient care as well as to continue within the profession itself. Benner’s (1984) model of novice to expert articulates the skill acquisition process for graduate nurses well.

Benner’s *From Novice to Expert* Theory (1984) was used as the theoretical framework for this research study. The transition from novice nurse to advanced beginner to competent nurse is the goal of many new graduate nurse residency programs. New graduate nurses today enter practice at the novice level. According to Benner’s (1984) research, new graduate nurses need support, be it a preceptor, nurse educator, or nurse manager, to transition from nursing student to professional nurse. Benner’s theory also describes the way new graduate nurses acquire and develop skills needed in their new environment.

Benner (1982) used a phenomenological design to examine how nurses gained information to acquire new skills, by listening to the nurses’ stories and determined that nurses in the novice and advanced beginner stages need support through orientation programs to gain skills and competence. Benner identified implications for teaching and learning at each developmental stage (Benner, 1984). At the novice level, nurses have little to no understanding of how to apply what they learned from textbooks to real patients in the hospital. The novice nurse relies on rules without the benefit of experience to bring context to the application of the rules. Benner noted that skill or talent does not define the novice stage; on the contrary, it is situational.

The participants in this study were novice nurses. As stated in their own words during the interviews, they had little to no understanding of how to apply what they learned in nursing
school to real life clinical situations. Like the novice nurse described by Benner (1984), the participants lacked experience to bring context to the application of what they learned in school. As the participants described, the book knowledge from school amounted to random information that had little meaning until they had the opportunity to work with the knowledge in the clinical setting with a preceptor. Participating in a new provided the experiential learning necessary for the advancement to the next stages of professional development.

This study supports Benner’s (1984) theory as she defines the novice nurse, one having little or no experience. The participants, like novice nurses, relied on preceptors, concrete rules, and manager support to guide them in their professional development. Novice nurses need affirmation of a job well done, understanding from other health care workers, and most importantly of all, positive reinforcement from preceptors and nurse managers. New graduate nurses require the experiences, which over time, will assist them in developing and expanding their body of knowledge and making a positive contribution to the nursing profession.

Today, health care organizations are increasingly reliant on graduate nurses to fill existing nursing vacancies as the nursing shortage continues to worsen (AACN, 2015b; Littlejohn, Campbell, Collins-McNeil, & Khaylie, 2012). Therefore, it is imperative that health care organizations provide continuing education for new graduate nurses in order to make sure they have a basic level of clinical and non-clinical competency, and based on the findings in this study, to assure they transition in an effective and appropriate manner. This is vital if the new graduate is to function effectively and continue to progress in their professional practice setting.

The idea of continuing education to support and enhance graduate nurses’ professional growth within the health care learning environment is strongly supported by the literature and this study (Casey et al., 2004; Chandler, 2012; Cylke, 2012; Goode et al., 2009; Hoffart,
Waddell, & Young, 2011; Lee, Tzeng, Lin, & Yeh, 2009; Scott, Engelke, & Swanson, 2008; Trepanier et al., 2012). Results from multiple studies have recommended developing a structured residency program with a preceptor component as an effective tool for transitioning new graduate nurses from the educational to practice setting (Al-Dossary, Kitsantas, & Maddox, 2014; Anderson et al., 2012; Barnett, Minnick, & Norman, 2014; Callaghan et al., 2009; Cockerham, Figueroa-Altman, Ross, & Salamy, 2011; Croxon & Maginnis, 2009; Elmers, 2010; Gross Forneris & Peden-McAlpine, 2009; Hoffart, Waddell, & Young, 2011; Marks-Marar et al., 2013; McCarthy & Murphy, 2008; Murphy-Rozanski, 2008; Robitaille, 2013; Rush et al., 2011; Shinners, Mallory, & Franqueiro, 2013).

Recommendations

This study explored new graduate nurses’ interactions with preceptors during the course of a residency program. A review of the literature revealed several qualitative studies highlighting the stressful nature of this fast-paced working environment and the potential impact on recent graduates (Anderson et al., 2012; Yeh & Yu, 2011). Prior research indicated that newly employed graduate nurses tend to leave their place of hire within the first two years of employment (Anderson et al., 2012; Arnold, 2012; Bratt, 2009; Kovner et al., 2014). Therefore, it is crucial that health care organizations are aware of the issues new graduate nurses face as they enter in the clinical environment and help to mitigate them.

It is recommended health care organizations should continue to provide a supportive learning environment for the new graduate to acquire necessary skills, both technical and non-technical, in order to become a competent and safe practitioner. A supportive learning environment includes having a competent preceptor during orientation, as well as support from nurse educators, managers, and other members of the health care team. Health care leadership
needs to take the appropriate steps to ensure new graduates’ initial clinical experiences are structured, providing a new graduate residency program with a preceptor component to put them on the path to competency, commitment, and retention. The experiences of these ten new graduate nurses may inform what nurse preceptors, nurse educators, and schools of nursing need to know to improve the competency and retention of new graduate nurses.

It is recommended based on theme one, *communication and trust*, managers and nurse educators look at the teaching style of the preceptor and to match them with the learning style of the individual new graduate. Or, at least, the preceptors must recognize different learning styles and be aware of their own teaching style. Participants that had a more negative experience commented on the lack of being matched with a “like-minded” preceptor. They stated there was “tension” and they “struggled” at times due to mismatched learning and teaching styles along with differences in personality, which was “disastrous” and had a “negative impact” on the orientation process.

Based on theme two, *manager support*, it is recommended that managers and preceptors look at the new graduates’ schedule in order for the new graduate to get the most out of their preceptor experience. Having the new graduate and preceptor work eight-hour shifts instead of twelve-hours would allow the new graduate more time on the unit, being exposed to different situations, and have time to review at the end of the day. For example, as Participant 6 felt, his preceptor “was too tired at the end of the day (12-hour shift),” while Participant 7 shared, her preceptor “didn’t have time to review the day… was tired and just wanted to leave,” and Participant 10 commented, “I was too exhausted on day three (12-hour shifts) to really get much out of the experience.” Other recommendations from the participants include, from Participant 3, “I would have preferred two days in a row, a day off, then one day on,” Participant 4 “Having
time with my preceptor away from the floor would be great,” and Participant 5 “Maybe meeting for two hours on a day off to review where I was and to talk about the week.”

The majority of the participants reflected upon their time with their preceptor in a positive way, but commented they wish it could have been extended. The scheduled time allotment for preceptorship clinical experiences ranged between 5–15 weeks or more; depending upon the unit they were working in and their needs. Participants felt they were “rushed to complete their orientation period,” and “that six weeks is a little bit short.” The difference in orientation time between new graduates who had done their clinical (nursing school) at the hospital and those who did not was also discussed.

Based on theme three, developing technical skills, it is recommended new graduates are given more time to develop their technical skills. Be this in a simulation lab or on the working unit. Participants commented they learned some skills in school, but had either not practiced them for “some time,” or had “not really felt comfortable doing them.” Additional comments included, from Participant 2, “I only did it (a skill) in the lab in school on a mannequin … needed more practice,” Participant 3, “Even during my clinical I didn’t have the chance (to practice skills),” Participant 7, “The hospital uses different pumps then I was taught … needed time to learn,” and Participant 9, “We only got a few hours during orientation to look at the machines…would have liked more time.”

Finally, it is recommended based on theme five, role model and socialization, that nurse managers and preceptors should look at the new graduate as an individual and not as a group when it comes to orientation time. “They (those who had nursing school clinical on the unit) got a shorter time and were working by themselves sooner. I’m glad I didn’t because they were struggling after a bit,” Participant 7 reflected and Participant 8 commented, “I was just told one
day that I was done and would be working the next week on my own. They (preceptor) said they needed me to get on the schedule, so get ready.” Overall, participants reported mostly positive experiences with their preceptors. A few closing comment form the participants include: “keep the lines of communication open,” “be honest in what you’re saying,” “be professional and friendly,” “don’t act like a know-it-all,” and “please be patient with me.”

**Recommendations for General Practice**

The evidence suggests that new graduate nurses employed in the health care setting will potentially continue to leave unless measures are implemented to solve retention issues (Anderson et al., 2012; Arnold, 2012; Bratt, 2009; Kovner et al, 2014; Yeh & Yu, 2011). Health care organizations should consider establishing quality practice clinical learning environments, which can be accomplished by developing collaborative interpersonal relationships and may prove useful in reducing the stress on graduate nurses, thus encouraging them to remain in practice.

It is important for nurse managers to understand and to be conscientious of the difficulties new graduate nurses have in making the transition from student to professional. The importance of a positive new graduate-preceptor relationship and teamwork is important in regards for patient safety (The Joint Commission, 2008). Participants frequently described difficulty communicating with physicians, peers, patients, and their families. Communication is a key component in nursing, as it can have a direct impact on health care delivery and patient outcomes. New graduates need all the encouragement they can get in order to develop self-confidence. Nurse managers must take the opportunity to encourage graduate nurses and make them feel a part of the team while bolstering self-confidence and self-esteem.
As stated above, one of the major themes discussed by the participants was the need for open communication and trust between themselves and their preceptor. This is crucial in developing a positive relationship, which contributed to the success of the new graduates’ experiences and is also supported by the literature (Duteau, 2012; Yonge, Moore, & Spence Cagle, 2012; Myrick & Ferguson, 2011). The majority of the preceptors were reported to have a warm, inviting personality, which assisted in alleviating some of the new graduates’ apprehension. Matching teaching styles with learning styles has been widely discussed in the literature as it relates to preceptor-preceptee (Anderson, 1998; Bott, Mohide, & Lawlor, 2011; Carlson, Wann-Hansson, & Philhammer, 2009; Chase, 2001; Choi & Yang, 2012; Kelly, 2007; Spurr, Bally, & Ferguson, 2010).

Being satisfied with one’s job, as well as the work environment, may lead to organizational commitment and is essential in light of current nursing shortages. Research shows that job satisfaction enhancement strategies are effective, not only in improving work performance, but in reducing the turnover of nurses (Mohammad, Al-Zeaud, & Batayneh, 2011). Along with communication, socialization is another important factor in new graduates’ success in the workplace. Being able to work with other members of the health care team is essential for successful patient outcomes.

Studies related to job satisfaction and retention among new graduate nurses has established a pattern of decreased job satisfaction and increased potential to leave the profession within the first two years of practice. Further study is needed to identify what factors contribute to this dissatisfaction and the factors that contribute to the decision to stay or leave the hospital setting. Statements form the participants in regards to the new graduate-preceptor relationship and previous qualitative work would suggest that developing a positive trusting relationship
might contribute to support and connectedness that ease this experience, but further study is needed to determine how effective this may be. As the nursing shortage continues to impact health care organizations across the nation, it is imperative that nurses be successfully transitioned into their roles and that early attrition is minimalized.

**Recommendations for Future Research**

According to Benner (1984), the novice nurse needs time to develop skills and an understanding of patient care. This can be achieved through a sound residency program as well as a variety of experiences over the course of several years to become an advanced beginner nurse. Further studies on residency programs should be evaluated for effectiveness to determine whether such programs improve self-perceived levels of competence.

Additional research should also be done to determine whether the curriculum of a nurse residency program is the contributing factor for increased self-perceived competency and confidence levels as well as intent to stay or whether it is the emphasis on supporting the new graduate at the bedside with a preceptor that has the greatest impact. Other studies assessing the effectiveness of residency programs found that new graduate nurses had decreased satisfaction at three and six months post hire and were most content in their job at one-year post-hire (Casey et al., 2004; Fink et al., 2008; Kowalski & Cross, 2010; Olson-Sitki, Wendler, & Forbes, 2012).

Future studies should look to employ either quantitative, mixed-method, or longitudinal study designs to investigate this phenomenon further. Having a discussion group with the new graduates after the initial interviews might have provided richer data with which to describe their experiences, as the participants would get the opportunity to share with their peers. This might trigger some lively discussion and bring up aspects of their shared experiences not thought of individually. An experimental study is another approach to investigate comprehensive versus
non-comprehensive preceptor programs. The control group would consist of new graduates who participate in a non-comprehensive program, while the experimental group participates in a comprehensive preceptor program. A quantitative way to measure progress would then be devised to compare results.

A statistical analysis regarding outcome such as new graduate nurse retention, hospital return on investments, or turnover intention of new graduate nurses could be explored. The lived experience of participating in a structured preceptor program and the lived experience of the preceptorship from the preceptor’s perspective could also be investigated. Lastly, a longitudinal study is recommended to investigate the length of a nurse residency program and its effects on new graduate nurse transition unto practice, as the participants in this study completed the preceptorship portion of the residency program at various lengths. As the participants discussed, they wish they had more time with their preceptor to develop both technical and non-technical skills, build self-confidence, and to expand on their critical thinking development.

Another recommendation for future study is to explore the effectiveness of nursing educators in preparing new graduate nurses to enter the clinical arena. Many of the participants indicated they did not feel well prepared to practice at the initial start of their experience, yet did feel more confident by the end of their experience. Educators, both clinical and academic, may want to look into this matter to determine why this is the case. A comparative study could also be done across nursing programs in conjunction with health care settings to examine the educational preparation for practice.

A final recommendation for future study would be to evaluate the effectiveness of preceptor teaching styles and their effects on new graduate nurses’ learning using a non-experimental correlation design. The role of the preceptor is vital in assisting the new graduate
to bridge the theory–practice gap, build confidence, promote job satisfaction, and support the new graduates’ overall journey. As noted earlier, several of the participants commented on the teaching styles of preceptors and their own learning styles, whether matching or not.

The findings of this study add to and support the body of current nursing knowledge. Implementing these recommendations may improve job satisfaction, which may in turn lead to higher retention rates, and most importantly, positive patient outcomes. By not implementing the proposed recommendations, the rate of turnover for new graduates may remain high, costing health care organizations tens of thousands of dollars a year, and play a major contributing factor to poor patient outcomes.

**Conclusions**

The first three chapters of this thesis formed the foundation of this study. Chapter one outlined the significance of the research problem, and detailed the research question, the researcher’s position statement, and the theoretical framework used to guide this research. It is essential that all stakeholders understand the reasons why so many new graduate nurses leave their jobs within the first two years of employment, thus allowing appropriate actions to be taken to ensure job longevity. The shortage of graduate nurses as a result of high turnover rate may have adverse effects on the quality of care provided to patients. One way to assist the new graduate in their transition from nursing school to employment is through a new graduate nurse residency program, with a preceptor component. This study used random sampling to select ten new graduate nurses who met the inclusion criteria for the study.

Chapter two outlined the current state of the literature in regard to issues faced by new graduate nurses as they enter the workforce. These issues include problems related to a lack of critical thinking skills, technical competencies, self-confidence, socialization/communication,
reality shock, and burnout. The literature presented in this chapter also described the core components of a new graduate nurse residency program.

Chapter three provided a discussion of the research design used in this study. This chapter also outlined participant recruitment, data collection and storage, as well as the methods of data analysis. At the time of this study, all participants were employed in the hospital setting at Salem Health in Salem, Oregon.

Chapter four presented the results and the five themes that were developed from the interviews. These themes include: (1) the new graduate nurses’ need for open communication and trust between themselves and their preceptor; (2) a need for managerial support; (3) the developing of technical skills; (4) confidence improvement; and (5) role modeling and socialization.

In Chapter five the researcher reviewed and discussed the interpretation of the primary findings in relation to themes discovered in Chapter four. These themes included: communication and trust; manager support; developing technical skills; confidence improvement; and role model and socialization. These themes were addressed in detail and an overall discussion followed with supportive literature. A discussion of these themes and how they relate to the themes critical thinking, technical competency, confidence improvement, socialization and communication, reality shock, and burnout, discussed in the literature review of Chapter two followed. Finally, the theoretical framework, Benner’s (1984) *Novice to Expert* used in this study was discussed.

While the literature suggests that reality shock and burnout are key issues faced by new graduate nurses, the participants in this study did not allude to either of these issues. Consequently, the author hypothesized various reasons for the absence of these issues from the
participants’ experiences. The results provided insight to the central research question and provided further understanding of new graduate nurses’ perspectives of their preceptorship clinical experiences. Findings were supported by sound examples from the data generated by the sample. The researcher offered recommendations based on the themes presented by the participants as well as recommendations for practice and future research.

The aim of this study was to explore the lived experience of new graduate nurses during their interactions with their preceptors. This study uncovered various issues related to the transition from nursing school to employment as described by new graduate nurses. By giving voice to their experiences this study presented a distinctive and inclusive approach to understanding the difficulties new graduate nurses face during the transition. Detailed descriptions were collected through a semi-structured interview that provided a broad perspective of the participants’ experiences. During the analysis of the data, several themes emerged which were later discussed in relation to the lived experience of the new graduate nurses.

The findings of this study validate the need for preceptorships in order to enhance the critical thinking, confidence, and support of new graduate nurses. The themes that emerged within this study provide a thorough view of the experiences as described by those undergoing the phenomenon: the interactions of the new graduate nurses with their preceptors. The high rate of turnover among new graduate nurses supports the need for programs to facilitate the transition of new nurses into clinical practice. The new graduate nurse needs support as they make their transition into the workforce, be it the development of technical skills, critical thinking, establishing relationships, navigating the organization, or developing self-confidence. The findings and conclusions of this study have practical implications for efforts to address the transitional experience of new graduate nurses.
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Appendix A: Northeastern University’s IRB Approval

Notification of IRB Action

Date: June 13, 2016  IRB #: CPS16-05-10
Principal Investigator(s): James Griffin
                                      David Schultz
Department: Docto of Education
                  College of Professional Studies
Address: 20 Belvidere
                  Northeastern University
Title of Project: New Graduate Nurses’ Experiences with Preceptors During a New Graduate Nurse Residency Program
Participating Sites: Salem Hospital Approval forthcoming
Informed Consent: One (1) unsigned consent for survey
                     One (1) signed consent for interviews

As per 45 CFR 46.117(b)(2) signed consent is being waived as the research presents no more than minimal risk of harm to subjects and involves no procedures for which written consent is normally required.

DHSIS Review Category: Expedited #6, #7
Monitoring Interval: 12 months

Approval Expiration Date: JUNE 14, 2017

Investigator’s Responsibilities:
1. Informed consent form bearing the IRB approval stamp must be used when recruiting participants into the study.
2. The investigator must notify IRB immediately of unexpected adverse reactions, or new information that may alter our perception of the benefit-risk ratio.
3. Study procedures and files are subject to audit any time.
4. Any modifications of the protocol or the informed consent as the study progresses must be reviewed and approved by this committee prior to being instituted.
5. Continuing Review Approval for the proposal should be requested at least one month prior to the expiration date above.
6. This approval applies to the protection of human subjects only. It does not apply to any other university approvals that may be necessary.

C. Randall Colvin, Ph.D., Chair
Northeastern University Institutional Review Board

Nan C. Reglin, Director
Human Subject Research Protection

Northeastern University FWA #6530
Appendix B: Salem Health’s IRB Approval

INSTITUTIONAL REVIEW BOARD
FWA #00009433

DATE: June 2, 2016

TO: Margo Halm, PhD, Principal Investigator
David Schultz, Co-Investigator

FROM: Deborah Muller, Salem Hospital IRB Coordinator

RE: IRB #9119 - “New Graduate Nurses’ Experiences with Preceptors During a New Graduate Nurse Residency Program”

EXEMPT Determination

On June 2, 2016 the Salem Hospital IRB chair conducted a review of the above-referenced study request for exempt review and granted IRB Exemption per 45 CFR 46.101(b)(2):

Research activities in which the only involvement of human subjects will be in one or more of the following categories are exempt from this policy, and further IRB review is not required:

(2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior unless: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects’ responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects’ financial standing, employability, or reputation.

Note: This research does not involve children and this research is not FDA regulated.

The approved Exempt Review Request is attached for your files.

Annual IRB review is NOT required for this study, however, in accordance with Federal regulations, please immediately notify the IRB if you encounter any serious, disabling, life-threatening, or unanticipated events related to this study. Any new information or significant changes to the study must also be reported to the IRB.

The IRB asks that you notify us when your study has been completed, and submit a summary of the study activities and findings at the conclusion.

Please contact us if you have any questions, or if we may be of further service. You may reach Deborah Muller, IRB Coordinator, at (503) 814-2611 or by email deborah.muller@salenhealth.org.
Appendix C: Interview Guide: Face-to-Face Interview, Audio Tape Recorded

1. How would you describe the relationship you had with your preceptor during your orientation process? Can you tell me how you perceived support you received from the preceptor and how important that was?

2. How would you describe the opportunities you experienced to develop or improve skills (clinical/non-clinical) during the preceptorship experience?

3. Based from your experiences with your preceptor, are there any challenges that may have enhanced or hindered the success of your preceptorship? Why or why not do you think these were challenges?

4. What occurred during the orientation process with your preceptor that made you feel secure in your nursing practice knowledge? Was there a specific event or moment?

5. How do you feel this experience has prepared you to enter the workforce safely as professional nurses? How did you know you were ready for independent practice?

6. Do you have any other comments to share?
Appendix D: Participant Demographics

What type of degree did you obtain from your nursing school?
   Associated Degree Nursing: 2
   Bachelor of Science Nursing: 8

What is your gender?
   Female: 9
   Male: 1

What is your age?
   18–24: 2
   25–34: 7
   35–44: 1

While you were in nursing school, did you participate in a clinical rotation at Salem Health?
   Yes: 5
   No: 5

What unit at Salem Health were you hired to work?
   Medical/Surgical: 6
   Critical Care: 2
   Mother/Baby: 1
   Emergency Room: 1

How long was your orientation with your preceptor?
   1–4 Weeks: 0
   5–9 Weeks: 5
   10–14 Weeks: 4
   15 or more weeks: 1
Appendix E: Excerpts of Field Notes from Participant Interviews

<table>
<thead>
<tr>
<th>Thoughts Prior to Interviews</th>
<th>Observation During Interviews</th>
<th>Reflections After Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very nervous, what if no one shows up?</td>
<td>Maybe they are more nervous than I am; need to make them feel at ease.</td>
<td>That went a lot easier than I thought.</td>
</tr>
<tr>
<td>What happens if I don’t get enough data?</td>
<td>Smiling, sitting back, relaxed. Remember to let them talk. Prompt for more information if needed.</td>
<td>They had a lot of great information.</td>
</tr>
<tr>
<td>What if they don’t answer the questions or don’t understand the questions?</td>
<td>Some of them are very passionate about their experiences</td>
<td>It was difficult not to interject my own opinion or offer suggestions</td>
</tr>
<tr>
<td>Do I have enough questions to gather enough data?</td>
<td>Off subject, need to redirect them</td>
<td>I felt they really wanted to help</td>
</tr>
<tr>
<td>Glad I practiced asking questions</td>
<td>Needing to take a break</td>
<td>Interested in the research</td>
</tr>
<tr>
<td>Stay on topic</td>
<td>Getting a bit off topic, need to redirect back</td>
<td>Care about their coworkers</td>
</tr>
<tr>
<td>Let them talk freely, may gain additional data</td>
<td>Angry at first about experience, very animated, calmed down as we moved on</td>
<td>Excellent descriptive information</td>
</tr>
<tr>
<td>Make sure I stay on topic</td>
<td>Very serious</td>
<td>I feel I remained un-biased, so they could talk freely</td>
</tr>
<tr>
<td>Don’t start adding your own thoughts, let them talk.</td>
<td>Wondering if they thought the interview was not an option</td>
<td>Wanted to ‘gossip’ afterwards about the clinical site</td>
</tr>
<tr>
<td>What if the recording fails?</td>
<td>Remember not to comment, as I know the person they are talking about</td>
<td>Excellent talker, very articulate</td>
</tr>
<tr>
<td>How fast can I write?</td>
<td>Kept looking at the clock</td>
<td>Didn’t have to repeat or rephrase as often as I thought</td>
</tr>
<tr>
<td>Remember to be nonjudgmental</td>
<td>Seemed a bit nervous at the start</td>
<td>I would have to</td>
</tr>
<tr>
<td>Remember open-ended questions</td>
<td>Very calm and relaxed</td>
<td>I felt bad about the participants experience, glad it worked out in the end</td>
</tr>
<tr>
<td>I am the researcher, not their best friend, be professional</td>
<td>Interesting to note the differences in body language</td>
<td>Seemed cautious, not very forthwith. Answered all the questions</td>
</tr>
<tr>
<td>Hey, I am getting the hang of this</td>
<td></td>
<td>Once they got going, they had a lot to share</td>
</tr>
<tr>
<td>Need to keep the questions the same, cannot make major changes or add – this would distort the data</td>
<td></td>
<td>Was expecting some sort of feedback at the end</td>
</tr>
<tr>
<td>Take your time, do not rush through</td>
<td></td>
<td>Few minutes late, came with child</td>
</tr>
<tr>
<td>This is a lot of data, hope I can code this correctly</td>
<td></td>
<td>I have a hard time just being the observer, want to interject and participate, share my experiences</td>
</tr>
<tr>
<td>Last one! So far no one has backed out</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>