FACILITATING TRANSITION TO PRACTICE FOR MILLENNIAL NEW GRADUATE NURSES

A Scholarly Project

Submitted to the

Faculty of Liberty University

In partial fulfillment of

The requirements for the degree

Of Doctor of Nursing Practice

By

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March, 2019

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ABSTRACT

Despite the growing nursing shortage and the dire need for a full nursing workforce, attrition rates among new graduate nurses (NGNs) continue to be of concern. One answer to the nursing shortage includes the next generation of nursing graduates: millennials. It is vital that nursing administrators and educators collaborate to develop a transition-to-practice process that meets the unique needs of millennial NGNs to increase job satisfaction, thereby increasing intent to stay in the profession. The MSPM was implemented in an NGN medical-surgical residency as a means of maintaining job satisfaction, perceptions of support, and intent to stay, among NGNs. A mixed-methods study evaluated the perceptions of NGNs throughout their preceptorship experience in the nurse residency program. Over a 3-month period, participants completed an anonymous survey and participated in focus groups. Study results indicated the preceptorship is an influential factor in the successful transition to practice of NGNs; however, it does not have a major impact on job satisfaction, perceptions of support, and intent to stay. Focus groups and survey results supported the literature by revealing important implications for consideration in supporting and retaining the millennial nurse workforce.

Keywords: New graduate nurse, millennial nurse, attrition, retention, transition to practice, intent to stay, intent to leave.
FACILITATING TRANSITION TO PRACTICE FOR
MILLENNIAL NEW GRADUATE NURSES

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Dedication

I dedicate this scholarly project to my family, especially my husband and daughter. Without your love and support, I would not have been able to achieve this goal. I thank you for your encouragement, the many hours of time you gave me away at the coffee shop, and for listening to me throughout the entire process. For my sweet daughter, I am forever grateful for your precious smile and sacrifice of time with Mommy. Even at four years old, you have an amazing gift of encouragement. I also dedicate this project to my parents, who have instilled in me a love for learning since a very early age. Thank you for always being devoted to encouraging me to fulfill the purpose for which God has created me.
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List of Abbreviations

Casey–Fink Graduate Nurse Experience (C–F)
Doctor of Nursing Practice (DNP)
Institutional Review Board (IRB)
Married State Preceptor Model (MSPM)
Nursing Education and Professional Development (NEPD)
New Graduate Nurse (NGN)
Nurse Residency Program (NRP)
Registered Nurse (RN)
SECTION ONE: INTRODUCTION

Despite the growing nursing shortage and the dire need for a full nursing workforce, attrition rates among new graduate nurses (NGNs) continue to be of concern (Robert Wood Johnson Foundation, 2014). As healthcare institutions improve focus on providing safe and patient-centered care, the need for sufficient staffing is great (Wise, 2017). One answer to the nursing shortage includes the next generation of nursing graduates: millennials. However, attrition rates among millennial nurses remains high due to burnout, fatigue, and stress (Wise, 2017). It is vital that nursing administrators and educators collaborate to develop a transition-to-practice process that meets the unique needs of millennial NGNs to increase job satisfaction, thereby increasing intent to stay in the profession (Wise, 2017).

Background

The millennial generation of nurses, including those born between 1980 and 1996, brings a new dynamic to the nursing work environment (Andrews, 2013). Millennials are driven by a desire to make a difference and to have an impact, and nursing provides the perfect opportunity for this generation (St-Denis, 2016; Wise, 2017). However, as NGNs are entering the nursing workforce, they face unexpected challenges in adapting to the work environment with a realization of unrealistic and unmet expectations (Duchscher & Cowin, 2004). The result is increasing job dissatisfaction and intent to leave, with an estimated 35 to 60% of nurses leaving their first employment position within 1 year of hire (Van Camp & Chappy, 2017).

Healthcare institutions vary greatly in the orientation process offered to new nurses, and great discrepancies exist in how hospitals provide role socialization and
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orientation to nursing as a profession (Thomka, 2001; Wise, 2017). Traditional methods
of transitioning NGNs to practice are not sufficient for millennial NGNs. These nurses
are increasingly dissatisfied with their role and have a very high intent to leave the
profession (Scott, Engelke, & Swanson, 2008; Wise, 2017).

As the threat of the increasing nursing shortage looms, nursing administrators
must consider methods to increase job satisfaction and retention of millennial NGNs
(Wise, 2017). An opportunity to increase satisfaction and retention exists in the
orientation process for millennial NGNs (Wise, 2017). The first year of employment for
an NGN is a challenging and sensitive time of learning the demands of the nursing role
and working toward establishing a new identity (Takase, Nakayoshi, & Teraoka, 2012;
Wise, 2017). It is vital that NGNs experience a supportive and well-guided orientation
into the nursing role.

Nurse residency programs (NRPs) have become more widespread as a means to
providing NGNs a more focused and supportive orientation process to ease the transition
to practice (Van Camp & Chappy, 2017). In 2010, the Institute of Medicine included a
proposal for healthcare organizations to use NRPs to facilitate the transition from nursing
student to nursing professional in The Future of Nursing: Leading Health, Advancing
Change report (Institute of Medicine, 2011). These structured, postlicensure programs are
an effective means to incorporate didactic education and clinical support through
preceptorship; however, diversity in the implementation of NRPs persists. Nevertheless, a
common successful theme among NRPs is the value of the supportive mentorship
The millennial generation of nurses have currently exceeded baby boomers as the largest division of the workforce (Diesing, 2016). To achieve a meaningful reduction in nursing staff turnover, leaders must turn their attention to millennials because the proportion of nurses younger than 35 years is exceeding one third nationally (Koppel, Deline, & Virkstis, 2017a). Identifying strategies to improve the transition to practice resulting in sustained job satisfaction and intent to stay in the profession is a key factor to reduce the growing rate of turnover.

**Problem Statement**

Millennial NGNs continue to display job dissatisfaction with a high intent to leave their first place of employment and increasing attrition rates (Wise, 2017). Orientation programs often do not adequately introduce the full spectrum of the nursing profession and role socialization (Wise, 2017). New graduate nurses complain of a lack of support as an important influence in job dissatisfaction and intent to leave the profession (Unruh, Zhang, & Chisolm, 2016). One study suggested that 17.5% of newly-licensed registered nurses (RN) leave their first nursing job in the first year, and 33% leave within 2 years (Robert Wood Johnson Foundation, 2014; Wise, 2017).

Problems with turnover of new graduates are further compounded by the costs of orientation. Reported costs of turnover range from $10,098 to $88,000 (Van Camp & Chappy, 2017). The cost of hiring an NGN is approximately $41,600, based on a 4-month orientation. Replacing a nurse can cost up to $88,000. This figure equates to a total loss of more than $120,000 for one NGN who completes orientation and leaves the organization (Van Camp & Chappy, 2017). This number has the potential to increase
exponentially with the increasing number of NGNs leaving their first place of employment.

Millennial NGNs identify unrealistic expectations, unmet needs, dissatisfaction, and an inability to socialize into the nursing role as factors in the intent to leave (Duchscher & Cowin, 2004; Wise, 2017). Poorly managed transition to practice is costly to organizations. Organizations must develop tactics to orient millennial NGNs effectively (Duchscher & Cowin, 2004; Wise, 2017).

**Purpose of Project**

The purpose of the project was to implement a model of precepting NGNs focused on the facilitation of an effective and successful transition to practice that results in sustained role satisfaction and intent to stay in the first place of employment (Wise, 2018b). The married state preceptor model (MSPM) was implemented as a preceptorship and mentorship framework supportive of the transition to practice for millennial NGNs (Wise, 2018b). MSPM objectives included welcoming NGNs to the organization, providing leadership support, facilitating the transition of knowledge and practice, and preparing the new graduate nurse to deliver safe patient care (Figueroa, Bulos, Forges, & Judkins-Cohn, 2013; Wise, 2018a). The literature demonstrated an increase in new nurse retention and role satisfaction with the implementation of the MSPM for new nurse orientation (Wise, 2018a).

**Clinical Question**

The clinical question for the project was, Will intent to stay in the nursing profession among millennial NGNs be sustained by orienting NGNs with the MSPM of orientation? (Wise, 2018b).
SECTION TWO: LITERATURE REVIEW

The literature review includes a description of the search strategies used to identify literature related to millennial NGN transitions to practice, retention, intent to leave the profession, and recommended orientation methods. The goal is to support an effective transition to practice. Furthermore, the review of literature identifies the conceptual and theoretical framework supporting the transition process.

Search Strategy

The review of literature was completed using the Cumulative Index to Nursing and Allied Health Literature database. The search was accomplished using the following key words and phrases: “millennial nurse,” “nurse intent to stay,” “nurse intent to leave,” “new graduate nurse,” “married state preceptor model,” “new nurse retention,” and “transition to practice.” The majority of the literature review was limited to publications published within the last 5 years (2013–2018); however, the review of literature was expanded to the last 15 years to include literature focused on the marginalization and lived experiences of NGNs. Inclusion of literature as early as 2001 demonstrated an ongoing need to focus on the transition to practice for NGNs, especially those in the millennial generation.

I identified several hundred pieces of literature using the search terms. I identified useful literature by reviewing article titles, abstracts, and key words. I reviewed each article critically, using a Summary and Synthesis Table Tool and a review of the leveling of research with Melnyk’s levels of evidence (Melnyk & Fineout-Overholt, 2010). To identify the most useful literature, I evaluated literature for applicability and included articles focused on transition to practice of NGNs, especially with a generational focus.
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Also included were articles specifically focused on intent to leave or stay in the profession. I excluded literature when it focused on a specific specialty of nursing, it contained no discussion of generational attributes of new graduates, it lacked focus on a preceptor model, and it discussed retention of experienced nurses. Through this evaluation, I narrowed the literature to 28 articles. Additionally, I identified supporting gray literature through a search of the Internet to find useful statistics and values, such as the report from Robert Wood Johnson Foundation (2014) regarding the frequency of new nurses leaving the first place of employment. Of the 28 articles used, three were systematic reviews, five were qualitative studies, 15 were quantitative studies, and five used mixed methods.

**Critical Appraisal**

I critically appraised each study using an appraisal tool. The tool evaluated the study purpose, sample, methods, study results, study limitations, level of evidence according to the Melnyk framework, and usefulness of the study. The three systematic reviews contained the highest level of evidence (Level 1) using the Melnyk framework (Melnyk & Fineout-Overholt, 2010). The remaining studies ranged from Level 4 to Level 6, including case-control or cohort studies, correlational studies, single descriptive studies, or qualitative studies. Article critique and leveling appears in Appendix A.

**Synthesis of Literature**

Turnover of employees in the nursing profession is a constant issue that fluctuates based on various matters (Wise, 2017). Nursing is a highly demanding and stressful job and can often result in burnout and fatigue (Wise, 2017; Liu et al., 2016). Nurses have indicated burnout, fatigue, and stress as instigators for leaving the vocation within only a
few years of entering nursing (Snavely, 2016; Wise, 2017). A 2008 study reported the turnover rate among NGNs at 30% within the first year of professional nursing practice with an increase to 57% by the second year (Liu et al., 2016). A more recent study reported approximately 17.5% of new nurses resigned within the first year of work (Liu et al., 2016).

The high rate of attrition is not only detrimental to the nursing profession and contributes to the nursing shortage, but is also extremely costly to hospitals and healthcare organizations (Wise, 2017). Nursing Solutions (2016) reported the average cost of turnover for a bedside RN ranges from $37,000 to $58,000 and results in an average hospital losing $5.2 million to $8.1 million each year (Wise, 2017). The turnover issue of new nurses must be addressed to stabilize staffing and result in cost efficiency for healthcare organizations (Liu et al., 2016).

Retention of new RNs is quite challenging, and attrition rates are staggering. Nurses identified as millennials are those born between 1980 and 1996. Recent statistics reveal the supply of NGNs between the ages of 23 and 26 years is rapidly rising with an increase in the number of full-time-equivalent RNs in this age group rising by 62% (Andrews, 2013). The millennial generation has surpassed the baby boom generation as the largest division in the workforce (Diesing, 2016; Wise, 2017). Millennials bring to the workforce a unique set of characteristics that can contribute to success in the workplace when properly developed; however, high rates of attrition reveal a disconnection between job satisfaction and role development (Wise, 2017). Recent studies revealed members of the millennial generation of nurses are significantly less satisfied with their employment
than older generational cohorts and have the largest group of nurses experiencing burnout (Price, McGillis Hall, Angus, & Peter, 2013).

Millennial NGNs bring a new dynamic to the work environment with an emphasis on expectations not present in those of previous generations. Millennial nurses have expectations of quality relationships and value a highly supportive environment filled with feedback and nurturing supportive relationships (Andrews, 2013). Millennials are more likely to emphasize personal goals related to expectations over job stability and seek employment elsewhere if they perceive they are unable to reconcile their goals with their current experiences (Andrews, 2013). Ultimately, the work environment of millennial nurses should be respectful of the knowledge these nurses bring as well as providing an encouraging environment with supportive relationships.

Nursing administrators and educators in hospital organizations must explore methods to improve the transition to practice and effectively orient millennial NGNs to increase retention and job satisfaction (Koppel, Deline, & Virkstis, 2017b; Wise, 2017). The MSPM is an effective tool to improve the transition-to-practice process, which includes the following objectives: welcoming the new graduate to the organization, providing leadership support, facilitating the transition of knowledge to practice, and preparing the new graduate to provide safe and effective care (Figueroa et al., 2013; Wise, 2018a). NGNs specify a need for a supportive and encouraging relationship with the nurse preceptor, which may be provided through the MSPM (Kumaran & Carney, 2014; Wise, 2018a). Figueroa et al. (2016) demonstrated four themes among preceptees participating in the MSPM: partnership, learning, critical thinking, and transition (Wise, 2018a). Each theme identified by Figueroa and colleagues had a positive impact on the
effective transition to practice for the NGN and increased retention in the organization (Figueroa, Gardner, Irizarry, & Cohn, 2016; Wise, 2018a).

**Conceptual and Theoretical Framework**

The Iowa Model of Evidence-Based Practice: Revisions and Validation (Iowa Model Collaborative, 2017) served as the conceptual framework guiding the development and implementation of this evidence-based practice project (Wise, 2017). The model was designed with a practical problem-solving approach useful in translating research to clinical practice to attain improved outcomes (Brown, 2014; Wise, 2017). The Iowa model encourages questioning of current practices to determine what organizations can do to improve practice through the use of current research (White & Spruce, 2015; Wise, 2017). This model was useful in guiding the application of research in facilitating the transition to practice for millennial NGNs. Permission to use the Iowa Model may be found in Appendix F.

Through use of the Iowa model, the trigger was identified as poor retention of NGNs in the organization. This factor is comparable to the attrition rates of new nurses reported in the literature. Of NGNs hired between January 2013 and July 2017, the organization has experienced an average loss of 20% within 1 year of hire. Among new graduates hired from January 2013 to July 2016, the organization experienced an average loss of 36% of RNs within 2 years of hire. This figure is comparable to attrition rates reported in the literature and indicates a need to focus on methods to increase retention of NGNs. The clinical question was identified to improve retention rates and sustain intent to stay among NGNs hired by the organization.
Following identification of a trigger and formation of the clinical question, I identified a team to address the problem, review the literature, and identify an appropriate intervention. The team included the nurse residency director and the nursing education and professional development director for the organization. In conjunction with this team, I identified the MSPM as an appropriate intervention and developed steps for implementation. The implementation process included an evaluation plan to identify the effectiveness of the strategies. Upon completion of the implementation, I finalized evaluation of the data to assess effectiveness and make recommendations to improve the process and prepare for the dissemination of the results.

The Iowa model was an effective and supportive framework for this evidence-based project. The model’s practical problem-solving approach outlines step-by-step methods to identify the trigger, establish the clinical question, assemble and appraise the evidence, design the project, and integrate and sustain the practice change (Iowa Model Collaborative, 2017). The theoretical framework underpinning the project was the middle-range theory of transitions developed by Meleis (as cited in Smith & Liehr, 2014; Wise, 2017).

Individuals consistently experience transitions in life including various degrees of changing roles (Im, 2014; Wise, 2017). Transitions are complex and multidimensional and result in changes in identity and role that may affect many other aspects of life not directly related to the transition (Im, 2011; Wise, 2017). Transitions theory recognizes types and patterns of transition including situational and role transitions (Im, 2014; Wise, 2017). The theory identifies patterns in transitions that are complex and mean an individual may experience multiple transitions at one time, thereby contributing to the
complexity of the transition process (Wise, 2017). Some specific properties of the transition process include awareness, engagement, change and difference, time span, and critical points and events (Im, 2014; Wise, 2017). Transitions can be either healthy or unhealthy, and the resulting change from transition often depends on facilitators and inhibitors in the process. Facilitators and inhibitors may be conditional, personal, community, or societal (Im, 2014; Wise, 2017). The NGN orientation process is a key player in facilitating the transition of new nurses into the professional nursing role. It is vital that the orientation be designed to capitalize on the opportunity to facilitate a smooth and successful transition to professional nursing practice (Wise, 2017).

**Summary**

The literature review provided compelling evidence of the need for successful orientation to effectively facilitate transition to practice for millennial NGNs. Nurses in leadership and management roles have a responsibility to establish a work environment that is supportive of all employees while maintaining high standards of patient-care quality and safety (Andrews, 2013). As the literature reflects, investment in strategies proven to support the successful transition to practice for millennial NGNs results in decreased preventable organizational turnover costs.
SECTION THREE: METHODOLOGY

I used a mixed-methods approach to evaluate the expectations, experiences, and intentions of millennial NGNs participating in a medical–surgical NRP. For the project, I used the mixed methods of an electronic questionnaire and focus groups. The goal was to evaluate the perspectives of NGNs.

Design

The project was an evidence-based practice project using the Iowa model for evidence-based practice (Brown, 2014). The Iowa model emphasizes organization and collaboration with a structured conceptual framework guiding implementation of sustainable quality outcomes (White & Spruce, 2015). The project entailed evaluating the full implementation of the MSPM in a medical–surgical NRP. For the project, I evaluated the intervention of the MSPM as a means of sustaining NGN job satisfaction, positive perceptions of support, and intent to stay in the current nursing role. I completed the evaluation through these mixed methods to evaluate NGNs’ perspectives. This evaluation provided insight into the viewpoints of NGNs and their levels of satisfaction with the preceptor and nurse-residency process.

Measurable Outcomes

In the project, I evaluated several outcomes. The primary focus of the project was improving the transition to practice for millennial NGNs with an outcome of increased retention of NGNs as a result of increased support, feedback, and guidance through the MSPM. I used measurable outcomes to evaluate NGNs’ perceptions of job satisfaction during the nurse residency, approval of support from the preceptor and management during the transition process, adequate and appropriate feedback provided during the
preceptorship, and their intent to stay in their current employment position. Through an initial survey and focus group, I evaluated the baseline perceptions of millennial NGNs in the NRP using the MSPM. The initial survey was completed during Week 4 of the NGNs 8-week preceptorship. Insights related to perceived needs to sustain job satisfaction and intent to stay emerged through the initial questionnaire and focus group. I evaluated the NGNs over a 3-month period following the initial survey and focus group. NGNs completed the electronic questionnaire and focus group at 1 month following the initial evaluation and at 3 months following the initial evaluation. The 1-month evaluation was during the 8th and final week of the preceptorship, and the final 3-month evaluation took place 2 months following the end of the preceptorship. I measured the effectiveness of the MSPM by evaluating perceived support, feedback, and mentorship provided to NGNs. Additionally, I evaluated NGNs’ intent to stay throughout the project period.

**Setting**

The project took place at a healthcare setting in North Texas. The population participating in the project included NGNs participating in the medical–surgical NRP. The population was NGNs in the NRP who are members of the millennial generation.

The organization is part of a multihospital system including four hospitals in North Texas, two of which hold Magnet status. The organization has a clear commitment to providing the best and safest care to the people it serves. The hospital system embodies a culture of change and improvement and consistently strives to seek the best possible outcomes. The core values include two essential concepts: innovation and skillfulness. The system encourages courageous creativity with a commitment to quality, embodying a dedication to learning and excellence.
I completed the project in close partnership with the Nursing Education and Professional Development (NEPD) department at the organization. The NEPD organizes and manages NRPs for NGNs. As in many organizations, healthcare leadership in this setting has been aware of the urgency of addressing the needs of millennial NGNs to improve their sense of satisfaction and their retention as nurses. As a result, the NEPD has explored and gradually implemented the MSPM to improve satisfaction and retention; however, this implementation has been met with challenges including resistance to change and ineffective implementation. The NEPD director was hopeful this project would allow for effective implementation of the MSPM across all medical–surgical units participating in the NRP for NGNs. The NEPD director expressed interest in and support for the project with hopefulness that the project would help show the positive improvements of implementation of the MSPM. I received a letter of support from the NEPD director prior to project implementation (see Appendix D).

The NEPD director was instrumental in providing access to key resources needed for implementation of the intervention. The NEPD purchased the training materials for the MSPM. The project required close partnership with the NEPD for training preceptors as well as helping NGNs to move through the preceptor program. In addition to program materials, the NEPD director provided supporting data including retention rates and evaluations of prior NGNs participating in preliminary implementations of the MSPM.

Population

The population for the project included NGNs in the medical–surgical NRP at the organization who are members of the millennial generation. The millennial generation comprises individuals born 1980–1996 (Andrews, 2013). The medical–surgical NRP,
beginning in July 2018, included 17 NGNs. I used convenience sampling to identify project participants. The final sample included 12 participants. Due to the longitudinal design of the study, participants withdrew over time, especially for the final electronic survey and focus group. The initial electronic survey had 11 respondents and the initial focus group had 13 participants. The 1-month electronic survey had 12 respondents, and the 1-month focus group had eight participants. The final electronic survey at 3 months had only three respondents, and the final focus group had four participants.

Inclusion criteria for the project comprised new nurses who graduated from a nursing program within 3 months of the start of the NRP. The organization hired participants into the medical–surgical NRP. Participants were born between 1980 and 1996, thereby meeting the criteria of being a member of the millennial generation. Participants successfully passed the National Council of State Boards of Nursing National Council Licensure Examination for RNs prior to beginning the nurse residence program. Finally, participants completed the initial didactic portion of the medical–surgical NRP before entering into the preceptorship of the residency program. Exclusion criteria included prior nursing experience as a licensed vocational nurse.

In anticipation of the start of the preceptorship aspect of the residency program, participants received an orientation and an offer to participate in the project. Participants received informed-consent forms and education regarding the benefits and risks of participating in the project. For the electronic survey, participants consented to participation in the anonymous survey prior to progressing through the survey. For the focus groups, participants received a written informed-consent form as well as a verbal
Explain the project. Participants consented to recording of the focus group by signing the informed-consent form (see Appendix G).

**Ethical Considerations**

The project followed all necessary methods to protect participants involved in the project. Prior to beginning the project, the Doctor of Nursing Practice project team completed research-ethics training to ensure protection of participants in the project (see Appendix C). Additionally, the Institutional Review Board (IRB) of Liberty University and the healthcare organization approved the project prior to its commencement. The Liberty University IRB gave approval for the project, and the health care organization provided an unconditional letter of support. The healthcare organization IRB did not require IRB approval due to the quality-improvement nature of the project. However, the healthcare organization did require a close overview and monitoring of the project and project results. The letters of approval from the Liberty University IRB and healthcare organization appear in Appendices B and D.

Participation in the project included minimal risk to participants, equal to risks participants might encounter in everyday life. Furthermore, the project did not involve any vulnerable populations. Any risk to participants was made clear through the informed-consent process prior to participation in the project. Participants received full information including a review of the purpose of the project, rights of the participant, risk to the participant, protection of confidentiality, and option to withdraw from the project at any point. For the electronic survey, participants provided informed consent at the start of the survey. For the focus groups, participants signed informed-consent forms at the participants’ first participation in a focus group.
Data Collection

I evaluated measurable outcomes through use of the Casey–Fink Graduate Nurse Experience Survey (C–F, Casey & Fink, 2006). The validated survey measured NGNs’ experiences upon entry into the workplace and throughout the transition process. The revised C-F included five sections: demographic information; skills/procedure performance (three open-ended questions), comfort/confidence (25 Likert-type items with 1 = strongly disagree and 4 = strongly agree), nine items on job satisfaction dimensions, and four open-ended questions about work environment and difficulties in role transition (Casey, Fink, Krugman, & Propst, 2004). Participants completed the survey electronically through SurveyMonkey. Project participants completed the initial survey to provide baseline expectations. Participants completed the initial survey during the 4th week of the 8-week preceptorship. Participants repeated the survey at 1 month and at 3 months following the initial survey. I received permission to use the survey for data collection (see Appendix E).

Additionally, the focus groups completed a qualitative assessment. I identified participants for focus groups through purposive sampling by an announcement and offer to participate. The intent of the focus groups was to enhance the report of perceptions of participants by including themes identified through qualitative analysis. Focus-group participants answered five questions related to job satisfaction and intent to stay in the profession. The questions built on key areas of interest, based on the review of literature. One question focused on identifying the millennial NGN perception of support in their current role (Andrews, 2013; Rudman, Gustavsson, & Hultell, 2014). Two questions inquired about NGNs’ intent to stay and influencing factors for staying or leaving their
first RN position (Price et al., 2013). One question addressed the challenges faced in transition from the student role to the RN role (Andrews, 2013). Last, I asked the focus group about their perceptions of job satisfaction in relation to their current RN positions (Price et al., 2013). I created the questions through collaboration with the project leader and evaluated results for content validity and for the intent of the questions to address the clinical question.

I conducted the focus groups in an NEPD classroom. The focus-group conversations are kept confidential, and NEPD employees were not included in the focus groups, to encourage open discussion. This format prevented the potential for participants to compromise employment, allowing them to offer open and honest feedback related to their job satisfaction, intent to stay, and perceptions of support by leadership and coworkers. Focus groups took place at the initiation of the study during the 4th week of the preceptorship, at 1 month following the initial focus group during the 8th week of the preceptorship, and at 3 months following the initiation of the study. The focus-group conversations were recorded and transcribed for future evaluation of themes. Participants consented to the recording of the focus groups by signing the informed-consent form prior to participation.

The participants’ privacy was protected by excluding names or any other identifying information on the transcripts. Additionally, I was the only other participant in the focus groups and I listened to the recordings. I secured the collected data in a password protected electronic file. Only I and the project leader could view the transcripts; I provided no raw data to NEPD leadership.
Tools

I used the C–F to evaluate the NGNs’ perceptions of satisfaction, support, and transition to the practice setting (Casey & Fink, 2006). The revised C–F included five sections: demographic information; skills/procedure performance (three open-ended questions), comfort/confidence (25 Likert-type items with 1 = strongly disagree and 4 = strongly agree), nine items on job satisfaction dimensions, and four open-ended questions about work environment and difficulties in role transition (Casey et al., 2004). Content validity of the survey was established by review of expert nurse directors and educators in both academic and private hospital settings. The copyrighted survey has an internal consistency estimated at an alpha of 0.89.

Additionally, I conducted focus groups targeting the topic of job satisfaction and intent to stay in the profession and gaining a general understanding of perceptions related to level of support, amount of feedback, and mentorship provided through the preceptorship. I prompted structured focus groups with five questions established through collaboration with the project leader and evaluated to ensure content validity for intent of the questions to address the clinical question. I evaluated the questions seeking NGNs’ perceptions of satisfaction with the job, level of support provided by the preceptor and unit, amount and quality of feedback, success of mentorship, and intent to stay in the first place of employment.

Intervention

Millennial NGNs face increased challenges during the transition to nursing practice following graduation. A dire need exists to implement supportive methods into the orientation process to better facilitate this transition. The project intervention
identified was the MSPM of preceptorship in the NRP. The MSPM is an effective tool to improve the transition-to-practice process, which includes the following objectives: welcoming the new graduate to the organization, providing leadership support, facilitating the transition of knowledge to practice, and preparing the new graduate to provide safe and effective care (Figueroa et al., 2013; Wise, 2018a). NGNs specify a need for a supportive and encouraging relationship with the nurse preceptor, which is provided through the MSPM (Kumaran & Carney, 2014; Wise, 2018). Figueroa et al. (2016) demonstrated four themes among preceptees participating in the MSPM: partnership, learning, critical thinking, and transition (Wise, 2018a). Each theme identified by Figueroa and colleagues had a positive impact on NGNs’ effective transition to practice and increased retention in the organization (Figueroa et al., 2016; Wise, 2018a).

**Timeline.** Project development began with an evaluation of intervention materials and planning for implementation. I planned the implementation of the intervention in collaboration with the NEPD director, residency director, nurse managers of the medical–surgical units, and preceptors. I completed a thorough review of program materials in preparation for training preceptors. Following a review of the MSPM program materials, I modified the implementation of the program to suit the needs of the healthcare organization. The MSPM is a 14-week preceptorship, and the healthcare organization’s residency program provides an 8-week preceptorship to medical–surgical residents. In collaboration with the NEPD nurse-residency coordinator, the team created materials to guide implementation of the MSPM. I developed resources to train the preceptors and NGNs and to guide the process of the preceptorship. Prior to the start of the intervention,
Facilitating Transition to Practice

I secured IRB approval from Liberty University and the hospital system (see Appendix B).

Prior to implementation of the intervention, the team trained preceptors in the use of the MSPM. Several trainings took place throughout August of 2018 to reach all preceptors using the program. Additionally, the team provided training and resources related to the MSPM to NGNs in the medical–surgical nurse residency. This process promoted understanding for the preceptor and the preceptee. Upon completion of the didactic program of the nurse residency, NGNs began working in their assigned medical–surgical units in early September 2018. The team assigned NGNs a preceptor to work with throughout the preceptorship portion of the nurse residency.

The evaluation of NGNs’ experiences began during Week 4 of the preceptorship when I recruited NGNs meeting the criteria to participate in the project. NGNs agreeing to participate completed the questionnaire evaluating their expectations and perspectives regarding the need for support, feedback, and mentorship. In addition, I conducted the initial focus group to gain insight into NGNs’ intent to stay. NGNs continued with the preceptorship. At 1 month from the initial data collection, NGNs completed the questionnaire and focus group a second time. Finally the NGNs completed the questionnaire and focus group a final time 3 months following the initial data collection.

After completion of all data collection, I analyzed the questionnaires to further understand the perspectives of the NGNs. In addition, I evaluated focus-group responses seeking themes. The data-analysis process was completed in February of 2019 with the final project manuscript completed in March of 2019.
Feasibility analysis. The feasibility of the project had minimal limitations. One key limitation to project feasibility was the timeline. The proposed initiation of the project required a shortened project-development process and securing IRB approval within a short time frame. The budget for the project included minimal costs. The organization had previously purchased the materials necessary for implementation of the MSPM. This program came at a cost of $2,000, provided for the project at no cost to me and no further cost to the organization. The project budget included items such as cost of copied materials, transcription of the interviews, engaging a statistician for data analysis, and editorial services.

Data Analysis

I analyzed data to measure outcomes through quantitative and qualitative methods. Consultation with a statistician ensured the measurable outcomes, data collected, and statistical analysis were appropriate for the project. I evaluated measurable outcomes on NGNs’ perceptions of job satisfaction during the nurse residency, approval with support from preceptor and management during the transition process, adequate and appropriate feedback provided during preceptorship, and the intent to stay in their current employment position. I completed a descriptive analysis to evaluate the overall picture of participants’ characteristics and measures of the variables (as suggested by Moran, Burson, & Conrad, 2016).

Primarily, I planned a paired analysis of the Casey–Fink index to probe for any significant changes in NGNs’ aggregate perceptions of support, skills/procedures performance, comfort/confidence, job satisfaction, and role transition (Casey & Fink, 2006). A battery of normality tests were to be run to check the distributional assumptions.
of the change in the Casey–Fink Index between the presurvey, 1 month, and 3 month evaluations to check if a paired, one-sided $t$-test was appropriate. If normality was rejected, the nonparametric counterpart of a paired $t$-test was to be employed (Wilcoxon signed ranks). Because these subscales are not entirely independent, no adjustment for multiple hypotheses would be used. Subanalysis of each subscale may be conducted post hoc, with no adjustment for multiple hypotheses, as these subscales are not completely independent of each other. Secondarily, the change between baseline and 1 month and baseline and 3 months was examined in a similar fashion. Summary statistics were to be presented in terms of mean or median change in scores/subscores between these time states.

Qualitative analysis involved thoughtful review of transcribed recordings of focus groups to identify themes and patterns in the data (Moran et al., 2016). I used qualitative data analysis methods to seek an understanding of NGNs’ perceptions of their expectations of support and intentions to stay in the current place of employment. In the qualitative analysis, I did not seek data saturation; rather, the analysis was useful in enhancing the report of perceptions of the participants.

The collective data analysis yielded interpreted findings to answer the clinical question. In this project, I desired to evaluate if the MSPM was effective in facilitating the transition to practice of millennial NGN. The goal was to understand if NGNs had sustained satisfaction and intent to stay.
SECTION FOUR: RESULTS

The purpose of the project was to evaluate if intent to stay in the nursing profession among millennial NGNs would be sustained by orienting NGNs with the MSPM of orientation. Specifically, the intervention aimed to sustain NGNs’ perceptions of job satisfaction during the nurse residency, approval of support from a preceptor and management during transition process, adequate and appropriate feedback provided during the preceptorship, and intent to stay in their current employment position.

In this project, I used a mixed-methods approach. I administered the C-F to evaluate quantitative data. Also, I conducted focus groups held with graduate nurses throughout the data-collection period. I discuss the quantitative analysis here, followed by an evaluation of the themes gained from the qualitative analysis.

Data Retrieval and Preparation

As described in Section 3, I used the C–F to evaluate NGNs’ perceptions of satisfaction, support, and transition to the practice setting. More specifically, I administered the C–F three times electronically through SurveyMonkey. An initial administration obtained baseline perceptions, and I again evaluated perceptions at 1 month later and at 3 months later.

I downloaded the C–F item-by-item responses for each participant as three separate Excel files for each administration of the survey and converted the Excel files to SPSS for the subsequent data preparation and analysis procedures. Originally, I intended to be able to follow each participant individually through each of the three administrations of the C–F. However, in the three separate administrations, SurveyMonkey assigned a unique ID number to each participant at each administration.
Consequently, it was not possible to pair an individual’s responses between each administration of the survey. Thus, I merged the data and coded as baseline ($N = 11$ participants), 1 month ($N = 12$ participants), and 3 months ($N = 3$ participants). Due to the low participation in the 3-month category, I dropped these results from the quantitative analysis.

**Data Screening and Scoring**

I screened the item-by-item responses for missing responses for the baseline and 1-month categories. Two participants from each category did not respond to any of the C–F items and thus I dropped their forms from the study. This resulted in an $N$ of nine in the baseline category and an $N$ of 10 in the 1-month category. Because the categories comprised essentially the same participants, I presumed it was the same two that did not respond.

I scored the C–F subscales following the instructions provided (UC Health, 2006). Five subscales measured support (9 items), organizing/prioritizing (5 items), stress (1 item), communication/leadership (6 items), and professional satisfaction (3 items). The items used a 4-point Likert-type scale for response where 1 = strongly disagree, 2 = disagree, 3 = agree, and 4 = strongly agree. I summed the responses: the higher the score, the more positive the individual felt about the construct represented by the particular subscale. A sixth scale comprised nine items measuring overall job satisfaction. This scale’s possible responses were a 5-point scale ranging from 1 = very dissatisfied, 2 = moderately dissatisfied, 3 = neither, 4 = moderately satisfied, to 5 = very satisfied. I summed the responses on the nine items: the higher the sum, the greater the satisfaction.
Data Analysis

I originally planned to employ paired sample $t$-tests to test for statistical differences between the baseline, 1-month, and 3-month administrations of the C–F scales. However, as described above, it was not possible to pair participants. Independent samples $t$-tests were inappropriate because the categories comprised the same participants and were not independent. As a result, I did not perform statistical-significance testing. Rather, I used effect-size analysis to examine the differences between the baseline scores and 1-month scores on the C–F subscales. Effect-size analysis is an alternative to statistical-significance testing and indicates the practical significance of a difference, regardless of whether statistical significance is present (Statistics Solutions, 2019).

Descriptive Statistics

Table 1 provides the descriptive statistics and the results of the effect-size analysis. After summing, I divided the total scores on the scales by the number of items comprising the subscale scores. This procedure allowed me to interpret the means using the same Likert-type scale the participants used. On the stress subscale, participants tended to be slightly on the “agree” side about being stressed at the beginning of the MSPM intervention ($M = 2.67, SD = .50$). One month later participants tended to be slightly on the “disagree” side regarding being stressed ($M = 2.40, SD = .84$). Thus, as a group, stress decreased during the month. Observation of all the other baseline and 1-month means tended to show positive gains after the intervention except for overall satisfaction, where a decrease emerged from $M = 3.81$ at baseline to $M = 3.42$ after 1 month. However, both means were on the “moderately satisfied” side of the scale. The means for “Organizing/Prioritizing” showed a slight decline but were almost equal.
Cohen’s $d$ is a widely used indicator of effect size for the difference between means (Cohen, 1992). Researchers obtain a Cohen’s $d$ by dividing the differences between the means by the baseline standard deviations. Criteria commonly used to interpret are $d = .20$ (small effect size), $d = .50$ (moderate effect size), and $d = .80$ (large effect size). Thus, the larger the $d$ value, the greater the effect. The $d$ column shows the effect sizes ranked from largest to smallest. Using these criteria, reduced stress and increased professional satisfaction showed positive moderate change from baseline through the 1-month administrations ($d = .54$ and $d = .50$ respectively). Communication/Leadership showed a modest positive change ($d = .33$) whereas overall satisfaction, support, and organization/prioritizing showed negligible effect sizes, with each well below the criterion of .20 for a small effect.

Table 1

**Descriptive Statistics and Effect Sizes for Differences Between One Month and the Baseline Administration of the Casey-Fink Measure**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Administration Times</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 Month</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$M$</td>
<td>$SD$</td>
<td>$M$</td>
<td>$SD$</td>
<td>Difference</td>
<td>Cohen's $d$</td>
</tr>
<tr>
<td>Stress</td>
<td>2.40</td>
<td>.84</td>
<td>2.67</td>
<td>.50</td>
<td>- .27</td>
<td>.54</td>
</tr>
<tr>
<td>Professional satisfaction</td>
<td>3.27</td>
<td>.34</td>
<td>3.15</td>
<td>.24</td>
<td>.12</td>
<td>.50</td>
</tr>
<tr>
<td>Communication/leadership</td>
<td>2.80</td>
<td>.32</td>
<td>2.69</td>
<td>.33</td>
<td>.11</td>
<td>.33</td>
</tr>
<tr>
<td>Overall satisfaction</td>
<td>3.42</td>
<td>.60</td>
<td>3.81</td>
<td>.38</td>
<td>- .39</td>
<td>.10</td>
</tr>
<tr>
<td>Support</td>
<td>3.19</td>
<td>.44</td>
<td>3.17</td>
<td>.27</td>
<td>.02</td>
<td>.07</td>
</tr>
<tr>
<td>Organization/prioritizing</td>
<td>2.52</td>
<td>.58</td>
<td>2.58</td>
<td>.35</td>
<td>- .06</td>
<td>.02</td>
</tr>
</tbody>
</table>
Qualitative Results

As described in the methodology, the focus group of NGNs’ met three times, coinciding with the administration of the C–F survey. An initial meeting took place during Week 4 of the MSPM preceptorship, a second meeting was held 1 month following the initial group, and a final meeting was conducted at 3 months following the initial focus group. The focus group had 13 participants at the first meeting, eight participants at the second meeting, and four participants at the final meeting. Each focus group was recorded and transcribed. I evaluated the transcripts using thematic analysis and discuss the results of the thematic analysis in the context of the quantitative results reporting the measurable outcomes.

Measurable Outcome 1: Job Satisfaction

The first measurable outcome evaluated among the NGNs was job satisfaction. The C–F survey evaluated job satisfaction through the subscale of “Professional Satisfaction.” Throughout the duration of the MSPM intervention, positive moderate improvement emerged in professional satisfaction, indicated on the C–F survey. During the focus group, participants indicated overall satisfaction with their new nursing role. Participants were consistently satisfied with the culture of the hospital organization and the unit on which they were hired. Participants were pleased with the ability to learn on their units and perceived they were being challenged in their new role. The survey results indicated participants had increased satisfaction with their job responsibilities and increased confidence in their ability to handle the responsibilities associated with their role on their unit. In contrast, NGNs consistently mentioned concerns with the limitation
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of nursing skills used in their units. This perception was likely due to a lack of experience and knowledge of the focused use of nursing skills in varied healthcare settings. Overall, the survey revealed participants indicated improvement in their preparation to complete their job responsibilities by the end of the MSPM preceptorship.

One inhibitor of job satisfaction was specifically mentioned in the 1-month and 3-month focus groups. Over time, participants reported dissatisfaction with the nurse-to-patient ratio, reporting the ratio was higher than indicated on hiring. Some medical–surgical units had nurse-to-patient ratios of up to one to six for NGNs. The NGNs indicated this was inconsistent with the information provided on hiring regarding a maximum nurse-to-patient ratio of one to five.

Measurable Outcome 2: Perceptions of Support

The second measurable outcome evaluated was perceptions of support from the preceptor, nursing management, and other nurses on the unit. Perceptions of support evaluated through the C–F survey showed the least amount of change over the evaluation period. During the focus groups, NGNs expressed an overall positive perception of support on their unit; however, some indicated a desire for more support from management. Participants indicated a high level of satisfaction with the support and feedback provided by their preceptor during the implementation of the MSPM. The close nature of the relationship of the preceptor and NGN likely provided the opportunity for frequent and consistent feedback. NGNs also felt supported by the other nurses on their unit. NGNs in the initial focus group indicated they felt supported by their preceptor, other nurses on their unit, and other ancillary staff. They expressed optimism in their ability to seek help and the frequency with which other nurses and staff offered help.
Though the results indicate positive perceptions of support from the preceptor and other nurses on the unit, the results demonstrated more negative perceptions of support from the unit manager. Half of the participants indicated dissatisfaction with the encouragement and feedback provided by the nurse manager during the evaluation period. NGNs verbalized disappointment during the focus groups with the amount of support perceived from nursing management. NGNs knew the nursing manager was available if needed, but expressed a desire for nursing management to be more proactive in reaching out to offer support and feedback. Interestingly, by the 3rd month of the evaluation period, several participants indicated disappointment in the way the unit was managed and some mentioned the impact this negative approach would have on their intent to stay in the unit.

**Measurable Outcome 3: Intent to Stay**

The third measurable outcome evaluated NGNs’ intent to stay in their first place of employment. The C–F survey did not specifically address intent to stay; however, in the focus groups, I specifically asked participants about their intent to stay in their first place of employment. Overwhelmingly, participants indicated an intent to stay in their current unit for no more than 1 to 2 years. Participants viewed their current unit as a place to learn and develop confidence and as a foundation for their future nursing career. Each NGN had goals of moving to a more specialized area, such as acute care, pediatrics, or mother–baby. Their current unit was a “stepping stone” to their ultimate goals in nursing.

NGNs indicated a desire to stay in the hospital organization, if possible, when seeking another specialty in their career. Overwhelmingly, participants indicated satisfaction with the culture of the organization and desired to seek specialties within.
However, if desired opportunities were unavailable, participants indicated they would seek the specialty they preferred in a different organization. They did not express being influenced by better pay or a different environment in choosing where to seek their specialty.

When questioned about influences for leaving or staying on their unit, NGNs indicated the work environment and nurse-to-patient ratios were great factors in their decision to leave or stay. Participants indicated they would prematurely seek another place of employment if they experienced poor support from management or they experienced incivility and negativity in their work environment. Additionally, participants indicated sustained high nurse-to-patient ratios would influence their decision to leave the unit sooner.
SECTION FIVE: DISCUSSION

Implications for Practice

Implementation of the MSPM overall positively influences the transition to practice for NGNs; however, further evaluation of the literature related to the way members of the millennial generation work, as well as the feedback from the survey and focus groups, indicate a need for organizations to consider many other factors related to satisfaction, perceptions of support, and intent to stay. The MSPM is a positive and effective model of preceptorship during the nurse-residency period. Nevertheless, administrators must consider modifying additional approaches to working with millennial nurses beyond the nurse residency. Such approaches must begin by creating an awareness and a better understanding of how millennials approach their career and the workplace. This consideration results in additional recommendations to develop and retain the millennial workforce.

Understanding millennials. For organizations to positively develop and retain the millennial generation of nurses, leadership must have a better understanding of millennials’ perspectives and motivations. Overwhelmingly, the literature consistently suggested millennials choose nursing from a desire to make an impact, answer a calling, and experience personal satisfaction in the nursing role (Price et al., 2013; St-Denis, 2016). Few professions create the guaranteed opportunity for growth and career advancement like nursing. These nurses are not working for a paycheck but for a purpose (Gallup, 2016). Millennial nurses do not pursue job satisfaction; rather, they seek personal growth and development. NGNs’ focus is on the development of strengths and viewing their job as more than a job, as a part of life (Gallup, 2016). Millennial nurses
have expectations of quality relationships and value a highly supportive environment filled with feedback and nurturing supportive relationships (Andrews, 2013). Additionally, this generation of nurses has low tolerance for incivility and will leave the workplace due to consistent and unrecognized incivility (Andrews, 2013). Unlike previous generations, millennial nurses have strong personal goals for advancement and higher education and value pursuit of career goals over commitment to their current employment.

**Working with the generation.** Unfortunately, the term *millennial* in reference to this generation of individuals has developed a negative connotation, as those describing members of the generation place greater emphasis on negative characteristics than those that are positive. Individuals in the millennial generation are often described as entitled, narcissistic, self-interested, unfocused, or lazy (Weirich, 2017). Despite the progenitor of these descriptors, millennials are the generation that is rapidly growing in the workforce, and their needs must be addressed. Millennials strongly value and thrive in the workplace with effective mentorship, inclusion, and support.

The most important intervention for this generation has consistently shown to be mentorship. Millennials desire to be led rather than managed (Gallup, 2016). This generation cares about having managers who can coach them and value them as people and as employees, with the ability to help understand and build strengths (Gallup, 2016). Providing advice, stories of experience, and words of caution is greatly valued as is asking questions that provoke thoughtfulness and contemplation. A lecturing and commanding style can be offensive and result in distance and unwillingness to seek counsel.
The millennial generation overwhelmingly expresses a need for a safety net of support in their role. Millennials typically present themselves as confident and independent; however, they often have an unspoken need for intentional support from their direct leaders. These nurses desire constructive support and feedback from their managers through a mutually respectful relationship. Furthermore, millennial RNs expect they will not have to always seek support and feedback. Not only should nursing leaders consistently offer support and feedback, but millennials want to feel their leaders are their allies and desire them to be successful.

Last, millennials bring a new and refreshing perspective to the healthcare environment. Millennials are most effective when paired with seasoned Generation X and baby boomer counterparts (Carucci, 2016). For powerful and successful innovation, leaders should invest in relationships that blend the best of what generational mixes offer (Carucci, 2016). Millennials are uniquely qualified to engage in innovative disruption, developing new approaches to solve the challenges faced in today’s healthcare delivery. Leaders must provide opportunities for this generation to have a voice by neutralizing hierarchy and status and approaching work on equal footing.

**Developing millennials in practice.** Three areas for consideration in changing approaches to practice are creating opportunities for professional development, understanding and supporting career goals, and focusing on career growth in the organization. Millennials desire their job to be a place of growth and development. As a result, opportunities for learning and growth is a major factor in retaining millennials and the only aspect of retention that is unique to this generation (Gallup, 2016). Nursing leaders should provide opportunities for millennial nurses to participate in professional
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devlopment early in their careers in and outside the organization. Professional
development not only includes development in the current nursing role but also
advancement of education and career goals. A large majority of millennial nurses express
a desire to continue with formal higher education and pursue advancement in their career.
Nurse leaders should consider these goals when considering the nursing workforce and
retention. A negative and unsupportive approach to the pursuit of personal education
goals can result in premature loss of these individuals from their role. Encouragement and
support of the pursuit of higher education and advancement in their nursing career can
positively impact the potential of these individuals to stay committed to their organization
and pursue advanced practice roles in the organization.

A transformational approach to retaining millennial nurses would provide
opportunities for career development in the organization. High turnover rates among
young new nurses is quite costly for healthcare organizations. An internal advancement
approach has the potential to increase commitment and reduce the cost of turnover. With
an understanding of the desire to pursue career goals, organizations can design bridge
programs to create opportunities for commitment to the organization. An opportunity for
bridge programs might include a medical–surgical bridge to specialty areas (i.e., critical
care, emergency care, women’s services, pediatrics, etc.). Another approach is to create a
“float pool” residency program where NGNs experience various practice environments
while learning essential skills to safely care for patients in each area. At the end of the
program, NGNs are hired to a designated unit based on performance and interest. Other
bridge programs might focus on bridging from registered nursing to advanced nursing practice or bridging from bedside nursing to education or leadership roles.

**Sustainability**

The MSPM is sustainable in the medical–surgical residency program of the organization. The leadership in the NEPD values the influence of the MSPM preceptorship. Evaluation of implementation indicated a need for further education and development among some preceptors, and even more indicated a need for education and commitment from individual unit nursing managers. With the nature of the centralized education department in the organization, nurse managers were placing greater responsibility on the NEPD than was appropriate in managing the progression of NGNs through the MSPM. Nurse managers need more commitment to and oversight over their employees’ development and progression, including evaluating the effectiveness of the preceptor–NGN relationship throughout the preceptorship.

The NEPD is currently preparing to seek accreditation for the NRP. In preparation for this accreditation, the NEPD director has established a task force to develop and improve the residency. This task force includes nurse managers and other stakeholders in the nurse residency. Collective efforts toward residency accreditation will result in further education and commitment from nursing management throughout the hospital. Additionally, further improvements to the MSPM implementation process will result in an even stronger and more effective preceptorship for NGNs, thereby improving future NGNs’ transition to practice.
Limitations

The sample for the project was a small convenience sample taken from a specific population of NGNs in the medical–surgical NRP at the hospital organization. The major decrease in participants greatly impacted the ability to evaluate perceptions over the full 3-month period. Limiting the study to the medical–surgical nurse residency resulted in an inability to evaluate perceptions of NGNs in specialty areas such as critical care, emergency nursing, mother–baby care, and other nursing specialties. The NGNs in these units may have different perceptions of satisfaction, support, and intent to stay, based on various factors and influences unique to those care environments.

Dissemination Plan

Dissemination is essential to improvement in nursing practice. I will target educators and administrators at the local, state, and national levels. Dissemination will begin locally by providing a final report to the hospital organization involved in the evaluation of the intervention. Further dissemination will continue through seeking poster or podium presentations in appropriate nursing organizations. Finally, dissemination will occur through published manuscripts.

In disseminating the results and implications of this project, I aim to increase awareness of the millennial generation and how to develop and retain the future of the nursing workforce. Recommendations regarding implementation of the MSPM are useful and may be beneficial to other organizations considering this method; however, even more valuable may be the development and improvement in organizations’ approaches to working and retaining millennials. It is undeniable that current and past approaches to
developing and retaining new nurses is no longer effective. Administrators must evaluate methods to improve retention and satisfaction among this population of nurses.

**Conclusion**

Transition to practice for millennial NGNs is a pivotal and important point in this population’s nursing career. Though this stage is vital, it is not the only or most important factor in retaining NGNs. Many other factors outside of the preceptorship influence job satisfaction, perceptions of support, and intent to stay in the first place of employment.

Ultimately, the millennial generation of nurses should not be viewed as a threat to the vitality of the nursing workforce. Rather, millennial nurses have the opportunity to have an unprecedented impact on the healthcare landscape. The focus is not on changing the generation to fit the previous mold, but rather on empowering and equipping them to greatly impact and continuously improve quality patient-centered care. Mutual respect, encouragement, support, and fostering development may be keys to retaining and developing millennial nurses.
References


Appendix A
Article Critique and Leveling
<table>
<thead>
<tr>
<th>Article title, author, etc. (current APA format)</th>
<th>Study purpose</th>
<th>Sample (characteristics of the sample: demographics, etc.)</th>
<th>Methods</th>
<th>Study results</th>
<th>Level of evidence (use Melnyk framework)</th>
<th>Study limitations</th>
<th>Would use as evidence to support a change? (yes or no) provide rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Kuokkanen, L., Leino-Kilpi, H., Numminen, O., Isoaho, H., Flinkman, M., &amp; Meretoja, R. (2016). Newly graduated nurses’ empowerment regarding professional competence and other work-related factors. <em>BMC Nursing</em>, 15, Art. 22. doi:10.1186/s12912-016-0143-9</td>
<td>Explore NGNs’ empowerment and its associations with their self-assessed professional competence, turnover intentions, work schedule, satisfaction with quality of care in the unit, and demographic factors.</td>
<td>318 NGNs returned questionnaires: 91% female with an average of 9 mo. since graduation and 8 mo. Of work experience as RN. NGNs registered between Nov 2011 and Oct 2012 in Finland. Study participants were targeted by e-mail to members of the Finnish Nurses’ Association and the Union of Health and Social Care Professionals. Length of employment as an RN was ≤ 12 mo.</td>
<td>Descriptive, cross-sectional and correlational design. Empowerment measured with the 19-item Qualities of an Empowered Nurse scale. Competence was measured with the Nurse Competence Scale. Work-related factors concerning job turnover intention and job satisfaction were analyzed as independent variables. Questionnaires were completed electronically.</td>
<td>NGNs assessed empowerment as fairly high. Competence had the strongest effect on NGNs empowerment. NGNs’ satisfaction with their current job and nursing profession significantly relates to empowerment. NGNs consider themselves more empowered had no plans to change their job.</td>
<td>Level 6</td>
<td>Response bias was considered due to self-reported underestimated low response rate. Target group had limited access to NGNs with membership to the organizations. After 9 months of graduation, NGNs’ work environments and experiences of nursing care may have varied greatly. This supports an intervention that results in increased competence and empowerment.</td>
<td>Yes—the research showed that competence and empowerment results in increased intent to stay in the current nursing role among NGNs.</td>
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<td>2. Ishihara, I., Ishibashik, Y., Takahashi, K., &amp; Nakashima, M. (2014). Effect of organizational factors and work environments on newly graduated nurses’ intention to leave. Japan Journal of Nursing Science, 11, 200–210. doi: 10.1111/jjns.12021</td>
<td>Evaluate the intention to leave in relation to organizational factors and work environments among NGNs. 148 surveys returned. Mean age was 23.8 years. Highest level of education for 60.5% of respondents was baccalaureate; 61.22% of respondents graduated from an organization-related college or diploma school. Involved NGNs from baccalaureate programs or diploma schools in 2010 who started their nursing jobs in a hospital in April of the same year. The nurses were employed at public medical institutions</td>
<td>Questionnaire were issued to participants. Questionnaires were developed by the International Collaboration to Study the Occupational Health of Nurses. Included sections on demographics, organizational factors of facilities/agencies, work environments/conditions, and individual outcomes associated with working conditions.</td>
<td>Significant correlations related to NGN intention to leave the workplace and nursing were validated. Magnet hospital organizations provided better working environments and retained NGNs at their worksites. Lack of social support, lower commitment to the workplace, job dissatisfaction, and work barriers contributed to burnout conditions which resulted in intent to leave. Support from colleagues and supervisors is an essential factor in retaining NGNs in the workplace. Study results supported the use of transition programs.</td>
<td>Level 4</td>
<td>Low</td>
<td>Yes—Results support the need for transition programs. Lengthy survey programs for with potentially new graduate too many items. Nurses to Lengthy duration of survey availability (8 weeks). Cross-sectional design limited distribution of the sample, making data less generalizable.</td>
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<td>3. Rudman, A., Gustavsson, P., &amp; Hultell, D. (2014). A prospective study of nurses’ intentions to leave the profession during their first five years of practice in Sweden. International Journal of Nursing Studies, 51, 612–624. doi:10.1016/j.ijnurstu.2013.09.012</td>
<td>Investigated the prevalence of NGNs’ intentions to leave the nursing profession. Aimed to prospectively monitor the development of the intention to leave during the 1st 5 years of professional life. The study was impacted by sex, age, occupational preparedness and burnout on the development of intention to leave the profession.</td>
<td>2,331 student nurses were invited to participate in study during their 2nd semester of education; 1,702 (73%) gave informed consent and participated. Data accrued during the final year of nursing education and during the first 5 years of employment. Of 1,501 respondents who participated after graduating, a total of 1,417 worked as nurses and responded to items regarding intention to leave the nursing profession. Participants ranged from 20–52 years with a mean of 28.4 years; 89% were female, and 91% were Swedish.</td>
<td>This was a longitudinal observational study. The outcome variable was the intention to leave the nursing profession. Data were analyzed using latent growth curve modeling.</td>
<td>The proportion who strongly intended to leave the profession increased from 9.1% to 18.1% across the first 5 years of employment. The proportion actively applying for positions outside the profession and felt a strong desire to leave more than doubled from 1.5% to 4.0% and from 1.7% to 5.0%, respectively. The 5-year cumulative incidence of nurses who strongly intended to leave the profession was 30%. A cross-sectional prevalence of up to 20% of nurses strongly intended to leave the profession within the first 5 years after graduation.</td>
<td>Level 4</td>
<td>Missingness was a possible influence on the supportive longitudinal results. Attrition over time was more often found for young nurses. The magnitude of association between burnout and turnover intentions may be an underestimation of the true association. Unable to define the number of nurses who actually left the nursing profession during the longitudinal study.</td>
<td>Yes—supports the need for a supportive transition and decreased burnout among new graduate nurses.</td>
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<td>Empirically test a multivariate model of RN intent to leave the job and profession using data from a survey of newly licensed RNs (NLRNs).</td>
<td>Data accrued from a survey of NLRNs in the fall 2008 in Florida. A Random sample of 40% of NLRNs in the state was selected, and surveys were sent through the mail. The response rate was 18% (533 surveys were returned). Bias analysis showed similar geographic and demographic characteristics in the entire population of NLRNs in Florida at the time of the sample. 503 of sampled NLRNs were working at the time of the survey. Average age was 35 years; 91% female, 77% White.</td>
<td>Cross-sectional data analysis resulted in a model of causation but not proof of causation. The Instrument was a collection of survey questions and subscales from prior studies. Questions regarded personal and work characteristics, perceptions of job demand, difficulties and control, satisfaction with the job, opportunities for other jobs, and intent to leave the job and nursing. Univariate and bivariate analyses were performed</td>
<td>Just over half considered the adequacy of their orientation to be fairly to extremely good. NLRNs intending to leave the job and profession were influenced by personal and work characteristics involving a reciprocal relationship and mediators between these characteristics and intent to leave. To keep NLRNs in their jobs and profession, work-environment factors affecting job satisfaction must be addressed.</td>
<td>Level 4</td>
<td>Relatively low survey response rate. Job satisfaction was measured as an observed variable, not as a latent variable in the model. Most survey questions were measured by five or six levels of Likert-type scales. Data are cross-sectional, causality cannot be assured from this model.</td>
<td>Yes – the model may be a useful resource in identifying influences in the intent to leave the profession.</td>
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<td>Bontrager, S., Hart, P., &amp; Mareno, N. (2016). The role of preceptorship and group cohesion on newly licensed registered nurses’ satisfaction and intent to stay. <em>Journal of Continuing Education in Nursing, 47,</em> 132–139. doi:10.3928/00220124-20160218-09</td>
<td>Worked to understand how preceptor-role effectiveness and group cohesion play a role in nursing satisfaction and intent to stay among NLRNs. Research questions: What were the relationships among preceptor role effectiveness, group cohesion, and job satisfaction among NLRNs? What were the relationships among preceptor role effectiveness, group cohesion, job satisfaction, and intent to stay among NLRNs?</td>
<td>Inclusion criteria: first year of practice, enrolled in a residency program, practiced in the hospital setting, spoke and read English, and 18 yrs. or older. Of 210 NLRNs, 84 responded (40% response rate).</td>
<td>Using a quantitative, Descriptive, prospective, cross-sectional design, used a convenience sampling of NLRNs attending a residency program from a regional, multihospital, community healthcare system. The researcher designed a demographic questionnaire and used the Preceptor Role Effectiveness Scale, Group Cohesion scale, the Nurse Job Satisfaction Scale, and the Intent to Stay Scale.</td>
<td>A statistically significant relationship emerged between preceptor role effectiveness and job satisfaction (low, positive relationship). A statistically significant relationship emerged between group cohesion and job satisfaction (moderate, positive relationship). A statistically significant relationship emerged between preceptor-role effectiveness and intent to stay.</td>
<td>Level 6</td>
<td>The cross-sectional nature of the study was limited in the ability to examine changes in NLRNs during the orientation period. Researchers were unable to conduct the survey beyond one health care system.</td>
<td>Yes—the study supports the effectiveness of a positive preceptor-led orientation experience in improving the intent to stay in the profession among NGNs.</td>
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<td>Brewer, C. S., Chao, Y., Colder, C. R., Kovner, C. T., &amp; Chacko, T. P. (2015). A structural equation model of turnover for a longitudinal survey among early career registered nurses. <em>International Journal of Nursing Studies, 52,</em> 1735–1745. doi:10.1016/j.ijnurstu.2015.06.017</td>
<td>Researchers compared predictors of nurses’ actual turnover to their careers, focused on a sample of early career nurses.</td>
<td>Data accrued from surveys mailed and e-mailed to early career RNs. The survey was completed in waves. Waves 1–2 had a sample of 2,386. Waves 4–5 had a sample of 1,073. Respondents average age was 32.45 years. About 10.8% of participants changed jobs after working a year as an RN.</td>
<td>Longitudinal panel design to test model linking major turnover variables among a national sample of early career registered nurses.</td>
<td>Strong support over time for relationships hypothesized among job satisfaction, organizational commitment, intent and turnover, with some support for shock and search for nurses who have just entered the workforce. No indication that job satisfaction or organizational commitment had direct effects on turnover.</td>
<td>Level 4</td>
<td>Drop in sample size. No distinguishing of involuntary leaving from other reasons for leaving.</td>
<td>Yes – A supportive preceptor relationship promotes job satisfaction.</td>
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<td>Ke, Y. T., Kuo, C. C., &amp; Hung, C. H. (2017). The effects of nursing preceptorship on new nurses’ competence, professional socialization, job satisfaction and retention: A systematic review. <em>Journal of Advanced Nursing</em>, 73, 2296–2305. doi:10.1111/jan.13317</td>
<td>Researchers aimed to determine the effects of nursing preceptorships on new nurse with the competence, job satisfaction, professional socialization, and retention of NGNs.</td>
<td>Search methods included multiple literature databases. Inclusion criteria: new nurse with work experience &lt;1 year in a preceptorship or mentoring program. Comparing traditionally oriented programs and preceptorship or mentorship programs for nursing competence, professional socialization, job satisfaction, and new nurse retention rates.</td>
<td>A quantitative systematic review using the Joanna Briggs methodology to process one randomized controlled trial, one quasi-experimental study, and four observational studies.</td>
<td>The most often adopted preceptorship was a fixed preceptor/preceptee model and one-on-one for 1–3 months. Nurses’ overall competence increased significantly due to the preceptorship. No clear conclusions emerged on the effect of the preceptorship on nurses’ retention because of inconsistent time points for calculation and no control group. Preceptorships could significantly improve nursing competence. Results failed to support the effects of preceptorship on professional socialization, job satisfaction, and retention rates among new nurses.</td>
<td>Level 1</td>
<td>Review used only English- or Chinese-language literature. Methodological issues were concerning in available studies. Most studies had an observational study design.</td>
<td>Yes—the information in the study supported the benefits of a preceptor model in the transition to practice, especially improving competence, which in turn can improve confidence.</td>
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Investigated the experience and value of a local preceptorship program from the perspective of NGNs and their preceptors. Three preceptors and three preceptees.

Using a qualitative design, THE researcher designed a questionnaire appraising experiences and questioning what they thought an ideal preceptorship model should be like.

Five themes from preceptees emerged:
1. NGNs experienced a traumatic transition from student to staff nurse.
2. Added pressure of being a newly qualified nurse.
3. Needed for proper accessibility and support from preceptors.
4. Needed a program that is clinically focused.
5. Preceptees should receive informal support outside the formal guidelines of the preceptorship.

Five themes from preceptors emerged:
1. A requirement for formal establishment and structure of the preceptorship program.
2. A goal of enabling preceptees to feel confident and comfortable in their new role and environment.
3. The importance of timely preceptorships at the beginning of newly qualified nurses’ journey.
4. The importance of meaningful feedback.

Level 6

<p>| Study focused on only one group of preceptors and students. | Differences could exist between a BSN preceptee and a diploma-prepared preceptee. | Yes—preceptorship programs are supportive and essential to guiding the transition from student nurse to staff nurse. |</p>
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<td>5. Specific study on the program should be unit-based, supported, and relevant.</td>
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Examined the relationship between 1-yr retention of NLRNs employed in hospitals and personal and hospital characteristics. This longitudinal study was a secondary analysis of data collected in a study of transition to practice. Overall, the retention rate at 1 yr. was 83%. Retention of NLRNs was higher in urban areas and in Magnet hospitals. The only personal characteristic affecting retention was age, with younger nurses more likely to stay. When hospitals were divided into groups based on transition to practice programs, those with established evidence-based transition-to-practice programs had an average retention rate of 88%; those with limited transition programs had an average retention rate of 75%. The retention of NLRNs in hospitals with strong preceptor support was 86%, whereas retention rates in hospitals with low preceptor support was 80%.

10. Van Camp, J., & Chappy, S. (2017). The effectiveness of nurse residency programs on retention: A systematic review of literature examined NGN residency. Articles were included aligned with following criteria: Published in The search strategy was through CINAHL, Health Source Nursing/Academic. Nurse residency programs appear to have positive outcomes, and Level 1 Organizations did not clearly define the measurement of the same retention at 1 year. NLRNs were followed for only 1 year. (previous work showed that retention in their 1st job further dropped in the 2nd year). Hospitals volunteering to be part of the study were not necessarily representative of all U.S. hospitals. Yes—evidence supports the benefit of the preceptorship in retention.
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<td>programs, residents’ perceived satisfaction, and retention rates, to recommend implementation in perioperative settings.</td>
<td>English, Published between 2004 and 2016, addressed nurse retention rates, satisfaction, or perceptions associated with the residency program. 48 articles were identified for potential inclusion that included 22 articles for the final literature review.</td>
<td>edition, Ovid, and Academic Search Complete using key words: graduate nurse, new graduate nurses, residency, internships and residency, perioperative, and retention.</td>
<td>benefit from the education, support, and guidance that these programs provide. New graduates in residency programs are more prepared to face challenges as an RN. Residency programs appear to foster a successful transition for new graduates into RN practice to produce competent, confident nurses who may provide staffing continuity in the organization that hired them.</td>
<td>year. Effectiveness of nurse residency programs should be evaluated by conducting more quasi-experimental studies to compare retention rates among groups of graduate nurse residents with rates among groups of graduate nurse nonresidents.</td>
<td>MSPM and is shown to be effective in improving the transition process, resulting in the retention of NGNs.</td>
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<td>11. Price, S. L., McGillis Hall, L., Angus, J. E., &amp; Peter, E. (2013). Choosing nursing as a career: A narrative analysis of millennial nurses' career choice of virtue. <em>Nursing Inquiry</em>, 20, 305–316. doi: 10.1111/nin.12027</td>
<td>To further understand the experience of choosing nursing as a career among individuals of the millennial generation: 1. How do participants explain, account for and make sense of their choice of nursing as a career? 2. How do participants narrate personal, social, and organizational influences within their career choice narratives? 3. How do these narratives reflect an understanding, or create images, of nursing as a career and as a profession?</td>
<td>Participants were recruited from a large school of nursing BSN program in Eastern Canada: 185 students enrolled. The target population included millennials for whom nursing was their preferred career choice. Participants included women and men born in 1980 or later, entering their first year of study in nursing: 12 millennial women participated in the study.</td>
<td>This narrative inquiry included two, face-to-face interviews using a semistructured interview guide, participant journals, and investigator field notes.</td>
<td>In each narrative, career choice was a course of discovery rather than a static moment in time or definitive event. Participants originally made career choices around traditional and stereotypical understanding of nursing as a virtuous profession, perceiving nursing to embody altruism, caring, and compassion. Subthemes identified were making a difference, characterizing oneself as nurse, imagining nursing as the ideal career, and constructing choice as a calling. A highlight was the importance of updated and realistic imaging of nurses.</td>
<td>Level 6</td>
<td>Students were at the start of the nursing program and were still in a mindset of “selling themselves” as nurses.</td>
<td>Yes—the findings gave context to the motivation behind millennial nurses’ choice of nursing as a career.</td>
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<td>Researchers aimed to recommend methods to improve retention in the early part of the nursing career of millennials. They made two recommendations:</td>
<td>This report is the 2nd part of a 2-part series based on research completed in prior study. Information regarding sample characteristics, methods, and study results can be found in Resource 13.</td>
<td>Report is the 2nd part of a 2-part series based on research completed in prior study. Information regarding sample characteristics, methods, and study results can be found in Resource 13.</td>
<td>Organizations that have successfully reduced turnover among early-tenure millennials implement 2 key strategies: they help them feel an early sense of accomplishment and identify—and where possible—redirect nurses considering leaving.</td>
<td>Level 6</td>
<td>Report is the 2nd part of 2-part series based on research completed in prior study. Information regarding sample characteristics, methods, limitations and study results can be found in Resource 13.</td>
<td>Yes—the article encourages the need for support for millennial nurses in the early part of their nursing careers including feedback to help the nurse feel a sense of accomplishment.</td>
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Researchers conducted a survey to understand why early tenure millennials were leaving their organizations at higher rates than other groups of nurses. To identify root causes of millennial turnover and best practices, to overcome them.

Review of survey data using Advisory Board Survey Solutions Employee Engagement Survey database. Researchers evaluated 50,000 responses and conducted 90 telephone interviews with hospital-based nurse executives, directors, managers, and educators to understand how organizations succeed in reducing millennial nurse turnover.

The top 10 drivers of engagement are the same for millennial nurses and nurses overall. Current workplace engagement needs are the same for all nurses. Traditional engagement strategies will not retain early-tenure millennial nurses. Millennial staff tend to be more engaged than loyal, suggesting leaders need to supplement engagement strategies with targeted retention efforts for millennials. A factor in job change requires an evolving workplace culture with employers increasingly accepting people changing jobs at the start of the career.

If leaders can retain millennial nurses past the 3-year mark, they are likely to remain loyal to the organization if they continue to feel engaged.

The researchers did not discuss limitations. Yes—provides insight into millennial nurses’ motivation for leaving nursing early in their careers.
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<td>14. Andrews, D. (2013). Expectations of millennial nurse graduates transitioning into practice. <em>Nursing Administration Quarterly</em>, 37, 152–159. doi:10.1097/NAQ.0b013e3182869d9f</td>
<td>Researchers aimed to portray the expectations of millennial student nurses immediately before graduation. Understanding these expectations provides insight for leaders who are responsible for crafting a successful transition experience.</td>
<td>14 students enrolled in a traditional BSN academic nursing program approximately 2 months prior to graduation</td>
<td>Using a qualitative descriptive design, emerged: researchers conducted private, confidential, semistructured interviews with open-ended interview questions focused on reports of career and practice expectations upon entering the workforce.</td>
<td>Three themes emerged: The expectation that transition would be stressful. The expectation that there would be a safety net of support. The expectation to be valued and respected as a professional.</td>
<td>Level 6</td>
<td>Participants were volunteers from a single BSN program in the southeastern United States; Findings are difficult to generalize to other prelicensure RN populations (i.e., Associate Nursing Degree)</td>
<td>Yes—study provided insight into expectations of millennial new graduates, giving context to what is needed in the transition to practice.</td>
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<td>15 Riegel, E. M. (2013, November). Orienting a new generation of nurses: Expectations of the millennial new graduate. <em>Open Journal of Nursing</em>, 3, 461–466. doi:10.4236/ojn.2013.37062</td>
<td>Researchers examined the experiences of the new graduate nurses of the millennial generation as they navigate orientation in an acute-care setting. They aimed to gain insight into the expectations of this generational cohort as they enter the healthcare workforce.</td>
<td>Participants were 17 nurses born between 1980 and 1989, graduating from nursing program within 3 years of the study.</td>
<td>This was a descriptive, Web-based survey with qualitative content analysis.</td>
<td>A dominant theme was seeking structure while expecting an individualized orientation. The importance of the preceptor and manager in the perceived success of this generation’s transition was highlighted, along with a need to assimilate into the professional role of RN.</td>
<td>Level 6</td>
<td>A relatively small sample from one location can make it difficult to generalize findings.</td>
<td>Yes—valuable information regarding the expectations and experiences of millennial new nurses during the orientation process.</td>
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*Note. CINAHL = Cumulative Index to Nursing and Allied Health Literature, NGN = new graduate nurse, RN = registered nurse, MSPM = married state preceptor model.*
Appendix B

IRB Approval Documentation

August 17, 2018

Tiffani Wise
IRB Approval 3425.081718: Facilitating Transition to Practice for Millennial New Graduate Nurses

Dear Tiffani Wise,

We are pleased to inform you that your study has been approved by the Liberty University IRB. This approval is extended to you for one year from the date provided above with your protocol number. If data collection proceeds past one year or if you make changes in the methodology as it pertains to human subjects, you must submit an appropriate update form to the IRB. The forms for these cases were attached to your approval email.

Your study falls under the expedited review category (45 CFR 46.110), which is applicable to specific, minimal risk studies and minor changes to approved studies for the following reason(s):

6. Collection of data from voice, video, digital, or image recordings made for research purposes.

Thank you for your cooperation with the IRB, and we wish you well with your research project.

Sincerely,

[Signature]

Administrative Chair of Institutional Research
The Graduate School

Liberty University | Training Champions for Christ since 1971
Appendix C

CITI Certificate

This is to certify that:

Tiffani Wise

Has completed the following CITI Program course:

Biomedical Research - Basic/Refresher
Biomedical & Health Science Researchers
1 - Basic Course

Under requirements set by:

Liberty University

Verify at www.citiprogram.org/verify/?wed27891a-3601-4f6b-a8e0-d04e6fbc25b5-27342734
Appendix D

Letter of Support From the organization

Date: September 13, 2018

To: Liberty University IRB

Re: IRB Approval 3425.081718: Facilitating Transition to Practice for Millennial New Graduate Nurses

Dear IRB Members,

After reviewing the proposed study Facilitating Transition to Practice for Millennial New Graduate Nurses presented by Tiffani Wise, I have granted authorization for Tiffani to conduct research at the organization.

I understand the purpose of the study is to implement a model of preceptorship focused on the facilitation of an effective and successful transition to practice resulting in sustained role of satisfaction and intent to stay in the nursing profession. It is understood that this project will end no later than February 2019.

To ensure employees, fellows, residents, and students are protected, Tiffani has agreed to provide the Clinical Research Institute with a copy of all Liberty University IRB-approved documents before she recruits participants. She has also solicited the support of an internal champion. The champion is an employee serving in a leadership capacity. The champion will oversee the project on behalf of the organization and provide Tiffani with guidance as needed.

At the conclusion of this project, Tiffani will provide a copy of the final report, results in aggregate, and the IRB closure letter to the Clinical Research Institute.

Please contact me at the number or email address below if there are questions or concerns.

Sincerely,

[Redacted]
Appendix E

Permission to use Casey–Fink Graduate Nurse Experience Survey

The Casey–Fink Graduate Nurse Experience Survey Revised: Utilization

Thank you for your inquiry to use one of the Casey-Fink Survey instruments. These surveys were developed to elicit the voice of nursing students, graduate nurses, and nursing staff with hopes of enhancing their educational formation and advancing their contribution to leading change as health care professionals.

You have permission to use these surveys free of cost. In return, we are requesting your contact information and reasons for how the survey(s) will be used in your practice setting. This information will be used for our ongoing research on utilization of the Casey-Fink Surveys.

The Survey Monkey survey you are asked to complete will take approximately 2-3 minutes. We are grateful for your participation and appreciate the information you share with us.

Sincerely,

Kathy Casey and Regina Fink
Appendix F

Permission to use the Iowa Model

You have permission, as requested today, to review and/or reproduce The Iowa Model Revised: Evidence-Based Practice to Promote Excellence in Health Care. Click the link below to open.

[Link to the Iowa Model Revised]

Copyright is retained by University of Iowa Hospitals and Clinics. Permission is not granted for placing on the internet.


In written material, please add the following statement:

Used/reprinted with permission from the University of Iowa Hospitals and Clinics, copyright 2015. For permission to use or reproduce, please contact the University of Iowa Hospitals and Clinics at 319-384-9098.

Please contact UHHCNursingResearchandEBP@uiowa.edu or 319-384-9098 with questions.
Appendix G

Informed Consent Template

CONSENT FORM
Facilitating Transition to Practice for Millennial New Graduate Nurses
Tiffani Wise
Liberty University
School of Nursing

You are invited to participate in a research project on the transition to practice for millennial new graduate nurses. You were selected as a possible participant because you are a new graduate nurse in the millennial generation (born 1980 – 1996) participating in the medical-surgical nurse residency preceptorship at Methodist Charlton Medical Center. Additionally, you have previously completed the didactic portion of the nurse residency program. Please read this form and ask any questions you may have before agreeing to be in the project.

Tiffani Wise, a doctoral student in the School of Nursing at Liberty University, is conducting this project.

Background Information: The purpose of this project is to evaluate if intent to stay in the nursing profession amongst millennial new graduate nurses will be sustained by orienting new graduate nurses with the Married State Preceptor Model (MSPM) of orientation.

Procedures: If you agree to be in this project, I would ask you to do the following things:
1. Complete an anonymous electronic survey at the start of the preceptorship, one month after the start of the preceptorship, and three months after the start of the preceptorship. Each completion of the survey should take roughly 10 minutes.
2. Participate in a focus group at the start of the preceptorship, one month after the start of the preceptorship, and three months after the start of the preceptorship. Each focus group should take roughly 45 minutes. Each focus group will be audio recorded for future transcription.

Risks: The risks involved in this project are minimal, which means they are equal to the risks you would encounter in everyday life.

Benefits: Participants should not expect to receive a direct benefit from taking part in this project. Benefits to society include recommendations for interventions to improve retention of new graduate nurses.

Compensation: Participants will not be compensated for participating in this project.

Confidentiality: The records of this project will be kept private. Survey responses will be anonymous. In any sort of report I might publish, I will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the project leader will have access to the records. I may share the data I collect from you for use in future research studies or with other researchers; if I share the data that I collect about you, I will remove any information that could identify you, if applicable, before I share the data.
- Participants will be assigned a number to maintain privacy.
- Data will be stored on a password locked computer and may be used in future presentations.
- For the focus groups, the participants will be reminded that the information will remain confidential. The focus group will be held in a classroom. The focus group will only include project participants and the principal investigator. The participants' privacy will be protected by redacting names or any other identifying information from recordings or transcripts. A participant number will be assigned to maintain privacy.
Focus groups will be recorded and transcribed. Recordings will be stored on a password locked computer for a minimum of three years. Only the researcher will have access to these recordings.

I cannot assure participants that other members of the focus group will not share what was discussed with persons outside of the group.

Voluntary Nature: Participation in this project is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University or Methodist Charlton Medical Center. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

How to Withdraw: If you choose to withdraw from the project, please contact the project leader at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you, apart from focus group data, will be destroyed immediately and will not be included in this project. Focus group data will not be destroyed, but your contributions to the focus group will not be included in the project if you choose to withdraw. Due to the anonymity of the surveys, survey data will not be withdrawn once it has been submitted.

Contacts and Questions: The researcher conducting this project is Tiffani Wise. You may ask any questions you have now. If you have questions later, you are encouraged to contact her at 866-559-9495 and/or twise3@liberty.edu You may also contact the researcher’s faculty chair, Dr. Cynthia Goodrich at cgoodrich@liberty.edu.

If you have any questions or concerns regarding this project and would like to talk to someone other than the researcher, you are encouraged to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Please notify the researcher if you would like a copy of this information for your records.

Statement of Consent: I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the project.

☐ The researcher has my permission to audio record me as part of my participation in this project.

__________________________________________________________________________
Signature of Participant Date

__________________________________________________________________________
Signature of Investigator Date