THE LIVED EXPERIENCES OF THE NEWLY GRADUATED GENERATION "Z":

REGISTERED NURSES ENTERING THE INTENSIVE CARE UNIT

by

Matthew Robert Loveitt

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Philosophy

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ABSTRACT

The purpose of this transcendental phenomenological study was to illuminate, understand, and

describe the meaning of the lived experiences of Gen Z new graduate registered nurses (NGRNs)

transitioning directly into the ICU in their first position as registered nurses. Duchscher's stages

of transitional theory and the Strauss-Howe generational theory provided this study's theoretical

framework, focusing on the Gen Z NGRN transition into practice. This study answered the

following central research question: What is the lived experience of Gen Z NGRNs transitioning

into the ICU work environment employed in their first position as registered nurses? Data were

collected for this study through one-on-one interviews with Gen Z NGRNs describing their

experiences transitioning into the ICU. The data were analyzed and coded, and themes were

generated following Moustakas's modified phenomenological data analysis method to reveal the

essence of the participants' lived experiences. Incorporating Moustakas' data analysis method,

seven themes were revealed from the participants' interviews. The seven themes from the data

analysis included mental health, team support, new graduate strengths, obstacles, academic

preparation, building a foundation, and desire to work in the ICU. Findings from this study may

provide healthcare organizations with new information on designing and adapting onboarding

and orientation practices explicitly tailored to the Gen Z NGRN transitioning into practice,

improving satisfaction and retention and positively impacting staff shortages.

Keywords: Generation Z, new graduate nurse, intensive care unit, phenomenology,

transcendental

Dedication

I dedicate this dissertation to my beautiful wife, Gina, and my three girls, Alyssa, Devyn, and Savannah. Thanks for keeping me on track. I love you!

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List of Abbreviations

Advanced Encryption Standards (AES)

American Association of Colleges of Nursing (AACN)

American Psychological Association (APA)

Emergency Department (ED)

Generation Z (Gen Z)

Institutional Review Board (IRB)

Intensive Care Unit (ICU)

National Council Licensure Exam (NCLEX)

National Council of State Boards of Nursing (NCSBN)

National Database of Nursing Quality Indicators (NDNQI)

New Graduate Registered Nurse (NGRN)

New Nurse Experience (NNE)

Posttraumatic Stress Disorder (PTSD)

Primary Care Posttraumatic Stress Disorder Screen (PC-PTSD)

Transition Shock of Newly Graduated Nurses Scale (TSNGNS)

CHAPTER ONE: INTRODUCTION

Overview

Generation Z (Gen Z) is beginning to enter nursing practice following nursing school as new graduate registered nurses (NGRN), with many selecting the critical care environment as their first position as a new nurse. According to the information provided by the U.S. Bureau of Labor Statistics (2022), of these 3.2 million nurses, 162,000 (5%) registered nurses are under 25 years of age, falling within the Gen Z age range (born after 1997). Although many new nurses prefer the ICU as their initial transition to practice, this area of nursing practice is significantly challenging. The following chapter comprehensively explains the NGRN's transition to practice, the characteristics and traits of the Gen Z individual, and the historical context of nursing shortages. A description of the ICU environment will be discussed, representing the social context of this study, followed by an explanation of the philosophical framework, transcendental phenomenology, adopted to guide this study. An explanation of how this study resonates with my nursing background is presented, followed by a discussion of the main components comprising this research, including the problem and purpose statements, the significance of the study, and the research question.

Background

Hospital critical care settings include the Emergency Department (ED) and the Intensive Care Unit (ICU). Due to their fast-paced working environments, high-acuity patient care, and technical complexities, these critical care settings can overwhelm novice nurses and nursing students (Inayat et al., 2021), with many fearing making mistakes, which can significantly impact their confidence (Baldwin et al., 2021; DeGrande et al., 2018). Estimates are that 20% of all newly graduated nurses leave their jobs within a year, contributing to the nursing shortage

(Song & McCreary, 2020). Common factors contributing to NGRN's turnover intention include work stress and coping self-efficiency, the working environment, team cohesion, and clinical competence and support level. The following section outlines the historical context of the NGRN transitioning to practice, presenting information on the Gen Z individual and the impact of nursing shortages in the healthcare setting.

Historical

According to Hussein et al. (2019), NGRNs represent the largest pool of available nurses in the job market. Aspiring registered nurses have several educational paths, including the associate degree in nursing (ADN) or the bachelor of science in nursing (BSN) degree. Both degree programs prepare nurses with the basics of nursing that meet the American Nurses Association standards of practice and provide classroom instruction in nursing theory, pharmacology, pathophysiology, and nursing skills needed for an entry-level position (Ellen, 2021). However, the significant difference between the ADN and BSN is that the BSN provides additional courses, usually incorporating leadership and management, community health, and nursing research, which additionally take more time and cost more money.

Findings from the 2020 National Nursing Workforce Survey conducted by the National Council of State Boards of Nursing (NCSBN) indicated that the total number of active registered nurse licenses in the United States was 4,948,914, an increase of 6.7% from 2017 (Smiley et al., 2021). According to data from the American Association of Colleges of Nursing (AACN), approximately 87,889 nurses graduate from entry-level baccalaureate programs in the United States annually (AACN, 2022b, p. 4). Additionally, the most common highest level of nursing education within the nursing population is a BSN degree (65.2%). Furthermore, the National Nursing Workforce Survey data indicated that the BSN degree is the most commonly earned

degree among registered nurses under 30 (Smiley et al., 2021). According to AACN (2022a), research shows that baccalaureate-prepared nurses are linked to better patient outcomes. Additionally, findings indicated that 82% of employees strongly preferred recruiting nurses trained at a baccalaureate level, with 41% requiring new hires to have a BSN degree.

NGRN Transition to Practice

Data presented by the NCSBN (2022) indicated that most NGRNs (77.3%) work in the hospital setting, comprising an average age of 31.2 years, with 87.5% of NGRNs showing their gender as female. Additionally, 65.6% of NGRNs indicated their race as White – not of Hispanic origin, 14.1% Black or African American, 9.1% Hispanic or Latino, and 7.7% Asian. Historically, NGRNs have transitioned from nursing schools into medical-surgical hospital units, considered the best place to gain skills because the patients are less acute and more stable than in other specialized hospital units (Ali-Abadi et al., 2020). The medical-surgical units are environments where new graduates can experience skills they have developed in nursing school before transferring into other more complex roles, such as intensive care or critical care nursing. The Academy of Medical-Surgical Nurses (2021) task force described the distinguishing characteristics of medical-surgical practice as one where medical-surgical nurses can gain a broad knowledge base, advanced organizational and communication skills, prioritization assessment, and become leaders in coordinating care.

Rather than seeking to work in medical-surgical units, many NGRNs are selecting critical care environments such as the ICU and ED as their first preference when transitioning from nursing school. The NCSBN (2022) research indicated that 17.3% of NGRNs reported working in a critical care setting. According to Hussein et al. (2019), nursing students desire to work in critical care areas because these settings are challenging and exciting. In a cross-sectional survey

exploring nursing students' intention to work in critical care areas following graduation, Halcomb et al. (2012) indicated that of the 357 students who completed the survey, 193 or 54% identified that they were interested in seeking employment in critical care as a new graduate.

Research has indicated that transitioning to the critical care environment from other clinical areas can be highly stressful for nursing personnel with experience in the clinical environment, resulting in significant nurse turnover issues (Stewart, 2021). In addition, the ICU environment can significantly impact a nurse's well-being due to the high-intensity environment, heavy workloads, inadequate staffing, distraught families requiring significant attention, and patients suffering and dying; these can all lead to staff turnover (Adams et al., 2019).

Within undergraduate nursing programs, clinical placements across various nursing units allow nursing students to encounter different medical conditions in real-life situations to enhance their overall competency (Claeys et al., 2015). However, students' exposure to critical care environments can vary significantly among nursing educational institutions, with no clear guidelines for how a student's contact hours of experiential learning should be distributed (Bongar et al., 2019). Research by Elias and Day (2020) highlighted that undergraduate training provided the NGRN with little exposure to critically ill patients, medications required, or equipment used. As a result, many new nurses needed to learn what to expect working in the ICU and felt disadvantaged by not having an undergraduate ICU placement.

Additionally, although learning about medications in nursing school, discussions did not include complex ICU medications (Elias & Day, 2020). As a result, NGRNs face challenges with high-performance expectations, technological developments, and increased difficulties in role transition, leading to stress and burnout in these areas (Hussein et al., 2019). Furthermore, since

the critical care unit is fast-paced, has high acuity levels, and is complex, the stressful nature of the environment can often affect the nurse's well-being (Ying et al., 2021).

The transition to practice is incredibly challenging for the NGRN due to the inconsistency between the expected and the real working environment. The NGRN faces challenges in building new relationships, managing high workload demands, organization and prioritization skills, communicating with physicians, and making appropriate judgments regarding patient care (Su et al., 2021). The challenges presented during transition can result in emotional distress for the NGRN, with turnover rates high in the early months of their entering practice (Ke & Stocker, 2019). According to statistics from the NCSBN (2022), approximately 25% of new nurses leave a position within their first year of practice. In one study of 476 NGRNs, 46% had difficulty adapting to their new role, with 16% expressing their intent to leave their position (Park et al., 2022). Additionally, turnover rates in ICU settings are high due to the complex nature of the ICU setting (Vanderspank-Wright et al., 2020). In 2021, the turnover rate nationally for nurses in the critical care setting was reported as 27.5%, up from 18.7% in the previous year (NSI Nursing Solutions, 2022).

Generation Z

It has been shown that individuals of a similar age share formative experiences that can produce important, widespread commonalities and traits that show meaningful differentiation from individuals in different age groups (Okros, 2020). A leading online university, Purdue Global, published statistical data on generational percentages incorporating all five generations currently in the workplace. According to statistics published by Purdue Global (2022), the eldest generation presently working in the United Sates is the Traditionalists, born 1925–1945, in their late 70s, and represent a significantly small (2%) and rapidly declining workplace population.

Next, the Baby Boomers (1946 to 1964) represent 25%, Generation X (1965 to 1980) 33%,

Generation Y Millennials (1981 to 2000) 35%, and finally, Generation Z (2001 to 2020) 5%.

Millennials are the largest generation in the U.S. labor force (35%; Fry, 2018). Although

once the dominant generation within the workplace before the Millennials, according to forecast

models of the nursing workforce, the number of Baby Boomers in nursing will significantly

decline as they enter retirement (Auerbach et al., 2017). As generational shifts occur in the

workplace, Gen Z, who currently comprises 20% of the U.S. population and surpasses

Millennials in size, is expected to make up 30% of the workforce by 2030 (Jancourt, 2020). In

addition, because they are relatively new to the clinical workplace, Gen Z nurses provide unique

challenges to a hospital (Seemiller & Grace, 2017). As a new generation entering nursing, Gen Z

nurses have different motivators, work values, long-term goals, employer expectations,

technological abilities, and mental health issues compared to previous generations (Reiners,

2020).

By understanding each generation's social, emotional, and motivational dynamics,

organizations can improve how they hire, recruit, retain, promote, train, and communicate with

employees (Christensen et al., 2018; Jones et al., 2018). For example, in a literature review

performed by Christensen et al. (2018) designed to help the nurse leader develop an

understanding of the five generations currently in the healthcare workforce, the researchers

concluded from their findings that, although intergenerational differences within team members

can be challenging, managers can harness the strengths in each generation to bridge generational

differences, fostering workforce cohesion and improve a team's efficiency and outcomes.

Gen Z Characteristics

According to Fry's (2018) generational research presented by the Pew Research Center, findings indicate that Gen Z will be the most racially diverse of generations. According to the data provided by the Pew Research Center, the Gen Z population is 52% White, 25% Hispanic, and 14% Black, compared to Millennials (61% White, 17% Hispanic, 15% Black), and Generation X (70%, White, 12% Hispanic, 15% Black). Additional findings from the Pew Research Center (Parker et al., 2019) highlight that 70% of Gen Z individuals believe the government needs to do more to solve the country's issues and problems compared to Millennials (64%), Generation X (53%), and Baby Boomers (49%).

Further generational research presented by the American Psychological Association (APA, 2018) indicates that Gen Z has higher mental health concerns than previous generations. Compared to Millennials (56%), Generation X (51%), and Baby Boomers (70%), Gen Z individuals (45%) are less likely to say their mental health is excellent or very good (APA, 2018). Money and work are the two highest stressors for adults in the United States; 77% of Gen Z individuals, compared to 64% of adults, cite work as the source of significant stress. It was also reported from the findings that nine of 10 (91%) Gen Z individuals expressed they had experienced at least one physical or emotional symptom due to stress within the last month.

The Harris Poll, a global market research firm based in New York, presented additional data. Research targeting 14 to 40-year-olds via an online survey compared the outlook and values of Millennials, the largest population in the workplace, to Gen Z (Global Research & Insights, 2018). One significant finding indicated that Gen Z was ambitious with their professional goals, with 65% driven to make it to the top of their profession, compared to Millennials at 43%. In addition, from the Harris Poll data, 75% of Gen Z indicated they had

friends from different backgrounds, races, and beliefs, compared to 63% of Millennials; 61% of Gen Z, compared to 51% of Millennials, indicated it made them a better person.

The Harris Poll also explored the significance of technology and education, with data indicating that Millennials (61%) and Gen Z (65%) both valued the importance of college education as a stepping stone to success (Global Research & Insights, 2018). Unlike the Gen Z individual (47%), 60% of Millennials prefer traditional textbooks as their preferred learning method. In contrast, 59% of the Gen Z population are likelier to choose YouTube or interactive apps and games for learning. A significant difference is shown in the research on who Gen Z and Millennials saw as positive influences. Only 20% of Gen Z individuals, compared to 44% of Millennials, indicated that co-workers were essential individuals who could aid their personal development.

Nursing Shortages and the NGRN

Nursing shortages significantly impact the nursing environment and the NGRN. When nurse resources are limited or stretched due to shortages, NGRNs can become overwhelmed and anxious because of a limited support network (Brown et al., 2018). Furthermore, according to Ho et al. (2021), a relationship between increased stress and burnout because of these workplace factors increases the turnover intention of the NGRN. Shortages occur when the number of nurses available for employment is significantly lower than the demand or need (Drennan & Ross, 2019). According to Phillips et al. (2021), nursing shortages can increase patient-to-nurse staffing ratios and longer shifts, leading to patient safety events. Additionally, nurse shortages can impact patient outcomes, such as safety and patient care quality, leading to errors and increases in patient morbidity and mortality rates (NSI Nursing Solutions, 2022).

According to Haddad et al. (2022), the number of available nursing positions in the United States in 2022 will be more than in any other profession. Additionally, employment opportunities for nurses are expected to grow at a 9% faster rate than any other occupation. Furthermore, the U.S. Bureau of Labor Statistics (2022) stated that, on average, 194,500 openings for registered nurses are projected each year between 2020 and 2030.

Various factors exacerbate current shortages within the nursing profession. These factors include working conditions, increased numbers of patients, violence in the healthcare setting, difficulty retaining new graduates, faculty shortages, lack of seats in nursing programs, and the retirement of experienced nurses (Perkins, 2021). Additionally, according to Ulrich (2021), the retirement of the baby-boomer generation (born between 1946 and 1964), who until recently made up the majority of nurses, will dramatically increase, adding to the nursing shortage. Over one million nurses are estimated to be over 50, resulting in one third of the nurse workforce entering retirement age in the next 10 to 15 years (Haddad et al., 2022). The AACN (2022a) also highlighted influential factors that are contributing factors impacting nursing shortages. Factors included nursing schools turning away 80,407 qualified applicants for nursing schools due to faculty shortages in 2019, baby-boomer nurses beginning to enter retirement, an increase of U.S. residents over 65 requiring geriatric care, and many nurses leaving the profession due to stress related to shortages. In response to nurse turnover, many healthcare organizations aim to secure a skilled workforce and avoid the negative consequences of staff shortages (Winter et al., 2020).

One of the earliest documented nursing shortages in the United States followed World War I. In the years after the war, the country began to significantly add to the number of hospitals, drastically expanding the number of beds (Whelan, 2021). This expansion, combined with the need for more nurses working in the hospital setting and reduced student nurse

enrollments, resulted in severe shortages. Following this period, a second period of substantial

shortages occurred between 1940 and 1950. During this era, there was an issue with supplying

the appropriate care to meet institutional and patient demands. Then, as the country entered

World War II, the nursing profession faced the unique and significant challenge of supplying

nurses to care for the military and civilian populations. Even as military nurses returned

following the war, shortages worsened because many took advantage of the 1944 GI Bill and

returned to school, medical treatments became more complex, requiring closer attention from

nurses, and birth rates increased.

Additionally, following World War II, there was a significant decline in nursing school

enrollments due partially to the drop in single women between the ages of 16 and 24 (Whelan,

2021). Further significant shortages occurred in the 1970s and 1980s, fueled by nurses'

dissatisfaction with working conditions and lack of professional autonomy (Janiszewski Goodin,

2003). In 1974, the first recorded professional nursing strike occurred that had the backing of the

nurse's professional organization, the American Nurses Association (Catlin, 2020). These strikes

have traditionally benefited nurses with improved working conditions. However, these strikes

throughout nursing history have been against low wages, arbitrary schedules, split shifts, rotating

shifts, uncompensated overtime, no sick or paternity leave, and no health benefits.

Social Context

The ICU environment provides life-sustaining care to the acutely ill patient, incorporating

specialist interventions tailored to the patient's needs by highly skilled medical and nursing

clinicians (Tronstad et al., 2021). According to Saha et al. (2022), the ideal ICU creates a healing

environment that supports patients and families, minimizes environmental stressors, and reduces

staff stress. However, the ICU is a challenging environment to work in as a nurse with patients of

high acuity who need specialized care. According to Lalonde et al. (2021), the ICU nurse must acquire a broad and deep knowledge base of complex pathologies and treatments and be competent in highly technical skills such as cardiac monitoring and mechanical ventilation.

ICUs differ from other areas, such as medical-surgical units, because they require specially trained nurses. The American Association of Critical Care Nurses (AACCN, 2005) understands the complexity of the ICU setting and has developed six standards for sustaining a healthy work environment. Recognizing that inappropriate staffing can have profound implications for patient outcomes, the organization states that the fewer nurses assigned to care for patients can negatively impact the patient in the ICU environment. The ICUs require higher nurse staffing levels than other clinical areas due to the high care demands for critically ill patients (Banda et al., 2022). In addition, lower patient ratios are usually more predominant in ICUs than in other areas due to increased patient acuity, consistent patient surveillance, and patients requiring special care such as ventilators and complex drug administration.

Studies have shown that, due to the ICU's complexity, mental health disorders can significantly impact the nurse's well-being, including depression, anxiety, fatigue, and burnout syndrome (Ying et al., 2021). In addition, nurses' psychological health and well-being are strongly linked to the health of the workplace environment (Ulrich et al., 2022). Therefore, according to Vanderspank-Wright et al. (2020), NGRNs hired into the ICU will likely encounter challenges fundamentally different from those transitioning into general nursing practice, requiring specialized training and knowledge.

Theoretical Context

Husserl's transcendental phenomenology framework was adopted for this study to understand the lived experiences of Gen Z NGRNs transitioning into the ICU in their first

position as registered nurses. Phenomenological studies are conducted to understand our subjective life experiences, aspects, and dimensions (Zahavi, 2018). Through interviews using open-ended questions, this study, incorporating the transcendental phenomenological methodology, illuminated the true essence of the experience of the Gen Z NGRN transitioning into the ICU. Deemed the father of transcendental phenomenology, Edmund Husserl believed the researcher should have no underlying preconceptions that could influence the research; he recommended bracketing (epoche) out one's own experiences, allowing for a fresh perspective on the phenomenon (Creswell & Poth, 2018).

Research has examined the experiences of NGRNs transitioning into practice, with a few studies exploring the NGRN's transition into the critical care setting. Because this framework addresses all manner of lived experiences that an individual or a group of individuals face, it can be implemented to provide the foundation to examine the phenomenon of the Gen Z NGRN transitioning into the ICU. By being aware of and putting aside my own beliefs about the NGRN, the NGRN's transition to practice, the ICU, and the Gen Z individual, I was able to transcend what is known and develop a fresh perspective of the phenomenon, exposing its true essence (Husserl, 1913/2014). This research aimed to understand the lived experiences of this new generation of nurses entering the ICU, and transcendental phenomenology was an appropriate theoretical framework to explore this phenomenon by ensuring, through the bracketing process, that the phenomenon's true essence was revealed.

Situation to Self

I selected this study because it resonates with my current work experiences and personal career experiences. A new generation of nurses, Gen Z, is entering nursing practice for the first time and selecting the ICU environment as their first role. When I graduated nursing school in

the mid-1990s, my first position was on a medical unit in a hospital within the National Health Service. My initial transition to practice was challenging, resulting in a lack of confidence, time management issues, and inadequate critical thinking skills. Remembering this period, I cannot imagine the struggle I would have experienced had I transitioned directly into the ICU setting.

I can clearly remember that when starting my nursing career, it was a rare occurrence for a new graduate to start in a specialty other than medical-surgical nursing. There was an unwritten rule that experience must first be gained through medical-surgical nursing before progressing to critical care areas such as the ICU. Since taking my position, I have noticed in my workplace that many NGRNs are transitioning directly into the ICU setting.

With programs within my institution targeting NGRN recruitment, NGRNs can now choose where they wish to work. NGRNs transitioning to the ICU within the facility have a targeted 3-month onboarding period, where, if deemed safe to practice, they are then a fully independent team member. However, it has been expressed to me by the ICU educator involved in onboarding NGRNs to the department that some NGRNs need help with the complexity of the role of an ICU nurse, requiring increases in onboarding duration. In addition, many of these NGRNs are from a different generation than I am and have different generational traits, characteristics, beliefs, practices, and values. Therefore, I would like to understand the experiences of this new generation of nurses entering practice for the first time directly into the ICU so that I can help with their transitional processes.

Problem Statement

The NGRN's transition into the workplace from nursing school is traditionally seen as one of the most challenging times, widely recognized as a period of stress, role adjustment, and reality shock (Casey et al., 2021). Gen Z NGRNs, with generationally defined traits and

characteristics differing from other generations, are becoming more prevalent in the nursing

workplace. These NGRNs may choose critical care units such as the ICU as their first transition

into practice (Hussein et al., 2019). Research has shown that the ICU is a highly stressful

environment that can significantly impact an individual's psychological well-being and lead to

high staff turnover rates (Khan et al., 2019). The problem is that more information is needed

about the lived experiences of the Gen Z NGRN transitioning directly into the ICU work

environment from nursing school.

Purpose Statement

The purpose of this transcendental phenomenological study was to illuminate,

understand, and describe the meaning of the lived experiences of Gen Z NGRNs transitioning

directly into the ICU in their first position as registered nurses. The theory that guided this study

was transcendental phenomenology, influenced by the works of Edmund Husserl. This theory

provided a framework for studying and interpreting the meaning behind lived experiences to

understand and inform future training and onboarding practices explicitly tailored to this new

generation of NGRNs.

Significance of the Study

This study has significance within nursing and nursing practice because as more Gen Z

nurses enter the workforce and ICU settings, it will be helpful for healthcare organizations to

offer them support to prevent staff turnover and increase job satisfaction for these nurses

(Christensen et al., 2018). However, although research has targeted the experiences of new

nurses entering practice for the first time, with additional research examining the experiences of

the new nurses directly entering the highly complex ICU setting, no research has explored the

experiences of this new generation, Gen Z, entering the ICU as new nurses. Additionally, with

healthcare teams comprising members from different generations, intergenerational differences can result in challenges within the workplace, impacting patient care and staff retention.

Current research informs us that the NGRN's transition to practice is one of the most challenging times in a nurse's career (Su et al., 2021). Additionally, NGRNs who transition into the ICU face challenges with high-performance expectations, understanding complex technological machinery, and caring for high-acuity patients, which result in stress and burnout (Hussein et al., 2019). Furthermore, research highlights that the Gen Z individual has different motivators, work values, long-term goals, employer expectations, technological abilities, and mental health issues compared to previous generations (Reiners, 2020). Unfortunately, there is a gap in the research exploring the Gen Z NGRN's transition into the ICU. This research provides healthcare organizations with new information on designing and adapting onboarding and orientation practices tailored specifically to these individuals, improving satisfaction and retention, and positively impacting staff shortages.

Transcendental phenomenology was the theoretical framework guiding this study. The phenomenological investigation examines how a group of individuals in a specific place provides context to their experiences through their interpretations (Van Manen, 2017). Through the provision of in-depth contextual descriptions of the participants, research methodology, and data collection methods, this transcendental phenomenological study provides readers with the context for its appropriate transferability to other areas within nursing (Stahl & King, 2020). Implementing a transcendental phenomenological study through the examination of the lived experiences of the Gen Z NGRN transitioning into the ICU workplace expands scientific understanding in this area, and its context may apply to other research developments.

Research Question

The healthcare environment is beginning to see a higher enrollment of Gen Z NGRNs entering clinical practice. Many of these Gen Z NGRNs choose the highly critical ICU environments as their first transition to practice.

Central Research Question

What is the lived experience of Gen Z NGRNs transitioning into the ICU work environment employed in their first position as registered nurses?

NGRNs are the largest demographic of nurses available for employment (Hussein et al., 2019). Many new graduates, rather than choosing to start their career in a medical-surgical unit where communication, prioritization, organizational skills, and a broad knowledge base are developed (Academy of Medical-Surgical Nurses, 2021), are selecting the ICU as their first position as a newly licensed nurse (Hussein et al., 2019). Not only is the transition to practice deemed one of the most challenging times in a nurse's career, but the ICU setting is also an incredibly challenging and stressful environment for an NGRN due to high workload demands and acuity (Su et al., 2021), which can result in high turnover rates of these new nurses (Ke & Stocker, 2019). Additionally, this new generation of nurses entering the workplace has different characteristics, traits, values, and beliefs from previous generations (Christensen et al., 2018). Understanding the lived experiences of Gen Z nurses may help healthcare organizations design and adapt onboarding and orientation practices explicitly tailored to these individuals, improving satisfaction and retention.

Definitions

1. *Baby-Boomer* – Group of people born during the same 15 to 20 years' time period (born 1946 to 1964) who share similar experiences before adulthood (Christensen et al., 2018)

2. *Intentionality* – The fundamental property of consciousness and how we look at something (Peoples, 2020)

3. *Epoche* – The bracketing of one's natural and taken-for-granted understandings (Roberts, 2019)

4. *Generation X* – Group of people born during the same 15 to 20-year time period (born 1965 to 1979) who share similar experiences before adulthood (Christensen et al., 2018)

5. *Generation Z* – Group of people born during the same 15 to 20-year time period (born after 1997) who share similar experiences before adulthood (Christensen et al., 2018)

6. *Imaginative Variation* – To use the imagination to arrive at structural descriptions of the experience (Moustakas, 1994)

7. *Millennial* – Group of people born during the same 15 to 20-year time period (born 1980 to 1997) who share similar experiences before adulthood (Christensen et al., 2018)

8. *Onboarding* – Helping new employees adjust to their new jobs' social and performance aspects (Ohr et al., 2020)

9. *Ontological* – The nature of reality (Creswell & Creswell, 2017)

10. *Phenomenology* – The attempt to build the essence of experience from participants (Creswell & Creswell, 2017)

11. *Phenomenon* – A central concept or process (Creswell, 2018)

12. *Phenomenological Reduction* – intentional consciousness using the technique of bracketing and suspending judgments to focus on the analysis of the experience (Peoples, 2020)

13. *Qualitative Research* – Using emerging questions and procedures to explore and
    understand the meaning individuals or groups ascribe to a social or human problem
    (Creswell & Creswell, 2017)

14. *Social Constructivism* – Subjective meanings in seeking an understanding of the world
    we live and work (Creswell & Poth, 2018)

15. *Traditionalists* – Group of people born during the same 15 to 20-year time period (born
    1922 to 1945) who share similar experiences before adulthood (Christensen et al., 2018)

16. *Transcendental* – Meanings are constructed from experiences that focus less on the
    researcher's interpretation and more on participants' descriptions of the experience to
    gain a fresh perspective (Meihami & Rashidi, 2022)

Summary

The new graduate nurse's transition into the workplace from nursing school is traditionally seen as one of the most challenging times, widely recognized as a period of stress, role adjustment, and reality shock. NGRNs have been encouraged to start their nursing careers in medical-surgical units where critical thinking, organizational skills, communication, and assessment skills prepare new nurses for critical care settings. However, many new nurses are choosing to start their nursing careers in the ICU rather than seeking employment on medical-surgical units because they believe it to be an exciting and challenging working environment. Furthermore, this new generation of nurses (Gen Z) is entering nursing practice with differing traits, characteristics, beliefs, and values from previous generations. Research has shown that the ICU is a highly stressful environment that can significantly impact an individual's psychological well-being and lead to high staff turnover rates. Additionally, due to increased nursing shortages,

healthcare institutions are recruiting more and more NGRNs straight into critical care settings to fill the gaps caused by increased nursing shortages in these areas.

With research highlighting the stressful nature of ICUs, those involved with the orientation and guidance of Gen Z NGRNs must ensure they have practices that meet the needs of their employees to reduce nurse shortages from nurse turnover. The problem is that more information is needed about the lived experiences of the Gen Z NGRN transitioning directly into the ICU work environment from nursing school. Examining such experiences may allow an organization to meet this generation's needs, ultimately improving ICU nurse staffing retention. Therefore, the purpose of this transcendental phenomenological study was to illuminate, understand, and describe the meaning of the lived experiences of Gen Z NGRNs transitioning directly into the ICU in their first position as registered nurses.

CHAPTER TWO: LITERATURE REVIEW

Overview

This section will discuss Husserl's transcendental phenomenology, the theoretical

framework guiding this study. Additionally, an overview of generational cohort theory and

Duchscher's stages of transitional theory will be addressed due to their overall significance

within the research presented. Following this discussion, a review of the literature on the

background of generational characteristics, a review of the experience of NGRNs' transitions to

practice, the historical and current aspects of nursing shortages, and a discussion of the critical

care environment will also be presented. Finally, a synthesis of existing empirical literature

related to the primary components of this research will be presented, examining the Gen Z

NGRN's transition to practice in the critical care ICU environment.

Theoretical Framework: Transcendental Phenomenology

This study explored the experiences of the Gen Z NGRN transitioning into the ICU. The

theoretical framework that provided the base for this study includes the phenomenological

philosophies and framework of Husserl. Edmund Husserl (1859–1938) was the founder of

phenomenology, with Martin Heidegger (1889-1976), Jean-Paul Sartre (1905–1980), Maurice

Merleau-Ponty (1908–1961), and Emmanuel Levina (1906–1998) recognized as other influential

proponents (Zahavi, 2018). Husserl became interested in philosophy after witnessing lectures by

the psychologist and philosopher Franz Brentano. Husserl's phenomenology provides the means

to illuminate a phenomenon through the subjective descriptions of our lived experiences (Zahavi,

2018). Because Husserl's framework addressed all manners of lived experiences faced by

individuals or groups of individuals, its use within this study provided the means to examine the

phenomenon of Gen Z NGRNs transitioning into the ICU in their first position as registered

nurses. In essence, Husserl's phenomenology offers an account of how things, the phenomena, appear to our awareness or how the world seems to us in terms of our subjective experience.

The term *transcendental* arises from how the researcher constructs meanings from experiences through participant descriptions, transcending the researcher's beliefs and interpretations to gain a fresh perspective of the phenomenon (Meihami & Rashidi, 2022). Transcendental phenomenology is not a science of facts but a science of essences, and through phenomenological reduction, the pure essence of the phenomenon is revealed. Human beings are directly cognizant of the surrounding world, their part within it, and how experiences can directly affect their surroundings (Husserl, 1913/2014). Applying the transcendental phenomenological approach to this study is appropriate in advancing nursing knowledge regarding this new generation of nurses entering practice and how they describe their experiences transitioning into the ICU.

Reviewing the literature, the impact of phenomenological studies within healthcare is significant in seeking to understand the experiences of others. Phenomenology has remained popular in the nursing sciences since its introduction to nursing practice in the 1970s (Al-Sheikh Hassan, 2023). Additionally, the phenomenological research approach has been implemented to inform nursing practices based on the experiences of the NGRN. There have been many phenomenological research studies that have explored the experiences of the NGRN's transition to practice (Brown et al., 2018; Urban & Barnes, 2020; Wiersma et al., 2020) and additionally, those NGRNs entering the ICU setting (Baldwin et al., 2021; DeGrande et al., 2018; Serafin et al., 2020). One essential contribution of phenomenological research to the nursing profession is revealing the nature of human experience, allowing for reflection and enlightening nursing practice (Van Manen, 1990). Additionally, This type of research leads to a greater understanding

of a phenomenon related to the aspect or dimension of the human being that may not be overtly seen or known (Smythe & Spence, 2020).

Phenomenological Intentionality

Intentionality is the central theme of phenomenology (Husserl, 1913/2014). Experiences are generally distinguished by the fact that they all share intentionality, which is the defining characteristic of our conscious experience. Intentionality is the property of being consciously aware of something and understanding the distinctive properties of experiences. As humans, our minds, through our consciousness, intentionally interpret experiences or objects.

Natural Attitude

The world is the totality of objects known through experience (Husserl, 1913/2014). According to Husserl, a natural attitude is how an individual consciously experiences the world, whether the individual is particularly attentive to it or not. It is the world of everyday life. Our perceptions of objects are based on the objective sciences, constructed through empirical meanings. From a phenomenological perspective, the natural attitude reflects how we see the world around us as being just there without questioning its existence because we know it as facts.

Phenomenological Attitude

Phenomenological attitude is another term in Husserl's (1913/2014) philosophy that emphasizes how individuals interpret their everyday experiences. Unlike the natural attitude, where the world exists relative to how we experience it and objects represent knowledge we attain through the objective sciences, with the phenomenological attitude, we directly focus on pure experiences to investigate them. As a result, individuals withdraw or bracket, also known as the epoche, from the natural attitude, suspending natural beliefs about objects and phenomena. Instead of just carrying out acts, the focus is on pure experiences, removing preconceived

perceptions. In essence, Husserl stated that understanding these modifications, which result in the natural attitude, allows for the phenomenological attitude.

Phenomenological Reduction

Two techniques can be implemented to explore our consciousness of reality (Husserl, 1981). The first of these is phenomenological reduction. The phenomenological reduction links to the phenomenological attitude and, rather than isolating the consciousness from the natural world, embraces it. There is a readjustment of one's viewpoint from the natural attitude. From the natural standpoint, researchers carry out all acts which the world presents them. However, when they perform phenomenological reduction, they set aside and disconnect from the natural standpoints and, through conscious reflection, carry out new inquiries to apprehend real meanings (Husserl, 1913/2014). Researchers should set aside the limitations in every nature-directed investigation so they eventually expose the purified phenomenon, the true nature of reality.

Eidetic Reduction

The second technique to explore our consciousness of reality is eidetic reduction. Where phenomenological reduction transcends the natural standpoint to attain the reflective awareness of an experience, eidetic reduction involves a shift to consider things as essences rather than material things (Husserl, 1913/2014). Transcendental phenomenology is the science of essential being, an eidetic science, not a science of facts. Transcendental phenomenology is the knowledge of essences, and eidetic reduction reduces empirical facts to the pure essence of the phenomenon. Eidetic reduction refers to restricting the investigator's interest in the reduced subject matter, whereby the subject matter is not considered an actuality but mental processes that define a universal essence.

Generational Cohort Theory

George Orwell stated that "every generation imagines itself to be more intelligent than the one that went before it, and wiser than the one that comes after it" (as cited in Schenarts, 2020, p. 246). Therefore, it is essential to discuss the significance of the generations within nursing to provide context on its importance within this study, which focuses on the Gen Z population of NGRNs. The concept of generational cohort theory was developed in the 1980s and formed on the general premise that individuals of a similar age share formative experiences that can produce important, widespread commonalities and traits that show meaningful differentiations from individuals in different age groups (Okros, 2020).

William Strauss and Neil Howe pioneered generational understanding and formulated the Strauss-Howe generational cohort theory (Okros, 2020). People of different generations are exposed to significant socioeconomic and historical events and share characteristics and perceptions of reality (Okros, 2020; Popova, 2017). Okros (2020) stated that the Strauss-Howe generational cohort theory describes how values and worldviews are formed in childhood and adolescence and shaped by social communication, upbringing, and events within social life. Strauss and Howe (1997) claimed that a social generation lasts approximately 20 years and follows a reoccurring cycle, with each generation experiencing "four turnings" over 80 years.

Currently, we are in the fourth turning, labeled "crisis." According to Strauss and Howe (1997), the crisis period would commence approximately in 2005, involving scenarios such as a growing fiscal crisis, global terror, new infectious diseases, and growing anarchy with diplomatic breakdowns. The commonality shared from these important life events during development influences an individual's perspective and how they view and experience the world and workplace (Stevanin et al., 2018). Additionally, Strauss and Howe stated that based on where the

generation falls in this cycle, the generation fits into one of four archetypes. These four archetypes that shape generational personalities are heroes, artists, prophets, and nomads. An artist is a generation born during a crisis and represents the Gen Z population. Artists have grown up being overprotected children, come of age as sensitive young adults, and are empathic.

There has been some criticism of generational cohort theory for its simplicity in explaining and predicting workplace behaviors and expectations, stating that it is too broad a concept (Stevanin et al., 2020). However, data from research presented by Wong et al. (2008) questioned generational characteristics and stereotypes created in the literature. They proposed that generational differences are better explained by age rather than generational differences. Additionally, the National Academies of Sciences, Engineering, and Medicine (2020) mentioned that, although their work is thought-provoking, Strauss and Howe fail to provide any empirical evidence for their theory and make their claims based on individually selected case studies, which lend themselves to selection bias.

Duchscher's Stages of Transitional Theory

Transitions are complex processes that occur when there is change over time. Although experience with transitions can vary, there are defining features that include movement (from one state to another), process (the transition will occur over time), and substantive change (transitions for families and individuals, including relationships, roles, identities, and behavior; Willson, 2019). The Bridges transition theory suggests that an individual progresses through three distinct, linear stages of transition (Graf et al., 2020). These stages include letting go, being neutral, and making a new beginning.

Additional research took Bridges transition theory framework further by incorporating reality shock into the stages of the transition approach. Reality shock was a term coined by

Marlene Kramer in the 1970s related to nursing and describes the conflict between school-bred values and world values (Duchscher, 2009). Duchscher developed a substantial theory of the newly graduated nurse's role transition to professional nursing. Duchscher's transitional theory, which she later developed into her transition shock model, highlights the individual's transition experience during the initial 12 months of a graduate's transition to practice.

Duchscher's transitional theory was developed from cumulative knowledge gained from a research program spanning 10 years and four qualitative studies on new graduate transition (Duchscher, 2008). Doing, being, and knowing are the three phases of the theory. Doing occurs within the first 4 months of practice and incorporates transition shock. Transition shock is the experience of moving from the known role of the student to the less familiar role of the professional practicing nurse. Unlike reality shock, which represents a theory-to-practice gap, Duchscher stated that transition shock moves beyond just a gap in an undergraduate nurse's education but also incorporates physical, emotional, sociocultural, developmental, and intellectual mitigating factors that may confront the new graduate. This first entry phase into professional practice is marked by tremendous intensity, range, and fluctuating emotions as graduates work through learning, performing, adjusting, and accommodating.

The second phase of the transitional theory begins and occurs in the next 4 to 5 months of the new graduate nurse's post-orientation period (Duchscher, 2008). This rapidly advances the new graduate nurses' thinking, knowledge level, and competency. However, this phase also sparks disconcerting doubts in the new graduate regarding their professional identity by challenging the pre-graduate notions of nursing and exposing them to the inadequacies in health care systems. As a result, many new nurses become frustrated and question their career choices. A crisis of confidence occurs at around 5 to 7 months, mitigated by their insecurities regarding

their practice competency and their fear of failing their patients. The final knowledge phase occurs towards the end of the new graduates' first 12 months. During this phase, the graduates focus on achieving their identity, separate from established practitioners. During this stage, graduates continue to recover from Phase 2 and indicate that they can manage their stress better to cope with the responsibilities and frustrations of their roles.

Related Literature

In creating the framework for the study focusing on the Gen Z NGRN's experiences transitioning into the ICU, relevant literature surrounding the key concepts will be discussed. Although there has been a substantial exploration of the NGRN's transition to practice, an in-depth search of the databases revealed very little research on the Gen Z NGRN transitioning into the critical care environment. Databases incorporated within the literature search included the Cumulative Index to Nursing and Allied Health Literature (CINAHL), Ovid, Science Direct, SAGE Research Methods, and Google Scholar. Terminology implemented in the search included NGRN transition to practice, generational commonalities and characteristics, and nursing environments. Database studies were retrieved using the terms critical care, generations, Gen Z, new graduate nurse, nurse shortage, onboarding, retention, turnover, transition to practice, and workplace. The following section summarizes empirical research, which closely aligns with the major themes of this study. These themes include the NGRN and the Gen Z population.

The NGRN

The NGRN's transition to practice is considered one of the most challenging points in a nurse's career (Su et al., 2021). The NGRN is embarking on a new journey with increased responsibilities. The following discusses empirical research examining the NGRN's transition to

practice, including elements such as transition shock, academic preparation, workplace interactions, well-being, the ICU environment, and intent to leave.

Transition to Practice and Transition Shock

Much research has focused on the NGRNs' transition to practice, with many studies targeting the experiences of these new nurses. From the literature review, many factors can positively or negatively impact an NGRN's successful transition into practice. Although the term *reality shock* is sometimes incorporated within the literature, the term *transition shock* will be referenced in this section because the term aligns more significantly with Duchscher's transitional theory and a new nurse's transition to practice. Transition shock has been explored within the new graduate nurses' initial transition to clinical practice. In addition, many researchers explore the underlying factors that can result in the NGRN experiencing a transition shock, such as the NGRN experiencing workplace hostility, dealing with stressful situations, and fearing mistakes (Alnuqaidan et al., 2021; Feeg et al., 2022; Ho et al., 2021; Ke & Stocker, 2019; E. Kim & Yeo, 2019; Su et al., 2021).

In a qualitative content analysis research approach, Feeg et al. (2022) aimed to understand the experiences of new graduate nurses and perceived stressors during their transition to practicing nursing. The sample of 1,456 participants was derived from the National Student Nurses Association membership database. A survey was distributed with 18 specific stress-related quantitative items, with one open-ended qualitative question asking about the stressors of the participants' jobs. Three themes arose from the qualitative findings: the stress of the environment, the stress of self-expectations, and the stress of interpersonal interactions. In the first theme , the stress of the environment, NGRNs expressed that they experienced stressors from the acuity of the patients, the pace of the environment, and handling emergencies. The

stress of self-expectations was the second theme , and NGRNs mentioned that they felt their

knowledge base was lacking, many responsibilities were overwhelming, and they feared making

mistakes. Finally, the third theme incorporated the NGRNs' stress from interpersonal

interactions. From the NGRNs' narratives, there was a connection between the pace and fears in

interpersonal relationships. The NGRNs also experienced lateral violence, bullying, and abuse

from providers, with worries related to nurse-to-nurse handoff, with nurses being rude and

condescending.

The NGRNs' workload and patient acuity were also mentioned as critical transition shock

factors in a longitudinal study by E. Kim and Yeo (2019). The researchers aimed to determine

the effects of pre-graduation characteristics and working environments on the transition shock of

NGRNs. Four months into clinical practice, a convenience sample of 312 NGRNs responded to

surveys that measured transition shock and elements within their work environments. The mean

transition shock participants perceived was 2.81 on a 4-point scale, which was higher than in

previous research. The significant findings attributing to transition shock included shrinking

relationships with co-workers (3.1), an overwhelming workload (2.9), and the conflict between

theory and practice (2.8). The researchers stated that the results made it clear that there may be

gaps between nursing curricula and healthcare industry requirements, a need to prepare nurses

for relationship building, and, based on factors that would reduce shock, place new graduates in

their desired work environments.

Transition shock was one theme from a qualitative study exploring the newly qualified

nurses' working experiences influencing their retention within their positions. In the study, Ho et

al. (2021) incorporated semi-structured interviews via telephone with 23 graduates who were in

their first 2 years of their nursing careers. The research aimed to understand what might help

these new nurses stay in their positions. Three themes were developed: transition shock, workplace factors, and work/life balance. The NGRNs experienced transition shock with the sense of feeling overwhelmed by the clinical environment. Many graduates described their initial experience working as a new nurse as horrendous, terrifying, and having a steep learning curve. Participants also identified their shock as emanating from the lack of opportunity to gain experience within the healthcare culture and broader nursing role as a student. Furthermore, the research findings also highlighted that the transition shock experiences of the NGRNs were a result of more responsibility and accountability in the clinical setting than they expected, exhaustion as a result of now being a full-time worker, and mental health issues connected to the stress of working as an NGRN.

Further research into transition shock was conducted by Alnuqaidan et al. (2021). Implementing a descriptive correlational study, the researchers aimed to assess occupational stress and coping mechanisms of multi-national NGRNs concerning transition shock. A convenience sample of 152 participants was provided with two questionnaires incorporating stress and coping measurement scales. The Nursing Stress Scale developed by Gray-Toft and Anderson in 1981 incorporates 34 items of recognized stressors for nurses, measured on a 4-point Likert scale (Alnuqaidan et al., 2021). Additionally, the researchers implemented the Cope Inventory Scale developed by Carver et al. in 1989, incorporating 60 items in 15 categorized subscales to measure coping techniques using a 4-point Likert scale. Alnuqaidan et al.'s data analysis found that death and dying, uncertainty concerning treatment, and conflict with other nurses caused the most significant stress and transition shock on the NGRN. Death and dying were considered highly upsetting experiences where the NGRNs encountered increased demands with patient care needs. With the uncertainty of the treatment theme, stressors arose from

communications with physicians and family members regarding patient conditions and treatments. Finally, conflict with other nurses is the third highest variable, indicating shock arising from inappropriate workplace interactions.

Additionally, transition shock was evident in NGRNs' transitioning into the workplace in a descriptive cross-sectional study by Su et al. (2021). To examine the interrelationship between professional identity, clinical teaching behavior, and transition shock, 779 NGRNs from eight hospitals participated in the study. Xue Youre developed the Transition Shock of Newly Graduated Nurses Scale (TSNGNS) in 2015 to measure the level of transition shock for new nurses. The transition shock scale scores were computed as a sum of four dimensions: physical aspects, psychological aspects, knowledge and skills, and social culture and development, which were calculated using a 5-point Likert scale, with overall scores varying between 27–135, indicating that the higher the score, the more serious the transitional impact.

The data presented by Su et al. (2021) indicated that the overall mean score calculated from the TSNGNS was significantly high at 92.53. The researchers also noted that transition shock had a significant negative correlation with clinical teaching behavior, indicating that when an individual is exposed to positive clinical teachings such as positive feedback and evaluation, support, appropriate teaching strategies, and a constructive learning atmosphere, transition shock significantly decreased. Additionally, the significance of professional identity was noted within the findings. Professional identity is developed as a dynamic process that gives meaning and value to one's profession. In the context of this study, professional identity includes elements such as the sense of mastery, sense of self-sufficiency, and sense of self-significance. It was observed that transition shock decreased when an individual's sense of mastery increased,

indicating that strengthening a new nurse's professional knowledge through training will decrease their transition shock.

Another study on transition shock and the NGRN was a qualitative study by Ke and Stocker (2019), which explored the new nurse's process of growth in the workplace and the challenges they may face. Twenty new graduate nurses who had worked full-time for less than or equal to 1 year were identified through purposeful and snowball sampling. Interviews were conducted on a one-on-one basis with semi-structured questioning. Three distinct stages or themes were identified: feeling disillusioned and shocked, gaining experiential knowledge, and making a place for oneself. Shock arose as participants expressed they felt helpless in the face of many things, frustrated, and disrespected in many situations. The NGRNs were unprepared for feeling isolated and unsupported in cases where other team members would gossip and attack them. When entering this shocking stage, the new nurses had to endure the situations and attempt to figure out how to adapt to the new environment, fighting the urge to quit. The researchers stated that two nurses in the study left the nursing field entirely because of this.

Transition to Practice and Academic Preparation

The NGRN's transition to practice has been heavily researched in the past to determine the role of academic preparation as a factor that could influence a successful or unsuccessful transition. Several researchers found that NGRNs' academic preparation did not match the reality of clinical practice, impacting their ability to transition appropriately into their new role (Ankers et al., 2018; Brown et al., 2018; Kreedi et al., 2021; Urban & Barnes, 2020).

In a hermeneutic phenomenological study by Ankers et al. (2018), seven NGRNs were interviewed to gain insight into what they experienced as beneficial or barriers to transitioning to practice. Semi-structured interviews were held with seven NGRNs in their first 4 to 8 months of

transitioning to practice. Four themes emerged from the data: disconnect, sink or swim, impacts to transition, and reducing impacts to transitions. Academic preparation was noted within the disconnect theme of the research findings, with participants quoting that their acquired academic skills did not relate to the practical needs of the wards. Participants were overwhelmed in their new positions because they expressed that, although academic preparation taught a nice way of nursing, there needed to be more clarity between the academics they were taught and the reality of the real, practical setting.

The mismatch between university teaching and the realities of clinical practice was also noted by researchers Urban and Barnes (2020), who conducted a qualitative phenomenological study using semi-structured interviews with 15 NGRNs 5 to 8 months into employment. Three themes emerged from the data: being overwhelmed, relationships, and finding my flow. Feeling overwhelmed included several subthemes, one of which included knowledge insecurity, meaning that the reality of nursing practice far exceeded the artificial experiences of nursing school and hospital-based learning.

Brown et al. (2018) studied the relationship between academic preparation and transition to practice in NGRNs. The researchers conducted a phenomenological study by asking 12 new nurses one open-ended question about their lived experiences as new nurses. The data revealed six themes: nursing school, orientation, environment, self-care, confidence, and doctor interactions. Participant responses regarding academic preparation were mentioned within the nursing school theme. Participants expressed that the nursing schools taught the basics and did their best to provide the skills and knowledge for clinical practice but failed to prepare the new graduate 100% for the workplace.

In a systematic literature review, Kreedi et al. (2021) aimed to explore research on the views and experiences of NGRNs in clinical practice. Twenty-four articles, dated between 2001 and 2019, were analyzed and incorporated into the findings, including 23 qualitative studies and one mixed-methods study. In total, 524 participants were sampled, with studies ranging from five to 184 participants. Three themes were developed from the findings that the researchers listed: educational preparation, the impact of stress, and existing knowledge of organizational support. Within the theme of academic preparation, the NGRNs reported that nursing education is needed to adequately prepare them for the nursing role, especially with differences between theory content and work as a practicing nurse. Additionally, NGRNs revealed that nursing educational programs' content was limited and selective, with learning lacking a focus on essential concepts for the future role of the NGRN. Furthermore, the NGRNs reported that while nursing education programs taught basic skills such as dressing changes, they did not prepare the new nurse with the more complex skills such as nasogastric tube placement, critical thinking, or thinking while under stress.

Transition to Practice and Workplace Interactions

Within research targeting the NGRN's transition to practice, various studies have illuminated factors within the new graduate's workplace that play a role in the transitional process. For example, according to Salem Alghamdi and Ghazi Baker (2020), the clinical environment and workplace conditions are important to comprehend because of their impact on the NGRN's transitional experience. In addition, the nature of support or tensions within the social climate of the workplace can impact how the NGRN practices safely (Sahay & Willis, 2022). Some examples include ineffective communication, confrontation with other nurses, bullying, and unrealistic time management.

Research indicates that interpersonal interactions through teamwork and support from colleagues play a positive role in an NGRN's transition to practice by reducing stress, building confidence, increasing job satisfaction, and providing an environment for the NGRN to develop and grow (Ankers et al., 2018; Brown et al., 2018; Charette et al., 2019; Hussein et al., 2019; J. H. Kim & Shin, 2020; Schmitt & Schiffman, 2019; Wiersma et al., 2020; Wildermuth et al., 2020). Without teamwork or support from colleagues, research indicates that the NGRN experiences higher levels of stress, low confidence, and job satisfaction (Hazelwood et al., 2019; Hussein et al., 2019; Krut et al., 2021) and increases the NGRN's struggles during the transition (Ankers et al., 2018) as well as their desire to leave practice (Brown et al., 2018). Additionally, research indicates that the NGRN commonly faces negative behavior from interactions with their colleagues, including bullying, lateral violence, intimidation, and hostility, which can result in increased anxiety, stress, fear, and nervousness in the NGRN (Hazelwood et al., 2019; J. H. Kim & Shin, 2020; Krut et al., 2021; Wiersma et al., 2020)

A few studies on the NGRN's transition to practice have uncovered the experiences of the new nurse's interaction with physicians. Research shows that NGRNs have an underlying fear, anxiety, nervousness, and intimidation when communicating with physicians (Brown et al., 2018; Forbes & Evans, 2022), with some NGRNs experiencing interactions making them feel frustrated, ignored, and belittled (Ten Hoeve et al., 2018). However, much of the NGRN's feelings of anxiety, fear, and anxiousness in communicating with physicians originate from stories told by colleagues and school faculty (Brown et al., 2018; Forbes & Evans, 2022) when actual interactions were described as positive, collaborative, and pleasant (Brown et al., 2018; Ten Hoeve et al., 2018).

Interaction with Colleagues. In a mixed methods study, J. H. Kim and Shin (2020) aimed to understand the barriers to and the facilitators of an NGRN's successful transition to practice. The quantitative part of the study used a cross-sectional design to identify factors influencing the new graduate nurses' transition by implementing the Casey-Fink Graduate Nurse Survey. The survey tool consists of five sections, which analyze how self-efficacy, job satisfaction, job stress, and structural empowerment affect a successful transition. In the qualitative phase of the research, 22 NGRNs participated in focus groups. They were asked what they were currently experiencing as they transitioned from the student to the registered nurse role, what could be done to help them feel more supported, and what aspects of the work environment were the most and least satisfying.

Analyzing the responses to the focal group questions, J. H. Kim and Shin (2020) highlighted two themes from the data: facilitators and barriers. In the facilitators theme, the participants stated they were grateful for their preceptor's positive feedback and support. They believed they could grow and develop in their positive, supportive work environment. Additionally, respondents were appreciative when senior nurses spent time explaining what went wrong when mistakes occurred, relating themselves to the NGRN when they were new nurses themselves. Furthermore, participants found it to be a stress reliever when they had fellow new graduate nurses to talk to and interact with about their difficulties. However, the barriers theme highlighted how coworker interaction could negatively impact the recent graduate. The participants stressed that they experienced emotional problems resulting from bullying, where they were blamed for making mistakes rather than being supported. Additionally, the respondents lacked trust in colleagues who would report their errors to other senior nurses.

In another study, Charette et al. (2019) used the ethnographic method to explore the influences of acute care settings on the competency development of the NGRN. Nineteen participants from three acute care units were studied through passive observation, individual interviews, and focus groups. The themes that arose from the data analysis included orientation program, stability, workload, scientific culture, and personality and clinical placements (Charette et al., 2019). For example, stability was mentioned as an essential component of an NGRN's successful transition to practice. If they stayed in one unit, it allowed them to build positive relationships with nurses they looked up to as role models. On the other hand, it was destabilizing for them if they had numerous preceptors during their orientation, making it harder to adapt to the nursing unit. Additionally, NGRNs felt stressed when they floated to other units because they felt excluded from the rest of the team.

Supportive co-workers were also highlighted in Hussein et al.'s (2019) qualitative research as a vital factor assisting with the transitional success of an NGRN. Twenty-six NGRNs who worked in a sizeable tertiary-level hospital were interviewed upon completing their 12-month transitional period to explore their clinical experiences and how these experiences influenced their learning, job satisfaction, and skill development. Four significant themes, including clinical support, facilitates learning, conditions required for good clinical support, and transforming me, were identified from the data. Clinical support facilitates learning, described by NGRNs as when formal and informal teaching facilitated their learning. Conditions required for good support were described as elements the NGRNs regarded integral for enabling a confident transition to practice. The researchers depicted the final theme, transforming me, as a period of change and growth for the NGRN.

The study by Hussein et al. (2019) depicted "transforming me" as a period of transition and growth for the NGRN, where the NGRN, through support, role modeling, and nurturing, can develop confidence and competence to become autonomous nurses. The participants indicated that role-modeling with compassionate, caring, and nurturing nurses made them feel welcomed and supported, increasing job satisfaction and developing confidence and competence. The relationship and support of clinical supervisors can transform the NGRN, instilling confidence and making them feel appreciated with a sense of belonging to the team. Additionally, the NGRNs stated that their job satisfaction improved with positive feedback, making them feel valued with a desire to continue to learn and grow. However, it was noted by the NGRNs in the transforming me theme that ineffective relationships caused problems with their confidence levels and resulted in poorer job satisfaction. The theme also noted conditions required for good clinical support and the importance of relationships. The NGRNs expressed that having supportive staff who did not place them in unfamiliar clinical situations and assisted them with learning and developing new skills helped them develop and grow during their transition.

Wildermuth et al. (2020) conducted a transcendental phenomenological study to explore the lived experiences of nine NGRNs during transition while they were receiving ongoing training as new nurses. Three themes emerged from the data: feeling overwhelmed, supported, and confident. In the feeling overwhelmed theme, participants reported how short staffing, lack of knowledge, and limited resources contributed to feelings of stress. The NGRNs within the theme of feeling supported highlighted interactions with coworkers. The NGRNs stated that their coworkers provided a safe environment where they could ask questions without fear, and knowing they had their support made the transition period a positive experience. Additionally, in the theme of feeling confident, participants expressed that familiarity with co-workers and

having the same preceptor contributed to confidence. Furthermore, within this theme, the NGRNs stated that positive relationships with experienced nurses and nurses who engaged with them and provided them with learning opportunities made them feel supported. However, NGRNs expressed that they experienced feelings of negativity from some experienced nurses who wanted tasks done in the way they wanted them.

The transition experience of NGRNs and newly hired nurses was also explored by Schmitt and Schiffman (2019). Their research aimed to understand this population's needs for a successful transition and how their coping resources change over the first year of practice. The researchers implemented a secondary analysis of qualitative data from the original transcripts of 118 new nurses at one large specialty hospital in the Midwest. Two main themes were identified: institutional support and a sense of self. The sense of self theme was described as the individual's internal awakening, allowing them to identify needs, fears, and uncertainties that may undermine a successful transition. In the institutional support theme, social structure and human connection were important during the transition period. Participants commented on the importance of having positive, constructive feedback from preceptors, stating it was crucial for them to feel supported. Human connection was needed to make a successful transition, and this connection was essential in providing the support necessary for the NGRN to transition into independent practice.

In the previously mentioned qualitative study by Brown et al. (2018), the theme defined as environment highlighted the importance of teamwork. Although negative interactions with coworkers occur in any environment, better collaboration and communication led to greater positive experiences and a supportive environment. Additionally, when the NGRNs felt supported by their team, it increased their satisfaction and confirmed that they made the right

decision to enter nursing. However, when exposed to a hostile environment where teamwork needed to be improved and support needed to be provided, there was a loss of sleep, and they questioned whether to stay in their position.

A qualitative study by Krut et al. (2021) explored the experiences of eight graduate nurses who experienced horizontal violence. Horizontal violence has been described as negative interactions through interpersonal conflicts between nurses of similar positions or the same hierarchical level and can be physical, verbal, psychological, discriminatory, and prejudicial (Rosi et al., 2020). The data revealed two main themes: toxic nursing culture and fear. Participants described a toxic nursing culture where they were subjected to harsh, malicious, and harmful behavior from their nursing colleagues. Additionally, the NGRNs felt unsupported by other team members and bullied by experienced nurses, leaving them feeling shamed and withdrawn. The NGRNs thrived when the staff made them feel included and part of the team. On the other hand, the NGRNs experienced fear in unhealthy work environments where colleagues made them feel uncomfortable and nervous. Additionally, the NGRNs expressed feelings of isolation and vulnerability without the support of their peers, resulting in anxiety, self-doubt, and feelings of worthlessness.

In the previously mentioned phenomenological study undertaken by Ankers et al. (2018), the theme of impacts of transition highlighted elements the NGRNs faced during the transition that caused them stress and anxiety. NGRNs described their experiences of struggling with the attitudes of certain staff members as being difficult to approach or engage. The new graduates expressed that contributing to being part of a team, identifying approachable staff, and identifying nurses whose practice inspired them reduced the impact of transition, making them feel supported and confident, and gave them the feeling of satisfaction with their job.

In another study by Hazelwood et al. (2019), researchers conducted a systematic qualitative review across five databases to explore ethical tensions in practice for new graduate nurses. Eight studies between 1998 and 2015, incorporating 123 nurses, were identified as meeting the inclusion criteria. Four themes were extracted from the resulting data analysis: enduring an unknown culture, being vulnerable, constraining systems and institutional restrictions, and experiencing disillusionment. Within the theme of enduring an unknown culture, the NGRNs experienced power struggles with colleagues and a lack of professional unity between team members, which increased stress for the new graduates. Additionally, the NGRNs expressed that they had experienced hostile and intimidating attitudes from colleagues, leading to mistrust and reluctance to seek help. In the theme of being vulnerable, the NGRNs described being vulnerable, being exposed to bullying, being excluded, and being made the scapegoat when mistakes were made. In this theme, the NGRNs experienced bullying behaviors towards them, with many colleagues being uncivil, making them feel fearful, humiliated, and punished.

In a phenomenological study conducted by Wiersma et al. (2020), the researchers aimed to understand graduate nurses' accounts and interpretations of their transition as they moved into professional nursing practice. The study included nine participants from a large metropolitan hospital who participated in focus groups. They were asked semi-structured questions to explore the experiences of these graduate nurses transitioning to practice. Three themes were identified: practice readiness, work-related environmental influences, and being a nurse. The theme of work-related environmental influences revealed that participants did not feel supported due to bullying or lateral violence from their colleagues. Additionally, the NGRNs expressed increased levels of stress when not supported by fellow nurses and wished to change jobs or even get sick

so as not to work. However, the NGRNs also mentioned that highly supportive and helpful nurses had them excited and made them feel that they wanted to work.

In the previously mentioned qualitative research presented by Urban and Barnes (2020), coworker interaction was highlighted within the importance of relationships theme. Within this theme, the NGRNs valued teamwork and appreciated the help received from experienced team members. The NGRNs quickly learned whom they could and could not approach safely to ask questions and that positive relationships reduced their work-related stress. However, when the NGRNs encountered crabby and hostile nurses or unhelpful superiors, they felt stressed and vulnerable. In addition, when the NGRNs experienced difficult situations with colleagues, they felt uncertain about making appropriate decisions.

Interaction with Physicians. In a qualitative study by Forbes and Evans (2022), 13 new graduate nurses were asked about their experience communicating with physicians in their current nursing practice. Four themes emerged describing the NGRNs' experience: gaps in preparation, developing confidence, learning to communicate, and interprofessional care. In the gaps in preparation theme, the NGRNs felt heightened anxiety communicating with physicians because of listening to negative communication stories from colleagues and fellow students related to bad physician behavior. Additionally, NGRNs commented that nursing instructors had contributed to their anxiety by telling stories of their harmful interactions with physicians and also did not prepare them efficiently during their education for these interactions. Subsequently, in the developing confidence theme, the NGRNs expressed nervousness, anxiety, fear, feeling scared, and frustration when describing communication with physicians. The NGRNs became more comfortable and confident as their clinical judgment improved and they began understanding physician needs. Experiences with physicians within the doctor interaction theme

were mainly positive, with the NGRNs expressing that the challenge was more directed towards discovering what made the physician tick. In addition, the NGRNs mentioned that they had not experienced many negative interactions with physicians.

In a qualitative longitudinal study by Ten Hoeve et al. (2018), the researchers aimed to understand novice nurses' personal and professional demands and what can be done to improve the transition process. Eighteen novice nurses, recruited from several wards at a university medical center in the Netherlands, were asked to record their real-life experiences as NGRNs in written diaries. The data identified eight themes: relatedness, competence, development, organizational context, existential events, goals, autonomy, and fit. Findings included that interactions with physicians were pleasant and collaborative, with positive feedback from the providers. However, the NGRNs mentioned they also experienced frustration with their interactions with physicians, reporting they felt ignored, belittled, and not treated as a professional.

Transition to Practice and Well-Being

The NGRN transition to practice has been noted as one of the most challenging times in a nurse's career. Multiple studies have examined the transitional process's impact on the new nurse's well-being. The research highlights that the NGRN, during their transition period, can experience high anxiety and stress levels (Jarden et al., 2021; Kreedi et al., 2021; Liang et al., 2018; Urban & Barnes, 2020). Other studies identified fatigue, exhaustion, and burnout as frequent issues (Liang et al., 2018; Spence Laschinger et al., 2019; Urban & Barnes, 2020). These experiences can impact the NGRNs' personal lives and lead to physical impacts on their health, such as sleep deprivation (Spence Laschinger et al., 2019; Urban & Barnes, 2020).

In a qualitative study incorporating in-depth, one-on-one, semi-structured interviews, Liang et al. (2018) aimed to explore the work challenges faced by 25 NGRNs transitioning to practice. Participants were asked about their work, current challenges, and coping strategies that allowed them to continue practicing. Four themes were extracted from the participant responses: being tense, suffering, entering and adjusting, and gaining more confidence. Two themes, being tense and suffering, incorporated participant responses relating to the NGRNs' overall well-being during their transition. The theme of being tense highlighted that during their initial working period in the clinical setting, the NGRNs had an overwhelming fear of making mistakes and lacked confidence in patient care. Additionally, the NGRNs experienced anxiety resulting from their uncertainty about clinical practice. Further impacts on the NGRNs' well-being are documented in their experiences in the suffering theme. In this theme, the NGRNs expressed physical exhaustion and mental stress because of the demands regarding patient care, colleague expectations, and pressure from an unfamiliar work culture. Additionally, the NGRNs mentioned that they felt the burden of heavy workloads and lack of staffing, which left them exhausted and sleep-deprived.

In Urban and Barnes's (2020) previously mentioned phenomenological research, feeling overwhelmed highlighted the physical and mental impacts on the NGRNs' well-being during their initial transition to practice. The NGRNs stated that they felt unsure about practicing due to a knowledge deficit, high-stress levels, and anxiety due to their fear of failure. However, they believed this high-stress level was a regular part of their journey to becoming experienced nurses. Additionally, the NGRNs found that their new role impacted their personal life, making them feel fatigued, quiet, and anxious, needing space from their families, and impacting their sleep.

Further research on the NGRN's well-being was undertaken by Spence Laschinger et al. (2019). The researchers aimed to examine the overall health, mental health, and posttraumatic stress disorder (PTSD) risk of NGRNs in Canada. Four hundred and six NGRNs responded to a time-lagged mail survey incorporating two questionnaires at two intervals during their first year of practice. The Primary Care PTSD Screen (PC-PTSD) is a tool that asks about trauma-related symptoms, which the Department of Veterans Affairs currently implements to screen PTSD in veterans. Results included variables positively associated with good mental health and those related to adverse mental health. Early career nurses perceived themselves as having good mental and overall health. However, over 20% were at risk of PTSD due to workplace mistreatment. Good mental health was positively associated with psychological capital, the NGRN's confidence and optimism, and personal job fit. Additionally, there was a positive relationship between the NGRN's realistic expectations of themselves during their first years of professional practice and their ability to cope efficiently with stressful events and workplace demands. Adverse mental health associations were related to burnout, emotional exhaustion and cynicism, and the graduate's work life interfering with personal life.

Jarden et al. (2021) conducted a meta-synthesis of qualitative research to examine the NGRNs' self-reported perceptions and experiences of their psychological well-being and ill-being during their first year of practice. Twenty-two qualitative studies met the inclusion criteria, including grounded theory, phenomenology, ethnography, participatory action, and appreciative inquiry research. Sample sizes within the research synthesis were between six and 52 participants. Negative experiences and emotions NGRNs encountered during the transition period were much broader than the positive ones and included feeling overwhelmed, fearful, stressed, dissatisfied, depressed, shocked, nervous, and afraid. These experiences hurt physical

health, including experiencing exhaustion. In addition, physical and psychological impacts were driven by what the NGRNs felt were high workloads, lack of respect and bullying, feeling like an outsider, the weight of new responsibilities, and the feeling of inadequate preparedness. However, the NGRNs experienced feeling welcomed on the units, being valued, and part of a team as positive and made them feel supported.

In a systematic qualitative review by Kreedi et al. (2021), 24 studies from 2001 through 2019 were used to explore the views and experiences of NGRNs transitioning to clinical practice for the first time. The number of participants sampled across the 24 studies ranged from five to 184, incorporating 23 qualitative studies and one mixed-methods study. Three main themes emerge from the findings: existing knowledge of organizational support, the impact of stress, and educational preparation. The impact of stress theme was descriptive of the NGRN's experience of high-stress levels from feeling overwhelmed due to new responsibilities and caring for critically ill patients. Additionally, frustration and inability to adequately cope were experienced by the NGRNs who feared causing harm to patients.

Transition to Practice and the ICU

The ICU is a high-acuity area in nursing practice that NGRNs desire to enter as their first exposure to nursing. Unfortunately, minimal research has been undertaken to examine the NGRN's transition directly into the ICU. A new graduate experience entering the ICU setting can be overwhelming and intimidating (DeGrande et al., 2018; Stewart, 2021), with many facing exposure to critically ill patients and the fear of making mistakes, which can significantly impact their confidence (Baldwin et al., 2021; DeGrande et al., 2018; Serafin et al., 2022; Stewart, 2021). However, although the ICU can be a stressful environment for a new graduate nurse, teamwork and support from colleagues within the unit can assist in reducing stress, increasing

confidence, and aiding with the transition to practice (Baldwin et al., 2021; DeGrande et al., 2018; Stewart, 2021).

In a qualitative phenomenological study by DeGrande et al. (2018), the researchers explored the experiences of 11 NGRNs transitioning directly into the ICU through one-on-one interviews with open-ended questioning. Six themes were identified: confidence and uncertainty, gaining experiences and forever learning, intuition and intuitive knowing, difficulty and stress, courage and assertiveness, and the team and support persons. The NGRNs expressed confidence in their abilities but uncertainty about the reality of caring for critically ill patients. The NGRNs indicated that the lack of exposure to complex situations in nursing school increased uncertainty in practice and reduced confidence. However, confidence was gained through increased exposure to new cases within the ICU. Additionally, the NGRNs noted that intuitive knowing was important as an ICU nurse because it encompassed knowing what to look for, what to do, and one's resources. The feeling of being overwhelmed with increased stress was experienced, as well as fear of making mistakes. However, personal attributes such as courage, humility, and the ability not to be shy helped them deal with difficult situations. Finally, team support emerged as important for the NGRNs transitioning to the ICU, which helped them gain new experiences, build confidence, and deal with stressful situations.

In a recent qualitative phenomenological study by Serafin et al. (2022), 17 novice nurses were interviewed to explore their practice readiness for transitioning into the ICU. The research aimed to identify the most needed competencies to work in an ICU and to analyze organizational aspects of the orientation process in a workplace. Five emerging themes were identified: readiness to work, professional orientation, competencies needed to work in the ICU, challenging experiences and dealing with them, and recommendations for graduates. Regarding

the readiness to work theme, respondents needed additional preparation to work in an ICU because their nursing school curriculums only included limited anesthesiology and intensive care hours. They received better theoretical preparation than clinical preparation for working in the ICU, especially caring for patients in life-threatening situations. Additionally, nursing shortages were mentioned as a critical element that negatively impacted the transition to ICU, with graduates indicating they cared for patients independently after only a few shifts. The NGRNs felt they needed more time before practicing independently following their orientation but did experience a sense of support from their colleagues. However, generational differences between young novice nurses and older mentors caused difficulties gaining support and acceptance during the transition. The NGRNs experienced difficult situations during their ICU transition, including reacting to patients' deaths, controlling their emotions, disconnecting patients from life support, and communicating with their families. Increased experience through simulation-based training was identified as the best method to help prepare them to manage these difficult situations. Additionally, the NGRNs recommended participation in extracurricular classes or meetings as student nurses, which would help them for a role in intensive care. Despite the negative findings, the study data also revealed that the participants found the ICU an excellent choice as a first job.

In a qualitative case study by Stewart (2021), to understand the recruitment and retention of new graduate ICU nurses, 12 new nurses who had worked in the ICU in a large hospital in London for 1 year or less were asked about their experiences transitioning directly to the ICU setting. Five themes were extracted from the participants' responses: previous learning experiences and unique learning experiences in the ICU, the importance of developing social relationships to help learn and provide support, high-risk culture, cultural clashes and communication, and shift patterns.

Participants in the Stewart (2021) study felt that previous learning experiences and unique learning experiences in the ICU were more structured and beneficial than other settings. However, the new nurses voiced concerns over the orientation process, expressing that they experienced transition shock due to the high pressure and its impact on their ability to reason and think clearly. The theme of the importance of developing social relationships included concepts that increased comfort in transitioning to the ICU when there was a positive interaction with other staff. Also emphasized was the importance of clinical education. In the high-risk culture theme, participants expressed anxiety from feeling blamed and scared of making mistakes in a complex nursing environment. In the fourth theme, cultural clashes and communication problems, participants noted that nurses from different countries with different healthcare systems might need a more extended transition period to account for the difference in culture and language. In the final theme of shift patterns, the NGRNs found that working nights and changing shifts frequently impeded learning and adversely affected them, resulting in burnout and an inability to cope.

In a qualitative study by Baldwin et al. (2021), 26 NGRNs working in specialty areas, including the ICU, were interviewed to identify personal work factors that helped or hindered a successful transition and to identify recommendations to improve the transition process. Data analysis revealed six intrinsic themes and three extrinsic themes. The six intrinsic themes included time management and prioritization skills, self-motivation and doubts, the benefit of prior work experience, interpersonal skills, moral distress, and work–life balance or imbalance. The NGRNs expressed that time management and prioritization skills, assertiveness, calmness, sensitivity to others, previous experience in healthcare, and a sound home support system helped with transitioning into specialty care. However, the NGRNs mentioned that those who were shy,

anxious, fearful of making mistakes, nervous, intimidated, overly sensitive to patient suffering, unable to make peer connections, and who took the stress of working at home with them would struggle with the transition to a specialty unit. The three listed extrinsic themes were communication styles and teamwork, unit processes, and preceptor characteristics. The NGRNs found positive, supportive communication styles with preceptors, teamwork, and collaboration aided a successful transition.

Transition to Practice and Intent to Leave

Staff turnover can significantly impact a healthcare institution and contribute to nursing shortages that are prevalent within the healthcare setting. Numerous studies have examined why NGRNs leave their positions shortly after becoming new nurses, including statistical research regarding an NGRN's intent to leave (Çamveren et al., 2020; Li et al., 2020; Park et al., 2022; Ulupinar & Aydogan, 2021). For example, hostile work environments with negative interactions with colleagues and heavy workloads increase the NGRN's intent to leave (Çamveren et al., 2020; Park et al., 2022; Ulupinar & Aydogan, 2021). Additionally, NGRNs have expressed concerns about job expectations and their knowledge and skill levels (Park et al., 2022; Ulupinar & Aydogan, 2021). It is also highlighted that the type of specialty in which the NGRN works can impact their intent to leave (Li et al., 2020).

In a descriptive, cross-sectional study by Ulupinar and Aydogan (2021), the factors affecting the professional and institutional satisfaction of NGRNs in their first year of nursing and their intentions of leaving the nursing profession were studied. Implementing a self-developed informational tool, the researchers collected data from 428 NGRNs within four public hospitals. The tool included sections on the NGRN's personal and professional characteristics, educational preparation, difficulties adapting to work life, evaluation of fulfillment and

professional satisfaction levels, and questions about the NGRN's intent to leave. The study found that 43% of NGRNs considered leaving the nursing profession, with 51% planning to leave their respective institution. Further data highlighted a relationship between duration of experience and intent to leave, with nurses who worked 2 to 5 months having more intentions to leave compared to others who are longer into their transition. The NGRNs who had problems with communication with patients, family or relatives, and colleagues, had more intent to leave. Other factors which showed a positive correlation to the NGRNs' intent to leave included, heavy workloads and the expectation to perform above their capacity, where the NGRNs found their professional knowledge and skills were insufficient.

In a cross-sectional descriptive study by Li et al. (2020), an NGRN's intention to leave was examined in correlation with nursing characteristics, person–environment fit, and social support. The researchers surveyed 1,313 NGRNs recruited from 23 hospitals in China. Intention to leave was measured using a six-item Turnover Intension Scale. The Turnover Intention Scale assesses intent to leave across three dimensions using a 4-point Likert scale, including the possibility of quitting the current position, motivation to find other employment, and the possibility of different work. Of the NGRNs surveyed, 88 (6.7%) scored a high intention to leave. The most influential factor identified for an NGRN's intent to leave was exposure to a hostile workplace and life events during the previous year. However, the findings indicated that NGRNs working in specialty units, as opposed to medical-surgical units, showed a lower intent to leave.

New nurses' intent to leave their organization was also explored in a descriptive qualitative study by Çamveren et al. (2020). Through semi-structured interviews, 15 NGRNs were asked why they would decide to leave their organization. From the analysis of the findings,

three distinct themes arose: a negative work environment, a nursing shortage, and unsatisfied individual expectations. In the theme of a negative work environment, the NGRNs faced attitudes and behaviors from senior colleagues that made them feel humiliated, threatened, and excluded. The experiences of these encounters, which included a lack of professional solidarity, managerial support, the inadequacy of the preceptor process, and horizontal violence, increased the intent to leave. Within the second theme of the nursing shortage, the NGRNs experienced high patient–nurse ratios, unequal workloads, and overtime, which supported their intent to leave. Unsatisfied individual experiences that influenced the NGRNs' intent to leave included family-related reasons, work–social life imbalances, and availability of alternative options. The NGRNs wanted to leave because their job negatively impacted their role as a spouse and prevented them from participating in family and other activities in which they had previously participated . The NGRNs also wanted to leave because they found working conditions better at an alternative institution.

In an observational, cross-sectional study, Park et al. (2022) aimed to explore the factors associated with the NGRN's difficulty adapting during the transition period and their intent to leave. Four hundred and sixty-seven new graduate nurses working in the hospital setting were included in the study, which used a 13-item job satisfaction inventory based on the Minnesota Satisfaction Survey and Job Description Index to determine levels of job satisfaction. The results included that 46% of all nurses reported difficulty adapting to their new role, with 16% expressing their intent to leave. Four main categories were identified as reasons from those NGRNs who had indicated an intention to leave. First, the most frequently reported reason for the NGRN's intent to leave was poor working conditions (59%), which included the NGRNs having to do shift work and caring for critically ill patients. This was followed by the mismatch

between their current position and skills (20%), where the NGRN felt their education and skills did not meet the job requirements. The third category was cited as other reasons (13%), which included the NGRN's distance from work to home, health issues, and child care. Finally, a relationship with colleagues (8%) was the last reason for the NGRN's intent to leave.

Generation Z in Healthcare

Having discussed the critical research on the NGRN's transition to practice, including transition shock, academic preparation, the social environment, intent to leave, and well-being, it is essential within the context of this study to examine research related to the Gen Z nurse. There are just a few studies that specifically focus on Gen Z nurses. Much research focusing on Gen Z in nursing also includes the Gen Z nursing student, as this generation is now becoming dominant in the university setting.

Values in Nursing

Gen Z nurses' personal and professional values have been examined in several studies. In a descriptive study by Şenyuva (2018), the researchers aimed to determine the differences in nurses' personal and professional values according to their generation. A sample group of 718 nurses participated in the study in the European city of Istanbul. To collect the data, the researcher used the Value Preference Scale, which consists of 14 value statements to study an individual's theoretical, aesthetic, financial, political, social, and religious values. The researcher's second instrument was the Nurses' Professional Values Scale, a 5-point Likert scale comprising 31 items to study activation, security, autonomy, responsibility, and human dignity. Of those surveyed, four generations were included in the research: 154 Gen Z nurses (21.5%), 332 Generation Y nurses (46.2%) , 184 Generation X nurses (25.6%), and 48 nurses from the Baby-Boomer Generation (6.7%). Social values were the primary personal values shared across

all generations, including traits such as being humanitarian, helpful, and unselfish. On the other hand, political value was the primary preference for Generation X nurses, which Şenyuva attributed to the generation witnessing many historical events such as the fall of the Berlin Wall, the Vietnamese War, the end of the Cold War, the oil crises, and globalization. Gen Z also preferred aesthetic values, which include traits such as being fond of sensual pleasures, enjoying visually pleasing things, finishing tasks quickly, and comprehending technology quickly (Şenyuva, 2018). Professionally, every generation prioritizes human dignity over all professional values, with justice as the secondary value. The professional values include human dignity, equality, justice, freedom, righteousness, altruism, and aesthetic values. These results may indicate that nurses from all generations carry out their professional duties in the past and present while respecting humans despite differences in the personal values found in the different generations.

Hampton and Welsh (2019) conducted a descriptive, cross-sectional survey to assess the work values of Gen Z nursing students. One hundred and three nursing students participated in the study. Work values were measured through the Lyons Work Values Survey, a 5-point Likert scale addressing factors people consider important in their work. The scale consists of four work value components, including extrinsic/instrumental, intrinsic/cognitive, social/altruistic, and prestige/status, incorporating 25 values revised for nursing. In addition, the values were ranked by percentage of importance. For the Gen Z nursing student, social/altruism was the number one workplace component, and the highest value cited within this component was doing work that allows them to help people (96%). The second-highest value of importance for the Gen Z student nurse was to do work that they felt was exciting, interesting, and engaging (95%), a prestige/status component of workplace values. Other significant findings indicated that the

Gen Z students valued job security (87%) and benefits (85%), both extrinsic/instrumental components and, additionally, working with agreeable and friendly coworkers (85%) with whom they could establish friendships, a socially altruistic component.

Learning Preferences and Characteristics

Preferred teaching methods of Gen Z nurses include their preference for using technology such as videos, games, and a virtual environment (Hampton et al., 2020; Shorey et al., 2021; Vizcaya-Moreno & Pérez-Cañaveras, 2020). Additionally, the Gen Z nurse is open-minded, especially toward diversity (Shorey et al., 2021; Vizcaya-Moreno & Pérez-Cañaveras, 2020).

Vizcaya-Moreno and Pérez-Cañaveras (2020) conducted a descriptive cross-sectional survey with 120 Gen Z nursing students to explore their social media use and characteristics and to identify their preferred teaching methods during clinical training. A 41-item Likert scale survey included 15 questions about social media use, 14 items related to teaching methods during clinical practice, and nine characteristics associated with Gen Z and how much the Gen Z nursing students agreed they were true to their generation. Vizcaya-Moreno and Pérez-Cañaveras developed the nine characteristics attributed to Gen Z based on the review of scientific evidence on Gen Z published between 2000 and 2019. The nine characteristics included underdeveloped social skills, pragmatic, individualistic, sedentary activism, lack of attention span, open-mindedness and comfort with diversity, risk of anxiety and depression, technology orientated, and being cautious.

From the findings presented by Vizcaya-Moreno and Pérez-Cañaveras (2020), linking mentorship to clinical learning, online tutorials or videos, interactive gaming, and virtual learning environments were considered by the Gen Z nursing student to be the best teaching modalities. However, the participants viewed using social media platforms such as Facebook and

Twitter as the least helpful teaching modalities. When examining the participants' degree of

agreement with the characteristics attributed to Gen Z, the majority of students (90.1%, $n = 108$)

agreed with being high consumers of technology and cravers of the digital world. Additionally,

the participants agreed with the Gen Z characteristics of being open-minded, diverse, and

comfortable with diversity (80%, $n = 96$). However, 50% ($n = 60$) of the Gen Z nursing students

disagreed or strongly disagreed with having undeveloped social and relationship skills.

Implementing a descriptive, cross-sectional study, Hampton et al. (2020) aimed to

identify the teaching methods that Gen Z nursing students preferred and found most engaging

and effective; 103 Gen Z nursing students participated in their research. A teaching preferences

instrument, previously created and used by the researchers in a pilot study, was implemented by

evaluating 13 teaching methods on a 5-point Likert scale. Additionally, the Handelsman and

colleagues' Student Course Engagement Questionnaire was used that measures four types of

engagement: skills, emotions, participation, and performance with the reliability of the tool

within the study shown as good on a 5-point Likert scale.

From the findings presented by Hampton et al. (2020), the teaching preferences identified

as being the most preferred were lectures with audience response clickers (92%, $n = 94$) and

most effective for learning (94%, $n = 95$), followed by traditional lecture as the most preferred

teaching methodology (62%, $n = 63$) and most effective for learning (85%, $n = 88$). Videos or

audio-enhanced PowerPoint presentations were the third most preferred methodology (61%, $n = 61$) and effectiveness for learning (67%, $n = 65$). The overall average engagement score for Gen

Z nursing students was 88, with a range of scores from 67 to 107. Skill development, which

included practicing tasks and developing learning strategies, scored the highest level of course

engagement for the Gen Z nursing students. Additionally, when examining an association

between engagement and preferred teaching methods, participants ($n = 95$) who had higher engagement scores rated collaborative projects as the most preferred and effective teaching method for learning.

Another study that examined the learning styles, preferences, and needs of Gen Z healthcare students was conducted by Shorey et al. (2021) in a scoping review of published and unpublished data from six databases. They identified 17 studies between 2016 and 2021 to consolidate evidence of Gen Z healthcare workers' learning styles, preferences, and needs. Four themes were identified: attributes of the Gen Z healthcare students, learning styles of Gen Z healthcare students, learning preferences and needs of healthcare students, and teaching the Gen Z: future directions and recommendations for educators. Attributes of the Gen Z healthcare students include concepts that this generation of healthcare students are open-minded and accepting of differences, rely heavily on technology, and have undeveloped social skills. Regarding the learning styles of Gen Z healthcare students, visual, sensory, and active learning were preferences for student engagement with their skill base developed via observation, quick access to technology, and online resources such as YouTube videos for educational purposes. Learning preferences of Gen Z were identified as preferring engaging and visual environments such as integrative videos, simulation, and group collaboration projects. Concepts surrounding teaching Gen Z students include that educators must remember the need to understand this generation, provide compassion and reassurance, create a nurturing and collaborative environment, and be approachable, transparent, and enthusiastic when developing plans for future education strategies. The findings highlighted that the key to success is creating a vibrant learning environment for this generation that requires creative approaches, combining technology, social interactions, and assignments.

Mental Health

Limited studies incorporate findings on Gen Z mental health within the healthcare setting. In Shorey et al.'s (2021) previously mentioned study examining the learning styles, preferences, and needs of Gen Z healthcare students, the theme attributes of the Gen Z healthcare student highlight attributes associated with this generation's well-being. According to the findings, Gen Z individuals are at increased risk for mental health issues resulting from underdeveloped social skills due to the reliance on electronic devices rather than social interaction. Such mental health concerns are depression, anxiety, and insecurity. Additionally, because of constant exposure to technological stimulation, Gen Z healthcare students display short attention spans.

Serafin et al. (2020) conducted a qualitative exploratory, descriptive study to explore the Gen Z NGRNs' competencies that increase their work efficiency and support them during periods of professional adaptation. A combination of 16 Gen Z nursing students and Gen Z NGRNs participated in the semi-structured interviews. From the findings, seven themes emerged: knowledge and ability to use it in practice, communication, teamwork, openness to development, decision-making, coping with stress, and empathy. The theme of coping with stress indicated that the Gen Z nurses could not control their stress levels and deal effectively with stressful situations and were unsure how to manage their emotions following challenging experiences.

In the previously mentioned study implemented by Vizcaya-Moreno and Pérez-Cañaveras (2020) exploring Gen Z nursing students' social media use and characteristics, the nursing students were asked about their level of agreement with attributes of their generation. From the findings, 62.5% ($n = 75$) agreed with the statement that they were at increased risk of

isolation, anxiety, insecurity, and depression. In addition, the findings also indicated that 59%
($n = 70$) agreed that Gen Z nursing students had concerns about their emotional and physical
well-being.

Intention to Leave

Having examined research about the NGRN's transition to practice and intent to leave,
some studies have specifically targeted Gen Z nurses' intention to leave. For example, heavy
workloads and the desire to work in a new specialty (Koehler & Olds, 2022), as well as health
issues and stress due to the demands of the job (An et al., 2022), have been given as some of the
factors the Gen Z nurse intends to leave their position. Additionally, some individualized traits
such as lower vocational consciousness (the belief that nursing is a calling) and lower social
responsibility (it is the nurse's responsibility to promote public health) have been associated with
those Gen Z nurses who intend to leave their positions or the profession (J. Kim et al., 2021).

A study conducted by Koehler and Olds (2022) was a secondary cross-sectional analysis
of the 2018 National Database of Nursing Quality Indicators (NDNQI) annual registered nurse
survey data to assess the Gen Z nurse's intent to leave their current nursing position. PressGaney
administers the NDNQI survey to measure nursing quality within organizations to improve
patient outcomes through dynamic reporting and performance improvement resources
(PressGaney, 2023). The survey includes questions about nursing demographics, work
environments, and work context. A total of 207,636 nurses answered the survey questions about
intent to leave. One dependent variable was the intention to leave within the following year.
Participants were given responses including staying in their current position, staying in direct
patient care but in another unit in this hospital, staying in direct patient care but outside this
hospital, leaving direct patient care but staying in the nursing profession, and finally, leaving the

nursing profession, and retiring. Participants were also asked to select their main reason for planning to leave if they did not choose to stay in their current position.

The sample demographics of Koehler and Olds' (2022) research included Gen Z nurses ($n = 300$; 0.1%), Millennial nurses ($n = 106{,}573$; 51.3%), Generation X ($n = 67{,}876$; 32.7%), Baby Boomers ($n = 32{,}515$; 15.7%), and the Silent Generation at ($n = 372$; 0.2%). Of the small sample of Gen Z nurses who participated in the study, those with an intent to leave ($n = 10$ or 13.9%) reported they intended to pursue a different nursing specialty or wanted a more desirable commute. Staffing and workloads were the main reasons for the intent to leave across all the other generations. In addition, staffing and workloads were listed as the second highest reason the Gen Z nurses intended to leave their position.

Specific to the Gen Z nurse, turnover intention or intent to leave was examined by An et al. (2022). The researchers conducted a cross-sectional correlational study focusing on the turnover intention of new Gen Z nurses in Korea, examining job stress and sleep disturbances. Participants included 133 Gen Z NGRNs in the study measuring job stress using the Korean Occupational Stress Scale, which uses 4-point Likert scale scoring, measuring 24 items in seven domains including job demands, job autonomy, job instability, relationship conflict, organizational system, inadequate compensation, and workplace culture. Sleep disturbance was measured using the General Sleep Disturbance Scale, an 8-point Likert scale assessing sleep problems in six domains: sleep initiation, sleep maintenance, sleep quality, amount of sleep, daytime function, and use of sleep induction methods such as drugs. Additionally, the turnover intention was measured by a single-item question asking the participants if they were considering changing their jobs.

An et al.'s (2022) research findings indicated that the new nurses' turnover intention was 12.8% ($n = 17$), with the reasons for the turnover intentions including bad personal health statuses, measured on a 4-point Likert scale from good to bad and evaluating how healthy the participant felt. These findings indicated that individuals who believed they were not in good health were likelier to have higher turnover intention. Additionally, nurses experiencing job stress had significantly higher levels of turnover intention than their counterparts. Significant subdomains showing higher job stress in nurses with turnover intention compared to their counterparts included job demand, interpersonal conflict, and lack of reward. The findings also indicated that the Gen Z nurses who reported sleep disturbances compared to their counterparts were statistically more likely to express turnover intentions. Additionally, the findings concluded that the level of turnover intention in the Gen Z nurses who worked in the ICU was significantly higher than that of their counterparts.

Another study on Gen Z nursing students' intent to leave the profession was a cross-sectional descriptive design study by J. Kim et al. (2021) to identify predictors of a Gen Z nursing student's intent to leave the nursing profession. Participants included 210 nursing students from three colleges in Korea. The study used four data collecting instruments: (a) the Career Preparation Behaviour scale, which consists of 25 items rated on a 5-point Likert scale with higher scores indicating greater career preparation behavior; (b) the Calling and Vocational questionnaire which measures, via a 4-point Likert scale, an individual's personal belief that, for them, nursing is a professional calling; (c) the Social Responsibility Scale, which measures 27 items rated on a 5-point Likert scale with higher scores indicative of a higher level of social responsibility; and (d) the Revised Self Leadership Scale, which measures 35 items rated on a 5-point Likert scale with higher scores indicative of a higher level of self-leadership.

J. Kim et al.'s (2021) research concluded that 17.6% or one in six Gen Z nursing students reported wanting to leave the nursing profession within 2 years of employment. Additional findings highlighted that those individuals intending to leave the profession within two years had lower vocational consciousness than their counterparts. Vocational consciousness is the strong personal belief that one holds nursing as a professional calling. The interpretation of this finding would indicate that the Gen Z nursing students, during their education, realized that nursing might be their desired professional calling. It was also shown that those Gen Z nursing students who intended to leave the profession had lower social responsibility than their counterparts. Social responsibility is defined as the individual's responsibility to improve the public's health.

Summary

This literature review provided information on the various factors that can impact the NGRN. Staffing shortages and increases in employee turnover are challenging the healthcare industry. NGRNs are the demographic of nurses most available for employment (Hussein et al., 2019). Even during nursing school, these new nurses have been shown to desire to transition straight into practice in critical care environments. Transition shock occurs within the first few months of transition to practice (Duchscher, 2009). The research design for this study follows Husserl's transcendental phenomenological theoretical framework, which, in essence, illuminates a phenomenon through the subjective descriptions of an individual's lived experiences. Many of the studies provided in the empirical evidence highlighted in the literature review present qualitative, phenomenological research that targets the NGRNs' lived experiences transitioning into practice and adds substance to the rationale for why this research approach was undertaken.

Qualitative research examining the experiences of the NGRN transitioning into practice highlights the fact that NGRNs express they experience higher stress levels from the fear of making mistakes, experiencing hostility from colleagues, and being placed in stressful situations during their transition (Feeg et al., 2022; Ho et al., 2021; Ke & Stocker, 2019). Additionally, further qualitative studies illuminated the role of academic preparation on the NGRN's experiences transitioning to practice. In many of these studies, the NGRN experienced a reality of clinical practice that did not match what they were taught in nursing school (Ankers et al., 2018; Brown et al., 2018; Kreedi et al., 2021; Urban & Barnes, 2020). These findings align with Duchscher's initial phase of her transitional framework for NGRNs transitioning into practice.

Further qualitative, phenomenological research in the literature review highlighted the experiences of NGRNs' workplace interactions and how it affected their transition to practice. The NGRNs expressed that teamwork and colleague support help them build confidence and increase their job satisfaction (Ankers et al., 2018; Brown et al., 2018; Hussein et al., 2019; J. H. Kim & Shin, 2020; Wiersma et al., 2020; Wildermuth et al., 2020). However, experiencing lateral violence, poor teamwork, and unsupportive colleagues made the NGRNs feel intimidated, anxious, nervous, and made them question their decision to enter nursing (Hazelwood et al., 2019; J. H. Kim & Shin, 2020; Krut et al., 2021; Wiersma et al., 2020). The NGRNs' interactions with physicians presented in qualitative phenomenological research indicated an underlying fear and anxiety based on stories from coworkers and fellow students when in nursing school; however, the NGRNs claimed their actual experiences interacting with physicians were mainly pleasant (Brown et al., 2018; Forbes & Evans, 2022; Ten Hoeve et al., 2018).

Quantitative research in the literature review indicated that the transition to practice significantly impacted the NGRN's well-being and even caused PTSD (Spence Laschinger et al.,

2019). Additionally, qualitative phenomenological research also highlighted NGRNs' experiences in transitioning, where they described experiencing high anxiety and stress levels, resulting in sleep deprivation, fatigue, and burnout (Jarden et al., 2021; Kreedi et al., 2021; Liang et al., 2018; Urban & Barnes, 2020).

The research on the NGRN's transition to practice also shows that the ICU can be intimidating for the NGRN. Aligning with Duchscher's second phase of her transitional framework, further qualitative phenomenological research indicates the NGRNs, in this setting, expressed that they get overwhelmed easily, experience burnout when caring for critically ill patients, and fear making mistakes (Baldwin et al., 2021; DeGrande et al., 2018; Serafin et al., 2022; Stewart, 2021). It also was shown in the qualitative research that positive support from team members could increase the NGRN's confidence in transitioning into the ICU (Baldwin et al., 2021; DeGrande et al., 2018; Stewart, 2021).

The NGRN's intent to leave their role and the profession was examined in quantitative research that explored correlations between workplace factors and intent to leave. Questioning one's own career choice is a key element within the Duchscher's transitional framework, and NGRNs who had a stronger intent to leave indicated they experienced hostile working environments, heavy workloads, and increased job expectations versus an individual's actual skill level (Li et al., 2020; Park et al., 2022; Ulupinar & Aydogan, 2021). NGRNs expressed experiences of feeling humiliated, threatened, and excluded (Çamveren et al., 2020) in qualitative, phenomenological studies examining transitional experiences and intent to leave.

The lack of empirical studies on this generation of nurses highlights the need for qualitative phenomenological research on the Gen Z nurse. Much of the limited research on the Gen Z nurse is of quantitative design. Quantitative studies have been undertaken to examine the

values of this generation of nurses, where the Gen Z nurses were shown statistically to place a high value on human dignity and workplace relationships, identifying as unselfish, helpful, and humanitarian (Hampton et al., 2020; Şenyuva, 2018). Additionally, quantitative research highlights that the Gen Z nurse comprehends technology quickly and enjoys sensual pleasures, visually pleasing things, and participating in exciting, interesting, and engaging opportunities, retaining knowledge through videos, interactive presentations, and other technology platforms as visual learners (Hampton et al., 2020; Şenyuva, 2018; Shorey et al., 2021).

One qualitative, phenomenological study presented Gen Z NGRNs' experiences transitioning to practice and the effect on their well-being, with the Gen Z NGRNs indicating they found it difficult to control their stress levels, manage their emotions, and deal effectively with stressful situations (Serafin et al., 2020). All other empirical evidence regarding the well-being of Gen Z individuals in nursing is presented in quantitative research, indicating that Gen Z individuals within healthcare are prone to mental health issues such as increased anxiety, stress, and depression (Shorey et al., 2021; Vizcaya-Moreno & Pérez-Cañaveras, 2020). Furthermore, the Gen Z nurses indicated in quantitative research that heavy workloads and job demands increased stress, impacting their health, interpersonal conflicts, and the desire to work a different specialty; these all influenced their intent to leave their position (Serafin et al., 2020; Shorey et al., 2021).

CHAPTER THREE: METHODS

Overview

The purpose of this transcendental phenomenological study was to illuminate, understand, and describe the meaning of the lived experiences of Gen Z NGRNs transitioning directly into the ICU in their first position as registered nurses. The following chapter highlights the qualitative transcendental phenomenological research design following the framework of Edmund Husserl. This section will outline the research setting, selection of the participants, the researcher's role, how bracketing was achieved, the data collecting process, and the data analysis process. Finally, the methods to ensure the study's credibility, validity, and confirmability will be discussed, along with the ethical considerations.

Research Design

Qualitative research was selected for this study because it is a research approach that accepts our reality as subjective, and subjective interpretation is supported by referencing participant quotations (Bradshaw et al., 2017). A transcendental phenomenological design examined the lived experience of Gen Z NGRNs transitioning into the ICU work environment employed in their first position as registered nurses. In addition, the phenomenological investigation examined how a group of particular individuals in a specific place provides context to their experiences through their interpretations (Van Manen, 2017).

Transcendental phenomenology is a science of essences rather than the gathering of facts, and through eidetic reduction, the pure essence of the phenomenon is revealed (Husserl, 1913/2014). In everyday living, individuals are continually exposed to essences to which they make judgments and interpretations. The essence is the essential characteristic that makes the phenomenon a phenomenon. Through interviews, field notes, and participant follow-up with the

Gen Z NGRNs transitioning into the ICU work environment directly from nursing school, this research illuminated the true essences of this phenomenon from those experiencing it (Dahlberg, 2006).

As Gen Z NGRNs transition into practice, insights into their experiences provides an enhanced understanding of their overall transition into the critical care setting of the ICU. The transcendental phenomenological approach is conditioned upon putting aside or bracketing one's preconceived ideas (epoche) to see or expose the phenomenon's essence. According to Husserl (1913/2014), we must directly focus on pure experiences to investigate them, and, as a result, the researcher should bracket or suspend their natural beliefs about objects and phenomena. Because the phenomenological investigation can illuminate things the researcher is unaware of, successful bracketing of one's bias depends on how reflective the researcher is rather than how objective they are (Ahern, 1999). Therefore, bracketing is a reflexive journey that entails preparation, action, evaluation, and systematic feedback to which the researcher understands that they are part of the social world they study. The researcher, through preparation, can identify possible areas of role conflict, clarify personal value systems, recognize feelings that could lack neutrality, and identify interests that might be taken for granted in undertaking the research. Through phenomenological reduction, individual transcript data were coded, labeled, and organized into themes, ultimately presenting the true essences of the phenomenon. Experts in qualitative research were consulted to ensure the research's validity.

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Research Question

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Central Question

What is the lived experience of Gen Z NGRNs transitioning into the ICU work environment employed in their first position as registered nurses?

Setting

This qualitative study was performed within a large healthcare organization in the southwestern United States. The healthcare organization has over 30 acute care hospitals with 50,000 employees and is one of the largest employers in the Southwest United States. The research was conducted in two of the organization's most prominent hospitals in the downtown area of a large metropolitan city within the southwestern state. The selection of two sites was necessary because, although the institution recruits large numbers of NGRNs, the population being analyzed for this study was vastly smaller due to focusing only on those NGRNs entering the ICU. Additionally, of those entering the ICU, the NGRN must have been a Gen Z individual. The management structure included executive leadership, a board of directors, and individual facility-level administration.

 In addition, both facilities had a new graduate nurse residency program called the New Nurse Experience (NNE). The NNE provides collaborative learning environments that target refining nursing skills, enhancing knowledge, and transitioning the new graduate to a fully competent professional nurse. The NGRNs must attend the New Graduate Forum (NGF) as part of the NNE. The NGF has two monthly sessions lasting 3 hours each, which the NGRN must attend. Therefore, the NGRN must attend 10 monthly sessions out of the 12 months.

Two facilities were selected as research sites due to the potential small demographic of Gen Z NGRNs entering the ICU. Facility 1 has 593 licensed inpatient beds, of which 77 are ICU beds, while Facility 2 has 534 licensed inpatient beds of which 117 are ICU beds. Statistical data provided by the director of the NNE program indicate that between January 2022 and the middle of December 2022, Facility 1 recruited 184 new graduate nurses, whereas Facility 2 recruited 271. Of the 184 recent graduates at Facility 1, 48 entered the ICU setting; in comparison, 32 of

the 271 recruits at Facility 2 entered the ICU. The institution does not monitor generational

statistics; however, assumptions can be made about this generation of NGRNs entering the ICU.

The nearest estimates for this generation in the workplace are presented by Staglin (2022), who

stated that the workplace will comprise 27% Gen Z by 2025. Therefore, using Staglin's 27% as a

rough guideline, it can be inferred that, from the 80 NGRNs that entered the two facilities' ICUs

in 2022, almost 22 would be Gen Z. The healthcare organization has several other acute

healthcare facilities, with large ICU settings, that could have facilitated further participant

selection if the appropriate sample size was not attained from the two primary settings.

The ICU was the setting for this study, and for 2021, the national average turnover rate

for nurses in the ICU was 27.5% (NSI Nursing Solutions, 2022). Both facilities selected for

participant recruitment monitor their monthly nurse turnover rates and provide annualized year-

to-date percentages. The year-to-date percentage for the turnover of nursing staff between

January 2022 through April 2022 for the Facility 1 was 27.39%, with Facility 2's nursing

turnover at 37.9%. Specific to the ICU, the year-to-date annualized data for ICU turnover in

Facility 1 between January 2022 through June 2022 was 21.52%. In contrast, Facility 2 in the

period between January 2022 through May 2022 had an annualized year-to-date turnover rate of

ICU staff at 55.56%. Unfortunately, the facilities did not track employee rationales for leaving

their positions.

Participants

The participant selection strategy for this phenomenological study was obtained through

convenience and purposeful sampling. Convenience sampling is a non-probability sample in

which the participants are chosen based on availability and convenience (Creswell & Creswell,

2017). Additionally, because the participants had to meet specific characteristics for inclusion in

this study, purposeful sampling was incorporated within this research (Kalu, 2019). Such

characteristics included being an NGRN from Gen Z and entering the ICU directly from nursing

school. The sample size was based on data saturation rather than a predefined number of

participants. Saturation was assessed and determined when the data were analyzed and enough

reliable data resulted in repetitive themes being exposed (Hagaman & Wutich, 2017). There was

a point when further observations and analysis did not reveal any new themes (Lowe et al.,

2018). For most phenomenology studies, the typical sample size ranges from eight to 15

participants (Peoples, 2020).

Participant Inclusion Criteria:

- Participants must have been born in or after 1997, the parameter selected to meet the Gen
  Z population, and employed full-time in the ICU.

- Participants must work in the ICU as their first position as registered nurses.

- Participants must have completed a consecutive period of between 6 to 12 months in the
  ICU.

- Selected participants must speak English.

Participant Exclusion Criteria:

- Individuals transferred into or out of the ICU during the initial 6-month employment
  period.

- Individuals who have moved or will be transferred between the two research facilities'
  ICUs.

Researcher Positionality

I selected this study because it resonates with my current work experiences and personal

career experiences. A new generation of nurses, Gen Z, is entering nursing practice for the first

time and selecting the ICU environment as their first role. When I graduated nursing school in the mid-1990s, my first position was on a medical unit in a hospital within the National Health Service. My initial transition to practice was challenging, resulting in a lack of confidence, time management issues, and inadequate critical thinking skills. Remembering this period, I cannot imagine the struggle I would have experienced had I transitioned directly into the ICU setting. In addition, many of these NGRNs are from a different generation to me and have different generational traits, characteristics, beliefs, practices, and values. Therefore, I would like to understand the experiences of this new generation of nurses entering practice for the first time directly into the ICU so that I can help with their transitional processes.

Interpretive Framework

Interpretive frameworks provide the structure for applying philosophical assumptions (Creswell & Poth, 2018). Social constructivism appropriately aligns with this research's interpretive framework to seek an understanding of a specific culture (Gen Z NGRNs) within a particular environment (ICU). Social constructivism emphasizes knowledge generation through culture and understanding of social context (Tsotetsi & Omodan, 2020). Constructivism is the active learning process of constructing ideas through current and past knowledge (Haddock & McCullough, 2022). According to Tsotetsi and Omodan (2020), social constructivist meanings are created through interactions with other people in their environment, and an individual's knowledge construction depends on these social interactions. I understood the importance of social interaction on cognitive development (Agopian, 2022), and, in context with this research, I understood the importance of interactions within the ICU setting and their impact on the Gen Z NGRN's successful transition. By incorporating social constructivist worldviews, I illuminated the Gen Z NGRN's views of entering the ICU environment.

Philosophical Assumptions

The following represents a discussion of three philosophical assumptions—ontological, epistemological, and axiological—and how these assumptions connected with my approach to researching the experiences of Gen Z NGRNs transitioning into the ICU.

Ontological Assumption

Understanding the research paradigm and philosophical assumptions that guide the researcher within this transcendental phenomenological study is essential. The research paradigm incorporates the researcher's beliefs in their research process or the theoretical orientations that guide the research practice (Creswell & Poth, 2018). The ontological assumption concerns the issue of the reality of beings (Ciesielska & Jemielniak, 2018). It is the assumption researchers make to accept something as true. I understood that the ICU environment may impact the Gen Z NGRN physically and emotionally, contrasting my beliefs and experiences when transitioning to practice. As the researcher, I could formulate evidence of these realities through thematic narrative analysis, with reports on how the participants viewed their experiences differently (Creswell & Poth, 2018). Understanding these experiences was presented through themes guided by Husserl's transcendental phenomenological framework and Duchscher's transitional framework. Bracketing or putting aside my presuppositions in context with the transcendental framework enabled me to understand the true essence of the participants' experiences.

Epistemological Assumption

Husserl believed that subjectivity, intersubjectivity, and the world are all necessary constituents of the transcendental constitution (Zhang, 2021). The epistemological philosophical assumption concerns knowledge and cognition (Ciesielska & Jemielniak, 2018). Epistemology questions the role of experience in the creation of knowledge. Interpretivism is an

epistemological stance to which the researcher seeks to understand the subjective experiences of individuals and the meanings they attach to their experiences. As the researcher, I was focused on understanding the subjective experiences of the Gen Z NGRNs within their workplace. These subjective experiences gave me knowledge and context on how the participants know what they know.

Axiological Assumption

With the axiological assumption, researchers make their values known to the study (Creswell & Poth, 2018). This assumption was very important within the context of my transcendental phenomenological research. The researcher must achieve epoche and bracket their own beliefs about the phenomenon to truly get to the essence of the phenomenon. Although bracketing was implemented within the transcendental framework to assist in putting aside my interpretive viewpoints, I actively reported my values and biases. My transition to practice was very stressful as I struggled with my new responsibilities as a nurse. I often found I lacked time management, with frequent patient care delays. My values were shaped by my generation and historical experiences working in healthcare, where, as a new nurse, I would never have entered the ICU straight from nursing school. Additionally, my experiences transitioning into practice may lead to bias, signifying the importance of the epoche within my research.

Researcher's Role

As this was a qualitative transcendental phenomenological study incorporating one-on-one interviews, I (as the researcher) was the primary instrument for collecting the data. Within a qualitative phenomenological study, the researcher is called the human instrument because they have designed interview guides, implemented protocols to highlight potential researcher bias, and developed the means for collecting and recording the data (Wa-Mbaleka, 2019). Within this

study, I did not use instruments designed from previous research and can, therefore, be referred to as the human instrument. Although not directly involved with the new nurse programs and orientation of NGRNs within the specific specialties, I interact with NGRNs minimally during their first 3 months to ensure they are progressing appropriately with their orientation.

Additionally, I am not in an organization's managerial or leadership position. Therefore, I have no involvement in staff evaluations or promotional opportunities. Finally, as an individual from Generation X who has been in the nursing profession for over 25 years, there was the potential for me to make conscious and subconscious interpretive viewpoints. Therefore, per the transcendental phenomenological research approach, I participated in a bracketing interview with a PhD-prepared expert in the field of phenomenology before starting the interview process. This interview allowed me to set aside preconceived generational views and beliefs regarding the new graduates' transition to practice, including any preconceptions regarding the difficulties of working in the ICU setting.

Procedures

The phenomenon of interest for this research study was the exploration of the experiences of the Gen Z NGRN transitioning into the ICU setting. Reflecting the transcendental phenomenological research process, the following sections explain the participant recruitment process, the methods of gathering the data, and the processes of analyzing and interpreting the data.

Permissions

Approval for the study was obtained from Liberty University's Institutional Review Board (IRB; see Appendix A for IRB approval). Additionally, the organization where the study was implemented required IRB approval, which was achieved before recruitment began.

Recruitment Plan

Purposeful and convenient sampling was implemented for participant recruitment.

Purposeful sampling was used because the participants had to be part of Gen Z and employed in

the ICU for at least 6 months straight from nursing school. Convenience sampling was also

implemented because the participants were recruited from my organizational workplace. With

consent from the NNE program director, eligible participants were recruited through their

employee-designated e-mail accounts (see Appendix B).

Permission was attained from the NGF director to attend the twice-monthly new graduate

academy meetings, where announcements regarding the study and informational flyers were

distributed (see Appendix C). Potential participants received an explanation of the study,

including the inclusion and exclusion criteria, through their employee e-mails and during the

monthly NNE meeting. Participants were notified that this study would maintain their

confidentiality and that participation in the interviews implied consent. Those participating in the

study were awarded a $25 Amazon gift card for their time.

Data Collection Plan

Respondents to the study invite were provided with further information about the

research, and if they wished to participate at this stage, an interview was scheduled. If

participants met the recruitment criteria, detailed consent was covered before the commencement

of the interviews (see Appendix D), and arrangements for the one-on-one interview were

scheduled. Before the interviews, the demographic questionnaire link was sent to each

participant's employee-designated email account for completion and return (see Appendix E).

The one-on-one interviews were conducted in a private office within each facility designated to

the education team, which was reserved as part of my role as an educator. Notifications and

reminders of appointments were sent to the participant's preferred e-mail, which was the primary source of communication between me and the participant. Upon the initial meeting, I again explained the study to the participant, noting that the interview would last approximately 60 minutes. Participants were notified that attending the interview implied consent. Participant follow-up occurred via email after the data synthesis, with the findings and themes sent for accuracy review and allowing the participant to follow up on any additional information they may have regarding the experience.

Data Collection Approaches

The interviews were conducted on a one-to-one basis. The interview was recorded through a secure, handheld, digital recording device set up with access encryption. A secondary recorder, Protect+ MP3/WAV voice recorder, was also used during the interviews. Protect+ MP3/WAV voice recorder can be installed on any Android device and provides 256-bit AES encryption with options to store files on any user-designated device (Mojorocket, n.d.). All audio recordings and transcripts of the recordings were uploaded to the healthcare institution's secure, private Microsoft Teams account, with a channel created that was only accessible to me. Each participant had a randomly generated number for all other data, including the interviews, transcripts, and audio recordings. Gender neutral pseudonyms were assigned when the data and findings were presented.

Data Analysis Software

A data analysis software program was used to support the data analysis. Data analysis software programs are helpful with large amounts of data, allowing for better data analysis and higher-quality findings (Linneberg & Korsgaard, 2019). Data analysis software can be implemented as the primary source of data analysis or to support the researcher. During the data

analysis stage, the Dedoose (Version 9.0.107; 2023) software system assisted with organizing data from the uploaded transcripts. Access to the data submitted into the Dedoose software system was only available to me. Dedoose requires multi-factor authentication with security measures, including Hypertext Transfer Protocol Security (HTTPS), Transport Layered Security (TLS), customizable Dedoose project-specific encryption, and AWS Gov Cloud, which protects accounts through continuous monitoring (Dedoose, n.d.). A benefit of the software was that it allowed for easy sharing of the resulting coding with the experts in qualitative research and committee members.

Demographic Questionnaire

Before the commencement of the interview, the participant was sent a questionnaire link to their preferred email to complete regarding their demographic information. Demographic information, including generation, gender, race, and number of months in the ICU, was essential in providing insight into the population being studied. The demographic data were acquired through both closed-response questions and open-ended questions. Open-ended questions give participants more control over defining themselves (Braun et al., 2021). The questionnaire link was emailed to the participant's preferred email for completion. The participant completed the questionnaire via my organizationally secured Microsoft Forms platform, which was only accessible to me.

Interviews

Interviews are the best method to understand individuals' common or shared experiences of a phenomenon (Creswell & Poth, 2018), especially within the context of a transcendental phenomenological study. As a phenomenological study, the interview questions must target participants' experiences and not aim to ascertain their thoughts. Unstructured questioning will

align with this study's phenomenological approach and context. Interviewing with unstructured questioning allows participants to deviate from the construct of the chosen interview question (Peoples, 2020). The open-ended questions, in alignment with the transcendental approach, must focus on the experiences of the participants and the context of the phenomenon (Moustakas, 1994). Interview questions should not incorporate words such as feelings and perceptions but focus on the participant's description of the lived experience of the phenomenon (Peoples, 2020).

Face-to-face interviews in a quiet, private office provide a setting to avoid distractions and lend themselves appropriately to the audio recording (Creswell & Poth, 2018). Participants were initially provided a brief introduction about the focal point of the research to set the tone (Peoples, 2020) before the commencement of the interview questions. In addition, an interview guide (see Appendix F) was implemented to aid in directing the interview and staying within the study's boundaries.

A good interviewer is a listener rather than a frequent speaker during the interview (Creswell & Poth, 2018). Interview questions were developed to understand the participant's experiences and the situations and context of their experiences related to the phenomenon. Within the transcendental phenomenological approach, interview questions examined the textural and structural meaning of the experience.

Interview Guide

1. What is your experience transitioning from nursing school into the ICU?

2. Describe experiences that have helped or hindered your transition into the ICU.

3. Does anything stand out about your experiences transitioning to the ICU?

Field Notes/Reflexive Journal

During the interviews, field notes were taken to add contextual information. Following

the transcendental phenomenological methodology, field notes were initially developed to assist

the researcher in reflecting on their private thoughts, ideas, and inquiries regarding their research

observations and interviews (Phillippi & Lauderdale, 2018). However, qualitative field notes are

also essential to rigorous qualitative research to enhance data and provide a rich context for

analysis. Field notes predominantly aided in constructing detailed descriptions of the study

context and interviews, documenting valuable contextual data. When field notes are disclosed

with other study information, they allow transmission of the full depth of the study context.

Small keyword-based notes were taken during the interviews while maintaining eye contact with

the participants and not disrupting the interview flow. Following the interview, a comprehensive

note was constructed while fresh in the my memory, allowing me to critically reflect on my

performance, biases, and feelings.

Participant Follow Up

Once the initial interviews were transcribed and the field notes added, participants were

contacted via email and sent the final codes and themes to review. Participant follow-up allowed

for determining the accuracy of the qualitative findings by taking the final report or specific

description of themes back to the participants, allowing them to analyze the findings and provide

additional comments (Peoples, 2020). In addition, participants reviewed the synthesized data to

enable them to recognize their own experiences within the synthesized themes and provide

additional explanations to express their views about their experiences (Harvey, 2015).

Data Analysis

In alignment with the transcendental phenomenological research approach, before the start of the interview process, I participated in a bracketing interview with a PhD-prepared expert in the field of phenomenology. Bracketing allowed me to identify possible areas of role conflict, clarify personal values, recognize feelings that could lack neutrality, and identify interests that might be taken for granted in the research (Ahern, 1999). In addition, the bracketing interview allowed me to set aside preconceived generational views and beliefs regarding the new graduates' transition to practice, including any preconceptions regarding the difficulties of working in the ICU setting.

Following the data collection and the transcription of the interviews, each transcript was read at least twice to ensure a better understanding and make the interviews come alive (Cypress, 2018). Aligning with a transcendental phenomenological study, data were analyzed and constructed into themes. Moustakas (1994) developed a method of analysis of phenomenological data modified from Von Kaam's method of data analysis. Using the complete transcription of each research participant, the process incorporated horizonalization, including phenomenological reduction, clustering, and textualization. I began horizonalizing the data by listing every statement or expression relevant to the experience. I then tested each statement against two requirements. The initial requirement was to determine if the expression contained a moment of the experience that was necessary and sufficient enough to constitute its understanding. For the second requirement, was it possible to extract this moment and label it? If these requirements were met, the statement was considered a horizon of the experience and an invariant constituent of the experience. Statements were eliminated if they were repetitive or overlapping or did not meet the requirements.

Following horizonalization, I clustered related invariant constituents of the experience and applied a thematic label, which was the core theme of the experience (Moustakas, 1994). Each invariant constituent and accompanying theme was validated against the complete record of the research participant, ensuring they were expressed explicitly in the complete transcription and were not relevant to my own experiences. Next, textualization occurs as I developed an individual textural description of the experience from the validated invariant constituents and themes and an individual structural description of the experience based on the textural descriptions and imaginative variation. Finally, a composite statement of the meanings and essences of the experience was formulated from the textural and structural descriptions, representing the participant group as a whole.

Transcripts from the one-on-one interviews, field notes, and participant follow-up were uploaded to the Dedoose software for data analysis. The Dedoose (Version 9.0.107) qualitative data analyzing software was incorporated to assist in organizing the textural data. The transcripts were uploaded to the web-based software program to organize and analyze the data for my ease of access and understanding. After five interviews, meetings were undertaken with an expert in qualitative research to review data. A further meeting was conducted upon completing all the interviews to assess for data saturation and ensure accuracy and that the terminology appropriately fit the data.

Trustworthiness

Any research, whether qualitative or quantitative, must be trustworthy. Trustworthiness is the overall impression of the quality associated with a research process, and more trustworthy studies are more likely to constitute research that can make a change or difference (Rose & Johnson, 2020). Where the quantitative research process is more systematic and validated

through relationships between numbers, trustworthiness within qualitative research should be evaluated by looking at areas such as the research's credibility, transferability, dependability, and conformability (Adler, 2022). The researcher can undertake steps to ensure the trustworthiness of the research.

Credibility

Assuring credibility refers to the conscious effort to establish confidence in an accurate interpretation of the meaning of the data (Whittemore et al., 2001). One method to promote credibility is member checking. Following the interviews and creation of the field notes, the synthesized themes were sent to the participants for review. Member checking or respondent validation is a technique for exploring the credibility of the results (Birt et al., 2016). Participants reviewed the findings to ensure they correlated to their experience of the phenomenon. The process provided continuous, informal testing of the information by solidifying the participants' reactions. I ensured the accurate portrayal of the participants' voices by allowing them to confirm or deny the accuracy of the data, thus adding to the credibility of the qualitative study (Candela, 2019).

Transferability

This research study was not designed explicitly for transferability to other specialties because it focuses on the ICU. Transferability refers to the ability to transfer research findings or methods from one group to another or how one determines the extent to which findings from a particular scientific inquiry can be applied to other subjects or participants (Thomas & Magilvy, 2011). To establish transferability, one must provide a dense description of the population being studied, providing detailed descriptions of participant demographics and the geography of the study. Additionally, transferability is only possible when a comprehensive description of the

participants, research methodology, and data collection methods are provided (Stahl & King, 2020). This study may expand scientific understanding by providing such in-depth contextual descriptions of the research that its context may be applied to other research.

Dependability

Dependability refers to the consistency and reliability of the research findings and the extent to which the research procedures are documented, allowing an individual outside the research to audit and critique the process (Moon et al., 2016). To assist in dependability, I provided comprehensive documentation of the steps and procedures involved in conducting the study. Detailed coverage of the methodology, research design and implementation, and data collection allow the reader to assess the extent of appropriate research practices (Moon et al., 2016). Additionally, when appropriate, reflexivity to reduce bias increases dependability by increasing transparency.

Confirmability

Confirmability refers to determining the fidelity or accuracy of the findings from the standpoint of the researcher, participants, and consumers of the research (Rose & Johnson, 2020). Multiple, often highly specified confirmability types align with other research project aspects. One confirmability technique aligned with this research is ensuring accuracy through member checking or participant validation. Participant validation allowed for participants' input into the accuracy of the findings. With participant validation, I allowed further participant feedback on the conclusions and reduced the potential impact of researcher bias influencing the synthesized results (Candela, 2019).

A second method that increases confirmability relevant to this study was my increased attention to providing a rich and detailed presentation of the data to promote realism for the

reader and provide a greater contextual understanding of the phenomenon (Rose & Johnson, 2020). My detailed descriptions allow the reader to determine the accuracy of the research. Effective bracketing procedures throughout the data collection and analysis also promote validity (Chan et al., 2013). Through reflexivity throughout the research process, I was aware of how my feelings and beliefs could influence the research. Through detailed documentation of my potential bias, I enabled the reader to accurately judge how bias may have influenced the study.

Another approach to transcendental phenomenological research's confirmability is bracketing (Wadams & Park, 2018). Through the bracketing interview, I responded to the same research question as the participants. I analyzed and discussed the transcripts with the experts in qualitative research to identify any preconceived notions or biases, so that they could be put aside before and throughout the phenomenological investigation. The bracketing interview promoted study rigor and minimized my bias by bringing it to the forefront and making it explicit throughout the study.

Ethical Considerations

Before data collection, IRB approval was obtained from Liberty University and the institution where the research would be undertaken. I attained permission from the healthcare organization to contact potential participants through their employee-designated email and place flyers within the facility; I also attained permission from the NNE program director and NGF director to attend new graduate forums. Participants were told that participating in the interview implied consent for their involvement in the study. No signed consent was required due to the confidentiality associated with this research.

The audio recordings and transcripts were uploaded to my organizational, secure, and personal Microsoft Teams account, with the original recordings deleted from the recording

devices. Additionally, the transcripts were uploaded to the secure and encrypted Dedoose data

analysis software, which helped with the coding process. A declaration was made that external

entities do not fund the research and are not being implemented for monetary gain. The

participants were also informed that they could withdraw from the study at any point without

repercussions and that participation was not required for employees of the organization.

Participants were also informed that there was no compensation for participation in the research.

However, participants did receive a $25 Amazon gift card for their interview time.

Risks and Benefits

This study was not expected to cause any significant risk to the participants. However,

participants may have experienced psychological distress due to discussing potentially sensitive

or emotional information about their transition to practice. Therefore, referral information was

offered for counseling within the organization, and additionally, I provided a list of external

counseling options available online (see Appendix G). In addition, participants may have

benefited from the feeling of being heard and acknowledged when voicing their personal

experiences of transitioning to practice as an ICU nurse.

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Summary

</div>

Within the literature review, studies have been performed exploring the experiences of

the NGRNs and their transition to practice. However, generational research that includes the Gen

Z population within the nursing workplace is minimal, and no studies target the Gen Z NGRN in

the ICU setting. Therefore, the transcendental phenomenological research approach was

conducted to understand the lived experience of Gen Z NGRNs transitioning into the ICU work

environment employed in their first position as registered nurses. A phenomenological

investigation was appropriate for this research because it allowed me to examine how a group of

particular individuals in a certain area provides context to their experiences through their

interpretations (Van Manen, 2017). Additionally, transcendental phenomenology requires the

researcher to bracket out their own beliefs and biases about a phenomenon to fully get to the true

essence of the phenomenon (Husserl, 1913/2014). Bracketing was achieved through reflexivity

and a bracketing interview where I, throughout the research process, was aware of how my

feelings and beliefs could influence the research (Chan et al., 2013).

Participant recruitment for this study was conducted in two large healthcare facilities in a

southwestern state. To illuminate the true essence of the phenomenon, demographic data,

unstructured one-on-one interviews, field notes, and participant follow-up were used to collect

information about the lived experiences of Gen Z NGRNs transitioning into the ICU work

environment, employed in their first position as registered nurses. The data analysis process

followed Moustakas' (1994) modified phenomenological data analysis method. Moustakas'

method for data analysis provided the framework for me to analyze the data, appropriately

illuminate themes within the individual transcripts, and allowed me to develop a textural and

structural description of the participants' experiences. Finally, a composite statement of the

meanings and essences of the experience was formulated from the textural and structural

descriptions, representing the participant group as a whole. This composite statement

underscored the true essence of Gen Z NGRNs transitioning into the ICU work environment

employed in their first position as registered nurses.

CHAPTER FOUR: FINDINGS

Overview

The purpose of this transcendental phenomenological study was to illuminate, understand, and describe the meaning of the lived experiences of Gen Z NGRNs transitioning directly into the ICU in their first position as registered nurses. This qualitative study utilized a transcendental phenomenological design. The transcendental design was chosen because it aligned with my goal to investigate and describe the meaning of participants' lived experiences upon transitioning directly into the ICU from nursing school. A better understanding of Gen Z NGRNs' transition into the ICU may provide healthcare institutions insights into tailoring orientation and onboarding practices for this new generation of nurses aimed to reduce turnover and impact staff shortages. The findings of this study are presented via a demographic description of the participants as collected through an online questionnaire. Coding was implemented during the data analysis, and themes were identified using Moustakas' (1994) modified phenomenological data analysis method, reflecting the participants' lived experiences transitioning into the ICU. Finally, a summary of the findings will conclude this chapter.

Participants

Participants were Gen Z NGRNs born between 1997 and 2012, employed in the ICU as their first position as registered nurses. Participants were recruited from one of two hospitals within one large healthcare organization in a southwestern state. Forty-eight NGRNs who had met the 6-month minimum continual employment in the ICUs were sent the recruitment emails. Additionally, recruitment flyers were placed in the two units. The sample size desired was between eight and 15 participants (Peoples, 2020). Saturation was attained with nine Gen Z NGRNs who met the research criteria participating in the study. Each participant completed the

electronic demographic questionnaire and a one-on-one interview with me. Pseudonyms were assigned to the participants to maintain confidentiality.

Of the nine participants recruited for this study (see Table 1), 89% were female and 11% were male (Figure 1), which appropriately reflects the national average of 12% males comprising the nursing workforce (U.S. Bureau of Labor Statistics, 2023). Additionally, most participants (89%) were of White/Non-Hispanic ethnicity, and one participant (11%) was of Asian American background. Of the participants, 55% of those interviewed had completed 6 months of continual employment in the ICU, whereas the remaining 45% had over 9 months of experience (Figure 2). Due to the small sample size from the sister hospitals and the participant recruitment criteria being so specific, descriptive data is not reported individually per participant to maintain participant confidentiality.

Table 1

Participant Demographics

Participant (Pseudonym)	Race/Ethnicity	Number of months working in the ICU
Lane	White/Non-Hispanic	6
Sydney	White/Non-Hispanic	12
Jesse	White/Non-Hispanic	6
Ash	White/Non-Hispanic	9
Casey	White/Non-Hispanic	10
Devon	White/Non-Hispanic	6
Kris	White/Non-Hispanic	6
Sage	Asian/American	6
Taylor	White/Non-Hispanic	10

Figure 1

Gender Distribution of Participants
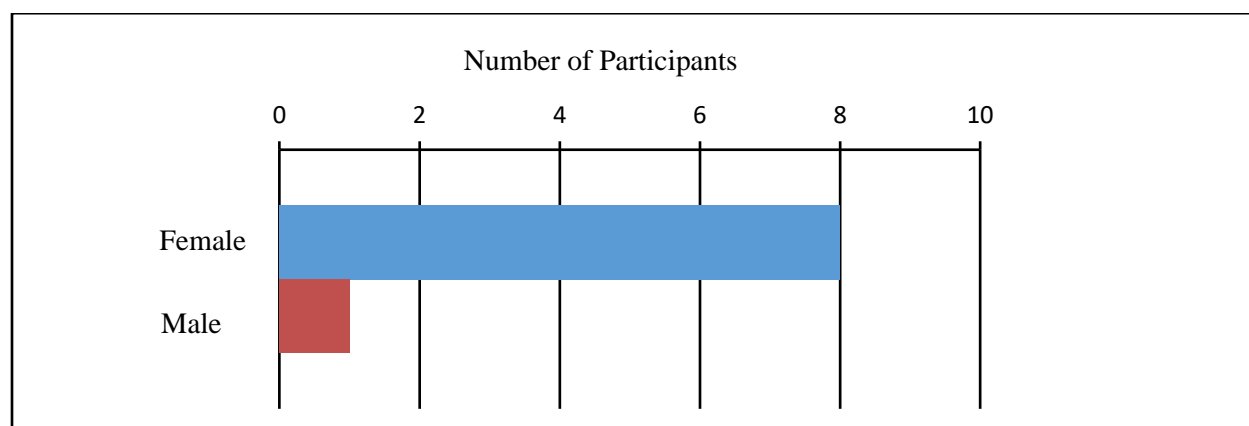
Figure 2

Months of Continual Nursing Experience in the ICU Following Graduation
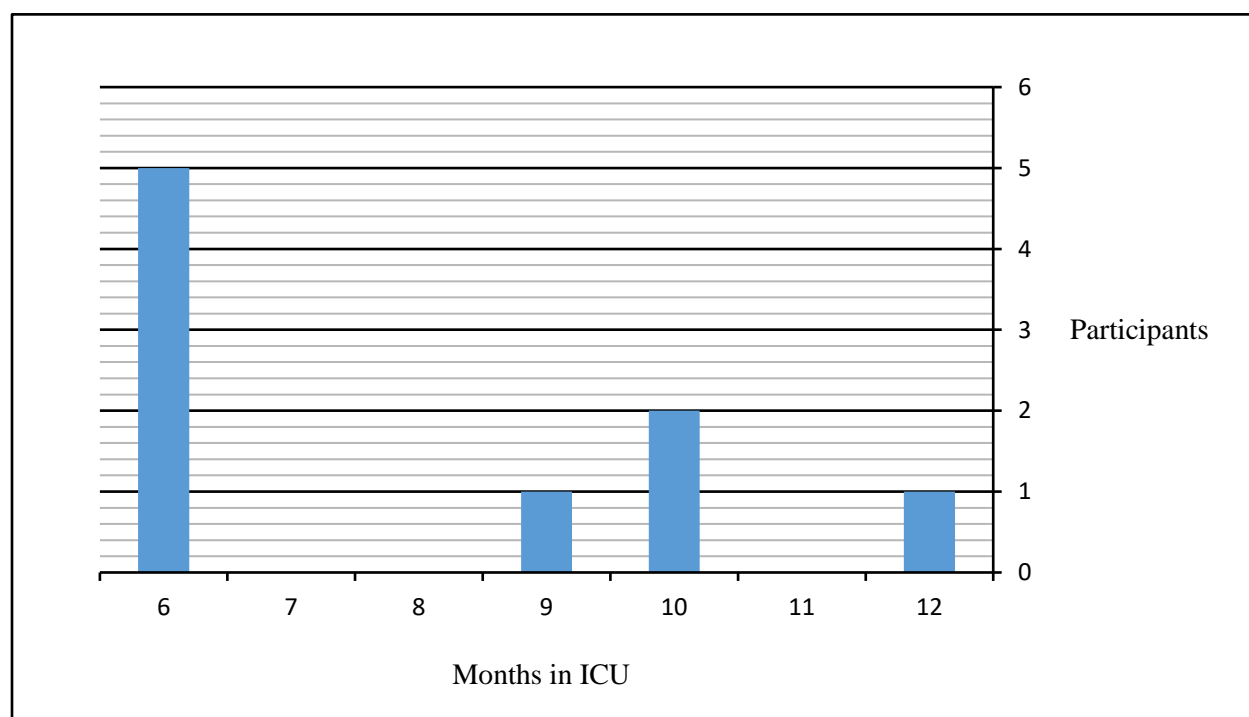
Results

The research questions directing the study provided the foundation for the data analysis process. Seven significant themes emerged from the interview data: mental health, team support, new graduate strengths, obstacles, academic preparation, building a foundation, and desire to work in the ICU. The following provides information regarding the steps undertaken with theme development.

Theme Development

Before the individualized interviews, the I participated in an audio-recorded, one-on-one interview with an expert in qualitative research. As part of the transcendental phenomenological research design, the interview allowed me to reflect on my thoughts and suppositions regarding phenomena. As part of the phenomenological reduction, this reflection allowed me to bracket or suspend (epoche) my natural beliefs about the phenomenon. Moustakas (1994) indicated this process of epoche is essential when conducting the participant interviews and during the data analysis process to arrive at the true essence of the phenomenon.

A digital recorder was used during the interviews, and the recordings were transcribed using Microsoft Office software. The transcripts were uploaded to Dedoose coding software (Version 9.0.107), which assisted the researcher in the data analysis. Moustakas's (1994) method of qualitative data analysis was undertaken. Incorporating the Dedoose software to assist with the coding process of the transcripts, each statement within the transcript was reviewed. Implementing inductive coding, codes emerge during the reading of the text and were not generated in advance. Horizonalization and phenomenological reduction occurred as the participant statements, words, or phrases relevant to the phenomenon were highlighted, with an appropriate label (code) applied. Participant statements not relevant to the phenomenon or those

that were repetitive were discarded. Additionally, codes with similar meanings were reduced and clustered into groups to arrive at common themes. From this process, seven themes emerged. The themes and descriptions were sent to the participants for feedback so they could collaborate and validate the findings.

Table 2 reflects the generated themes and definitions with the associated subthemes and codes, which provide answers to the research question. The following represents an analysis of the themes generated from the lived experiences of Gen Z NGRNs transitioning into the ICU as their first position as registered nurses.

Table 2

Themes with Definitions, Subthemes, and Codes

Theme with Definition	Subtheme	Codes
Mental Health: Gen Z NGRNs are concerned about how their transition to the ICU affected their mental well-being		*Anxiety/Nervous* *Frustration* *Overwhelming* *Paranoid* *Shock* *Stress*
Team Support: Gen Z NGRN frequently commented on how their experiences interacting with members within the unit provided them with confidence and security during their transition.	Co-Workers	*Friendships* *New Grads* *Nurses* *Travelers*
	Managerial Influence	*Charge* *Manager*
New Graduate Strengths: Personal characteristics or traits were expressed by the Gen Z NGRNs that, in their experience, helped with or were necessary in assisting with the transition to practice in the ICU setting.	Being Independent	*Not Coddled* *On Own* *Sink or Swim*
	Being Own Advocate	*Advocate* *Ask Questions* *Speak Up*
	Being Self-Motivated	*Extra Learning* *Shifts*
	Having Healthcare Experience	*CNA/PCT/Tech*

Theme with Definition	Subtheme	Codes
Obstacles: For the Gen Z NGRN transition into the ICU, obstacles were those attributes, traits, or factors the NGRNs experienced that they identified as a hindrance to their transition.	Being Young	*Young* *Baby-Faced*
	Communicating	*Communicate* *Connect* *Talk*
	Complexity of Patients	*Assessing* *Critical* *Experience* *Manage* *Technology*
	Fear of Making Mistakes	*Decision/Missing* *Something* *Wrong*
Academic Preparation: Gen Z frequently reflected on their educational experiences in nursing school and how these experiences played a role in their preparation transitioning into practice.	Taught the Basics	*Basics* *Engrave* *Foundation* *NCLEX*
	Theory to Practice	*Apply Knowledge* *Clinical*
Building a Foundation: Building a foundation represents participants' experiences, which helped mold or integrate them successfully into the ICU culture.	Educational Opportunities	*Classes* *Education* *Modules*
	Externship	*Extern*
	Preceptor	*Preceptor*
Desire to be an ICU Nurse The Gen Z NGRN wanted to transition into the ICU rather than another area of nursing. Participants referenced ICU experiences and personal motivation to be an ICU nurse.		*Challenge* *Progression of Care* *Thrill and Rush*

Theme One: Mental Health

Theme One emerged as a mental health concern. The essence of their experiences was that Gen Z NGRNs experienced concerns about how their transition to the ICU affects their mental well-being. Participant quotes describe the psychological effects of the transition, including stress, anxiety, shock, and being overwhelmed, scared, and nervous. The challenges

presented to Gen Z NGRNs in transitioning to practice can result in emotional distress for the

graduate (Ke & Stocker, 2019), including an inability to control their stress levels and deal

effectively with stressful situations (Serafin et al., 2020). During the interviews, seven

participants' opening responses to the first research question contained references to how their

experiences transitioning to the ICU affected them psychologically. These statements were

clustered and coded, and the theme of mental health was applied. In their opening statement,

Lane used the term *paranoid* when transitioning to the ICU, nervous about what could evolve

while looking after critically ill patients: "When I came to the ICU, I was still extremely

paranoid and cautious. I was thinking, what's the worst-case scenario? What could happen

again?" Casey had similar experiences managing patients in the ICU with the lack of experience

as a new graduate causing concerns:

> At first, it was super overwhelming. I felt like I knew nothing, and I was like, how am I
>
> going to take care of people? I feel like I just dealt with everything, yet all these other
>
> nurses, they are trained, and they've been doing this.

Transition shock, the move from the familiar role as a student nurse to an NGRN, is a physical

and emotional state that may affect the NGRN when transitioning to practice (Duchscher, 2009).

Evidence provided by Ho et al. (2021) indicated that NGRNs experience transition shock with an

underlying sense of feeling overwhelmed by their clinical environment. In their initial

statements, Devon and Kris used the term *shock* regarding their transition. Devon claimed, "It

was hard; I feel like when I first started orientation, it was almost like a culture shock. It was

fast-paced, and I saw all kinds of things that I hadn't seen before." Kris stated, "I think it was a

culture shock for me … like the coolers or vents. I didn't have a lot of knowledge about that,

which made me nervous." Taylor was initially frustrated with having multiple preceptors,

stating, "Well, it was very frustrating. I felt with all of the movement; I felt like I learned less and wasn't remembering everything."

Studies indicate that the ICU can significantly impact the mental health of the NGRN, causing depression and anxiety (Ying et al., 2021). The nurse's psychological health and well-being are linked to a healthy workplace environment (Ulrich et al., 2022). Gen Z NGRNs in this study explained how anxious they were in the ICU. Aligning with Kris's opening comments, Jessie and Ash mentioned nervousness and anxiety. Jessie mentioned how nervous they were communicating in the ICU environment: "I think, like, knowing when to page them, and just the conversations with them, and like talking to them is kind of like nerve-racking. It has gotten a lot better, but it is still kind of scary." Ash commented the same: "I was not confident but confident in the fact that I could learn. So, transitioning, it has been very anxiety provoking, very scary."

Although these psychological concerns are noted significantly in the opening dialogue of many participants' interviews, all participants at some point in the interview referenced how the transition affected them psychologically. Many of these statements are interwoven with the other themes. Anxiety/nervousness was the most referenced code within the interviews, with all nine participants referencing it at some point, comprising 32 statements. Sage stated, "We're all new grads, so we all know the kind of stress and the anxiety that comes with being a new grad, and especially in the ICU, that can be a lot." Additionally, Casey mentioned:

> I'm still not confident about what I need to do next. I have an idea, but I still consult
> someone, and I'm still not sure what to do with them. So that's why sometimes it's a little
> more nerve-racking for me.

Kris explained the anxiety they felt taking the stress of the work home with them:

I think that is a strength in my ability to connect with my patients and their families, but also do so in a healthy manner where it's not like I go home and it's a weight. I'm able to leave it at work. That was something that I was very, very anxious about prior to coming to the ICU.

Generational research presented by the APA (2018) indicated that Gen Z has a higher incidence of mental concerns compared to generations prior. This was made evident by Jessie, who stated, "I have anxiety myself, so I feel like work and a high-stress job makes me more anxious," whereas Devon was just "super anxious" with certain aspects of patient care.

Within the mental health theme, stress was also noted by the participants during their interviews. The demands of patient care have been shown to increase stress levels in the NGRN (Liang et al., 2018). Sage commented on the transitional stress, stating, "It's more like the stress of, it's like a mental stress, not like a physical stress, mental stress in that you doubt, and not trust yourself." Devon also commented on how patient care challenges increased their stress levels:

I think it can be a little stressful when I'm just not sure what's wrong with my patient, and I know, I know something is wrong, but I don't know how to fix it, so it can get a little overwhelming.

Additionally, Lane expressed that during the transition, "I have been exposed to stressful circumstances during my orientation." Ash stated that many stressors are based on the work–life balance: "We had a lot of work–life stress … one of the biggest stressors at this point in my life is finances. I think I thought once I graduated nursing school that honestly all my financial worries would be gone." In essence, the Gen Z NGRNs experienced a lack of confidence as new nurses entering the ICU environment, impacting their mental health. Overall, the Gen Z NGRNs

expressed that transitioning into the ICU in their new role caused uncertainty and fear of the unknown, triggering emotional responses such as feeling overwhelmed, stressed, shocked, and anxious.

Theme Two: Team Support

Gen Z NGRNs frequently commented on how their experiences interacting with members within the unit provided them with confidence and security during their transition. Team support was constructed from the participants quoting the importance of friends and building trust with co-workers in aiding a successful transition into the ICU. Building relationships in the ICU helped support the new graduate into the unit, sometimes reducing the anxiety and fear of entering practice. According to research presented by Shorey et al. (2021), Gen Z nurses value a nurturing and collaborative environment where they feel supported by approachable staff. Supportive co-workers have been described by NGRNs as significant in assisting in the confidence levels of the new graduates' transition into practice. Two subthemes, team co-workers and managerial influence, were noted within the team support theme.

Co-Workers. Co-workers represent those individuals in the ICU that the participants interacted with frequently. Most of these interactions were with fellow nurses and new graduates, with participants referencing the significance of their co-workers and how they affected their transitional experiences. Co-workers that provide a safe environment where the Gen Z NGRN could ask questions without fear positively enhance the transitional experiences of the new nurse. Sidney said, "Something that was really important to me was working with people that I can connect with that would support me. I think the team unit on our units is great." Later in the interview, Sidney added, "I grew a lot faster because I felt supported by my team." Sage had similar sentiments regarding team experiences:

I feel like the teamwork is pretty good. Everyone helps one another. So, because of that,

being a new grad, it's kind of great because you can have someone to always ask

questions or help and get their expertise rather than being too scared and not asking.

Sage mentioned experiences with other members helped with the transition, and Ash and Casey

also mentioned the importance of having team members open to being asked questions. Ash

stated:

Differences between team members in general, that's really important, you know, not

having one person, but knowing that anyone on your floor, you can walk to and ask for

help, and for the most part, I do feel pretty well supported by my co-workers.

Additionally, Casey expressed:

I've made really good relationships with a lot of travelers, and with core staff too, where I

can go and find them. I know my people and who to ask, and I know they won't be

judgmental, and they'll come and help me. They'll be the ones to answer my questions or

come and look at my patients with me and help me out.

However, the initial transition into the ICU and interactions with co-workers worried some

participants. Previous research has shown that many NGRNs face hostile or uncomfortable

situations with their co-workers where they struggle with the attitudes of certain staff members

(Ankers et al., 2018; Hazelwood et al., 2019). Although Casey mentioned the effect of good

relationships with core staff and travelers, there were negative interactions:

It can sometimes be intimidating being judged by those senior nurses because you feel

like you don't know enough … I definitely worried about a lot of the other nurses that I

work with; they've been a nurse for a while. So, there is a level of self-consciousness, I

think, that comes with just me feeling judged, I guess, even though it's nothing personal;

I feel like other people think she's so smart starting out in the ICU.

Additionally, Jessie commented on co-workers, "I definitely worried about a lot of the other nurses that I work with; they've been a nurse for a while. There is a level of self-consciousness, I think, that comes with just me feeling judged, I guess." Similarly, Kris was worried, stating, "I have heard nurses talk about new grads in the ICU like I am not there." However, the participants' experiences interacting with co-workers mostly remained positive during their transition, with Taylor expressing, "I just had a bond that allowed me to do more."

Sage, Ash, and Sidney also mentioned the significance of having fellow new graduates to go to for support. According to research presented by J. H. Kim and Shin (2020), NGRNs found it to be a stress reliever when they had fellow new graduate nurses to talk to and interact with about their difficulties. Sage felt that having other new graduates in the ICU helped because these individuals could relate at the same level :

> We're all new grads, so we all know the stress and the anxiety that comes with being a new grad, especially in the ICU. That can be a lot, but having those other people in the same boat can keep me from spiraling into a bleak state … having the other support kind of brings me up and makes me feel like I am doing what I'm supposed to be, and I am making it.

Additionally, Sage mentioned:

> I would say having other new grads in the ICU is also pretty nice because if you have any questions about orientation or just how we're progressing on our own in our first year, we can always ask other new grads how they are doing, how they're feeling, to see if we're kind of in the same boat, falling behind, or if they fall behind we can help each other out.

Sidney agreed, "I think it's important to still have a lot of new grads. We have a lot of long-standing staff, so I think it is important to have a good balance of new grads and core long-standing staff." Ash stated the importance of fellow new graduate support in transitioning: "I think having a community that understands you and what your job looks like is so important and genuinely had a huge impact on me." In essence, the Gen Z NGRN transitioning into the ICU experienced a safe environment when supported by their co-workers, whom they looked up to and enjoyed creating positive relationships with, which helped in their transition as new graduates in the ICU environment.

Managerial Influence. The social environment can incorporate many individuals; along with those co-workers who are consistently working alongside the new graduate, charge nurses were frequently mentioned within participant statements. Many Gen Z NGRNs noted that their experiences with charge nurses during their transition positively affected their transition into the ICU. The relationship and support of clinical supervisors have been shown to instill confidence and a sense of belonging to the NGRN (Hussein et al., 2019). Additionally, NGRNs respond positively to feedback from senior nurses (J. H. Kim & Shin, 2020). Devon commented:

> I feel like I do talk to my charge, and there's a lot throughout the shift, like just little questions I might have. Like, if this were your patient, what would you do? Or even just how to put certain things in the computer … they're a resource to everybody, but definitely somebody that I utilize a lot.

Subsequently, Jessie stated:

> Even my managers are great. I'll ask her questions, and she used to be on the floor. I'll even ask her about rhythms and go over stuff, and I'll have them explain it to me, and I

think that has benefited me so much. Just feel comfortable knowing my managers and my

peers. I just feel like that has made my transition five times better.

Lane also mentioned experiences interacting with managers during the interview:

I realized up until this point, I've now been able to build trust with my charge nurses, and

like other nurses around me, they're able to trust me and what I'm doing, and that's very

comforting. One of my charge nurses knows that if I call her and say hey, I have an off

feeling about this, then she will come running.

However, participants commented on how a management change affected them. Sidney stated,

"When I first started, we had a change in management. So not knowing the kind of steps in-

between kind of made me anxious in the mindset of I didn't know the higher-up leadership."

Sage also commented on the changes:

There are a bunch of management changes. I would say it's a negative. It's just a change

that each management that we've had, there's always something different, so we can't

really keep up with it. But I want to say that hampers my performance.

In essence, the Gen Z NGRNs valued the experiences of interacting with their managers and

charge nurses when transitioning into the ICU. When the new graduates experienced supportive

managers who were open and available to them when needed, it had a positive effect on their

transition. However, the Gen Z NGRNs experienced anxiety and uncertainty when they

experienced a lack of managerial structure or support within the ICU setting.

Theme Three: New Graduate Strengths

Personal characteristics or traits were expressed by the Gen Z NGRNs that, in their

experience, helped with or were necessary in assisting with the transition to practice in the ICU

setting. According to the participants, these attributes made the transition to practice more

manageable. Research presented by DeGrande et al. (2018) indicated that the personal attributes of the NGRN can help them deal with difficult situations during the transition to practice. In this study, these strengths could be clustered into four subcategories: being independent, being own advocate, being self-motivated, and having healthcare experience.

Being Independent. The participants experienced the benefit of not being overshadowed by their preceptor but rather being given some independence when describing elements that helped them transition into the ICU. The participants deemed it a strength of theirs that they could navigate potentially stressful situations in a safe environment. "It helped me learn to be on my own, to not have someone always holding my hand because I knew I wasn't going to have someone always holding my hand. Eventually, I was going to be on my own," Casey said.

Although the phrase "sink or swim" has been referenced in the literature regarding new graduates feeling overwhelmed with their increased responsibility as practicing nurses (Ankers et al., 2018), participants in this study referenced the term positively within the context of experiencing some freedom, although stressful, helped them prepare to be independent nurses once off orientation. Casey added, "It's like 'sink or swim,' let me drown a little, let me panic … that way, I can figure it out on my own and get it going." Taylor added that being "thrown to the wolves, which I don't mind, I feel like it definitely made me stronger." Sage stated that not being coddled made them stronger during the transition: "Once I was doing all the care for one patient, then we'll move on, taking two, and because of that, it helps the new grad orientation fly by because we weren't being coddled or watched closely." Kris also commented on the importance of being given some freedom as a new graduate during orientation:

> I think they did a good job kind of toward the end. Especially just letting me do it myself, and I think that was very helpful. I think if they had held a kind of crutch for me, then it

would have been a big anxiety mess for me. I probably would have been more anxious

and not prepared.

Overall, participants did not want someone overbearing but an individual who gave them some

freedom in practice. Jessie stated, "I don't like when someone hovers over me. It makes me

second guess myself." Devon added, "They would give me more freedom, and then I would start

working on my own but still have them kind of watching over my shoulder." Having the strength

and motivation to take increased responsibility for their patients and not relying heavily on their

preceptors during the orientation period, in essence, allowed the Gen Z NGRNs transitioning into

the ICU to experience less anxiety and stress when the time came for them to practice as

independent nurses.

      Being Own Advocate. Another important strength experienced by the participants

transitioning into the ICU was the confidence to speak up, ask questions, and advocate for

themselves. The experience of being an advocate for oneself helped the NGRNs feel reassured

during their clinical practice. NGRNs who are shy, anxious, and overly sensitive tend to struggle

when transitioning to a specialty unit (Baldwin et al., 2021). Having a strong character and not

being fearful of asking questions benefits the new graduates in their transition. Ash said of their

experiences transitioning:

      I think, honestly, just a lot of it is being able to advocate for yourself and ask the right

      questions. You have to be very strong in that role, or you will not really be able to be a

      new grad in the ICU.

Ash continued:

      I don't always know what's wrong with my patient. So, you have to be able to advocate

      for your own feelings, and then beyond the feeling of maybe being embarrassed or

feeling like, oh, I should know this or whatever and just being able to advocate for what

you need … because ultimate patient safety and best care is you have to be able to have

the familiarity and the advocacy to say I don't know what I'm doing, I need help … I feel

like that's one thing that I've noticed in the past six months. Just asking questions is the

most important part of this.

Similar sentiments were echoed by Sidney, who stated that asking questions builds confidence:

I mean, nowadays, I bounce ideas off even when I am thinking XYZ just to get

confidence, so then talk to someone, and as long as my critical thinking kind of resembles

what they're thinking, it ended up giving me more confidence.

Once the orientation period ends, the significance of being one's own advocate stands out. The

Gen Z NGRN has increased responsibilities and is now in charge of all aspects of their patient

care. Kris was conscious about asking the right questions to set oneself up for success once off

orientation:

I'm never ready to be by myself. I did pretty well asking my preceptors what they think I

need to work on, you know, especially towards the end. I was very conscious of what I

needed to do to be by myself.

Jessie, Lane, and Sage all valued the importance of speaking up. Jessie claimed, "I obviously

don't want to do the wrong thing. I don't ever want to just act like I know what I'm doing. So, I

get other nurse's opinions, especially when they've been nurses for so long." Lane stated, "I do

not even know what the plan of care is sometimes, but I've never had an issue speaking up and

asking the questions, and I've never been afraid to tell a family member that I do not know."

Sage agreed about the importance of having the strength to stand up and ask questions when

needed: "Everyone is okay with you asking questions … it really helped with the transition."

Jessie added, "Not that I question everything, but like things I'm a little unsure about, I'll always ask my neighbor. It's a reassurance thing." Casey claimed, "I'm always asking questions. Always something new is popping up, and I'm comfortable with asking questions." However, Sidney spoke of concerns regarding experiences with fellow new graduates who think they know everything and may not question or ask for help:

> The biggest worry, I think, in the ICU is somebody who comes in and pretends they know everything, which is something that, as a new grad, I knew I didn't want to be. Obviously, I don't know everything, I still don't know everything … So, I always say trust, because you want to make sure that if they need help, the person you're teaching, which was me, would reach out.

The belief in being one's advocate strengthened the Gen Z NGRN transition into the ICU. In essence, the Gen Z NGRN experiences of advocating for what they needed and speaking up for help or guidance increased their confidence levels during their transition, preparing them for when they started to practice independently.

> **Being Self-Motivated.** Self-motivation is a subtheme of new graduate strengths that arose from the participants' reported experiences during the interviews, reflecting on activities they independently undertook that strengthened their transitional process. Professional identity, where one gives meaning to and values one's profession, has increased an NGRN's sense of self-significance (Su et al., 2021) and aligns with Duchscher's (2009) stages of transitional theory. Jessie noted they benefited as a tech, going above and beyond the assigned role to develop a knowledge base so they could be ready for their new role as a practicing nurse in the ICU:

> As a tech, I paid attention. In every room that I went into, I would look at what they were on, I would visualize the room, look at the patient, and listen to the nurses when they

would talk to patients about stuff that was going on or if there were codes on the unit. I

went to every single one of them. Even if I wasn't participating, I would listen to them

give meds. I would watch the monitor I used to look at the rhythms. I would ask nurses to

teach me and explain things to me. I was just curious about it … I think that has helped

me so incredibly much as a new grad.

Sidney also values the importance of increasing one's knowledge base of the ICU prior to

transition: "I did get, like, an ICU book and kind of studied on my own prior because I knew I

was going into an area that I wasn't familiar with." Additionally, motivation to learn was stated

by Kris:

We have trauma skills day coming up that we're going to go to, and technically, I am not

required to as a new grad, but I signed up to do those just so I can be exposed to the skills

of it and kind of know all that I could.

Casey was motivated to learn by increasing time and exposure in the ICU: "I picked up a lot of

extra shifts too, and that definitely helps because you know I have more time to learn under my

belt because I was picking up all these extra shifts."

Providing the NGRN with unique learning experiences in the ICU through educational

programs was deemed more structured and beneficial to the NGRN than in other settings

(Stewart, 2021). Lane commented on how beneficial specialty courses within the ICU were:

I've been able to do more of the specialty courses and stuff like that … I don't like to

have to be a bother and ask somebody else. So, I knew that as soon as I was able to, I was

very excited to take that class to be self-sufficient in that, and I've recently been able to

do that, and now I'm getting practice on it. I'm now able to kind of take additional steps

forward versus just kind of riding out the rest of my new grad year. I feel like I've been

able to be proactive in that.

Unfortunately, Taylor commented on the fact that one had to be self-motivated in learning because of the lack of consistency with preceptors:

I was all right because it made me do more research on what I needed to do, like look up

more orders and look up meds to try and figure them out because they didn't have that

consistent training. I just needed to be more resourceful and not have to rely on a trainer.

Additionally, Gen Z members, compared to previous generations, are more likely to use social media apps to enhance their learning (Global Research & Insights, 2018). Devon commented on how regular use of social media strengthened an ICU knowledge base:

There's an app called TikTok, and there's like a lot of influencers on there. There are a

lot of educational ICU nurses that will go on. One of them that I follow does tips of the

week, and she'll do a nursing tip of the week and teach us about different things in the

ICU that are pretty common.

The Gen Z NGRNs acknowledged that they did not know everything that they needed to know for their transition to practice, such as what to do in every potential patient care scenario. In essence, however, those Gen Z NGRNs who were proactive with their learning regarding the ICU, whether through observation, undertaking specialty courses, independently studying, and using social media for learning, experienced a more positive transition into the ICU as a new graduate nurse.

Having Healthcare Experience. Along with externships, which aided in providing the NGRN some foundation when transitioning into the ICU, having a history of healthcare experience was seen as a strength, aiding the transition into practice. The research highlighted by

Baldwin et al. (2021) indicated prior work experience, particularly within healthcare and especially in the same area or unit the NGRN was transitioning into, was beneficial. Having healthcare experience provided Gen Z NGRNs with familiarity with the environment, making them more prepared for the transition. Casey stated, "I probably wouldn't have gone into ICU if I didn't have any background. I probably would have just not felt confident enough and just would have been like a total wreck and probably couldn't have gone through with it." Lane spoke of a similar experience: "I think that if I hadn't worked in the emergency room, I don't think I would have been as confident, I don't think I would have been as successful, I guess, today to be where I'm, right now." Additionally, Lane, who worked as a tech in the ED, claimed prior healthcare experiences definitely proved to be an advantage in transitioning into the ICU:

> I started my hands-on healthcare experience career in the busiest place possible, the busiest ER … So, to have been able to build that knowledge and skill and stuff like that, I think, if I had not done that, I definitely would have been at less of an advantage.

The significance of having some healthcare background was also noted as a strength coming into the ICU as an NGRN by Devon, Taylor, and Jessie. During the interview, Jessie said, "I really paid attention as a tech, and I think that helped me so incredibly much as a new grad." Taylor stated that having experience in healthcare provided an advantage over other new grads:

> I was CNA before, so I feel like that helped me a lot. I knew how to talk to the patients; I knew how to do patient care. … I felt it gave me, like, a level up, just some of the new grads that had no experience like in health care. I already knew how to talk to patients, already knew how we and our system worked.

Devon had similar sentiments:

I think had I not had CNA experience before going in, I don't think I would have done as

well because I think a lot of immersing myself in the ICU came from communicating

with my patients, my co-workers, and with doctors. CNA work did help me develop

some communication skills, so that was one less thing I had to stress about going into it. I

think had I not had the CNA skills, I would have been more flustered to talk to people

and not known the lingo as much in the healthcare workplace. So, I think it definitely

helped.

Integration into the ICU setting was enhanced, and the transitional process was smoother when

the Gen Z NGRN had prior healthcare experience. In essence, the Gen Z NGRNs strengthened

their transition into the ICU by having previous healthcare experience, helping them develop

stronger interpersonal and practical skills and improve their knowledge base, providing them

with greater confidence when transitioning into the role of a new graduate nurse.

Theme Four: Obstacles

Where new graduate strengths were deemed attributes in helping the Gen Z NGRN

transition into the ICU, obstacles were those attributes, traits, or factors that were identified from

the participant-reported experiences that hindered or were seen as negative by the Gen Z NGRNs

during their transition. Four subthemes emerged, including being young, communicating, the

complexity of patients, and fear of making mistakes.

Being Young. Not previously highlighted within the literature was the experience of

challenging situations because of what they felt their youthfulness meant to themselves,

colleagues, patients, and family members. Within the obstacles theme, being young is a

subtheme that arose from statements made by the participants reflecting on their youthfulness,

being new nurses, and how it sometimes impacted their experiences entering practice. Devon stated:

> It's weird that, like, I am so young, like I'm only 22 years old, and I deal with more death and dying in 12 hours than some people deal with in their whole life, and so that's something that was a little hard to grasp for a little bit.

Additionally, Devon commented on how doctors and family members perceived them as being too young to be ICU nurses, facing challenges trying to change those individuals' perceptions:

> I'd say, like maybe one in 10 patients kind of like say how long have you been a nurse, and you know, they're a little like … It's just like I said, kind of proving myself to doctors. It's also like proving myself to the patients and the patients' families. I'm trying to make sure they know that I'm competent.

Sage had similar sentiments to Devon about how others perceived them due to their youthfulness:

> I would say I think a lot of family members and patients in the ICU, when they expect their nurse in the ICU, would expect someone older or more experienced. But here I am, just popping into the room, baby-looking face, saying I'm your nurse. So maybe sometimes that can affect the way they look at me. … I think what makes it even more nerve-racking is just being like a 20-year-old talking to a doctor and sometimes having them think like we're too young.

> The perceptions against the Gen Z NGRNs based on their youthful looks were one aspect within the subtheme of being young. Still, many Gen Z NGRNs commented on being young or new nurses within the ICU environment. Generational differences between young novice nurses and experienced older mentors can cause difficulties with support and acceptance during the

NGRN's transition into the ICU (Serafin et al., 2022). Casey, Sidney, and Ash all commented on their experiences with seasoned nurses, with both Casey and Ash quoting the phrase "eat your young." Casey said:

> Well, there are times when nurses do like they say, "Nurses eat your young." … There are times still when I give a report to someone or get a report from someone, and they ask questions that I can't answer, or they question things that I did, and that's where I kind of feel like I'm being judged for my care.

Ash claimed:

> I don't think any of us is naive to the fact that nurses love the phrase "eat your young," and nursing is kind of known to be a place of bullying new people … I think that there's always the fear of that happening because you do see so much about that.

Sidney added, "One of my biggest worries is you would kind of hear that other nurses don't want new grads in the ICU, so that's what I worried about." The ICU is seen as a highly complex and critical environment, with the Gen Z NGRNs experiencing challenges interacting with patients, families, and physicians who feel they are too young or too new in nursing to be in that setting. The Gen Z NGRNs, in essence, are hindered during their transition as they experience the challenge of trying to convince those around them of their competency and ability as ICU nurses.

Communicating. One obstacle arising during the interviews with the participants revolved around their ability to communicate appropriately with family members, patients, and physicians. Uncertainty has arisen in the NGRN from communicating with physicians and family members, especially regarding patient treatments and conditions (Alnuqaidan et al., 2021). Devon highlighted this fact when speaking about experiences interacting with physicians:

I think there's like a variety of factors that are like intimidating when it's talking to doctors, especially it's like, I guess it's like I'm just worried they're going to ask me a question I don't know, and I must admit I don't know.

Jessie also mentioned experiences communicating with physicians and how it emotionally affected them:

I think the biggest thing for me is still the doctors. I knew them already prior, but not like in a nurse-to-doctor relationship. So, I think, like, knowing when to page them and just, I don't know, like just conversations with them, and like talking to them is kind of like nerve-racking.

Sage added, "Of course, doctors and being a new grad, you don't know how to talk to them."

Communication skills are an important component of nursing practice, which takes time to develop but can put additional stress on the NGRN, with correlating statistics indicating those NGRNs who have communication issues are more likely to leave their workplace (Ulupinar & Aydogan, 2021). Lane, like Sage, Jessie, and Devon, talked about experiences communicating with families after moving from the ED tech role to the NGRN transitioning into the ICU. Devon noted the different challenges faced when interacting with family members as a nurse:

I was just not confident in my ability to communicate with the family members. Since that was very new, to be like the liaison between the family and the providers and all of that and must basically, a lot of times, it's like translating.

In essence, the Gen Z NGRNs, during their transition into the ICU, are challenged when communicating with physicians and family members, facing the obstacle of a lack of confidence and worrying that they will not be able to answer questions appropriately, making them feel stressed, nervous, and anxious.

Complexity of Patients. One stand-out obstacle experienced by the participants and referenced in their statements during their interviews was the complexity of their patients. The ICU environment has a high turnover of nurses due to the complex nature of its patients (Vanderspank-Wright et al., 2020). Studies also indicate that the ICU's complexity and mental health disorders can significantly impact the nurse's well-being (Ying et al., 2021). Statements regarding the criticalness of the patients and the technology and machinery arose, which many had underestimated. Casey commented on the machines and technology:

> When you come to the ICU, you have all these monitors and all these cords, and you have these special machines, and you got special wiring, and you have to learn how to use them, you got to understand them, and that was hard for me like to learn all this extra stuff.

Kris mentioned the technology:

> I think even just like the technology behind it. I wasn't used to seeing that or using them. Each hospital uses a different company or different kind of thing. So, I noticed that that was something that I was at least nervous about, not that it was hard to use, but that I had not used it before. So, I think that was another big transition for me.

Devon claimed, "Like obviously, there's like ventilators, all kinds of different machines that I was just, like, hadn't seen. So, it was definitely like a culture shock and getting used to that."

In a study by DeGrande et al. (2018), NGRNs noted the importance of an experienced ICU nurse's intuitive knowledge, knowing what to look for, what to do, and where the resources are. Jessie underscored this sentiment when stating, "It's scary like you don't know what to do and you don't want to touch the wrong thing, even like when I first started turning patients on ventilators, I was nervous."

Additionally, Ash reflected on their experiences with the criticalness of the patients and the challenges that arise with patients having multiple tasks that need completing and multiple disciplines that need coordinating:

> You know, when you have a patient, sick, intubated, they can have several lines, they can have labs, they can have wound care dressings, they can have 10 disciplines seeing them that day, you have to coordinate with social workers, as well as family, as well as management and everything, and that all comes with time but you have to take care of all that in just one shift where you have another patient who needs all of the same things can be challenging.

Sage commented about the complexity of the patients:

> In the ICU, the majority of the people are pretty much in critical condition, and one small thing can lead to drastic complications. So, because of that, how one small factor can play into a big problem kind of be overwhelming and being a new grad, I'm not confident with my skills so far.

The complexity of the patients in the ICU setting was an obstacle that the Gen Z NGRNs faced, hindering their transition into practice. In essence, the Gen Z NGRNs were challenged when they experienced patients in critical condition with multiple lines and technology attached to them complex plans of care, making them feel overwhelmed because they had not previously experienced these types of patients.

Fear of Making Mistakes. Anxiety within the NGRNs can arise from feeling blamed and scared of making mistakes in a complex nursing environment (Stewart, 2021). Fear of making mistakes as a new graduate was expressed by the participants and linked with the psychological effect of transitioning. The ICU is a complex environment that can cause many

stressors on the transitioning NGRNs, impacting their confidence (Baldwin et al., 2021). Lane stated:

> I knew that was what I wanted as a new grad, but I think sometimes it was hindering, in the sense that I don't know, not as confident in my decision-making because I was considering a hundred ways in which they could go differently or play out differently.

Jessie claimed, "It's scary, like you don't know what to do, and you don't want to, like, touch the wrong thing." Jessie added, "Now I'm in charge, they're my patients, and I guess I call the shots, so I feel like that makes me a little nervous." Ash claimed their new responsibilities as an independent nurse affected her, stating:

> I guess your anxiety is what I'm trying to approach is a constant feeling. For me personally, it played such a big role in my transition into a nurse because you have to go from being a student who needs to be quiet and keep out of the way and, you know, learn without overstepping and whatever to changing into a role where you are in charge of someone's life on your own and you know you have to take your professional responsibilities very seriously.

Regna mentioned, "I always feel like I am missing something or maybe that I'm not thinking about this." Casey also commented on how the experience of being responsible for the patient added to their fear of making mistakes:

> Their life is in your hands. You know you can mess up a titration of a med or set the rate wrong, and you could put them into a code, or you could drop the pressure really quickly, and their condition changes so fast so quickly that you have to be mindful of what you're doing and careful because just one little mistake can send them into a spiral.

In essence, the fear of making a mistake was an obstacle that the Gen Z NGRNs experienced during their transition into the ICU because, as new graduates, they were not confident in their decision-making and became anxious as they were made fully aware they had increased responsibilities, with one mistake potentially negatively impacting their patients.

Theme Five: Academic Preparation

Gen Z NGRNs frequently reflected on their educational experiences in nursing school and how these experiences played a role in their preparation transitioning into practice. Two subthemes were exposed and labeled: (a) taught the basics and (b) theory to practice.

Taught the Basics. The subtheme taught the basics reflects participants' statements that nursing school provided the foundation or the basics for transitioning into nursing. References were made that their institutions provided limited or no critical care exposure. Although nursing schools teach skills like medication administration, they do not cover complex ICU medications (Elias & Day, 2020). Additionally, nursing school curriculums have been shown to include limited intensive care hours (Serafin et al., 2022). Kris commented on nursing school experiences regarding the ICU setting: "I think anyone will tell you nursing school is tough. As for my ICU knowledge, our critical care course was actually merged into our Med/Surg course, so I felt like it was just grazed." According to Sidney:

> I think it teaches you the basics. You take them with you in the mindset that they teach you how to do an IV, a foley, and all those things … in school, we were given all the basics but grown in real situations.

Additionally, Sidney stated that in nursing school "you hear this mantra that you need to start on a normal unit, you need to take steps to go up, and they kind of engrave that into you." Casey mentioned, "There's like all these meds you don't learn in nursing school because you don't get

critical care nursing. It's touched on very little." Sage was open about his nursing school experiences, claiming that his transition "was pretty much what I expected because everyone told me that nursing school wasn't really helpful in their career, like transitioning into their career." Nursing schools have been shown to do their best to prepare NGRNs for clinical practice but failed to prepare them 100% for the workplace (Brown et al., 2018). However, in Sage and Taylor's experience, the nursing school did not provide any preparation for the nursing workplace. Sage stated, "Nursing school doesn't really teach you how to be a nurse. It just teaches you how to pass the NCLEX exam. The actual learning is when you start working." Taylor was equally as critical: "Nursing school didn't teach me anything … nursing school, it's to pass the tests and not even the NCLEX, it's to pass their tests." In essence, the Gen Z NGRN's experience in transitioning to ICU was supported by a basic understanding of nursing practice provided in nursing school. However, the Gen Z NGRNs felt their academic preparation was targeted for successful completion of the NCLEX rather than preparation for successful transition into practice.

Theory to Practice. Although the participants had mentioned nursing school may have provided just the basics, statements were made on applying what was learned in school to the practical setting. The theory-to-practice subtheme reflects these statements made about the participant's transition. Lane stated, "It was more like having the lack of confidence of applying the knowledge that I had learned throughout school … I think I was not comfortable yet." Urban and Barnes (2020) conducted a study that indicated NGRNs stated the reality of nursing practice far exceeded the artificial experiences of nursing school. Ash's statement of their nursing school effect on their transitioning to the ICU corresponds to Urban and Barnes's research: "To actually study in school and value your education is important … and while the real world is incredibly

different from the textbook, being sound enough in your educational knowledge and applying it to the real world is incredibly important." Sidney claimed dedication in nursing school was what helped with the transition into the ICU:

> You know, they provide you with a lot of education, and from that education, you can build on what you know, and obviously, a lot of it's critical thinking. … Doing well in nursing school on top of it, because it is a challenging area to start in, I think there's a lot of stigma around new grads joining the ICU.

However, Sage stated, "While in nursing school, you are told to separate things at different times. In reality, you can do it all at the same time." In essence, the Gen Z NGRNs valued their education, understanding that doing well in nursing school could provide the foundation for clinical practice. Yet, the academic setting lacked focus on critical care nursing, which the Gen Z NGRNs believed would have helped more with the realities of the ICU environment and their experience transitioning into practice.

Theme Six: Building a Foundation

Building a foundation represents participants' experiences, such as educational opportunities, preceptorships, and externships, which helped mold or integrate them successfully into the ICU culture and environment. Within the theme of building a foundation, participants described experiences that provided a platform for their integration into the ICU. From the participant interviews, subthemes included the effect of educational opportunities, externships, and preceptors that can be seen as helping lay the foundation for the participant's integration into the unit.

Educational Opportunities. Previous studies have shown the importance of educational programs within the ICU setting for the NGRN (Stewart, 2021). Gen Z-specific research

highlights the significance of creating a vibrant learning environment, combining technology and social interactions (Shorey et al., 2021). Eleven references from five of the nine participants highlighted that integration into the ICU would have been more difficult without the educational opportunities provided by the institution. Sidney expressed the significance of online learning in providing the foundation for transitioning into the ICU:

> I really like that they give you all these modules while you are getting orientation, and I think a lot of those are helpful because, in the ICU, they want to make sure that you are really well-versed in these topics. So, having those assigned to me made it so that I was getting even more education on something that I already was aware of. … They do a very good job of structuring your education, where once you have done education, you are able to receive those patients.

Casey affirmed this sentiment, commenting that specialty classes were important, allowing for the development of new skills and not having to rely on other staff:

> They always offer so many classes, extra classes to sign up for, which I think is positive. I just did a sheath removal class, which was more hands-on. So now I feel more confident in taking care of sheaths, which I think helps much more because you can learn that stuff in care, but like some of this, you do need to have the additional learning on, and I think that is super cool.

Providing educational support for the new graduate assisted with Kris's integration into the ICU. Kris stated, "They provide education for us. That helps when I am not seeing it on the floor and not being exposed to some of that, so I think that has actually been pretty helpful for me." Lane and Sage also indicated the significance of the learning environment and the importance of educational opportunities in providing the knowledge platform when entering the ICU

environment for the first time. The Gen Z NGRNs' transition into the ICU, in essence, was supported when they experienced the opportunity to develop their knowledge base through educational opportunities provided by the institution via online learning and specialty classes, making them feel more confident during the transition.

      Externship. Externships are opportunities provided to nursing students, usually in their final semester, by healthcare organizations to allow students to get more exposure to the healthcare setting. Externships provide nursing students the opportunity to learn alongside practicing nurses in a non-judgmental environment, reducing the education-to-practice gap (White et al., 2019). Four participants expressed that they had participated in an externship and that it provided them with a solid foundation when transitioning to the role of a graduate nurse in the ICU. Sage stated:

> During the externship, we would slowly build on becoming self-sufficient. We would start with one patient, and then I would do their assessments. Once we get familiar with that, then we would start doing the meds, and then once we are familiar or comfortable doing all the care for one patient, then we will move on to take two. It helped the new grad orientation kind of fly by because we were not being coddled or watched as closely as a typical new grad.

Similarly, Sidney mentioned that an externship provided the opportunity "to expand on my skills and see different patient populations. I think it was really helpful in the mindset that you are still a student nurse, and you are getting exposure." Although Casey undertook an externship on a telemetry unit, the experience still helped during their transition into the ICU:

I was able to do an externship on a tele floor for about 5 months before I got this job in

the ICU. So, I think that also helped tremendously, kind of pushing me, and I felt more

prepared as a nurse.

The importance of an externship building the nursing foundation for the participants was

amplified when participants undertook the externship in familiar surroundings. Taylor explained,

"It helped because I did my externship where I was working as a CNA, so they kind of knew me.

They let me do more things versus a normal extern … they were willing to let me learn." When

discussing an externship within a familiar background, Taylor said, "I had a bond, I guess you

could say, with them that just allowed me to do more, see more, learn more." Sage also stated

how undertaking the externship on a unit where they ended up employed as a new grad meant

"the nurses already knew us, and they knew what we were capable of due to the externship …

they allowed us to be freer." The Gen Z NGRNs experienced a smoother transition into the ICU

when they undertook an externship, which, in essence, allowed them to build their confidence

and skill levels in nursing, preparing them more effectively when entering the ICU setting as a

new graduate nurse.

Preceptor. The preceptor is a nurse who guides the new employee during their

orientation period. Many institutions have preceptorship programs designed to assist the precept

in their transition into their new job and clinical practice. Successful transitional programs

include preceptorships (Tyndall et al., 2018). The significance of the preceptor assisting in

building the foundation of the new graduate was highlighted by seven of the nine participants,

and the preceptor's role was referenced 24 times. The preceptors aided in the transition,

technically molding the new graduate to the ICU culture. Casey explained the preceptor's role:

> She was almost like a mom who took me under her wing and was just really good about everything and would always ask me questions. She would be like, "Why this?" She would always ask why, keeping me thinking, "OK, why?" I would be like, "I do not know why" and then she would explain it to me, which was very helpful; I think that needs to happen more … it helps you understand more.

Lane added, "My preceptors were a great, great, great fit. I think that really sets it above in that sense. … I think that being with people who handle it similarly was definitely to my advantage." Having a preceptor who wanted to teach and was motivated to aid the new graduate provided the new graduate with the platform for success. Ash stated, "I think my preceptor made my experience a lot better … and someone I reference constantly. He is a very trusted person for me."

Having the same preceptor has been shown to increase the NGRN's confidence (Wildermuth et al., 2020), a fact that is highlighted by Taylor's experiences with preceptors: "I had about 14 to 15 different preceptors. It was a complete mess. I tried to make the best of it, but I would rather have been alone to figure it out and drown." The consistency of preceptors allowed the new graduate to feel more stable, building the foundation for transition. Unlike Taylor, Sidney did benefit from having the same preceptor during their orientation:

> Having the same preceptors, having that continuation of working with the same nurse every day. I think having the same nurses allowed you to learn from them, and you start implementing what they do, so then you are able to provide the same care that they would … you are able to earn their trust and build from it.

Kris echoed Sidney's sentiments:

I think I did better with some preceptors than I did with others. It was definitely

something I noticed now that I'm on my own that I remember more of what one said than

the other, and I think it was just because we think more alike, and I can tell that in my

nursing now. I had pretty good preceptors, for the most part, and they were all pretty

supportive.

The importance of the preceptor during the Gen Z NGRN's transition into the ICU was

significant, with the NGRNs, in essence, feeling supported and building confidence when they

worked with the same preceptor daily, developing a foundation needed for a successful transition

into the ICU environment.

Theme Seven: Desire to be in the ICU

The Gen Z NGRNs wanted to transition into the ICU rather than another area of nursing.

Participants referenced ICU experiences and personal motivation for wanting to be an ICU nurse.

The challenge presented by the patients and the adrenaline rush from working in the ICU defined

the Gen Z NGRNs' desire to be ICU nurses. In a research study presented by Hussein et al.

(2019), more than 50% of nursing students in their final year of nursing school were interested in

seeking employment in the critical care areas, traditionally reserved for experienced nurses,

because they feel it is an exciting, challenging field within nursing.

The participants mentioned the thrill, rush, or challenge of starting their professional

career in the ICU, and the theme of desire to be in the ICU was created. The participants were

enticed by experiencing and being part of a high-intensity unit. Jessie stated, "Oh my gosh, it's

like the coolest thing ever, and I think I love the ICU so much I don't think I'll ever leave."

Additionally, Jessie explained, "I love the chaos, I love the adrenaline, like everything that goes

on during codes and stuff like that." Casey commented on why they loved being in the ICU

setting as an ICU nurse: "I'll get my heart pumping sometimes over just like their heart rate going up randomly and their blood pressure dropping, and I'm looking, oh ****, and then I start to get like that adrenaline rush." Additionally, Kris mentioned, "I was on a trauma unit, one of those trauma ICUs, that's where I kind of got into liking that type of care and kind of wanted to get into that."

Gen Z nursing students have been shown to place a high value on work that is exciting, interesting, and engaging (Hampton & Welsh, 2019). It was apparent that the participants were drawn to the ICU because of the types of patients and the challenges the ICU brought to their critical thinking. Lane and Kris referenced how they enjoy the ICU because it keeps them engaged. Lane said, "I wanted the critical thinking challenge when I went up to the ICU. I knew that's like what I wanted as a new grad." Kris had the same sentiment, citing experiences with complex situations that felt interesting and challenging, thoroughly enjoying the situation:

I just like the critical thinking of it. …When they had multiple injuries, and you had to put it all together, you had to put all the care together as one. I just really enjoyed that, and it made me look at each body system and everything as a whole. I think it kind of just challenged me a little bit more, and I kind of liked that aspect of it.

Experiences that challenged the Gen Z NGRN's critical thinking were cited by the participants who enjoyed this aspect of the ICU setting. Casey stated:

I like the invasiveness of stuff. I know we're always supposed to work from least invasive to most invasive, but like, I want to do the most invasive, like let's intubate them, let's put in all the lines, and I like the mechanics of nursing more than the talking and, you know, softer care. So, I think that's where we really like, engage, and perform well in the ICU because I like the more criticalness.

Taylor also mentioned, "I like the long term of it, like in the ICU. Being able to see how the patient progresses, like if they are intubated, then extubated, then they go home. Being able to be part of a journey." This sentiment was also echoed by Jessie, who stated:

> The ICU is the perfect mix of everything, right? I get the really sick patients, kind of what you get in the ER a little bit, but you get to take care of the patient like you get to see them through, and like that's what I like, I like seeing the whole picture.

However, Taylor mentioned that some new graduates see the ICU more as a status builder than having the desire to be in the unit, which was not a strength:

> They're just there because it sounds cool. It's not there to help people, not there to learn and progress through their nursing career. They're just there because they don't want to work tele or they don't want to work Med/Surg. ICU just sounded nice. It is just title-based.

The desire to be an ICU nurse, in essence, was driven by the Gen Z NGRNs wanting to experience situations within the ICU setting that challenged their critical thinking skills and ultimately provided them with a thrill and rush caring for patients with whom they could engage because of their criticalness.

Outlier Data and Findings

When conducting the interviews, the data analysis exposed one outlier conducive for consideration. The COVID-19 outlier affected the academic, clinical, and healthcare settings and may have substantial value for further analysis or research.

Outlier 1: COVID-19

When discussing the transition into the healthcare environment for the Gen Z NGRN, COVID-19 is worth mentioning within the context of the findings. When the participant

mentioned COVID-19, it indicated a negative situation about their educational experiences and clinical exposure. Sidney stated, "We were the COVID generation. … COVID hit my junior year. Everything transitioned online." Additionally, Casey claimed:

> My cohort actually got the worst part of it because of COVID. So, right when I should have been learning my hands-on skills and going into labs and going to start clinical, COVID hit, and we did everything online. So, I learned how to do all my skills at home. I was practicing my head-to-toe assessments on pillows, putting a foley into a water bottle. It was chaotic, and it was just not real, and it was just learning the steps, really.

Research Question Responses

The themes provided answers to the research questions aimed at understanding and describing the lived experiences of Gen Z NGRNs transitioning into the ICU work environment as their first role as registered nurses. Three overlapping interview questions were implemented to guide this research. Responses to these questions are presented below (Table 3) based on individual interview findings.

Table 3

Research Question, Themes, and Quotes

Theme with Definition	Sample Quotes
Interview Question: What is your experience transitioning from nursing school into the ICU?	
Mental Health: Participants agreed that their experiences transitioning to practice were exceptionally challenging on an emotional level. Many had an underlying perception of the ICU, but experiencing the environment firsthand made many feel overwhelmed, anxious, and shocked.	Casey: "At first, it was super overwhelming." Ash: "I mean, I think you know you've got a certain awareness when you are transitioning as a new grad … I mean, it's been very anxiety-provoking, very scary." Devon: "It was definitely hard; I feel like when I first started orientation, it was a little like a culture shock." Lane: "When I came up to the ICU, I'm still extremely paranoid but cautious."

Interview Question: Describe experiences that have helped or hindered your transition into the ICU.

Team Support:
 Participants were greeted and welcomed into the ICU, and their positive experiences with co-workers and managers from whom they could seek support helped their transition into the ICU.

Ash: "Knowing that anyone on your floor, you can walk to and ask for help, and for the most part, I do feel well supported by my co-workers."
Casey: "I've learned to confide in my co-workers, which has also been super helpful."
Sage: "I am not as good as I am or I should be, but having the other support kind of brings me up."
Sidney: "I think the team unit on our units is great."

New Graduate Strengths:
 Having certain characteristics as a Gen Z NGRN helped with the transition into the ICU. Participants who had prior healthcare experience were not afraid to ask questions, were self-motivated, did not need to be coddled, and experienced a smoother transition into the ICU.

Taylor: "I want to learn, so I ask many questions."
Lane: "I'm a hard worker, and I want to advocate for my patients and want to do the right thing."
Lane: "If I hadn't worked in the emergency room, I would not have been so confident."
Taylor: "I was all right because it made me do more research on what I needed to be done."
Kris: "Just letting me do it myself was very helpful."

Building a Foundation:
 Participants expressed that their experiences with participating in an externship and the guidance from their preceptors helped integrate them into the ICU culture. Many commented on the importance of education in helping them with the ICU transition.

Sidney: "They do a very good job in structuring your education. Once you have done the education, you can receive those patients."
Taylor: "Doing the externship program that helped, I feel like."
Ash: "I think my preceptor made my experience a lot better. … He's like a very trusted person for me."

Obstacles:
 Some participants experienced situations or expressed factors that affected them negatively and hindered the transition. Many feared making mistakes in addition to the complexity of the patients. Additionally, participants expressed that their experiences communicating with physicians, patients, and family members hindered their transition. Even the participants' youthfulness was mentioned as a factor affecting their experience transitioning into the ICU.

Jessie: "All those drips, if they're hooked up to the Arctic sun or other machines, or they're on CRT or whatever … It's scary. You don't know what to do, and you don't want to touch the wrong thing."
Kris: "Sometimes it was hindering in the sense I do not know."
Sage: "I think what makes it even more nerve-racking is just being like a 20-year-old talking … maybe sometimes that can affect how they look at me."
Devon: "It was definitely like a culture shock and getting used to talking to the doctor. I guess if I really had to describe it would just be like, well, a bit of a culture shock."

Interview Question: Does anything stand out about your experiences transitioning to the ICU?

Academic Preparation:
 Participant experiences with their nursing education stood out, with many commenting on how their experiences prepared or failed to prepare them for transition, not only into practice but also into the ICU setting.

Sidney: "Nursing school, I thought, provides like a great foundation in the mindset that you're learning about all these systems. You're learning them from a basic level."
Lane: "The lack of confidence in applying the knowledge that I had learned throughout school."
Casey: "Nursing school just teaches you to pass NCLEX, and then the actual job teaches you nursing."
Kris: "Our critical care course was merged with Med/Surg, so I feel like it was just grazed."

Desire to be an ICU nurse:	Lane: "I wanted the critical thinking challenge when I went
The participants' motivation to be in the ICU was frequently mentioned. Many enjoyed experiencing the critical thinking challenge and the thrill the ICU gave them.	up to the ICU. I knew that's like what I wanted as a new grad."
	Taylor: "I like the action of trauma."
	Jessie: "The ICU is the perfect mix of everything. I get the sick patients, kind of what you get in the ER a little bit, but you get to take care of the patient. You get to see them through, and like, that's what I like."
	Casey: "I start to get that adrenaline rush."

Summary

The new graduate nurse's transition into the workplace from nursing school is traditionally seen as one of the most challenging times, widely recognized as a period of stress, role adjustment, and reality shock (Casey et al., 2021). Gen Z nurses are becoming more prevalent in the nursing workplace, and this generation is expected to comprise 30% of the workforce by 2030 (Jancourt, 2020). The purpose of this study was to gain insight into the lived experiences of Gen Z NGRNs transitioning directly into the ICU work environment as their first position as registered nurses.

Nine subjects agreed to participate in this study that incorporated two hospitals in a southwestern state. An electronic demographic was collected from each participant, and one-on-one interviews were undertaken to illuminate the experiences of this generation of nurses entering practice in the ICU. Seven themes emerged from the analysis of the interview transcripts. These exposed themes included mental health, team support, new graduate strengths, obstacles, academic preparation, building a foundation, and desire to work in the ICU. Stress, nervousness and anxiety, shock, and feeling overwhelmed were described by the participants transitioning into the ICU and categorized as the mental health theme. At some point in their interview, all participants referenced experiences that affected them psychologically.

Team support echoed the participants' experiences building relationships within the ICU as new graduates, including their interactions with co-workers and management. From the

interviews, participants expressed new graduate strengths that helped with the transition, including being given some independence, advocating or speaking up, being self-motivated with learning, and having prior healthcare experience. Subsequently, participants' experiences highlighted areas that posed an obstacle during their transition, including being young or a new graduate, communicating in the ICU setting, the complexity of patients they cared for, and the fear of making mistakes. The participants often quoted academic preparation during the interviews and experiences in nursing school that affected their transition to practice. Externships, educational opportunities, and preceptors were commonly named as elements that help lay or build the foundation for NGRN integration into the ICU. Many participants quoted the importance of these items during the orientation period in successfully providing a solid foundation for practice. Finally, many participants expressed their desire to work in the ICU throughout the interviews. Statements referencing the critical thinking aspect of the ICU and the excitement of working in this area were often made.

CHAPTER FIVE: CONCLUSION

Overview

The purpose of this transcendental phenomenological study was to illuminate, understand, and describe the meaning of the lived experiences of Gen Z NGRNs transitioning directly into the ICU in their first position as registered nurses. The following chapter provides an interpretation of the findings based on the themes illuminated in the previous chapter. Additionally, a discussion of the implications of these findings in terms of policy and practice is presented. Following this discussion, the theoretical and empirical implications of this research with the study limitations and delimitations are explored. Finally, recommendations for future research are presented.

Discussion

The foundation of this research was built on the theoretical and empirical analysis of the literature provided in Chapter Two. This section discusses the interpretation of the study's findings, developed from the seven themes. The findings provide details of the lived experiences of the Gen Z NGRNs transitioning into the ICU as newly registered nurses. The information gained from this research may guide healthcare institutions in modifying or developing NGRN onboarding practices that increase satisfaction and reduce nurse turnover in this population of nurses. The discussion highlights the interpretation of the study's findings, implications for policy and practice, theoretical and empirical implications, limitations and delimitations, and recommendations for future research.

Interpretation of Findings

This transcendental phenomenological study explored the lived experiences of Gen Z NGRNs transitioning into the ICU. The following is a summary of the findings presented in

Chapter Four, with a discussion of interpretations based on these findings. From the data collected through individual interviews, Moustakas' (1994) modified phenomenological data analysis method was implemented to identify seven themes: mental health, team support, new graduate strengths, obstacles, academic preparation, building a foundation, and desire to work in the ICU. The themes identified in this research provide insights into the lived experiences of Gen Z NGRNs in their first year of practice and indicate how these experiences can impact their overall transition.

Summary of Thematic Findings

The thematic findings illuminated in this research provide an understanding of the lived experience of the Gen Z NGRNs transitioning into the ICU in their first position as registered nurses. Based on the seven themes—mental health, team support, new graduate strengths, obstacles, academic preparation, building a foundation, and desire to work in the ICU— presented in this research, three interpretations are provided that explain the experiences of this population of new nurses transitioning into the critical care environments of the ICU.

The Gen Z NGRNs' Transition into the ICU Is Challenging. The first interpretation of the study's findings is that it is a challenging time for the Gen Z NGRN when transitioning into the ICU. The initial transition to practice for the NGRN is known to be one of the most challenging times in a nurse's career (Su et al., 2021) and is widely recognized as a period of stress, role adjustment, and reality shock (Casey et al., 2021). Adding to this challenge is the ICU environment, which, for even the experienced nurse, can be demanding because of the complexity of patients' conditions, requiring the nurse to have a deep knowledge base, be comfortable managing highly complex situations, and be confident in their skills and ability to

manage complex technology (Lalonde et al., 2021). Therefore, the challenges that face the Gen Z NGRN transitioning into the ICU are significant.

Many factors challenged the Gen Z NGRN when transitioning into the ICU. NGRNs can feel unprepared to enter practice, especially when nursing schools and their education only provide the basics for clinical practice (Brown et al., 2018). This was a challenge faced by the Gen Z NGRN transitioning into the ICU in this study, who, although acknowledging they attained the basic nursing skills in school, stated they felt they needed more preparation for the critical care setting. Furthermore, the Gen Z NGRNs explained that the criticalness of the patients, exposure to unfamiliar technology, and management of complex plans of care all impacted their transition, aligning with research presented by Serafin et al. (2022) indicating that the complexities of the ICU are seen as a proven challenge during an NGRN's transition to practice. Additionally, the complexity of the patients in the ICU setting and lack of critical care knowledge increased the Gen Z NGRN's fear of making a mistake that would cause harm to the patients and being looked down upon by co-workers.

The Gen Z NGRNs in this study also faced challenges with communication, especially with family members, patients, and physicians. The Gen Z NGRNs who participated in this study expressed confidence in their abilities, aligning with previous research (see DeGrande et al., 2018); however, the Gen Z NGRNs in this study also expressed their lack of confidence in their patient care knowledge, especially early in their transition, making them feel they would say or do something wrong, aligning with Feeg et al.'s (2022) research.

This study exposed a finding not supported in current research. Interactions with family members and physicians were hindered by what the Gen Z NGRNs claimed as their youthfulness. The Gen Z NGRNs in this study were faced with the obstacle or challenge of

convincing others of their competence due to their youthful, baby-faced looks and, additionally, the preconception of how someone so young works in the ICU environment.

As a consequence of these challenges, Gen Z NGRNs are experiencing increased stress, anxiety, nervousness, and feeling shocked and overwhelmed during their transition, confirming research that showed the workplace environment is strongly linked to a nurse's psychological health (Ulrich et al., 2022). Additionally, these challenges on the Gen Z NGRN's mental health align with the APA (2018) research indicating Gen Z has higher mental health concerns and targeted Gen Z research that indicates this population is at increased risk of mental health issues such as depression, anxiety, and uncertainty (see Shorey et al., 2021) .

Gen Z NGRNs Are Motivated. The second interpretation of this study's findings is that Gen Z NGRNs are motivated to transition into the ICU and be successful in their clinical practices. According to Hussein et al. (2019), nursing students desire to work in areas like the ICU because they are attracted to the challenging and exciting environment. Aligning with this finding, the Gen Z NGRNs in this study stated a desire to enter the ICU setting, often relishing the critical thinking challenge and adrenaline rush that arises from sudden changes in patient conditions. Many Gen Z NGRN participants in this study indicated a lack of desire to enter practice in areas seen as traditional, career-starting settings, such as a medical-surgical unit.

The Gen Z population is known to be ambitious with their professional goals (see Global Research & Insights, 2018), and findings from this study support this. Within this study, the Gen Z NGRNs transitioning to the ICU indicated a motivation to increase their professional knowledge of the ICU environment, looking for opportunities to develop their skills so they can successfully integrate into the ICU culture. Familiarity with technology is a known characteristic of the Gen Z individual (see Vizcaya-Moreno & Pérez-Cañaveras, 2020), correlating with the

Gen Z NGRNs' motivation in this study to incorporate online learning and social media to enhance their knowledge of the ICU so they could transition into successful practicing nurses. Additionally, many Gen Z NGRN participants in this study indicated they were motivated to enroll in specialty classes to increase their proficiency and skill levels within the ICU setting, believing it made their transition to practice easier, allowing them to be more independent and successful.

Gen Z NGRNs Thrive with Social Support. The third interpretation of this study's findings is that when they feel part of a team and supported, the Gen Z NGRNs are better prepared to overcome the challenges they face when transitioning into the ICU, allowing them to integrate into the culture more successfully. It is a stress reliever for many NGRNs transitioning to practice if they have fellow new graduates to interact with who are familiar with their struggles (J. H. Kim & Shin, 2020). The Gen Z NGRNs transitioning into the ICU also commented on the significance of working with other new graduates, acknowledging that having the support of those in the same situation as themselves reduced stress and anxiety. Additionally, the Gen Z NGRNs in this study flourished in their new setting when they had supportive nurses whom they could look up to, with role modeling known to increase job satisfaction, competence, and confidence in the NGRN (Hussein et al., 2019).

Generational research presented by Global Research and Insights (2018) indicated that only 20% of Gen Z participants, compared to 44% of Millennials participants, believed that co-workers were essential individuals who could aid their personal development. However, in the healthcare environment, this study's findings contradict this research finding. The Gen Z NGRNs participating in this research relied heavily on co-workers for professional and personal growth. Many NGRNs spoke of the significance of managerial support and co-worker support, which

included seasonal nurses in their successful integration into the ICU. Creating workplace friendships and being able to connect with co-workers assisted in the Gen Z NGRNs' development and successful transition into the ICU. Additionally, having a supportive and understanding preceptor is important to the Gen Z NGRN. Having the appropriate preceptor builds the NGRNs' confidence during their transition to practice (Wildermuth et al., 2020). Aligning with this finding, the Gen Z NGRNs in this study thrived with positive relationships with their preceptors, feeling comfortable asking questions and being open to teaching.

Implications for Policy and Practice

Recommendations can be made from the findings of this study to stakeholders such as nurse administrators and directors, nurse preceptors, nurse educators, and those who work with Gen Z NGRNs transitioning into practice, especially in critical care areas. Providing new graduates the opportunity to succeed and thrive in the ICU should be a high priority for healthcare organizations. This section discusses how the findings from this study can be applied to policies and practices within the healthcare setting.

This study of the lived experiences of Gen Z NGRNs transitioning into the ICU highlighted how the impact of the transition affected many of the participants on an emotional and psychological level. Anxiety, stress, shock, and feeling overwhelmed are some of the emotional responses indicated by the Gen Z NGRNs in this study. These findings support research by Urban and Barnes (2020), indicating the new role of being a nurse can impact the NGRN's stress levels, additionally impacting their mental health. Additionally, according to Spence Laschinger et al. (2019), over 20% of NGRNs transitioning to practice are at risk of PTSD. With this study addressing the fact that Gen Z NGRNs experience emotional distress during their transition into the ICU, institutions should examine their policies on employee

support, identifying individuals who may be struggling with their mental health during this transitional period.

The Gen Z NGRN participants in this study, transitioning into the ICU, were self-motivated to learn, valuing educational opportunities such as access to specialty courses, skills days, online modules, and social media to help them prepare more effectively for their new role as practicing nurses. These findings build on current literature (see Vizcaya-Moreno & Pérez-Cañaveras, 2020) exploring the learning preferences of Gen Z healthcare students, indicating mentorship and clinical learning, online tutorials or videos, and virtual learning environments are considered by Gen Z in healthcare as the best teaching modalities. The Gen Z NGRN's learning preferences exposed in this study suggest it is important for unit directors to understand these learning preferences and how they may differ from previous generations if they wish to integrate the Gen Z NGRN successfully into the ICU culture. This implies that educational policies, especially policies regarding social media use within organizations, should be adapted or developed to help facilitate the learning needs of this new generation of nurses entering practice.

In this study, the Gen Z NGRN participants indicated that the complexity of the patients was a concern, not only during orientation but especially when practicing independently. Many participants had expressed the fear of making mistakes due to the criticalness of their patients and not always knowing what to do because they were new nurses. This builds on research (see Feeg et al., 2022) that many NGRNs felt their knowledge base needed to be improved, fearing making mistakes, and research by Liang et al. (2018) indicating NGRNs lack confidence in their patient care. These results should be considered by charge nurses in the ICU that the Gen Z NGRNs may become overwhelmed with their patient allocation and may not provide effective patient care.

Further study findings illuminated from the experiences of the Gen Z NGRNs transitioning into the ICU indicated that they enjoyed the ICU environment because it challenged their critical thinking, was exciting, and was seen as an adrenaline rush. Additionally, those Gen Z NGRNs in this study who participated in externships benefited when transitioning into the new graduate role within the ICU. These individuals stated an increase in confidence and reduced stress levels when transitioning into the ICU because they had experiences that aided in developing their knowledge and skill base and improved their interpersonal skills, making the transition smoother. Gen Z NGRNs in this study indicated that the provision of externship opportunities made their transition into ICU nursing practice more efficient. This implies that adapting recruitment policies and providing externship opportunities may positively impact Gen Z NGRNs during their transition and reduce staff turnover, impacting nursing shortages.

Theoretical and Empirical Implications

The following section discusses the theoretical and empirical implications of this transcendental phenomenological study exploring the lived experiences of the Gen Z NGRN transitioning into the ICU setting. William Strauss and Neil Howe's (1997) generational cohort theory and Duchscher's (2008) stages of transitional theory served as the theoretical framework guiding this study, contributing and adding to the literature on the NGRN's transition to practice and generational research within the healthcare setting.

Generational Cohort Theory

William Strauss and Neil Howe's (1997) generational cohort theory implies that people of different generations are exposed to significant socioeconomic and historical events shaping their characteristics and personalities through childhood and adolescence. Each generation lasts approximately 20 years and undertakes four "turnings" over the course of 80 years. The Gen Z

individual experienced the fourth turning, known as "crisis"; their childhood and adolescence were marked by terrorism and war (9/11/01), gun violence, recession (2008), gender equality, smartphones, and social networking.

According to Strauss and Howe (1997) depending on where the generation falls within this cycle of turning defines which one of four archetypes they are. Gen Z are artists whom Strauss and Howe stated will be sensitive and empathic. Strauss and Howe did not indicate specific characteristics for each generation but suggested that their upbringing shapes them. Implications from this study confirmed that this sample of Gen Z NGRNs displayed common characteristics and traits that can support generational cohort theory. The data findings in this study suggest that Gen Z NGRNs display characteristics and preferences such as teamwork, being motivated and valuing their work, being technology orientated, preferring to learn through social media and online learning, and possibly more susceptible to mental health concerns. These findings not only lend support to generational cohort theory but can be useful to educators and managers onboarding employees from Gen Z.

Duchscher's Stages of Transitional Theory

The initial 12 months of transition to professional practice for the new graduate nurse is a process of becoming (Duchscher, 2008). Within Duchscher's stages of transitional theory, the new graduate nurses undertake a journey, evolving through the stages of doing, being, and knowing. The process is transformative for the individual, and the theory suggests that allowing graduates time to adjust to what is happening within a context of support allows them to develop their thinking. In this study, the Gen Z NGRN participants were predominantly exposed to a structured orientation with a preceptor helping guide them in their new role as practicing nurses. However, Duchscher formulated her stages of transitional theory based on participants who were

not formally mentored and went from "buddy" experiences to full patient responsibility without graduated progression.

In this study, the Gen Z NGRNs transitioning into the ICU experienced many elements that align with Duchscher's transitional theory. However, the significance of the preceptor and co-workers on the Gen Z NGRN's transitional experiences cannot be understated. Many Gen Z NGRN participants indicated that their preceptor supported them and helped build their confidence, providing them with the foundation to successfully transition into the ICU environment. Within her discussion and recommendations, Duchscher (2008) commented on how the novice nurse could perform and further learn under the watchful eyes of the skilled preceptor, satisfying the new graduates' desire to belong. The findings from this study support these comments and imply that further research should be undertaken to understand the role of the preceptor in the transitional experiences of this generation of nurses entering the ICU.

Empirical Implications

This transcendental phenomenological study supports and adds to the current literature on the Gen Z NGRN transitioning into practice. This study is unique because it targets a very small, unknown population of nurses within the healthcare setting. Many of the findings presented in this study tie in with current literature, especially the challenges the NGRNs face during their transition. There needs to be more research on this new generation of nurses transitioning into nursing practice, with much of the available research targeting Gen Z student nurses. However, this study advances the current literature on Gen Z nurses in healthcare, especially those entering the ICU. The following section addresses how this study supports and advances existing literature.

Although generational research and generational research in nursing exist, the literature review in Chapter Two highlights that there is limited generational research in nursing practice that targets the Gen Z population. This study provides findings that build on the current body of evidence, specifically the Gen Z population in the nursing environment. Gen Z characteristics and traits specific to nursing are illuminated in this study and have implications for further research.

Non-generational research (see DeGrande et al., 2018) explored some of the characteristic strengths that NGRNs transitioning into the ICU have that positively help their transition into practice. Such attributes that were shown to help with the transition into the ICU included intuitive thinking, courage, and humility. This current study revealed that Gen Z NGRN participants have character strengths and traits that allow them to build confidence, reduce anxiety, and prepare them more effectively for clinical practice. Furthermore, the Gen Z NGRN participants in this study displayed characteristics such as being motivated to learn and be successful, valuing being part of a team, being an advocate for themselves, desiring a challenging and exciting workplace, and valuing independence. Managers and directors of healthcare organizations should build an understanding of this new generation of nurses to provide the means for successful integration into their organization's culture.

In this study, Gen Z NGRN characteristics were illuminated, including being motivated to learn and be successful, valuing being part of a team, being an advocate for themselves, desiring a challenging and exciting workplace, and valuing independence, building on existing research by Şenyuva (2018) indicating the Gen Z nurses value visually pleasing things and can complete tasks quickly. Additionally, the findings from this current study correlate with Gen Z nursing student research (see Hampton & Welsh, 2019) that indicated these individuals valued

working with friendly and agreeable co-workers. Furthermore, as previously stated, the findings

of this study suggest that the Gen Z NGRN is motivated to learn. The Gen Z NGRN participants

in this study indicated they enjoyed using social media such as TikTok and online learning

modules provided by the institution to strengthen their knowledge base about the ICU. These

data support the current body of evidence (see Vizcaya-Moreno & Pérez-Cañaveras, 2020)

indicating Gen Z student nurses are high cravers of the digital world, preferring the online and

virtual environment for learning. Additionally, the Gen Z NGRN participants in this study

highlighted the significance of social media, supporting research (see Shorey et al., 2021)

indicating that Gen Z healthcare students desire quick access to technology and online resources

such as social media for educational purposes. The Gen Z NGRN participants' learning

preferences exposed in this study's findings imply that when technology is incorporated into

teaching, these individuals retain knowledge better, allowing them to transition into the ICU

more successfully.

In the student nursing environment, Gen Z students are socially altruistic and value

working with friendly co-workers with whom they can establish friendships (Hampton & Welsh,

2019). Data from the findings of this study also suggest this may be true with Gen Z nurses as

they enter practice. The importance of workplace relationships and co-worker support was a

significant finding in this study, indicating that the Gen Z NGRN participants were more

successful during their transition when they had co-workers they were not afraid to reach out to,

supportive managers, fellow new graduates, and individuals they were able to develop

friendships with such as seasonal workers. Additionally, team support is important to the

NGRNs in the ICU setting, helping them gain new experiences and confidence (DeGrande et al.,

2018). Based on the Gen Z NGRN participants in this study thriving in a positive work

environment with friendly and approachable coworkers implies that these individuals could leave the facility if they feel they are not supported in their transition to practice.

The strength to speak up or advocate for oneself was another finding exposed from the experiences of the Gen Z NGRNs transitioning into the ICU. The Gen Z NGRN participants expressed that the strength to speak up or be one's advocate is a characteristic vital for the NGRNs during their transition to practice. This finding indicated that the Gen Z NGRN participants who were comfortable asking questions and advocated for themselves when they needed help developed more confidence, assisting with their transition to practice. These data built on research (see Baldwin et al., 2021) indicating that the NGRNs transition easier into the ICU when they display characteristics including not being shy or overly sensitive and being assertive when necessary. The experiences of the Gen Z NGRNs transitioning to the ICU in this study imply that those Gen Z NGRNs who are quiet and withdrawn and have problems with communicating may struggle in the ICU environment.

Gen Z NGRN participants in this study described their desire to work in the ICU and their motivation for choosing the ICU over other nursing areas. Many Gen Z NGRNs in this study indicated that they chose the ICU because of the thrill that gets their heart pumping, an adrenaline rush, and how it challenges their critical thinking skills. These findings build on previous work examining the work values of nursing students. Previous evidence (Hampton & Welsh, 2019) indicated that when in nursing school, Gen Z nursing students valued a work environment that they felt was exciting, interesting, and engaging. This implies that Gen Z NGRNs may not select a specific organization for employment if they believe it may not be a challenging, exciting, and engaging workplace.

The interpretation of the findings of this study indicate that the Gen Z NGRN's transition to practice is challenging. The Gen Z NGRN participants experienced many obstacles and challenges that impacted their transition to practice, consequently impacting their mental health. These findings tie in with research that explores the NGRN's transition to practice and, additionally, their transition into the ICU. Participants in this study felt unprepared for their transition into practice, especially when challenged with the ICU environment, because they needed to gain the skills and knowledge to manage critically ill patients. Many Gen Z NGRN participants expressed that they were unprepared for the complexity of their patients. This data ties in with research (see Kreedi et al., 2021), indicating that nursing education does not adequately prepare the NGRN for the nursing role. Additionally, research by Serafin et al. (2022) indicated that nursing programs include limited critical care hours, not preparing the NGRN for a role in the ICU. The participant responses in this study imply that nursing academic programs and those involved with curriculum design must examine their critical care content to promote a successful transition for new graduates into these areas.

As a consequence of the challenges faced by the Gen Z NGRN transitioning into practice, many participants experienced increased stress, anxiety, and nervousness, feeling shocked and overwhelmed during their transition, confirming research (see Ulrich et al., 2022) that showed the workplace environment is strongly linked to a nurse's psychological health. Additionally, these challenges to the Gen Z NGRN participants' mental health align with the APA (2018) research indicating Gen Z has higher mental health concerns. Further research presented by Shorey et al. (2021) targeting Gen Z healthcare students showed this population is at increased risk of mental health issues such as depression, anxiety, and uncertainty. Unit directors, managers, and administrators should be aware that the Gen Z NGRNs transitioning into the ICU

may be more susceptible to mental health issues, increasing call-offs, and the potential to leave the institution.

Limitations

This study has several limitations. A limitation of the study was the demographic makeup of the participants. Most nurses in this study were female, aligning with statistical data indicating that in the U.S. workforce, only 12% of nurses are males (U.S. Bureau of Labor Statistics, 2023). Additionally, the majority of participants in this study were Caucasian. Having larger numbers of male and minority participants in this study could have yielded alternative findings for the study.

Another limitation identified concerned the recruitment facilities of the participants. Although both facilities were part of the same organization, the facilities were situated in differing areas of the same metropolitan city. Each facility had its unique patient population, offering different critical care specialties within the ICU. Participants were recruited from the ICU setting with no consideration made to the different specialties within the ICU, such as neuro, trauma, and cardiovascular ICU.

Delimitations

The study's design was one delimiting factor in this research. The transcendental phenomenological approach was chosen with unstructured questioning to illuminate the participants' experiences, creating themes driven by inductive analysis of the findings. This phenomenological approach was chosen with the desire to understand the participants' experiences incorporating the phenomenological epoche, bracketing out preconceived notions, beliefs, and ideas about the phenomenon. Incorporating the inductive approach, the findings of this study are influenced by evaluating the questions outlined by the researcher, not set by a particular framework or expectations as seen in deductive approaches (Azungah, 2018).

A second delimitation of this study was related to participant selection. The participants were required to be new graduate nurses, born between 1997 and 2012, and employed for a consecutive period of 6 to 12 months in the ICU in their first position as registered nurses. This criterion was selected to ensure participants met the criteria to be Gen Z. Additionally, the period selected guaranteed that all participants had completed the standard orientation period of 3 months and had practiced independently for a minimum of 3 months. Participants had to be newly graduated registered nurses transitioning directly into the ICU in their first position as practicing nurses directly from nursing school to ensure prior experience as a new graduate in another nursing area would not impact the findings. The ICU was selected because it was deemed an essential area of critical care, a specialty area in nursing in which new graduates are starting to be more frequently employed straight from nursing school.

A final delimitation of the study was the geographical setting of the research. Two hospitals ICUs, in a single healthcare organization, were selected for the location for participant recruitment. These facilities were selected because they were located within my employment organization, providing easier access to participants. Additionally, the locations were shown to have substantial numbers of new graduate nurses entering practice in their ICUs.

Recommendations for Future Research

The current literature on the Gen Z NGRNs entering clinical practice, especially the ICU, needs improvement. Current Gen Z research in nursing mainly focuses on the student nurse, with very few studies targeting the Gen Z nurse. Only a few studies reference Gen Z nurses, mainly exploring their personal and professional values and intent to leave their current position. There needs to be more research on this new generation of nurses entering clinical practice, examining their strengths and weaknesses, characteristics, job satisfaction, work interests, and well-being.

This study aimed to provide insight into the experiences of the Gen Z NGRNs transitioning into the ICU. Seven themes emerged from the interviews with the nine participants in this study. Considering Gen Z will comprise a large percentage of the workforce by 2030, further research is warranted to gain a comprehensive knowledge of this new generation of nurses entering clinical practice. As this new generation presents with different characteristics, beliefs, traits, and values, gaining further knowledge on this generation within nursing will enhance future nursing practice.

This research was undertaken in the critical care setting of the ICU, with no subspecialty consideration taken. Future research recommendations would include incorporating qualitative research that examines the experiences of the Gen Z NGRN within the individual subspecialties of ICU, including the pediatric ICU, trauma ICU, cardiovascular ICU, and neurological ICU. Understanding the experiences of Gen Z NGRNs in these individualized areas within the ICU may provide further insights into their transition to practice. Secondly, future qualitative research can be undertaken in other areas of nursing practice, such as labor and delivery, mental health, and surgery, to build on the knowledge of the experiences of this generation entering practice.

The participants who volunteered to be part of this study had limited ethnic variation and were disproportionate in gender size. Future research should be undertaken to explore Gen Z NGRNs from ethnic minorities and question if their experiences vary from those presented in this research. Additionally, as this research had limited male representation, and because male nurses represent only a small percentage of the nursing workforce, further research focusing on this demographic of Gen Z NGRNs is recommended. Additionally, as this study took place at two hospitals within one organization, organizational policies and practices for onboarding new graduate nurses may be different from other institutions in the area, state, or country.

Undertaking future research within multiple organizations may provide greater insight into the experiences of this generation of nurses entering practice in the ICU.

An unexpected finding illuminated in this research was how the Gen Z NGRN participants felt that their youthfulness provided them with challenges, especially when interacting with others in the professional setting such as physicians, patients, nurses, and family members who treated them as if they were too young to be in the ICU. Research could be undertaken to explore and understand how these experiences affect Gen Z NGRNs and examine the situation of youthfulness in the NGRN from the perspective of patients, family members, and nurses.

The design choice for this study was transcendental phenomenological, focusing on the experiences of the Gen Z NGRN transitioning into the ICU. There needs to be more research targeting Gen Z nurses entering nursing practice and those who are currently working in nursing. Future studies on this generation of nurses could be quantitative in design. A recommendation for future research would be to undertake quantitative research that compares Gen Z NGRNs in different specialties by implementing statistical analysis such as ANOVA or *t*-tests. Quantitative research can provide insights into the Gen Z NGRN's well-being, intent to leave, satisfaction levels, and educational preferences when transitioning to practice.

Another recommendation for future research would be to compare the Gen Z NGRN's transitional experiences entering the ICU to those of NGRNs from alternative generations. A mixed-method study should be undertaken to evaluate the experiences across the generations, incorporating statistical analysis of the transitional impact. Finally, research should focus on the perspective of other nursing staff within the ICU or other areas where Gen Z are transitioning to

practice. This research could inform future clinical orientation and onboarding practices within institutions.

Conclusion

The purpose of this transcendental phenomenological study was to gain insight into the experiences of the Gen Z NGRN transitioning into the ICU as the first position as a registered nurse. This study confirms and builds upon both Duchscher's (2008) stages of transitional theory and the Strauss and Howe's (1997) generational cohort theory, which provided frameworks to this research, highlighting the transitional experiences of Gen Z NGRNs. Data collected through individual interviews were analyzed, and an understanding of the experiences of this generation of nurses transitioning into the ICU was illuminated through seven themes.

All participants in this study referenced experiences resulting in some form of psychological impact at some stage up to the time of their interview. Common emotional descriptions by the participants included feeling overwhelmed, stressed, anxious, and shocked during the transition, confirming the current empirical evidence regarding how the transition to practice can impact a new graduate's mental health.

This study supported evidence regarding the academic role in the transitional success of the new graduate but added evidence where the participants stated their academic integrity and desire for success assisted with the transition. Additionally, the Gen Z NGRN transitioning into the ICU enjoyed experiencing a challenging, exciting, and thrilling environment, with exposure to technology through online education. However, experiences with highly technical machinery in the ICU setting, such as monitors and machines, caused concerns for the Gen Z NGRNs, indicating not all technology is comfortable for the Gen Z NGRN. Gen Z NGRNs were concerned about how their youthfulness in the ICU setting impacted how patients, family

members, and other nurses perceived them, with the graduates experiencing situations where they felt they might not be respected for how young they looked and because they were new graduates in the critical care setting of the ICU. This finding adds to the current literature on the Gen Z NGRN transition to practice.

Limitations of this transcendental phenomenological study included the demographic makeup of the participants, which lacked diversity in ethnicity and gender. Additionally, another limitation was the recruitment facilities of the participants. One organization was used to recruit participants, and no consideration was made as to the type of ICU subspecialty in which the participant worked. In the future, researchers may want to implement a qualitative study targeting these individual areas to examine the impact of the various subspecialties of the ICU on the experiences of the Gen Z NGRN.

As there is so little research on this generation of nurses transitioning into practice, researchers may want to implement quantitative research examining the impact of the transition on their mental health, satisfaction, intent to stay, and educational practices. With this research highlighting new evidence regarding the Gen Z NGRN experiences of feeling too young and youthful to be in the ICU, further research could examine this phenomenon and the perceptions of fellow nurses, patients, and family members about this phenomenon. Finally, comparison research is recommended to analyze the differences in transitioning to practice between the Gen Z NGRN and NGRNs from other generations.

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APPENDICES

Appendix A: IRB Approval

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

July 26, 2023

Matthew Loveitt
Kara Schacke

Re: IRB Exemption - IRB-FY22-23-1461 The Lived Experiences of the Newly Graduated
Generation Z Registered Nurses Entering the Intensive Care Unit

Dear Matthew Loveitt, Kara Schacke,

The Liberty University Institutional Review Board (IRB) has reviewed your application in
accordance with the Office for Human Research Protections (OHRP) and Food and Drug
Administration (FDA) regulations and finds your study to be exempt from further IRB review.
This means you may begin your research with the data safeguarding methods mentioned in your
approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in
which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive,
diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of
public behavior (including visual or auditory recording) if at least one of the following criteria is
met:
The information obtained is recorded by the investigator in such a manner that the identity of the
human subjects can readily be ascertained, directly or through identifiers linked to the subjects,
and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

**For the final versions of your documents, click on your study number in the My Studies
card on your Cayuse dashboard. Next, click the Submissions bar beside the Study Details
bar on the Study details page. Finally, click Initial under Submission Type and choose the
Letters tab toward the bottom of the Submission Details page. Your information sheet and
final versions of your study documents can also be found on the same page under the
Attachments tab.**

Please note that this exemption only applies to your current research application, and any
modifications to your protocol must be reported to the Liberty University IRB for verification of
continued exemption status. You may report these changes by completing a modification
submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,
G. Michele Baker, PhD, CIP
Administrative Chair
Research Ethics Office

Appendix B: Recruitment Email

A qualitative study on the lived experiences of Generation Z new graduate nurses

transitioning to the intensive care unit.

Matthew Loveitt is a doctoral candidate in the School of Nursing at Liberty University and is conducting a research study on experiences of Generation Z new graduate licensed nurses transition into the Intensive Care Unit (ICU). The purpose of this research is to understand and describe the meaning of the lived experiences of this generation of new nurses entering the ICU setting to help healthcare organizations provide appropriate support to new graduates, increasing job satisfaction, reducing employee turnover, and impacting staffing shortages. I am writing to invite you to participate in this study.

Participants must have been born between 1997-2012, transitioned directly into the Intensive Care Unit from nursing school, and worked full-time for 6 to 12 months in the Intensive Care Unit. Participants will be asked to complete a brief 5-minute, anonymous participant demographic and participate in a one-on-one, audio-recorded interview lasting approximately 60 minutes. Finally, participants will spend approximately 30 minutes reviewing and confirming the themes constructed from the transcripts to provide feedback. Your total participation in this research will be approximately 95 minutes.

Completion of the questionnaire and interview to participate in this research project is voluntary. If you complete the questionnaire and interview, you are confirming that you voluntarily consent to participate in this research project and you understand that participation in this project is not a condition of employment at ▮▮▮▮▮▮▮. You may complete this questionnaire at work. If you elect to complete the questionnaire on your own time, you will not be paid for your time spent on completing the questionnaire. You will need to complete the interview on your own time, you will not be paid for your time spent on completing the interview. You are free to withdraw from this study at any time without repercussions. Upon completion of the review of the second email confirming the themes you will receive a $25 Amazon e-gift card that will be sent to your preferred email address.

If you are interested in participating in this study please contact Matthew at ▮▮▮▮▮▮▮ ▮▮▮▮▮▮▮▮▮▮▮▮ to schedule an interview. After you contact him, he will send you the demographic questionnaire requesting your preferred email address and to create a special identification code. All communication will occur through the email address you provide.

Appendix C: Recruitment Flyer

Research Participants Needed

The Lived Experiences of the Newly Graduated Generation Z Registered Nurses Entering the Intensive Care Unit

- Were you born between 1997-2012?
- Did you transition directly into the ICU from nursing school?
- Do you work full-time and have been employed in the ICU for a consecutive period of 6 to 12 months?

If you answered **yes** to all the questions listed above, you may be eligible to participate in a research study.

Purpose

The purpose of this research study is to illuminate, understand, and describe the meaning of the lived experiences of Gen Z NGRNs transitioning directly into the ICU in their first position as registered nurses. As more Gen Z nurses enter the workforce and ICU settings, this study may help healthcare organizations provide appropriate support to new graduate nurses, increasing job satisfaction, reducing employee turnover, and impacting staff shortages.

Procedure

Participants, if willing, will be asked to complete a brief, 5-minute participant demographic questionnaire and participate in a confidential, one-on-one, audio-recorded interview lasting approximately 1 hour. Finally, participants will spend approximately 10 minutes reviewing and confirming the themes constructed from the transcripts to provide feedback.

Benefits include:

You will be compensated for your time by receiving a $25 Amazon gift card upon completion of the interview.

Participation

If you want to participate in this study, please contact the researcher, Matthew Loveitt, at ▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬

Matthew Loveitt, a doctoral candidate in the School of Nursing at Liberty University, is conducting this study.

Please contact Matthew Loveitt at ▬▬▬▬▬▬▬▬▬▬▬▬▬ **for more information.**

Liberty University IRB – 1971 University Blvd., Green Hall 2845, Lynchburg, VA 24515

Appendix D: Voluntary Consent

Title of the Project: The Lived Experiences of the Newly Graduated Generation Z Registered Nurses Entering the Intensive Care Unit.
Principal Investigator: Matthew Loveitt, Ph.D., RN. Student at the School of Nursing, Liberty University.

Invitation to be part of a Research Study

You are invited to participate in a research study. To participate, you must have been born between 1997-2012, transitioned directly into the Intensive Care Unit from nursing school, and worked full-time for 6 to 12 months in the Intensive Care Unit. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about, and why is it being done?

The study aims to understand and describe the experiences of Generation Z new graduate registered nurses transitioning directly into the Intensive Care Unit in their first position as registered nurses. It may help healthcare organizations provide appropriate support to new graduates, increasing job satisfaction.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following:
1. Complete a brief, 5-minute participant demographic questionnaire.
2. Participate in an audio-recorded interview lasting approximately 1-hour.
3. Spend approximately 10 minutes reviewing and confirming themes constructed from the transcripts to provide feedback.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from participating in this study.

The benefits participants could receive from taking part in this study include the feeling of being heard and acknowledged when voicing their personal experiences of transitioning to practice as an ICU nurse.

Benefits to society include the potential to increase healthcare organizational knowledge on tailoring onboarding practices targeting Generation Z nurses, which may help increase employee satisfaction, reduce turnover, and enhance clinical practice.

What risks might you experience from being in this study?

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life. The risks involved in this study may include the emotional discomfort from discussing experiences transitioning into the Intensive Care Unit. I will provide you with referral information for counseling services to reduce risk.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be kept confidential by replacing names with pseudonyms.
- Interviews will be conducted in a location where others will not easily overhear the conversation.
- Data collected from you may be used in future research studies and shared with other researchers. If data collected from you is reused or shared, any information that could identify you, if applicable, will be removed beforehand.
- Data will be stored on a secure, privately accessible Microsoft Teams channel within the institution's privately facilitated Microsoft Teams account. After five years, all electronic records will be deleted, and all hardcopy records will be shredded.
- Recordings stored on a secure, privately accessible Microsoft Teams channel within the institution's privately facilitated Microsoft Teams account. The researcher and his doctoral committee members will have access to these recordings.

How will you be compensated for being part of the study?

Participants will be compensated for participating in this study. After completing the demographic, interview, and follow-up analysis, the participant will receive a $25 Amazon E-Gift card, sent to their preferred email address.

Is study participation voluntary?

Participation in this study is voluntary. Your decision on whether to participate will not affect your current or future relations with Liberty University or with ██████████. If you decide to participate, you are free not to answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, the data collected will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Matthew Loveitt. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact him at █████████████████ ████████████████████████████. You may also contact the researcher's faculty sponsor, Dr. Kara Schacke, at █████████████████.

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

Before agreeing to be part of the research, please be sure that you understand what the study is about. You will be given a copy of this document for your records/you can print a copy of the document for your records. If you have any questions about the study later, you can contact Matthew Loveitt using the information provided above.

Appendix E: Demographic Questionnaire

A qualitative study on the lived experiences of Generation Z new graduate nurses transitioning to the intensive care unit.

Participant Demographics	
I would appreciate your answering the following questions about yourself to help understand the range of people participating in this research.	
Mother's month and day of birth (mm/dd) This will be your study identification code. All your data collected will be coded with this identification number, not your name.	
Please provide your preferred email address. All communication will occur through this email address.	
How would you define your gender:	
Race/Ethnicity	• White/Non-Hispanic • Black/African American • Hispanic/Latino-a • Asian/Asian American • Pacifica Islander or Native Hawaiian • Native American • Other (please specify) _____
Number of months working in the ICU	

Appendix F: Interview Guide

A qualitative study on the lived experiences of Generation Z new graduate nurses

transitioning to the intensive care unit.

Completion of the interview to participate in this research project is voluntary. If you complete the interview, you are confirming that you voluntarily consent to participate in this research project and you understand that participation in this project is not a condition of employment at █████████. You will need to complete the interview on your own time, you will not be paid for your time spent on completing the interview.. After all interviews have been conducted and analysis of the interviews have been completed I will send you and the other participants an email to your preferred email address. The email will include the themes that arose from the analysis, and you will be asked to provide validation of the findings and will be given the opportunity to comment. Feedback will be obtained via a Microsoft Forms electronic link provided in the email, constructed in a ██████ Microsoft Office 365 organizational account. You will be compensated with a $25 Amazon e-gift card upon completion of the second email confirming the themes. The e-gift card will be sent to your preferred email address.
Date of Interview: Time of Interview: Interviewer: Interviewee (mother's month and day of birth mm/dd): Place of Interview:
Purpose: To explore the lived experiences of Generation Z new graduate registered nurses transitioning to the ICU in their first position as registered nurses. In addition, to examine the potential of how these experiences may lead to enhancements in onboarding procedures directed toward this new generation of nurses.

Method	Face-to-face with Encrypted Audio Recorder and MP3/Wav audio recording software.
Questions	1. What is your experience transitioning from nursing school into the ICU? 2. Describe experiences that have helped or hindered your transition into the ICU. 3. Does anything stand out about your experiences transitioning to the ICU?

Field Notes:

Summary: Thank the individual for participating in the study.

Appendix G: External Counseling

If you need to talk to someone about your experiences as a new graduate transitioning into the

ICU, please log on to the company's well-being site for available options.

Alternatively, listed are a few available online options for support:

- Better help: (www.betterhelp.com). License and accredited professionals.

- Faithful Counseling: (www.faithfulcounseling.com). Spiritually driven certified therapy.

- Calmerry: (www.us.calmerry.com). Emotional and social support from licensed

  professionals.

- Talkspace: (www.try.talkspace.com). Confidential support from licensed professionals.

- Cerebral: (www. Cerebral.com). Counseling resources for emotional health.