DO MORE THAN TRAIN NEW NURSES…RETAIN THEM!

A QUALITATIVE RESEARCH STUDY

by

Kerrin Lurae Hampton

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Philosophy

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APPROVED BY:

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ABSTRACT

The purpose of this hermeneutic phenomenological study is to understand the orientation experiences of new graduate nurses and identify retention practices that are relevant and beneficial to the population of interest. Study participants were new graduate nurses employed at a five-hospital healthcare system. Using social constructivism as the theoretical framework, the study sought to answer the research question of what are the lived experiences of new graduate nurses during orientation? Ten new graduate nurses participated in individual interviews to discuss their personal orientation experiences. The interviews informed the researcher regarding the meaning and value new graduates place on their orientation experiences and what made them stay in their current position. Sessions were recorded, transcribed, and coded for themes. Findings of the research indicate that new graduate nurses continue to experience reality shock as they transition from student to professional nurse. During orientation, new graduate nurses desired tactile learning experiences to cement the knowledge attained in the didactic portions of their orientation. Additionally, they possessed a yen to work in a positive supportive unit culture. Nine of the ten nurses are still working on the nursing unit where they were hired to work as new graduate nurses. Future research regarding new graduate orientation and retention practices should focus on individuals who have vacated their first nursing position to evaluate how their orientation experiences may have differed from the study sample and if they have additional insight into effective retention practices.

Keywords: orientation, retention, new graduate nurse, preceptor, nurse residency program

Copyright Page (Optional)

Dedication

This work is dedicated to God, our Father, who created us in His image and through whom all things are possible. "For everyone who asks receives, and the one who knocks, the door will be opened" (Matthew 7:8). To my village, I say thank you; without your support, this work would not exist.

To my parents, who have instilled in me a lifelong love of learning while riding the ups and downs of the roller coaster we call life. To my siblings, Hippie, Michele, Rusty, and Kristen, thank you for steady flow of encouraging words.

To my wonderful daughters, Morghen Lurae and Ameilia Anne, thank you for loving me and supporting me in your own unique ways. I love you to the moon and back. Heart. Girls, you have grown up watching your mother work full time to support her lifelong pursuit of learning. I hope you have learned the values of hard work and dedication, and maybe one day will enjoy the discovery of knowledge as I have.

To a stellar manager, Stephanie Mathis, thank you for believing in me when I did not believe in myself. You watched me grow as a nurse from afar and recruited back to the place I love. To my wamily, Brooke, Jay, and Amanda for the love, unwavering support, and hugs. To Carolyn, Melina, Jean, and the Nursing Research Council, thank you for always listening and having amazing ideas. And to Bubby, my rock, who always believes in me.

"Nothing of eternal significance happens apart from prayer."

Dr. Jerry Falwell, Sr

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List of Abbreviations

American Nurses Credentialing Center (ANCC)

Commission on Collegiate Nursing Education (CCNE)

Lasater Clinical Judgement Rubric (LCJR)

National Council of State Boards of Nursing (NCSBN)

National Council Licensing Examination (NCLEX)

New Graduate Nurse (NGN)

Nursing Professional Development Specialist (NPDS)

Nursing Research Council (NRC)

Nurse Residency Program (NRP)

Practice Transition Accreditation Program (PTAP)

Registered Nurse (RN)

Transition to Practice (TTP)

Unit-based Competency (UBC)

CHAPTER ONE: INTRODUCTION

Overview

The current nursing shortage is a frequent topic of discussion in healthcare. According to the United States Bureau of Labor Statistics, approximately 200,000 open positions will be available in the upcoming decade (Bureau of Labor Statistics, 2022). In 2023, turnover across the nation was 20.7%, a two percent decrease from 2022 (NSI Solutions, 2024). In contrast, the nursing workforce is only expected to increase overall by 195,000 nurses, creating a demand that exceeds the supply (AACN, 2022). Additionally, an estimated 25% of new graduate nurses leave the profession within their first year of practice. The cost to hire, orient, and replace one new graduate nurse ranges from $49,000 to $96,000 (Powers et al., 2019). Cumulatively, turnover costs in excess of $5million. Thus, as healthcare organizations look to recruit new graduate nurses, it is imperative that organizations also focus their efforts on retaining nurses to build and maintain a strong cadre of competent nurses.

Background

Historical Context

In evaluating the current nursing shortage, there is no simple answer as to why it has occurred. In 2021, nursing schools across the United States did not admit "91,938 qualified applications (not applicants)" due to a lack of faculty, as faculty vacancies average seven percent nationally (American Association of Colleges of Nursing [AACN], 2022; Jarosinski et al., 2021). Most faculty positions require or prefer a doctoral-level degree (Jarosinski et al., 2021). Faculty shortages are also due to an aging workforce, increased workload, lack of competitive compensation, and poor work-life balance (Allen et al., 2022; Crawford et al., 2023). To offset looming faculty shortages, advanced degree nursing programs must cultivate more nurse

educators (Jarosinski et al., 2021). Limited access to clinical sites also curbed the number of nursing students accepted into nursing programs (AACN, 2022). Meanwhile, some nursing students who are accepted drop out of school in their junior and senior years due to physical and psychological stress and a mismatch of expectations of what students perceive nursing as compared to the reality of nursing practice (Bakker et al., 2019).

Social Context

A loss of 100,000 nurses occurred between 2020-2021, the most significant decrease in forty years. Many nurses leaving the hospital setting were under the age of 35 (AACN, 2022). Compounding the actual nursing shortage is a pseudo-shortage. Definitively, a pseudo-shortage exists when qualified nurses are not willing to work in current conditions. As a result, nurses vacate their positions or nursing practice (Roth et al., 2022). Nurses in practice leave the profession because healthcare organizations fail to protect staff from workplace violence, infection, and physical injuries (Sofer, 2022). Nurses also cite exhaustion, anxiety, and depression related to long hours, high patient acuity, and lack of resources as reasons for leaving (Rush et al., 2019; Sofer, 2022). Frustrated with current working conditions, some nurses turn to travel nursing. Feeg et al. (2022) noted that nurses who graduated in 2021 chose travel nursing as their career aspiration over critical care and nurse anesthesia. As of 2013, nearly half of the nursing workforce was over age 50, with expected retirement in the next ten to fifteen years, equating to a loss of more than one million experienced nurses (Ackerson & Stiles, 2018; Rush et al., 2019). With the departure of experienced nurses, the profession also loses knowledge and expertise (Shinners et al., 2021). As healthcare increases in complexity, the nursing shortage is at a crisis level and warrants intervention in the education and healthcare spheres to recruit and retain nurses (DiMattio & Hudacek, 2022; Feeg et al., 2022: Powers et al., 2019). One approach

for retention is to ensure that new graduate nurses receive learner-focused orientation not only to the job requirements of a nurse but also socialization to the nursing profession.

Theoretical Context

The theoretical contexts for this study are social and cognitive constructivism. Additionally, Knowles's Andrological Theory of Adult Learning, Herzberg's Motivation-Hygiene Theory, Kramer's Reality Shock Theory, and Benner's Novice to Expert Theory of Skill Acquisition are included. These theories describe the contexts of learning, retention, transition from student nurse to professional nurse, and attaining skills necessary for a nurse through the lens of social and cognitive constructivism. Previous research on new graduate nurses and efficacy of nurse residency programs have been framed by Kramer's and Benner's respective theories. The research study will be conducted with theories as references. Study methodology is rooted in hermeneutic phenomenology.

Situation to Self

As a nurse educator, I have participated in onboarding and orientation for new graduate nurses for several years. I have watched new graduate nurses pore over computer modules for days at a time, only to come out of centralized orientation in a fog, recalling little to no content they have read. I have also seen new graduate nurses, preceptors, and nurse leaders hurriedly mark tasks off an orientation checklist, purporting to deem individuals competent. Unfortunately, I have also witnessed new graduate nurses shed many tears due to being overwhelmed, afraid, hurt, and angry. Many of these tears have turned into resignation notices, either from the current workplace or from nursing altogether. As a nurse and educator, I believe there must be a better way to prepare our new nurses for practice and care for them while promoting retention.

Retention begins on the first day of employment. Healthcare systems must engage with

new hires in organizational orientation to form consistent connections throughout nursing orientation and nurse residency programs. Newly hired nurses must feel connected to their profession and their employer (Williams et al., 2018). From an ontological perspective, it is essential to identify what new graduate nurses are learning in orientation, how orientation builds competence and confidence, and how that competence and confidence correlate to a desire to remain in nursing. Through the lens of social constructivism, I hope to gain an understanding of the new graduate nurses' experience interacting in the contexts of their roles and within a healthcare system during orientation. To retain new graduate nurses, it is imperative to learn what these nurses found to be the most beneficial parts of their orientation. In finding these critical pieces, nurse educators and leaders can continue orientation practices that promote retention and discontinue practices that do not support new graduate nurses. "There are going to be bright spots in your field of view, and if you learn to recognize them and understand them, you will solve one of the fundamental mysteries of change: What exactly, needs to be done differently?" (Heath & Heath, 2010, p. 39).

Problem Statement

The problem is that many new graduate nurses leave within the first one to two years of their careers. "Eighteen percent of new nurses will change jobs or leave the profession within their first year after graduation, with an additional one-third leaving within two years" (Knighten, 2022, p. 186). New graduate nurses identify workplace violence, lack of clinical competence and confidence, job dissatisfaction, high patient acuity, and lack of support from peers and leadership as rationales for their departure (Alshawush et al., 2020; Church et al., 2018). In addition, current research has identified high turnover observed in the new graduate

nurse population as having a negative impact on the nursing shortage (Knighten, 2022; Rush et al., 2019).

Healthcare systems actively seek to hire and retain new graduate nurses. One component of the new hire onboarding process is orientation. New graduate nurses undergo orientation to some degree. Most healthcare systems offer nurse residency programs as part of orientation to assist in transitioning from nursing students to professional nurses. Nurse residency programs support nurses in their first year and seek to increase confidence and competence, promote professional commitment, and improve nurse satisfaction (Knighten, 2022). An abundance of quantitative research is available on the existence and efficacy of nurse residency programs. However, a sparsity of qualitative research exists surrounding the living experiences of individuals while in orientation and how their orientation experiences impact their desire to remain in their current position. My research intends to identify helpful orientation practices that promote the retention of new graduate nurses.

Purpose Statement

The purpose of this hermeneutic phenomenological study is to understand the lived experiences of new graduate nurses during their initial orientation at a five-hospital healthcare system in the southeastern United States. Additionally, the study seeks to find if retention strategies exist to retain new graduate nurses in their first nursing position. At this stage in the research, nursing orientation is defined as orientation beginning on the first day of hire and ending with the completion of preceptorship.

The theories informing this study are Knowles's Andrological Theory of Adult Learning, Herzberg's Motivation-Hygiene Theory, Kramer's Reality Shock Theory, and Benner's Novice to Expert Theory of Skill Acquisition. Malcolm Knowles' Andrological Theory of Adult

Learning is based on the assumption that adults need to understand what they are learning and why it is essential. Life experiences are tools for building knowledge, and the motivation to learn comes from an adult's desire to grapple with problems in real-life situations (Knowles et al., 2005). Knowles' theory is relevant to new graduate nurses entering the workforce and must scaffold new knowledge from what they have learned in school. Orientation for new graduate nurses should be active and learner-focused (Knowles et al., 2005). Frederick Herzberg's Motivation-Hygiene Theory situates itself around the work environment, in this case, the work environment of new graduate nurses. The theory posits that motivating factors promote workplace satisfaction while hygiene factors aid in the prevention of dissatisfaction (Kurt, 2022). To understand new graduate nursing retention through the lens of an orientee, healthcare systems must acknowledge the motivation and hygiene factors that influence new graduate nurses' perception of job satisfaction.

Marlene Kramer's Reality Shock Theory discusses the inherent shock new graduate nurses encounter entering the nursing workforce: a realization of the mismatch between what was taught in school and the reality of working as a professional nurse (Kramer, 1974). Reality shock occurs for nearly all new nurses. Acknowledging its existence and incorporating education, support, and socialization into orientation is crucial for new graduate success.

Patricia Benner's Novice to Expert Theory postulates nurses' skills and knowledge along a continuum from novice to expert. New graduate nurses enter practice as novices with a task-oriented approach to patient care (Benner, 1982). While orientation will not swiftly move a new graduate nurse out of the novice stage, orientation should focus on transitioning from skill-based care to knowledge-based care delivery.

Significance of the Study

Currently, there are no best practices for centralized orientation, decentralized orientation, precepting models, or transition to practice programs. In addition, there is no standard for evaluating the competencies of new graduate nurses during and after orientation (Gregg, 2020). The study will ask new graduate nurses about their orientation experience and their transition into the nursing profession. The body of knowledge generated from this study will aid nurse educators, nurse leaders, and new graduate nurses in understanding orientation practices and their impact on retention. Nurse educators will gain knowledge to build upon and improve current orientation practices (Eckerson, 2018). Nurse leaders will benefit from having well-trained, competent nursing staff and reduced turnover (Eckerson, 2018; Knighten, 2022). Most importantly, new graduates will receive adequate orientation to elevate competence and confidence as they enter the nursing workforce (Reebals et al., 2022). Based on participants' feedback, recommendations for a learner-focused orientation will be made to nursing leadership. As a result of effective orientation, patients will receive high-quality care from well-prepared nurses (Hawkins et al., 2019a).

Research Question

A central research question functions as the anchor for this qualitative study.

What are the lived experiences of new graduate nurses during their initial orientation?

The purpose of this hermeneutic phenomenological study was to explore the explore the experiences of new graduate nurses during their initial orientation to their first nursing position and hopefully unearth retention factors that can be shared with nurse leaders and educators to combat the ever-present nursing shortage. New graduate nurses are experiencing a dramatic transition from school into a professional career. Orientation is the first formal setting for new

graduate nurses to build connections to an organization that can foster retention. While a large body of research focuses on why new graduate nurses leave within the first one to two years, the intent is to focus on the positive aspects, such as orientation, that can be beneficial to retention. By listening to the lived experiences of new graduate nurses, the researcher learned what components of orientation programs benefit new graduate nurses in bolstering their confidence and competence. Conversely, I would also like to learn what aspects of orientation are not advantageous to the success and, ultimately, the retention of new graduate nurses.

The variability and lack of consistency in orientation have led to an amalgam of outcomes without any agreed-upon best practices. Nursing thrives on evidence-based practice. Thus, orienting new graduate nurses should be rooted in evidence, like clinical practice. Reviewing existing literature to find effective orientation practices is one piece of the puzzle. Identifying best practices also comes from listening to new graduate nurses and their experiences.

Definitions

1. *Centralized orientation*-time period spent learning organization systems, mission, values, and policies as well as accrediting body and regulatory requirements (Coffey & White, 2019; Wright, 2021).
2. *Competence*- professional or specialty-specific skills, knowledge, and behaviors defined by an organization indicating a nurse's attainment of knowledge, evidence of job performance, and ability to provide safe care (Cantrell et al., 2022; Figueroa et al., 2018).
3. *Decentralized orientation*-duration of time spent learning on the nursing unit where a new graduate nurse was hired (Wright, 2021).

4. *Mentor*-an experienced professional who forms an intentional guiding and supporting relationship with a novice (Van Patten & Bartone, 2019). A mentor "offers advice, information, and guidance" (Kowalski, 2019, p.540).
5. *Mentorship*- "a mutually beneficial relationship between peers within an initial imbalance in knowledge, skills, and experience, involving socialization and shared learning which has a positive impact on the careers of both the mentor and mentee (Devey Burry et al., 2020, p.2898).
6. *New Graduate Nurse* – an individual who has matriculated from a prelicensure nursing program and successfully passed the NCLEX (Coventry & Russell, 2021).
7. *Nurse Residency*- an orientation program specific to new licensed registered nurses transitioning into professional practice, approximately 10-15 months in length, intending to promote necessary skills, including prioritization, delegation, and critical thinking (Asber, 2019; Eckerson, 2018).
8. *Nursing Professional Development Specialist*- nurse educator with advanced knowledge in adult learning theories, education, and professional development, who facilitates the education of nurses new to the profession or a practice environment (Swihart & Johnstone, 2010).
9. *Orientation* – formalized training of new graduate nurses that incorporates didactic and experiential learning taught by clinical educators, nurse practice development specialists, and preceptors (Joseph et al., 2022; Smith et al., 2022).
10. *Preceptor*-experienced professional nurse who works with new graduate nurses or nurses new to a work area to aid the orientee's clinical education (Van Patten & Bartone, 2019).

Summary

Chapter One presented the study overview and provided a background to the root causes of the nursing shortage. In addition, the problem statement, nurses leaving within their first year of employment, and the purpose statement, to obtain a greater understanding of the orientation experience, have been provided. Finally, operational definitions of recurrent words seen throughout the proposal are supplied to give context to the study.

CHAPTER TWO: LITERATURE REVIEW

Overview

Most of the research related to the new graduate orientation experience is quantitative in nature. Currently, limited research is available regarding new graduates' lived experiences during orientation. The qualitative research in existence focuses on outcomes from participation in nurse residency programs and changes in psychomotor, affective, and cognitive domains relative to job performance. More specifically, while research exists to quantify the efficacy of nurse residency and orientation programs, there is no qualitative research on the lived experiences of new graduate nurses' entire orientation experience. The identified gap supports the need for a hermeneutic phenomenological study presented in this proposal.

This chapter discusses the philosophical basis and the theoretical frameworks utilized for the qualitative phenomenological research study of discussion. In addition, the current literature related to orientation practices for new graduate nurses is also presented. The theoretical frameworks for the study are Knowles's Andrological Theory of Adult Learning, Herzberg's Motivation-Hygiene Theory, Kramer's Reality Shock Theory, and Benner's Novice to Expert Theory.

Current literature has also identified a knowledge practice gap in new graduate nurses. Collaboration between nursing academia and healthcare systems is one step in narrowing this gap. Orientation practices are inconsistent among healthcare systems leading to variable outcomes in retention, job satisfaction, perceived and actual competence of new graduate nurses, and patient outcomes. The duration of orientation for new graduate nurses can vary from weeks to months (Laflamme & Hyrkas, 2020). Most new graduate nurses are offered a transition to practice nurse residency program to help guide them through their first year. However, transition

to practice and nurse residency programs are not required and lack uniformity across the United States. Typically, new graduate nurses are paired with a preceptor as part of orientation. The role and function of preceptors differ for each orientation program, contributing to the variation of intended outcomes. In addition to discussing orientation, literature related to hindrances to new graduate nurse retention will be communicated.

Theoretical Framework

This body of knowledge is based on the philosophies of social and cognitive constructivism. Whether cognitive or social, constructivism is based on the idea that humans and their experiences build knowledge. Different approaches to construction occur through knowledge, reality, and learning (Ozdem-Yilmaz & Bilican, 2020).

Constructivism

Constructivism is a philosophy whereby "individuals construct truth, meaning, and reality" (Smith, 2020, p. 207). In constructivism, learners are active in their own learning. Constructivism is viewed from two perspectives: the nature of learning and the development of knowledge. Learning, to the constructivist is interactive, ever-changing and incorporates environmental factors. Learning is also a social process occurring alongside others including teachers and peers. With regards to knowledge acquisition, knowledge is built not passively transmitted. Acquisition of knowledge is subjective to each learner, whereby the learner assigns value and meaning to experiences and subsequently incorporates information into knowledge structures (Rannikmäe, et al., 2020).

Social Constructivism

As a philosophy, social constructivism has the potential to be akin to an individual’s view of concepts such as truth, reality, and the development of knowledge (Aburn et al., 2020).

Social constructivism was introduced in 1967 by Lev Vygotsky. It is "both a social and cultural model of learning" (Deulen, 2013, p. 91). Vygotsky focused on the importance of social interactions as well as the individual's culture as influences on learning (Deulen; Takayesu et al., 2021). Learning occurs within communities, for new graduate nurses, those communities are their work environments. Three zones exist as part of Vygostky's theory: the zone of potential development, the zone of actual development, and the zone of proximal development. The zone of potential development is where the learner should be or has the potential to be learning. In new graduate nursing orientation, this zone correlates to prescribed milestones the orientee is expected to achieve. The zone of actual development is where the learning is currently situated. The zone does not differentiate if the learner is ahead or delayed relative to his or her peers. Takayesu et al., 2021, adds that learners build new knowledge from existing knowledge, a process labeled as scaffolding with these zones.

The zone of proximal development is the third zone in Vygotsky's theory and the one that receives the most discussion in literature. The zone of proximal development is the space necessary to move a learner from the current zone of actual development into the zone of potential development (Deulen, 2013). This zone can also be viewed "as the distance between individual performance and assisted performance; understood and active knowledge; individual and societal activity" (Eun, 2017, p. 20). A key concept within the zone of proximal development is internalization, whereby the learner becomes more capable through the guidance and assistance of a more knowledgeable individual as stated by Eun. According to Deulen, learners in the zone of proximal developments are guided by teachers and capable peers, for example, preceptors, to develop problem-solving skills. As such, the learner internalizes the knowledge and builds upon it to progress to the next step in learning. Mediation, defined as

support and social interactions with others in the learning context, also contributes to learning (Eun, 2017).

The zone of proximal development is related to time and space. Learning occurs over time and is continuous. During orientation, new graduate nurses engage in prolepsis, defined as performance before competence. New graduate nurses perform tasks with assistance, prior to being deemed competent. The term functional loan coincides with prolepsis and describes the learner's practice of borrowing knowledge from an expert in order to perform skills they would not be able to do independently. The learning context, in the case of new graduate nurse, the work environment is critical for successful learning. The learning context encompasses social interactions with others, availability of information, communication, and participation (Eun, 2017). According to Deulen, instructors, and for new graduate nurses, preceptors ford the gap in the zone of proximal development for new graduate nurses by molding the social learning context. As such, preceptors can bring new graduate nurses from the actual zone of development into their potential zone of development.

Deulen (2013) posits that social constructivism aligns with the biblical method of learning within a community of believers. A community of believers work together, building and strengthening each other. Social constructivism delves deep into the operations of interaction among individuals and their interactions with particular contexts, in this case, providing nursing care in a large metropolitan teaching five hospital healthcare system (Creswell & Poth, 2018).

Cognitive Constructivism

Cognitive constructivism began with studying how children constructed knowledge while interacting with their environment. Interactions provide children with the ability to make mental models that change and increase in complexity as learning continues. The same tenet can be

applied to adult learners. An adult learns attains new knowledge by correlating it to previously held knowledge. Cognitive constructivism by definition then becomes “the mental process in knowledge is structured internally through experiences which are interpreted, analyzed, and synthesized” (Ozdem-Yilmaz & Bilican, 2020, p.179). Jerome Bruner, a leader in cognitive constructivism, believed that students should be supported to learn new things autonomously, which creates feelings of independence. The independence of the student is an indicator of effective teaching. Effective teaching should reduce feelings of failure in students. By minimizing feelings of failure, students are more willing to learn. Education should spiral upwards allowing students to scaffold and build new knowledge upon existing knowledge. Scaffolding of knowledge provides learners the opportunity to apply existing knowledge into new situations according to Ozdem-Yilmaz & Bilican.

In cognitive constructivism, learning is active, not passive. Learners participate in their environment as a way to attain knowledge. Within the context of cognitive constructivism, Bruner coined the term discovery learning. Discovery learning is a form of inquiry that occurs in problem solving situations (Ozdem-Yilmaz & Bilican, 2020). In much the same way, new graduate nursing orientation employs discovery learning. New graduate nurses utilize the knowledge attained in nursing school and interact with their environment, the nursing unit, to solve problems related to nursing care. Bruner notes that discovery does not embody finding new things or ideas unbeknownst to others. More so, discovery is identifying knowledge beneficial to the learner. Discovery learning also includes the learner taking responsibility for attaining knowledge and building high level thinking skills (Ozdem-Yilmaz & Bilican). For new graduate nurses, discovery learning translates into clinical judgment and critical thinking skills. Ozdem-Yilmaz & Bilican assert that discovery learning spotlights the process of learning not just the

outcome. One such process, failure, acknowledges that failure is not an endpoint. Instead, failure is a motivator for problem solving. Being curious, asking questions, seeking feedback, and collaborating with others all contribute to discovery learning.

Related Literature

Social constructivism provides the philosophical basis for the body of research. Related theoretical frameworks, Knowles's Andrological Theory of Adult Learning, Herzberg's Motivation-Hygiene Theory, Benner's Novice to Expert Theory, and Kramer's Reality Shock Theory are presented as three related theories that inform the extant body of knowledge. In addition to theoretical frameworks, literature related to the looming knowledge practice gap, centralized, and decentralized orientation, and competency assessment will be presented. Additionally, the impact of preceptors and nurse residency programs will be presented. Finally, roadblocks to new nurse graduate success will be discussed.

Knowles Andrological Theory of Adult Learning

Malcolm Knowles' Andrological Theory of Adult Learning has six assumptions. The first assumption is that adult learners need to know and understand why what they are being taught is relevant. Through learning, adults self-identify their gaps in knowledge. Knowledge gaps may be revealed through simulation or proctored assessments. Personal identity is associated with an adult's ability to acknowledge gaps in knowledge and place value on why learning is essential (Machynska & Boiko, 2020). The second assumption is that adults possess a self-concept and are capable of self-direction. Adult learners placed in required education may subconsciously need to escape because they did not choose the education for themselves. An example of education not chosen by individuals may include organizationally mandated annual safety training or job-specific in-services required for a particular position. In the third assumption, Knowles

acknowledges the value of life experiences in adult learning. Adult education techniques should incorporate experiences to make learning meaningful. Readiness to learn is the fourth assumption. Adult learners must be developmentally and situationally ready for learning to occur. In the fifth assumption, Knowles points out that adult learning should be life centered and relevant to the job and situations they are currently experiencing. The sixth and final assumption focuses on motivation. Adults are motivated by external factors such as promotions and wages and intrinsic factors like job satisfaction and quality of life (Knowles et al., 2005). Nursing orientation practices should embody Knowles' educational assumptions to ensure that learners needs are met.

Herzberg's Motivation-Hygiene Theory

To better understand retention and intent to leave, employers must be aware of two crucial factors: motivation and hygiene factors. Motivation factors are identified as aspects related to workplace satisfaction, including but not limited to achievement, recognition, and professional advancement. Employees are motivated by meaningful, challenging work that produces a sense of accomplishment. Hygiene factors encompass external conditions such as compensation, peer relationships, and workplace environment. Hygiene factors fall along a continuum of dissatisfaction. Conversely, motivations reside along a continuum of satisfaction. It is important to note that satisfaction and dissatisfaction are not the polar ends of the same continuum (Kurt, 2022).

Positive workplace environments have been correlated with decreased mortality rates and fewer incidents of missing nursing care (Labrague, 2022). In addition, nurse job satisfaction positively influences patients' perception of quality care (Lu et al., 2019).

Kramer's Reality Shock Theory

What is Reality Shock? Marlene Kramer's Reality Shock Theory was first published in 1974. Reality shock has three basic tenets. The first is that new graduate nurses must undergo role transformation since there are stark differences between the school and professional working environment. The second is that new graduate nurses are more likely to experience reality shock if they have not been adequately prepared for the differences between school and work. The final tenet is that role transformation depends upon the new graduate nurses' adaptive skills (Benner, 1974).

As a concept, shock is the combination of an individual's social, physical, and emotional reactions to an unexpected outcome in an unfamiliar event (Graf et al., 2019; Kramer, 1974). Regarding new graduate nurses, reality shock refers to the discord in values, beliefs, and ideas taught in nursing school when contrasted with those learned and experienced in the working world. Reality shock is a cyclic process with four phases: honeymoon, shock/rejection, recovery, and resolution (Kramer, 1974). In the honeymoon phase, new graduate nurses are positive, optimistic, and enthusiastic (Graf et al., 2019; Kramer, 1974; Wakefield, 2018). Relatively quickly, the honeymoon phase ends as the new graduate nurses are inundated with conflicts between knowledge from school and professional practice reality. Unfortunately, some graduate nurses never experience the honeymoon phase and begin their careers in the shock/rejection phase (Graf et al., 2019).

Kramer (1974) notes that during the shock/rejection phase, the new graduate nurse experiences a multitude of feelings, including fear, rejection, and mistrust. Maladaptive coping behavior such as self-doubt and rejection may also be observed. Rejection and self-doubt are manifested as feelings of failure and inability to do anything correctly. In the rejection phase,

nurses may also reject their education and discredit their nursing schools, complaining that the schools did not adequately prepare nurses to practice (Graf et al., 2019). Feeg et al. (2022) found the lack of preparation was echoed by nurses who graduated in 2021. New graduates who obsess over what they did not learn in school become distracted and are at risk of not learning from their experienced colleagues. During the shock/rejection phase, new graduate nurses also exhibit regression. Regression relates to a new graduate nurse's yen for the familiarity of nursing school, such as care plans, focusing on the past, and reaching out to previous instructors. When Kramer wrote her theory, she observed new graduate nurses manifest regression through what she identified as "school culture symbols" such as bath blankets or reading patient histories with no intent of implementation change (1974, p. 5). The whirlwind of negativity fueled by the new graduate nurse in the rejection phase can result in fatigue, physical illness, and struggles with depression (Kramer, 1974).

Recovery is the third phase. In recovery, new graduate nurses begin to accept the role of professional nurses and establish a sense of belonging in the workplace (Graf et al., 2019). While maladaptive behaviors are characterized by the shock/rejection phase, Kramer (1974) theorizes that a sense of humor is a healthy adaptive behavior necessary for the recovery phase. The new graduate nurse maintains ties to the familiarity of nursing school but becomes more open to the professional workplace and culture. New graduate nurses must commit to personal growth in the recovery phase to ensure they can meet their job expectations (Kramer, 1974).

In the fourth and final phase, resolution occurs. Resolution manifests itself differently for each nurse. New graduate nurses may continue to work in their current nursing unit, transfer to another nursing unit within the same hospital or healthcare system, leave the healthcare system for another position, or leave the nursing profession altogether (Graf et al., 2019; Wakefield,

2018). Understanding the existence of reality shock for new graduate nurses provides context to this research but does not seek to negate the lived experiences of the study participants.

Benner's Novice to Expert Theory

In 1982, Patricia Benner identified the complexity of nursing care and the need for continual professional development. Benner acknowledged that it is vital to differentiate between a novice nurse and an experienced, expert nurse to understand how nurses develop their skill set. Benner's Novice to Expert Theory is rooted in the Dreyfus Model of Skill Acquisition. The Dreyfus Model was originally developed to explore how chess players and pilots improve their skills. Benner found that the Dreyfus Model was applicable to nursing as a way to articulate the skill development of nurses through experience (Benner, 1982; Murray et al., 2019). In the Dreyfus Model and the Novice to Expert Theory, an individual progresses through five levels of mastery: novice, advanced beginner, competent, proficient, and expert (Benner, 1982).

According to Benner (1982), novices have no experience, specifically when required to perform specific tasks. The first tasks to be taught are collecting objective data such as measuring intake and output, obtaining a blood pressure, and checking a patient's pulse. As part of learning these tasks, novices are also taught associated rules. The associated rules lack context, while concurrently, the novice lacks experience. In essence, novices follow the rules related to assigned tasks without insight into importance or priority (Benner, 1982).

An advanced beginner has accrued some experience and can identify what Benner calls aspects. Aspects are situational components that recur and have meaning. While aspects can be delineated, they cannot always be measured objectively. At the level of advanced beginner, aspects all hold the same value. Differentiating aspects requires experience and exposure to specific situations (Benner, 2001). A lack of situational awareness exists as the advanced

beginner primarily focuses on the rules and is unable to set priorities or identify a significant change in patient condition (Benner, 1982; Murray et al., 2019b). A preceptor must guide the advanced beginner in setting priorities (Benner, 1982).

Upon completion of general nursing orientation, new graduate nurses are expected to have moved from the novice stage to working as advanced beginners. The transition is demonstrated by competency, but competency is defined differently between and even within organizations. New graduate nurses' ability to practice as novices or advanced beginners depends on their clinical experiences in nursing school (Laflamme & Hyrkas, 2020).

The third level in Benner's theory is competent. For Benner, a competent nurse has been practicing for two to three years and is able to set goals. Goal setting encompasses making plans for the present shift and identifying what aspects take the highest precedence in Benner's theory refers to a nurse's self-perception of skill mastery and a nurse who is still challenged by unforeseen events that can occur during a shift. Nurses at the competent level need continued support in planning and providing care for multiple patients with complex needs (Benner, 1982). Many nurses stay at the competent level beyond their second and third years of nursing, where they can manage their patients and develop routines. According to Benner, it is essential to note that competency is not the same competency referred to by Cantrell et al. (2022). Cantrell et al. describe competency as a set of professional skills that, when performed, indicates knowledge has been attained.

At the proficient level, a nurse is able to understand situations as whole events rather than be guided entirely by rule-based thinking. Working experience has enabled the proficient nurse to understand what is expected in a patient situation and how to adjust patient care to patient

status changes. Proficient nurses can prioritize patient care and have greater ease in decision-making (Benner, 1982).

In the final level, expert, the nurse is no longer reliant on rule-based thinking to inform decision-making. With vast experience, the expert nurse can make efficient decisions related to patient care without wasting undue time on unworkable solutions. The expert nurse functions from a place of intuition. At times, it can be difficult to objectively quantify what aspects contribute to a nurse's ability to know that a change in a patient's condition has occurred or how the most appropriate intervention is determined. Expert nursing is viewed as holistic. Benner also notes that experience is not simply measured in longevity; it is also the process of living and working through situations that create learning opportunities (Benner, 1982). Benner's Novice to Expert Theory is presented to provide understanding of the framework since it is frequently used in nursing orientation programs. The primary focus of Benner's theory will be novices and advanced beginners.

Closing the Knowledge-Practice Gap

Research supports the existence of a knowledge practice gap in new graduate nurses (Gregg, 2020; Monforto et al., 2020; Lalithabai et al., 2021). How and why does this gap exist? Healthcare systems are critical of academia, stating that new graduate nurses are unprepared to practice. Conversely, academia asserts that clinical environments have unrealistic expectations of new graduate nurses who are novices in their profession and still learning. One question remains, who is accountable for the knowledge practice gap? Nursing schools? Healthcare systems? Both? To add to the dilemma of determining accountability, a central meaning of practice readiness among new graduate nurses is elusive to nursing faculty and nursing leadership according to Shinners (2018).

The Healthcare Perspective

While healthcare systems assert that new graduate nurses are not prepared to enter practice, these same systems fail to produce evidence-based standards or measures to support their claims. One-third of nurse leaders are dissatisfied with new graduate nurses' abilities to provide safe and effective care (Chan & Burns, 2021). Sortedahl et al. (2020) surveyed nurse leaders and nurse educators to identify what behaviors they felt were important for new graduate nurses. Results of the survey indicate that nurse leaders place a high value on new graduate nurses' abilities to communicate with patients, visitors, and interdisciplinary team members, as well as critical thinking and clinical reasoning skills (Sortedahl et al., 2020). Frequently used words such as critical thinking and clinical reasoning need to have consistent agreed-upon operational definitions supported and utilized in both the academic and practice environments. Without mutually agreed-upon definitions and goals, nursing instructors struggle to prepare nursing students to meet the nebulous yet stringent expectations of employers of new graduate nurses (Huston et al., 2018).

The Academic Perspective

Success in nursing school is defined by passing the NCLEX-RN. However, as patient acuity increases and healthcare becomes more complex, nursing faculty are encouraged to look beyond pass rates in preparing nursing students to be registered nurses (Kavanagh & Szweda, 2017). Benner et al. (2010) called for a revision in nursing school curricula to reduce information overload and develop education focusing on patient experience. In addition, classroom and clinical education should work in tandem to build clinical reasoning in nursing students (Benner et al., 2010; Kavanagh & Szweda, 2017).

Nursing faculty are responsible for several nursing students during a clinical rotation, thus limiting learning opportunities and negatively impacting students' readiness to practice as nurses (Graf et al., 2020; Kavanagh & Szweda, 2017). When nursing students practice in the clinical setting, they may be assigned to one or two patients, most often those who are stable. The nursing responsibilities of dealing with families and communicating with providers are left to the primary nurse. As new graduate nurses enter practice they function as task-oriented novices according to Benner (1982). However, when these nursing students step into practice as new graduate nurses, they are expected to care for complex patients, including phone calls with families, interdisciplinary collaboration, and patient advocacy. Reality shock occurs when new graduate nurses encounter the totality of work related to patient care (Powers et al., 2019). Much of the reality shock new graduate nurses experience is rooted in their self-identified knowledge practice gap (Kramer, 1974; Rush et al., 2019). A lack of confidence in new graduate nurses was identified by Kramer in 1974. Now half a century later, the problem persists. The knowledge practice gap includes the need for time management, caring for multiple patients, the inability to deal with stress, and collaborating with an interdisciplinary team (Rush et al., 2019). "A collision of academic and practice values leads to poor job satisfaction, increased stress, decreased confidence, and higher turnover rates, which affects the retention of new nurses, creates financial burdens, and decreases safety" (Huston et al., 2018, p. 29).

Collaboration Between Academia and Healthcare Organizations

Academic service partnerships create an opportunity for nursing faculty and nurse clinicians to participate in nursing students' clinical education jointly. However, for academic service partnerships to be successful, high-level stakeholders from academia and the clinical environment must collaborate to determine objective goals that benefit all parties (Huston et al.,

2018; Feeg et al, 2022). Collaboration between nursing schools and healthcare organizations is essential in closing the decades-old knowledge practice gap. Academic and healthcare partnerships pool resources to reduce costs and promote retention (Rush et al., 2019). Academic service partnerships can potentially improve patient outcomes (Kavanagh & Szweda, 2017). The COVID-19 pandemic highlighted the need for nursing programs and healthcare systems to partner. The American Organization of Nursing Leadership ™ (AONL) released a policy brief in 2020 proposing healthcare systems partner with pre-licensure nursing programs. Due to high numbers of COVID-19, healthcare systems deemed exposure to be too great a risk for nursing students and suspended clinical rotations for nursing programs. While nursing programs grapple with how to educate their students, simultaneous pandemic surges put unrelenting pressure on an already exhausted workforce. Partnering with nursing programs would employ nursing faculty and student nurses in healthcare facilities to provide clinical experiences and compensation for students. Nursing faculty and nurse leaders would develop competencies that would meet the students' learning needs and their assigned work roles. AONL posits that an academic-practice model during a global event such as the COVID-19 pandemic is evidence that innovation continues to be a possibility (AONL, 2020).

Another form of collaboration between academic and healthcare organizations is the implementation of fellowships. For example, Gillet et al. (2022) discussed an oncology nurse fellowship program that partners nursing students with a comprehensive cancer center to prepare individuals for a career in oncology nursing. Fellowships provide mentoring and education while fostering professional development. During this oncology fellowship, nursing students participated in didactic learning sessions taught by the oncology nursing faculty, nursing staff at the cancer center, and oncology clinical nurse education specialists. According to Gillet, topics

include palliative care, best practices in oncology, management of patients receiving chemotherapy, and clinical research.

Nurse extern programs are another example of academic and healthcare collaboration. They were initially developed in the 1970s to aid in the transition from student to nurse. During the summer between their junior and senior years of nursing school, nursing students are hired to work as externs providing patient care alongside an assigned preceptor who is a registered nurse. The scope of nurse extern practice mirrors that of a nursing assistant. As such, nurse externs are not allowed to administer medications as they would in school. Despite this singular limitation, participants of extern programs benefit from clinical immersion experiences by gaining confidence and learning experientially without the stress associated with being in school or earning a grade in a course. An additional benefit of the extern program is the interactions with the interdisciplinary team. Homeyer e et al. (2018) noted that interdisciplinary and or interprofessional courses or experiences are limited in the current nursing curricula across the United States. Individuals who participated in extern programs also have an advantage over their peers when applying for positions after graduation for two primary reasons. One, the experience attained during the program enhances their credibility and two, participation in an extern program in some places provide the new graduate nurse the opportunity to apply for positions as an internal candidate (Ruth-Sahd et al., 2022; White et al., 2019). In addition, externships between the summer of junior and senior years of nursing school have been correlated with improved competence (Powers et al., 2019).

Nursing Education during the COVID-19 Pandemic

New graduate nurses leaving the profession early in their careers is not a recent phenomenon. However, mitigating factors to their departure were exacerbated by the COVID-19

pandemic. Nursing schools transitioned to virtual education to reduce potential student exposure and promote social distancing (Dale-Tam & Thompson, 2021; Roberts et al., 2022). Students lost access to the clinical setting and simulation centers, limiting their opportunities to practice psychomotor and affective skills (Gillett et al., 2022; Wittenburg et al., 2021). As a result, some nursing students had little or no in-person clinical before graduation (Bohnarczyk & Cadmus, 2022). Students with a substantial portion of their in-person clinical experiences replaced by simulation report higher stress levels than their peers with more patient-facing hours (Feeg et al., 2022).

Simulation

In lieu of patient-facing clinical experiences, nursing schools have turned to simulation as an alternative. Duprey and Dunker (2021) found that simulation of cardiac arrest using mega codes was beneficial to senior nursing students as they transitioned into practice. Students can practice high-risk, low-volume scenarios in a controlled environment, according to Duprey & Dunker. However, Ragsdale and Schuessler (2021) saw an improvement in communication and patient safety behaviors by senior nursing students through the use of simulation. Unfortunately, they did not find any enhancement in critical thinking.

Simulation is also used in nursing orientation to support new graduate nurses transitioning into nursing practice. As a form of experiential learning, simulation also assists in narrowing the knowledge practice gap (Chan & Burns, 2021; Miles, 2018; Roberts et al., 2022). Simulation using low, medium, and high-fidelity manikins allows learners to practice skills in a safe environment without fear of harming actual patients (Dale-Tam & Posner, 2018). New graduate nurses can engage in simulation to practice physical assessments, disease management, and interdisciplinary team communication (Pogue & O'Keefe, 2021). The benefits of simulation

include decreased anxiety related to the performance of skills, increased confidence, and expanded knowledge (Molloy et al., 2018). The utilization of simulation by new graduate nurses has been associated with improved patient outcomes (Lewis et al., 2019). Lesher et al. (2021) found that simulation and mentoring as part of a perinatal internship have been linked to improved retention of new graduate nurses.

For simulation to be effective, scenarios must be well designed with a prebriefing and debriefing. Prebriefing should be structured. The simulation lead should create a safe learning environment, engage the learner to temporarily suspend reality to fully engage in the scenario, and provide an overview of the scenario, including learning objectives and learner expectations. Prebriefing also includes orientation to the simulation technology and environment and opportunities to practice using the equipment (Penalo & Ozkara San, 2021; Tong et al., 2022). During the prebriefing session, participants are also provided with the assigned role and their associated descriptions (Dileone et al., 2020). Prebriefing sets the tone for the simulation and is instrumental in creating psychological safety for the participants. Creating psychological safety has been shown to decrease learner anxiety in the simulation environment and improve performance during simulation scenarios (Potter et al., 2022). Prebriefing is as crucial as debriefing and should not be omitted as part of a simulation sequence (Dileone et al., 2020).

Best practices for simulation recommend that the same person who conducted the prebriefing also conduct the debriefing (Potter et al., 2022). Debriefing is critical for learning in simulation; it has been touted as “the cornerstone of simulation” and “simulation’s most effective feature” (Johnston et al., 2018, p. 393). Journaling, video review, computerized feedback, facilitator-led, and group discussions are types of debriefing used in the simulation (Fegran et al., 2023; Johnston et al., 2018). Regardless of how the debriefing is conducted, it is imperative for

feedback and participant learning. According to Fegran et al., debriefing allows "deep learning to occur through reflection and feedback" (p. 1218). During debriefing, participants reflect on their actions and the thought processes leading up to their actions (Potter et al., 2022).

General Nursing Orientation/Centralized Orientation

General nursing orientation begins with a centralized orientation, where new graduate nurses are introduced to their employer's mission, values, policies, and organizational structure (Wright, 2021). Unfortunately, as healthcare increases in complexity and innovation, orientation programs have not followed suit. In fact, research has indicated that orientation practices have remained static for nearly six decades (Torres et al., 2022).

The continued nursing shortage has forced healthcare organizations to find unique and creative ways to train and retain professional nurses. According to Lalithabai et al. (2021), the evaluation of a revised orientation program "revealed that the orientation program had a significant impact on nurse competence. This is consistent with previous reports which reveal that orientation programs have a positive effect on nurse competence" (p.186). However, nurse competence and evaluation of competencies are confusing concepts due to an inability to define the terms succinctly (Smith, 2012). Benner posits that competence is the ability to perform skills and tasks while integrating knowledge attained over time (Benner, 1982). The definition of competence varies among nurse leaders, nurse educators, experienced nurses, new graduate nurses, and even patients (Charette et al., 2020). Patients define nurse competence differently than healthcare providers. Another caveat is that perceived competence is different from practical competence. Competence encompasses skill, knowledge, and capacity. Nursing competencies include integrating knowledge into practice, applying experience, thinking critically, creating a caring relationship, and communicating well. As a result of competence,

nurses have confidence, practice safely, and provide holistic care (Smith, 2012). New graduate nurses who view themselves as needing more clinical competence relative to professional knowledge display more significant difficulties in taking on the professional nurse role, assimilating to their work area, and reporting lower levels of professional satisfaction (Ulupinar & Aydogan, 2021).

There is currently no agreed-upon length of time for nursing orientation. “Educational support frameworks in nursing are inconsistent and vary in duration, structure, program components, rotations, financial support, and content (Innes & Calleja, 2018, p.62). Orientation periods can vary from one week to six months, with no evidence supporting the optimal time for new graduate nurses to be in orientation (Innes & Calleja, 2018; Laflamme & Hyrkas, 2020). Individuals with extended orientations reported greater satisfaction and a smoother transition into the professional role (Laflamme & Hyrkas, 2020; Rush et al., 2019). Orientees who are satisfied with their orientation also report professional satisfaction, which may be correlated to retention (Innes & Calleja, 2018).

Orientation Practices

The COVID-19 pandemic dramatically changed onboarding for new graduate nurses. Orientation that was historically delivered face-to-face transitioned to electronic learning management systems and virtual meeting platforms. For some new graduate nurses, virtual learning during orientation was very familiar due to COVID disrupting their nursing programs. Other teaching modalities used in orientation besides traditional classroom lectures include gaming, simulation, role-play, and hands-on practice (Laflamme & Hyrkas, 2020; Rush et al., 2019; Woolwine et al., 2019). Smith et al. (2022) devised a hybrid general nursing orientation program that utilized self-guided computer modules to support auditory and visual learners.

While online modules would appear to be passive learning and not align with andragogy, the research team created a crosswalk of previous learning activities to activities implemented during the pandemic to ensure that at least one of the six adult learning principles was included. Upon completion of the remote learning, newly hired nurses came on-site to perform a return demonstration of selected skills, according to Smith et al. According to Lee et al. (2019), better learning methods exist other than online modules for new graduate nurses. Healthcare organizations must consistently deliver quality orientation to promote retention (Innes & Calleja, 2018; Laflamme & Hyrkas, 2020).

Assessing Clinical Judgment and Clinical Reasoning

Often new nurses lack the ability to discern when their patients are in decline. Clinical reasoning is a focus in prelicensure programs, but new graduate nurses do not always have to experience to identify critical changes in their patients' conditions (Powers et al., 2019). Assessment of a nurse's clinical judgment is more complex than evaluating psychomotor skills on a competency checklist. New graduate nurses are often deficient in their clinical reasoning skills according to Kavanagh & Swzeda (2017). One tool that can be used to assess clinical reasoning is the Lasater Clinical Judgement Rubric (LCJR). While initially developed for nursing students, the Lasater Clinical Judgement Rubric has value in hospital orientation (Lasater et al., 2015; Lee, 2021). Scores on the Lasater Clinical Judgment Rubric provide preceptors and nurse educators valuable information on knowledge gaps the individual new graduate nurse possesses. In addition, the rubric informs nurse educators who then can develop orientation plans specific to the new graduate nurses' learning needs and styles and identified deficits. For example, a new graduate nurse is struggling with a specific psychomotor skill, such as maintaining sterile technique, or an affective skill, such as interdisciplinary communication. In

that case, a nurse educator can use information from LCJR to revise an orientee's plan and incorporate additional learning opportunities. (Lasater et al., 2015; Laflamme & Hyrkas, 2020). Research has also shown that LCJR administered before hiring can indicate fit for the position or identify the need for extended orientation (Laflamme & Hyrkas, 2020).

Ambiguity

New graduate nurses, preceptors, and nurse leaders often need clarification regarding the goals of orientation and the expected outcomes. It has been my experience that orientees, preceptors, and nurse leaders have differing expectations of orientation. New graduate nurses expect to be practicing at an expert level upon completion of orientation. When this does not occur, new graduate nurses become frustrated. Preceptors are aware that new graduate nurses are novices and are still new to clinical practice. Considering staffing shortages, nurse leaders often push orientees and preceptors to end orientation early. According to Laflamme & Hyrkas (2020), "goals of orientation can often be unclear to new graduate nurses, and along the same lines, there can be ambiguity among healthcare leaders regarding expectations, the objectives of orientation, and how to evaluate them (p. 200). There are currently no evidence-based best practices for new graduate nurse orientation, as stated by Laflamme & Hyrkas.

Evaluating Competency

Evaluation of competency, specifically the competency of new graduate nurses, has been a topic of interest since Benner's Novice to Expert Theory was published in 1982. Inconsistencies exist in literature regarding how to define competence and how to evaluate it (Charette et al., 2020). According to Charette et al., additional discrepancies in the literature are present related to the level of competence observed in new graduate nurses. In their systematic review, Charette et al found that research continues to report acceptable levels of competence

among new graduate nurses while conflicting data disputes their preparation for practice (2020). Of note, inconsistencies may be correlated to the instruments used to assess competence. Charette et al found that many instruments lacked reliability and validity in measuring competence (2020). Rush et al., (2019) conducted an integrative review of formal new graduate nurse residency and transition to practice programs. Competence was a topic of interest in their review as well. Studies reported using standardized tools but noted that self-evaluation was a potential limitation. In both reviews, regardless of the assessment tool, competence in new graduate nurses improved over time (Rush et al., Charette et al., 2020). Charette et al. also identified variability in the definition of competence, as researchers have used the terms competence, competency, and clinical competency interchangeably.

Competency-Based Checklists

Many orientation programs utilize competency-based checklists to document the progression of newly hired nurses. Checklists tend to consist of skills and tasks to be performed by the new graduate nurse in front of a preceptor (Gregg, 2020; Song & McCreary, 2020). However, completing checklists does not directly translate to competent patient care (Laflamme & Hyrkas, 2020). Many competency-based checklists focus solely on the psychomotor learning domain. Competency checklists do not replace the need to develop clinical judgment, reasoning, and interpersonal skills (Powers et al., 2019; Wright, 2021). Charette et al. (2020) noted subjectivity in evaluating competency when competency was self-assessed by new graduate nurses or by nurse preceptors and nursing leadership. Song & McCreary found that new graduate nurses possess the basic knowledge and skills needed for safe entry-level practice but needed continued support to develop critical thinking, professionalism, and communication skills. Subjectivity was also a concern for Song & McCreary since new graduate nurses performed self-

assessments of their skills. They recommend that rubrics be developed and implemented so that can be used by preceptors and nurse managers to assess skills in all domains (Song & McCreary, 2020).

Furthermore, a multitude of evaluation tools exists to evaluate competency (Charette et al., 2020). Items on competency checklists are often chosen by nursing leadership and may not be relevant to all nurses (Figueroa et al., 2018). For example, competencies may be selected to provide education related to a sentinel event or unfavorable data (Wright, 2021). Wright suggests that nurses should select competencies at the unit level since they know their practice best.

Additionally, checklists do not delineate how to evaluate new graduate nurses (Zatko et al., 2021). It is important to note that self-assessments by new graduate nurses are subjective and potentially biased, according to Charette et al., 2020. However, in their research, Charette et al. emphasized the variability of new graduate nurses between preceptors and nurse leaders in their assessments of competence. It is crucial to educate any nurse evaluator on how to use the tool and on the value and importance of clinical judgment. Charette et al. also emphasized the importance of assessing competence at multiple data points and in varied contexts (Innes & Calleja, 2018).

Coaching plans with a rubric were found to be valuable in assessing learning and competency in new graduate nurses according to Boyer et al. (2022). The coaching plans are prescriptive in guiding both the preceptor and the new graduate nurse. Within the plans, the preceptor and orientee can find strategies to promote and support professional development that include specific goals and behavioral expectations. Performance criteria evaluate nursing practice from the lens of patient care instead of focusing on task-based skill completion. With

predetermined criteria, coaching plans helped reduce discrepancies among preceptors when evaluating the success and performance of new graduate nurses according to Boyer et al.

Unit-Specific Orientation/Decentralized Orientation

Once a new graduate nurse has completed general nursing orientation, unit-specific orientation begins. Typically, unit-specific orientation includes being paired with a preceptor to work side by side or share a patient assignment. In addition to working with a preceptor, new graduate nurses also attend didactic classes to supplement their learning on the nursing unit. At the outset, the orientee may take up to 50% of the assignment and provide all necessary care under the preceptor's guidance. On an adult medical surgical floor, a new graduate nurse may start with one to three patients. In the critical care setting, a new graduate nurse may only have one patient. The preceptor is also responsible for the other patients within the assignment shared with the orientee (Cantrell et al., 2018; Piccinini et al., 2018; Torres et al., 2022). As the orientee shows increased competence and confidence, more patients and responsibilities are assigned to the orientee. The terminal goal for the orientee is to demonstrate the ability to provide safe care to a complete patient assignment before the designated orientation period ends. Upon completion of the prescribed preceptorship period, it is expected that the new graduate nurse will exhibit behaviors indicative of the capacity and competence to care for an increasing number and/or high acuity of patients. Laflamme and Hyrkas (2020) noted in their scoping review that by the end of orientation, the new graduate nurse could potentially be designated as an advanced beginner, no longer a novice.

An alternative to the patient-layered approach as previously described is the task-layered approach. Also known as tiered skills acquisition model (TSAM), task layered orientation was first published in 2018. TSAM was the orientation design implemented on eight nursing units at

teaching hospital. Evaluations of the initial TSAM intervention were positive. Specifically, charge nurses of participating units described the new graduate nurses as more confident and prepared to practice independently. The emphasis is on layering specific patient duties, rather than focusing on all of the care for a specific number of patients. In the task-layered orientation approach, the orientee demonstrates competency in specific tasks, such as completing a physical assessment with appropriate documentation before an additional responsibility, a layer, such as medication administration, is added (Cantrell et al., 2022). In both models, the intent is for the new graduate nurse to progress through orientation, expanding their nursing knowledge, honing their skills in all domains, and demonstrating competence (Torres et al., 2022; Wright, 2021).

Nurse Residency Programs (NRP)

Since 2002, nurse residency programs have been identified as a best practice for new graduate nurses as part of their nursing orientation (Urban & Brandenburg, 2022; White et al., 2021). In 2011, the Institute of Medicine pressed for the development of transition-to-practice programs (TTP) but offered little guidance (Boswell & Sanchez, 2020; Chant & Westendorf, 2019). In 2018, the Academy of Nursing made a recommendation that all new graduate nurses participate in an accredited nurse residency program (Goode et al). As a result, the National Council of State Boards of Nursing created a standardized transition-to-practice model according to Boswell & Sanchez. In developing the program, two significant hurdles for new graduate nurses were recognized: reality shock and transition shock. This finding is consistent with other research studies that seek to elucidate the reasons new graduate nurses leave the profession (Boswell & Sanchez, 2020). The intent of any program, regardless of the title, is to support new graduate nurses as they transition into practice. (Boswell & Sanchez, 2020). Unfortunately,

healthcare systems are not required to provide new graduate nurses with a residency program (Urban & Brandenburg, 2022).

More consistency is necessary among nurse residency programs. White et al. (2021) noted that since the appearance of nurse residency programs in the 1990s, little work has been done to standardize program content, design, learner evaluation, and structure. Individual healthcare systems developed their own nurse residency programs, while others used validated programs. (Chant & Westendorf, 2019; Feeg et al., 2022; Williams et al., 2018). Specifically, Chant and Westendorf noted inconsistencies among programs related to theoretical framework, design, evaluation, and anticipated outcomes (2019). In 2008, Commission on Collegiate Nursing Education (CCNE) began the process of accrediting the transition to practice and nurse residency programs. In their systematic review, Edwards et al. (2015) found that support for new graduate nurses through transition programs such as nurse residencies and unit orientation was far more critical than the program itself. Regardless of the format, programs that invest time and energy into new graduate nurses have been shown to improve job satisfaction and retention, according to Edwards. As part of the literature review, specific nurse residency programs will be discussed.

Successful nurse residency programs are well structured, developed using a theoretical framework with defined goals and outcomes. Key components to nurse residency program success are knowledgeable preceptors, committed mentors, and incorporation of didactics to complement the clinical immersion experience. The clinical immersion experience is the time spent with a preceptor on a nursing unit (Chant & Westendorf, 2019). In addition, most nurse residency programs consist of a resource person, such as a preceptor, mentoring, peer support, and education outside of unit-specific orientation (Reebals et al., 2022; Rush et al., 2019). Nurse

residency programs serve to support new graduate nurses in the critical first year of work as they transition into the professional role, promote socialization, strengthen their confidence, and improve clinical reasoning (Laflamme &Hyrkas, 2020; Rush et al., 2019; Van Patten & Bartone, 2019; Williams et al., 2018). The benefits of socialization with other new nurses in a nurse residency program are sharing their work experiences and talking in a safe space which provides moral support and aids in developing peer relationships outside the nurses' work area (Rush et al., 2019). Other positive contributions of nurse residency programs include improved quality and safety with subsequent improvement in patient outcomes (Goode et al., 2018).

In their integrative review, Rush et al. (2019) found that nurse residency programs (NRP) correlated to an 88% retention rate. Other studies have shown that implementation of NRPs have correlated to decreased turnover and retention rates exceeding 90% (Eckerson, 2018; Goode et al., 2018; Knighten, 2022; Reebals et al., 2022). Nurse residency programs have also been shown to improve job satisfaction (Eckerson, 2018; Goode et al., 2018). According to White et al. (2021), "the most reliable evidence from the literature shows three main benefits of residency programs for new graduate nurses: enhanced critical thinking skills, increased competence, and improved organizational retention (p.530). However, nurse residency programs do not ameliorate the elevated stress levels experienced by new graduate nurses, especially for individuals working in complex hospital systems (Feeg et al., 2022). Ackerson and Stiles (2018) found that nurse residency programs did aid in retaining nurses during their first year but not during their second year. The change during the second year may be related to nurses no longer being in a structured and protected program (Ackerson & Stiles, 2018).

Just as the COVID-19 pandemic impacted nursing education, nurse residency programs suffered too. Some programs required reformatting to transition to virtual platforms while other

programs were temporarily suspended due to staffing shortages and patient surges related to the pandemic. Essentially, there were no educators available (Feeg et al., 2022). The suspension of residency programs and the furloughs of the program directors were a cause for concern for leaders of the American Nurses Credentialing Center Practice (ANCC) Transition Accreditation Program ® (PTAP). Significant alterations to the PTAP program made by healthcare systems did not align with PTAP guidelines. As a result, the ANCC PTAP requested a status report from the 156 accredited programs to evaluate current practices. Changes to PTAP by accredited programs during the pandemic included the utilization of online platforms to deliver didactic education and increased rounding on new graduate nurses. As a downside, PTAP also found that some programs had halted hiring for upcoming cohorts of new graduate nurses (Shinners & Cosme, 2020).

American Nurses Credentialing Center Practice Transition Accreditation Program® (ANCC PTAP®)

The ANCC PTAP® is the only program as of 2021 that developed and implemented a conceptual model as a basis for program requirements. Benner's Novice to Expert theory serves as the theoretical framework for the PTAP® program (White et al., 2021). The conceptual model has five domains: "program leadership, quality outcomes, organizational enculturation, development and design, and practice-based learning" (White et al., 2021, p. 527).

Versant New Graduate Nurse Residency™ Program

In 1999, Versant created the first nurse residency programs in Los Angeles, California, using Benner's Novice to Expert theory of Skill Acquisition as its theoretical framework (Ackerson & Stiles, 2018; Shinners et al., 2018; Van Camp & Chappy, 2017). The Versant model includes didactic education, preceptors, mentors, and debriefing (Van Camp & Chappy,

2017; Shinners et al., 2018). Similar to other programs, the goals of the Versant Nurse Residency Program include aiding new graduate nurse transition, improving confidence and competence, and increasing retention (Shinners et al., 2018). The Versant New Graduate Nurse Residency Program is an outcome-focused, competency-driven, evidence-based program used to orient new graduate nurses (Baldwin et al., 2021). The Versant New Graduate Residency program uses performance gap analysis to identify growth and learning opportunities for new graduate nurses before competency validation (Knighten, 2022). In 2015, Versant added the POSE (patient safety, organizational capacity, sustainability, and economic benefit) conceptual framework to guide research of connections between program metrics and goals and prerogatives affecting transition. Patient safety is paramount in Versant's program. The topic of patient safety is woven into all aspects of didactic education and new graduate competencies.

The one-year program is composed of two phases: immersion and post-immersion/support. New graduate nurses are assigned preceptors for their first three months of orientation as part of the immersion component (Shinners et al., 2018). The immersion stage is directed at improving competence (Goode et al., 2018). Versant supports the married state precepting model, where the preceptor and preceptee work in tandem to provide care in the patient assignment. Post-immersion and supportive components include mentoring and debriefing, often with the same individuals who served as preceptors. Just as in simulation, debriefing creates a safe space for new graduate nurses to reflect on events and experiences and share their feelings as a way to manage stress and promote self-care. Versant measures turnover and turnover intent every year for up to five years for each cohort (Goode et al., 2018; Shinners et al., 2018). The Versant model reports a higher retention rate of new graduate nurses when compared to programs without a theoretical framework, such as those developed by healthcare

systems. Current turnover rates for the Versant New Graduate Residency are 4.9% at year one and 14% at year two (Ackerson & Stiles, 2018). Consistent with Ackerson and Stile, Shinners et al. (2021) found that implementing nurse residency programs can help decrease turnover over time.

Vizient/American Association of Colleges of Nursing (AACN) Nurse Residency Program™

The Vizient Nurse Residency Program requires healthcare systems and partner with an academic school of nursing as a condition of participation (Goode et al., 2018; Knighten, 2022). New graduate nurses work with preceptors as in other residency programs. In addition, new graduate nurses attend monthly seminars and work in small groups. All participants in the Vizient Residency Program must complete a formal poster presentation of an evidence-based project (Goode et al., 2018). The Vizient program reports a 95% retention rate at year one. The Vizient/AACN NRP touts many benefits, including but not limited to increased competence and confidence, decreased turnover, improved patient safety, and increased implementation of evidence-based practices (Knighten, 2022).

Transition to Practice (TTP) Model

As defined by the National Council of State Boards of Nursing (NCSBN), transition-to-practice programs are formal programs of active learning that include a series of educational sessions and work experiences for newly licensed RNs (Huston et al., 2018, p. 31). Transition to Practice (TTP) programs typically include orientation, time collaborating with a preceptor, and education sessions. Time spent in workshops and topics of education varies among sites. TTP programs intend to develop competence, confidence, and skills (Weller-Newton et al., 2022).

University Health System Consortium/American Association of Colleges of Nursing (UHC/AACN) Model

The University Health Consortium/American Association of Colleges of Nursing (UHC/AACN) uses Benner's Novice to Expert as the theoretical framework for the nurse residency program and adheres to the AACN Essentials of Baccalaureate Education for Professional Nursing Practice (Ackerson & Stiles, 2018; Van Camp & Chappy, 2017). The UHC/AACN model was initially developed as a collaboration between baccalaureate nursing academia and healthcare systems. Participating hospitals and healthcare systems are required to have a nursing faculty member on staff to support the new graduate nurses in their transition (Maxwell, 2011; Van Camp & Chappy, 2017). New graduate nurses must commit one year to the program and the hiring organization (Van Camp & Chappy, 2017).

The UHC/AACN Model has two phases, as with the Versant Model. Each phase is six months long. New graduate nurses participate in simulations and monthly seminars lasting six to eight hours in addition to working with a preceptor and having a mentor (Maxwell, 2011; Van Camp & Chappy, 2017). Competencies are focused on leadership, improving patient outcomes, developing the professional role, critical thinking, and implementing evidence-based practices. Developing critical thinking skills is the primary goal of the UHC/AACN model.

Preceptors

"Preceptors set the tone for the success of new graduate nurses" (Feeg et al., 2022, p.15). The preceptor's role is integral to the newly hired professional nurse's growth, success, and ongoing retention (Bodine, 2020; Bohnarczyk & Cadmus, 2020). Feeg et al., 2022; Hale, 2018; Piccinini et al., 2018; Powers et al., 2019). Preceptor is the most common title for a resource person assigned to a new graduate nurse. Preceptors function in various roles, including teacher, socializer, mentor, coach, guide, advocate, and protector (Fordham, 2021; Shinners et al., 2018). Preceptors guide new graduate nurses or new to the work area in a formal teaching-learning

relationship (Joseph et al., 2022). Preceptors also help to bridge the knowledge practice gap in new graduate nurses. They are critical to upholding patient safety as the new graduate nurse builds clinical knowledge and experience. (Powers et al., 2019). Powers et al. found that preceptors who used reflection and debriefings as teaching tools aided in the development of new graduate clinical reasoning. A significant positive correlation has been found between preceptor support and job satisfaction (Joseph et al., 2022). Through their research, Lindfors et al. (2018) found that experiential learning with a preceptor was a highly effective way to orient and retain new graduate nurses. Mitigating stress and anxiety for orientees is an additional benefit of appropriately trained preceptors (Reebals et al., 2022).

Teachers

Precepting is a teaching learning method used to train new graduate nurses (Miller et al., 2017). In the teaching role, a preceptor can assist the new graduate nurse in making connections between theory and practice. Knowledgeable preceptors understand the everyone learns differently. As such, they employ creative teaching strategies to meet individualized learning needs of new graduate nurses (Blevins, 2022). Preceptors are a resource for the new graduate nurse who can share knowledge, provide support, and give guidance (Innes & Calleja, 2018). Unfortunately, new graduate nurses become frustrated when they have preceptors who do not have time to teach (Çamveren et al., 2020).

Mentors

New graduate nurses transitioning into practice need mentoring (Feeg et al., 2022). However, what does it mean to be a mentor? How is a mentor different from a teacher? Mentoring dates back to Greek mythology, when the goddess Minerva disguised herself as Mentor, an advisor to Ulysses' son Telemachus (Shore, 2005). According to Shore, a mentoring

relationship exists when one individual learns from another individual about specific behaviors related to a role or profession. The mentor is very intentional and proscriptive in the advice to the mentee.

Additionally, a mentor creates opportunities for the mentee to practice the learned behaviors and customs and promote the mentee's success, as stated by Shore. Mentors serve to close the knowledge practice gap, guide new graduate nurses, and promote knowledge (Feeg et al., 2022). They can also provide advice and guidance (Kowalski, 2019). Mentoring is intended to be a helping supportive relationship (Feeg et al., 2022; Williams et al., 2018). Mentees flourish in environments where they feel valued, and the focus is on positive reinforcement. Mentors should be adept in building relationships and knowledgeable of adult learning theories and emotional intelligence (Kowalski, 2019).

Mentoring can be one-to-one or in a group. Programs vary in selection; some new nurses select their mentors, while others match mentors to new nurses (Hale, 2018; Williams et al., 2018). Devey Burry et al. (2020) acknowledged that the lack of transparency in pairing mentors and mentees was an opportunity for improvement. New graduate nurses and mentors felt they needed more input into the decision-making of pairing preceptors. Most felt that mentor/mentee pairing was more luck than anything else, as described by Devey Burry et al.

Preceptors can also serve as mentors once the prescribed orientation period has ended (Chant & Westendorf, 2019; Hale, 2018). Mentorship of six to nine months beyond the initial orientation period has been shown to be beneficial to maximizing the new nurse's transition. Mentors also serve as models of professionalism, providing structure and support to new graduate nurses as stated by Chant & Westendorf. Furthermore, mentorship can aid in socialization, retention, and competency development (Feeg et al., 2022: Innes & Calleja, 2018;

Rush et al., 2019; Williams et al., 2018). In addition, having a mentor can aid the orientee in personal and professional development, increase knowledge, and elevate confidence (Chant & Westendorf, 2019; Feeg et al., 2022; Van Patten & Bartone, 2019).

Factors Impacting Mentoring. The mentoring experience can be influenced by the time the mentor and mentee(s) spend together, the frequency of interactions, and the perceived benefit to each. New graduate nurses who did not frequently meet with their mentors reported a higher turnover intent (Williams et al., 2018). Williams et al. found that mentoring supported new graduate nurses in transitioning to practice, professional development, and stress management. However, they did not alter the new graduate nurses' level of comfort as a nurse. Scheduling can be an obstacle to the mentoring relationship. Individual mentoring has been correlated with aiding in transition, but it is not cost-effective, according to Williams et al.

A Mentor Does Not Have to Be a Nurse. A deep seeded connection is the root of an effective mentor/mentee relationship between the two individuals. This connection fosters trust, honesty, and safety for both people to be authentic. Essential components of a mentoring relationship are support, reflection, helping, and teaching. "It can be said that a mentor's overall role is to nurture the mentee in a way that supports them to become whatever they aspire to be" (Thompson, 2019, p. 14).

Socializers

Another role preceptors have is socialization, aiding the new graduate nurse in socializing to the role of the professional nurse and the work environment, also known as organizational socialization (Devey Burry et al., 2020; Innes & Calleja, 2018; Laflamme & Hyrkas, 2020; Powers et al., 2022; Rush et al., 2019). The preceptor's relationship with the new graduate nurse is crucial to successful socialization in an organization (L'Ecuyer et al., 2018).

Socializing as a professional nurse includes taking on the values, norms, and culture of the nursing profession and learning behaviors that may or may not be consistent with evidence-based practice (Devey Burry et al., 2020; Hunter & Cook, 2018). A hidden curriculum is operationally defined as influencing powers within the organization and culture that depict behavioral norms. A hidden curriculum may be incongruent with the deemed explicit curriculum related to best practices. However, knowledge attained within the hidden curriculum carries the same weight for a new graduate nurse as the formalized orientation curriculum (Hunter & Cook, 2018).

Organizational socialization is the practice of teaching new graduate nurses job-specific skills, attaining an understanding of the organizational structure, and creating a network of support. Positive effects of organizational socialization include increased job satisfaction, increased commitment to the organization, and higher levels of intent to stay (Devey Burry et al., 2020). Hunter and Cook (2018) noted that some new graduate nurses felt their transition into practice was akin to being in the wilderness and learning whom to trust. Socialization is a powerful influence on a new graduate nurse, aiding confidence, and competence in communication with the interdisciplinary team—other factors impacting socialization include workplace environment and peer relationships (Innes & Calleja, 2018).

Not Every Nurse Is a Preceptor

It is important to note that not all nurses are effective preceptors (Barrett, 2020). Many nurses are excellent clinicians but ineffective teachers (Hardacker et al., 2022; Powers et al., 2019). Negative attitudes of preceptors toward new graduate nurses can create feelings of inferiority (Cadmus & Wurmser, 2019). Preceptors can impact the quality of care delivered by new graduate nurses as well as their intent to stay in their current position (Feeg et al., 2022).

Laflamme and Hyrkas (2020) found that in one study with new nurses, the nurses felt that the preceptors slowed a new hire's progress through orientation rather than further it. New graduate nurses reported to Baldwin et al. (2021) that having impatient preceptors or preceptors with unrealistic expectations made orientation difficult. Working with a nurse not suited for precepting is a dissatisfier for new graduate nurses (Çamveren et al., 2020).

Precepting Models

Preceptorships can take on different forms. One hospital system utilized Benner's Novice to Expert theory to guide the pairing of preceptors with new graduate nurses. At the beginning of orientation, a new graduate nurse is paired with a proficient nurse with six months to 2 years of professional experience. After six weeks, the new graduate nurse receives a new preceptor, deemed competent, according to Benner, with two to five years as a nurse. The final orientation stage is spent with an expert, a nurse with five or more years of clinical experience. The intent of having multiple preceptors engages the new nurse with peers at varying levels of clinical competence. A proficient nurse is close to being a new graduate nurse and can relate to the experiences of the new graduate nurse. Nurses at the proficient level can articulate the "what" behind the "why" and think aloud (Bodine, 2020). Bohnarczyk & Cadmus (2022) found that the precepting model of transitioning new graduate nurses from one preceptor to another was not always smooth. The responsibility of precepting fell to the healthcare team members rather than maintaining the traditional one-to-one dyad, as stated by Bohnarczyk & Cadmus.

Due to staffing, some new nurses have several preceptors. Some welcome the variety of exposure to how different nurses practice, while others feel tossed about with no direction (Rush et al., 2019; Torres et al., 2022). Chant and Westendorf (2019) found that many new graduate

nurses prefer to have the same individual as their preceptor to aid in building relationships and developing skills.

According to Alonso et al. (2020), preceptors can be considered dependent or autonomous in their approach to assisting the new graduate nurse. As a dependent helper, the preceptor concentrates on efficiency. As such, the preceptor solves problems for the orientee, limiting the new graduate nurse's development of critical thinking. Conversely, the autonomous help giver as a preceptor guides the new graduate nurse to foster decision-making capacity. The role of an autonomous help giver is intentional, requiring more time and attention on the part of a preceptor. As a result of autonomous help-giver precepting, new graduate nurses are more competent and confident. Alonso et al. also found that the role of autonomous help giver has been associated with positive impressions of preceptor/orientee partnership and the perceived psychological safety of the new graduate nurse.

The preceptor and the new graduate nurse share a patient assignment in the traditional preceptor model. However, as new graduate nurses increase competence and confidence, they take on more responsibilities and patients. While the preceptor is always available, the new graduate nurse may need help to visualize or experience the preceptor’s critical thinking and decision-making processes. This may not occur because each provides care for separate patients in the same assignment (Shinners et al., 2018).

The married preceptor model pairs one preceptor with one new graduate nurse. In optimal situations, dyads are created based on personality and teaching/learning preferences. Both nurses provide care for all patients in an assignment. At the outset, the preceptor leads patient care and gradually increases the responsibilities of the new graduate nurse. In addition to providing safe patient care, the married preceptor model allows the preceptor and the orientee to review

policies, practice prioritization, develop time management skills, and validate competencies (Shinners et al., 2018).

A key component of precepting is communication. Coaching guides with directions, goal statements, policies, and performance criteria help guide a new graduate nurse's orientation. In addition, weekly meetings between the new graduate nurse and the preceptor away from patient care to reflect on progress and set goals are critical for the orientee to make progress (Boyer et al., 2018).

Preceptor Preparation

Training for preceptors varies among organizations ranging from hours to days, online modules to in-person training (Fordham, 2021; L'Ecuyer et al., 2018; Rush et al., 2019). No mandates state that preceptors must have any education (L'Ecuyer et al., 2022). Likewise, there is no standard practice for selecting preceptors (Bohnarczyk & Cadmus, 2020; Fordham, 2021). Preceptors should be adequately trained in adult learning theories and be aware of potential behavioral or attitudinal changes in their orientee, such as low self-esteem, evidence of reality shock, and role ambiguity (Innes & Calleja, 2018; Piccinini et al., 2018; Powers et al., 2019). When asked to evaluate their own competencies, preceptors acknowledge the need to understand different learning styles and individual personalities. Additionally, preceptors endorse the necessity of patience, flexibility, approachability, and positivity to be effective in their role (L'Ecuyer et al., 2022).

Preceptors desire more training to better prepare new graduate nurses, especially in the areas of clinical judgment and reasoning (Powers et al., 2019). One of the most significant obstacles to training preceptors is getting time away from the practice area. This constraint is typically due to low staffing and high patient acuity (Rush et al., 2019). Institutions that support

preceptors and preceptor programs have been found to have decreased rates of turnover as well as higher ratings by new graduate nurses of their precepting experience (Shinners et al., 2018; Williams et al., 2018).

Impact of Nursing Professional Development Specialists on Orientation

Nursing professional development specialists (NPDS) are crucial to the success of orientation, both for the new graduate nurses and their preceptors. Other names for NPDS include nurse educator and clinical educator. Clinical educators are in a unique position to avail their time, attention, and expertise to nursing staff due to the fact that they do not have a patient assignment. As such, they are accessible for just-in-time education and are an available resource for staff (Coffey & White, 2019; Coventry & Russell, 2021). Nursing professional development specialists also support new graduate nurses in completing their unit-specific competencies (Mangold et al., 2018). Clinical educators have access to resources to aid in the professional development of new graduate nurses (Bohnarczyk & Cadmus, 2020; Coffey & White, 2019; Murray et al., 2019)

Roadblocks to Retention of New Graduate Nurses

New graduate nurses encounter a number of roadblocks to their success and subsequent retention. Upon entering practice, new graduate nurses are often lured to organizations by lucrative sign on bonuses. Sometimes the money alone is not enough to retain new graduate nurses. Another identified roadblock to retention is workplace violence and workplace incivility. Workplace violence can be verbal or physical and often occurs among patients, peers, or other providers (Lim et al., 2022). Workplace incivility in the form of bullying can compound another named retention roadblock, lack of competence. New graduate nurses often express a perceived lack of competence upon entering professional practice. In addition to an expressed lack of

competence, new graduate nurses express anxiety and stress related. The anxiety and stress arise from a multitude of factors including lack of competence, which further creates more stress and anxiety. The following aforementioned roadblocks will be discussed in detail.

Recruitment Practices Do Not Mirror Retention Practices

Healthcare systems across the United States are utilizing a myriad of techniques to resolve the high number of vacant RN positions. In 2018, the estimated cost of a vacant RN position is $418 to $591 each day. Additionally, the average time to fill a vacant position is 82 days (Hisgen et al, 2018). When new graduate nurses are hired, they go through orientation, work with a preceptor, and most participate in a nurse residency program. Upon completion of the nurse residency program, new graduate nurses are working independently. At this stage in their career, nurses are still novices or advanced beginners according to Benner's Novice to Expert Theory of Skill Acquisition. This time period may coincide with the resolution stage of Kramer's Reality Shock Theory. Nurses still need support from peers, preceptors, and nursing practice development specialists. Lalonde et al. (2021) found that new graduate nurses working in the intensive care unit after two years report struggling to find a sense of belonging and grappling with the emotional burdens of nursing. Resilience was identified as a component to be essential to improving new graduate nurses transition to practice according to Lalonde et al.

Healthcare systems offer lucrative sign on bonuses to attract new graduate nurses, as much as $20,000. Offering large monetary bonuses to recruit nurses creates resentment among existing staff (Reiner, 2022). Reiner suggests instead offering retention bonuses to staff as appreciation for their work. However, money alone will not keep new graduate nurses in the nursing profession. Sign on bonuses do not equate to organizational commitment or retention. Concerns about brief orientation periods make new graduate nurses cautious when accepting new

positions (D'Ammassa, 2022). New graduate nurses need to know that the promises made to bring them to a job will be promises kept retaining those nurses in their job.

Workplace Violence

The National Institute of Health (NIH) defines workplace violence as "acts or threats of violence directed against employees, either inside or outside the workplace, from verbal abuse, bullying, harassment, and physical assaults to homicide" (Lim et al., 2022, p.1). According to Lim et al., risk factors related to workplace violence include staffing shortages, lack of experience and training, and the anxiety of the healthcare provider. Pagnucci et al. (2022) findings were discordant with Lim et al. According to Pagnucci et al, the number of years working as a nurse was not found to be a risk factor for workplace violence. Nurse residency programs that incorporate education about workplace violence into their curricula have been found to increase new graduate nurses' knowledge of how to handle violence in the workplace (Alshawush et al., 2022).

Lack of Competence

A lack of competence as perceived by new graduate nurses can exacerbate their stress and lead them to leave their nursing careers (Labrague & McEnroe-Petitte, 2018; Song & McCreary, 2020). As previously discussed, competency evaluation is typically aimed at skills evaluated in the cognitive and psychomotor domains, sometimes called hard skills. However, competency of soft skills, "intangible skills associated with the affective domain," are equally important (Song & McCreary, 2020, Introduction, para. 4). Soft skills include critical thinking, communication, teamwork, collaboration, and professionalism. According to Song & McCreary, soft skill competency can be evaluated by preceptors and through new graduate nurses' self-

assessments. Subjectivity in self-assessments is an inherent concern according to Charette et al, (2022).

Anxiety

Transitioning from nursing school into nursing practice is a huge source of anxiety for new graduate nurses. Anxiety experienced by new graduate nurses can be astounding and physically crippling (Boswell & Sanchez, 2020). High levels of anxiety can be overwhelming and precipitate feelings of failure (Urban & Barnes, 2020). New graduate nurses feel their anxiety hinders their success (Baldwin et al., 2022). Anxiety levels tend to increase due to a perceived lack of emotional support in the workplace, a lack of confidence in ability, and unmet expectations. Expectations may be unmet due to new graduates' lofty perceptions of themselves or from standards placed on the orientee by peers or nursing leadership (Boswell & Sanchez, 2020). Preceptors can aid in the reduction of new graduate nurse anxiety (Powers et al., 2019).

Stress

New graduate nurses experience high stress levels (Goode et al., 2018). Stress is related to a knowledge-practice gap, insecurity, feeling overwhelmed, and fears of harming patients (Labrague & McEnroe-Petitte, 2018; Rogers et al., 2022). With increased stress comes increased anxiety and symptoms of depression (Rogers et al., 2022). Other sources of stress for new graduate nurses include heavy workloads, managing patient assignments, juggling job responsibilities, and needing more knowledge and experience (Boswell & Sanchez, 2020; Labrague & McEnroe-Petitte, 2018). For new graduate nurses, stress can originate from an inability to use unfamiliar equipment and technology. Lack of sleep and shift work can also contribute to stress (An et al., 2018; Labrague & McEnroe-Petitte, 2018). Stress among new graduate nurses can be due to a lack of confidence (Alshawush et al., 2022). In addition, stress

and emotional fatigue have been associated with patient safety events and can further exacerbate a lack of confidence (McNulty et al., 2022).

Stress levels are presumed to be higher for new graduate nurses working in critical care settings. However, Labrague & McEnroe-Petitte (2018) found mixed results in their literature review. Some research indicates higher stress levels for new graduate nurses working on medical-surgical units. In contrast, other research contradicts findings that the nursing unit is not a factor in new graduate nurse stress, according to Labrague & McEnroe-Petitte. Alshawush et al. (2022) found in their scoping review that new graduate nurses working in rural settings experienced less stress when compared to their peers in urban settings.

New graduate nurses report the highest levels of stress between months five and eight of their careers. During this period, most new graduate nurses have completed nursing orientation and are practicing independently (Urban & Barnes, 2020). However, conflicting data supports that either nurse residency or transition to practice programs effectively reduce stress in new graduate nurses (Alshawush et al., 2022).

Workplace Incivility

In a profession known for caring, it begs the question, why be unkind to fellow nurses? Vidal-Alves et al. (2021) link lateral violence to unresolved feelings of oppression. Asserting violence onto peers is an attempt to regain an actual or perceived loss of power within an organization is a finding by Vidal-Alves et al. Vessey and Williams noted that lateral violence differs from bullying in that lateral violence is between peers, while bullying occurs in situations of unequal power Additionally, nursing is a predominately female profession with a long history of a power imbalance to medicine. Nurses who feel powerless direct their frustration at their peers (Ott, 2021). New graduate nurses are more vulnerable than their experienced peers to

workplace incivility. Their vulnerability is related to unrealistic performance expectations and peers' and nurse leaders' perceived lack of competence of new graduate nurses. Stress for new graduate nurses can be exacerbated by workplace incivility, also known as horizontal violence or lateral violence (Hawkins et al., 2019b). Research has found that up to 60% of new graduate nurses leave their positions due to experiencing verbal abuse, a form of horizontal violence, from a peer or peers during their first six months in practice. According to Vidal-Alves, encounters with horizontal violence correlate to new graduate nurses' intent to vacate their current jobs and the nursing profession. Lateral violence and horizontal violence are used interchangeably within the literature, referring to the direction of the violence, laterally and horizontally, at the peer level (Vessey & Williams, 2021).

Horizontal violence encompasses harmful, negative, and destructive behaviors experienced by newer nurses. Behaviors indicative of horizontal violence can be subtle or overt and include but are not limited to gossip, public humiliation, failure to provide support, and intimidation. It is postulated that nearly 85% of all nurses experience workplace incivility annually. Horizontal violence and workplace incivility pollute the nursing culture negatively, with negativity resulting in increased turnover and low staff morale. Consequences of workplace incivility to the individual include panic attacks, anxiety, depression, and low self-esteem. Out of fear, shame, and self-blame, many nurses, new graduates especially, do not report horizontal violence. As such, the harmful behaviors indicative of horizontal violence perpetuates, leading new graduates to doubt their abilities to provide care, subsequently putting patients at risk for harm. Other adverse effects of workplace incivility include poor job satisfaction, increased burnout, and higher reports of intent to leave (Hawkins et al., 2019b). Additionally, a culture of horizontal violence does not promote collegiality and teamwork and can lead to increased

turnover rates (Krut et al., 2021). Nurse leaders are responsible for setting the expectations of acceptable behavior and creating the culture of a nursing unit (Hawkins et al., 2019b). However, many publications use the terms bullying, lateral violence, horizontal violence, and workplace incivility interchangeably without well delineated operation definitions.

Summary

Chapter Two has provided the study's theoretical framework, social and cognitive constructivism, and a review of four theories related to this qualitative study: Knowles' Andrological Theory of Adult Learning, Herzberg's Motivation-Hygiene Theory, Kramer's Reality Shock Theory, and Benner's Novice to Expert Theory of Skill Acquisition. In providing context for the study's importance, the reader has been shown the importance of collaboration between academic nursing and healthcare systems to aid in closing the knowledge practice gap. The number of new graduate nurses leaving the profession within the first one to two years is not a recent phenomenon but one that was exacerbated by the COVID-19 pandemic. To understand the experiences of new graduate nurses and their reasons for staying, orientation practices, including unit-specific orientation, were evaluated. Implementing nurse residency programs has been found to aid in retaining new graduate nurses, and several programs were reviewed as exemplars.

Additionally, the role of the preceptor as a teacher, mentor, and socializer was discussed. Finally, roadblocks to the success of new graduate nurses, such as stress, anxiety, lack of competence and confidence, and lateral violence, were identified and examined. A thorough evaluation of the current literature related to new graduate orientation and its relationship to retention is complete. A gap of the lived experiences of new graduate nurses during orientation

has been identified. To study the identified phenomenon of interest, this paper will transition to the study methodology.

CHAPTER THREE: METHODS

Overview

The purpose of this hermeneutic phenomenological study was to explore the lived experiences of new graduate nurses during orientation. Chapter Three provides a comprehensive over of study and discusses the methodology, including the study design and research question. Study methods include choosing the site, sampling, and using interviews for data collection. Data analysis using coding and analytic memo writing will also be discussed. Finally, study trustworthiness via credibility, dependability, confirmability, and transferability will be communicated.

Design

This qualitative hermeneutic phenomenological study seeks to understand the relationship between new graduate nurse orientation and the impact orientation has on nursing retention utilizing a social constructivism philosophy. The researcher selected hermeneutic phenomenology for the study due to its inherent quest for knowledge and understanding. Hermeneutic phenomenology derives it names and style of inquiry from the Greek god Hermes. Hermes was responsible for delivering messages between the gods and mortals as well as providing explanations of the messages. Hermeneutic phenomenology seeks to find meaning of experiences in everyday life and is a process whereby the researcher and the research participants create a textual essence from a lived experience (van Manen, 1997). According to van Manen, phenomenological research and writing are intertwined.

To view research from a hermeneutic phenomenological perspective means to question how individuals experience the world. To know the world, individuals must be a part of the world. According to van Manen (1997), this interconnectedness is the principle of intentionality.

With intentionality, research becomes an act of caring to know what is most fundamental to being. Hermeneutic phenomenology is considered to be a human science. As such, study participants are not simply considered subjects to be classified. Instead, researchers are investigating people and their uniqueness.

There are three distinguishing attributes that set hermeneutic phenomenology apart from other qualitative approaches. First, hermeneutic phenomenology focuses on the interpretation of lived experiences. Second, the researcher's experience is integral to data collection and analysis. Typically, in descriptive phenomenology, the researcher brackets his or her subjective experiences or biases. Conversely, in hermeneutic phenomenology, the researcher shares thoughts and ideas through field notes and memoing during transcription review. Finally, data analysis is guided by reflecting and writing in an iterative process. A hermeneutic approach was selected to understand the lived experiences of new graduate nurses and the meanings they assign to those experiences. Phenomenological research employs the lived experiences of individuals as told by their own stories, stories told within the social, cultural, and institutional contexts (Creswell & Poth, 2018).

Research Question

The purpose of this hermeneutic phenomenological study is to understand the lived experiences of new graduate nurses during their initial orientation to their first nursing position. The central research question was developed to investigate the significant problem of new graduate nurse turnover in the first two years of practice. It is imperative to study not only new graduate orientation experiences, but to glean knowledge as to why new nurses leave their first nursing position, as their departures impact the current critical nursing shortage. In the southeastern United States, the same geographic region where this study was conducted, turnover

for all nurses, not just new graduate nurses peaked at 24.9%. Over the last eight years, the average hospital has lost and replaced 83% of the total registered labor force. Essentially, the average hospital replaces their entire staff over a six-year period (Knighten, 2022).

Central Research Question

What are the lived experiences of new graduate nurses during their initial orientation?

Setting and Participants

The following segment supplies information concerning the setting and participants for this hermeneutic phenomenological study. Included in the section are the rationale for site selection, study population of interest, sampling procedures, and sample size.

Site

The setting for this study was a five-hospital healthcare system in the Southeastern United States. Currently, the southeastern region of the United States has the highest turnover rate, 22.2%, when compared to the other four regions (NSI Solutions, 2024). The healthcare system offers weekly general nursing orientation, a nurse residency program, and orientation specific to service lines and nursing units. The site was selected due to the considerable number of new graduate nurses employed at the five-hospital healthcare system, which is central to several pre-licensure nursing programs, both BSN and ADN. While the five-hospital healthcare system does not have Magnet® designation, the healthcare system is undertaking the steps for Pathway to Excellence® designation. Pathway to Excellence® is a nurse-led decision-making that promotes healthy work environments, nurse retention, professional development, safety, and quality (ANCC, 2021).

Participants

Study participants were new graduate nurses who worked at one of five hospitals in a healthcare system in the southeastern United States in their first two years as professional nurses at the time of the interview. Purposeful sampling was used to gain the greatest knowledge and insight into the phenomenon of orientation experienced by new graduate nurses (Creswell & Poth, 2018). While each participant has experienced orientation, their perspectives are subjectively unique (Lee et al., 2019; Abeza et al., 2022). The research was focused on engaging with nurses who have opted to leave the nursing unit they started working on as new graduate nurses to understand what role orientation played in their decision to leave. The intent was to interview at least fifteen and no less than ten new graduate nurses for this study. New graduate nurses employed on the units where the researcher was employed as an educator were initially not included in this study due to a potential mismatch of power and perceived conflict of interest (Creswell & Poth, 2018). After a poor response rate by sampling solely from the academic hospital, the researcher requested and received committee and IRB approval from the academic institution and the health care system to expand the inclusion criteria. Revised inclusion criteria allowed former students of the researcher, and members of the healthcare systems' Nursing Research Committee (NRC) where the researcher serves as committee chair to participate. With IRB revisions, the remaining exclusion criteria was nurses who were employed on the units where the researcher works as a clinical educator and nurses who have previously worked in healthcare as a Licensed Professional Nurse (LPN), License Vocational Nurse (LVN), or Emergency Medical Technician-Paramedic (EMT-P). The rationale for keeping the exclusion of these careers is that these individuals have already experienced orientation in their previous positions.

Recruitment Plan

In collaboration with the TTP program director, a sample pool was compiled of new graduate nurses currently in TTP and those who have completed TTP but have worked two years or less as a nurse. The lists from those in TTP and those individuals who have completed TTP were compared to avoid duplication. An email invitation generated from the researcher's school email account was sent to the TTP director. In turn the director emailed all new graduate nurses employed at the hospital who have been working two years or less via their work email to create a purposive sample of 280 new graduate nurses. Purposive sampling, also known as criterion or purposeful sampling, occurs when study participants are selected based on predetermined criteria (Rubin, 2021). Sampling in this manner seeks to find individuals with rich descriptions of the phenomenon of interest (Creswell & Poth, 2018). According to Creswell and Poth, researchers may also find value in choosing individuals who have an alternative view of the phenomenon being explored. In creating the sample, the goal is to gain understanding and not necessarily generalize findings to a larger group (Creswell & Guetterman, 2019). The email invitation described the study purpose, inclusion criteria, and provided contact information if participants were interested in the study and wanted to schedule an individual interview. New graduate nurses currently employed on the nursing units where the researcher works as an educator will not be eligible to participate to eliminate the risk of power differential.

Researcher Positionality

As a clinical educator for orthopedics, trauma, and emergency general surgery, I have the privilege of working with new graduate nurses every day I go to work. I celebrate their successes and listen to their fears. All too often, I see excellent nurses leave our nursing units. The reasons for their departure vary. Nurses say that the patients are too difficult, the hours are too long, and

being a nurse is not what they expected. All their statements are valid. But I have wondered is there something more. Is there something else that pulls nurses, specifically new graduate nurses, away from the nursing units they were hired to work on? Was a colleague too hard on them when they did not know how to do something? Did they feel unprepared to work as nurses? Did they ever make a connection with their peers? Did they get the support they needed to be successful? My curiosity as to why so many new graduate nurses leave is the catalyst for this study. I want to hear in their own words, what orientation is like for new graduate nurses in a post pandemic, high acuity healthcare system. I also want to know what impact orientation or other factors had on their intent to stay in their current position.

Interpretive Framework

The interpretative framework for this qualitive research study was social and cognitive constructivism. Philosophically, constructivism plunges into how individuals define truth, knowledge, and reality. Within social constructivism, social interaction within a community is critical for learning (Eun, 2017). Cognitive constructivism posits that learners gain knowledge and make discoveries by interacting with their surroundings (Ozdem-Yilmaz & Bilican, 2020).

Philosophical Assumptions

"The problem of phenomenological inquiry is not always that we know too little about the phenomenon we wish to investigate, but that we know too much" (van Manen, 1997, p. 46). I was once a new graduate nurse. I have my orientation experience and story. The fact that I had a positive experience as a new graduate nurse can influence my interpretations of other new graduate nurses' individual experience. As an educator, it is easy for me to have preconceptions about what a new graduate nurse should know or be able to do. Rather than ignore my assumptions, I recognize their existence.

Ontological Assumption

As a Christian, I acknowledge that God's truth is the singular reality, for me. I must also be aware that people experience that singular reality differently based on their background, education, and religious worldview. New graduate nurses are God's creation and experience orientation in a world created by Him. That being said, a new graduate nurse's orientation experiences may raise questions about the existence of God. Every day, nurses encounter pain and suffering. They see an explosion of scientific knowledge in medical advancements. The experience of being a new graduate nurse may conflict with an individual's belief in God or may spark the flame of an agnostic.

Epistemological Assumption

Epistemological assumptions seek to qualify what knowledge is and how it is obtained. Using interviews, the researcher wanted to gain knowledge of nursing orientation experience from new graduate nurses who have had completed orientation. Also, the curious researcher wanted to know more than what they have learned as nurses, I want to delve into their experience of learning to be a nurse and why they chose it as their career. It is not enough to ask nurses who have been practicing for five, ten, or twenty years about their orientation experiences. While some orientation practices have been revised to align with adult learning needs, others have remained unchanged. Nurses who have been practicing more than two years see orientation through a different lens than new graduate nurses, retrospectively, rather introspectively. In the current nursing shortage, new graduate nurses may have the knowledge and insight to inform decisions regarding education, orientation, and retention.

Axiological Assumption

A researcher's axiological assumptions bring value to a qualitative study. In qualitative research, such as this hermeneutic phenomenological study, the researchers' values are shared in order to position themselves within their work. In my twenty years as a nurse, I have worked as a preceptor to new graduate nurses, a nursing practice development specialist at the unit and organization level, and I have had the distinct pleasure of educating pre-licensure nursing students. I believe that new graduate nurses need to feel a connection to their employer. The connection begins on day one at hospital orientation by acknowledging and welcoming new graduates. Connections continue to be built during general nursing orientation and on the nursing units. For a new graduate nurse, there is no worse feeling than starting a job and someone saying, "Oh, we did not know you were coming?" A statement like that makes a new graduate nurse feel unwanted and creates doubt. New nurses want to feel needed, appreciated, and a part of a great team.

During the interviews, the researcher anticipated hearing concerns from new graduate nurses about how general nursing orientation was predominately computer modules and were not a very effective way to learn. Authentic learning and connection occurs for new graduate nurses when collaborating with preceptors. The preceptor/preceptee relationship can make or break a new graduate nurse's orientation experience. I fear that I may hear of new graduate nurses being treated poorly by their peers and their preceptors. How new graduate nurses are treated directly in orientation influences how they perceive their colleagues, nursing as a profession, and impacts retention.

I have seen nurses at all stages of their careers. I am most interested in new graduate nurses because they are novices to the profession. As new graduate nurses, they have access to the most recent education while in school and current evidenced based practices during

orientation. But the orientation experience for new graduate nurses is more than what they are taught in a course, learn in a nurse residency seminar, or the skills a preceptor teaches them. The orientation experience embodies the transition from student to professional nurse, the emotional upheaval, the reality shock, and the realization that nursing is everything and nothing like they thought it would be. I want to know what values new graduate nurses assign to their orientation experience and why they stay working on their current unit. The intent was to attain to greater understanding of new graduate nurses' orientation experiences is to hear their stories in their words, to hear their truth. I want to be able to create a rich textual description of their becoming a nurse and why they continue to be a nurse.

Researcher's' Role

In hermeneutic phenomenology, the researcher is the human instrument for the study. The study focuses on learning about individuals within the context of their work environments. As an employee and nurse educator at the same healthcare organization where the study will be conducted, I acknowledge that what is shared during interviews has the ability to impact the participants and me. It is the researcher's responsibility to watch and listen to individual interviews for what is said and unsaid such as body language or pauses in response to questions. It is imperative to be attentive to details and emerging themes. The researcher is also accountable for the interpretations of the data collected. It is crucial that I hear the researcher of their lived experiences and validate the values they place on those experiences.

A key component of being a human research instrument is to for the researcher to be cognizant of personal beliefs and values related to the phenomenon of interest, new graduate nurse orientation experience, and set those aside. For this to occur, bracketing was employed. Bracketing is the process of setting aside one's own experiences so as to not have those events

obscure the path of researching the phenomenon. This is not to say that I will forget what I know to be true and learned as nurse. Instead, I will not actively engage in my experience while trying to discover the unique experiences of new graduate nurses while in orientation (van Manen, 1997; Creswell & Poth, 2018).

The researcher is responsible for obtaining IRB approval from LU and the healthcare system. Once the study has received IRB approval, the researcher will collaborate with the program director of TTP to email potential participants.

The researcher sets the tone for the interview. Using informal language, the researcher creates a soft comfortable environment that invites participants to willingly share their experiences. The researcher is responsible for guiding the interview to maintain focus and asking follow-up questions to gain clarity. While the tone is conversational, the exchange between participant and researcher is not. The researcher's role is to facilitate the participants' responses. The researcher should not become engaged in sharing his or her own opinions or experiences that may interfere with what the participants are sharing (Magnusson & Marecek, 2015).

Everyone possesses their own inherent bias. During interviews, it is imperative that a researcher's bias not be evident to the participants. One potential bias present in this study is that study participants and the researcher are employed at the same healthcare organization. Once participants are aware that the researcher is also employed as a clinical educator at the same organization, the potential exists for the study participants to feel uncomfortable sharing. Participants may fear that what they disclose will not be held in confidence or will have negative repercussions. The researcher must reassure the participants that all responses are upheld in confidentiality and any potentially identifying statements will be removed from the transcripts (Magnusson & Marecek, 2015).

At the beginning of each interview, the researcher restated the study purpose, advised participants when recording and transcription begin, and explained how the confidentiality of the interview was maintained. The study guidelines required participants self-select their chosen pseudonyms and attempt to reduce environmental distractors (Krueger & Casey, 2015; Wirtz et al., 2019).

Procedures

The following section details the steps required to conduct this hermeneutic phenomenological study. The first procedural step was to acquire IRB approval from Liberty University and the research site. See Appendix A for IRB approval from Liberty University and Appendix B for IRB approval from the research site. Once approval was received, the second step was to recruit. New graduate nurses who met the study inclusion criteria received an email at their work associated email address from the Transition to Practice (TTP) Director inviting them to participate in this study. The researcher was carbon copied on the email sent to the potential study participants. The recruitment email (Appendix C) included two attachments, one was the informed consent (Appendix D), and the other was a recruitment flyer (Appendix E) with additional study information and how to contact the researcher. In step three, individuals who chose to participate in the study were directed to review the flyer and the informed consent. If after reading the consent, potential participants who wanted to be involved in the study were instructed to email their informed consent to the researcher using a personal email address without identifiers and a self-selected pseudonym. Using a personal email address instead of a work email gives the participant partial anonymity (Véliz, 2019). Submitting the informed consent via personal email completed step four. Upon receipt of the consent, the researcher contacted the new graduate nurse to schedule an interview. The goal was to obtain a sample of

ten to fifteen participants. If data saturation was attained with ten or eleven participants, one to two additional interviews were to be conducted to validate saturation had actually occurred. Interviews were the primary source of data collection in this study. Observations and field notes assisted in triangulation to validate study findings.

Permissions

The researcher's intent was to interview at least fifteen and no less than ten new graduate nurses. The inclusion criteria for the study of new graduate nurses are nurses who have completed their orientation and preceptorship within the last 24 months at an academic teaching hospital. Exclusion criteria were new graduate nurses employed on any of the three units where the researcher is employed as a clinical educator, nurses who were previous students of the researcher, and nurses who have previously worked in healthcare as a Licensed Professional Nurse (LPN), License Vocational Nurse (LVN), or Emergency Medical Technician-Paramedic (EMT-P). New graduate nurses with experience as an LPN, LVN, or EMT-P have already had an initial orientation experience. Approval was obtained from Liberty University's IRB and the healthcare system's IRB. Then, in collaboration with the clinical education department at the academic teaching hospital central to five-hospital healthcare system and the Director for the Transition to Practice (TTP) program, new graduate nurses within their first two years of working who met the inclusion criteria were invited to participate in the study.

The inclusion criteria for the study of new graduate nurses were nurses who completed their orientation and preceptorship within the last 24 months at one of five hospitals in a healthcare system in the Southeast United States. New graduate nurses who have been working for two years or less and have completed their preceptorship were eligible to participate in the study. The study was announced during the monthly in-person TTP meetings and flyers were

available for potential participants. New graduate nurses in the TTP program also received an email attachment of the same flyer available at the in-person TTP meeting.

IRB approval was obtained from Liberty University and the healthcare system where the research was conducted. The approval letters are located in Appendices C and D. An email blast was sent by the Transition to Practice (TTP) director to all eligible new graduate nurses inviting them to participate in the study. A full calendar month passed. There were no responses expressing interest in the study. A second email was sent after one month of no responses from the potential sample pool.

The initial research intent was to understand the living experiences of new graduate nurses with two years or less experience working in an academic teaching hospital. The researcher contacted the TTP director to ascertain if any potential participants had made inquiries about the study. She informed the researcher that she had forwarded any questions related to the researcher. Not anticipating difficulties in recruiting for the study, the researcher sought the counsel of the committee chair and committee members for guidance. The researcher suggested expanding the research site from the one academic teaching hospital to include the four community hospitals that comprise the healthcare system in the southeast United States as a strategy to increase the study population of interest. Former students of the researcher and members of the Nursing Research Council (NRC) were included in the larger sample pool. The removal of previous participant exclusion and the addition of four sites helped to widen the scope from a singular hospital to a healthcare system. The committee agreed to the revised inclusion criteria of all five hospitals in the healthcare systems and removing the limitation of former students and colleagues in NRC. Since the former students were now nurses, ergot

colleagues, the power struggle was no longer present. If an individual still perceived a power struggle or any level of discomfort, they can simply choose not to participate.

Once the committee was aligned, the researcher set out to update the participant criteria. The researcher is responsibility to notifying the IRB, in this study, two IRBs, when changes have been made to the original study protocol. Requests to make modifications to LU IRB and requests to make amendments were sent to the research site's IRB. Both IRBs explicitly state the approval is only for the current research protocol. Any changes require new approval. While awaiting approval of modifications and amendments from the two IRBs, data collection was temporarily placed on hold. The hold was not communicated to TTP or participants due to already low response. The researcher expressed a potential concern that communicating a delay would discourage data collection. New IRB approval was obtained from Liberty University and from the healthcare system for the expanded participant inclusion criteria. Approval letters from the IRB at LU and at the research site are in Appendices I and J.

A third email blast was sent by The TTP director. For some individuals, this was the third email they received. For individuals who now met the inclusion criteria, the email from the TTP director was their first. Additionally, the researcher was invited to present information about the study, at an in person TTP event, as a way of recruiting for the study. Another month passed before the researcher was able to conduct the first interview. All ten interviews were completed over approximately two and a half months.

Interview Procedures

Study participants who met the inclusion criteria were scheduled for an interview via email communication. Data. Once an agreed upon time had been chosen, the participant received a confirmation email with the time and link to the web-based meeting (Wirtz et al., 2019).

Participants logged into the web-based meeting using their personal email and self-selected pseudonym. Study participants were asked not to disclose the nursing unit on which they work. The interviews were web-based with recording and transcription capabilities. Participants were notified by the researcher when the recording began and ended.

The researcher used the interview guide, (Appendix F), to pose questions during the interview. Participants had the option to decline to answer any of the questions. Each interview was allotted ninety minutes. According to Magnusson & Marecek (2015), 50-90 minutes should provide the researcher with sufficient time to ask the questions in the interview guide while allowing ample time for the participant to respond. In the event further explanations are needed to attain information from the participants, follow up questions and a question bank (Appendix G) will be used.

Data Collection

This qualitative research study employed at hermeneutic phenomenological approach to understand the lived experiences of new graduates nurses during orientation at a five-hospital healthcare system in the southeastern United State, and to find if retention strategies exist to retain new graduate nurses in their first nursing position. In accordance with IRB standards, informed consent was obtained from study participants. As part of the informed consent, participants were advised that participation in this study was completely voluntary and they were free to withdraw from the study at any time (Creswell & Poth, 2018). Individual interviews were the primary source of data collection. Findings from the interviews were corroborated by audiovisual interview recordings, interview transcripts, observations, and field notes.

Interviews

Interviews are a form of data collection whereby the researcher obtains knowledge from the study participant. In qualitative research, interviews seek to appreciate the lived experiences of the study participants. Interviews can be conducted in person, via phone, or using electronic platforms (Creswell & Poth, 2018). Researchers must be cognizant of power dynamics during interviews. The potential exists for the researcher to be in the position of power over the interview participant. To equalize power, the researcher cedes control of the interview allowing the participant to set the pace and creating space to develop trust. Once trust has been developed, a participant will feel more comfortable sharing information with the researcher (Walton et al., 2022).

Web based interviewing has increased in use as a qualitative methodology. Interviews via the internet reduce transportation costs, allow participants and researchers to meet simultaneously, and aid in anonymity. These benefits can be tempered by concerns of establishing rapport and concurrent online distractions (Powell & van Velthoven, 2020). Hyde & Rouse (2022) found that online interviews were in some ways superior to in person interviews as online interviewing obligates the researcher to focus directly on the participant. Online interviews employing audio and video allow for eye contact and reading of facial cues according to Hyde and Rouse.

The use of interviews in qualitative research, for data collection, specifically in hermeneutic phenomenology, is to gain deep understanding of an individual's lived experience and any associated retention factors. In order for this to occur, the participant must be comfortable during the interview, creating a conversational format where topics flow freely from one to another. Using semi structured interview questions allows participants to respond

candidly. An interview guide creates a framework for the conversation, but the order of questions can be altered based on the flow of the conversation (Magnusson & Marecek, 2015).

Prior to conducting interviews, the researcher reviewed the questions for potential participant feedback and to ensure the questions stimulated conversation. The interview guide was reviewed multiple times prior to the first trial interview. Despite iterative reviews of the interview guide, two of the questions could be answered with "yes" or "no." Information from these two questions was still gleaned due to the presence of follow up questions. The interview guide was reviewed multiple times prior to the first trial interview. The intent of the trial interview was to evaluate if the interview follows a natural progression using the interview guide in Appendix F, ensure that the interview questions informed the research question and to approximate the length of the interview. During the trial interview, the researcher found that the follow up questions in Appendix G were necessary to maintain the flow of the interview. Initially the interview guide consisted of eight questions. Practice runs of the interview guide indicated that all the questions in Appendices F and G were necessary to complete a thorough interview. Additional questions developed organically during the trial interview and were added to the interview guide. Subsequent interviews were guided by a question list composed of the two Appendices combined with some additions. A final compilation of questions is in Appendix H. Creswell and Poth (2018) remind qualitative researchers to be flexible as any or all the research phases, such as interview questions and research sites, may require alterations once in use for data collection.

The following interview questions were utilized for individual interviews. Questions were asked sequentially with the intent of fostering conversation. The researcher provided an

introduction to the study and its purpose, and notified the study participants when the audio and video recording is started.

Semi Structured Interview Questions

1. Please introduce yourself, using your pseudonym, and tell me how long you have been a nurse.
2. Think back to your first day working as a nurse, starting with hospital orientation; what did you think of your orientation experience?
3. Tell me about your orientation experience on the nursing unit where you work.
4. Tell me about your transition from student nurse to registered nurse.
5. What makes you want to stay working where you are?
6. Have you considered leaving the nursing unit where you currently work? If so, why?
7. We have discussed a great deal. I value your input and appreciate your time. One final question… What else would be essential for me to know about your orientation experience?
8. Maybe something we have not already discussed?

The first question is an opening question to encourage discussion and make participants comfortable (Krueger & Casey, 2018). Question two serves as an introduction and an avenue to connect participants to the study's purpose. Introductory questions can provide insight into participants' points of view. Question three serves as a transition question to move the dialogue toward the key questions which propel the research study. Questions four, five, and six are essential to exploring the orientation experiences of new graduate nurses. To close out the interview, question seven will allow the participants to ponder on the conversation that has transpired and offer any additional contributions. Creswell and Poth (2018) recommend

five to seven open ended questions be used during an interview. It is important to allow time for the participant to reflect on and respond to each question. Ending questions are integral to effectively and efficiently closing the discussion while ensuring participant feedback is captured (Kruger & Casey, 2018). Upon completion of each interview, the recording and electronic transcript were downloaded and saved to a password protected external drive. Each interview was labeled with the participant's pseudonym and the date.

Observations

According to Creswell and Poth (2018), observations are one type of data collection tool in qualitative research. Observations may occur at a single time point or over a span of days, weeks, or months. In any observation, the researcher will have some level of interaction with the subject of interest. The levels of interactions can be classified as four observation types: complete participant, participant as an observer, observer as participant, and complete observer. A complete participant is fully engrossed in the study subject. Participant as an observer engages with subject but the researcher's role is evident. In the nonparticipant or observer as participant, the researcher transitions to role of outsider. As a complete observer, the researcher has no interaction whatsoever. Creswell and Poth note an adept qualitive observer can transition among the observation types. Additionally, Billups (2021) notes a prudent observer takes note of what is occurring and what is not occurring.

For this study, observations occurred during the interview equating to a single point in time. Observations of study participants in their work environments would not benefit this study for two significant reasons. First, the researcher is an employee who works for the healthcare system where the research was conducted and would not be able to function as an observer or nonparticipant (Creswell & Poth, 2018). Second, the study participants have completed their

orientation experience. Observations beyond orientation do not inform the initial orientation experience.

Participants' observations such as facial expressions and change in tone of voice were documented as field notes concurrently during the interview or immediately after the interview ended. A field note was created for each interview including the study participant's pseudonym and date of the interview. A blank observational/field note template is located in Appendix N.

Field Notes

Field notes were first used in ethnographic research as a way for researchers to document their thoughts and ideas. These thoughts and ideas were not incorporated into data collection or research reports. Within the last 40 years, nursing researchers have incorporated field notes as part of data analysis. Field notes are now considered criteria for qualitative research and aid in triangulation of data. Triangulating data increases rigor and trustworthiness. In qualitative research, field notes serve many functions: provide context, assist in describing experiences, aid the researcher in reflection and identifying bias, and guide coding decisions (Phillipi & Lauderdale, 2018).

During this study, the researcher generated field notes during and immediately after each interview (Phillipi & Lauderdale, 2018). Each note was labeled with the study title, researcher's name, participant pseudonym, and interview date. Interview field notes included observations of the participants such as nonverbal communication and noteworthy responses to interview questions.

Data Analysis

Data compiled from the interviews was analyzed using the data analysis spiral found in Creswell and Poth's 2018 text. The data analysis spiral begins with data collected during

interviews. Once the data is collected, it is managed and organized. Audiovisual recordings of the interviews were reviewed and compared to electronic transcripts were reviewed for accuracy. During the interview and immediately following, the researcher documented field notes describing participant observations. Additional notes were made by the researcher during the transcript review. The researcher's notes and participant quotes along with memos of emerging ideas assisted in data analysis. Notes, quotes, and memos were grouped into themes. Identified themes patterns were categorized and placed into a spreadsheet. Themes assisted the researcher in creating and evaluating interpretations of qualitative data. After completing all individual interviews, transcripts were reevaluated and compared for new or repeating themes. This iterative process of analysis occurred multiple times in order for the researcher to make notations and identify patterns. The last step in the data analysis spiral is to report the findings (Creswell & Poth, 2018; Saldaña, 2021).

A focal point in hermeneutic phenomenology is the exchange of information between the interviewer and the study participant to gain an understanding of the lived experiences of the participants. As participants share their orientation experiences, the interviewer is continually modifying his or her understanding of the phenomenon in a cyclical fashion. As previously discussed, hermeneutic phenomenology seeks to understand a phenomenon as the sum of all its parts. The process of data analysis, deconstructing the whole into pieces, seems at times to be misaligned with the spirit of phenomenological inquiry according to Peoples (2021). In reporting findings of data analysis, hermeneutic phenomenology is not intentionally ambiguous. Instead, the findings should be viewed in the context of a principle from Aristotle "that the investigation and articulation of something need to find its proper character and measure in the thing being investigated and articulated *(mensuratio ad rem)*" (Jardine, 2016, p. 235). The thing Jardine

references is known in hermeneutics as Dasein meaning understanding (Gadamer, 1975/2013). Heidegger used the understanding of Dasein as being in a persistent temporal state to describe the hermeneutic circle. For Heidegger, the hermeneutic circle should not be debased as a vicious cycle. According to Gadamer (1975/2013), Heidegger felt the hermeneutic circle embodied ontological significance. Seeing as ontology views reality from multiple perspectives, it is apt that a circle that symbolizes the reading and revision of text that can alter fore-projection into a new projection confirmed by the text creates understanding (Gadamer, 1975/2013, Creswell & Poth, 2018).

Memoing

Creswell and Poth (2018) define memos as "short phrases, ideas, or key concepts that occur to the reader" (p.188). Memos are not just summary notes. Writing memos provides the researcher an additional way to extrapolate interview content into meaningful data. Just as data collection was conducted systematically, memoing should also be performed methodically. According to Creswell and Poth, qualitative researchers find value in memos, but have struggled to come to an agreement as to what specific steps are necessary for this step of data analysis to occur. Memoing informs the coding process and assists in creating a digital audit trail (Saldaña, 2021).

Coding

Coding begins with first level coding. First level coding falls into seven categories: grammatical, elemental, affective, literary and language, exploratory, procedural, and methods of theming. First level coding in this study will primarily focus on two categories, elemental and affective. Elemental coding includes descriptive coding use of short phrases or singular words, in vivo coding which captures participants' verbatim statements, and process coding which focuses

on participants interactions with routines, in this case orientation. Affective coding will also be used to capture the emotions and values the participants express related to their orientation experiences. First level coding yields several codes for the researcher (Saldaña, 2021).

In order to analyze and synthesize identified codes, a second level of coding needs to occur. Second level coding evaluates the large set of codes looking for similar ideas or themes which can be grouped into categories. As a result, there are fewer codes, but the codes have greater depth and breadth. Coding is an iterative process performed multiples times by the researcher to ensure that selected codes reflect the essence of the study. Using lean coding, Saldaña recommends novice researchers set a goal of five to six categories and no more than thirty codes (2021).

Trustworthiness

For research to be relevant, it must also be trustworthy. Critics of qualitative research posit that it is less credible when compared to quantitative research (Adler, 2022). Quantitative research rigor is evaluated using reliability and validity. Conversely, qualitative research is appraised by looking at credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). The researcher is also a research tool. If the researcher is deemed untrustworthy, the resulting research will be as well. According to Adler (2022), the key to trustworthiness is transparency. Transparency means providing clear descriptives of methodology and theoretical frameworks underpinning the study.

Credibility

In qualitative research, credibility references the data's ability to describe reality accurately. For this study, credibility would encompass the accuracy of articulating the lived experiences of new graduate nurses during orientation. The researcher is responsible for

authentically reporting data such as interview transcripts. Authenticity should reflect the actual experiences and their meaning to the participants. The researcher should also provide alternate or contradictory evidence to the study conclusions (Coleman, 2021; Creswell & Poth, 2018). The researcher should investigate and identify "all data which might otherwise be deemed to challenge their conclusions and in doing so reduce the risk than an investigator merely sets aside such findings to strengthen their argument" (Coleman, 2021, p. 2042).

Member Checking

Member checking is a data verification process used by the researcher to authenticate and validate the accuracy of participant interviews. One way member checking is conducted is to have participants review their interview transcripts after the interview. Participants may confirm or refute the researcher's interpretation of the interview and or identified themes. Additionally, participants can offer feedback and insight related to their interview after they have had time to review their transcripts. Candela (2019) urges researchers to use caution when implementing member checking with individuals who have experienced trauma. This researcher acknowledges that for some study participants revisiting their orientation experience may be painful. Thus, member checking must be done cautiously to ensure participants' voices are heard.

Member checking was used to assist in the triangulation of data and increase rigor in this study. It provided study participants an opportunity to validate their perspective of the orientation experience. During this study, member checking transpired concurrently with the interview. The researcher rephrased participant statements and then asked the participants to support, reject, or clarify as needed (LaCroix, 2023).

Transferability

The researcher is responsible for providing rich descriptions of the study participants and the research process (Korstjens & Moser, 2018). With regards to transferability, the intent of qualitative research is to generate results subject to interpretation by subsequent researchers and application in future studies (Billups, 2021). In order for qualitative research findings to be transferred or generalized to another population or phenomenon, the researcher must extract concepts and themes from the research context (Morse, 2015). Doing so allows the research consumer to determine if study findings can indeed be transferred to another setting according to Korstjens & Moser.

Dependability

In qualitative research, dependability refers to consistency in adherence to the study design (Korstjens & Moser, 2018). Furthermore, dependability relies upon the research protocol's capacity to reproduce similar study results. One avenue to assessing dependability is the implementation of external audits. At Liberty University, dependability is evaluated through inquiry audits, also known as external audits. External audits are a critical component to ascertain the veracity of initial study results (Billups, 2021). Billings notes that audits have an inherent disadvantage. In the event subsequent studies yield findings inconsistent with the inaugural research, the potential for discord among researchers exists.

Confirmability

Confirmability relates to the researcher's ability to remain neutral in data interpretation while simultaneously preserving the authentic perception of the phenomenon as held by the study participants (Korstjens & Moser, 2018; Billups, 2021). The use of bracketing aids the researcher remaining impartial and reducing bias during the study. Audits can be used to apply

confirmability to research just as they can be implemented to assess dependability according to Billups. Billups notes it is imperative that the researcher acknowledge the epistemological assumptions that inform his or her understanding of knowledge and how it is acquired. Adler (2022) acknowledges that the researcher is also the research instrument and must be cognizant of personal bias that may impact data analysis.

Ethical Considerations

Study participants were asked to sign an informed consent that detailed the study purpose, listed the potential risks, and perceived benefits related to participation. In addition, the consent outlined the researcher's three expectations of participants: select a pseudonym, participate in an audio and/or video recorded interview, and share their confirmation or refusal of interview statements and study themes via member checking. Participants were apprised that their participation was entirely voluntary. They were advised of their right to discontinue participation in the study at any time without fear of repercussions. Prior to scheduling an interview, the researcher verified the informed consent had been received. Study participants were advised that despite the use of pseudonyms, a potential threat to internal confidentiality still existed. This threat was due to the possibility of self-identifying through other means such disclosing names of nursing units or discussing specific patient populations (Saunders et al., 2015).

The researcher was responsible for and maintained external confidentiality. External confidentiality was upheld by securing all data on a password-protected computer that only the researcher can access. The researcher created a spreadsheet to track study participants, specifically receipt of consent including date and the scheduled date of interview. The spreadsheet was saved to an external memory device that was stored separately from the

researcher's password protected computer. The actual names of participants were kept confidential. In accordance with Saunders et al., (2015) external confidentiality was preserved by removing unique and distinct participant details from transcripts and research reports that have the potential of revealing the identities of new graduate nurses in the study. All study related data will be erased from the external drive and any documents will be destroyed.

Summary

Chapter Three presented justification for utilizing hermeneutic phenomenology to understand the lived experiences of new graduate nurses during their initial orientation experiences. The procedural steps for data collection were documented sequentially for the use of interviews, observations, memos, and field notes. The questioning guide and rationale for question selection were reviewed. Once all interviews had been completed, transcripts were reviewed for emerging themes, and codes were identified. Data analysis of codes occurred using the data analysis spiral. Finally, the rigor of the study has been discussed by describing trustworthiness. The chapter concluded with a discussion of trustworthiness and ethical considerations in qualitative research. The next chapter, Chapter Four, provides an in-depth discussion of the study findings.

CHAPTER FOUR: FINDINGS

Overview

The purpose of this hermeneutic phenomenological study is to understand the lived experiences of new graduate nurses during their initial orientation at a five-hospital healthcare system in the southeastern United States. Using purposeful sampling, the hermeneutic phenomenological study sought to explore the orientation experiences of a sample of ten new graduate nurses, all females. Data collection began slowly and took longer than anticipated due to a lack of participation. The intent of chapter four is to introduce the study participants and share their responses to questions in the interview guide. Participant responses to the interview questions are presented within the context of the identified theme. Six key themes and twenty-three subthemes were identified. The names of the themes were derived from participant quotes. The six key themes of this study in the order of discussion are: *tell me everything, preceptors, there's a lot of feelings, they aren't there anymore, why we're here, and moving forward.* This chapter concludes a discussion of three distinct and symbolic coding outliers.

Participants

A total of ten new graduate nurses, all female, working in a five-hospital healthcare system were interviewed. Six of the ten nurses acquired a BSN degree and four attained an ADN degree. All six of the BSN degree nurses and one ADN nurse worked at the academic hospital central to the healthcare system at the time of the interviews. The three nurses working in community hospitals had ADN degrees. All study participants had completed their orientation with a preceptor and were working independently. Their experience ranged from 5-18 months. The ten nurses ranged in age from 20-49 years old, specific ages were not requested from participants. The age ranges of the sample represent Seven of the ten nurses are between 20-29

years old. Six of the seven chose nursing as their first career. Table 1 displays demographic data of the study participants. Each participant is listed by their self-selected pseudonym. Following Table 1 is a brief description of each participant interviewed as part of the study.

Table 1

New Graduate Nurse	Months of Experience	Highest Degree Earned	Age Range	Community Hospital or Academic Hospital
Elizabeth	0-6	BSN	20-29	Academic
Andre	7-12	ADN	20-29	Community
Lynn	0-6	BSN	30-39	Academic
Isabelle	7-12	ADN	20-29	Academic
Deidra	7-12	ADN	30-39	Community
Brooke	13-18	BSN	20-29	Academic
Sarah	13-18	BSN	20-29	Academic
Ashley	7-12	BSN	30-39	Academic
Alex	13-18	BSN	20-29	Academic
Habana	7-12	ADN	40-49	Community

Alex

Alex graduated with her BSN and moved five hours from her home to accept a position at the teaching hospital. She has been working on a critical care unit for approximately a year and a

half with a patient population she really likes. When Alex was asked what her first thought was upon hearing the word orientation, she replied, “Learning I guess…stress really comes to mind.”

Andre

Andre is a graduate of an Associate Degree program. She is married and works at one of the community hospitals on a medical surgical floor. Andre had been there for about five months at the time of the interview. During the interview, the researcher asked Andre what her first thought was when she heard the word orientation. Andre’s response was “a new beginning.”

Elizabeth

Elizabeth, a recent graduate from a BSN program, had been working on the medical surgical unit at the teaching hospital for about six months when she was interviewed. She shared that her mother is an occupational therapist, who has given Elizabeth some tools to use when assessing patients with altered mental status. Elizabeth’s reply when asked to express her thoughts about the word orientation mirrored Andre’s, “a new beginning.”

Sarah

Sarah is an unmarried BSN graduate that had been working in critical care for fourteen months at the time of the interview. She loves the patient population she works with at the teaching hospital. Sarah also works part time in the hospital’s bereavement program. She is soft spoken, and yet articulate, when asked what comes to mind when she hears the word orientation, Sarah paused and said, “When I hear the word orientation now, I think, ‘Oh my God, am I going to get student or a new grad’?”

Isabelle

At the time of her interview, Isabelle, an ADN graduate, had been a nurse for four months. Isabelle is employed on a progressive care unit at the academic hospital. She verbalized

that learning the equipment specific to the teaching hospital was important since she did not have clinicals at that specific location during nursing school. Isabelle reported that time management relative to a one-hour commute one way and working night shift to get enough sleep were two significant components of her transition from student to nurse. When asked to personally define orientation, she stated, “learning.”

Ashley

Ashley also graduated from an ADN program and started her nursing career at the teaching hospital. Nursing was not her first career in healthcare or her first job at the teaching hospital. She had been working on her unit for one year when she was interviewed. Ashley was asked what first came to mind when hearing the word orientation. She simply stated, “Training.”

Brooke

Brooke is an accelerated BSN student. Nursing was her second career. Her first career was in a healthcare related field, but she was drawn to nursing because she wanted to do more. She has been a nurse for fourteen months on a busy surgical floor at the teaching hospital. When asked what first came to mind when hearing the word orientation, Brooke responded, “scary.”

Deidra

Deidra, a graduate of an ADN program, has been working as a nurse for ten months in the emergency department at one of the four community hospitals in the healthcare system. Prior to becoming a nurse, Deidra also worked in a healthcare associated field. She saw what she could do as a nurse and wanted to elevate her career. The researcher asked Deidra what her first thought was when the word orientation was said. Deidra’s description was “You are going to get oriented to whatever job it is that you are going to be doing.”

Lynn

Lynn is also a graduate of a BSN program. She has been a nurse for about six months in an oncology unit at the academic medical center. Prior to being a nurse, Lynn was a counselor. While she did not disclose her rationale for pursuing a nursing career. She did say several times that her experience as a counselor helped her develop relationships with patients as a nurse. Lynn was asked to share her thoughts when hearing the word orientation. She expressed orientation was "learning the basics in a controlled environment that is there to nurture you and to grow you."

Habana

Nursing is not Habana's first career. She too had previous careers in healthcare and community service. She is the oldest study participant, stating her age is between 40-49. She was hired to work at one of the four community hospitals in the same unit where she did her capstone preceptorship as a senior nursing student. At the time of the interview, she was working on a medical surgical floor after leaving a critical care unit. In total she had been a nurse for about ten months. When asked her initial thoughts upon hearing the word orientation, Habana described orientation as "…Something we have to do…but also curious to have an introduction to the job and to the company that I'm getting ready to of be a part of."

Results

Initially the research was intended to focus on in engaging with nurses who have opted to leave the nursing unit they started working in as new graduate nurses to understand what role orientation played their decision to leave. Unfortunately, once a new graduate nurse vacates a position on a nursing unit or from a healthcare system, follow up is nearly impossible. Only one of the ten participants had left the original hired unit they were hired to work on. The participants

interviews shed light onto the potential reasons why nine of the ten participants remain working on their current nursing units and only was does not. Additionally, the circumstances surrounding the single study participant who know longer works on the original nursing unit will be discussed separately as an outlier.

Acknowledging this is qualitative study, it is interesting to note that 90% of the sample had not expressed an immediate intent to leave their current nursing unit. This is a stark contrast to Knighten (2022) who reports "eighteen percent of new nurses will change jobs or leave the profession within their first year after graduation, with an additional one-third leaving within two years" (p. 186). Admissibly, the current results of this study is not comparable to Knighten's results due to sample size and methodology.

The goal of phenomenological research is to shed light on a particular phenomenon. The purpose of this hermeneutic phenomenological study is to understand the lived experiences of new graduate nurses during their initial orientation at a five-hospital healthcare system in the southeastern United States. Additionally, the study seeks to find if retention strategies exist to retain new graduate nurses in their first nursing position.

Theme Development

Using Saldaña's (2021) work as a primer, the first step was to conduct a second listening of each interview using the transcript to validate what can be seen and heard on the recording. The first attempt at coding was not as rigorous as the researcher had intended. With further inquiry, the researcher located a coding and analysis method that aligned with what was previously attempted. The coding process began anew with the second method that utilized word processing programs the researcher already had access to; eliminating the need to purchase a commercial coding product. Initial coding yielded 51 structure codes and 156 descriptive codes.

The codes were trimmed into 72 categories which then yielded thirty-two themes. Acknowledging that thirty-two themes is a substantial number for data analysis, themes were reviewed again. Some themes were made into subthemes resulting in a final count of six themes and twenty-three subthemes. The six emergent themes from the participants' quotes were tell *me everything, preceptors, there's a lot of feelings, they aren't there anymore, why we're here, and moving forward.* Two outlying codes *were thrown to the wolves and preceptor turned her back.*

Theme development occurred from cyclical inquiry. Development is supported by findings from data collection methods and participant statements in the data analysis step. Codes emerge and change throughout the data analysis process (Peoples, 2021). Once a code is created, it is validated by reviewing the video recording of the interview while concurrently reading the transcript to ensure that participant statement was correctly captured in context. Participant statements are made into codes that are grouped into categories, the categories are reviewed, and themes are identified. Each named theme was derived from a direct participant quote. The categories were organized into the themes presented in this chapter.

Table 2

Themes & Subthemes

Theme	Subthemes	Codes
Orientation Defined	**Introduction**	***Introduction***
	Orientation Defined	***Personal definition***
Tell Me Everything	**So Much to Learn**	***Academies***
	How I Learn	***Asking questions***
		Hands-on learning

		Make my own pace
		Repetition
		Scenarios
		Spend time with preceptor
		Storytelling
	I Can Breathe, Finally. But, No	***Transition***
	What I Want	***Learning on my own***
Preceptors	**Good Preceptor**	***Develop my own practice***
		Different teaching styles
		Thinking out loud
	Not The Preceptor You Want	***Eat their young***
		Harsh
		Intimidating
	Preceptor Models	***Split***
		Married
There's A Lot of Feelings	**Not What I Thought**	***Not what I thought***
There's A Lot of Feelings	**What Do I Do?**	***Adulting***
		Events when I was in nursing school
	So Many Feelings	***Anxiety***
		Fear of making a mistake
		Self-doubt
	Transition to Practice (TTP)	***Like nursing school***

		Take it out
		Value of small groups
		Waste of time
	Speaking Up	***Suck it up***
		Present manager
	Importance of Nurse Educators	***Helpful***
		Skills practice
They Aren't There Any More	**There They Go**	***Don't try to keep you***
		Train them and they leave
	Negative Impact of Nurse Leaders	***Poor decision making***
		Lack of experience
	Unit Culture	***Expectations***
		Teamwork
		Unprofessional
Why We're Here	**Power of Positive Leadership**	***Investing in nurses***
	Unit Culture	***Expectations***
		Who to trust
		Teamwork
	Why I am Here	***Happy at work***
		Engaged
		Career
Moving Forward	**Finding My Groove**	***I am not there yet***

	Check Ins	***Checking in***
		Disappointed
		Expectations
Coding Outlier	**Preceptor Turned Her Back**	***Bailed on me***
		Killed my confidence
		Railroaded
	Thrown to the Wolves	
	The Unicorn	

Theme 1: Tell Me Everything

Tell Me Everything emerged as the first study theme. Deidra said, " I wanted to be with someone who was going to tell me everything and not withhold anything." Deidra's statement was made in the context of wanting a preceptor who would tell her everything that she needed to know in order to be successful. The theme, Tell Me Everything encompassed the new graduate nurses' hunger to learn as much as possible while working with a preceptor, and acknowledging that a steep learning curve exists for new graduate nurses. This theme illuminates the identified knowledge practice gap discussed previously in Chapter Two. The participants of this study desired education that aligned with their learning styles when learning unfamiliar content or reviewing required edification. In developing subthemes, the researcher was hoping to receive responses that communicated what the participants who would have love to learn and experience in orientation but did not. Subthemes of Tell Me Everything included *so much to learn, how I learn, I can breathe, finally, but no; and what I wan*t.

So Much to Learn

So Much To Learn is a subtheme of Tell Me Everything. All of the study participants remarked that they had much to learn as new graduate nurses. In addition to general nursing orientation, all new graduate nurses employed at the healthcare system where the study was conducted, are required to attend a two-day dysrhythmia course and area specific didactic classes entitled academies. Both Habana and Elizabeth found value in the dysrhythmia course. Elizabeth commented, "I really appreciated it because nowhere in my school did, we really focus in on strips like that." She regarded the instructors for creating a safe learning environment; especially considering passing the test is required for any nurse working on a nursing unit with telemetry. Elizabeth recalled, "The test was super, super low stakes and they [instructors] were very, very helpful."

Service line specific academies (critical care, pediatrics, med-surg) ranged in length from two days to two weeks depending on the patient care area. Academies are an encompassing term that refers to the collection of area specific education Deidra enjoyed attending the academy for her area and found it very interesting. She stated, "all of it was beneficial because the academy was basically like you were back in nursing school." Alex commented that in her work area, the nurse educator is the driving force behind the academies. According to Alex, academies She said, "I found it probably the classes to be most beneficial because the educator would explain something in class and take the new graduate nurses out to the unit to practice and apply what they were just taught.

How I Learn

How I Learn emerged as a subtheme of Tell Me Everything. When participants discussed their orientation experiences, they also shared what they wanted to learn and how they wanted to learn. Habana identified that the passive learning through computer modules did not

align with her learning style. She recalled "for me in the way I learn, it was too much online. I didn't retain it, I just found myself just trying to get through it and get it done." Lynn had the self-awareness to know she does not learn well in a classroom. Lynn stated, "I don't do well in a class environment. I'm a hands-on person. I have to be actively doing it."

Hands-On Experience. New graduate nurses consistently stated that they needed kinesthetic and tactile learning experiences, especially when encountering new or difficult content. What new graduate nurses in the study encountered was a considerable amount of instructor driven passive education. During her academy, Andre said wanted more hands-on practice and less lecture. The same held true for Andre when she was orienting on the floor. She wanted to have the hands-on experience and the time to spend with one patient in order to develop her nursing practice and routine. When Lynn is learning, she says "you could tell me 'that' [making a gesture with her hands] in words, but until I see the label and go Oh, Ok. That made sense." For Deidre, she liked to "get in there and put my hands in there and let me just call on you whenever I feel like I need you." Andre found attending the academy for her service line, "was beneficial like talking through things and some of the hands-on stuff." Habana said, "I'm a doer, so really the hands-on stations are helpful…" In addition to hands on experience, Habana added that she learned from stories she heard from other nurses. She said, "those war stories help sink it in my brain, so I like hearing those." The possibility of a correlation between kinesthetic learning needs of new graduate nurses and the lack of clinical hours during nursing school due to the COVID-19 pandemic is beyond the scope of this study but does warrant further investigation.

Andre, Brooke, and Habana expressed that hands-on learning was beneficial during their orientation. Brooke shared that "The most beneficial thing was actually having the hands-on patient care and following my preceptor around the first couple days to see how things really

were. Because I was having to learn that really quick." Habana recollected her time in an academy where the educators had the orientees put their hands on and manipulate items they would see in their practice such as obtaining blood cultures, performing a central line dressing change, trach care, and wound care. She also suggested incorporating programming infusion pumps into the academies to give new graduate nurses the opportunity to practice.

Scenarios. Habana acknowledged that scenarios are also helpful for her learning. She asked her preceptor to give her a scenario where the patient had a change in physiologic status. As part of the scenario**,** Habana had to think through the important steps in an emergency including but not limited to who to call, where to locate contact information, and what information to communicate to a provider. She stated that knowing where certain equipment is kept and where to look in the medical record for information was tremendously helpful. Habana remarked to the researcher that what an individual knows and what is actually done in an emergency are different. This difference is due to the fact that when things get chaotic, individuals tend to forget what they have learned (Lalonde, 2021).

Sarah shared that her capstone had been integral in preparing her to care for her patient population, and not the orientation she received on the unit. Alex was surprised that her progress through orientation was based largely on her performance. She said, "no one ever challenged me to see if I actually really knew" Isabella loved the fact that she was able to orient on day shift and night shift so she would be acquainted with the operation of things. Isabella and Sarah were hired for night shifts positions and spent part of their orientation on the opposite shift they would be working. For Lynn, orientation was:

> Really daunting starting out. But in hindsight, I'm so grateful for the overall experience. I got to train under two travel nurses and three staff nurses. Some ranging a year into

> their career to thirty plus years into their career. And, then I got the day shift and night shift experience as well on orientation. So that was really the whole package.

Another part of orientation she found to be helpful was learning to navigate the electronic medical record. Her clinical experiences during nursing school had been at facilities that utilized different software for documentation. Lynn shared,

> I think without that whole day dedicated to training how to put in different information, how to look at results, and how to look at orders correctly allowed me to not waste my preceptor's time. I think it was really useful.

What Sarah found beneficial was not necessarily what she was learning in a class. During her interview, she said, "I feel like I've benefited most from being around people who are starting around the same time as I was and getting to build relationships with them." Andre also found value in attending her academy for similar reasons as Sarah. Andre explained, "I think that the academy was beneficial, meeting new people that are going through the same thing." Sarah and Andre's perceived benefits of developing connections with other new graduate nurses correlated with Edwards et al. (2015) and Rush et al., (2019) who found that peer support and opportunities to share experiences were elements of work environment satisfaction. It is important to note that building collegial bonds was regarded as a job satisfier. According to Rush et al., a professional relationship falls on the continuum of job dissatisfaction in Herzberg's Motivator-Hygiene Theory (Kurt, 2022).

When study participants were asked if they found it to be more beneficial on their units, all ten said yes. Despite being phrased as a close ended question; the participants were able to elaborate and provide some further details as to why being on the unit was advantageous for their learning. Lynn's response to the question was an emphatic, she said "absolutely," and Isabella

agreed adding, “yea for sure.” Alex felt it was imperative to be learning on her unit. She acknowledged, “I think being on the unit is probably the most beneficial thing we can do because that's what I'm going to be doing day in and day out.” Brooke’s perspective aligned with the other study participants. She confirmed that, “It was more beneficial to spend time on my unit with my preceptor.” Sarah concurred, “my patient interactions are where I feel like I learned most.”

Andre’s statement, “the hands-on helped” as well as other statements shared by the participant, supports assumptions five and six of Knowles’ Andrological Theory of Adult Learning. The fifth assumption, adult learning should be relevant to current job and life experiences. The goal of nursing orientation is to provide new graduate nurses with an opportunity to assimilate into the role of professional nurse by working with a preceptor or preceptors. Motivation is central to the sixth assumption. Adult learners are extrinsically motivated by factors such as money and internally motivated by factors like job satisfaction (Knowles et al., 2005).

Both Ashley and Andre reported positive orientation experiences. Ashley said, “It really was great, it was a great experience. Better than I thought it would be. I felt supported by my team members and my manager. I felt respected, and I felt like I had time to learn.” Andre echoed that sentiment, “I love they definitely took more time. So, they gave us more time, which also gave the floor more people to have until everybody got more comfortable with having all those extra beds open” In fact, Andre’s orientation was extended to help the unit expand for an additional six patient beds. Adding the six beds required an additional nurse for both day and night shift. Isabella was excited, “I got to put my first NG (nasogastric) tube because another nurse came to me and asked if I wanted to do it, which was great.”

During the interview, study participants were asked to ascertain if their orientation experiences were the normed experience or possibly outliers. Additionally, asking participants what they shared with others might provide the researcher with additional participants to interview through snowball sampling (Creswell & Poth, 2018). It was assumed by the researcher that when new graduate nurses are together, they discuss their work experiences. The interviews did not indicate a lot of discourse between other new graduate nurses. Having study participants who can identify other new graduate nurses who have a rich interesting orientation experience, positive or negative to share, adds to the body of knowledge according to Creswell and Poth.

I Can Breathe, Finally. But, No

Transitioning from a student nurse to a practicing nurse is a significant life change and comes with a steep learning curve. Interview questions address the transition new graduate nurses make from student to professional. When asked about her transition, Deidra said, "It was just overwhelming. Once you finish nursing school, you think wow I'm done. Like I can breathe finally, but no, that wasn't even the case."

Exploring the feelings new graduate nurses experience during the transition from student to nurse has been studied for several decades and is also the source of some nursing theories (Kramer, 1974; Graf et al; 2020). While none of the participants explicitly stated they were experiencing any of the stages of Kramer's Reality Shock Theory (1974), some did express feelings of failure, a lack of preparation by their nursing schools and self-doubt. These feelings are consistent with the shock/rejection of Reality Shock Theory. Brooke commented that it would be nice for more transparency (from nursing schools) about what to expect as a new nurse. Brooke's comment is evidence of Kramer's Reality Shock; new graduate nurses reject the school for not preparing them for practice while simultaneously asking for the same type of information

they received while in nursing school. Habana said, “there's still a lot of days that are. I'm like, oh, I don't know about this.” Of her orientation experience in her first unit, Habana said, “that had totally killed all my confidence.” But she is moving forward evidenced by her remark, “Feeling like I'm starting to get a little groove and starting to kind of come together.” Habana said time management in caring for multiple patients is a struggle.” I'll make a little step forward and then it'll remind me that I'm not quite there yet.”

Capstone/Preceptorship During Nursing School. The study participants who partook in capstone or preceptorships in nursing school may have had an easier transition due to what Kramer (1974) refers to an anticipatory socialization. Anticipatory socialization prepares the student nurse for the role of professional nurse through opportunities to observe and learn from role models according to Kramer (1974). Kramer revealed that socialization is requisite of the work environment. Within this work environment, expectations of nurses include “role behaviors not in generalities but in specifics: the care of a given caseload of patient with multiples unknows and uncertainties, to be completed within a specific period of time” (1974, p. 41).). For Sarah, it was not as hard as it could have been since she completed her capstone in a similar unit while in nursing school. Andre also felt that her capstone in school helped prepare her. She completed her capstone in the same hospital but on a different unit where she is employed as a nurse. Andre said, “the biggest difference for me is having was having to call doctors about stuff.” Isabella remarked:

> My transition was definitely a change because in nursing school you're only allowed to do certain things. I feel like I was making a lot more decisions that I was not necessarily prepared for. I just wasn't given the liberty to do [in school]. That was a big change for sure, but it was a good one.

What I Want

What I Want emerged as a subtheme to Tell Me Everything. When the researcher inquired about the interview participants to consider what they wanted out of their orientation, they did not get, and what they felt was important and valuable in new graduate nurse orientation. Including this question in the interview provided insight to what new graduate nurses want out of their orientation. A follow up question was used to seek clarity and obtain a full rich understanding of the orientation experience. The questions new graduate nurses have of orientation are similar to the questions asked by nursing students at the beginning of a course in nursing school. New graduate nurses are accustomed to the nursing school environment where they have had syllabi that explicitly address what is expected of them. The desire for handouts before class or orientation is consistent with the passive teaching learning model inherent in pre-licensure curriculum. This model is so ingrained into new graduate nurses, they can be observed using the tools of school to make the transition into work. For example, Elizabeth wanted a list of top ten diagnosis seen on her unit so she could study post operative education to provide for her patients. She also wanted to have the presentation slides before the first day of hospital orientation "so I could be more engaged with the speaker rather than having to read and also listen, and also take notes."

Inquiring about and listening with an empathetic to the end-user's needs, in this case the new graduate nurses, is the first part of design thinking. Design thinking is driven by the ambition of identifying the root of an issue and using creative thinking and innovation, the team collaborates to find the best solution. Design thinking encourages brainstorming of multiple ideas, the enthusiasm to falter and start again, and adaptability to flex based on end user feedback (Bravo, 2022). Design thinking in healthcare shifts the power structure from the health care

provider as the all-knowing expert, to a shared collaborative model where all voices have equity (Leary et al, 2022).

With regards to opportunities for skills during orientation, Andre stated, “I wanted to start some more IVs and stuff.” Alex preferred more formal evaluations during her orientation. She had heard about more formal evaluations of knowledge being done at other facilities. Alex said, “I don’t want to call it a test, just something to see if I know my medications, for example.” Deidra wanted more exposure to high acuity patients while in orientation as she recognized “they are going to push me to those critical bays…pretty soon.” Isabella also desired more practice and experience. She wanted to be able to respond appropriately in the event of a patient’s decline. Isabella expressed that while she did not want any of the patients to have a decline in physiological status, she did want to have the practice of calling the rapid response team and the providers. In the event a patient begins to deteriorate she is already prepared.

Deidra suggested that the first week of orientation be held in person rather than being at home doing online modules. “If you would have been in a classroom setting and worked as a group, everybody could have been doing it at the same time,” said Deidra. She also felt that by being in person, she would have access to others if she had questions. Habana commented on the online modules as well, describing having to read the same education in multiple modules. Habana recommends, “get rid of half of those modules we have to do.”

Ashley had a prompt answer for what she would advise orientees to do if she were in charge. She would require new graduate nurses to have a notepad with them at all times. Ashley verbalized “every day you need to write down any questions that you have, any concerns that you have, and you need to make sure that you find time to go over those with your preceptor.” She remarked that she sees and hears people asking the same questions, but not writing things

down on paper. Her response was, “If you are not writing it down, going over it, you’re not going to remember it.” Ashley also reminded her new graduate peers, “You should, as a new nurse, try to stick by the book… Being new, you want to make sure you follow the guidelines like you're supposed to.”

Brooke’s suggestion to orientation alterations was to reduce the patient load of the preceptor, so they could focus on the new hire, and answer questions. This suggestion aligns with Bohnarczyk & Cadmus (2020) who recommended nurse leaders to transfer some of the other responsibilities of the preceptor, that is not related to new graduate nurse training. On the subject of preceptors, Habana cautioned “definitely don't flip preceptors a lot. I do not recommend that.”

Sarah agreed that handouts would be helpful on her unit. Sarah reported, “our policies are not strong on our unit, so giving them (new hires) references that they can have and reference once they're on orientation and once they leave orientation.” Habana requested to observe some of the procedures her patients undergo. She said, “it’s hard to educate people if you don’t understand exactly what is being done and why.”

Alex moved five hours away from her family and friends to start her nursing career. She was looking for people to socialize with outside of work. Alex said it nicely, “that was going to be my group of friends is who I met on the unit since I moved away from everybody.” Habana and Lynn expressed some frustration over some of their classes. The unit specific classes are set up on a rotation depending on service line. Some classes are all day, some classes are for several hours on multiple days. Lynn said, “Like, why couldn't that be put with my 3-hour class the next day and then it just be a 5-hour day and I have a day off, but it felt like I just

live sleep breathe." For some new graduate nurses, the classes align well with their orientation calendar, and they get the education they need at the right time. But for Lynn,

> some of my classes were out of order so I had incidences where that was the case, where it was like lost on me. It went over my head and then I had some where it was like oh well, that would have been useful six weeks ago…Or had I already gone to that class, I would have had that base knowledge, and not be wasting my preceptor's time.

Lynn had a similar reaction when she first learned about the code cart. That would have been useful, maybe on day one. In case of an emergency… you know it would have been nice to have had that confidence. Like, let me go grab this. Here's how I can help in this situation." Habana suggested teaching ACLS (Advanced Cardiac Life Support) to all new graduate nurses, "maybe teach that to all new grads or something like as part of the Academy where you can really take the time and break it down and explain it…"

Theme 2: Preceptors

The literature review that comprised Chapter Two highlighted the importance of preceptors in the in the success of new graduate nurses. Preceptors function in multiple roles including teacher, guide, mentor, socializer, and advocate. In these varied roles, new graduates nurses described their preceptors as intelligent, a safety net, and someone with a good sense of humor. The value of preceptors can be summed up by one participant's statement. Brooke said, " the preceptor really makes or breaks your orientation experience." Brooke's statement is congruent with findings from Feeg et al, (2022) who stated preceptors define the atmosphere for new graduate nurses.

Lynn had a unique opportunity to have six different preceptors during her orientation, a mix of day shift and night shift, travelers and permanent staff, newer and experienced nurses.

While at first it might seem like an absolute disaster, Lynn opted for a more positive outlook, " I got to figure out what works for me and I have taken little things from each preceptor." She followed up by saying it is "really cool to see a wide variety of methods and techniques and just the process of (Nursing) in general." Not only was Lynn able to glean the best practices from her posse of preceptors, she also has made lasting connections with her colleagues.

Good Preceptor

During her orientation, Lynn was grateful for her preceptors. "I had people who were super passionate about the field…they chose it because they loved it…"Deidra was surprised when her preceptor said, "…I would let you take care of me because you ask questions, you don't just do, and you don't think that you know at all. And if you feel like something's not right, you question it…" When asked to describe a good preceptor, Brooke said

> A nurse that does not eat you know as I would say their young. Is a nurse that is open and ask them if they have questions. Make them feel safe. Let them know that you know it is ok to make a mistake, and that they're human and that if they make a mistake, be comfortable enough to tell their preceptor.

When Sarah described her preceptor she said, "she was very knowledgeable and she was a good preceptor in the sense that she was there to answer questions, but she also backed off when she needed to. This is our patients today." Ashley felt she had a good preceptor as well, "She's very resourceful…I feel like I can talk to her about anything. It doesn't have to be nursing only."

Preceptor Models

Study participants were asked how the workload was shared between the new graduate nurse and the preceptor. When asked about the preceptor model used during their orientation, the majority of the participants did not understand the question until it was explained further. The

married preceptor model being where the preceptor and the orientee do everything together while the split model puts the two nurses working independently in the same assignment. Orientation is usually a mixture of both models. The participants answered questions about the efficacy of the preceptor models and during their discussions of their preceptors.

Preceptor models were discussed in the literature review as part of chapter two. Alex said, "We were always together. It was always what would be the best assignment for you two to do together and they could like request patients for us to have." Deidra's experience was similar to Alex's. "Whatever my preceptor had was my assignment." Isabella worked with her preceptor in both models, "…The first preceptor …started out as just me shadowing her… then I would take one patient by myself and she would have the other two and we progressed…" Brooke experienced both models,

> "Initially it was married and then it was split. So you're married for the first little bit to follow everybody around and that is actually a hindrance because I could tell my preceptor was getting frustrated."

Sometimes the married model is frustrating for the orientee. Lynn shared, "I felt like I was back in nursing school following around a nurse…towards the end of that eight weeks, I cannot program the pump?"

Based on feedback from orientees, one participant shared the changes her unit has made during orientation as well as her participation in making the modifications. Alex remarked "we all felt it was a little intimidating when we were getting put on our first week of orientation with these super experienced nurses. And you're like, whoa, they're getting sick patients!" Now new graduate nurses were paired with a nurse who has one to two years of experience. In support of

the changes, Alex shared, “that made it a little bit more relatable for you to start out with someone who's not as experienced.

Theme 3: There’s A Lot of Feelings

Orientation and the accompanying transition can cause emotion upheaval in a new graduate nurse. As a new nurse, orientation could feel even more overwhelming due to numerous clinical practices and fears of succeeding and the unknown. As Sarah said, “there a lot of feelings about…” Study participants shared feelings of “self-doubt” (Sarah), “putting on a face” (Brooke), “lost” (Alex), and “frustrating” (Habana).

Not What I Thought

In the current state, the first day of hospital orientation is at the academic hospital for all newly hired employees going to any of the five-hospital healthcare systems. In listening to the participants, many felt overwhelmed at the size of the teaching hospital and the volume of information shared with them. Some of the participants were hired during the COVID pandemic and completed almost all of their hospital and nursing orientation virtually. It was apparent from their statements that the participants had some preconceptions about orientation prior to their first day. Alex was disappointed, “your first day of orientation, you're sitting on a zoom call all day at your house, so then you don't really get the starting to meet people kind of portion of it until like the Friday of my first week.” Alex’s disappointment reflects the researcher’s axiological assumptions; retention starts with the first day of hospital orientation. New graduate nurses want to come to the hospital and meet the people they are going to be working with. Having them come to the hospital for one day and then send them home to do online modules does not promote a sense of belonging nor does it feel welcoming to the new graduate nurses.

As participants reflected on their first week of orientation, which typically consists of general nursing orientation with information such as policies, procedures, and equipment; most had a comment about the volume and or content of the online modules required to be completed. Lynn said, “the modules made me feel like I could go at my own pace and helped me feel more prepared going into like my first actual physical day.” As Lynn moved into the next week, now her second week working, she remembers sitting in the class thinking,

> I'm not even mentally prepared for this class… like literally I had my first day on orientation and I had that arrhythmia class for my third day, and I just like I don't know what’s happening. I am so overwhelmed because your brain is so far out.

Brooke remembered her orientation and said, “Going through the computer modules and I get you have to check your boxes but, that's not real life, and it's a waste of time.” Sarah expressed displeasure related to general nursing orientation. She said,

> I don’t necessarily feel like with my general nursing orientation that we all go through that I don’t feel like I was learning anything very unique. It felt like a review of nursing school and things like I had done for clinical compliance in the past.

What Do I Do?

What Do I Do, developed as a theme from There’s a Lot of Feelings. Interview questions inquired about the participants’ transition from student to nurse. An et al (2022), found higher levels of stress in new graduate nurses related to challenges in interpersonal relationships and deficits in their skills. Once out of orientation, Brooke said, “something that I found difficult when you have six patients, you know you have several different people with IV medications and you got basically five out of six, probably blood pressure medicines. Basically, what to manage first?”

Sarah said, “People were even more on edge because we're watching nurses be crucified for making a mistake…and so I came in with a very healthy fear that most nursing students, or hopefully most nursing students, come in with already.” Sarah’s reference to “watching nurses be crucified” surrounds events that occurred while she was in nursing school. Sarah started nursing school in the middle of the pandemic. The criminal trial of RaDonda Vaught was underway as she was completing her senior year.

RaDonda Vaught, a nurse, was employed at a large medical center in 2017. She was asked to administer medication to a patient who was anxious during a procedure. RaDonda was orienting a new nurse at the time. Together they went to the automated medication dispensing cabinet, removed the medication, identified the patient, and administered the medication. A brief time later, the patient became unresponsive. Investigations revealed that Vaught administered the incorrect medication. Subsequently, RaDonda Vaught was prosecuted and found guilty of criminally negligent homicide (Williams et al., 2023).

The RaDonda Vaught case weighed heavily on Sarah as she shared,

> So, I remember my first couple weeks of orientation. I would make my preceptor double sign off on everything, even stupid stuff like ampicillin. “She recalled being anxious and fearful. “I'm going to do something and make a mistake, but then the added pressure of I'm going to make a mistake. And I'm going to lose my nursing license. And
> I am going to kill somebody.

Other interesting insights from transitioning from student to nurse were noted by study participants. Brooke recalls, “you don’t want to feel inadequate, so you put on a face.” Isabella remarked, “I’m trying to learn to be an adult…managing my time…getting enough sleep.” Alex who was so accustomed to being in school said, “all of a sudden you have free time

and kind of didn't know what to do with yourself." Lynn felt much the same way, "Now that I'm off orientation, I'm like. Three days off. What am I going to do? So, I'm picking up shifts all the time because I'm like. I just don't know what to do with this silence?" Frequently picking up additional shifts can put the new graduate nurse at risk for burnout.

Lynn struggled with what she called "learning and unlearning a little bit, which got a little tricky at times." Lynn shared in her interview that she too attended nursing school during the COVID pandemic. The majority of her clinical rotations were in underprivileged areas, and she observed the nursing staff not following evidenced based best practices. Lynn added, "So that was kind of my background. So then starting here, I was like, OK, I'm going to unlearn what I learned there, and I'm going to learn this this way. So, there was just a lot of confusion, a little bit starting out." Brooke's significant transition moment was the realization that "I am now the nurse," She suddenly felt the burden of caring for patients independently.

So Many Feelings

Study participants report feeling a myriad of feelings as new graduate nurses. Elizabeth recalls being anxious when she would be with someone other than her regular preceptor. "I might feel a little anxious in the beginning of the day, just because I didn't know them well at the time…" Fear of making a mistake weighed heavily on Sarah. She recalled during the first few weeks of orientation, she would make her preceptor double sign off on everything, even simple stuff like ampicillin . Ashley expressed some apprehension over what her unit would be like, and in a new situation, it just felt like she was learning all over again.

Transition to Practice (TTP) Nurse Residency Program

New graduates acknowledge that TTP is required. However, they do not find value in the presentations they attend. One participant stated, "it comes across like nursing school." Another

participant acknowledged that TTP content was created and intended to be beneficial, but the delivery creates a different perception. Additional frustrations were expressed in relation to the time of day the sessions were conducted. When asked to explain further, the participant stated that the classes were held in the afternoon. Nurses working on night shift would have to get up early to attend. By not scheduling the TTP sessions at times that aligned with beginning or end of their shifts, new graduate nurses working night shift felt that their personal time and sleep were not valued. Compounding the issue were parking constraints due to construction and a high number of teammates working at the same time as the TTP sessions were held. Several participants self-disclosed that they worked in the pediatric hospital. The pediatric nurses expressed frustration at the lack of pediatric relevant content in the TTP sessions. For the pediatric nurses, not having content relevant to their patient population compounded their frustrations with scheduling, and the lack of inherent value in TTP.

Not all the new graduate nurses were dismissive of the TTP. Interesting enough, one of the four new graduate nurses, Habana, who identified as being over the age of forty, vocalized that her younger peers did not perceive the content in TTP as helpful due to their lack of life experiences in real life that there that you guys are actually trying to make you aware of them and like how to handle them. Habana also confirmed that a TTP presentation from Risk Management department provided her with helpful information on appropriate documentation related to escalation of care. Additional topics Habana found beneficial were discussions on workplace violence and diversity, equity, and inclusion. She stated, “people that aren't used to diversity topics like pronouns, need to hear some of that stuff.” While the healthcare system is centrally located in the state, with the academic hospital seated in a metropolitan area, the

immediate surrounding areas are predominantly rural. Participant responses and perceptions of TTP can be viewed as a manifestation of the egocentrism observed in Kramer's Reality Shock.

Nursing schools do not fully appreciate the difference between orientation and nurse residency programs like TTP. Evidence of this lack of understanding was illustrated during Lynn's interview. She reported being confused by what TTP was. Her pre-licensure program encouraged her to take a position at a hospital that would teach her skills. She recalls thinking that of course she would want to do that. It was not until she attended her first TTP session and listened to content such as coping skills, that she realized the difference.

Speaking Up

Lynn acknowledged that for her peers who were coming directly out of college with minimal life and work experience, advocating for oneself may not come naturally. She said, "I understand if you've never been exposed that you don't know what's acceptable to ask and what is it you know; they don't want to get in trouble for asking for something else too." Habana echoed Lynn's statement, "When I was that age (younger, referring to new graduates). I probably wouldn't have said anything. I would have just sucked it up and kept going (regarding speaking up in orientation)." Lynn attributed her success in orientation to her ability to advocate for her education needs. She said when her colleagues heard that she was requesting things to be included in her orientation they looked surprised. Lynn told them, "You can ask… you're in control of your orientation just as much as collaborative. If you want a skill, you got to ask." Sarah commented that,

> this generation of nurses…are coming in and we have been like with the COVID nursing, we've seen that people are more apt to advocate for themselves. A lot of the old mindset of old nursing is you need to, you just put up with it. People are advocating for

themselves in ways that older nurses don't always respect or understand because it's not their mindset.

Importance of Nurse Educators

Nurse educators on the unit are a wealth of knowledge especially for new graduates. Nurse educators, also known as clinical educators, unit-based educators, or service line educators are nurse clinicians who have pursued education as a specialty within their clinical specialty. They are knowledgeable about adult learning theories, incorporate evidence-based research into clinical practice and serve as a resource to nursing staff on the unit. Nurse educators are viewed as the experts on their units (Coffey & White, 2019). Brooke acknowledges the strain precepting new graduate nurses places on staff nurses. Being a preceptor can be physically and mentally exhausting. In her interview Brooke explained that precepting an orientee is similar to having a shadow for twelve consecutive hours. She proposed that the clinical educator step in and pull the orientee out of assignment for an hour of individualized instruction such as practicing skills or reviewing policies. Elizabeth said, "educators can really help you learn your unit." Brooke added that, "I felt like she (preceptor) was so busy that I was a hindrance. I don't feel like the actual preceptor had the time to stop and teach." Nurse educators on the unit are a great resource. Alex sought out her educator to collaborate on a new orientation process that includes a preceptor and a mentor. She said we want orientation to be a "little bit more relatable …to start out with someone who's not as experienced."

Theme 4: They Aren't There Any More

They Aren't There Any More developed as a theme relating to nursing turnover. Study participants remarked that people they were hired with or even people the new graduate nurses trained had left their units already. Identifying reasons why nurses, especially new graduate

nurses is important to developing retention strategies. Sarah reflected on her unit, " all of the people that I remembered going to when I started, leave. They're not there anymore or they're on a day shift position or they are PRN" This theme has three subthemes, There They Go, Negative Impact of Nurse Leaders, and Unit Culture. There They Go captures the study participants' reasons why new graduate nurses leave their current jobs. Unit Culture the other subtheme speaks to the impact of a negative work environment on retention.

There They Go

There They Go developed as a subtheme of They Aren't There Anymore. For new graduate nurses, observing people leaving a unit you just started working can be unsettling. Sarah shared in her interview that she had looked around the unit at the nurses she worked with and realized that with her 14 months of nursing experience, she was one of the more veteran nurses on her shift. She voiced concerns that new graduate nurses with four to six months of experience are given the opportunity to move to day shift. The position vacated by a new graduate nurse is filled by another new graduate nurse. Sarah reports her shift is consistently understaffed. On the rare occasion her unit is fully staffed, Sarah disclosed that the majority of the nurses are new graduates. The litany of reasons for why people left her shift and or her unit continued to frustrate Sarah, especially because she felt that nursing leaders were not attempting to retain their staff. Sarah stated,

> They leave because they're not getting paid enough and they leave because they don't feel supported by their managers, and they leave because their managers are inappropriate. People are leaving in droves. And it's disheartening to feel like you're training people who are going to immediately leave because I've seen it happen so many times. All of

these new graduate nurses that are coming in and all of these travelers that are coming in, you feel like you're wasting your time and energy on someone who is not going to stay." When talking about others leaving, both Sarah and Alex felt their leaders were not trying to keep people staying on the unit. disclosed, "If you are unhappy, they say, 'OK, well, want me to write you a recommendation to go elsewhere?' That is always, very frustrating that they (managers) don't really do much to try to keep you there."

The interview question sought to learn more about reasons why participants might consider leaving their current unit. Sarah and Alex expressed frustration over their perceived notion that their nurse leaders do not care about individuals. Money came up in multiple participants interviews. Alex referenced her unit's use of: "People that I work with are making double what I'm making" Sarah also mentioned pay, "The reason that I'm watching people leave is money. They're not really giving raises. They're not giving bonuses." Lynn cautions those who are just chasing after money. "A lot of people leave to go travel because they see these like dollar signs, but then they get placed in these really terrible assignments of these terrible hospital systems and they're begging to return to their home hospital."

Another reason for leaving was to care for a different patient population and or a different care setting. For Andre, "I mean, I don't think that I want to stay there forever, but I think it's a good unit to get your feet wet." Isabella remarked that a group of people left together to work with a specific manager and specific patient population. She reported that, "They were transferring to a higher level of care for experience to advance their careers, and they all ended up going to the same unit because of a previous manager that had gone there."

Reasons for leaving can be more personal. After Habana's orientation debacle, she said "I really wanted to quit, to be honest." For Brooke, it's family. "Not being able to be near my

family for any holiday because either have to work one shift or the other around the holiday. Sometimes it's hard not to think it's family before work or work before family."

Negative Impact of Nurse Leaders

The role nurse leaders play in orientation was not discussed as part of the literature review for this study. Alex expressed frustration with nursing leadership. She recalled, "management changed, and my rules changed and so that was just frustrating." When Alex said rules, she was referring to the scheduling guidelines for her position. Lynn indicated some concerns she had with her nursing leadership. She said, "some of the leaders have only been nurses for a year or two." Sarah felt similarly about her nurse leaders, "They just don't have the experience or the qualifications. It's about the way we're being managed by new graduate managers. They don't have any management experience and they don't have any higher education between the three of them." Both Sarah and Lynn have seen managers leave in the brief time the two of them have been nurses. Lynn said one manager only stayed a month. Sarah said, "We have a lot of turnovers in their management and it's very frustrating as nurses to watch everyone around you leave…" Lynn expressed her feelings and frustration by saying, "management is more who you know rather than skill set… little frustrating for some people. I feel like they got overlooked for a position because it was all about who knew who and who was buddy with who." Unfortunately for Sarah she was experiencing a comparable situation. Prior to a manager being hired, Sarah and other nurses were told that if that manager did, and I quote, "anything inappropriate to you, email our managers so they can keep track of it."

Unit Culture

Unit culture as a subtheme of Theme 4: They Aren't There Any More originated from participant quotes illustrating how unit culture can increase the rate of turnover and stymie

retention efforts. One study participant alluded to a toxic environment where she works. She says it is toxic due to her managers. Sarah shared of her unit, “the unit culture is very toxic to the point where everyone leaves.” Alex said part of learning the unit culture is “learning who you can trust…who you can ask that's not going to tell somebody about a silly mistake you made or a dumb question you had.” Habana thinks that the unit culture where she first started impacted her orientation experience. “They have all worked there…least amount of time was 10 years…they had not had a new grad in eight years because apparently the last time…it didn’t go well either.” Sarah said, **“**I have looked at someone…and said, you know, when I say I hate this place, I really mean it… then every time I come into work I do start to hate it just a little bit more.**”**

Theme 5: Why We’re Here

The theme Why We’re Here captures the reasons that new graduate nurses stay in their current positions and what they enjoy about their jobs. Responses from study participants informed the development of this theme. The subtheme of Unit Culture also appears under Why We’re Here as the unit’s culture is a factor of retention.

Why I Am Here

Why I Am Here expressed individual reasons for staying on their nursing units. Lynn remarked, “It's so important that we have a positive environment, and we surround each other with support and laughter. And, you know, remind us, why we're here.” Ashley’s decision to accept her current position was dependent upon nurse leadership, becoming the unit manager. For Ashley, she did not feel she would get the support she needed without this particular manager. The manager accepted the job and so did Ashley. Lynn sought out a specific patient population, but more importantly, she was able to make long term connections. She said, **“**just

knowing that I get to be a part of this chapter of their life, for this season…we get to make the best of it together…"

Alex remarked, "the people I work with and the providers that I work with gave the feeling of inclusiveness and it is very much a team environment." Brooke agreed that, "It is the connections with my team members because the actual patient load is getting worse…the people's what keeps me." In regard to Habana's second unit, she said, "what keeps me there now is the people I work with. You know the ones that is a good working crew." Isabella concurs with the other study participants. She said, "the whole unit is just oriented around teamwork like we actually help each other …we're available if someone needs it and … that is really comforting, especially as a new grad, I just want that support."

For Sarah, her reasons for staying are different. "The patient population is the only thing that makes it worthwhile going into work. It's the population that I love, and I really enjoy getting to work with, but being able to take on an extra part time position is something that I'm very passionate about that has reduced my time on the floor." Sarah also stayed because as she looks to the future, she acknowledged the relationships she had built "are too important and too meaningful to my career long term to leave."

Study participants consistently stated teamwork and the people they worked with as reasons for staying on the units where they worked. For Deidre, it was, "The culture, everybody, everybody's friendly, I mean, it's just like a big family." Ashley viewed her coworkers similarly, "The people I worked with because we are like a family." Lynn summed up her reasons for staying with this,

> I weighed my pros and cons when I was looking at jobs and I was like, I'd rather be in a healthy environment where I'm getting paid less than I would in xxx. But I'm going to be happy at my job and that to me makes it all worth it.

The camaraderie between teammates is a strong indicator of retention found in this study. Teamwork supersedes nursing leadership and training in retaining nurses.

Unit Culture

Unit Culture as a subtheme of Why We're Here highlights the positive aspects of the nursing units where the study participants work. When asked what made her stay working where she is, Deidra replied, "The culture, everybody. Everybody's friendly. I mean it's just like a big family." Alex liked that everyone is viewed as an equal, "the providers are on your team…they are not above you." When discussing her unit, Elizabeth said "I love all the nurses on my unit." The unit culture was a welcome change for Habana. Of the second unit, Habana said "they have been very kind and they are used to new grads."

Power of Positive Leadership

Brooke articulated the positive impact of a present effective nurse leader. She said it is important that "you can go to and say I made a mistake, or I had an altercation with this doctor, just being able to be open with your manager about situations and let her battle it out with you. It makes a difference." Habana said, "it's nice to see a manager come around and say, hey, what can I do for you guys? Have you had lunch? You go to lunch. I'm going to take your assignment for 30 minutes. Those kind of things"

Theme 6: Moving Forward

Moving forward developed as a theme for what new graduate nurses planned to do now that orientation is over. Once orientation ends, some new graduate nurses suddenly feel they

have an excessive amount of free time. Some gravitate towards picking up extra shifts: for money, socialization, and to help their colleagues (Stimpfel et al., 2019). Lynn had completed orientation, and said she was happy that her former preceptor would continue to be a part of her professional journey. “She got actually assigned to me from my unit as my mentor moving forward.”

Finding My Groove

“I'm still trying to do juggle and learn my way of handling my patient load,” said Brooke. Some of the participants appreciated their preceptors due to the support and guidance them provided. Sarah expressed gratitude for her preceptor by stating that, “she let me do a lot. And learn a lot on my own.” Isabella is trying to find her groove, “now that I’m on night shift, I am able to figure out my own flow. That’s where I’m going to be staying.” Habana said, “ I would say anything, I'll make a little step forward and then it'll remind me that I'm not quite there yet..”

A Better Way to Orient

A Better Way to Orient developed as a subtheme of Moving Forward. Study participants reflected back on their orientation and discussed opportunities for an improved orientation experience. Habana felt like her orientation could have been handled better. She recalled spending a lot of time with her original preceptor, but neither of them knew how much time she had left in her orientation. Sarah did not feel that she had been a nurse long enough to provide a good learning experience for a new graduate nurse. Her concern is consistent with Smith and Sweet (2019) who found that novice nurses, defined as having three or fewer years of experience, functioning in the preceptor role. The novice nurses found precepting both challenging and rewarding.

Check Ins

Check ins arose organically from the interviews. New graduate nurses wanted time carved out in their orientation schedule to meet with their preceptors, educators, and leaders to assess their progress. Check ins could be formal such as evaluating checklists or progress towards goals or informal like text messages or rounding on the new graduate nurse while at work. Lynn stated, “I think one on one meetings with your preceptor should be mandatory.” Habana agreed that check ins are beneficial, “just so I know exactly where I am all along, and exactly what I need to pick up on.” Andre would have liked to have had this, “sit down with the manager or charge nurse through the process with whoever I was orienting with to be like. OK? Kind of just like a check in.” One week before Andre’s orientation was to end, she went to her manager to figure out what the plan was with coming off orientation. Up to this point, Andre reported that there had been no discussion of her orientation plan. During the meeting with her manager, Andre’s orientation was extended due to the unit’s expansion of six additional patient beds requiring increased nursing staff. No specific end date for orientation was set. Andre said, “I showed up one day and they were short staffed and didn't have anybody for us (Andre and another orientee) to be with. So, it was like Oh here you go, you by yourself today.” And Andre’s orientation ended right there. Andre’s experience is consistent with Feeg et al (2022). In light of the relentless nursing shortage, some new graduate nurses are being moved out of orientation sooner than planned in order to have staff on nursing units. Early cessation of orientation frees up both the preceptor and the new graduate nurses to take patient assignments.

Habana also had an awkward end to her orientation. “There really were no check ins.” She said the manager's words to her was “I can't pay for anymore orientation and so now. You know, we're stuck in like in the last two weeks.” At that point, Habana said “my preceptor didn't really know how long I actually had in orientation.” The solution was to pair Habana with new

preceptors and move her to a different unit for her final six shifts of orientation. Habana confirmed, “They were putting me with different preceptors because I guess my preceptor wanted to make sure she wasn't crazy, that I wasn't quite ready to be an ICU.” Habana recalled the experience as “very frustrating and very disheartening to me because I would have rather her (the preceptor) who's had me the whole time, say, you know, look, you're just not where you need to be right now.” It was a dark time for Habana, “It was really bad. And I really wanted to quit, to be honest.” Thankfully, Habana chose to transfer to an adjacent unit where she was paired according to her, with a really great preceptor who is very nice and encouraging.

The value of checking in does not end with the completion of orientation. Deidra recalled a text message she received from one of her preceptors telling her that she was amazing and was going to be a great nurse. Deidra said that the same nurse will come and check on her when she is working. Ashley echoed Deidra’s sentiment. According to Ashley even after orientation her preceptor “still checks on me. If I’m having a rough day, she makes it easy.” Alex had a similar experience, saying her preceptor was “somebody that I could still go to even after orientation and still checks on me.” During the interview, Alex recalled a recent event where she was drawing blood from her patient’s arterial line, and she forgot to silence the alarms. According to Alex,

> So, it looked like my patient was bleeding out and somebody came down and said Hey, are you OK? I figured you're drawing labs, but I still just wanted to check in on you. Which I really appreciated still being new, that people are still going to come and check on you, even if they think you're OK.

Andre felt supported in the same way, “the charge nurse and UM, they're always really good about coming by and asking if you need help and if you're good.” Once Habana moved to the

second unit, she remarked that her preceptor, “Always checks in. Are you OK? What do you need? What can I do for you?”

Coding Outliers

Preceptor Turned Her Back

Of the ten participants, only one had a negative orientation experience. While each individual’s story is unique, highlighting an outlier can sometimes provide greater insight into the phenomenon of interest, in this case, orientation experiences of new graduate nurses. When Habana was in her senior year of nursing school, she completed a preceptorship in the same unit she would later be hired to work on as a new graduate nurse. She felt the unit was a good fit for her and felt comfortable with her preceptor. During hospital orientation, Habana recalled,

> expectations from the orientation at the main campus where, you know, we were told of certain expectations of how we are going to have weekly check-ins. We were told, you're going to have, an educator that will come by and you will always be going to know where you are. And all of those things.

From Habana’s perspective, her orientation was on track. Preceptor feedback aligned with Habana’s opinion “don't worry, you'll get it. Yeah, all new grads have trouble with this.” She recalled that after a few weeks nothing was completed on the checklists and no check-ins had occurred. “The end result was when we got to what should have been two weeks away from me getting released and my preceptor didn't really know how long I actually had in orientation.” In a meeting with nursing leaders, Habana shared that the manager said she would not pay for additional orientation time. Subsequently, Habana was placed with three new preceptors in a

different unit. The final decision on her orientation status was based on the last two weeks she had worked. Habana added,

> They were putting me with different preceptors because I guess my preceptor wanted to make sure she wasn't crazy, that I wasn't quite ready. And so that was very frustrating and very disheartening to me because I would have rather her who had me the whole time, say to me, you know, look, you're just not where you need to be right now.

In the end, Habana transitioned to a different unit. "And I was really disappointed in my preceptor at that point, because I just felt like she turned her back on me a little bit at that point and wiped her hands of it."

Thrown to the Wolves

The phrases "thrown to the wolves" and "eating their young" have been used to describe orientation experiences of new graduate nurses for decades. For new graduate nurses transitioning into the role of professional nurse was comparable to being out in the wild with an uncertainty of whom to trust (Hunter & Cook, 2018). When asked to think about her orientation experience starting with the first day, Isabella responded, "I thought that they were, or I was going to be thrown to the wolves because that is how nursing school made it seem." Andre recalled her orientation at a previous job before she was a nurse, "I got, like, barely, not even a month of training. And I got thrown to the wolves. And it was awful."

The Unicorn

Lynn said, "I might be the unicorn…that might be the unicorn experience where not everyone has that experience. That was orientation for me, and I loved it. Lynn had multiple preceptors on day and night shifts during her orientation. Her unicorn adventure was "I really have had a positive experience with orientation. I just got really lucky. I really do like I said, I've

bonded with all of them." Lynn recalled a point in her orientation where she and her preceptor had a rough shift but were able to work things out. " …I just think that that that's a really cool point from it that even amongst the chaos like we still we found common ground…"

Answering the Research Question

CRQ: What is the lived experience of new graduate nurses during their initial orientation?

In reflecting on the problem statement identified in the study, new graduate nurses leave within the first one to two years of their careers; a statement supported by data from Knighten (2022). "Eighteen percent of new nurses will change jobs or leave the profession within their first year after graduation, with an additional one-third leaving within two years" (p. 186). Acknowledging that the small qualitative sample of ten does not generalize to the larger population referenced by Knighten, it does merit noting that only one of the ten participants changed jobs. Quantitatively, that is 8% lower than in Knighten's sample.

New graduate nurses identify workplace violence, lack of clinical competence and confidence, job dissatisfaction, high patient acuity, and lack of support from peers and leadership as rationales for their departure (Alshawush et al., 2020; Church et al., 2018). Findings by Alshawush et al., and Church et al were consistent with the study population who expressed feelings such as lack of confidence, high patient acuity, and a perceived lack of support from nursing leadership. The lack of support can elevate new graduate nurses' stress and decrease their job satisfaction according to Alshawush. It is important to note that none of the study participants reported any events of workplace violence and two participants discussed workplace incivility.

In short, "We're in this together," said Lynn. The lived experiences of new graduate nurses in orientation are influenced by their preceptors, nursing leaders, and the unit's culture of

normed behavior. New graduate nurses report a more positive orientation experience when they have good relationships with their preceptors and work on a supportive teamwork driven unit. However, more than half of the study participants reported that they had considered leaving the unit where they currently work at some point." For Andre, "I mean, I don't think that I want to stay there forever, but. I think it's a good unit to get your feet wet." At the time of interviews, 90% had no immediate desire to leave their current unit. Habana said, "It was really bad, and I really wanted to quit, to be honest." So as the training continues, the retention does not follow.

The Unicorn, The Doves, A Bear, and the Wolves

Of the ten participants, two, Lynn and Habana, had incredibly unique journeys. Two themes were prevalent in their interviews: a better way to orient and because I asked. An unusual way to illustrate their experience is through the tale of the Unicorn, The Doves, A Bear, and The Wolves. The Wolves routinely prowled the hospital halls looking for doves (nurses) showing any signs of weakness such as anxiety or self-doubt. Those doves were an easy target, and The Wolves snatched them up. One night the Wolves were out roaming the halls. They saw one of the new doves working with a different preceptor…again. Oh, The Wolves loved a new dove who got all mixed up from having a new preceptor all the time. They loved the scrambled doves almost as much as the scared ones. Abruptly, they stopped in the hallway. Before them was a brilliant Unicorn, shining so brightly they had to cover their eyes. Upon seeing the Unicorn, The Wolves backed up and took off running in the opposite direction. The presence of The Unicorn meant the dove was safe, The Wolves could not bring harm. Working with multiple nurses Lynn said, "I got so much exposure to stuff, and I wasn't pushed into a skill that I didn't feel ready for." Looking back, The Unicorn remembers Lynn's sense of safety. Lynn said, "I never felt, so, abandoned or anything by any means with that specific experience, so that I appreciated more

than anything." Hearing Lynn talked about her positive orientation experience; The Wolves began to skulk back to their lair. On their way, they crossed paths with Habana, another young dove, who could be heard saying "I do better sometimes when I feel like I am thrown to the wolves, but they must be close by if I need them. Instead of bouncing me to three different people to get their opinion when they've only worked with me one day." The Wolves were listening carefully when they heard Habana's plight. They leaned closer to grab Habana, only to find their hands swatted away by none other than "the mother bear of the unit" says Ashley.

Summary

Chapter Four begins with an introduction of each study participant in the ten person all female sample. Within this chapter, the themes derived from study participants interviews were presented. Overall, the majority of study participants had a positive orientation experience. Without input from male new graduate nurses, an understanding of the lived experiences of new graduate nurses cannot be fully appreciated. Overall, new graduate nurses in the study reported positive orientation experiences. They have maintained good relationships with their former preceptors and feel as though they are slowly making progress as nurses. The responses from study participants during the interviews were organized and coded into six themes: *tell me everything, preceptors, there's a lot of feelings, they aren't there anymore, why we're here,* and *moving forward.*

CHAPTER FIVE: CONCLUSION

Overview

This hermeneutic phenomenological study seeks to answer the research question of, what are the lived experiences of new graduate nurses during orientation. Chapter Five will begin with a summary of findings, followed by a discussion of the study findings and their implications for policy and practice. The study's delimitations and limitations and recommendations for future research will close out the chapter.

Summary of Findings

After conducting interviews with new graduate nurses within their first two years of their nursing career, their lived experiences merit further investigation. The majority of the study participants reported a positive orientation experience. The positive experiences were strongly influenced by the preceptor, nurse leaders, and the unit culture. Only one participant recounted a negative experience, which resulted in a transfer to a different nursing unit. The researcher is curious if that one experience is indeed an outlier. Other study participants expressed dissatisfaction with parts of orientation related to format, delivery method, preceptors, and unit culture. The researcher suspects there are other individuals who also had a negative orientation experience who chose not to participate.

Discussion

The negative experience of one participant related to her preceptor is consistent with Baldwin et al (2021) that orientation is more difficult when preceptors have unrealistic expectations of new graduate nurses. It is the researcher's presumption that other new graduate nurses had less than optimal experiences during orientation. While reasons for not participating in research is not the scope of the current study, it is important to note that recruiting for

qualitative research can be difficult at times. Researchers may have to employ more than one recruitment method in a single study to capture their study sample. Perseverance, ingenuity, and adaptability are three attributes qualitative researchers must develop to be resilient through the frustrations of compiling a sample (Perez et al., 2022).

Study participants reported their ages in ranges, not specific years. All but one study participant was aged between 20 and 39 years of age. This range of ages places the new graduate nurses in this study into the millennial and Z generations (often noted as Gen Z). Millennials and Gen Z are two of the five generations working concurrently in nursing. In the study, participants cited their team and the people they worked with as reasons to stay. Feeling appreciated when patients or nurses do small things such as saying "thank you" or writing a personal note was also important to the new graduate nurses interviewed. Both teamwork and appreciation in this study aligned with themes of rewards and professional relationships as confirmed by Waltz et al (2020). Waltz et al evaluated the job satisfaction and level of engagement in nurses of the millennial generation. Recognition is a motivation factor, part of Herzberg's Motivation-Hygiene Theory (Kurt, 2022).

Current literature on nurse residency programs is written from the perspective of nurse leaders and educators to nurse leaders and educators. Similarly, journal articles are not written from the perspective of a new graduate nurse. Unfortunately, decisions are often made by individuals who are not intimately familiar with the learning needs of new graduate nurses. Decisions such as the format and framework of the nurse residency program, length and content of orientation, and preceptor criteria are made with the input of new graduate nurses.

Interpretation of Findings

The researcher had hoped to hear that new graduate nurses were treated well by their preceptors and peers but was apprehensive of learning about events of workplace incivility. All but one of the study participants reported having a positive orientation experience. The same new graduate nurse who had a negative orientation experience is also the only study participant who is not working in the unit they were hired on as a new graduate.

Study participants valued interactive hands-on learning in lieu of passive learning through online modules. Feeling overwhelmed with the steep learning curve of a new graduate nurse was consistent for the study sample. Orientation itself did not appear as a factor for retaining new graduate nurses. The socialization and relationship building in a healthy work environment appeared to have more influence on retention of new graduate nurses than solely the learning. Study participants consistently remarked that the people they worked with made a significant impact on their desire to stay on the nursing unit where they were currently employed. Despite endorsing the value of their team, only two of the ten new graduate nurses intended to stay on their current unit.

Implications for Policy

The findings of this study can be used to inform policy making. After reading the orientation experiences of new graduates and learning what is valuable to their orientation, nurse leaders and nurse educators can use this knowledge to create educational opportunities that are beneficial for new graduate nurses. Nurse leaders and educators need to collaborate and evaluate what criteria, if any, are in place to select preceptors for new graduate nurses. Creating a core group of knowledgeable preceptors to serve as resources for other preceptors can assist in creating consistency in evaluation methods of new graduate nurses (Nelson et al., 2019).

Implications for Practice

As a profession, nursing has prided itself on striving for excellent patient care. Unfortunately, as a profession, nursing has not always provided excellent care for their newest members, new graduate nurses. Fifty years ago, when Kramer (1974) was writing her inaugural work regarding reality shock in new graduate nurses, orientation was rife with behaviors consistent with a punishment centered theoretical framework. As such, new graduate nurses were subjected to hazing and the performance of menial and sometimes degrading tasks as an avenue to establish their worth as a part of the nursing profession. Fortunately, orientation has moved forward from the use of menial tasks as a way to substantiate an individual's worth. The advent of nurse residency programs (NRP) built on a theoretical framework incorporating didactic and clinical components were initially thought to be a panacea for solving the healthcare shortage. New graduate nurses find value in the supportive environment of preceptors and mentors. Few study participants found significance in the didactic content presented to them during their NRP sessions.

Orientation

Nursing practice development specialists work tirelessly to create a general nursing orientation that meets the needs of incoming nursing staff employed at all five hospitals in the healthcare system. Front loading in orientation is necessary to ensure that new employees are safe to enter the practice environment. Nursing practice development specialists have the responsibility to ensure that hospital and regulatory requirements are met. The debate surrounding front loading in orientation is around time. Nursing leadership wants their new hires on the units working as soon as possible. Newly hired staff need additional education in the form of academies or classes. Some classes are held monthly while others are on a rotation. Ensuring

new graduate nurses receive the right education at the right time is critical for their success. For example, sending new graduate nurses to critical care academy before they have had exposure to their nursing units is the right education at the wrong time. Without the unit experience, new graduate nurses are not able to scaffold the knowledge they attain in the academy.

Preparing for New Graduates on the Unit

To help the orientee to get the most of out of their time with their preceptors, one study participant stressed the importance of knowing how each new graduate nurse learned best. In anticipation of a new graduate nurse coming to the unit, Brooke suggested having the new hire complete a personality assessment, like ", the DISC personality thing to the people on the unit and then the new hire … let them take their personality and then so you could kind of match people up possibly." High Impact Educational Practices as defined by the Association of American Colleges and Universities (Frey & Popkiss, 2020).

Theoretical Implications

Social and cognitive constructivism was the theoretical framework for the study. Constructivism, social and cognitive, is rooted in the belief that humans gain knowledge through their experiences and their surroundings. Eun (2017) remarks that social interaction within a community, in the study community would be the nursing unit, is pivotal for learning. New graduate nurses begin their profession with cursory knowledge of their job expectations as seen in the theme, *Tell Me Everything*. The constructivism perspective views learning as collaborative and dependent upon environmental factors. Social and cognitive constructivism can be used as a theoretical framework for future research on how nurses learn. Study participants cited their social interactions and having hands-on orientation to be especially important in gaining knowledge.

Herzberg's Motivation-Hygiene Theory utilizes factors, hygiene and motivator, that impact job satisfaction and job dissatisfaction. "Nurses dedicate a significant part of their lives to work thus, job satisfaction is pivotal and an integral part of life their life satisfaction" (Papathanasiou, et al., 2021, p.2). In looking at retention through the lens of Herzberg's theory, motivating factors that improved job satisfaction as reported by study participants included being able to perform meaningful work and attaining a feeling of accomplishment in their work. The job itself, being a nurse, can be a motivating factor. Participants stated several times that the people they work with were essential to why they, as new graduate nurses stayed on their current nursing unit. At first glance, peer relationships might appear to be a motivator in Herzberg's theory, as it would seem that having friends at work would improve job satisfaction. In fact, interpersonal relationships, such as the ones new graduate nurses develop with colleagues, are a hygiene factor. Other hygiene factors including pay and working conditions seek to lessen job dissatisfaction in contrast to motivation factors that serve to increase job satisfaction. Regardless of whether a factor is deemed as hygiene or motivating, items such as pay, working conditions, recognition, and increased responsibility impact how satisfied or dissatisfied new graduate nurses are in their current nursing positions.

In comparing hygiene factors to motivating factors, Maslow's hierarchy comes to mind. Herzberg's hygiene factors align with the bottom three levels of Maslow's, specifically physiological needs, security, and social, as in a sense of belonging. Conversely, Herzberg's motivator factors top out Maslow's hierarchy with esteem and self-actualization. When evaluating reasons new graduate nurses leave, beginning with hygiene factors such as reasonable pay and safety. If nurses do not feel safe or adequately compensated, they may be inclined or persuaded to leave. Motivator factors have no greater or less influence on retention when

compared to hygiene factors. According to Lester (2021), employee commitment and retention are positively influenced by motivator factors such as challenging work, prospect for advancement, and professional development.

At the novice level in Benner's theory, new graduate nurses are taught to be task oriented. Preceptors and orientees alike equate success in orientation with the ability to complete a set number of tasks with the ability to complete a set number of tasks within a specified time. During the orientation period, specifically time spent with a preceptor, the new graduate nurse functions at the novice level according to Benner (1982). Habana's orientation experience reflects the importance of preceptors having an awareness of Benner's stages and setting corresponding appropriate expectations of new graduate nurses.

Empirical Implications

New graduate nurses consistently stated that time spent on their units was the best way to learn and prepare to practice independently. To ensure that orientation is effective, nurse educators and preceptors should collaborate with new graduate nurses to develop orientation practices that retain new graduate nurses and prepares them to be safe, effective, and efficient members of the health care team. Additionally, current practices should be reviewed for efficacy in meeting the learning needs of new graduate nurses.

Delimitations and Limitations

Delimitations and limitations were identified in this study by the researcher. Specific delimitations of this hermeneutic phenomenological study are new graduate nurses within their first two years of professional practice. Limitations of the study were more extensive due to limited experience of the researcher. Further discussion of the study's delimitations and limitations are discussed below.

Delimitations

Delimitations of the study were new graduate nurses within their first two years of working as a nurse. Participants who worked previously as an LPN/LVN and or EMT-P would not be eligible for participation as they would have had an initial orientation experience in their previous position. New graduate nurses who worked on the units where the researcher is employed, and previous students of the researcher initially were not eligible due to a potential power mismatch. With IRB approval, the inclusion criteria expanded. Initially the study was intended to describe the phenomena of orientation experiences for new graduate nurses and retention strategies at a five-hospital healthcare system. At no point during the study were inclusion or exclusion criteria based on participant demographics. The all-female sample was an unanticipated finding.

Limitations

Overall, this study is limited by the fact that it was conducted by a novice researcher. The first identified limitation is the sample composition. The all-female sample of ten participants is a limitation as it is not representative of the study's population of interest, all new graduate nurses with two years of experience of less working at a healthcare system in the southeast United States. Male nurses comprise 14% of the nursing workforce (Bayou et al., 2022). Creswell and Poth (2018) advise researchers to determine what individuals should be interviewed based on their ability to answer the central research question. The absence of male participants in this study leaves the research question unanswered and the phenomena not fully explored due to the fact that male nurses experience nursing differently than female nurses (Moore et al., 2020). Without having the male nurse perspective regarding the phenomena of interest it would be difficult to ascertain if the study sample size has fully described the

phenomena of interest, in this case the lived experiences of new graduate nurses and retention strategies. Other demographics collected about the sample participants, age range, highest nursing degree earned, and months of experience working as a nurse, did not limit the study findings.

Data saturation of the phenomena of the interest did not occur, but saturation was evident in the themes of tell me everything, preceptors, and the subtheme of unit culture. Data saturation occurs when the addition of new information no longer provides additional insight into the phenomenon of interest according to Creswell and Poth (2018). Unit culture emerged as a subtheme under two of the six identified themes. As a subtheme of *They Aren't There Anymore*, unit culture developed from participants statements regarding reasons why new graduate nurses leave the units they were hired to work on. Unit culture, as a subtheme of *Why We're* Here, arose from study interviews where participants shared why they continued to work on their current nursing units. Only one study participant had a less than optimal experience. I was pleased that the new graduate nurses reported that they were being treated well. I was curious if there were more individuals who may have had a different experience during orientation. I suspect there are other individuals who had a negative orientation experience but chose not to participate. Lack of participation could be influenced by the generational differences of new graduate nurses. New graduate nurses who self-reported their ages between 20-29, are new to nursing but they are also new to being an adult. In her interview, Lynn acknowledged that for many new graduate nurses this is also their first job, ever. Working for the first time, new graduate nurses may not realize that they can ask for things in orientation and that their input matters. If they are not accustomed to advocating for their learning, it is possible that new graduate nurses did not participate because they did not want to speak negatively of their employer.

(Creswell & Poth, 2018). Participants' observations such as facial expressions and change in tone of voice were documented as field notes concurrently during the interview or immediately after the interview ended. Observations were limited to the time spent in the interview process. Study participants were not observed in their work areas as the researcher would not be able to function as an observer or nonparticipant due to the researcher being employed as an educator of the healthcare system.

The novice researcher found it difficult at times to adhere to the interview guide. The struggle stemmed from a penchant to go off on conversational tangents with the study participant. In identifying study limitations, the researcher retrospectively determined a failure to explicitly state the level of engagement between participant and researcher in the initial research protocol. Consequently, the researcher in the interviewer role, change roles several times during interviews based upon the participant's level of engagement (Creswell & Poth, 2018). Questions would arise in one interview but were not asked in subsequent interviews. The variability between interviews reinforces the importance of standardized interviews and practicing interview skills ahead of employing them in research.

As mentioned, the interviews did not always follow a linear pattern; some questions were answered by the participants without having to be asked or questions were posed out of order from the interview guide. The inconsistencies in interviews created problems in coding as there was not a participant response for each question. Coding was more difficult than anticipated, researcher fatigue and events of the day shaped interpretation of the interviews and subsequent analysis.

Recruitment for the study was aimed at all new graduate nurses who met the inclusion criteria but did not appear to have engaged male nurses or individuals who may have had an

alternate experience than the ones shared in this study. Currently males represent 14% of the nursing workforce, but no males participated in the study (Bayou et al., 2022).

Recommendations for Future Research

While this hermeneutic phenomenological study explored the lived experiences of new graduate nurses in a five-hospital healthcare setting in the southeastern United States, further investigation of this phenomenon is necessary to identify orientation practices and retention strategies to assist these nurses during their first two years of practice.

Design Thinking

Historically, nursing education has been structured with minimal input from the users (students, new graduate nurses). As healthcare innovations change rapidly, nursing education needs to keep pace. Design thinking, as a methodology, incorporates the interdisciplinary team and promotes imagination with the goal of establishing viable solutions using a human centered approach (Ziegler, et al., 2020). Design thinking utilizes a five-step fluid process constructed around the needs of two groups, the users, and the stakeholders (Roddy & Polfuss, 2020). Roddy and Polfuss define a user or users as individuals who are encountering the issue. In the case of healthcare, the user is often a patient but can also be a member of the interdisciplinary team. Stakeholders are individuals who have knowledge and experience about the issue. Stakeholders can be family members, nurses, or other members of the healthcare team. The five steps are empathized, define, ideate, prototype, test.

Using design thinking as a framework stakeholders can create an orientation experience, which is beneficial for new graduate nurses, preceptors, and leadership. Beginning with the empathize, the team, sometimes known as the innovator or the innovation team, will focus on two goals. The first is to seek the understand the user's experience with the issue, and the second

is to ascertain if there is enough interest and support to pursue a project. The first step is usually conducted through observations and interviews. The team must have a full and rich understanding of the issue from all perspectives to accurately define the problem (Roddy & Polfuss, 2020). The body of research conducted by this researcher is limited to the experiences of new graduate nurses. Interview questions did not delve into why new graduate nurses chose nursing as a profession or even a second career. The possibility exists that new graduate nurses' passion for becoming nurses is a retention factor that supersedes other factors discussed, but further investigation is necessary. Exploring the orientation experiences from the perspectives of other stakeholders such as preceptors, other nurses on the units, nursing practice development specialists, and nursing leadership would provide a greater understanding of the phenomenon.

Preceptor Support

Preceptors need support. Preceptors who attended formal training on how to be a preceptor perceived themselves as more prepared than their peers who had not attended any programs (Macy et al., 2021). Feeg et al., (2022) articulated that extant literature supports the need for preceptor education but noted that inconsistencies exist in format and frequency. They identified barriers such as role conflict, patient priorities versus new graduate nurses' learning needs, and high patient acuity (Macey et al., 2021). Preceptor education should include a working knowledge of adult learning theories and how to support a new graduate nurse transitioning from school into a professional role. Preceptors also need to know who and what their resources are for themselves and for orienting new staff. Smith and Sweet (2018) discovered that nurses with three or fewer years of experience who are new to precepting feel they need a preceptor of their own to assist in their professional development. Preceptors who are

supported in their role and appropriately trained are beneficial to new graduate nurses transitioning into practice (Nelson et al., 2019).

The different orientation experiences reflect the varied unit cultures throughout the healthcare system in this study. Further research is necessary to compare nursing units who do not typically hire new graduate nurses to nursing units who frequently have new graduate to see if those units have a more difficult time orienting new graduate nurses. If so, does that difficulty reflect in a higher number of new graduate nurses leaving those specific units when compared to other units within a hospital and across the healthcare system. With frequent turnover, less experienced nurses are being asked to precept new graduate nurses and new hires. The inclusion of less experienced nurses as preceptors may prove to be beneficial for new graduate nurses, but additional research is necessary. A preceptor with fewer years of nursing practice can relate to the shock and transition experienced by new graduate nurses as they may still be facing those feelings as well.

Kinesthetic Learning Needs

Nearly all of the study participants reported learning best through hands-on experience. This study finding creates new research questions : Are nurses inherently kinesthetic learners? And, is the need for hands on learning an unresearched outcome of the pandemic? The possibility of a correlation between kinesthetic learning needs of new graduate nurses and the lack of clinical hours during nursing school due to the COVID-19 pandemic is beyond the scope of this study but does warrant further investigation.

Orientation Experiences of Male New Graduate Nurses

The study sample does not reflect the current demographics of nursing. Male nurses constitute up to 14% of all nurses (Bayou et al., 2022). As a minority gender, males are recruited

into the nursing workforce, but sparsity of knowledges exists related to their retention (Favaro et al., 2021). Male nurses may be the target of bullying, sexual harassment, and gender discrimination (Chang & Jeong, 2021; Favaro et al., 2021). The lack of male new graduate nurses in the study was not intentional and was identified as a study limitation. Additionally, without the male perspective of orientation, the lived experiences of new graduate nurses warrant further investigation.

Conclusion

The lived experiences of new graduate nurses during orientation was the subject of inquiry in this hermeneutic phenomenological study. Orientation experiences vary by individual, nursing unit, and even hospital within a healthcare system. The COVID pandemic interrupted nursing school for many of the study participants reducing or even eliminating clinical rotations . Additionally, the pandemic disrupted nursing orientation within hospitals, forcing educators to transition general nursing orientation to an online platform for computer modules and videos. General nursing orientation at the research site in the current state continues to be online, just as it was during the pandemic The passive teaching style results in ineffective and inefficient training and preparation for new graduate nurses. As such, they felt unprepared coming into their positions as new graduate nurses. Nurse residency programs exist to assist new graduate nurses in their transition in their first year from student to nurse. Literature shows that new graduate nurses are still at risk of leaving even in their second year. Mentoring is one solution to provide continued to support for new graduate nurses. The lack of preparation and associated feelings of fear, stress, and anxiety experienced by new graduate nurses can be best managed by having knowledgeable trustworthy preceptors while working in a supportive, team-focused environment.

REFERENCES

Abeza, G., O'Reilly, N., & Séquin, B. (2022). The sequential funnel-based focus group design: Adapting the focus groups for research in sport management. *Journal of Global Sport Management, 7*(1), 43-70. https://doi.org/10.1080/24704067.2018.1550621

Aburn, G. A., Hoare, K., Adams, P., & Gott, M. (2020). Connecting theory with practice: Time to explore social reality and rethink resilience among health professionals. *International Journal of Nursing Practice, 26*(6), e12893. https://doi.org/10.1111/ijn.12893

Ackerson, K. & Stiles, K. A. (2018). Value of nurse residency programs in retaining new graduate nurses and their potential effect on the nursing shortage. *The Journal of Continuing Education in Nursing, 49*(6), 282-288. https://doi.org/10.3928/00220124-20180517-09

Adler, R. H. (2022). Trustworthiness in qualitative research. *Journal of Human Lactation, 38*(4), 598-602. https://doi.org/10.1177/0890334422111620

Allen, K., DiBartolo, M. C., Walsh, C., & Freda, K. (2022). Redesign on student outcomes, faculty workload and costs. *Nursing Education Perspectives, 43*(4), 252-254. https://doi.org/10.1097/01.NEP.0000000000000868

Alonso, N. A., Porter, C. M., Graves, K., & Gordon, M. (2022). How nurse preceptors provide help to new nurses influences perceived relationship quality. *Nurse Education Today, 115*, (August 2022). https://doi.org/10.1016/j.nedt.2022.105420

Alshawush, K.A., Hallett, N., & Bradbury-Jones, C. (2020) Impact of transition programmes for students and new graduate nurses on workplace bullying, violence, stress, and resilience: A scoping review protocol. *BMJ Open. 10*(10): e038893. https://doi.org/10.1136/bmjopen-2020-038893

Alshawush, K. A., Hallett, N., & Bradbury-Jones, C. (2022). The impact of transition programmes on workplace bullying, violence, stress, and resilience for students and new graduate nurses: A scoping review. *Journal of Clinical Nursing, 31*(17-18), 2398-2417. https://doi.org/10.1111/jocn.16124

American Association of Colleges of Nursing. (2022). *Nursing shortage.* https://www.aacnnursing.org/News-Information/Fact-Sheets/Nursing-Shortage

American Organization for Nursing Leadership. (2020, April). *U. S. nursing leadership supports practice/academic partnerships to assist the nursing workforce during the COVID-19 crisis* [Policy brief]. https://www.aonl.org/resources/nursing-workforce-during-covid-19

American Nurses Credentialing Center. (2021). *About pathway.* https://www.nursingworld.org/organizational-programs/pathway/overview/

An, M., Heo, S., Hwang, Y. Y., K., J., & Lee., Y. (2022). Factors affecting turnover intention among new graduate nurses: Focusing on job stress and sleep disturbance. *Healthcare, 10*(6), 1122. https://doi.org/10.3390/healthcare10061122

Asber, S. (2019). Retention outcomes of new graduate nurse residency programs: An integrative review. *The Journal of Nursing Administration, 49*(9), 430-435. https://doi.org10.1097/NNA.0000000000000780

Baldwin, K.M., Sleutel, M., Urban, R.W., Wells, J.N., Behan, D., Walsh, J., & Newcomb, P. (2021). An exploration of new graduate nurses' transition to specialty practice. *Journal for Nurses in Professional Development, 37(*2), 93-100. https://doi.org/10.1097/NND0000000000000695

Bakker, J. M., Verhaegh, K. J., Kox, J. H. A. M., van der Beek, A., Boot, C. R. L., Roelofs, P. D. D. M., & Francke, A.L. (2019). Late dropout from nursing education: An interview of

nursing students' experiences and reasons. *Nursing Education in Practice, 39*(2019), 17-25. https://doi.org/10.1016/j.nepr.2019.07.005

Barrett, R. (2020). Changing preceptorship to achieve better quality training and less attrition in newly qualified nurses. *British Journal of Nursing, 29*(12), 706-709. https://doi.org/10.12968/bjon.2020.29.12.706

Bayou, J., Arkers Wong, K. C., Abu-Odah, H., & Yuet Wong, F. K. (2022). 'Becoming and overcoming': A qualitative meta-synthesis of the experiences of men in nursing academia. *Journal of Professional Nursing, 43*(November-December 2022), 83-106. https://doi.org/10.1016/j.profnurs.2022.07.022

Benner, P. (1974). Reality testing: A reality shock program. In *Reality shock: why nurses leave nursing*. C.V. Mosby

Benner, P. (1982). From novice to expert. *The American Journal of Nursing, 82*(3), 402–407. https://doi.org/10.2307/3462928

Benner, P. (2001). Creating a culture of safety and improvement: A key to reducing medical error. *American Journal of Critical Care, 10*(4), 281-284. https://go.openathens.net/redirector/liberty.edu?url=https://www.proquest.com/scholarly-journals/creating-culture-safety-improvement-key-reducing/docview/227828795/se-2

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

Billups, F. (2021). *Qualitative data collection tools: Design, development, and applications*. SAGE. https://doi.org/10.4135/9781071878699

Blevins, S. (2022). The impact of effective preceptors. *Medsurg Nursing, 31*(3). 193-194. https://go.openathens.net/redirector/liberty.edu?url=https://www.proquest.com/scholarly-

journals/impact-effective-preceptors/docview/2681523510/se-2

Bodine, J. (2020). Preceptor selection: The first step to a successful orientation. *Journal for Nurses in Professional Development, 36* (6), 362-364. https://doi/10.1097/NND.0000000000000687

Bohnarczyk, N., & Cadmus, E. (2020). Preceptor criteria revised. *The Journal of Continuing Education in Nursing, 51*(9), 425-432. https://doi.org/10.3928/00220124-20200812-08

Bohnarczyk, N., & Cadmus, E. (2022). Pandemic impact on the preceptor/new nurse dyad. Journal for Nurses in Professional Development, Volume publish ahead of print. https://doi.org/10.1097/NND.0000000000000864

Boswell, C. & Sanchez, L. (2020). Assessing stressors for interns: Using the Casey-Fink Graduate Nurse Experience survey. *The Journal of Continuing Education in Nursing, 51*(11), 516–521. https://doi.org/10.3928/00220124-20201014-08

Boyer, S.A., Mann-Salinas, E.A., & ValdezDelgado, K.K. (2018). Clinical transition framework: Integrating coaching plans, sampling, and accountability in clinical practice development. *Journal for Nurses in Professional Development, 34*(2), 84–91. https://doi.org/10.1097/nnd.0000000000000435

Bravo, K. (2023). Design thinking in nursing education and health sciences education. *Nursing Education Perspectives, 44*(3), 168-168. https://doi.org/10.1097/01.NEP.0000000000001055

Bureau of Labor Statistics, US Department of Labor. (2022). *Occupational outlook handbook ,registered nurses.* https://www.bls.gov/ooh/healthcare/registered-nurses.htm#tab-6

Cadmus, E. & Wurmser, T. (2019). Perceptions of acute care nurse residencies: Perspectives

from one state. *Journal of Nursing Management, 27*(6), 1251-1260. https://doi.org/10.1111/jonm.12807

Çamveren, H., Arslan Yürümezoğlu, H. & Kocaman, G. (2020). Why do young nurses leave their organization? A qualitative descriptive study. *International Nursing Review, 67*(4), 519– 528. https://doi.org/10.1111/inr.12633

Candela, A. G. (2019). Exploring the function of member checking. *The Qualitative Report, 24*(3), 619-628. https://go.openathens.net/redirector/liberty.edu?url=https://www.proquest.com/scholarly-journals/exploring-function-member-checking/docview/2213787326/se-2

Cantrell, F., McKenzie, K., & Hessler, K. (2022). Task-layered clinical orientation for new graduate registered nurses. *Journal for Nurses in Professional Development, 38*(2), E13-E18. https://doi.org/10.1097/NND.0000000000000841

Chan, G. K. & Burns, E. M. (2021). Quantifying and remediating the new graduate nurse resident academic-practice gap using online patient simulation. *The Journal of Continuing Education in Nursing, 52*(5), 240-247. https://doi.org/10.3928/00220124-20210414-08

Change, H. E. & Jeong, S. (2021) Males nurses' experience of workplace gender discrimination and sexual harassment in South Korea: A qualitative study. *Asian Nursing Research, 15*(5), 303-309. https://doi.org/10.1016/5.anr2021.09.002

Chant, K., & Westendorf, D. (2019). Nurse residency programs: Key components for sustainability. *Journal for Nurses in Professional Development, 35*(4), 185–192. https://doi.org/10.1097/NND.0000000000000560

Charette, M., McKenna, L. G., Deschênes, M., Ha, L., Merisier, S., & Lavoie, P. (2020). New

graduate nurses' clinical competence: A mixed methods systematic review. *Journal of Advanced Nursing, 76*(11), 2810-2829. https://doi.org/10.1111/jan.14487

Church, C. D., He, Z., & Yarbrough, S. (2018). Factors influencing organizational commitment and turnover in nurse residents. The Journal of Continuing Education in Nursing, 49(10),482-488. https://doi.org/10.3928/00220124-20180918-09

Coffey, J., S. & White, B. L. (2019). The clinical nurse educator role: A snapshot in time. *The Journal of Continuing Education in Nursing, 50*(5), 228–232. https://doi.org/10.3928/00220124-20190416-09

Coleman, P. (2021). Validity and reliability within qualitative research in the caring sciences. *International Journal of Caring Sciences,14*(3), 2041-2045. https://go.openathens.net/redirector/liberty.edu?url=https://www.proquest.com/scholarly-journals/validity-reliability-within-qualitative-research/docview/2630949017/se-2

Coventry, T. H., & Russell, K. P. (2021). Clinical sympathy – A mixed method study of the relationship between the clinical nurse educator and the graduate nurse. *Nurse Education in Practice, 55*, 103150. https://doi.org/10.1016/j.nepr.2021.103150

Crawford, R. P., Barbé, T., & Troyan, P. J. (2023). A national qualitative study of work-life balance in prelicensure nursing faculty. *Nursing Education Perspectives, 44*(1), 30–35. https://doi.org/10.1097/01.NEP.0000000000001046

Creswell, J. W. & Guetterman, T. C. (2019). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research.* (6th ed.). Pearson.

Creswell, J. W. & Poth, C. N. (2018). *Qualitative inquiry & research design: Choosing among five approaches.* (4th ed.). Sage.

D'Ammassa, A. (2022). Nurses in demand amid shortage: Nursing students offered $30K sign-on

bonuses at recruiting event. *El Paso Times.* https://go.openathens.net/redirector/liberty.edu?url=https://www.proquest.com/newspapers/nurses-demand-amid-shortage/docview/2692672121/se-2

Dale-Tam J & Posner G.D. (2018). Alice's' delirium: A theatre-based simulation scenario for nursing. *Cureus,10*(4): e2411. http://doi.org/10.7759/cureus.2411

Dale-Tam, J. & Thompson, K. (2021). Nursing orientation during the COVID-19 pandemic. *Journal for Nurses in Professional Development, 37* (4), 216-219. https://doi.org/ 10.1097/NND.0000000000000754.

Deulen, A. A. (2013). Social constructivism and online learning environments: Toward a theological model for Christian educators. *Christian Education Journal, 10*(1), 90-98. https://doi.org/10.1177/073989131301000107

Devey Burry, R., Stacey, D., Backman, C., Donia, M.B. L., & Lalonde, M. (2020). Exploring pairing of new graduate nurses with mentors: An interpretative descriptive study. *Journal of Clinical Nursing, 29*(15-16), 2897–2906. https://doi.org/10.1111/jocn.15360

DiMattio, M. J. & Hudacek, S. (2022). Reframing hospital nursing as a specialty to address the staffing crisis. *American Journal of Nursing, 122*(11), 11. https://doi.org/10.1097/01.NAJ.0000897068.41862.48

Dileone, C., Chyun, D., Diaz, D. & Maruca, A. (2020). An examination of simulation prebriefing in nursing education: An integrative review. *Nursing Education Perspectives, 41* (6), 345-348. https://doi.org/10.1097/01.NEP.0000000000000689

Duprey, M. & Dunker, K. (2021). Megacode simulation training in undergraduate nursing education. *Nursing Education Perspectives, 42* (3), 193–194. https://doi.org/10.1097/01.NEP.0000000000000589

Durkin, G. (2019). Implementation and evaluation of Wright's competency model. *Journal for Nurses in Professional Development, 35*(6), 305-316. https://doi.org/10.1097/NND.0000000000000575

Edwards, D., Hawker, C., Carrier, J., & Rees, C. (2015). A systematic review of the effectiveness of strategies and interventions to improve the transition from student to newly qualified nurse. *International Journal of Nursing Studies, 52*(7), 1254–1268. http://dx.doi.org/10.1016/j.ijnurstu.2015.03.007

Eckerson, C. M. (2018). The impact of nurse residency programs in the United States on improving retention and satisfaction of new hires: An evidence-based literature review. *Nurse Education Today, 71*(December 2018), 84-90. https://doi.org/10.1016/j.nedt.2018.09.003

Eun, B. (2019). The zone of proximal development as an overarching concept: A framework for synthesizing Vygotsky's theories. *Educational Philosophy and Theory, 51*(1), 18-30. https://doi.org/10.1080/00131857.2017.1421941

Favaro, A., Wong, C., & Oudshoorn, A. (2021). Relationships among sex, empowerment, workplace bullying and job turnover intention of new graduate nurses. *Journal of Clinical Nursing, 30*(9-10), 1273-1284. https://doi.org/10.1111/jocn.15671

Feeg, V. D., Mancino, D., Vasquez-Clarfield, B., Garrison, C. M., Mahler, E., & Vance, C. (2022). A national perspective on new nurse graduate transition to practice: Secondary analysis of the National Student Nurses' Association 2021 New Graduate Survey. *Nursing Economics, 40*(4), 167–185. https://go.openathens.net/redirector/liberty.edu?url=https://www.proquest.com/scholarly-

journals/national-perspective-on-new-nurse-graduate/docview/2712294052/se-2

Fegran, L., ten Ham-Baloyi, W., Fossum, M., Hovland, O. J., Naidoo, J. R., van Rooyen, D., Sejersted, E., & Robstad, N. (2023). Simulation debriefing as part of simulation for clinical teaching and learning in nursing education: A scoping review. *Nursing Open, 10*(3), 1217-1233. https://doi.org/10.1002/nop2.1426

Figueroa, S., Bowling, J., Cummings, J. L., Laporte, R. L. R., Cohn, T., & Irizarry, J. (2018). Nurses' perception of unit-based competency assessment compared to traditional skills fair. *Medsurg Nursing, 27*(6), 373. https://go.openathens.net/redirector/liberty.edu?url=https://www.proquest.com/scholarly-journals/nurses-perception-unit-based-competency/docview/2159927889/se-2

Fordham, W. (2021). Does nurse preceptor role frequency make difference in preceptor job satisfaction? *Journal for Nurses in Professional Development, 37*(4), 192–199. https://doi.org/10.1097/NND.0000000000000740

Frey, J. L. & Popkiss, A. M. (2020). Strategies to support diverse learning needs of students. In D. M. Billings & J. A. Halstead (Eds.), *Teaching in nursing: A guide for faculty* (6th ed., pp. 15-37). Elsevier.

Gadamer, H. G. (2013). *Truth and method.* (J. Weinsheimer & D. G. Marshall, Trans). Bloomsbury Academic. (Original work published 1975).

Gillett, C., Mason, S., Fleming, L., Mayer, D. K., & Bryant, A. L. (2022). An academic practice partnership during COVID-19 pandemic: Transitioning from a clinical to a virtual fellowship. *Journal of Clinical Nursing, 31*(3-4), 347–352. https://doi.org/10.1111/jocn.15817

Goode, C. J., Glassman, K. S., Ponte, K. R., Krugman, M., & Peterman, T. (2018). Requiring a

nurse residency for newly licensed nurses. *Nursing Outlook, 66*(3), 329-332. https://doi.org/10.1016/j.outlook.2018.04.004

Graf, A.C., Jacob, E., Twigg, D., & Nattabi, B. (2020). Contemporary nursing graduates' transition to practice: A critical review of transition models. *Journal of Clinical Nursing, 29*(15-16), 3097– 3107. https://doi.org/10.1111/jocn.15234

Gregg, J. (2020). Perceptions of nurse managers and nurse preceptors: Are new graduate nurses displaying competence according to the New Graduate Nurse Performance Survey? *Journal for Nurses in Professional Development*, *36*(2), 88-93. https://doi.org/10.1097/NND.0000000000000615

Hale, R. (2018). Conceptualizing the mentoring relationship: An appraisal of evidence. *Nursing Forum*, *53*(3), 333– 338. https://doi.org/10.1111/nuf.12259

Hardacker, S., Perkel, M., King, K. & Hutchins, L. (2022). Elevating the preceptor role. *Journal for Nurses in Professional Development, 38* (3), 165–168. https://doi.org/10.1097/NND.0000000000000835

Hawkins, J. (2018). The practical utility and suitability of email interviews in qualitative research. *Qualitative Report, 23*(2), 493-501. https://doi.org/10.46743/2160-3715/2018.3266

Hawkins, N., Jeong, S., & Smith. T. (2019a). Coming or not! An integrative review examining new graduate nurses' transition into acute care. *International Journal of Nursing Practice, 25*(3), e12714. https://doi.org/10.1111/ijn.12714

Hawkins, N., Jeong, S., & Smith, T. (2019b). New graduate nurses' exposure to negative workplace behaviour in the acute care setting: An integrative review. *International*

Journal of Nursing Studies, 93(May 2019), 41-54. https://doi.org/10.1016/j.ijnurstu.2018.09.020

Heath, C. & Heath, D. (2010). *Switch: How to change things when change is hard.* Broadway.

Hisgen, S., Page, N., Thornlow, D., & Merwin, E. (2018). Reducing RN vacancy rate: A nursing recruitment office process improvement project. *The Journal of Nursing Administration, 48*(6), 316-322. https://doi.org/10.1097/NNA.0000000000000621

Homeyer, S., Hoffman, W., Hingst, P. Oppermann, R. F., & Drier-Wolfgramm, A. (2018). Effects of interprofessional education for medical and nursing students: Enablers, barriers, and expectations for optimizing future interprofessional collaboration-A qualitative study. *BMC Nursing, 17*(13). https://doi.org/10.1186%2Fs12912-018-0279-x

Hunter, K. & Cook, C. (2018). Role-modeling and the hidden curriculum: New graduate nurses' professional socialization. *Journal of Clinical Nursing, 27*(15-16), 3157–3170. https://doi.org/10.1111/jocn.14510

Huston, C. L., Phillips, B., Jeffries, P., Todero, C., Rich, J., Knecht, P., Sommer, S., & Lewis, M. P. (2018). The academic-practice gap: Strategies for an enduring problem. *Nursing Forum, 53*(1), 27–34. https://doi.org/10.1111/nuf.12216

Innes, T. & Calleja, P. (2018). Transition support for new graduate and novice nurses in critical care settings: An integrative review of the literature. *Nurse Education in Practice, 30*(May 2018), 62–72. https://doi.org/10.1016/j.nepr.2018.03.001

Jardine, D. W. (2016). Chapter seventy-one: Becoming uncongealed. In J. Seidel & D. W. Jardine (Eds.). *The ecological heart of teaching: Radical tales of refuge and renewal.* (pp.233–239).

Peter Lang. http://www.jstor.org/stable/45157273

Jarosinski, J., Seldomridge, L., Reid, T. & Willey, J. (2022). Nurse faculty shortage: Voices of nursing program administrators. *Nurse Educator, 47* (3), 151–155. https://doi.org/10.1097/NNE.0000000000001139

Johnston, S., Coyer, F. M., & Nash, R. (2018). Kirkpatrick's evaluation of simulation and debriefing in health care education: A systematic review. *Journal of Nursing Education, 57*(7), 393-398. https://doi.org/10.3928/01484834-20180618-03

Joseph, H. B., Issac, A., George, A. G., Gautam, G., Jiji, M., & Mondal, S. (2022). Transitional challenges and role of preceptor among new nursing graduates. *Journal of Caring Sciences, 11*(2), 56–63. https://doi.org/10.34172/jcs.2022.16

Kavanagh, J. M., & Szweda, C. (2017). A crisis in competency: The strategic and ethical imperative to assessing new graduate nurses' clinical reasoning. *Nursing Education Perspectives, 38*(2), 57-62. https://doi.org/10.1097/01.NEP.0000000000000112

Knighten, M. L. (2022). New nurse residency programs: Benefits and return on investment. *Nursing Administration Quarterly, 46*(2), 185–190. https://doi.org/10.1097/NAQ.0000000000000522

Knowles, M. S., Holton, E. F., & Swanson, R. A. (2005). *The adult learner: The definitive classic in adult education and human resource development*. Taylor & Francis Group. *ProQuest Ebook Central*, https://ebookcentral.proquest.com/lib/liberty/detail.action?docID=232125

Korstjens, I. & Moser, A. (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice, 24*(1), 120-124.

https://doi.org/10.1080/13814788.2017.1375092

Kowalski, K. (2019). Mentoring. *The Journal of Continuing Education in Nursing, 50*(12), 540-541. https://doi.org/10.3928/00220124-20191115-04

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

Krueger, R. A. & Casey, M. A. (2015). *Focus groups: A practical guide for applied research.* (5th ed). Sage.

Kurt, S. (2022). Herzberg's motivation-hygiene theory: Two-Factor. *Education Library*. https://educationlibrary.org/herzbergs-motivation-hygiene-theory-two-factor/

Krut, B. A., Laing, C. M., Moules, N. J., & Estefan, A. (2021). The impact of horizontal violence on the individual nurse: A qualitative research study. *Nurse Education in Practice, 54*(July 2021) 103079. https://doi.org/10.1016/j.nepr.2021.103079

Labrague, L. J. (2022). Linking nurse practice environment, safety climate, and job dimensions to missed nursing care. *International Nursing Review, 69*(3), 350–358. https://doi.org/10.1111/inr.12736

Labrague, L.J. & McEnroe-Petitte, D.M. (2018). Job stress in new nurses during the transition period: An integrative review. *International Nursing Review* 65, 491– 504. https://doi.org/10.1111/inr.12425

LaCroix, E. (2023). Studying-up in qualitative research: Lessons from member checking in a qualitative case study. In *Sage Research Methods Cases Part I.* SAGE. https://doi.org/10.4135/9781529626742

Laflamme, J. & Hyrkas, K. (2020). New graduate orientation evaluation: Are there any best practices out there? *Journal for Nurses in Professional Development, 36*(4), 199-212.

https://doi.org/10.1097/NND.0000000000000642

Lalithabai, D. S., Ammar, W. M., Alghamdi, K. S., & Aboshaiqah, A. E. (2021). Using action research to evaluate a nursing orientation program in a multicultural acute healthcare setting. *International Journal of Nursing Sciences*, *8*(2), 181–189. https://doi.org/10.1016/j.ijnss.2021.01.002

Lalonde, M., Smith, C. A., Wong, A., Bentz, J. A., & Vanderspank-Wright, B. (2021). Part 2: New graduate nurse transition into the intensive care unit: Summative insights from a longitudinal mixed-methods study. *Research and Theory for Nursing Practice, 35*(4), 395-418. https://doi.org/10.1891/RTNP-D-21-00014

Lasater, K. Nielsen, A., Stock, M., Ostrogorsky, T. (2015). Evaluating the clinical judgment of newly hired staff nurses. *The Journal of Continuing Education in Nursing, 46*(12), 563-571. https://doi.org/10.3928/00220124-20151112-09

Leary, M. Cacchione, P. Z., Demiris, G., Carthon, J.M., & Bauermeister, J. A. (2022). An integrative review of human-centered design and design thinking for the creation of health interventions. *Nursing Forum, 57*(6), 1137-1152. https://doi.org/10.1111/nuf.12805

L'Ecuyer, K.M., Hyde, M. J., & Shatto, B. J. (2018). Preceptors' perception of role competency. *The Journal of Continuing Education in Nursing, 49*(5), 233-240. https://doi.org/10.3928/00220124-20180417-09

Lee, K. C. (2021). The Lasater Clinical Judgement Rubric: Implications for evaluating teaching effectiveness. *Journal of Nursing Education, 60*(2), 67–73. https://doi.org/10.3928/01484834-20210120-03

Lee, S. H., Kim, J., Jung, D., & Jung Kang, S. J. (2019). Educational needs for new graduate nurses in Korea. *Nurse Education in Practice*, *34*(January 2019), 167-172. https://doi.org/10.1016/j.nepr.2018.11.021

Lesher, B. B., Witt, J. M., Woodard, R. M., & Haberyan, A. B. (2021). New graduate RN perinatal internship. *The Journal of Continuing Education in Nursing, 52*(1), 47–52. https://doi.org/10.3928/00220124-20201215-12

Lester, A. (2021). *Project management, planning, and control: Managing engineering, construction and manufacturing projects to PMI, APM and BSI standards.* Butterworth-Heinemann. https://doi.org/10.1016/B978-0-12-824339-8.01001-4

Lewis, K.A., Ricks, T.N., Rowin, A., Ndlovu, C., Goldstein, L. & McElvogue, C. (2019). Does simulation training for acute care nurses improve patient safety outcomes: A systematic review to inform evidence-based practice. *Worldviews on Evidence-Based Nursing, 16*(5), 389–396. https://doi.org/10.1111/wvn.12396

Lim, M. C., Jeffree, M. S., Saupin, S. S., Giloi, N., & Lukman, K. A. (2022). Workplace violence in healthcare settings: The risk factors, implications, and collaborative preventive measures. *Annals of medicine and surgery (2022)*78, 103727. https://doi.org/10.1016/j.amsu.2022.103727

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.

Lindfors, K, Meretoja, R, Kaunonen, M, Paavilainen, E. (2018). Preceptors' perceptions of the elements of a successful and an unsuccessful orientation period for newly graduated nurses. *Journal of Nursing Management, 26*(3), 256– 262. https://doi.org/10.1111/jonm.12541

Lu, H., Zhao, Y., & While, A. (2019). Job satisfaction among hospital nurses: A literature

review. *International Journal of Nursing Studies, 94* (June 20190, 21–31. https://doi.org/10.1016/j.ijnurstu.2019.01.011

Macey, A., Green, C., & Jarden, R. J. (2021). ICU nurse preceptors' perceptions of benefits, rewards, supports and commitment to the preceptor role: A mixed-methods study. *Nurse Education in Practice, 51,* 102995. https://doi.org/10.1016/j.nepr.2021.102995

Machynska, N., & Boiko, H. (2020). Andragogy-The science of adult education: Theoretical aspects. *Journal of Innovation in Psychology, Education and Didactics, 24*(1), 25-34. https://www.proquest.com/scholarly-journals/andragogy-science-adult-education-theoretical/docview/2479494712/se-2

Magnusson, E. & Marecek, J. (2015). *Doing interview-based qualitative research: A learner's guide.* Cambridge.

Mangold, K., Tyler, B., Velez, L., & Clark, C. (2018). Peer-review competency assessment engages staff and influences patient outcomes. *The Journal of Continuing Education in Nursing, 49*(3), 119-126. https://doi.org/10.3928/00220124-20180219-06

Maxwell, K. L. (2011). The implementation of the UHC/AACN new graduate nurse residency program in a community hospital. *Nursing Clinics of North America, 46*(1), 27-33. https://doi.org/10.1016/j.cnur.2010.10.013

McNulty, D. S., LaMonica-Way, C., & Senneff, J., (2022). The impact of mindfulness on stress and burnout of new graduate nurses as a component of a nurse residency program. *The Journal of Nursing Administration, 52*(4), E12-E18. https://doi.org/10.1097/NNA.0000000000001137

Miles, D. A. (2018). Simulation learning and transfer in undergraduate nursing education: A

grounded theory study. *Journal of Nursing Education, 57*(6), 347-353. https://doi.org/10.3928/01484834-20180522-05

Miller, J., Vivona, B., & Roth, G. (2017). Work role transitions-Expert nurses to novice preceptors. *European Journal of Training and Development, 41*(6), 559-574. https://doi.org/10.1108/EJTD-10-2016-0081

Molloy, M., Cary, M., Brennan-Cook, J., Cantey, D., Tocchi, C., Bailey, D., & Oermann, M. (2018). Preparing clinicians for transitioning patients across care settings and into the home through simulation. *Home Healthcare Now*, *36* (4), 225–231. https://doi.org/10.1097/NHH.0000000000000667

Monforto, K., Perkel, M., Rust, D., Widles, R., King, K., & Lebet, R. (2020). Outcome-focused critical care orientation program: From unit based to centralized. *Critical Care Nurse, 40*(4), 54-64. https://doi.org/10.4037/ccn2020585

Moore, M. F., Xie, Y., Davis, P., & Scarbrough, A. (2020). Shortage of male nursing students: The experience of a growing nursing program. *Journal of Men's Health, 16*(2), 9-17. https://doi.org/10.15586/jomh.v16i2.221

Morse, J. (2015). Critical analysis of strategies for determining rigor in qualitative inquiry. *Qualitative Health Research, 25*(9), 1212-1222. https://doi.org/10.1177/1049732315588501

Murray, M., Sundin, D., & Cope, V. (2019a). Benner's model and Duchscher's theory: Providing the framework for understanding new graduate nurses' transition to practice. *Nurse Education in Practice, 34*, (January 2019). 199–203. https://doi.org/10.1016/j.nepr.2018.12.003

Murray, M., Sundin, D., & Cope, V. (2019b). New graduate nurses' understanding and attitudes

about patient safety upon transition to practice. *Journal of Clinical Nursing, 28*(13-14). 2543-2552. https://doi.org/10.1111/jocn.14839

Nelson, D.M., Joswiak, M. E., & Brake, K. A. (2019). "Just in time" training for novice Preceptors. *Journal for Nurses in Professional Development, 35*(4), 225-231. https://doi.org/10.1097/NND.0000000000000562

Ott, C. (2021). A Christian response to lateral violence against nurses. *Journal of Christian Nursing, 21*(4), E43-E45. https://doi.org/10.1097/CNJ.0000000000000889

Ozdem-Yilmaz, Y., Bilican, K. (2020). Discovery learning—Jerome Bruner. In B., Akpan & T. J. Kennedy (Eds.), Science *education in theory and practice: An introductory guide to learning theory.* (pp.179-190). Springer. https://doi.org/10.1007/978-3-030-43620-9_13

Pagnucci, N., Ottonello, G., Capponi, D., Catania, G., Zanini, M., Aleo, G., Timmins, F., Sasso, L., & Bagnasco, A. (2022). Predictors of events of violence or aggression against nurses in the workplace: A scoping review. *Journal of Nursing Management*, 30(6), 1724– 1749. https://doi.org/10.1111/jonm.13635

Penalo, L. & Ozkara San, E. (2021). Potential influences of virtual simulation: Prebriefing and debriefing on learners' self-efficacy. *Nurse Educator, 46*(4), 195-197. https://doi.org/10.1097/NNE.0000000000000921

Peoples, K. (2021). *How to write a phenomenological dissertation: A step-by-step guide.* SAGE.

Perez, D., Murphy, G., Wilkes, L., & Peters, K. (2022). One size does not fit all-Overcoming barriers to participant recruitment in qualitive research. *Nurse Researcher, 30*(1), 24-30. https://doi.org/10.7748/nr.2022.e1815

Phillipi, J. & Lauderdale, J. (2018). A guide to field notes for qualitative research: Context and

conversation. *Qualitative Health Research, 28*(3), 381-388. https://doi.org/10.1177/1049732317697102

Piccinini, C. J., Hudlun, N., Branam, K., & Moore, J. M. (2018). The effects of preceptor training on new graduate registered nurse transition to practice experiences and organizational outcomes. *The Journal of Continuing Education in Nursing, 49*(5), 216-220. https://doi.org/10.3928/00220124-20180417-06

Pogue, D. T. & O'Keefe, M. (2021). The effect of simulation-enhanced orientation on graduate nurses: An integrative review. *The Journal of Continuing Education in Nursing, 52*(3), 150-156. https://doi.org/10.3928/00220124-20210216-10

Potter, A. L., Dreifuerst, K., & Woda, A., (2022). Developing situational awareness in simulation prebriefing. *Journal of Nursing Education, 61*(5), 250-256. https://doi.org/10.3928/01484834-20220303-04

Powell, J. & van Velthoven, M. H. (2020). Digital data and online qualitative research. In C. Pope & N. Mays (Eds.), *Qualitative Research in Health Care* (pp. 97-110). John Wiley & Sons.

Powers, K., Herron, E. & Pagel, J. (2019). Nurse preceptor role in new graduate nurses' transition to practice. *Dimensions of Critical Care Nursing, 38*(3), 131-136. https://doi.org/10.1097/DCC.0000000000000354

Ragsdale, M. & Schuessler, J. B. (2021). An integrative review of simulation, senior practicum and readiness for practice. *Nurse Education in Practice, 55*(August 2021), 103087. https://doi.org/10.1016/j.nepr.2021.103087

Rannikmäe, M., Holbrook, J., Soobard, R. (2020). Social constructivism—Jerome Bruner. In B., Akpan & T. J. Kennedy (Eds.), Science *education in theory and practice: An*

introductory guide to learning theory. (pp.259-276). Springer. https://doi.org/10.1007/978-3-030-43620-9_13

Reebals, C., Wood, T., & Markaki, A. (2022). Transition to practice for new nurse graduates: Barriers and mitigating strategies. *Western Journal of Nursing Research, 44*(4), 416-429. https://doi.org/10.1177/0193945921997925

Reiner, G. (2022). Tips for meeting the nurse staffing challenge. *ANA-New York Nurse, 6*(4), 21. https://go.openathens.net/redirector/liberty.edu?url=https://www.proquest.com/trade-journals/tips-meeting-nurse-staffing-challenge/docview/2668430579/se-2

Roberts, S., Warren, T. & Moore, L. (2022). COVID-19 pandemic: effects of replacing clinical hours with virtual simulation in BSN prelicensure nursing Education. *Nursing Education Perspectives, 43* (5), 306–308. https://doi.org/10.1097/01.NEP.0000000000001002

Roddy, L., Polfuss, M. (2020). Employing design thinking methods in nursing to improve patient outcomes. *Nursing Forum, 55*(4), 553-558. https://doi.org/10.1111/nuf.12461

Rogers, M. R., Eades, T. L., Allard, P. M., Porter, M. T., & Cipher, D. J. (2022). Resilience, stress, anxiety, and depression: Exploring the mental health of new graduate nurses transitioning to practice during COVID-19. *The Journal of Continuing Education in Nursing*, *53*(12), 533–543. https://doi.org/10.3928/00220124-20221107-05

Roth, C., Wensing, M., Breckner, A., Mahler, C., Krug, K., & Berger, S. (2022). Keeping nurses in nursing: A qualitative study of German nurses' perceptions of push and pull factors to leave or stay in the profession. *BMC nursing*, *21*(1), 48. https://doi.org/10.1186/s12912-022-00822-4

Rubin, A. T. (2021). *Rocking qualitative social science: An irreverent guide to rigorous*

research. Stanford.

Rush, K. L., Janke, R., Duchscher, J. E., Phillips, R., & Kaur, S. (2019). Best practices for formal new graduate transition programs: An integrative review. *International Journal of Nursing Studies, 94*(2019), 135–158. https://doi.org/10.1016/j.ijnurstu.2019.02.010

Ruth-Sahd, L. A., Mann, M., & Rogers, E. (2022). Innovative nurse externships that fosters interprofessional collaboration, resilience, and self-advocacy. *Nursing, 52*(10), 15-19. https://doi.org/10.1097/01.NURSE.0000872436.71363.6C

Saldaña, J. (2021). *The coding manual for qualitative researchers*. (4th ed.) Sage.

Saunders, B., Kitzinger, J., & Kitzinger, C. (2015). Anonymising interview data: Challenges and compromise in practice. *Qualitative research,15*(5), 616–632. https://doi.org/10.1177/1468794114550439

Shinners, J., Africa, L., Deasy, P., & Franqueiro, T. (2018). The married state approach to precepting. *The Journal of Continuing Education in Nursing, 49*(11), 514–518. https://doi.org/10.3928/00220124-20181017-08

Shinners, J., Africa, L., Mallory, C., & Durham, H. (2021). Versant's nurse residency program: A retrospective review. *Nursing Economics, 39*(5), 239–246. https://go.openathens.net/redirector/liberty.edu?url=https://www-proquest-com.ezproxy.liberty.edu/scholarly-journals/versants-nurse-residency-program-retrospective/docview/2581886322/se-2

Shinners, J. & Cosme, S. (2020). COVID-19: Perspectives from nurses across the country. *The Journal of Continuing Education in Nursing, 51*(7), 304-308. https://doi.org/10.3928/00220124-20200611-05

Shore, M. F. (2005). The first mentor, the goddess Minerva. *Psychiatric Times, 22*(10). 82.

https://go.openathens.net/redirector/liberty.edu?url=https://www.proquest.com/trade-journals/first-mentor-goddess-minerva/docview/204557701/se-2

Smith, M., Rumoro, A., & Staffileno, B. (2022). Favorable outcomes: Moving nursing orientation to a hybrid program during the COVID-19 pandemic. *Journal for Nurses in Professional Development, 38*(1), E5-E11. https://doi.org/10.1097/NND.0000000000000833

Smith, S. A. (2012). Nurse competence: A concept analysis. *International Journal of Nursing Knowledge*, *23*(3), 172-182. https://doi.org/10.1111/j.2047-3095.2012.01225.x

Smith, S. J. (2020). *Windows into the history & philosophy of education*. Kendall Hunt.

Sofer, D. (2022). Nursing shortage or exodus? *American Journal of Nursing, 122*(3), 12–13. https://doi.org/10.1097/01.NAJ.0000822928.16774.9a

Song, Y. & McCreary, L. L. (2020). New graduate nurses' self-assessed competencies: An integrative review. *Nurse Education in Practice, 45*(May 2020), 102801. https://doi.org/10.1016/j.nepr.2020.102801

Sortedahl, C., Ellefson, S., Fotsch, D., & Daley, K. (2020). The professional behaviors new nurses need: Findings from a national survey of hospital nurse leaders. *Nursing Education Perspectives, 41*(4), 207-214. https://doi.org/10.1097/01.NEP.0000000000000622

Stimpfel, A. W., Fletcher, J., & Kovner, C. T., (2019). A comparison of scheduling, work hours, overtime, and work preferences across four cohorts of newly licensed Registered Nurses. *Journal of Advanced Nursing, 75*(9), 1902-1910. https://doi.org/10.1111/jan.13972

Swihart, D. & Johnstone, D. (2010). What does a nursing professional development specialist

(nurse educator) do? *American Nurse, (August 11, 2010).* https://www.myamericannurse.com/what-does-a-nursing-professional-development-specialist-nurse-educator-do/https://www.myamericannurse.com/what-does-a-nursing-professional-development-specialist-nurse-educator-do/

Takayesu, J.K., Wong, N., Gordon, J.A. (2021). Education and learning theory. In C. Strother, Y. Okuda, N. Wong, & S. McLaughlin, S. (Eds.) *Comprehensive healthcare simulation: Emergency medicine*. Springer. https://doi.org/10.1007/978-3-030-57367-6_2

Thompson, C. (2019). *The magic of mentoring.* Routledge.

Tong, L. K., Li, Y. Y., Au, M. L., Wang, S. C., & Ng, W. I. (2022). Prebriefing for high-fidelity simulation in nursing education: A meta-analysis. *Nurse Education Today, 119*(December 2022), 105609. https://doi.org/10.1016/j.nedt.2022.105609

Torres, D.A., Jeske, L., Marzinski, S. J., Oleson, R., & Hook, M. L. (2022). Best fit orientation: An innovative strategy to onboard newly licensed nurses. *Journal for Nurses in Professional Development, 38*(6). 350-359. https://doi.org/10.1097/NND.0000000000000784

Ulupinar, S. & Aydogan, Y. (2021). New graduate nurses' satisfaction, adaptation, and intention to leave in their first year: A descriptive study. *Journal of Nursing Management, 29,* (6), 1830– 1840. https://doi.org/10.1111/jonm.13296

Urban, R. W. & Barnes, D. (2020). Transition to practice: The lived experience of new graduate nurses in early solo flight. *Journal for Nurses in Professional Development, 36*(2), 74–81. https://doi.org/10.1097/NND.0000000000000608

Urban, R. & Brandenburg, L. (2022). The view from here: Understanding the lived experiences of new graduate nurses with 8-10 months of experience. *Journal for Nurses in*

Professional Development, *38*(4), 223-230. https://doi.org/10.1097/NND.0000000000000759

Van Camp, J. & Chappy, S. (2017). The effectiveness of nurse residency programs on retention. A systematic review. *AORN Journal*, *106*(2), 128-144. https://doi.org/10.1016/j.aorn.2017.06.003

van Manen, M. (1997). *Researching lived experience: Human science for an action sensitive pedagogy*. (2nd ed.). Routledge. https://doi.org/10.4324/9781315421056

Van Patten, R., R., & Bartone, A. S. (2019). The impact of mentorship, preceptors, and debriefing on the quality of program experiences. *Nurse Education in Practice*, *35*, 63-68. https://doi.org/10.1016/j.nepr.2019.01.007

Véliz, C. (2019). Online masquerade: Redesigning the internet for free speech through the use of pseudonyms. *Journal of Applied Philosophy*, *36*(4), 643–658. https://doi.org/10.1111/japp.12342

Vessey, J. A. & Williams, L. (2021). Addressing bullying and lateral violence in the workplace: A quality improvement initiative. *Journal of Nursing Care Quality*, *36*(1), 20-24. https://doi.org/10.1097/NCQ.0000000000000480

Vidal-Alves, M. J., Pina, D., Puente-López, E., Luna-Maldonado, A., Ruiz-Cabella, A. L., Magalhães, T., Pina-López, Y., Ruiz-Hernández, J. A., & Martínez Jarreta, B. (2021). Tough love lessons: Lateral violence among hospital nurses. *International Journal of Environmental Research and Public Health*, *18*(17). 9183. https://doi.org/10.3390/ijerph18179183

Walton, Q. L., Kennedy, P. P., Oyewuwo, O. B., & Allen, P. (2022). “This person is safe”: An

exemplar of conducting individual interviews in qualitative research with Black women. *International Journal of Qualitative Methods, 21*. https://doi.org/10.1177/16094069221147776

Waltz, L. A., Muñoz, L., Weber Johnson, J., & Rodriguez, T. (2020). Exploring job satisfaction and workplace engagement in millennial nurses. *Journal of Nursing Management, 28*(3), 673-681. https://doi.org/10.1111/jonm.12981

Wakefield, E. (2018). Is your graduate nurse suffering from transition shock? *Acorn, 31*(1), 47-50. https://doi.org/10.26550/311/47-50

Weller-Newton, J. M., Phillips, C., Laging, B., & McGillion, A. (2022). Transition to practice programs in nursing: A rapid review. *The Journal of Continuing Education in Nursing, 53*(10), 442-450. https://doi.org/10.3928/00220124-20220907-05

White, K. A., Fetter, M. E., & Ruth-Sahd, L. A. (2019). Considering the benefits of student nurse extern programs. *Nursing, 49*(9). 58-59. https://doi.org/10.1097/01.NURSE.0000577728.62251.d1

White, M., Cosme, S., & Drown, S. (2021). Revisiting the impact of accreditation on transition to practice programs: Findings from a replication analysis. *The Journal of Continuing Education in Nursing, 52*(11), 525-533. https://doi.org/10.3928/00220124-20211008-08

Williams, F. S., Scott, E. S., Tyndall, D. E., & Swanson, M. (2018). New nurse graduate residency mentoring: A retrospective cross-sectional research study. *Nurse Economics, 36*(3), 121–127. https://go.openathens.net/redirector/liberty.edu?url=https://www.proquest.com/scholarly-journals/new-nurse-graduate-residency-mentoring/docview/2063384970/se-2

Williams, K. N., Fausett, C. M., Lazzara, E. H., Bitan, Y., Andre, A., & Keebler, J. R. (2023).

Investigative approaches: Lessons learned from the RaDonda Vaught case. *Human Factors in Healthcare, 4*(December 2023), 100054. https://doi.org/10.1016/j.hfh.2023.100054

Wirtz, A. L., Cooney, E. E., Chaudhry, A., Reisner, S. L., & American Cohort to Study HIV Acquisition Among Transgender Women. (2019). Computer-mediated communication to facilitate synchronous online focus group discussions: Feasibility study for qualitative HIV research among transgender women across the United States. *Journal of Medical Internet Research*, *21*(3), e12569. https://doi.org/10.2196/12569

Wittenburg, E., Goldsmith, J. V., Chen. C., Prince-Paul, M., & Capper, B. (2021). COVID-19 transformed nursing education and communication competency: Testing COMFORT educational resources. *Nurse Education Today, 107*(December 2021), 105105. https://doi.org/10.1016/j.nedt.2021.105105

Woolwine, S., Romp, C., & Jackson, B. (2019). Game on: Evaluating the impact of gamification in nursing orientation on motivation and knowledge retention. *Journal for Nurses in Professional Development, 35* (5), 255–260. https://doi.org/10.1097/NND.0000000000000570

Wright, D. (2021). *The ultimate guide to competency assessment in healthcare.* (4th ed.). Creative Health Care Management.

Zatko, L., Frost, K., & Duffy, E. (2021). Developing and assessing a competency-based nurse orientation in pediatric ambulatory infusion clinics. *Journal for Nurses in Professional Development, 37*(5), 294-298. https://doi.org/10.1097/NND.0000000000000789

Ziegler, E., Carroll, B., & Shortall, C. (2020). Design thinking in nursing education to improve care for lesbian, gay, bisexual, transgender, queer, intersex, and two-spirit people.

Creative Nursing, *26*(2), 118-124. https://doi.org/10.1891/CRNR-D-20-00003

APPENDIX A

IRB Amendment Approval Letter

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

June 13, 2023

Kerrin Hampton
Verna LaFleur

Re: IRB Exemption - IRB-FY22-23-1667 DO MORE THAN TRAIN NEW NURSES … RETAIN THEM! A QUALITATIVE RESEARCH STUDY

Dear Kerrin Hampton, Verna LaFleur,

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).

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

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

Wake Forest University Health Sciences IRB Approval Letter

WAKE FOREST
UNIVERSITY
HEALTH SCIENCES

Office of Research
INSTITUTIONAL REVIEW BOARD

MEMORANDUM

To: Carolyn Huffman
Nursing - Research

From: Brian Moore, Director
Institutional Review Board

Date: 7/18/2023

Subject: Exempt Protocol: IRB00098363
Do More Than Train New Nurses...Retain Them! A Qualitative Research Study

No protected health information will be used or disclosed in this research proposal; therefore the requirement for individual Authorization does not apply.

A waiver for the requirements of signed consent and HIPAA authorization have been granted by the IRB for preliminary screening purposes. null (Category null).

Note that only the Wake Forest University School of Medicine IRB can make the determination for its investigators that a research study is exempt. Investigators do not have the authority to make an independent determination that research involving human subjects is exempt. Each project requires a separate review and approval or exemption. The Board must be informed of any changes to this project, so that the Board can determine whether it continues to meet the requirements for exemption.

The Wake Forest School of Medicine IRB is duly constituted, has written procedures for initial and continuing review of clinical trials; prepares written minutes of convened meetings, and retains records pertaining to the review and approval process; all in compliance with requirements of FDA regulations 21 CFR Parts 50 and 56, HHS regulations 45 CFR 46, and International Conference on Harmonisation (ICH) E6, Good Clinical Practice (GCP), as applicable. WFSM IRB is registered with OHRP/FDA; our IRB registration numbers are IRB00000212, IRB00002432, IRB00002433, IRB00002434, IRB00008492, IRB00008493, IRB00008494, and IRB00008495.
WFSM IRB has been continually fully accredited by the Association for the Accreditation of Human Research Protection Programs (AAHRPP) since 2011.

Medical Center Boulevard, Winston-Salem, NC 27157-1023 (336) 716-4542 / fax (336) 716-4480


Association for the Accreditation of Human Research Protection Programs, Inc.
Full
Accreditation

APPENDIX C

Recruitment Letter

Dear Teammate:

As a graduate student in the School of Nursing at Liberty University, I am conducting research as part of the requirements for a Ph.D. degree. The purpose of my research is to understand the lived experiences of new graduate nurses during their initial orientation at a metropolitan teaching hospital and I am writing to invite eligible participants to join my study.

Participants must be new graduate nurses with two years or less working experience in their first nursing position. New graduate nurses who have prior orientation experience as an LPN/LVN, or EMT-Paramedic are not eligible for participation. New graduate nurses who have been previous students of the researcher and or are members of the Atrium Health Nursing Research Committee are also not eligible for participation. Participants, if willing, will be asked to take part in individual web-based interviews lasting 60-90 minutes. Each interview will be audio and video recorded with electronic transcription capabilities. Participants will also be asked to verify the accuracy of their transcripts and any researcher-identified themes for accuracy. The participant will have the opportunity to affirm or refute any or all of the transcript and or themes. The described process of member checking is anticipated to take an additional 60-120 minutes of the participant's time.

To maintain confidentiality, participants will be asked to choose a pseudonym and email the researcher using a personal email address. Information shared during the interview will remain confidential.

To participate, please contact me at [redacted] from your personal email address to schedule an interview. Please do not use your work email account.

A consent document is attached to this email. The consent document contains additional information about my research. If you choose to participate, you will need to sign the consent document and return it to me at the time of the interview.

Participants will receive a $25.00 Amazon gift card for completing the interview.

Sincerely,

Kerrin Hampton

Doctoral Student

[redacted]

APPENDIX D

Consent

Title of the Project: Do More Than Train Nurses…Retain Them! A Qualitative Research Study.

Principal Investigator: Kerrin Hampton, Doctoral Candidate Student, 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 be a new graduate nurse with two years or less of working experience in your first healthcare job. New graduate nurses who have prior orientation experience as an LPN/LVN, or EMT-Paramedic are not eligible for participation. New graduate nurses who have been previous students of the researcher and or are members of the Atrium Health Nursing Research Committee are also not eligible for participation.

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 purpose of the study is to understand the lived experiences of new graduate nurses during orientation.

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. Participate in an individual web-based interview lasting 60-90 minutes. The interview will be electronically transcribed in addition to being recorded. Prior to the interview, please choose a pseudonym to identify yourself.

2. Within one to two weeks after the interview, you will be contacted to review the interview transcript for accuracy. Additionally, you will be asked to confirm or refute any identified themes from the transcript. The process of transcript and theme review should take approximately one hour.

How could you or others benefit from this study?

The direct benefits participants should expect to receive from taking part in this study include an opportunity to share one's unique orientation experience. Some individuals have not had a chance to talk about what nursing orientation was like for them.

Benefits to society include gaining an understanding of the lived experiences of new graduates during orientation for nurse educators, nurse leaders, and new graduate nurses to collaborate to optimize orientation and potentially improve nursing retention.

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 include the possibility of psychological stress related to recall of your orientation experience. To reduce risk, I will pause audio and video recording, discontinue the interview if necessary, and provide referral information for the Employee Assistance Program.

I am a mandatory reporter. During this study, if I receive information about child abuse, child neglect, elder abuse, or intent to harm self or others, I will be required to report it to the appropriate authorities.

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 self-selected pseudonyms.
- Interviews will be conducted in a location where others will not easily overhear the conversation.
- Recordings will be stored on a password locked computer until participants have reviewed and confirmed the accuracy of the transcripts and then deleted. The researcher/the researcher and members of her doctoral committee will have access to these recordings.
- Data including interview recording, interview transcripts, field notes, member checking notes, and coding will be saved on a password protected computer that remains in the sole custody of the researcher. After three years, all electronic records will be deleted, and all hardcopy records will be shredded.

How will you be compensated for being part of the study?

Participants will be compensated for participating in this study. At the conclusion of the interview, participants will receive a $25.00 Amazon gift card. The electronic gift card will be emailed to the personal email address provided by the study participant.

What are the costs to you to be part of the study?

There is no cost to participate in the study.

Is the researcher in a position of authority over participants, or does the researcher have a financial conflict of interest?

The researcher works as clinical educator at Atrium Health Wake Forest Baptist, is a member of the Atrium Health Nursing Research Committee and has previously been a nursing faculty member. To limit potential or perceived conflicts, data collection will be confidential using pseudonyms, so the researcher will not know who participated. This disclosure is made so that you can decide if this relationship will affect your willingness to participate in this study. No action will be taken against an individual based on his or her decision to participate or not participate in this study.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University or Atrium Health Wake Forest Baptist. If you decide to participate, you are free to not 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 included in the next paragraph. Should you choose to withdraw, data collected from you 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 Kerrin Hampton. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [redacted].

You may also contact the researcher's faculty sponsor, Dr. Verna LaFleur, Ph.D., RN, at [redacted]

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

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record and video-record me as part of my participation in this study.

_____

Printed Subject Name

_____

Signature & Date

APPENDIX E

Recruitment Flyer

Research Participants Needed

DO MORE THAN TRAIN NEW NURSES…RETAIN THEM!

A QUALITATIVE RESEARCH STUDY

- Are you a registered nurse with two or less years of experience who have completed their orientation with a preceptor within the preceding 24 months?
- Is this your first career in healthcare?

If you answered **yes** to each of the questions listed above, you may be eligible to participate in a research study.

The purpose of this research study is to understand the lived experiences of new graduate nurses during their initial orientation at a metropolitan teaching hospital.

Participants will be asked to share their orientation experience as a new graduate nurse through interviews on Microsoft® Teams. Participants will be asked to volunteer 60-90 minutes of their time to complete the interviews and 60-120 minutes to review your interview transcripts.

Participants will receive a $25 Amazon gift card.

If you would like to participate, contact the researcher at the phone number or email address provided below from your personal email address.

An informed consent will be emailed to you prior to the time of the interview.

Kerrin Hampton, a doctoral candidate in the School of Nursing at Liberty University, is conducting this study.

Please contact Kerrin Hampton at [redacted] for more information.

Liberty University IRB – 1971 University Blvd., Green Hall 2845, Lynchburg, VA 24515

APPENDIX F

Interview Guide

"Good morning/evening. Thank you for taking the time to participate in this important research study. My name is Kerrin Hampton, and I am a doctoral candidate at Liberty University. I am conducting research as part of my doctoral studies. The purpose of this research study is to learn about your personal experience as a new graduate nurse during orientation. I will ask you a series of questions. Please answer honestly and with as much detail as you feel comfortable sharing. This interview will be recorded using audio and video and the content will be electronically transcribed. I will let know when I begin recording. You have chosen to participate in this study voluntarily and are free to discontinue your participation at any time. Please use your self-selected pseudonym to maintain your privacy and confidentiality. Any statements you make that may link you to a specific person, event, or nursing unit will not be used in the final report to maintain your confidentiality. Before we begin, please ensure that you are in an environment where you feel comfortable talking. I ask that you reduce any potential distractions during our interview including but not limited to mobile phones. Do you have any questions before we get started?"

Opening Question	Please introduce yourself, using your pseudonym, and tell me how long you have been a nurse.
Introduction	Think back to your first day working as a nurse, starting with hospital orientation; what did you think of your orientation experience?
Transition	Tell me about your orientation experience on the nursing unit where you work.

Key Questions	Tell me about your transition from student nurse to registered nurse.
	What makes you want to stay working where you are?
	Have you considered leaving the nursing unit where you work? If so, why?
Ending	We have discussed a great deal. I value your input and appreciate your time. One final question…What else would be essential for me to know about your orientation experience? Maybe something we have not already discussed?

APPENDIX G

Question Bank

Follow Up Questions	What is your first thought when you hear the word orientation?
	What did you find most beneficial during general nursing orientation, including any academies? Why were they beneficial?
	Tell me about your relationship with your preceptor or preceptors.
	What have you shared with your nursing peers about your orientation experience? How are your experiences similar? How are they different?
	Is there something you wish you would have had in orientation that you did not?
	What would you include if you were in charge of orientation? Is there anything you would change?
	What things are important to you related to retention?

APPENDIX H

Revised Interview Guide

"Good morning/evening. Thank you for taking the time to participate in this important research study. My name is Kerrin Hampton, and I am a doctoral candidate at Liberty University. I am conducting research as part of my doctoral studies. The purpose of this research study is to learn about your personal experience as a new graduate nurse during orientation. I will ask you a series of questions. Please answer honestly and with as much detail as you feel comfortable sharing. This interview will be recorded using audio and video and the content will be electronically transcribed. I will let know when I begin recording. You have chosen to participate in this study voluntarily and are free to discontinue your participation at any time. Please use your self-selected pseudonym to maintain your privacy and confidentiality. Any statements you make that may link you to a specific person, event, or nursing unit will not be used in the final report to maintain your confidentiality. Before we begin, please ensure that you are in an environment where you feel comfortable talking. I ask that you reduce any potential distractions during our interview including but not limited to mobile phones. Do you have any questions before we get started?"

Opening Question	Please introduce yourself, using your pseudonym, and tell me how long you have been a nurse.
	What is your first thought when you hear the word orientation?
Introduction	Think back to your first day working as a nurse, starting with hospital orientation; what did you think of your orientation experience?

Transition	Tell me about your orientation experience on the nursing unit where you work. What did you find most beneficial during general nursing orientation, including any academies? Why were they beneficial? Did you find that it was more beneficial to be on your unit?
Key Questions	So more specifically, tell me about your orientation experience on the nursing unit where you work. Things that you recall. Is there something you wish you would have had in orientation that you did not? Tell me about your transition from student nurse to registered nurse. Anything else interesting about that transition? Was there anything else about your transition from a student to a nurse that was significant? Tell me about your relationship with your preceptor or preceptors. What preceptor model did you use? For your learning, which model was more beneficial? What makes you want to stay working where you are? Have you considered leaving the nursing unit where you work? If so, why? What have you shared with your nursing peers about your orientation experience? How are your experiences similar? How are they different?

	What you include if you were in charge of orientation? Is there anything that you would change? Anything that we should stop doing, start doing, continue doing? What things are important to you related to retention?
Ending	We have discussed a great deal. I value your input and appreciate your time. One final question…What else would be essential for me to know about your orientation experience? Maybe something we have not already discussed?

APPENDIX I

IRB Modification Approval Letter

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

September 7, 2023

Kerrin Hampton
Verna LaFleur

Re: Modification - IRB-FY22-23-1667 DO MORE THAN TRAIN NEW NURSES … RETAIN THEM! A QUALITATIVE RESEARCH STUDY

Dear Kerrin Hampton, Verna LaFleur,

The Liberty University Institutional Review Board (IRB) has rendered the decision below for IRB-FY22-23-1667 DO MORE THAN TRAIN NEW NURSES … RETAIN THEM! A QUALITATIVE RESEARCH STUDY.

Decision: Exempt - Limited IRB

Your request to no longer exclude participants who were previously your students or are members of the Atrium Health Nursing Research Council and to recruit participants by distributing the study flyer "to Nursing Practice Development Specialists and Clinical Educators during their monthly meeting" has been approved. Thank you for submitting your revised study documents for our review and documentation. **For a PDF of your modification letter, 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 Modification under Submission Type and choose the Letters tab toward the bottom of the Submission Details page. If your modification required you to submit revised documents, they can be found on the same page under the Attachments tab.** Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Thank you for complying with the IRB's requirements for making changes to your approved study. Please do not hesitate to contact us with any questions.

We wish you well as you continue with your research.

Sincerely,

G. Michele Baker, PhD, CIP
Administrative Chair
Research Ethics Office

APPENDIX J

Wake Forest University Health Sciences IRB Amendment Approval Letter

WAKE FOREST
UNIVERSITY
HEALTH SCIENCES

Office of Research
INSTITUTIONAL REVIEW BOARD

MEMORANDUM

To: Carolyn Huffman
Nursing - Research

From: Jeannie Sekits, Senior Protocol Analyst, Institutional Review Board

Date: 10/17/2023

Subject: Human Protocol: IRB00098363
Do More Than Train New Nurses...Retain Them! A Qualitative Research Study
Amendment 1 for IRB Study #IRB00098363

Study Documents:
Protocol Version: IRB 00098363 Protocol Revision Clean Copy 10172023; Advertisements: Flyer 10172023; Other Documents: Liberty University IRB Modification Letter

The amendments listed below have been approved in accordance with HHS regulations for the protection of human research subjects that provides for the expedited review and approval of minor changes in previously approved research [45 CFR 46.110(b)(2)]. This action of the Board does not extend the term of approval for this protocol.

The amendment includes the following:

1. Add Atrium Health High Point Medical Center, Atrium Health Davie Medical Center, Atrium Health Lexington Medical Center, and Atrium Health Wilkes Medical Center
2. Exclusion Criteria: Remove
a. previous students of researcher
b. new graduate nurses who are members of the Atrium Health Nursing Research Committee
3. Change email contact from school email (Liberty University) to work email (Atrium Health)

This application indicates that advertising materials will be used for research purposes. Please consult with Creative Communications to ensure the appropriate visual identity is put forth.

A waiver for the requirements of signed consent and HIPAA authorization have been granted by the IRB for preliminary screening purposes.

Medical Center Boulevard, Winston-Salem, NC 27157-1023 (336) 716-4542 / fax (336) 716-4480


Association for the Accreditation of Human Research Protection Programs, Inc.
Full
Accreditation

APPENDIX K

Modified Recruitment Letter

Dear Teammate:

As a graduate student in the School of Nursing at Liberty University, I am conducting research as part of the requirements for a Ph.D. degree. The purpose of my research is to understand the lived experiences of new graduate nurses during their initial orientation at a metropolitan teaching hospital and I am writing to invite eligible participants to join my study.

Participants must be new graduate nurses with two years or less working experience in their first nursing position. New graduate nurses who have prior orientation experience as an LPN/LVN, or EMT-Paramedic are not eligible for participation. Participants, if willing, will be asked to take part in individual web-based interviews lasting 60-90 minutes. Each interview will be audio and video recorded with electronic transcription capabilities. Participants will also be asked to verify the accuracy of their transcripts and any researcher-identified themes for accuracy. The participant will have the opportunity to affirm or refute any or all of the transcript and or themes. The described process of member checking is anticipated to take an additional 60-120 minutes of the participant's time.

To maintain confidentiality, participants will be asked to choose a pseudonym and email the researcher using a personal email address. Information shared during the interview will remain confidential.

To participate, please contact me at [redacted] from your personal email address to schedule an interview. Please do not use your work email account.

A consent document is attached to this email. The consent document contains additional information about my research. If you choose to participate, you will need to sign the consent document and return it to me at the time of the interview.

Participants will receive a $25.00 Amazon gift card for completing the interview.

Sincerely,

Kerrin Hampton

Doctoral Student

[redacted]

APPENDIX L

Modified Consent

Title of the Project: Do More Than Train Nurses…Retain Them! A Qualitative Research Study.

Principal Investigator: Kerrin Hampton, Doctoral Candidate Student, 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 be a new graduate nurse with two years or less of working experience in your first healthcare job. New graduate nurses who have prior orientation experience as an LPN/LVN, or EMT-Paramedic are not eligible for participation.

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 purpose of the study is to understand the lived experiences of new graduate nurses during orientation.

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. Participate in an individual web-based interview lasting 60-90 minutes. The interview will be electronically transcribed in addition to being recorded. Prior to the interview, please choose a pseudonym to identify yourself.
2. Within one to two weeks after the interview, you will be contacted to review the interview transcript for accuracy. Additionally, you will be asked to confirm or refute any

identified themes from the transcript. The process of transcript and theme review should take approximately one hour.

How could you or others benefit from this study?

The direct benefits participants should expect to receive from taking part in this study include an opportunity to share one's unique orientation experience. Some individuals have not had a chance to talk about what nursing orientation was like for them.

Benefits to society include gaining an understanding of the lived experiences of new graduates during orientation for nurse educators, nurse leaders, and new graduate nurses to collaborate to optimize orientation and potentially improve nursing retention.

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 include the possibility of psychological stress related to recall of your orientation experience. To reduce risk, I will pause audio and video recording, discontinue the interview if necessary, and provide referral information for the Employee Assistance Program.

I am a mandatory reporter. During this study, if I receive information about child abuse, child neglect, elder abuse, or intent to harm self or others, I will be required to report it to the appropriate authorities.

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 self-selected pseudonyms.
- Interviews will be conducted in a location where others will not easily overhear the conversation.
- Recordings will be stored on a password locked computer until participants have reviewed and confirmed the accuracy of the transcripts and then deleted. The researcher/the researcher and members of her doctoral committee will have access to these recordings.
- Data including interview recording, interview transcripts, field notes, member checking notes, and coding will be saved on a password protected computer that remains in the sole custody of the researcher. After three years, all electronic records will be deleted, and all hardcopy records will be shredded.

How will you be compensated for being part of the study?

Participants will be compensated for participating in this study. At the conclusion of the interview, participants will receive a $25.00 Amazon gift card. The electronic gift card will be emailed to the personal email address provided by the study participant.

What are the costs to you to be part of the study?

There is no cost to participate in the study.

Is the researcher in a position of authority over participants, or does the researcher have a financial conflict of interest?

The researcher works as clinical educator teacher at Atrium Health Wake Forest Baptist, is a member of the Atrium Health Nursing Research Committee and has previously been a nursing

faculty member. To limit potential or perceived conflicts, data collection will be confidential using pseudonyms, so the researcher will not know who participated. This disclosure is made so that you can decide if this relationship will affect your willingness to participate in this study. No action will be taken against an individual based on his or her decision to participate or not participate in this study.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University or Atrium Health Wake Forest Baptist. If you decide to participate, you are free to not 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 included in the next paragraph. Should you choose to withdraw, data collected from you 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 Kerrin Hampton. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [redacted]

You may also contact the researcher's faculty sponsor, Dr. Verna LaFleur, Ph.D., RN, at [redacted].

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

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record and video-record me as part of my participation in this study.

_____

Printed Subject Name

_____

Signature & Date

APPENDIX M

Modified Recruitment Flyer

Research Participants Needed

DO MORE THAN TRAIN NEW NURSES…RETAIN THEM!

A QUALITATIVE RESEARCH STUDY

- Are you a registered nurse with two or less years of experience who have completed their orientation with a preceptor within the preceding 24 months?
- Is this your first career in healthcare?

If you answered **yes** to each of the questions listed above, you may be eligible to participate in a research study.

The purpose of this research study is to understand the lived experiences of new graduate nurses during their initial orientation.

Participants will be asked to share their orientation experience as a new graduate nurse through interviews on Microsoft® Teams. Participants will be asked to volunteer 60-90 minutes of their time to complete the interviews and 60-120 minutes to review your interview transcripts.

Participants will receive a $25 Amazon gift card.

If you would like to participate, contact the researcher at the phone number or email address provided below from your personal email address.

An informed consent will be emailed to you prior to the time of the interview.

Kerrin Hampton, a doctoral candidate in the School of Nursing at Liberty University, is conducting this study.

Please contact Kerrin Hampton at [redacted] for more information.

Liberty University IRB – 1971 University Blvd., Green Hall 2845, Lynchburg, VA 24515

APPENDIX N

Blank Observation/Field Note

Study Name: Do More Than Train New Nurses…Retain Them! A Qualitative Research Study

Researcher: Kerrin Hampton

Study Participant:_____ Interview Date:_____

Interviewer Notes/ Observations	**Non Verbal Cues**	**Significant Statements**