

ABSTRACT

BEING A NURSE: PERCEPTIONS OF BACCALAUREATE NURSES ONE YEAR POST GRADUATION FROM AN ACCELERATED PROGRAM

By Abigail M. Kunde

Few qualitative research studies have been completed on baccalaureate nurses' perceptions of being a nurse one year post graduation, and how they transition into their professional role. The research question for this study was: How do baccalaureate nurses perceive *being a nurse* one year post graduation from an accelerated program? The current study was a replication of Davis's (2009) research, which looked at perceptions of traditional program students one year post graduation.

Theoretical frameworks for this study were Benner's (1984) Novice to Expert Model, and Meleis, Sawyer, Im, Messias, and Schumacher's (2000) Transition Theory. A qualitative design was used. A convenience sample of 9 baccalaureate prepared nurses from an accelerated BSN program in the Midwest comprised the sample. Data were collected through interviews and a demographic questionnaire and analyzed using Colaizzi's method of analysis (Colaizzi, 1973).

Results indicated that the sample was White, consisting of 7 females and 2 males. The mean age of the sample was 48 years. All participants had graduated between 12 and 18 months at the time of study. At 3 months into transition, the majority of participants (56%) identified with being at the advanced beginner stage; by 6 months at the competent stage; and by one year at the proficient stage. The overarching theme was: being a nurse, the transitional process. During data analysis, three main themes emerged: beginning transition, during transition, and beyond transition. Several subthemes emerged to support the main themes.

The conceptual frameworks aided in discovering the new nurses' transitional process, as well as the stages of proficiency. Participants began their transition by questioning their knowledge and abilities, but were able to quickly move forward and gain experience, balance, and confidence. With a greater level of confidence the nurses were able to join the team and become a valuable part of their profession.

By understanding the perceptions of new nurses from an accelerated baccalaureate program, hospital, university administrators, and educators can better understand how to prepare new nurses for the transition into their professional role. Findings may also have implications for current/future students and/or newly graduated nurses.

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ONE YEAR POST GRADUATION FROM AN ACCELERATED PROGRAM

by

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I would like to dedicate this paper to my family and friends who have supported me, not only through the completion of this project, but through the duration of this masters program (you know who you are). I cannot thank you enough for your unconditional love and encouragement. Words cannot express my gratitude.

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TABLE OF CONTENTS

	Page
LIST OF TABLES	vii
LIST OF FIGURES	viii
CHAPTER I – INTRODUCTION	1
Significance to Nursing	10
Statement of the Problem	12
Purpose of the Study	13
Research Question	13
Definitions of Terms	13
Conceptual Definitions	13
Operational Definitions	14
Assumptions	14
Chapter Summary	15
CHAPTER II – THEORETICAL FRAMEWORK AND REVIEW OF LITERATURE	16
Introduction	16
Theoretical Framework	16
Case Study Application	21
Review of Literature	24
Perceptions of Nursing Profession	24
Graduate Nurse Expectations	25
Transition from Student Nurse	26
Summary of Literature Review	30
Chapter Summary	31
CHAPTER III – METHODOLOGY	32
Introduction	32
Design of the Study	32
Population, Sample, and Setting	32
Data Collection Instruments	33
Data Collection Procedures	34
Data Analysis Procedures	34
Anticipated Limitations	35
Chapter Summary	35

TABLE OF CONTENTS (Continued)

	Page
CHAPTER IV – RESULTS AND DISCUSSION	36
Introduction	36
Sample Description	36
Demographic Data	37
Results and Discussion	39
Theme One: Beginning Transition	39
Questioning Their Knowledge and Abilities	40
Leaving the Nest	45
Theme Two: During Transition	48
Perceptions of Nursing Expanded	50
High Expectations in the “Real World”: A Balancing Act	53
Being Resourceful	57
Theme Three: Beyond Transition	60
Increased Confidence	61
Joining the Team	62
Discussion of Results with Related Studies	64
Chapter Summary	69
CHAPTER V – SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS	71
Introduction	71
Summary of Findings	71
Theme One: Beginning Transition	73
Theme Two: During Transition	73
Theme Three: Beyond Transition	74
Appropriateness of the Theoretical Frameworks to this Study	74
Conclusions	79
Implications	80
Nursing Practice	80
Nursing Education	81
Nursing Administration	83
Recommendations	84
Chapter Summary	85

TABLE OF CONTENTS (Continued)

	Page
APPENDICES	
Appendix A. Demographic Questionnaire	87
Appendix B. Interview Guide	91
Appendix C. Letter to Potential Participants	93
Appendix D. Consent Document	95
REFERENCES	98

LIST OF TABLES

	Page
Table 1. Novice to Expert: Five Stages	17
Table 2. Demographic Data Summary	38
Table 3. Self-Report of the Phases of Transition in the First Year	38
Table 4. Being a Nurse: The Transitional Process	39
Table 5. Different Developmental Stages of the Transition Process	64
Table 6. Comparing Themes from Davis' 2009 Study to the Current Study .	65

LIST OF FIGURES

	Page
Figure 1. Transitions: A Middle-Range Theory	20
Figure 2. Integration of Benner's Stages and Meleis et al. Transitional Theory	23
Figure 3. Illustration of the Integration of Results With Both Theoretical Frameworks	78

CHAPTER I

INTRODUCTION

In times of economic crisis the nursing profession seems a secure, highly sought after occupation. According to Miklancie and Davis (2005), "The unpredictable economy has...contributed to changing priorities. People are yearning for stable careers" (p. 291). The Bureau of Labor statistics' Occupational Outlook Handbook for 2008 -- 2009 reports that the nursing profession has 2.5 million jobs currently and that 587,000 new jobs will be "generated" between the years 2006 and 2016. However, even with the profession's plethora of employment opportunities, nursing shortages still remain. The American Association of Colleges of Nursing ([AACN], 2009) cites the U.S. Department of Labor, which projects "the need for more than one million new and replacement registered nurses by 2016" (p. 1). Because of this, "nursing schools around the country are exploring creative ways to increase capacity and reach new student populations" (p. 1). One such solution is the accelerated baccalaureate nursing programs.

As of 2008, there were 218 accelerated baccalaureate nursing programs throughout the country, as well as 26 new programs in preparation. Accelerated programs offer the most rapid route to registered nurse (RN) licensure; most programs are from 12 -- 18 months of study. Students enrolling in these programs have previously achieved a baccalaureate or graduate degree in disciplines outside of nursing (AACN, 2009). According to Cangelosi and Whitt (2005), research regarding accelerated baccalaureate nursing programs has focused on a few key areas: student demographics/characteristics, descriptions of programs and curricula, and teaching and learning strategies.

Wu and Connelly (1992) were among the first to research accelerated program students. In the fall of 1988, the authors examined the demographics of students from 10 different accelerated baccalaureate nursing programs, achieving a 71% response rate. Females comprised 89.2 % of the students, while 10.8% were male. The average age was 28.7 years, with 65.7 % between the ages of 22 and 28. Married students made up 29% of the group and 85% did not have children. The average time was between 3 and 7 years, in which students decided to return to school. The top two previous majors were biology (22.9%) and psychology (12%). Of the students, 57% had no previous nursing experience, such as working as a nursing assistant. The three top reasons for enrolling in the accelerated baccalaureate nursing program were the various opportunities that the profession offered, the fast time frame, and the prospect of advancement within the profession.

McDonald (1995) compared traditional and accelerated students' demographics and performance using a quasi-experimental pretest-posttest design. She found that there was no "significant" difference in the mean age of the groups -- the traditional group was 25.8 years and the accelerated group was 29.8 years. Females comprised 87.4% of the subjects from both groups, while 10.9% were male. Amongst the entire group, 62.9% were White and 31.5% were African American. Over half the subjects had worked in healthcare previously (53.8%), while 69.9% had no previous nursing experience. Of the traditional students, 46.3% were employed, while only 20.3% of the accelerated students were employed. The accelerated students felt that their program prepared them more than the students from the traditional program, and they also had greater satisfaction and less difficulty with their education than the traditional students. In relation to the students' grade point average and the passing rate on the National

Council Licensure Examination (NCLEX), no significant differences were seen among the groups.

Meyer and Hoover (2006) did a descriptive study to depict the type of student that was entering the accelerated baccalaureate program at St. Louis University School of Nursing. Of the 67 graduates in 2004, 53 entered with a previous degree, and these graduates were the focus of the descriptive study. Much like what was seen in previous research, the mean age of the graduates was 28, and the majority of students were female (77%) and White (88.6%). Those with previous healthcare experience made up 34% of the students. The majority of the previous majors were in the physical sciences (30.2%) and social sciences (22.6%). Students' reasons for returning to school and choosing an accelerated nursing program were: their discontent with their prior employment and the belief that nursing was diverse and would thus lead to numerous employment opportunities (57.8% of the responses). The average time since students' degree completion to beginning the accelerated program was 3.7 years, again consistent with previous research. The average time was 1 year from their previous graduation; this finding was not consistent with previous research, and the authors suggested that perhaps recruitment of new graduates for the accelerated baccalaureate nursing program should begin on campus and targeted to graduating seniors.

More recently, Seldomridge and DiBartolo (2007) wanted to look at how students from a mid-Atlantic University have changed from 1997-- 2003 to 2004 -- 2006. The authors compared demographics, as well as how the students performed academically. Seventy-one students were admitted from 1997 – 2003; while the number admitted from 2004 -- 2006 was 88. The more recent group was found to have an older average age of 30.6, while the earlier groups had an average of 28.5; however, this finding did not

show a significant difference. The enrollment of women students dropped from 87% to 82%, while male enrollment increased from 13% to 18%. The major ethnicity seen in both groups was White, non-Hispanic (80-81%); the number of African Americans' admissions decreased, while the enrollment of international students increased. Of significance was the number of years that elapsed since the previous degree completion to admission into the accelerated program; the earlier group waited 4.5 years until enrolling, while the more recent group waited 7.5 years, on average. Multiple-degree holders increased from 10% in the earlier group to 18% in the more recent group. The groups' grade point average, academic performance, and NCLEX pass rates were of no significant difference.

From the studies cited above, it is clear that additional research on the type of students entering accelerated baccalaureate nursing programs is of importance. Having a profile of the student will allow faculty to tailor their programs to fit the needs of their students. Seldomridge and DiBartolo (2007) stated that "these students add different perspectives and talent to the nursing workforce as a result of previous education, employment background, and life experiences, and therefore represent an efficient and seemingly effective answer to the nursing shortage" (p. 243).

Accelerated baccalaureate nursing curriculum has been researched fairly extensively, as it is beneficial to know what aspects have been successful amongst programs and what could use improvement in order to recruit new students and retain current ones. It is important that the curriculum meet the needs of the student, especially since the time frame of study is condensed.

Lockwood, Walker, and Tilley (2009) looked at curriculum from the viewpoint of the faculty; they had four focus group sessions to discuss difficulties or weaknesses

within their accelerated program. Suggestions were given by the faculty on how to better the curriculum/program. One such suggestion was to change the clinical teaching model from traditional to the Reflective Practice Model, which would allow for critical thinking and an in-depth understanding of information, as well as the situation and theory behind what is occurring (Lockwood et al., 2009, p. 407). Faculty also emphasized that one is teaching to a different student, one with higher expectations, diverse backgrounds, and different views of nursing. Faculty felt that accelerated students outperformed their traditional students clinically, and thus, clinical rotations may need revision to allow for appropriate learning outcomes that challenge these students. The program had incorporated traditional and accelerated students at one point and some challenges arose. Traditional students felt threatened by the highly engaged accelerated students and also felt that they received “special treatment.” If integration of students is a goal, faculty must emphasize respect for other peers as a way to diffuse and address the situation.

Sheil and Wasseem (1994) surveyed second-degree students enrolled in a traditional baccalaureate nursing program to see if an accelerated program would be a possible option for this type of student. The authors found that the students felt that 2 years would be an “ideal” time frame; this was the view of the majority of students, except for those who would need to attend part-time. Also students felt that the program would need to be tailored to their individual needs and that advising should be readily accessible and flexible in order to accommodate them.

Shiber (2003) found that offering the same clinical twice in one calendar year was helpful in that, if an individual fell out of sequence, he/she would be able to continue the following semester instead of the following year. Renaud and Miller (2003)

discussed a variety of learning strategies within their clinical curriculum, which included “simulations, interactive technologies, clinical concept-mapping, case-based problem solving, and interdisciplinary case presentation during clinical rounds” (p. 140). Hegge and Hallman (2008) discussed many challenges that accelerated baccalaureate nursing programs face, and suggested and supported the use of the theory of transformational learning to combat these issues. Issues discussed included, faculty who have difficulty or no desire to facilitate learning, the resistance of using technology as an approach to learning, the instructor who prefers teacher-centered rather than learner-centered instruction, the debate over the length of study, and faculty who do not embrace their students prior work and educational experience.

Teaching and learning strategies have also been the focus of research for accelerated baccalaureate nursing programs. Walker et al. (2007) did a descriptive survey, which compared teaching and learning methods for accelerated and traditional baccalaureate students. Students in the accelerated programs were found to be more self-directed in their learning, have higher expectations of the faculty, and placed greater importance on the grade they received than the traditional students. However, no other significant findings were found between the two groups. Hegge and Hallman (2008) discussed how traditional teaching methods might not fit within accelerated baccalaureate nursing programs, as “adult students want to learn in a learner-centered environment,” and this could make traditional lecturing problematic for these students (p. 553).

Miklancie and Davis (2005) evaluated an accelerated baccalaureate nursing program and found that “inquiry-based learning” was used (p. 292). An example given by the authors described a group discussing a case selected by two lead students.

Following the discussion and class, four of the group members researched the pertinent aspects of the case and presented their findings the following week. This learning strategy allowed the students to be the teachers, as well as the learners. Return demonstration of lab skills was also a teaching/learning strategy that was discussed by the authors; this strategy encouraged critical thinking, organization, and prioritization. Both strategies could be incorporated into an accelerated program to make the learning more student-centered.

Cangelosi (2007) conducted a qualitative study and interviewed 19 students who graduated from an accelerated nursing program within the mid-Atlantic region of the U.S. Participants were interviewed face to face and asked, "Is there an incident that stands out in your mind that best prepared you for your current clinical position?" Other questions were asked of participants to discuss what they did and did not like about the program they attended. Cangelosi found a generalized theme among participants' interviews -- "Clearing a Path Toward Possibilities" (p. 93). Students enjoyed faculty who taught for discovery, helping the student find the information or answer with guidance. Students also appreciated faculty who were able to connect past learning experiences from their first degree to what they were currently learning. Faculty who advocated for and empowered their students were well liked and respected. Eliminating "busy work" was valued among the students, as it just caused frustrations and anger (p. 95). Students also expressed a need for additional clinical experience and more organization within the program, as it occurs at such a fast pace.

A few comparison studies have been done looking at both traditional and accelerated students to decipher any differences in their performance, attitudes, demographics, or characteristics. Toth, Dobratz, and Boni (1998) used a onetime, ex

post facto design to determine if attitudes about nursing were the same for both traditional and second-degree students. Of the subjects, 102 were second-degree students, while 286 were traditional students. Findings revealed that the attitude toward nursing is the same amongst students and does remain stable throughout their course of study. The authors found students to be excited about the nursing profession and that they also believed it to be an important career. The findings also showed that students are not sure as to whether nurses are fairly compensated for the service and the care they provide.

Bentley (2006) did a study looking at the academic performance of both traditional and accelerated students. A number of variables were used: pass/fail NCLEX-RN exam, scores on the Health Education Systems Incorporated (HESI) specialty and exit exam, total amount of C's in the nursing program, and science grade point average. Findings showed there was no significant difference between the traditional and accelerated students in regards to their success on the NCLEX-RN; although, the accelerated group did have a higher pass rate. Accelerated students were found to have more success related to the psychiatric, pediatric, and exit HESI. Given these results, the authors concluded that accelerated students and programs should be valued, as they may be an answer to the nursing shortage.

As stated earlier, Walker et al. (2007) completed a descriptive survey that compared teaching and learning methods for accelerated and traditional baccalaureate students. Again, accelerated students, in comparison to the traditional students, were found to enjoy learning that was self-directed; they had higher expectations of faculty; and they believed the grade they received was important. No other significant findings were found between the two groups.

While students, programs, and teaching/learning methods have been more widely researched, uncertainty remains on whether these programs are effective in transitioning the student into a professional nurse (Ouellet & MacIntosh, 2007).

Traditional students' transition into their professional role has been researched more extensively. However there still remains a gap in the research in general on this topic.

Mennick (2007) stated, "Recent research shows that the turnover rate after one year among newly graduated RNs is extremely high.... ranging from 7.5% to 70%" (p. 21). Delaney (2003) reported that 35% -- 60% of new graduates go elsewhere for employment within the first year. According to Gaynor, Gallasch, Yorkston, Stewart, and Turner (2006), structured transitional programs lead to increased retention of nurses. Increased knowledge about how new graduate nurses transition into their professional role one year following graduation would be beneficial; in particular, the transition of accelerated baccalaureate graduate students. If a smooth transition can occur, then retention of these nurses is highly likely, which in turn could aid the nursing shortage. It is also of interest to see if perceptions of transition 1 year following graduation are similar among both traditional and accelerated baccalaureate nurses.

Traditional students have different expectations of their transition into their new role. Often, there is a sense of optimism, but upon graduation many find they are overly stressed and struggling with their new responsibilities (Davis, 2009; Heslop, McIntyre & Ives, 2001). New graduates have found preceptors to be one of the most helpful aspects of their transition (Delaney, 2003; Zinsmeister & Schafer, 2009). Challenges that are most concerning to these new graduates include first time experiences with death and dying, increased patient loads, and prioritizing their work in order to complete all tasks in a timely manner (Gerrish, 2000; Delaney, 2003). Although most newly

graduated baccalaureate nurses found the transition from student to nurse stressful, some also found it to be challenging, which in the end was an extremely rewarding experience for them (Wangensteen, Johansson, & Nordström, 2008).

Davis (2009) did a qualitative study researching the perceptions of traditional baccalaureate school nursing (BSN) students 1 year following graduation. Twenty participants were interviewed, and three main themes of transition emerged: starting transition, during transition, and moving beyond transition. Each main theme had several subthemes. The nurses that participated in the study perceived the beginning transition from student to nurse as “being thrown-in, overworked, and lacking competence” (Davis, 2009, p. 70). As they progressed through the transition phase, they began to understand the need for a balance and more knowledge. Finally, as they moved beyond the transition phase, they had greater confidence in themselves and also a feeling of belonging in their profession. According to Davis, “By understanding the perceptions of 1-year baccalaureate-prepared nurses, educators, hospital administrators, future nursing students, newly graduated nurses, and seasoned nurses can better understand and prepare in the new nurse’s transition process” (p. 70). These findings indicate that accelerated baccalaureate graduate nurses may also face these stressors within their first year following graduation.

Significance to Nursing

Greater awareness of baccalaureate nurses’ perceptions 1-year post graduation from an accelerated nursing program will yield information useful to educators both at universities and hospitals. Educators, within accelerated programs specifically, would have a better understanding of students’ preparedness for practice following graduation.

Learning and teaching methods can be assessed to evaluate their appropriateness, as well as effectiveness in transitioning the individual from student to registered nurse. Having a more comprehensive view of the accelerated baccalaureate graduate nurse's experience during the year following graduation would allow for accelerated programs to be tailored and improved to better meet the needs of students (Ouellet & MacIntosh, 2007). Educators in the hospital setting may be better able to understand the needs of the new graduate nurse from the accelerated program, knowing what would be important to their orientation and what concerns they had. Hospital educators would also be able to better visualize the learning style of this cohort of graduates and individualize their transition accordingly, as they tend to be more self-directed learners (Walker et al, 2007).

Hospital administrators are looking to retain new nurses, as well as decrease the chance of nurse turnover. An understanding of nurses' perceptions 1 year following graduation from a baccalaureate accelerated nursing program will allow them to assess what resources need to be made readily available to these graduates, as well as what increases job satisfaction. Investing time and resources for these graduates would be beneficial to the healthcare organizations in the long run, whether it be educating preceptors on graduates' needs, increasing incentives and support for preceptors, assembling support groups for graduates, or lengthening orientation times (Delaney, 2003). Halfer and Graf (2006) found that the loss of a new graduate, at or before one year of employment, results in a loss of roughly \$40,000, giving just cause to increase job satisfaction.

Heslop et al (2001) researched senior nursing students and found that, "Divisions exist between student's expectations of the graduate year and the actual work

experience” (p. 626). Knowing the perceptions of accelerated baccalaureate graduates one year following graduation could give greater clarity to students within these programs, or of those who are contemplating enrolling. Often students have a false impression of their new roles as registered nurses, not fully understanding what the profession entails until they graduate and are out in the real world. Understanding graduates’ concerns during this first year may better prepare future nurses for their transition from student to graduate nurse. This is especially important within the accelerated programs, as their education and experiences take place in a much shorter time frame than traditional students.

Statement of the Problem

There is limited information regarding the accelerated baccalaureate graduates’ experience one year following graduation, specifically how they transition into their professional role. Although a few studies have researched accelerated graduates’ perceptions, the focus has been on the accelerated program curriculum; how the programs aid in preparing them for their new role, what teaching methods are preferred, and what faculty did or did not do well (Cangelosi, 2007; Raines & Sipes, 2007). Although this information is useful to improving accelerated program curriculum, it does not give insight as to how these nurses perform in their first year of transition. Davis (2009), Delaney (2003), Gerrish (2000), and Wangensteen et al.(2008) all found that the first year following graduation is a stressful time for new graduates from traditional programs. So, it may be assumed that this holds true for accelerated baccalaureate graduates, as well. This study will replicate Davis’s (2009) study of traditional graduates’ perceptions of being a nurse one-year post graduation.

Purpose of the Study

The purpose of this replication study was to describe the perceptions of 'being a nurse' by baccalaureate-prepared nurses, 1-year post graduation from an accelerated nursing program. The perceived experience of these graduates can provide insight into their needs following graduation and aid in their transition to their professional role.

Research Question

The research question was: How do baccalaureate nurses from an accelerated program perceive being a nurse 1-year post-graduation?

Definitions of Terms

Conceptual Terms

Perceive being a nurse: Perceive is defined as "to attain awareness or understanding of...to become aware of through the senses" (*Merriam-Webster Online Dictionary, 2009*); being means "the quality or state of having existence" (*Merriam-Webster Online Dictionary, 2009*); nurse is defined as a licensed health-care professional that looks after, fosters or advises other individuals (*Merriam-Webster Online Dictionary, 2009*).

Baccalaureate nurse 1-year post graduation: Defined as an individual who has graduated with a baccalaureate degree in nursing from an accredited university within the past 12 -- 18 months.

Accelerated program: Defined as an accredited university nursing program that has a length of study of 12 -- 18 months in which to complete a baccalaureate nursing degree. A previous baccalaureate degree must be obtained in another discipline in order to gain entry into the program.

Operational Definitions

Perceive being a nurse: for the purpose of this study, perceptions of being a nurse will be reported by the participants during face-to-face or telephone interview.

Baccalaureate nurse 1-year post graduation: Defined as a registered nurse who has graduated from an accredited accelerated, BSN program, and obtained a baccalaureate nursing degree. Participants in this study need to have been working in the healthcare field for 12 -- 18 months as a registered nurse.

Accelerated program: An accredited accelerated university program in the Midwest. The length of study of this program is 12 months.

Assumptions

1. Graduate nurses can begin as novices and transition through different developmental stages.
2. Transitions are complex.
3. Benner's Novice to Expert Model (1984) and Meleis, Sawyer, Im, Messias, and Schumacher's Transition Theory (2000) will aid in guiding this study and describing the transitional process.
4. Baccalaureate nurses 1-year post graduation continue to learn and develop as they transition into their professional roles.

5. All participants will be honest and open in their descriptions of their experiences of being a nurse.

Chapter Summary

The purpose of this replication study was to explore and describe the perceptions of 'being a nurse' by baccalaureate nurses 1-year post graduation from an accelerated program. No studies have been found that explore the perceptions of 'being a nurse' for baccalaureate nurses 1-year post graduation from an accelerated program. Available studies have explored the perception of 'being a nurse' 1-year post graduation from traditional programs. A better understanding of perceptions of 'being a nurse' for baccalaureate nurses 1-year post graduation from an accelerated program will aid in preparing these nurses for their transition into their professional roles, as well as allow for comparison between the transition from student to nurse among traditional and accelerated graduate nurses. Educators, hospital administrators, future and current students of accelerated programs, as well as newly graduated nurses can also benefit from this knowledge. The transition from student to nurse is a trying time for new graduate nurses, and efforts must be made to ease this transition as much as possible.

A description of the significance and relevance of this study to nursing was discussed in this chapter. The problem statement, purpose, research question, definitions (both conceptual and operational), and assumptions were also presented.

CHAPTER II

THEORETICAL FRAMEWORK AND REVIEW OF LITERATURE

Introduction

The purpose of this replication study was to describe the perceptions of 'being a nurse' by baccalaureate-prepared nurses one-year post graduation from an accelerated program. The Transition Theory as well as the Novice to Expert model were used as theoretical frameworks. The literature review section consists of previous studies that have researched the transition from student to nurse, perceptions that students hold about nursing, as well as expectations of graduate nurses.

Theoretical Framework

The theoretical frameworks chosen to guide this study included Benner's Novice to Expert Model (1984) and Meleis et al. Transition Theory (2000). Benner (1984) used the Dreyfus Model to explain the transition from novice to expert nursing; Benner described five levels of proficiency within nursing (see Table 1).

Benner's (1984) Novice to Expert Model aided in the direction of this study, as it clearly describes the five stages that nurses progress through their careers. These stages enabled the researcher to decipher in which stage a 1-year graduate nurse was, as well as how and when they moved between levels of proficiency during their first year. Most graduates enter the nursing profession as novices, and after completion of 1 year of practice may progress to advanced beginners or be considered competent in their practices.

Table 1

Novice to Expert: Five Stages (Benner, 1984)

Novice	<ul style="list-style-type: none"> • Lack experience in situations in which they are expected to perform • Taught in terms of objective attributes and context-free rules • Lack understanding of the contextual meanings of what they have learned
Advanced Beginner	<ul style="list-style-type: none"> • Exhibits marginally acceptable performance • Have been exposed to enough real situations to notice the recurring meaningful situational components and know what intervention is required • Principles to guide actions begin to be formulated but cannot grasp complexities of a situation or anticipate the future course of care
Competent	<ul style="list-style-type: none"> • Working in same area 2 -- 3 years and sees own actions in terms of future goals or plans • Organized and feels able to efficiently and confidently manage most clinical situations in their area of practice • Acts heavily on predetermined plans and goals rather than the patient's presenting circumstances • Lacks the speed and flexibility of the proficient nurse but feels able to deal with and manage the many unforeseen events • Lacks experience to recognize a situation in terms of an overall picture or in terms of which aspects are most important
Proficient	<ul style="list-style-type: none"> • Perceives situations as a whole and focus on long-term goals • Knows what to expect in a given situation and how plans often need to be modified • Has a perspective on which of the many existing attributes and aspects in the present situation are important
Expert	<ul style="list-style-type: none"> • Situational understanding and decision-making is done without relying on an analytic principle (rule, guideline, maxim) • Has an intuitive and deep understanding of each situation which guides responses accordingly • Sees pertinent aspects of a situation that others miss

In order to better understand the process of transition in graduate nurses during their first year of practice, the Transition Theory was used as a framework (Meleis et al., 2000). According to Schumacher and Meleis (1994), transitions are complex and cause “change in identities, roles, relationships, abilities and patterns of behavior” (p. 119). The Transition Theory is a middle-range theory that was developed using an integrative concept analysis strategy; results of five studies that used transition frameworks were analyzed, compared and contrasted in hopes of merging and finding new themes. Also a traditional concept analysis was done, from which a complete framework was developed. Three categories were found, (a) nature of transitions, (b) conditions (facilitators/inhibitors), and (c) patterns of response. Each category was further broken down into smaller subcategories.

The nature of transitions was broken down into types, patterns, and properties. Properties of transitions include: awareness, engagement, change and difference, time span, and critical points and events. Awareness is described as knowing when one is in transition and having the ability to recognize change. Engagement describes the level of involvement of the individual in the transition process. Change and difference looks to what change the transition brought and what differences occurred following the transition. “The first signs of anticipation, perception, or demonstration of change, through a period of instability, confusion, and distress, and to an eventual ‘ending’ with a new beginning or period of stability” (Meleis et al., 2000, p. 20). Lastly with critical points and events, some transitions have a specific “marker event,” most easily explained as a birth or a death, while other transitions do not have a clearly identifiable critical point.

Transition conditions (facilitators and inhibitors) is another category within the framework; personal, community, and societal factors all can aid or hinder the transition

process. Lastly, patterns of response, is a category that breaks down further into process indicators and outcome indicator, both of which should be assessed during and after a transition. Recognizing process indicators allows for either further positive progression through the transition or allows for interventions to direct away from vulnerable states and aid in healthy transitions (Figure 1).

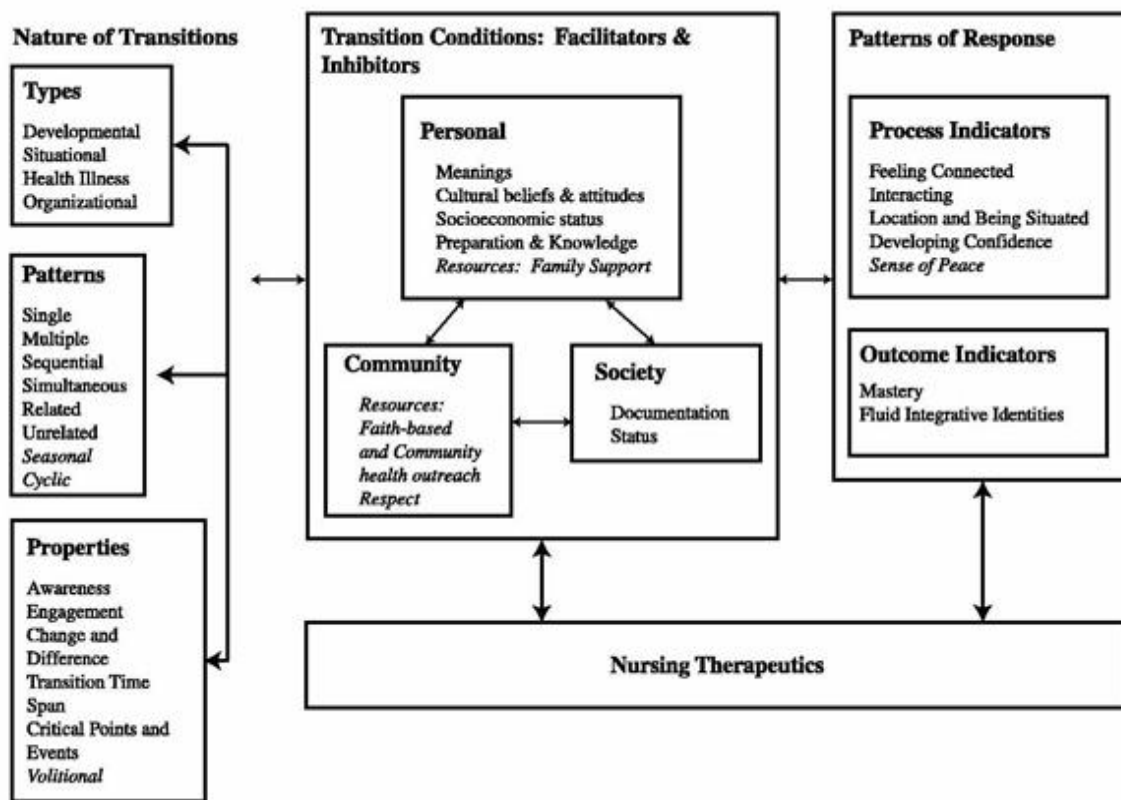


Figure 1. Transitions: A Middle-Range Theory (Meleis et al., 2000).

A case study application is presented to show how Benner's Model and the Transition Theory can both be used in identifying a nurse's stage of development and how the new nurse transitions into his/her professional role.

Case Study Application

Katie is a preceptor for new graduate nurses on her floor; however, she often has the privilege of working with these new nurses following their orientation and enjoys being a resource for them, as well as watching them grow into confident, competent nurses. Cindy is one such nurse, who has graduated about 7 months ago and has proved to be an excellent nurse. However, she still continues to doubt herself when giving patient meds, deciding to call a doctor, or just in assessing her time management. After a long night Cindy confides,

I am so slow, and I feel like I still don't know what I am doing. I thought that I would be asking fewer questions by now and that I would know what to anticipate for my patients. I am still not confident in knowing when to call a doctor and find it difficult to explain the full picture to them when I do. I can't imagine not having you or another nurse here as a resource. When will I ever be able to come to work and feel like I really know what I am doing?

Katie replies to Cindy, reminding her of the progress she has made and explaining that this is a natural progression and that it will take some time before a high level of confidence is achieved. She praises her for continuing to ask questions and being active in her transition.

Using Benner's Model and transition theory one can identify Cindy's proficiency stage. It is likely that Cindy is between a novice and an advanced beginner. Although

Cindy is advancing in her transition, she still needs the support and guidance of the more experienced registered nurses. Cindy is experiencing a normal reaction to a stressful transition, as becoming a nurse is a critical event in her life. She remains engaged in her transition process, as she understands the developmental areas with which she is still struggling. Cindy is able to identify conditions that facilitate her transition and is grateful to the experienced RNs with whom she practices. Ultimately, her transition appears normal and healthy. Integrating these two theoretical frameworks allows for an even greater understanding of what 1-year graduate nurses might be experiencing as they become nurses (Figure 2).

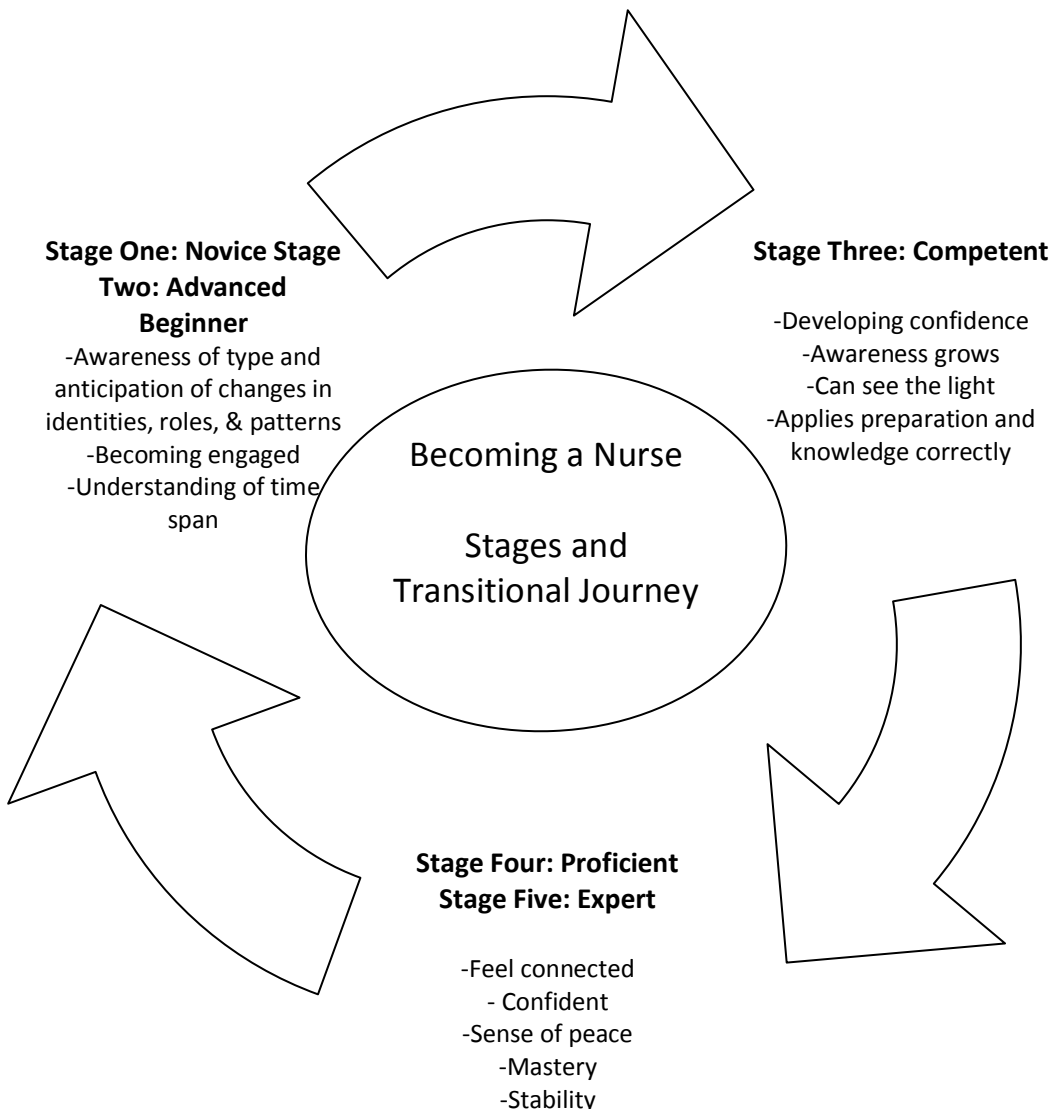


Figure 2. Integration of Benner's Stages and Meleis' et al. Transitional Theory (Davis, 2000).

Review of Literature

Limited research has been done on graduate nurses' perceptions of their new roles, as well as how he/she felt during transition from student to nurse. More specifically, perceptions from accelerated program baccalaureate graduates about their transition into the nursing profession has not been researched, thus far. For the purpose of this study, the literature review will shed light on the perception of the nursing profession, expectations of new graduate nurses, as well as their transition from student to nurse.

Perceptions of Nursing Profession

According to Brodie et al., (2004), society has a negative opinion of the nursing profession because of its predominantly female population, the perception that nurses are inferior to physicians, the multiple academic entry levels into the profession, perceived low income and dismal conditions, and a small chance for advancement within the profession. The researchers also felt that little research has been done regarding students' perceptions before entering the field of nursing. Results of their study indicated that students have many misconceptions about their future careers and are often taken off-guard by the challenges of the profession.

As discussed earlier, a study done by Toth et al. (1998) looked at both traditional baccalaureate students, as well as accelerated baccalaureate students, to determine if their attitudes regarding nursing were similar. An ex post facto design was used to answer this research question. Three different settings were used in the study, as well as, a total of six different programs (three traditional and three second-degree). The Nursing Attitude Questionnaire was modified for this study and resulted in a 30-item questionnaire that had questions on nurse roles, values, stereotyping, professionalism, and characteristics of nurses/nursing. Findings revealed that there was no significant

difference between traditional and second-degree baccalaureate-prepared nurses; both chose nursing as a profession for the same reasons.

Björkström, Athlin, and Johansson (2008) researched how baccalaureate degree nurses perceived their professional self over time. This was a quantitative, longitudinal design that followed nursing students for a few years following their graduation. Of the 19 items on the Nurse Self-Description form, six were found to increase significantly when the transition from student to nurse occurred. These included: “drive, objectivity, flexibility, ability to teach, ability to communicate, and sociability” (p. 1385).

Gerrish (2000) replicated a study done by Walker in 1985 to compare nurses’ perceptions of their professional role from 1985 to 1998. In-depth interviews of 25 nurses, who had been in practice for 4 to 10 months, were done, and constant comparisons were made with findings from Walker’s earlier study. The findings from this grounded theory study indicated that although the transition from student to nurse remained stressful, and preparation for this role remained inadequate, there appeared to be an improvement in the transition from student to nurse since 1985. Today’s nurses appear to have more active participation in their learning, as well as better preceptorships and orientations, which can aid in a better adjustment to the new graduates’ professional roles (Gerrish, 2000).

Graduate Nurse Expectations

According to Heslop et al. (2001), there has been minimal research done on the graduate nurses’ expectations of the workplace. Graduate nurses seem to have many misconceptions about their future roles and what is expected of them. Also, nursing professionals and leaders of healthcare facilities have differing views on what expectations should be required of new nurses. The studies that follow have researched

the student nurses and/or graduate nurses expectations following their entry into the nursing profession.

Heslop et al. (2001) did a descriptive survey study to better understand student nurses expectations of their future nursing role. The survey was given to third year students and asked them to describe what they felt would be expected of them following graduation, how well prepared they felt for this role, and also how they thought the transition from student to nurse would transpire. Findings showed that although students anticipated challenges in their early nursing career, they felt they would be supported in overcoming these challenges within their work settings. Some students did fear not being able to live up to the high expectations of nursing. However, they also felt that relationships could be established within the workplace that would help with their transition into this role. Researchers suggested that follow up studies on these students' thoughts must be conducted to see if their expectations were true following graduation.

Duchsher (2001) "found graduate nurses to express disillusionment with what they perceived as inconsistencies between their expectations of a professional nurse's role and what they actually observed in practice" (p. 435). Ellerton and Gregor (2003) found that new nurses described their work as "procedural", focusing more on mastering skills rather than providing holistic care to their patients. This skill-oriented mind set often resulted in poor communication when conversing with families and patients.

Transition from Student to Nurse

Researchers agree that the transition from student to nurse is a most stressful time in graduates' lives and is a rather lengthy process. Casey et al. (2004) as cited by Zinsmeister and Schafer (2009) found that newly graduated nurses need a minimum of

12 months to transition into their new role. This time frame allowed for increased confidence and security within their areas of practice.

Delaney (2003) conducted a phenomenological study to research graduate nurses' transition experiences during orientation. After 10 participant interviews were completed, data analysis found that 10 themes emerged, including, "mixed emotions, preceptor variability, welcome to the real world, stressed and overwhelmed, learning the system and culture shock, not ready for death and dying, dancing to their own rhythm, stepping back to see the view, the power of nursing, and ready to fly solo" (Delaney, 2003, p.140). Nursing implications included: having educators increase patient loads during clinical to four to six patients in order to give students an idea of what is to come in practice and also including death and dying issues within the nursing curriculum, as this is a situation that is filled with anxiety for novice nurses. Preceptors were of significance among these graduates; limiting the amount of preceptors working with individual graduate nurses seemed to ease their transition. Delaney recommended that preceptors be provided with ongoing education pertaining to fostering a healthy transition for these graduates. If preceptors are better equipped to guide new graduates through the many challenges they face, a successful transition is more likely. Managers should also carefully select preceptors, choosing those who enjoy teaching, as well as enjoy being a resource. Lastly, the results suggested support groups for new graduate nurses and journaling to aid in self-reflection.

Halfer and Graf (2006) completed a longitudinal nurse satisfaction study by administering a survey entitled the Halfer-Graf Job/Work Environment Nursing Satisfaction Survey. Following validation of the survey, it was given to selected participants at 3 months, 6 months, 12 months, and 18 months, in order to gain better

insight on what the sources of job satisfaction are for new graduates. The survey consisted of 21 'degree of agreement' statements and also included four open-ended questions (Halfer & Graf, 2006, p. 151). Findings showed that work schedules are congruent with job satisfaction. Working weekends, nights, and holidays, is not desirable and does not increase job satisfaction for new graduates. "Since work scheduling is so closely linked to job satisfaction among new grads, managing expectations about scheduling procedures and providing supportive strategies for managing work/life balance are important management interventions" (Halfer & Graf, 2006, p. 150). Halfer and Graf also noted that not only do nurses need to transition and adjust to their new roles, they must also transition to a different work schedule, as healthcare is open 24 hours a day, 365 days of the year.

Wangensteen et al. (2007) also researched the new graduate nurse's experience of growth and development, as they transitioned into their new roles. They used a qualitative design and interviewed 12 nurses. The interviews were analyzed and compared, and central themes of the experience emerged. Three main categories (experience of being new, gaining nursing experience, and gaining competence) were found. Under the experience of being new, the subcategories were: uncertainty and chaos, need for induction, and need for supportive environment. Gaining nursing experience involved: the need for recognition, awareness of responsibility, and the need for positive experiences. Gaining competence was further broken down into: managing challenging situations and becoming experienced -- reflection of the first period of time. These findings shed light on the idea that although the transition to becoming a professional nurse is challenging, it can be very rewarding in the same sense. Wangenstein et al., agreed with this idea, stating, "It is recommended that institutions

graduating nurses develop learning strategies that make the nurses-to-be view challenges as learning situations” (2007, p. 1884).

Duchscher (2001) did a phenomenological qualitative study and interviewed five nurses on how the first 6 months into the profession was perceived. Three main themes emerged (sequentially) and were: doing nursing, the meaning of nursing, and being a nurse. Each main theme had several subthemes. The first theme, doing nursing, was from about 1 to 3 months into practice. New nurses felt dependant on others, feared physicians, often got caught up in themselves, feared making errors, took advice without questioning it since it was from a senior nurse, focused on the task at hand rather than the reason for the action, and were shocked at the real world of nursing versus their previous perceptions of what it would be like. Theme two, the meaning of nursing, emerged at about 2 to 5 months into practice. The new nurses found themselves utterly exhausted, they began to accept that they might not have all the answers, and this gave them a sense of relief. They were able to step back and analyze their colleagues practice, as well as there own, and began to do things with an understanding of the purpose behind it instead of it just being an action or task. The third them, being a nurse, was seen between 5 and 6 months. Nurses at this stage were critically thinking, they were self-determined, and they were more apt to question below standard nursing care. They began to understand the responsibilities they had to their patients and the profession. Duchscher (2001) concluded that the time of transition is important, along with an appropriate length of orientation and partnering these new nurses with caring and competent mentors. Lastly, managers should be monitoring these relationships between doctors and nurses, and empowering nurses to stand up and not accept unprofessional and abusive behavior.

Summary of Literature Review

No research was found on how 1-year graduates from an accelerated baccalaureate program perceive being a nurse. Although, it may be assumed that their transition into their new role would be similar to 1-year baccalaureate students from a traditional program, but without supporting research studies, the similarities cannot be evidenced. Accelerated program students are learner-centered and self-directed in their learning. They have high expectations for their performance, as well as high expectations for faculty and program outcomes (Cangelosi, 2007; Cangelosi & Whitt, 2005; Hegge & Hallman, 2007; Lockwood et al., 2009; Walker, et al., 2007). Perhaps accelerated students are transitioning with greater ease than traditional students due to their ability to learn and retain material at a faster pace; or perhaps, the lack of a structured transition program is discouraging to graduates from accelerated programs and is causing dissatisfaction and an increased risk of turnover. Given the nursing shortage and the need for retention of nurses, further research in this area could prove very beneficial.

There is often much stress when new graduates begin the transition into their professional role. The literature review shows both qualitative and quantitative research studies that have been done on student nurses' perceptions of nursing, as well as the transition that is made from student to nurse. However, limited studies have researched graduate nurses' perceptions of being a nurse and their stages of transition. Also, no research has been completed that has looked specifically at 1-year graduates from an accelerated baccalaureate program and their perceptions of being a nurse or how they transitioned 1-year post graduation. Further research needs to be done on 1-year graduate perceptions of being a nurse and their transition process. Comparing and

contrasting perceptions of graduates from both traditional and accelerated programs would aid educators, as well as healthcare leaders to properly transition graduates according to their learning styles and individual needs.

Chapter Summary

In this chapter, the theoretical framework, as well as the review of literature, was discussed. Theoretical frameworks that guided this study were Benner's (1984) Novice to Expert Model and the Transition Theory (Meleis et al., 2000). A case study application demonstrated how combining the two theoretical frameworks better illustrated the transition process. The review of literature discussed the perceptions of nursing, graduate nurses' expectations of their new role, the transition process from student to nurse, as well as the lack of studies pertaining to 1-year graduates from accelerated baccalaureate programs, their perceptions of being a nurse, and their transition into their professional roles following graduation. The next chapter will include the methodology of the study.

CHAPTER III

METHODOLOGY

Introduction

The purpose of this replication study was to describe the perceptions of 'being a nurse' by baccalaureate-prepared nurses 1-year post graduation from an accelerated nursing program. The design, population, sample, setting, data collection instruments and procedures, data analysis, and anticipated limitations of the study are presented in this chapter.

Design of the Study

A qualitative design was used to explore and describe how 1-year baccalaureate-prepared nurses perceive being a nurse post graduation from an accelerated baccalaureate program. Since research has not been done specifically addressing the perceptions of being a nurse for the 1-year graduates from an accelerated program, a qualitative design was the most appropriate to understand and gather rich data about this particular phenomenon (Streubert Speziale & Carpenter, 2007).

Population, Sample, and Setting

The target population for this study was baccalaureate-prepared registered nurses who graduated within 12 to 18 months from an accelerated BSN program from the Midwest. The accessible population was baccalaureate-prepared registered nurses from an accelerated BSN program in Northeast Wisconsin.

A total convenience sample of 49 baccalaureate nurses was obtained from an alumni list of recent graduates from an accredited accelerated BSN program in Northeast Wisconsin. Letters were sent to the 49 potential participants and were followed up with phone calls 7 -- 10 days after the letters were mailed. The sample consisted of nine baccalaureate nurses who met criteria for sample selection and agreed to participate in the study. Interviews were set up and completed at the convenience of the participants at a quiet setting, outside of the participant's place of employment. If participants were not within close proximity (within 60 miles of the midwestern university) or felt it more convenient, phone interviews were performed.

Data Collection Instruments

A demographic questionnaire was used, allowing the researcher to obtain background information of the participants. Items such as age, gender, race, education, date of graduation, date started employment in new role, type of practice, previous work experience within healthcare, whether they had mentor or preceptor support, whether they were employed part-time or full-time, and length of mentorship and orientation were included. Participants were also asked to choose which of Benner's stages best described their transition into their new role.

An unstructured, open-ended questionnaire was also used. The question: "Now that you have been practicing as a nurse for one year (out in the real world), what does 'being a nurse' mean to you?" Data were obtained from unstructured, individual face-to-face or phone interviews. Probing questions were asked to assist participants if additional information or clarification was needed.

Data Collection Procedures

The coordinator of the University of Wisconsin Oshkosh's accelerated nursing program was contacted to obtain an alumni list of potential participants. Permission to conduct the study was obtained from the University of Wisconsin Oshkosh Institutional Review Board for Protection of Human Participants, as well as from the College of Nursing Research and Professional Development Committee. Following approval, letters were mailed to potential participants. Informed consent was obtained prior to data collection, along with permission to tape interviews. The informed consent provided an explanation of the study, information regarding confidentiality, requirements, and rights of the participants, as well as risks and benefits of the study. Interviews lasted from 20 to 60 minutes and were audio taped or recorded via speaker phone. Identifying information of participants was not disclosed within the interviews. A professional transcriptionist transcribed all interviews verbatim.

Data Analysis Procedures

Colaizzi's (1973) method for data analysis was used. Transcripts were reviewed thoroughly in order to become immersed with the data. Significant statements were extracted from each transcript and formulated into meanings that portrayed participants' experiences. The formulated meanings were then grouped to form themes, categories, and subcategories. Findings were integrated into an exhaustive description of the phenomenon (Polit & Beck, 2008; Streubert Speziale & Carpenter, 2007).

Anticipated Limitations

Limitations of this study include:

1. A purposive convenience sample, limiting generalizability.
2. A social desirability response bias may occur, as participants may want to answer according to what they think this researcher is looking for.
3. Transferability of the results may not be applicable, as the sample is from one accelerated BSN nursing program in the Midwest.

Chapter Summary

In this chapter, the design, population, sample, setting, data collection instruments/procedures, data analysis procedures, and anticipated limitations of the study were discussed. Prior to data collection, IRB approval was obtained. A convenience sample of nine baccalaureate graduate nurses from an accelerated program was interviewed to answer the research question. Colaizzi's (1973) method for data analysis was used to categorize the themes.

CHAPTER IV

RESULTS AND DISCUSSION

Introduction

The purpose of this replication study was to describe the perceptions of 'being a nurse' by baccalaureate-prepared nurses 1-year post graduation from an accelerated nursing program. Nine phone interviews were conducted with registered nurses who had graduated from an accelerated program in the Midwest. All participants had been working in the nursing profession for the past 12 to 18 months. All participants were posed the question: How do baccalaureate-prepared nurses perceive being a nurse 1-year post graduation from an accelerated program? The results of the study along with discussion are provided in this chapter.

Sample Description

A convenience sample of 49 potential participants who had graduated in 2008 from an accelerated program in Northeast Wisconsin was obtained from an alumni list provided by the College of Nursing. Letters were sent to these potential participants and were then followed up with phone calls 7 -- 10 days after letters were mailed out. The final sample consisted of nine baccalaureate nurses who had met criteria for sample selection and agreed to participate in the study. Nine phone interviews were conducted at the convenience of the participants.

Demographic Data

Of the nine participants, 78% were female and 22% were male. All participants were White and had graduated between 12 and 18 months previous. The ages of the participants ranged from 25 years to 55 years, with a mean age of 48. All participants reported having some experience in the healthcare field, ranging from 1 to 6 years. The majority of the participants (56%) reported having only 1 year of previous healthcare experience. Sixty-seven percent of the participants began in specialty areas outside of the traditional medical/surgical floor following graduation, and 89% reported working fulltime. Eighty-nine percent of participants had a mentor lasting from 6 weeks to 12 months, with the majority (33%) lasting from 6 to 8 weeks. Twenty-two percent had a 1-year long residency. All participants received a formal orientation, with the majority (33%) lasting from 6 to 8 weeks. At 3 months, 56% of participants identified themselves to be an advanced beginner. At 6 months, 56% of participants identified themselves to be competent. At 1 year, 56% of participants identified themselves to be proficient (Benner, 1984). Tables 2 and 3 provide a description of the demographic characteristics, as well as the self-report of transitions.

Table 2

Demographic Data Summary

Demographics	Range	Mean	Percent
<u>Age</u>	25 – 55	48	
<u>Ethnicity</u>			
White			100
<u>Gender</u>			
Male			22
Female			78
<u>Current practice setting</u>			
Med/Surg			22
Other			78
<u>Hours</u>			
32 hours/week or more			89
< 32 hours/week			11
<u>Previous healthcare experience</u>			
1 – 6+ years			89
None			11
<u>Mentorship</u>			
Yes			89
No			11
<u>Orientation</u>			
Yes			100

Table 3

Self-Report of the Phases of Transition in the First Year

Time Period	Benner's Stage	Percent
3 Months	Novice	11
	Advanced Beginner	56
	Competent	33
6 Months	Advanced Beginner	11
	Competent	56
	Proficient	33
1 Year	Competent	11
	Proficient	56
	Expert	33

Results and Discussion

The research question for this study was: How do baccalaureate-prepared nurses perceive being a nurse 1-year post graduation from an accelerated program? Results were based on participants' responses. Three main themes emerged during data analysis: *Beginning Transition*, *During Transition*, and *Beyond Transition*. Each of these main themes was supported further by subthemes. Table 4 shows each main theme and the subsequent subthemes. Direct quotes from the participants are within the text to explain themes and subthemes.

Table 4

Being a Nurse: The Transitional Process

Theme	Subthemes
Beginning Transition	<ul style="list-style-type: none"> • Questioning their knowledge and abilities • Leaving the nest
During Transition	<ul style="list-style-type: none"> • Perception of nursing expanded • High expectation in the "real world": A balancing act • Being resourceful
Beyond Transition	<ul style="list-style-type: none"> • Increased confidence • Joining the team

Theme One: Beginning Transition

Participants' professional transition was consistent with the beginning of their employment to 3 months into practice. The majority of participants (56%) identified with being an advanced beginner, while 11% identified with being a novice, and 33% identified with being competent (Benner, 1984). Those who felt they were a novice stated they lacked experience in situations, as well as lacked understanding of the contextual meanings of those situations. Advanced beginners stated they believed they

knew what intervention was needed, but still could not grasp the complexities of a situation or anticipate future course of care in complex situations. However, those participants who stated they were competent, reported that at 3 months, they were already able to efficiently and confidently manage most clinical situations in their area of practice. Speed and flexibility were somewhat a concern, and participants were aware of the need to see a situation in terms of the overall picture. The results of this study are inconsistent with Davis' (2009) study, in which 80% of the traditional students stated that they were at Benner's advanced beginner stage following 3 months of practice. This might be due to the small sample size in the current study.

All participants talked about questioning their own knowledge in the beginning phase of transition, as well as how the accelerated program and their employers prepared them for transition. As participants worked through this process of questioning, they also realized that to some degree they would not know how prepared they were unless they put themselves in the position of "flying" solo. Two subthemes emerged from participants' responses to *Beginning Transition: Questioning Their Knowledge and Abilities and Leaving the Nest*.

Questioning Their Knowledge and Abilities

Participants responded about fears, stresses, and challenges that they encountered during their transition. All participants discussed questioning his or her knowledge and abilities. Many questions that arose included: am I prepared, did I absorb all the information, and will I know what to do? One participant stated:

I was afraid being a new nurse, I wouldn't be able to get information fast enough or I wouldn't know what to say or wouldn't understand, maybe, what they were

saying, or something where I would look foolish. I think that was my biggest fear, looking foolish in front of either doctors or patients or co-workers.

Other fears included missing something, making a mistake on their assessments, medication administration, and not knowing how to react in a given situation. The quotation below from a participant depicted the fear and stress:

Am I prepared? What happens if I have a patient and I don't recognize what is going, and you know, am I responsible for their worsening condition, or you know, their lack of progress while they're in my care?

Davis (2009) had similar results in her qualitative study. Davis found that graduates of traditional baccalaureate programs feared lacking knowledge and experience, which caused them anxiety and stress.

Participants questioned their ability to handle the stress of being a new nurse. Stresses included increased patient loads, too much responsibility, and being overworked. Many talked about understaffing and working more hours than expected. One participant explained:

When I was hired, I was told I would have call one day a week and every third weekend, and instead, I'm usually doing three days a week and every other weekend. Because of the economy, because of, you know, census and all these kinds of things. So, you end up doing a lot more than what you first signed on to do.

Another participant also explained, "The challenge of six patients...and that can be really more in terms of discharge and admits...that was just kind of crazy for me." These results are similar to Heslop's et al. (2001) study. Heslop et al. found that graduate nurses seem to have many misconceptions about their future roles and what is expected

of them. Also, Delaney (2003), found in her phenomenological study, that students often did not feel prepared for the overwhelming patient loads. Delaney suggested that educators aid students in taking on more patients during clinical rotations.

In addition to questioning their own abilities and decisions, many also questioned whether their program of choice had been beneficial and helpful in their transition.

Participants were concerned that they might not have learned all they needed to learn in 1 year. A participant spoke of their fears about the accelerated program:

That was one thing I was kind of worried about with the Accel program, was that we were going to be thrown so much information so fast. I didn't know if I was going to be able to absorb it all, and then when I got into practice, I was kind of unsure if I was going to be able to remember a lot of what I learned because you learn it so fast.

Some participants discussed the 2 weeks that focused on lab skills, "boot camp," in the accelerated program. Participants felt they would have benefited from an additional week, as they felt rushed in learning the skills, causing them additional stress when out in practice. One participant stated,

The 2 weeks of skills during the summer was just as stressful, if not more stressful, than what I went to in orienting to my new position after I left. I mean, it's too fast, it's too rushed, and you don't really walk out of there feeling very skilled and then you're going to go to clinicals. I really did not think that was my best learning experience, the skills week.

Participants who were concerned about the fast paced skills' education had short orientations; following orientation, they did not feel they had nursing staff available to them or support from their coworkers. Ellerton and Gregor (2003) found that new

graduates often focused more on their skills early in practice rather than communication with their patients or family. However, it should be noted that although many participants mentioned stress in performing skills early on, only 22% felt they were not adequately prepared in school and lacked education in relation to skills.

Thirty-three percent of participants talked about their clinical experiences, questioning if they received adequate experience. Questions arose about the hospital setting and also whether they missed out on an experience because they needed to choose between clinicals. Those questioning their clinical experience wondered if this was due to the hospitals in which they were placed. One participant stated,

I think part of that was just the limitations of the facility where I was doing my clinicals. I don't, probably any place is hard-pressed to find time for students and preceptors to work with them. So you know, I ended up doing a lot of night shifts, and maybe that's good, I don't know. It was probably a little lower key in some respects, quieter. But, I probably didn't get some of the experience that I might have gotten during a more active or busy time in the day.

Another participant questioned whether her experience was similar to other students in different programs. She stated,

The program always looks for the smaller hospitals to take you, and so, there's a lot of skills I didn't get to be exposed to. And just the whole, I mean, I never really got to be exposed to working myself up to five or six patients. You know, I never had more than two, I think, in my whole experience. And maybe that's the way it is in all programs, I really don't know.

One participant spoke specifically to the differences she saw between the traditional and accelerated clinicals. She explained,

I was just kind of worried, like that, a lot of other traditional nursing students get more patients in, like, OB and Peds and like all of these other areas, and as part of the way that the Accel program is structured, you either received either an OB or a mental health rotation, or either geriatrics or pediatrics. So, I was kind of worried that I had missed out on, like, half of what other students had.

Although concerns arose among participants, a major positive of the accelerated clinicals, as seen by participants, were the one-on-one preceptors. One participant said this of their experience:

I think your first year you're always questioning yourself and the work ...wanting to make sure that you're doing the best for your patients. But I think, the Accelerated program, with the one-to-one preceptor clinicals that we did, I think were phenomenal, because they, it just really helped, to work one-on-one with a clinical instructor, because you were just able to ask your questions. You had your own patient load and you were able to talk directly with your preceptor.

Orientation and mentors also played a role in participants' early transition, creating more questioning of their abilities or allaying their fears. Two participants had what they termed a year-long residency. These participants were with a preceptor from 2 to 4 months, but had a mentor for a full year and attended monthly classes and skill days. Participants who had a year-long residency, although it was a lot of full-time work, really felt they had a solid orientation, which greatly aided in their transition. Thirty-three percent of participants had an orientation only lasting 6 to 8 weeks. However, all of these participants thought this time frame was sufficient, because they were comfortable asking questions and felt supported by their coworkers or mentors. One participant had an orientation lasting 3 months. Due to lack of support from her coworkers, this

participant felt that the time frame was not sufficient, that there were still things she had questions about that she had not experienced in her orientation. This participant explained,

The need to have questions is a problem for them... I have things that I still want to ask about, because I was not trained in it or I don't know it, and you get different types of patients everyday, and if I don't know it, I'm not going to risk a patient's health in the process...I just don't feel very supported...I had a 3-month orientation and now I'm basically on my own and I should be good and know what I am doing.

If support was apparent, the participant felt that the orientation time was appropriate, no matter the length of time. The above comment validates the importance of support from mentors/preceptors and coworkers within the orientation process. This finding is similar to Delaney (2003), who found preceptors to be of much importance in a new graduates' transition and discussed the need for carefully selected preceptors as well, as a limited number of preceptors assigned to a new graduate.

In summary, following graduation, there is a period of time that the participants questioned everything from what they learned, to asking, what if this happens? They questioned their preparedness and whether they had the same opportunities in the accelerated program as students have in traditional programs. They feared the unknown and wondered if they would have the knowledge and the ability to act appropriately in complex situations.

Leaving the Nest

A recurring topic throughout the interviews was deciding and accepting the fact that in order to take the next step and begin the transition, they needed to put

themselves in uncomfortable situations. While Duchscher (2001) had a theme entitled “leaving the nest,” as well, the context in which it was used differed. Duchscher defined “leaving the nest” as leaving the comfort of school, describing it as a point when participants became overwhelmed and had difficulty coping with their new responsibilities. Most participants in this study saw leaving the nest as a necessary part of the process of transitioning, and most were ready to jump in, because they felt supported by their coworkers. One participant stated,

I think it's always scary to 'fly out of the nest,' so I think in one way, you always wish somebody was, or you had one more clinical, or one more class, or something that would better prepare you. But, I really think for the most part, we got what we needed, and you just have to be in that uncomfortable position of being new, of maybe making mistakes, hoping the mistakes are small, and learning from those.

Participants moved from questioning everything to realizing that in order to really know if they were prepared, they had to get the experience. “There is nothing like getting out there and getting the experience itself. At the end of the day, you find out what you do know and what you don't.” Participants were aware that, “At some point, you have to go out into the real nursing world and just do it.”

Thirty-three percent of participants described that gaining the experience is really what took their perception of nursing to the next level; it is what shaped their idea of what “being a nurse in the real world” was. When asked what changed or refined their perception of being a nurse one participant shared,

I think just life experience. I think that getting out there and getting your hands in it is really what does it. I mean, the school, you know, they try to give you that,

but they can't, you know, give you a year of experience or five year's experience. And to be a really, really good nurse, you need that experience.

Another participant stated,

So, you know, what you learn about nursing going through school is, you know, obviously, a disease process ... and general ideas about treatments. But, I think, there's no substitute for hands on experience working with people to really give you a perspective on - okay, what is it I'm going to be doing? Even though we talk about those things in school, I mean, we talked about being a patient advocate. I think it's just so much more real when your practicing, you see how important and huge a factor that is.

Participants questioned how much information and education they would actually remember, given the fast pace and short time frame of the accelerated program. However, participants were aware of their knowledge base and also realized that the application of their knowledge would be different in any given situation. Participants reported that to really grasp something, they had to experience it in multiple ways. One participant stated,

You truly don't know what you don't know, because each situation with each patient is always so different, even with the same diagnosis. The family dynamics might be something that you need to be more aware of, or the relationship they have with their physician, or whatever it might be. Those real-life situations is really where, I think, I did most of my learning, because that's just the way that the real world is.

Raines and Sipes (2007) performed a descriptive, non-experimental study and looked at the effectiveness of their accelerated program. Part of their study included

seeing what areas the 17 participants were practicing in during their first year. Seventy percent of those participants went into areas outside the traditional medical/surgical floor. Similarly, 67% percent of participants in the current study began outside the traditional medical/surgical setting, as well. These participants began in areas such as a collaborative care unit, emergency department/public health, hospice, intensive care unit, subacute rehab unit, and inpatient pediatric rehab unit. Although participants were aware that this was not the traditional way of doing things, they were motivated and knew that it was the area in which they wanted to be. One participant explained,

It's an awful lot to take on when you're a new grad and you're learning a new position that is very complex, you know. Hindsight, I suppose an easier transition would have been to do the traditional med/surg for a year or two. But, knowing myself, I know that if I did something like that, I would end up getting bored within a month.

This finding is different from Davis' (2009) study. Seventy-five percent of the participants in Davis' study began on a medical/surgical unit.

In summary, participants in the beginning phase of transition were aware of the need to actively engage in their work in order to allay some of their fears and stresses. Participants knew that there was a need for the hands-on aspect of nursing, and that it was crucial to apply what they learned in school by taking it into the real world. Most participants did not feel thrown into the role early on; rather, they placed themselves in situations that challenged their knowledge to aid in furthering their education.

Theme Two: During Transition

The theme, *During Transition*, was consistent with participants 6 months into practice. Findings remain divided in regards to participants' transitioning process. It

should be noted that transition for participants in this study was different than those of Davis' (2009) study. At 6 months, 80 % of participants in Davis' study identified themselves with Benner's (1984) competent stage. Fifty-six percent of participants in this study also identified themselves as being competent; however, 11% identified themselves as being an advanced beginner, and the remaining 33% felt that they had already progressed to being proficient (Benner, 1984). The participant identifying with the advanced beginner stage stated he/she knew what intervention was needed, but still could not grasp the complexities of a situation or anticipate the future course of care in complex situations. Those who identified with being competent felt able to efficiently and confidently manage most clinical situations in their area of practice. They reported that their speed and flexibility were improved and knew they needed to work on seeing the big picture. However, 33% of the participants felt they had reached proficiency by 6 months of practice. This might mean they felt that they had the ability to perceive situations as a whole and knew what to expect and what was important in given situations. Being proficient meant they knew when and how to change plans if it was needed.

During transition, participants gained more experience and realized the many roles of a nurse. During transition, their perception of what nursing was began to evolve and incorporate various aspects of their personal experiences. Participants were more independent in their work; however, they were aware that it was appropriate and necessary to be resourceful in either seeing the big picture or modifying a patient's plan of care. During data analysis, three subthemes emerged: *Perception of Nursing Expanded, High Expectations in the "Real World," A Balancing Act, and Being Resourceful.*

Perceptions of Nursing Expanded

Participants were asked if their perception of nursing changed during their first year of practice, and if so, what had changed it. Many talked about the compassionate side of nursing. Phrases that were used included connecting with patients, being there for someone, caring for people and their families, helping patients progress to their goals, and being a patient advocate. Some participants really did not feel their perception had changed at all. One participant stated,

I've always really looked up to nurses and the profession as a whole. I just think that compassionate care that people can provide, and I feel like I am providing that for patients... And when I said I wanted to be a nurse, that was what I pictured myself being. I don't always feel that I have to have the answers. I just have to be there to support my patients, to listen to them when they're having a hard time, and to just be that support for them... And, I feel like that's what I pictured a nurse being, and that's what I feel I am today.

Participants stated that they knew what nursing was, but that they did not always feel like they were living up to that perception. One participant reported this:

What I want it to mean to me is, um, is being there for someone who is going through a difficult time with their health. And then on any level that I am able to assist them in getting through that experience... That's what I want it to be. That's what being a nurse means to me... I think I had a pretty clear idea before I got out that there were different levels and different nursing opportunities, and some were more conducive to what I believe nursing to be than others.

Understaffing, multiple roles, and charting all led participants to feel that they were not able to live up to the expectation of what they felt nursing “should be.” One participant shared coming to this realization:

I definitely feel like I’m a little more jaded about it. I feel like when I was a student, I had a really, kind of, an optimistic view about how my role in healthcare was going to be, and just after working for a year, the realities of the constraints of my healthcare system and, kind of, nursing in general has suddenly become a reality... You kind of realize that it’s not just like, I don’t know, kind of fluffy emotional, connecting with patients... There are so many other factors that play into it, into every decision.

Another participant described this mutual feeling of not always feeling like they were the nurse they wanted to be:

I think you have ideals about how it should be or how you want it to be or how you think it will be. And then of course, that’s not always reality ... I guess as far as being a nurse, you know, to me it means trying to remember what it’s like to being a patient ... you can get so busy and so rushed. You’re in and out of rooms, and it feels like you’re cold sometimes. I feel sometimes I’m cold with people, because I’m being pulled in so many directions, and so I try to remember to take a few minutes when I can ... to really try and stop when people need a little emotional support If you can be there for them, it’s really rewarding. I don’t feel like you get to as often as you’d like, because you are so busy.

As discussed earlier, experience did play a major role in participants’ perception of nursing. It was apparent that some of their perceptions did not change, but rather expanded and evolved to encompass their experiences. One participant explained,

I think my perception has obviously evolved over that time, and I guess more and more I'm realizing how important it is to really, you know, be a patient advocate. You know seeing, being with your patient, and seeing what their needs are, kind of, recognizing the things that are going on and being proactive to seek out the kind of help and treatment that they need while they're in the hospital.

Another participant talked about how their own personal experience and perception of nursing has touched their life:

It's a personal experience, where in so much the knowledge that I have gained through the schooling and through the experience itself has given me personal satisfaction plus a sense of accomplishment. It's also given me a sense of pride in what I do and the service that I provide ... providing cares to people is very rewarding, also, on a different level. It's not a personal experience, in so much as, I'm doing something that's very worthwhile to other people, and they come to respect it and really appreciate it ... money can't buy that.

Brodie et al. (2004) found that students have many misconceptions about what a nurse is in the real world. However, it was apparent that participants in this study felt that they had a clear understanding of what nursing was before entering the accelerated program; and although their perceptions' may have evolved, the original belief that nursing is a caring and compassionate profession remained intact and was not overshadowed by the many additional responsibilities. Toth et al. (1998) looked at traditional and accelerated students' perception of nursing while they were in school to see if there were similarities. They found that reasons for choosing nursing as a profession were similar for both the traditional and accelerated groups. Reasons for choosing nursing included helping to alleviate pain and suffering, as well as educating

people on good health. These reasons for choosing nursing as a profession were comparable to what participants in the current study perceived nursing to be before graduation and following graduation.

In summary, participants' perception of nursing did not necessarily change; in some instances, it evolved. Some participants came to realize that although their perception of what nursing should be did not change, they felt for various reasons, they had a hard time living up to that role. During this part of transition, participants were able to compare their experiences in the real world to what they believed it to be before graduation. It appears that participants had stayed fairly grounded in what they believed the nursing profession to be -- a compassionate profession that helps patients and families in difficult times of their lives. It was also apparent that participants were working hard to uphold that perception for themselves and their patients.

High Expectations in the "Real World": A Balancing Act

As participants' experiences shaped their perception of nursing, they began to realize the high expectations that the profession demanded, as well as the difficulty in balancing everything. Participants fought to balance numerous responsibilities on a daily basis, but also struggled with juggling their professional life with their personal life. Participants also dealt with their choices in working in nontraditional areas outside of the typical medical/surgical setting and the added responsibility that those areas entailed.

A major concern for participants was getting all their tasks completed. This finding was similar to Davis' (2009) theme, finding the balance: time management and wholistic care, in which new graduates often had a difficult time prioritizing and organizing their days. One participant shared, "I think the biggest stress is the time crunch of having so much to get done in an allotted amount of time." As participants

transitioned, they learned how to better complete their duties. Again, it took experiencing the real world for them to figure out what system worked for them. A participant explained,

You're expected to know a lot and really set priorities in what you do ... the expectation is actually ... knowing what is important and what tasks can be delegated. And what they look for from the nurses versus what they look at from the social worker, or things like that. I think you sort of got to really know what you're expected to do and try and prioritize those tasks, or actually doing you're work and charting.

Participants felt a sense of accomplishment as they overcame this challenge. One participant felt this was one of his major feats in his transition. This participant stated,

I think probably the biggest thing for me, personally ... has been, learning how to accomplish everything that I needed to do in an amount of time. So, time management, prioritizing, organizing my day, those types of things, especially without a ... background in any kind of healthcare related field, or that much exposure to nursing. So, I was just really starting from scratch in knowing how to go about organizing my time to accomplish all my tasks.

Prioritizing and time management were not only issues in the professional world, participants had to learn how to balance their personal lives in this new role. Some participants talked about being overworked and needing a balance between work and play or work and rest. One participant described the need to have life outside of work:

Socially, it gets kind of hard in nursing ... you are on a different schedule than most of the world I work mostly in the evenings and overnight ... it's been a little bit isolating ... I feel what happens is you tend to gravitate towards hanging

out with nurses because they understand where you're coming from, and you see your coworkers all the time, so they're basically the biggest social piece of your life. I feel it's important to have a different social outlet, and that's really hard to do with working in the evening and all the time.

This participant described being overworked due to understaffing; they described feeling like the workday never ends:

I'm exhausted because I am working so much I did not want to do all of the swing shifts ... but instead, it was like the 8:00 to 4:30, "Okay, I can do that." And one day a week on call and every third weekend, that's great. Because we've lost nurses and doctors are not even referring that much to hospice ... they can't hire So, just two of us are switching all of these call ... it just gets to be a lot ... even if you're not called out ... when you're on call, you're just sort of on edge.

One participant described the importance of learning how to balance all the different aspects of one's life during this first year:

I think that when you're a new nurse, there needs to be a balance between, like, working a lot of hours, so you get a lot of exposure and a lot of experience, to try to solidify things that you learned in school and putting them in practice. But, also balancing that with having time away, so you can kind of unwind ... you only can absorb so much information until you kind of check out.

Another concern of participants was the additional demanding expectations in their areas of placement. Again 78% of participants were working in areas other than a medical/surgical floor 6 months into practice. Many of these areas have a higher need for critical thinking and also demand assessment skills that are accurate and timely.

One participant working in hospice stated,

I'm given a real lot of freedom in terms of ranges of medications. So, really assessing to see if this is a proper medication dose, and titrating within that dose ... I think it was actually a real lot of responsibility, really, very early on. And because I operate so much independently, that was a bit of a fear.

Another participant discussed successfully transitioning to a role that demanded balance and the ability to prioritize:

I didn't go to med/surg where you learn things slowly I jumped into a position where I'm working pre-op and post-op recovery patients, preparing them for various surgeries, and working ER Those are departments that ... really require a lot of ... medical skills, and a lot of assessment skills that you have to know right here and now ... you're doing head-to-toes on people, getting IV starts, and that sort of thing ... you're doing half dozen of those in a 3 or 4 hour period I guess it's what I wanted, but it was a little over my head. The hospital that I work in actually set up that position for a new grad; however, they never had anybody that successfully transitioned it because of the demand.

A participant explained how the nontraditional choice of placement caused additional stress. This participant worked on a unit that was formed based on a new healthcare model and stated,

But a lot was also expected. It's a very high profile unit where people are coming through, they follow you on rounds, and they have a clipboard, and they are taking notes. They come from the unit, from different hospitals, and even different countries. You know, you always feel like you're 'on.' . So, especially being new, that was stressful.

It was very apparent that many of the participants were able to transition quickly and effectively into these specialty areas, despite the stressful situations. One participant commented on this and gave an explanation as to why they might be so apt and eager to have the additional challenges:

I think those students that go through the Accel program know what it takes to stay in there and hang in there and have the, you know, the stick-to-itiveness to be under pressure like that, and um, are going to be able to handle it. Will other students out of a regular program be able to do it? I don't know.

In summary, there were many expectations that these new nurses had to face. Participants learned how to manage and balance prioritizing, time management, and delegation during their transition. In addition some participants worked in areas that required an even greater need for mastering these skills early on. Participants not only had to learn how to balance their many roles at work, but some felt the need to make home life a priority. Trying to find a balance between work and home was a necessity.

Being Resourceful

Duchscher (2001) found that during transition, new nurses realized their fallibility and accepted that there are some things that are just not certain. In accepting this, Duchscher's participants were able to step back and see how they fit into their new roles. Participants in the current study also came to realize their fallibility. They realized that they would not have the answers to everything, and in accepting this, most participants discussed the importance of using the resources around them. One of the main resources utilized at this phase of transition were participants' co-workers. Participants at this phase were not hesitant to ask questions, as well as discuss situations with coworkers to have a better understanding of a process or assessment.

This finding is also similar to Duchscher's study, in which she found that during transition, new nurses realized that to question was really a way in which to advocate for their patients. Similar to nurses in Duchscher's (2001) study, participants discussed setting aside their fears and pride. They came to realize that having the right answer was crucial for the patients. One participant explained coming to this realization:

There's more courage in asking questions when I need to and not worrying about that, realizing that, um, you see doctors asking questions and other nurses who have been nurses for 20 years asking questions. So, just realizing that that was okay wherever you're at and not worrying about how that looks to other people.

One participant described having intuition, and how early in the transition, it was appropriate and necessary for her to reinforce her feelings by getting a second opinion. She stated,

Your gut feeling that you know something is wrong, and um, you know, at least where I work, everyone is very helpful. So, I can always get my gut feeling and have someone else come and look. Yeah, and we figure out.

Other participants realized the gravity that not asking a question could have to their patient's health. This participant stated, "Don't think you know it all. Don't put the patient at risk. It just takes two seconds to ask, 'What's going on here?'" Asking questions not only helped the participants learn, but also form relationships with other disciplines and coworkers, one participant spoke to this idea:

A lot of your job has to do with assessing the situation, knowing who to call.

Does this need a social worker, does this need a doctor, is this something I can handle myself? And then knowing how to direct that, know what parameters you

could work under, um, starting to build relationships, getting connections, so that people are responsive to you.

In addition to coworkers aiding with questions, participants realized that some things they would also have to find on their own, from reviewing how to place an NG to looking up an unfamiliar medication. A participant explained,

You get more comfortable with the area you are in. You just sort of realize that everything is sort of a specialty in many ways. I mean there are some things that are very general ...“How can I remember all these medications? How can I do that?” And you just sort of realize that, you know, things that come up more in common, you commit those to memory, and things that you don't know, you look up.

One participant explained that through looking things up and reviewing it reinforced the material. It was a second chance to learn something, and especially since it was now applied, it was better grasped, “I've really, really been surprised in how much of it I've retained, and how much I can go back briefly and refresh my memory, and then it really sticks in there, you know, go reference something.” Another participant found that teaching aided in their learning, as well, and sometimes it was necessary to reeducate themselves before their patients or families. One participant stated,

I feel more confident around patients and their families, and if I don't know something, I just figure it out, “I'll look that up for you, I'll print something out for you.” Or you can kind of fudge a lot of times, sort of educate yourself in the meantime, and then get back with the patient and help educate them, and it usually works out.

In summary, participants became acutely aware of their resources and how to better utilize them. Participants were not afraid to question their own assessment skills or intuition in order to have the best outcome for their patients. In asking questions, relationships began to be forged between coworkers and other disciplines. Participants stopped questioning themselves. When participants asked questions, reviewed, and looked up information, they were more empowered, as they were putting their patients' needs first and no longer worried about appearing foolish for not having all the answers.

Theme Three: Beyond Transition

As participants reflected on their first year of practice, they contemplated which of Benner's (1984) stages they had reached following its completion. Eleven percent believed that they had not yet moved past the competent stage. Perhaps, this participant did not feel he/she was able to see the whole picture of a situation, or that there was still progress needed in speed and flexibility. Fifty-six percent of participants identified themselves with being proficient in their practice. They felt they had the ability to see situations as a whole, knew what was a priority, and were also aware when care plans needed modifications. Thirty-three percent identified themselves with being experts following completion of their first year. They felt they had a deep understanding of situations, as well as, the ability to make decisions without relying on rules, guidelines, or others. Intuition played a big role in their understanding of a situation. They were often able to pick up on things that others missed. Davis' (2009) findings were different in that 80% of participants identified themselves to be proficient following 1 year of practice.

As participants moved beyond transition, they had a new sense of confidence in their abilities. With this increase in confidence, participants finally felt that they were

able to become a functional part of the team. Two subthemes emerged from this main theme: *Increased Confidence* and *Joining the Team*.

Increased Confidence

As participants moved through their first year of practice, it was apparent to others, as well as themselves, how much their confidence grew. They had overcome many of their fears. Experience was a key factor, as well as being aware of their resources and many capabilities. One participant stated,

I feel much more confident with the doctors. And, you know, I haven't been ... specifically yelled at or been on the receiving end of anything major yet. I started bracing myself for it, thinking, "I can handle this," because, I see it sometimes with other people, and I wonder how I would do if I was on the receiving end. But, um, you know, as far as everyday interaction with them, I feel much more confident.

Other participants talked about needing to have the confidence in themselves, because they were the eyes and ears for the doctor,

On the unit that I work on, we don't have physicians do rounding every day, even though we are in a hospital setting. So, we typically just call physicians when something's going wrong I always thought that it was the physician that would say – do this, do this, do this I realized that the nurse really has a lot more ability to, kind of, figure out what needs to be happening. It's still clarifying things with the doctor and discussing the plan of care with the doctor, but ... I like the autonomy that's provided through nursing.

Although only a few participants specifically mentioned "confidence," it was an underlying tone in their discussions. It was also evident that participants already began

with some level of confidence, as many chose to work in a specialty area and ended up staying in that area throughout the first year of practice, as well as following the first year. It appeared throughout the interviews that experience was directly linked to allaying fears and growing confidence.

In summary, when participants moved beyond transitioning, they had a greater sense of confidence in their capabilities. Gaining experiencing, learning how to manage time and prioritize, as well as being aware of their many resources, allowed these individuals to transition from the graduate role to the professional nurse role and feel confident in their practice.

Joining the Team

Once they were confident in their individual skills, participants felt they were able to join the team and had something to give back to their coworkers. Many participants felt almost a sense of obligation to their coworkers, because as one participant stated, "Almost all of them have bent over backwards to help." The majority of participants really enjoyed their job because of this team approach and mutual respect. Along the lines of giving back, one participant stated,

I'm trying to ... occasionally see when I can help another nurse, or you know, because people have helped me. So, I'm trying to ... reach out a little and help here and there when I can, because people have done that for me, and that's what makes it pleasant to work there. So, I think the better I get, the quicker I get at things, the more I cannot be so worried about getting my own stuff done, but being a better co-worker, too.

Other participants were thankful for their coworkers. One participant stated of their team,

I just feel I got lucky in where I got a job, because all my coworkers are really helpful, all my nurses are all really helpful. I never once felt that I couldn't ask somebody if I wasn't sure about some things, so I felt really lucky in that aspect.

Another participant reported how the 'team idea' had shaped their confidence and influenced their practice:

I'm a lot more comfortable knowing a couple things. Experience, obviously, is a huge factor in recognizing what's going on. And then, again, with where you are practicing and who you are practicing with. In my case, in the ICU, I've got a lot of other nursing staff resources available to me. So, recognizing my resources and how to utilize them, and knowing that it's not all on me, that I'm part of a team.

Another participant stated,

It's the camaraderie that is very appealing with the other nurses that I work with, the adult interaction. The mutual professionalism that has been shown to me has been really a rewarding experience. It has enriched my sense of what a nurse was. I kind of hoped it was going to be like that when I went into nursing, but I really didn't expect it to be as rich and as rewarding on that level as it really is. I get up every morning and I really want to go to work.

In summary, moving beyond transition meant becoming confident in one's own skills and realizing that there was more than just the individual. The majority of participants felt this sense of camaraderie and teamwork from the beginning of their transition. However, moving beyond transition allowed these participants to become part of that team, allowed them to see their place, and allowed them to see that they were a valued and needed part of their units and their profession.

Discussion of Results with Related Studies

Participants' transitions occurred in a sequential pattern; however, participants did not transition in the same time frame or necessarily begin and end at the same stage. In comparison to Davis's (2009) study, only 33% of participants transitioned from advanced beginner to competent to proficient, while 80% percent of Davis's participants transitioned in this manner. This might be due to the smaller sample size in the current study. Table 5 provides a visual of the unique personal transitions of participants from this study.

Table 5

Different Developmental Stages of the Transition Process

3 Months	6 Months	1 Year
Novice	Advanced Beginner	Proficient
Advanced Beginner	Competent	Competent
Advanced Beginner	Competent	Proficient
Advanced Beginner	Competent	Proficient
Advanced Beginner	Competent	Proficient
Advanced Beginner	Proficient	Expert
Competent	Competent	Proficient
Competent	Proficient	Expert
Competent	Proficient	Expert

Schumacher and Meleis (1994) discussed how transitions are personal to the individual and that wide variations may be seen between individuals in similar transitions. Schumacher and Meleis described that support from a mentor or preceptor is vital to an individual during a professional transition. They also discussed that emotions affect how one transitions, and that stress, fear, and feeling overwhelmed may

slow a transition process. When comparing this study to Davis' study, it was evident that although there were stresses and fears for both samples of participants, it appeared that the graduates from the accelerated program worked through those emotions at a different pace and managed them differently. Also the accelerated program graduates had a greater sense of support early on, not only from their mentors, but also from their coworkers. These two factors may have influenced the transition process, causing a difference to be seen among participants in these two studies. Comparisons from the current study and Davis's (2009) study are illustrated in Table 6.

Table 6

Comparing Themes from Davis' 2009 Study to the Current Study

Davis (2009)	Current Study
<u>Starting Transition</u> Responsibility but Lack of Knowledge Thrown in and Stretched Thin Unwelcome Wagon	<u>Beginning Transition</u> Questioning Their Knowledge and Abilities Leaving the Nest
<u>During Transition</u> Less Idealistic: More Practical Finding the Balance: Time Management And Wholistic Care Building on the Foundation	<u>During Transition</u> Perception of Nursing Expanded High Expectations in the Real World: Balancing Act Being Resourceful
<u>Moving Beyond Transition</u> Multiple Roles: Gaining Confidence It's Not Just a Job, It's a Lifestyle Being Part of a Profession	<u>Beyond Transition</u> Increased Confidence Joining the team

Benner's Novice to Expert Model (1984) and the Transition Theory (Meleis et. al, 2000) were used to aid in understanding participants' perceptions, as well as their

transitional process. While individuals moved through their transition differently, it was apparent that each participant had reached a new level of confidence in themselves and had successfully transitioned into their new profession following one year of practice.

The current study focused on discovering and describing the transition process of graduates from an accelerated baccalaureate program one year following graduation. There is limited information regarding the accelerated baccalaureate graduates' experience one year following graduation, specifically on their perception of transitioning into their professional role. Although a few researchers have studied accelerated graduates' perceptions, the focus has been on the accelerated program curriculum (Cangelosi, 2007; Raines & Sipes, 2007). No studies were found on the transition process of graduates one year following graduation from an accelerated baccalaureate program. Researchers have, however, looked at the perceived transition of new nurses and how they move through the process of becoming a nurse from a traditional baccalaureate programs. (Brodie et al., 2004; Davis, 2009; Delaney, 2003; Duchscher, 2001; Ellerton & Gregor, 2003, Gerrish, 2000; Heslop et al, 2001; Wangensteen et. al, 2008; Zinsmeister & Schafer, 2009). Given that there were no studies found on the transition process for graduates from an accelerated baccalaureate program, comparisons will be made with studies that researched the transition of graduates from traditional baccalaureate programs.

Davis (2009) did a qualitative study researching the perceptions of traditional BSN students one year following graduation. The current study replicated this study. Twenty participants were interviewed, and three main themes of transition emerged: *Starting Transition*, *During Transition*, and *Moving Beyond Transition*. These main themes were similar to the current study: *Beginning Transition*, *During Transition*, and

Beyond Transition. The nurses that participated in Davis' study perceived the beginning transition from student to nurse as very stressful, exhausting, and a time where they felt they might not have enough knowledge. This was comparable to the beginning of the accelerated graduates' transition, as they questioned their own abilities and feared not having been prepared to successfully take on their new role. Unlike Davis' study, a majority of participants felt very welcomed into their areas and, for the most part, did not experience the "unwelcome wagon." In the current study, the beginning of transition also brought a sense of urgency to the participants. In order to transition, they needed to be open to being vulnerable and experiencing the real world of nursing firsthand. This eagerness was not apparent in the early stages of transition for graduates of the traditional program. Similarities seen during transition were realizing that nursing was more than just caring for people. Participants from both studies realized that they needed to balance their many roles. As they progressed beyond the transition phase, they had an increased confidence in themselves, as well as a feeling of belonging in their area of practice and, ultimately, their profession.

Zinsmeister and Schafer (2009) performed a qualitative phenomenological study. They interviewed nine graduate nurses who were in practice for at least 6 months, but no longer than 1 year. The authors concluded that preceptors, orientation, becoming part of a profession, support from coworkers and managers, as well as having clear expectations of what their job entailed, aided in a positive transition experience for these graduates. Similar to participants of Zinsmeister and Schafer's study, the majority of participants from the current study had great support from their coworkers, adequate and helpful orientations, and much guidance from their mentors/preceptors. They believed that all these aspects eased their transition process

Delaney (2003) conducted a phenomenological study and researched 10 graduate nurses' transition experiences during 12 weeks of orientation. Results of this study indicated that becoming a new nurse was very stressful, but that confidence increased as individuals learned how to prioritize, organize, and manage their days. Following the 12 weeks of orientation, the majority of new nurses were ready to work independently and felt welcomed and supported. Following 3 months into practice, individuals were aware of their need to gain their own experience in order to gain knowledge. The current study had similar results to Delaney's (2003) study, in that the beginning of transition was a time of stress and letting go. Also, participants from both studies felt welcomed and supported very early in the transition process.

Duchscher (2001) performed a phenomenological qualitative study, researching how five nurses perceived their first 6 months in practice. Similarities were seen between the two studies, in that both samples of participants realized their fallibility fairly early in their transition. Duchscher's participants began to mature professionally after 6 months of practice, much like participants from the current study, who felt they had matured enough professionally during the last 6 months of their transition, allowing them to become apart of the nursing profession.

Gerrish (2000) replicated a grounded theory study by 25 new nurses who were interviewed to determine their perception of the transition from student to nurse. Gerrish found that the transitioning from student to nurse remained stressful and that preparation for this professional role was still inadequate. However, Gerrish did find improvements in the transition process since the original 1985 study. Gerrish believed that nurses had more active participation in their learning and better preceptorships and orientations aiding in the transition process. Findings from the current study support Gerrish's

findings. The majority of participants in the current study believed themselves to have valuable preceptors and orientations. In regards to Gerrish's finding that nurses are now more active participants in their learning, this is true of most students enrolling in accelerated programs (Walker et al., 2007). Participants in the current study also had the perception that in order to progress, they needed to leave the nest early in their transition process and get the experience, as it was an active form of learning.

Wangensteen et al. (2008) conducted a qualitative study in which 12 graduate nurses were interviewed about their perceptions of their first year in practice. They found that there is uncertainty early on in transition. This finding was similar to the questioning that participants experienced in the current study: being unsure about their knowledge or what to do in unfamiliar situations. Participants from both studies realized the amount of responsibilities they had, and when they effectively managed stressful and complex situations, they had a greater sense of confidence. Increased confidence was seen at the end of participants' transition process in both studies.

Chapter Summary

Benner's Novice to Expert Model and the Transition Theory not only aided in conducting this study, but also in comparing and discussing the findings. In an effort to discover the perception of being a nurse, interviews were done with nine graduate nurses from an accredited accelerated baccalaureate program. The new nurses all had been in practice for 12 to 18 months. During data analysis, three main themes emerged and were further supported with subthemes. Themes and subthemes depicted participants' perception of their transition during their first year of practice.

Findings of this study were discussed, as well as compared to previous literature associated with the transition from student to nurse.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Introduction

The purpose of this replication study was to describe the perceptions of 'being a nurse' by baccalaureate prepared nurses, one year post graduation from an accelerated nursing program. The perceived experience of these graduates can give insight into their needs following graduation and aid in their transition to their professional role. A brief summary of the perceived transition of nine new graduate nurses during their first 12 -- 18 months of practice are presented in this chapter. Conclusions and implications for future practice, education, and administration related to the results of the study are provided. Recommendations for additional research and nursing education are also specified.

Summary of Findings

Available studies have researched the perceived transition of new baccalaureate nurses (Brodie et al., 2004; Davis, 2009; Delaney, 2003; Duchscher, 2001; Ellerton & Gregor, 2003, Gerrish, 2000; Heslop et al, 2001; Wangensteen et. al, 2008; Zinsmeister & Schafer, 2009). Even fewer have looked at this transition following one year of nursing practice (Davis, 2009; Wangensteen et. al, 2008; Zinsmeister & Schafer, 2009). However, no studies were found on the perceived transition of nurses who graduated from an accelerated program. The aim of this study was to explore the perceived transition of graduates from an accelerated baccalaureate program and to describe their first year of transition into their professional role.

This study used a qualitative descriptive approach to describe how 1-year graduates from an accelerated baccalaureate program perceived being a nurse. The target population consisted of registered nurses between the ages of 25 and 55 years, who had graduated from an accredited accelerated baccalaureate program in the Midwest. A sample of 49 potential participants was obtained from an alumni list of a Midwestern university. Nine, 1-year baccalaureate prepared nurses, who met all inclusion criteria, agreed to participate in the study.

Background information was obtained through a demographic questionnaire from those who consented to participate, in order to obtain background information. An unstructured, open-ended questionnaire was used to answer the research question: Now that you have been practicing as a nurse for one year (out in the real world) what does being a nurse mean to you? The researcher conducted nine audio taped phone interviews.

Colaizzi's (1973) method was used for data analysis. Interviews were read and reread, and statements appearing essential to participants' experience were removed and reworded in broader terms. The broader terms allowed for meanings to emerge, which allowed for themes and subthemes to be formulated. Once themes and subthemes were formed, they needed to be validated by referring back to the original transcripts. In doing this, the researcher was able to distinguish if an accurate depiction of participants' experiences was portrayed.

In order to better understand the process of transition, the Transition Theory was used as a framework (Meleis et al., 2000). According to Schumacher and Meleis (1994), although transitions are a natural process, they remain complex and unique to each person experiencing it. Results of this study indicated just that -- each participant

transitioned according to their own time, which was distinct to their experiences. Three main themes emerged during data analysis: *Beginning Transition*, *During Transition*, and *Beyond Transition*. Each of these main themes was supported further by subthemes. Direct quotes from the participants gave an explanation and understanding for themes and subthemes.

Theme One: Beginning Transition

Two subthemes comprised this main theme. In the first subtheme, *Questioning Their Knowledge and Abilities*, participants did just that; they questioned their own knowledge and abilities, as well as how the accelerated program and their employers prepared them. Many participants feared not knowing how to handle a given situation and also feared making mistakes. Stress and anxiety were part of this first phase of transition. In the subtheme *Leaving the Nest*, participants came to realize that to some degree, they would not know how prepared they were unless they put themselves in the position of flying solo. Participants were aware that in order to gain knowledge, they also needed to gain the experience of being a nurse in the real world. This meant letting go of all of those questions and taking a leap of faith in order to make the next transition and become an independent nurse.

Theme Two: During Transition

Three subthemes emerged from this main theme. In the first subtheme, *Perceptions of Nursing Expanded*, participants talked about their initial perception of nursing. All of the participants discussed nursing to be a compassionate profession, one in which they cared for others, helped patients achieve their goals, and were a support system and advocate. This perception of nursing did not dissipate once they were in practice. However, their surroundings made it difficult to always achieve this, but, they

still believed it to be the most important aspect. Others realized through experience, that nursing was more than just being compassionate and that there were other layers. Their perception evolved rather than changed. In the second subtheme, *High expectations in the "Real World": A Balancing Act*, participants began to understand and accept their many roles. Time management, organization, and prioritization were all prevalent during this part of the transition. Participants also found it necessary to balance work and life. In the last subtheme, *Being Resourceful*, participants came to realize that they would not have the answers to everything. They became resourceful and understood the importance of asking questions.

Theme Three: Beyond Transition

Two subthemes encompassed this main theme. In the first subtheme, *Increased Confidence*, participants were much more confident in their work. Through experience and reflection, participants were able to recognize their many abilities and how far they had come in such a short period of time. In the second subtheme, *Joining the Team*, participants felt a connection to their new role. Their increased confidence reassured them that they had much to offer not only to their patients, but their coworkers, as well. Participants' transition ended in joining the nursing profession and being happy and proud of this accomplishment.

Appropriateness of the Theoretical Frameworks to this Study

The theoretical frameworks used to guide this study were Benner's Novice to Expert Model (1984) and the Transition Theory (Meleis et al., 2000). Benner's Novice to Expert Model aided in the direction of this study, as it clearly described the five stages that an individual goes through when they transition in a clinical setting. The frameworks

assisted the researcher to better decipher participants' developmental stage based on the description of their experience. By 3 months of practice, 11% of participants reported lacking experience in situations, as well as lacking understanding of the contextual meanings of those situations (Benner's definition of a novice). Fifty-six percent of participants believed they knew what intervention was needed, but that they were still not able to grasp the complexities of a situation or anticipate future course of care in complex situations (Benner's definition of an advanced beginner). Thirty-three percent of participants felt that they were able to efficiently and confidently manage most clinical situations in their area of practice (the developmental stage of a competent practitioner (Benner)). For all participants, speed and flexibility were still lacking at 3 months, and participants were aware of the need to see a situation in terms of the overall picture.

At 6 months into transition, participants either remained in their current developmental stage or advanced to the next. One participant who identified with being a novice at 3 months moved to Benner's (1984) advanced beginner stage -- they knew what intervention was needed, but were still not able to grasp the complexities of a situation or anticipate future course of care in complex situations. All participants, who were considered advanced beginners at 3 months, had progressed to the next developmental stage, feeling they were able to effectively manage most clinical situations (Benner's competent stage). A few individuals remained in this stage and were still not yet able to see the whole picture. A couple of participants who reported advancing in their transition believed they had the ability to perceive situations as a whole, knew what to expect, knew what was important, and knew when to be flexible in given situations (congruent with Benner's proficient stage).

By 1 year of practice, one participant felt he/she had not yet progressed past Benner's competent stage. Perhaps this participant did not feel he/she was able to see the whole picture of a situation, or that there was still progress needed in speed and flexibility. The majority of participants (56 %) had reached proficiency. Three participants (33%) felt they progressed to Benner's expert stage, as they believed they had a deep, intuitive understanding of situations. They believed they had the ability to make decisions without relying on rules or guidelines. Throughout their transitional process, participants moved at their own pace in relation to their own clinical experiences. Again, although the developmental stages for each participant were sequential, they were unique to each individual.

The process of transition for these participants was challenging, but also empowering. The nature of their transitions was developmental, as participant moved from graduate to professional nurse. The pattern of the participants' developmental transitions flowed sequentially from one stage to the next; however, the transition was personal to each participant and was dependent on the awareness of the transition, as well as their engagement in it (Meleis et al, 2000).

Three months into transition, participants were all aware of their abilities or lack there of. Some participants were more comfortable in their new role than others; however, all were responsive to their transition by being actively engaged in the process. Meleis et al. discussed transition conditions: personal, community, and societal aspects either inhibit or facilitate transitions. According to the participants, orientation, previous one-on-one clinical experience, and a supportive work environment all positively aided and facilitated their transition. For some of the participants, isolation from coworkers,

lack of support, and feeling overworked negatively impacted and inhibited their transition.

Six months into their transition, participants recognized that change was necessary to enter their new role. At this time, participants found ways to adapt and become active in the transition process. Organization, time-management, and prioritization had increasingly improved. Some participants were already able to grasp the complexities of given clinical situations.

By 1 year, all but one participant was able to see the whole picture, react to the unexpected, and modify plans. Participants' patterns of response to the transitional process were congruent with Meleis et al.'s (2000) process and outcome indicators. Each participant gained much confidence; they were able to see their place allowing, them to not only become a nurse, but also join their profession. Figure 3 illustrates the integration of results with both theoretical frameworks.

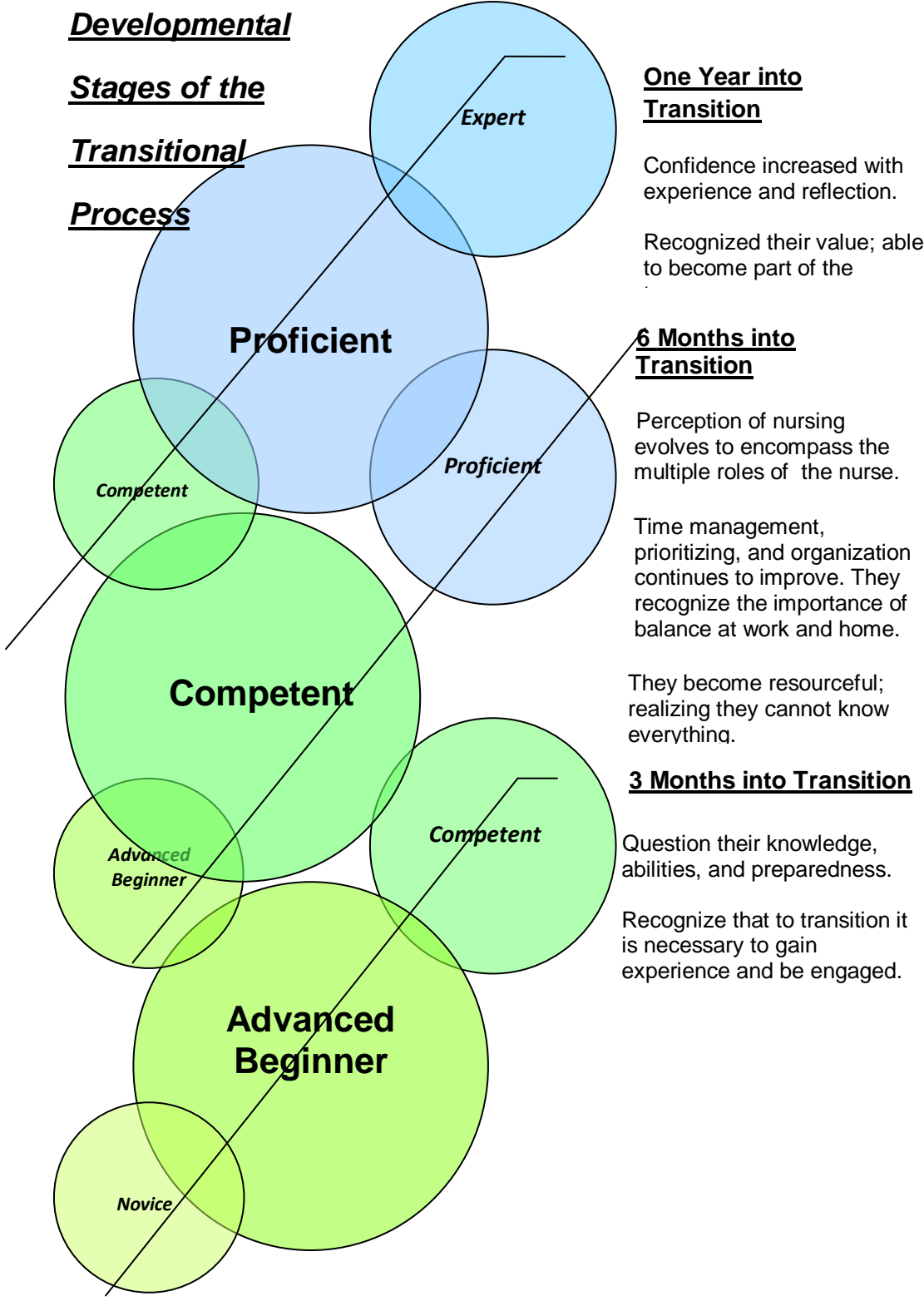


Figure 3. Illustration of the integration of results with both theoretical frameworks.

Conclusions

In the current study, participants perceived their first year as a nurse as a challenge, but a rewarding one at that. While participants questioned their knowledge at first, they were able to quickly move forward and gain the necessary experience. As they acquired more knowledge and experience, their perceptions of nursing evolved and expanded. The following are conclusions based on the results of this study:

1. In the beginning months of transition, nurses question themselves, their knowledge, their education, and their employers; they fear the unknown and making mistakes.
2. Nurses are aware of the need to gain experience in the real world in order to solidify their knowledge and, in turn, increase their confidence. Nurses are more active in seeking out experiences when they feel supported.
3. With experience, nurses come to realize the many different roles of their profession. Their perception of nursing does not change; instead, it expands to encompass these new found aspects.
4. Nurses recognize the high expectations of their profession and learn how to balance their many roles through prioritizing, time management, and organization. Nurses also realize the need to balance their professional and personal lives.
5. With increased independence and experience, the nurse becomes very aware of their resources and abilities. They are not afraid to ask an opinion or pose a question. They are comfortable in using their resources to educate themselves and their patients. Nurses accept the fact that they cannot know everything.

6. At 1 year of transition, nurses are more confident, are able to advocate, and successfully take on many roles and responsibilities. They transition into their professional role and become a valued part of the team.
7. The transitional process is consistent with Benner's (1984) and Meleis' et al. (2000) stages: nurses move from novice to expert, and their transition is dependent on their lived experiences. Due to the complex nature of transition, each nurse had a unique progression through each stage, transitioning in his/her own time and in his/her own fashion.

Implications

Nursing Practice

Greater awareness of baccalaureate nurses' perceptions, 1-year post graduation from an accelerated nursing program, will yield valuable information for new nurses, as well as the individuals who will be working with these new graduates during their first year of transition. Results of this study showed that new nurses will question their abilities and knowledge, and fear the unknown early in the transition process. Study participants reported being stressed and anxious whether their length of educational program prepared them enough for the real world. A greater comprehension of this transition process will aid the new graduate nurse in recognizing that this is a normal and natural process when transitioning into their professional roles.

According to Walker et al. (2007), accelerated students are more self-directed in their learning. Results of this study indicated that preceptors, and support from coworkers, positively impacted these nurses' transition. Understanding the learning style and motivations of these graduates is beneficial to preceptors and those structuring

orientations. Effective teaching methods would create a more positive work environment, as the new nurse would feel supported toward a smoother transition.

Nursing Education

According to Brodie et al. (2004), students often have misconceptions about the nursing profession, and following graduation. they are overwhelmed with the stresses of their new role. Heslop et al. (2001) found that students' expectations are usually not congruent with the demands their profession entails, and are often caught off-guard following graduation. It is imperative for educators to be aware of these misconceptions and expectations in order to begin preparing them for their transition early on in their program.

Understanding the perceptions' of accelerated baccalaureate graduates one year following graduation would give better understanding of the transition process to students within these programs. It is of utmost importance to inform and prepare these students for the transition process early in the program, as accelerated programs have a much shorter time frame than traditional programs. Results of this study indicated students questioned their preparedness by faculty in the accelerated program early in their transition process. A better understanding of the stresses and challenges of these new nurses during their first year of transition will give educators more insight on how to ease this transition. It will also aid in allaying fears of having learned a lot of information in a short time period, thereby creating a perception of less retentivity of the information.

Participants reported feeling as if they did not get the full clinical experience due to the facilities in which they were placed. Some discussed that placement in the smaller hospitals may not have been able to provide them the experience that a larger teaching hospital may have. Some participants felt that they were unable to keep up

with the patient load that was expected of them upon graduation. A few participants were not satisfied with the boot camp skills, as they discussed feeling rushed and overwhelmed, which caused great stress upon graduation. These participants suggested an extra week of skills to allow for practice and demonstration.

With the nursing shortage looming, retention of nurses is imperative. Given that accelerated programs graduate nurses at a higher rate due to the shortened length of study, this might assist with decreasing the nursing shortage. If educators can help prepare students and give them a clear picture of the realities of nursing, the transition to their professional role will be much smoother, since a smooth and positive transition is important to retain nurses. It is important for educators to be aware of the needs of both students and graduates, to ensure that there are no misconceptions about their new occupation.

Recommendations for nurse educators include:

1. Clinical instructors of accelerated programs can meet with preceptors prior to students' one-on-one clinical to discuss goals and expectations of the clinical. This will better ensure appropriate experiences for the accelerated student. Discussion points can include the number of patients that should be managed; some participants felt overwhelmed following graduation, as they were not able to take four to six patients during their clinical experience while in the program.
2. Facilitators of accelerated programs can contemplate using facilities that may have more opportunities for learning experiences with more acute patients; such facilities could be teaching hospitals or hospitals seen in greater metropolitan areas.

3. Educators teaching in accelerated programs can evaluate the effectiveness of their skills lab, taking into consideration students' perception of the pace, as well as, the usefulness of the skills lab in preparing them for their clinical settings. Participants felt rushed and reported lacking confidence when out in the real world trying to perform basic nursing skills.

Nursing Administration

Administrators of accelerated nursing programs can benefit from understanding nurses' perceptions one year following graduation from an accelerated baccalaureate program. A better understanding of these new nurses' perceptions will allow accelerated programs to be adapted and/or enhanced to better meet the needs of the students during their transition (Ouellet & MacIntosh, 2007). Results of this study indicated that one such adaptation would be to lengthen the skills portion of the program.

Hospital administrators also have much to gain from understanding the nurses' perceptions, as it will allow them to assess the needs of their new graduates. Davis' (2009) findings were similar to that of other studies. Davis found that nurses' transition into practice was positively affected when participants had supportive mentorships and appropriate orientations. Delaney (2003) found that investing time and resources for these graduates was beneficial to healthcare organizations in the long run, whether it was spent educating mentors on graduates' needs, increasing incentives and support for mentors, arranging support groups for new nurses during this transition, or lengthening and/or restructuring orientation.

Hospital administrators need to be aware of retaining new nurses. Administrators are at the forefront and need to be actively engaged in finding solutions to this rising problem. Retaining new nurses begins with improving new graduates'

transitions. If the transition for new nurses can be improved and perceived as a positive experience, nurses will have greater job satisfaction. Job satisfaction leads to a decrease in nurse turnover and a greater retention of nurses. The study findings can aid academic leaders in creating curriculums that are representative of the high expectations and realities of the nursing profession, such as revamping clinical experiences and providing adequate time to learn skills.

Recommendations

The findings from this study provided a small glimpse of the nurses' perceptions one year following graduation from an accelerated baccalaureate program. Each participant reported an individualized transition process based on his/her own experiences. Recommendations for further research include the following:

1. A replication of this study with graduates of an associated degree nursing program.
2. A replication of this study with face-to-face interviews rather than phone interviews. If a phone interview is necessary, it is recommended that additional open-ended questions are added to the unstructured questionnaire; such as, "Can you tell me about your clinical experience?" or "Did you notice the change from graduate nurse to becoming a professional?" Additional questions are recommended because it is difficult to facilitate conversation, due to the inability to pick up on nonverbal cues or see emotions.

3. A comparative study of new nurses that have had previous healthcare experience versus those who have had little or no experience. This would give insight into whether previous healthcare experience has an effect on new graduates' transitional process.
4. A comparative study of new nurses who graduate from the same university at the same time, but from two different programs. Comparing the transition for new nurses graduating from their traditional program and their accelerated program will give insight into the similarities and/or differences in these graduates' transition.
5. An exploratory study of new nurses who have left the nursing profession during their first year of practice. This would give valuable insight into the difficulties, stresses, and challenges that new graduates face during their first year of practice.

Chapter Summary

A summary of the study, as well as the findings, were given in this chapter. Results of this study, as well as previously cited studies, indicate that the transition process is a challenging experience for new nurses. The nurses in this study began their transitional process questioning their knowledge and abilities. However, they soon recognized the need to gain experience and implement their knowledge to practice. Through experience, nurses' perceptions of their profession expanded to encompass the many roles of the nurse, thus beginning a balancing act. As the nurses effectively managed their many roles and gained experience, their confidence greatly increased. With a greater level of confidence the nurses were able to join the team and felt they

were a valuable part of their profession. By exploring the perceptions of nurses 1 year following graduation from an accelerated baccalaureate program, hospital and university administrators, current and future students, new nurses, seasoned nurses, and educators will be able to better understand and prepare for the new nurse's transition into professional practice. Recommendations were given for future research and nursing education.

APPENDIX A
Demographic Questionnaire

Demographic Questionnaire

1. What is your age in years? _____
2. What is your gender? _____
3. What is your ethnicity? _____
4. BSN Graduation (Month/Year): _____
5. Date of Employment as GN/RN (Month/Year): _____
6. Practice Setting: _____
7. If employed in a hospital setting, what type of unit do you work on?

8. Hours worked (please check one): _____ Full time (32 hours/week or more)
_____ Part time (Less than 32 hours/week)
9. A. Years of previous experience working in the healthcare field? (please check one)
_____ 0-1 _____ 2-3 _____ 3-4 _____ 5-6 _____ 6+
- B. Please list any of your previous job titles in the healthcare field

10. Did you have mentor support during your orientation? (Yes/ No) _____
If so, how long did your mentorship last? (please clarify days/weeks): _____
11. Did you have a formal orientation? (Yes/ No) _____
If so, how long did your orientation last? (please clarify days/weeks): _____

(Davis, 2009)

Self Report of the Phases of Transition in the First Year

***For the following questions, please circle one response that best describes the stage you were in during your transition process at 3 months, 6 months, and 1 year.**

1. At 3 months of working as a registered nurse...

- A. I lacked experience in situations in which I was expected to perform, and lacked understanding of the contextual meanings of what I had learned.
- B. I knew what intervention was needed, but still could not grasp the complexities of a situation or anticipate future course of care in complex situations.
- C. I was organized and felt able to efficiently and confidently manage most clinical situations in my area of practice; however, I lacked speed, flexibility, and experience to recognize a situation in terms of the overall picture.
- D. I perceived situations as a whole and knew what to expect and what was important in a given situation. I knew how and when to modify plans.
- E. I could make decisions without relying on rules, guidelines, or others. I had intuitive and deep understanding of each situation and could see pertinent aspects of a situation that others missed.

2. At 6 months of working as a registered nurse...

- A. I lacked experience in situations in which I was expected to perform, and lacked understanding of the contextual meanings of what I had learned.
- B. I knew what intervention was needed, but still could not grasp the complexities of a situation or anticipate future course of care in complex situations.
- C. I was organized and felt able to efficiently and confidently manage most clinical situations in my area of practice; however, I lacked speed, flexibility, and experience to recognize a situation in terms of the overall picture.

- D. I perceived situations as a whole and knew what to expect and what was important in a given situation. I knew how and when to modify plans.
 - E. I could make decisions without relying on rules, guidelines, or others. I had intuitive and deep understanding of each situation and could see pertinent aspects of a situation that others missed.
- 3. Now, at 1 year of working as a registered nurse...**
- A. I lacked experience in situations in which I was expected to perform, and lacked understanding of the contextual meanings of what I had learned.
 - B. I knew what intervention was needed, but still could not grasp the complexities of a situation or anticipate future course of care in complex situations.
 - C. I was organized and felt able to efficiently and confidently manage most clinical situations in my area of practice; however, I lacked speed, flexibility, and experience to recognize a situation in terms of the overall picture.
 - D. I perceived situations as a whole and knew what to expect and what was important in a given situation. I knew how and when to modify plans.
 - E. I could make decisions without relying on rules, guidelines, or others. I had intuitive and deep understanding of each situation and could see pertinent aspects of a situation that others missed.

APPENDIX B
Interview Guide

Interview Guide

Initial Question:

1. Now that you have been practicing as a nurse for one year (out in the real world), what does 'being a nurse' mean to you?

Additional Probing Questions:

2. What were your fears about entering your new role as a nurse?
3. Over the past year, what stresses and challenges did you face?
4. How do you feel you could have been better prepared for the first year of transition into the nursing role?
5. How has your perception of 'being a nurse' changed over the past year?
6. Can you tell me what might have changed your perception of being a nurse in the previous year?

APPENDIX C

Letter to Potential Participants

UNIVERSITY OF WISCONSIN OSHKOSH

Being a Nurse: Perceptions of Baccalaureate Nurses One-Year Post Graduation from an Accelerated Program

I (Abbie Kunde) am conducting a study of how baccalaureate prepared nurse graduates from UW Oshkosh define 'being a nurse' one year post graduation from the accelerated program. Your contact information was obtained from a BSN alumni list at UW Oshkosh. I would greatly appreciate your participation in this study.

As part of the study you will be asked an open-ended question about your perceptions of 'being a nurse'. I will conduct taped interviews lasting approximately 30-60 minutes. The interview can take place at your convenience in a private setting other than at your place of employment. If you are not within close proximity or feel it is more convenient, a phone interview can take place. A demographic questionnaire will also be administered.

By understanding how a baccalaureate prepared nurse perceives 'being a nurse' one-year post graduation, one will be better able to understand how to aid in the nurse's transition during the first year. Specifically looking at the graduates from an accelerated BSN program allows one to compare and contrast their transitions from the transitions of graduates from a traditional BSN program. These findings have implications for nursing educators, nurse administrators, nurse leaders, future nursing students, and/or newly graduated nurses.

I do not anticipate that the study will present any medical or social risk to you, other than the inconvenience of additional time needed to fill out the demographic questionnaire and participate in the interview process. Participation in this study may or may not benefit you directly.

The information that I collect during the interview process or that you provide in the questionnaire will be recorded on an anonymous form. I will not release information about you to your employer or to anyone else in a way that could identify you.

If you choose to withdraw from the study at any time, you may do so without penalty. The information that I collected and/or that you provided up to that point would be destroyed if you so desired.

Once the study is complete, I will be glad to give you the results. If you have any questions, or meet the criteria listed above and are willing to participate in this study, please contact me by phone or email within one week of receiving this letter. If I don't hear from you within one week, I will attempt to contact you again. Thank you for your time.

Abigail M. Kunde
UWO Department of Nursing
Oshkosh, WI 54901
Email: kundea48@uwosh.edu
Cell/Home: (920) 410-2526

APPENDIX D
Consent Document

UNIVERSITY OF WISCONSIN OSHKOSH
CONSENT DOCUMENT

Being a Nurse: Perceptions of Baccalaureate Nurses One-Year Post Graduation from an Accelerated Program

I (Abbie Kunde) am conducting a study of how baccalaureate prepared nurse graduates from UW Oshkosh define 'being a nurse' one year post graduation from the accelerated program. Your contact information was obtained from a BSN alumni list at UW Oshkosh. I would greatly appreciate your participation in this study.

As part of the study you will be asked an open-ended question about your perceptions of 'being a nurse'. I will conduct taped interviews lasting approximately 30-60 minutes. The interview can take place at your convenience in a private setting other than at your place of employment. If you are not within close proximity or feel it is more convenient, a phone interview can take place. A demographic questionnaire will also be administered.

By understanding how a baccalaureate prepared nurse perceives 'being a nurse' one-year post graduation, one will be better able to understand how to aid in the nurse's transition during the first year. Specifically looking at the graduates from an accelerated BSN program allows one to compare and contrast their transitions from the transitions of graduates from a traditional BSN program. These findings have implications for nursing educators, nurse administrators, nurse leaders, future nursing students, and/or newly graduated nurses.

I do not anticipate that the study will present any medical or social risk to you, other than the inconvenience of additional time needed to fill out the demographic questionnaire and participate in the interview process. Participation in this study may or may not benefit you directly.

The information that I collect during the interview process or that you provide in the questionnaire will be recorded on an anonymous form. I will not release information about you to your employer or to anyone else in a way that could identify you.

If you choose to withdraw from the study at any time, you may do so without penalty. The information that I collected and/or that you provided up to that point would be destroyed if you so desired.

Once the study is complete, I will be glad to give you the results. In the meantime, if you have any questions or concerns, please ask or contact us:

Abigail M. Kunde
Department of Nursing
UW Oshkosh
Oshkosh, WI 54901
(920) 410-2526

If you have any complaints about your treatment as a participant in this study, please call or write:

Chair, Institutional Review Board
For Protection of Human Participants
C/O Grants Office
UW Oshkosh
800 Algoma Blvd.
Oshkosh, WI 54901
(920) 424-1415

Although the chairperson may ask for your name, all complaints are kept in confidence.

I have received an explanation of the study and agree to participate. I understand that my participation in the study is strictly voluntary.

Name

Date

I also agree to be audio-taped during the interview.

Name

Date

This research project has been approved by the University of Wisconsin Oshkosh IRB for Protection of Human Participants for a 1-year period, valid until ____ (Date) _____.

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