

12-2016

# The Correlation between Satisfaction with Nursing Orientation and the Number of Preceptors Utilized

Alessia H. Parker  
*Gardner-Webb University*

Follow this and additional works at: [https://digitalcommons.gardner-webb.edu/nursing\\_etd](https://digitalcommons.gardner-webb.edu/nursing_etd)



Part of the [Nursing Commons](#)

---

## Recommended Citation

Parker, Alessia H., "The Correlation between Satisfaction with Nursing Orientation and the Number of Preceptors Utilized" (2016). *Nursing Theses and Capstone Projects*. 230.  
[https://digitalcommons.gardner-webb.edu/nursing\\_etd/230](https://digitalcommons.gardner-webb.edu/nursing_etd/230)

This Thesis is brought to you for free and open access by the Hunt School of Nursing at Digital Commons @ Gardner-Webb University. It has been accepted for inclusion in Nursing Theses and Capstone Projects by an authorized administrator of Digital Commons @ Gardner-Webb University. For more information, please see [Copyright and Publishing Info](#).

The Correlation between Satisfaction with Nursing Orientation and the Number of  
Preceptors Utilized

by

Alessia H. Parker

A thesis submitted to the faculty of  
Gardner-Webb University Hunt School of Nursing  
in partial fulfillment of the requirements for the  
Master of Science in Nursing Degree

Boiling Springs, North Carolina

2016

Submitted by:

---

Alessia H. Parker

---

Date

Approved by:

---

Abby Garlock, DNP, RN, LCCE

---

Date

## Abstract

The satisfaction of new graduate nurses with hospital orientation may impact job satisfaction, retention, and the ability of healthcare facilities to develop proficient nurses. Preceptors are an integral part of nursing orientation and the use of one or multiple preceptors during new graduate nurse orientation is discussed in previous research studies with varying results. Some study participants value using a minimal number of preceptors, while other new graduate nurses enjoy the variety of having multiple preceptors. The purpose of this thesis was to examine the effect of orienting with one or multiple preceptors on the degree of satisfaction with the orientation process. A convenience sample of 30 new graduate nurses employed at a 247 bed, nonprofit hospital was asked to complete one section of the Casey-Fink Graduate Nurse Experience Survey at the completion of 12 weeks of new graduate nurse orientation. The section of the survey used measured support, organization, stress, communication, and satisfaction at the end of 12 weeks. There was a moderate inverse relationship between the number of preceptors utilized during orientation and the support and satisfaction subcategories. The correlation coefficient for the support subcategory was -0.30 and for the satisfaction subcategory the coefficient was -0.32 with a  $p$  value of  $< .05$  for both subcategories. This thesis did show that there were components of new graduate nursing orientation that were impacted by the number of preceptors utilized during orientation by new graduate nurses.

*Keywords:* Preceptor, nursing orientation, nurse graduate

## Acknowledgments

I would like to express my appreciation to Dr. Abby Garlock for her insight, timeliness, and kindness. She was always available and her guidance throughout this process was invaluable. I am also thankful to my husband, Chad, whose ability to make me laugh and proofread anything I put in front of him was valued throughout the past several months. Finally, I would like to thank a special classmate who supported me and answered all my questions without hesitation. In stressful periods of life there are amazing people that are willing to help and she will always be treasured.

© Alessia H. Parker 2016

All Rights Reserved

## Table of Contents

### CHAPTER I: INTRODUCTION

Significance.....	1
Purpose .....	3
Theoretical or Conceptual Framework .....	3
Thesis Question.....	5
Definition of Terms.....	5
Summary.....	6

### CHAPTER II: LITERATURE REVIEW

Review of Literature .....	8
Conclusion .....	24

### CHAPTER III: METHODOLOGY

Study Design.....	26
Setting and Sample .....	26
Design for Data Collection .....	27
Measurement Methods.....	28
Data Collection Procedure .....	28
Protection of Human Rights.....	29
Data Analysis .....	30

### CHAPTER IV: RESULTS

Sample Characteristics.....	32
Major Findings.....	33
Summary.....	37

## CHAPTER V: DISCUSSION

Implication of Findings.....	38
Application to Theoretical Framework.....	40
Limitations .....	42
Implications for Nursing.....	42
Recommendations.....	43
Conclusion .....	44
REFERENCES .....	45
APPENDICES	
A: Casey-Fink Nurse Graduate Experience Survey (Section II) .....	50
B: Permission to Use the Casey-Fink Nurse Graduate Experience Survey.....	52
C: Consent Form for Participation in Study .....	53

List of Figures

Figure 1: Conceptual-Theoretical-Empirical Diagram .....5

List of Tables

Table 1: Mean Responses from Survey Participants in Five Subcategories.....34

Table 2: Correlation Coefficients for Each Subcategory and Number of Preceptor(s) .....36

## **CHAPTER I**

### **Introduction**

As new graduate nurses become licensed they are excited to begin their journey as a nursing professional. Nursing administrators are equally enthusiastic and ready to hire these new graduates to staff healthcare facilities. By 2025, healthcare systems may be 500,000 nurses short to provide care for patients (Bontrager, Hart, & Mareno, 2016). Administrators are now continuously searching for ways to draw nursing graduates to their facilities and then retain them as employees. During the first year of employment for new nurses, facilities can experience a 35% to 50% turnover rate among new nurses for multiple reasons (Moore & Cagle, 2012).

### **Significance**

New graduate nurses are looking for enjoyable jobs and want to feel like they are team players in a healthy working environment. The first year of nursing is possibly the most stressful time for a new graduate nurse. Negative perceptions of their new role and environment during the first 60 to 90 days often leads to increased turnover within the first year (Clipper & Cherry, 2015). For these reasons, it would be fitting for nursing administration to develop strategies to make the initial new graduate nurse experience within the organization a satisfying experience.

The use of nursing preceptors during nursing orientation has been shown to increase the retention rates of nurses by an average of 90% (Rush, Adamack, Gordon, Lilly, & Janke, 2013). Preceptors have also been used to create a constructive environment for new nurse graduates by offering support, coaching, and positive role-modeling (Clipper & Cherry, 2015). A preceptor is the individual most involved in the

daily education of the new graduate nurse and can make the orientation process beneficial or stressful for the new graduate nurse.

Current literature provides recommendations on how new graduate nursing programs should be designed and implemented including the use of preceptors (Clipper & Cherry, 2015; Henderson, Ossenberg, & Tyler, 2015; Horton, DePaoli, Hertach, & Bower, 2012; Hu et al., 2015; Rush et al., 2013; Valdez, 2008; Zigmont et al., 2015). Each facility must consider their own resources when designing and implementing an orientation program and how they will incorporate the use of preceptors within their nursing education process.

One goal of a healthcare organization is to retain new graduate nurses. The nursing orientation process should be designed so that new graduate nurses are highly satisfied with the orientation process, which may facilitate the organization's goal of retaining nurses. One aspect of orientation is the effectiveness of a preceptor, or preceptors, for new employees. If hospitals can refine their orientation process to meet the needs of new graduate nurses, there is potential for these nurses to be more satisfied with their orientation process, potentially increasing nursing retention rates and job satisfaction.

There is evidence that describes which components of new graduate nurse orientation are important, although there is little description on how these components are used most effectively for best practice (Rush et al., 2013). One element of orientation is the utilization of preceptors by new graduate nurses. Nursing administration may benefit from additional information on what new graduate nurses are most comfortable with when being assigned to one or multiple preceptors during orientation. Determining the

preferences of new graduate nurses, in regards to orientation and the use of preceptors, may help nursing leaders design orientation programs that are satisfactory to new graduate nurses.

### **Purpose**

The purpose of this thesis was to examine the effect of orienting with one or multiple preceptors on the degree of satisfaction for the orientation process for new nurse graduates. This correlational study will aid in developing specific components of nursing orientation for nursing leaders designing transitional programs.

### **Theoretical or Conceptual Framework**

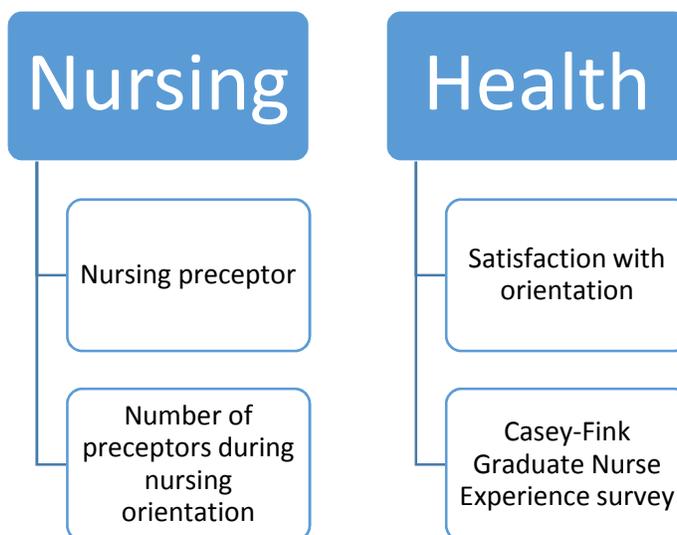
Peplau's Theory of Interpersonal Relations was first established to assist nurses with the development of a relationship between a patient and a nurse. Peplau believed that the nurse must possess intellectual, interpersonal, and social skills (Parker & Smith, 2010). Peplau's theory can also extend to include relationships and interactions between colleagues in the healthcare field. Relationships confirm self-worth, provide a sense of connection to others, and support self-esteem. Nursing graduates are thrust into a new situation and Peplau theorized that people establish ties with others when new situations arise even though they may be strangers (Peplau, 1997). Nystrom (2007) reiterates Peplau's thinking that every contact between two human beings involves the possibility of a clash of feelings, beliefs, and ways of acting. These interactions are present in varying intensities throughout a person's life.

A new graduate nurse and preceptor relationship is a relationship that can be described by Peplau's theory. New graduates have stated that they need guidance, acceptance, and support from preceptors. New graduate nurses also depend on preceptors

to assist with practical knowledge, define responsibilities, and build their professional confidence (Washington, 2013). Each relationship progresses through the three phases identified in the theory of Interpersonal Relations. The phases are as follows: orientation phase, working phase, and resolution phase (Parker & Smith, 2010)

Washington (2013) states that when new graduate nurses report positive relationships with preceptors, the new graduate nurses' thoughts and progression through orientation were positively affected. It should also be considered if interactions with multiple individuals affects the ability of new graduate nurses to build therapeutic relationships and improve satisfaction in their experiences.

During nursing orientation, the relationship between a new graduate nurse and one or multiple preceptors begins to develop. As these relationships evolve, there is the potential for the new graduate to have increased satisfaction with orientation. The degree of satisfaction may vary based on the number of preceptors utilized during new graduate nurse orientation and the relationships formed during orientation. The nursing concept of Peplau's theory for this thesis is described as the use of a preceptor during orientation. The health concept is illustrated by the satisfaction of the new graduate nurse with nursing orientation (Figure 1).



*Figure 1.* Conceptual-Theoretical-Empirical Diagram

### **Thesis Question**

Is there a correlation between the number of preceptors utilized during new graduate registered nursing orientation and the new graduate nurse's satisfaction with the orientation process?

### **Definition of Terms**

New graduate nursing orientation is a period where new nurses are acclimated to their new position as a registered nurse. Zigmont et al. (2015) defines orientation for nurses as “an assessment of nursing competency, presentation, and evaluation of basic skills necessary to meet accreditation standards, incorporation of policy and safety guidelines, and integration of the new nurses into the environment in a manner that does not sacrifice quality patient care” (p. 80). This process can last from six months until 18 months after the nurse graduate is licensed and begins working. The length of time and

design of the orientation program is dictated by the employer. For the purpose of this thesis, new graduate nursing orientation will be defined as the period of time that starts on the first day of employment and is complete when the new nursing graduate functions independently as a staff nurse.

A preceptor is an experienced nurse that is paired with a new graduate nurse. Preceptors serve as experts and teachers to promote evidence based practice (Moore & Cagle, 2012). The preceptor can bridge nursing theory with practical experience in the clinical field. There is a predetermined amount of time the preceptor is partnered with the nurse graduate. Preceptors are often chosen for their strong clinical and leadership experience as well as excellent communication skills (Floyd, 2003). In the context of this study, a preceptor will be defined as an experienced registered nurse that is assigned to a new graduate nurse for a minimum of eight consecutive hours. Preceptors will provide guidance and support for the new nursing graduate throughout their time together.

A nursing graduate is a nurse that has passed the appropriate licensure exam and can practice as a Registered Nurse. These individuals have no previous nursing experience other than the learning opportunities within their undergraduate nursing programs.

### **Summary**

First impressions are crucial in any social setting. The relationship between preceptors and nursing graduates is one of the first relationships that the nurse forms in their career. A positive relationship can improve the nursing graduate's satisfaction with the orientation process, and therefore lead to overall job satisfaction and increased chance

of retention within the healthcare organization. Nursing administration should be encouraged to design and plan an orientation process that allows for maximum satisfaction for new employees. This thesis highlights an important element of new graduate nursing orientation which may help determine if the new graduate nurse is more satisfied with only one preceptor or multiple preceptors during orientation. Results from this study will allow nursing administrators to refine their orientation process based on quantitative results from nursing graduates at the completion of their orientation period.

## CHAPTER II

### Literature Review

The current nursing shortage affects many factors within healthcare. Nursing shortages can lead to decreased quality of patient care, employee dissatisfaction, and financial constraints as facilities try to find ways to recruit and retain nurses. The transition from being a nursing student to a licensed professional can be difficult for some nurse graduates. The term “transitional shock” has been used to describe this transition process as new graduate nurses learn new skills and hospital procedures throughout the first few months of the orientation process (Clipper & Cherry, 2015).

Nursing educators and nursing administration are searching for ways to make these new nurses satisfied with their new profession and increase their intent to remain at the facility. Hospital orientation, nurse residency programs, and the use of preceptors are a few ways that hospitals are attempting to make new graduate nurses comfortable in their new role.

The orientation process has the potential to be refined as this thesis examined the utilization of one or multiple preceptors on the degree of satisfaction for the orientation process by new graduate nurses. From this thesis, organizations can possibly enhance their orientation design regarding the assignment of preceptors to new graduates.

### Review of Literature

A literature review was conducted using the University’s Library database which includes EBSCO and Proquest. The key words used for a literature search were *preceptor*, *nursing orientation*, and *nurse graduate*. The purpose of the literature review was to find information pertaining to the process of new graduate nurse orientation,

recommendations for orientation, and how preceptors are used in the new graduate nurse orientation process. Articles were excluded from this literature review if they were written before 2001. Reviewed articles were from the years 2003 thru 2016 and countries included were Australia, British Columbia, Israel, New Zealand, Turkey, United Kingdom, and the United States.

### **New Graduate Nursing Orientation**

New graduate nurse orientation is part of the process that leads a new nurse graduate into professional nursing practice. Straus, Ovnat, Gonen, Lev-Ari, and Mizrahi (2016) studied the correlation between a structured orientation program and new graduate nurse satisfaction and retention on the ward. A questionnaire was given to 100 graduate nurses in three hospitals and one college that allowed registered nurses to bridge to a bachelor's degree while working as a registered nurse. Seventy-nine graduate nurses responded. The questionnaire had a Cronbach's alpha between 0.91 and 0.96 and was composed of Likert style questions and open ended questions. The questions included variables such as knowledge, being introduced to staff and their roles, knowledge of department structure, required skills, and a general evaluation of the orientation program by the new graduate nurse. The response rate for the questionnaire was 79%. The results of this study show a strong positive correlation between a structured orientation program and new graduate nurse satisfaction, adaptation, and support. It was also determined that a structured orientation program helped the new graduate nurses stay on the ward and retention was increased. The responses to the open-ended questions highlighted factors that made adaptation more difficult during orientation. Unrealistic expectations of the new nurse graduate, organizational culture, lack of a structured orientation program, and

utilization of different preceptors during orientation were factors that were mentioned by new graduate nurses. Study participants were more adapted and satisfied with a structured orientation program.

### **Design of New Graduate Nurse Orientation**

Brakovich and Bonaham (2012) used the Casey-Fink Graduate Nurse Experience Survey to examine newly licensed registered nurses' experience from entry into the nursing profession and into the role of an advanced beginner. One hundred and fifty-seven new graduate nurses agreed to participate in the study. Comments from study participants included the wish for more orientation time, a consistent preceptor, difficulty communicating with physicians, and having "reality shock" when entering professional practice. The results from this study identified challenges that the five-hospital organization, where the study was conducted, will be able to concentrate on when improving the orientation process.

The literature describes components of orientation programs although the details of these components are lacking throughout the literature. Rush et al. (2013) conducted a review of the literature using PubMed, CINAHL, and Embase using the key words *new nurse graduates, transition programs, or orientation programs*. One hundred sixty-three articles were relevant to the purpose of the study which was to identify best practices of formal new graduate nurse transition programs. From the literature examined, it was noted that it was important in transition programs to have a defined resource person assigned to the new graduate nurse. This person could be described as a preceptor. Five studies in this review used a single resource person to support multiple new graduate nurses. It was established in 18 articles that preceptorship was important as well as

dedicated preceptor shifts. There were details lacking on the specifics of how preceptors were used during the shifts. A strong theme throughout this review was that formal transition programs and the availability of preceptors benefited new graduate nurses.

### **Importance of Preceptors**

Henderson et al. (2015) used a mixed method study design to examine workplace characteristics of learning in clinical practice that would allow new graduate nurses to advance from the novice stage. A survey was administered to all nursing staff who participated in a hospital graduate program after the completion of a Bachelor of Nursing program. The survey tool was comprised of demographic data and a clinical learning organizational culture survey. Focus groups were then formed from a convenience sample of 10 study participants that had returned a survey. Forty-three percent of 180 surveys were returned. Cronbach's alpha was conducted on all subscales. A sense of belonging, accomplishment, worth, and engagement was indicated by study participants as being present in their workplace. Participants in the focus groups discussed the importance of study days within the orientation, networking opportunities, positive working relationships with their preceptors, and a positive working relationship with their nursing team. Novice nurses state that through working with a preceptor the new graduate nurses could bond with the nursing team. It was found that preceptors and the entire clinical team assisted in assimilating new graduate nurses to their new roles. Preceptors used clinical learning, informal support, and study days to create a social network that allowed the study participants to not feel isolated and vulnerable.

New graduate nurse programs exist in multiple organizations. Cubit and Ryan (2011) conducted a study that was used to evaluate a new graduate program at a 334-bed

hospital. The new graduate program was redeveloped after a hospital-wide staff satisfaction survey demonstrated that staff would like to expand learning and development within the organization. The graduate nurse program utilized preceptors, study days, and team building exercises over a course of 12 months. A survey developed by the organization was distributed four times within a 12-month graduate nurse orientation program. At the completion of 12 months of orientation, new graduate nurses were invited to attend a focus group and discuss the experience of the graduate nurse orientation program. Results from the survey indicated that an average of 70% of new graduate nurses were allocated to a clinical area of their choice. Only 50% of new graduate nurses were exposed to supernumerary days. These were days that the new graduate nurses were exposed to different areas within the hospital for education purposes. Twenty-five survey respondents reported that they worked with multiple preceptors due to scheduling difficulties. Within the focus groups study participants also commented that although they were assigned a preceptor, each new graduate nurse often worked with multiple individuals. Study participants identified several reasons that preceptorship had not worked. These reasons included not being rostered together, change of shift by preceptor, the preceptor having multiple job responsibilities, or an inappropriate preceptor being used. The retention of new graduate nurses who participated in this revised orientation program had increased 14% from the previous orientation model. Retention may be linked to frequent and regular contact with the educator, use of preceptors, use of study days, and ongoing support and prompt feedback.

Moore and Cagle (2012) developed a qualitative study using phenomenology to describe the lived experiences of new graduate nurses during an internship program. The

goal of an internship is to develop a strong relationship between a preceptor and new graduate nurse. Study participants were new graduate nurses and were involved in a 12 to 18-month internship program. Seven study participants were chosen and private, audiotaped interviews were conducted with the primary author. Themes that were present during data analysis included the following: the new nurse and preceptor relationship is important when establishing new graduate nurse retention; a “good fit” between a new graduate nurse and preceptor allows the new nurse to feel safe; think, and offer ideas for practice; and new graduate nurses noted that it was important for preceptors to assess their learning needs early in the relationship. This study conducted by Moore and Cagle (2012) was designed to examine the entire orientation process although the role of the preceptor-new graduate nurse became the central focus. Positive preceptor behaviors increase new graduate nurse satisfaction and the role of preceptor is important within an orientation program.

A qualitative, descriptive study was used by Glynn and Silva (2013) to review the experiences of new graduate nurses in an internship program based in a 200-bed community hospital. Eight new graduate nurses were asked to participate in an Emergency Department internship program. Participants were given a questionnaire to complete and were asked to participate in an audiotaped interview. The questions on the survey were developed from a review of the literature related to new graduate nurses in emergency departments. The researchers identified meaningful themes and statements from the interview and surveys. Six of the eight study participants mentioned that the most influential part of their internship was the use of a preceptor. Preceptors were able to contribute to the new graduate nurses’ orientation by role modeling, showing how to

“take care of yourself”, and teaching the new graduates how to be aggressive in the emergency department. Study participants viewed the practice of having a preceptor for the six months of orientation to be favorable. It was also noted that most new graduate nurses in this study preferred the same preceptor for the entire process, although one participant enjoyed the variation of multiple preceptors. Information gathered from each participant leads one to believe that preceptors are a factor in the success of new graduate nurse orientation in the emergency department. It was also suggested that a single preceptor be used in the beginning weeks of orientation and then various preceptors be introduced as orientation progresses.

Exploring the lived experiences of new graduate nurses over a two-year period in Australia was the intent of Kelly and McAllister (2013). Thirteen individuals who were recent Bachelor of Nursing graduates agreed to participate. Study participants were interviewed before beginning their professional journey, one month post-employment and then at six months' post-employment. Audiotape recordings, semi-structured interviews, and reflective journaling were used to gather data. Five themes emerged from data collection analysis including: confidence, friendliness, being thrown in at the deep end, peer support, and inadequate support. The use of preceptors in the orientation process was mentioned within the themes of friendliness and confidence. New graduate nurses commented that their competence and confidence increased with the use of a preceptor. The preceptor was instrumental in refining assessment and organizational skills as well as increasing socialization and independent learning. Preceptors were also valued for friendliness which led to new graduate nurses feeling that they could approach others with questions and concerns. Informal conversations were shown to promote learning

and enhance coping methods. New nurse graduates also stated that they felt more fearful and unsupported when their preceptor was not accessible.

Harrison-White and Simons (2013) designed a practice based project to investigate the experience and value of a preceptor program for newly registered children's nurses and their preceptors. The goal of the project was to design a system-wide preceptor initiative. Six new graduate nurses and six preceptors were selected as suitable study participants. A questionnaire and focus groups were used to collect data. The authors of the study analyzed the data and discovered five themes from the participants' responses. One theme that emerged from the new graduate nurses was the need for proper accessibility and support from preceptors. The new graduate nurses reported that they needed someone to "cushion" them on their initial shifts and stated that preceptors should be easy to contact when issues arose. There was also a request that there be at least two identifiable preceptors for each new nurse to ensure feedback and support and there should be a formal preceptorship program that was structured and clinically focused. The authors of this study found that a formal system of preceptorship should be supported from the director of nursing, to the preceptors, and then to the new graduate nurses. The importance of preceptorship needs to be developed, implemented, and maintained with continuous evaluation of the practice.

### **Utilization of Preceptors**

The Casey-Fink Graduate Nurse Survey was used by Casey, Fink, Krugman, and Propst (2004) to examine the stresses and challenges of new graduate nurses working within acute care hospitals. This survey was administered at baseline, and then at three months, six months, and 12 months of employment. A convenience sample of 270 new

graduate nurses was used for data collection. The Casey-Fink Survey was designed to measure the new graduate nurse's experience from entry to the workplace and then the transition to a professional nurse. Cronbach's alpha of 0.78 was established on items reflecting comfort and confidence with various skill practice. Sections of the survey include demographic information, skills and procedure performance, comfort and confidence, job satisfaction, and four open ended questions on work environment and transition to practice. In the open-ended question section, many study participants reported a lack of consistent preceptors which contributed to their lack of proficiency. Some reported a lack of positive support and verbal feedback from preceptors and peers. Other respondents reported positive experiences with their preceptors. At the conclusion of this study there was no definitive recommendation on the ideal number of preceptors that should be used in new graduate nursing. The data provided from study participants leads to the assumption that if a new graduate nurse has three or more preceptors then the orientation process does not progress smoothly. The use of multiple preceptors may be managed by a consistent senior member of the nursing staff such as a manager, educator, or residency coordinator.

Roche, Lamoureu, and Teeban (2004) described a partnership between an acute care hospital and a school of nursing for the purpose of attracting and retaining new graduate nurses within the hospital. Chandler's Empowerment Model was used to help the organization develop a supportive environment for the new graduate nurses as they began to work within the hospital. The school of nursing worked with the hospital to develop support for new graduate nurses and preceptors to enhance relationships that would help lead to a positive work environment. A six page Likert style questionnaire

with some open-ended questions was administered to new graduate nurses six months after nursing orientation began. The nursing faculty and management teams from the hospital developed the questionnaire. Preceptors were used in this program to increase the learning environment and provide a welcoming atmosphere. Survey results and support group discussions demonstrated that the single most important element in the new graduate nurses' satisfaction with their orientation was the relationship with their preceptors. There was a strong negative correlation between the number of preceptors and the new graduate nurses' satisfaction with orientation with a  $p$  value of  $< 0.05$ . New graduate nurses also reported a lower rating on their learning environment when the number of preceptors utilized during orientation was increased. When analyzing the open-ended questions, some new graduate nurses reported that having more than one preceptor gave the opportunity to observe different styles of nursing practice.

The experience of nursing orientation for 10 new graduate nurses was examined by Delaney (2003). A qualitative phenomenological study was used to examine the lived experiences of new graduate nurses. The researcher used reflection, self-questioning, and journaling to bring personal perceptions, presuppositions, and biases to consciousness. Study participants agreed to a 30 to 60 minute interview with the primary researcher. One of the themes that resulted from the interviews was the benefit of preceptors in nursing orientation. Preceptors brought forth positive feelings for the new graduate nurses although there were instances where the variability of preceptors was seen as negative. Two study participants stated that they felt confused and frustrated when working with multiple preceptors. Delaney (2003) found various

themes throughout the interview process that were relevant to new graduate nurses. Guidance, the transitional process, interpersonal dynamics, institutional context, and real nurse work were all highlights of the significant statements provided by study participants. It was also suggested that stress and socialization affect new graduate nurses' role acquisition.

To evaluate the new graduate nurse orientation process for 150 newly licensed baccalaureate nurses, an evaluation form was designed by Nugent (2008). This evaluation was administered after 12 weeks of nursing orientation was completed by the new graduate nurses. The evaluation form consisted of questions concerning the new nurse graduates' experience of increasing their independence, the use of preceptors, and their confidence after orientation was complete. During their orientation period the nurses were not consistently assigned to one preceptor. Themes from the results of the evaluation instrument were positive concerning the use of multiple preceptors during orientation. New graduate nurses state that exposure to different styles of nursing allowed them to develop their own personal nursing identity. Other comments from new graduate nurses working with multiple preceptors were that they learned to adapt, became part of team, and saw how other experienced nurses organized nursing care.

Haggerty, Holloway, and Wilson (2013) used a longitudinal, mixed method study to examine how preceptors support new graduate nurses. Those eligible for study participation were new graduate nurses who were enrolled or had completed a nurse entry to practice program in New Zealand. Case studies and focus groups were formed at eight study sites for data collection in addition to the new graduate nurse questionnaires that were completed by study participants. Preceptors were assigned to new graduate nurses

during their final six weeks of nursing orientation. Study participants reported that they had several preceptors to work with during orientation. Some new graduate nurses stated that multiple preceptors were challenging and confusing and limited their confidence and competence. Other new graduate nurses reported that they benefited from being exposed to different styles of nursing practice.

Examining new graduate nurses' perceptions of their orientation program in an emergency department was the goal of Patterson, Bayley, Burnell, and Rhoads (2010). Eighteen individuals were chosen for a fellowship program in the Emergency Department. The Bowles and Candela's Survey of Nurses' Perception of First Job Experience and semi-structured interviews were completed by study participants after three and six months of orientation. New graduate nurses were asked about their professional performance, desirable attributes for potential fellows, recommendations for future fellowship programs, and why they were attracted to the Emergency Department. During the six month interview participants were asked if they had any new thoughts on the fellowship program. Participants found that working with one preceptor for each shift would be valuable although their opinions with working with multiple preceptors within orientation was mixed. Some valued the consistency of one preceptor which allowed the preceptor to gain an understanding of the new graduate nurse's competencies and focus on additional learning opportunities. Other new graduate nurses appreciated the ability to work with multiple preceptors to see how different nurses organized their work, approached patients, and provided care.

To examine the difference between nursing education provided using a single preceptor model and a collaborative learning unit, Callaghan et al. (2009) asked 22 new

graduate nurses to compare each education model and how it prepared each one for new graduate nurse practice. All study participants were exposed to each model during their Bachelor of Science in Nursing program. The survey was administered after each new graduate nurse had completed one year of nursing practice as a licensed registered nurse. Data collection was gathered by survey responses. Two researchers analyzed the survey responses and identified and validated themes with other team members. When study participants participated in a collaborative learning unit they could work with multiple team members, choose their own patient assignments based on their learning needs, ask for feedback from each nurse they worked with, and seek guidance from nurses that had knowledge that was appropriate to their question. In a preceptor model the study participant worked with one nurse and feedback, guidance, and professional modeling was obtained from the one on one relationship. Perceptions from study participants using the collaborative learning model were the following: the ability to learn different practices, working with a team, working independently, and the ability to make practice their own. The value of this model was that an individual could learn from many nurses and healthcare providers and also develop their own distinct and personal way to practice nursing. Perceptions from study participants when they used the preceptor model were the following: the ability to model the reality of nursing practice, trust, consistent feedback from their preceptor, and the ability to develop nursing knowledge and enhanced clinical competence using the preceptor model. The value of this model was that the study participant could develop a relationship with a preceptor and trust and feedback were important. Both practices offer different paths to nursing competence but

each allows students to build on past experiences and learn skills that are relevant in nursing practice.

### **Preceptors in Transition Programs**

Spiva et al. (2013) used a grounded research study in one southeastern United States hospital to describe the orientation experience for newly licensed registered nurses. Researchers sought to find what would have enhanced the new graduate nurses' orientation experience and what their overall orientation experience was. The newly licensed nurses participated in a yearlong residency program and a preceptorship. Classes were provided monthly and a preceptor provided clinical supervision and support. The study was conducted over two years and a convenience sample of 21 registered nurses who had completed hospital orientation was used. These individuals participated in an interview in person or via telephone. The following two open ended questions were asked: "Tell me about your orientation experience" and "Tell me about factors that would improve or enhance the orientation experience". Data was analyzed by the researchers and themes and patterns emerged. Four consistent patterns were identified in all interviews. These patterns were preceptor variability, professional growth, confidence changed with time, a sense of being nurtured, and enhancements to improve the orientation experience. In regards to the relationship with a preceptor, the newly licensed nurses stated that a preceptor was critical to building confidence and preparing them to be independent. Some study participants described difficulty communicating with their preceptor and being paired with an inexperienced or inconsistent preceptor. Suggestions from the newly licensed nurses to enhance the orientation process included having a dedicated orientation unit and formal guidelines for

preceptors. The new graduate nurses requested timely and consistent feedback from preceptors as well as support, guidance, and continued mentorship. With these preceptor traits, the newly licensed nurses reported a positive transition to practice. This study highlights that enhanced preceptor development and finding ways to match the appropriate preceptors with newly licensed registered nurses is a good investment for nursing orientation leaders.

Tastan, Unver, and Hatipoglu (2013) used a survey to explore factors that affect the transition period of newly graduated nurses. A descriptive and cross-sectional study was used to evaluate the transitional period of 234 newly graduated nurses at a military education and research hospital in Turkey. The survey contained items that concerned working with preceptors, demographics, orientation training, stress factors, feeling experienced, and perceptions about the transition period. All nurses in Turkey participate in a one-year graduate nurse program after graduation. The survey was given after six months of orientation and then again at the completion of orientation. In regards to working with preceptors, more than half of the new graduate nurses stated that their expectations were met when working with a preceptor. Participants who worked under the supervision of a nurse had higher transition score in the final six months than in the first six months. It was also found that 50% of new graduate nurses reported working with nurses who were unwilling to help lead to a stressful transition period. Study participants who were satisfied with their orientation program were most often satisfied with their profession. The use of preceptors was found to be significant in the transition process and the assignment of preceptors to new graduate nurse should be careful and

deliberate. Tastan, et al. (2013) suggested the preceptor and new graduate nurse reevaluate the progress and relationship at specific intervals within the transition process.

### **New Graduate Nurse Orientation Satisfaction**

Scott, Engelke, and Swanson (2008) surveyed 329 new graduate nurses using an instrument that used seven questions measuring job satisfaction and career satisfaction. This study investigated the influence of personal factors and nursing orientation on turnover rates and job satisfaction. A random sample of new graduate nurses from varied facilities and geographic locations was used. The following 12 variables were used in data collection: age, race, marital status, education, number of weeks of orientation, quality of orientation, frequency of staffing shortages, level of job and career satisfaction, intent of leaving current position, and intent on leaving nursing. Results of data collection showed that the orientation length for new graduate nurses who turned over in their first nursing job averaged almost two weeks less than those new graduate nurses who did not turn over in their first job. The turnover rate for those who felt that orientation had completely met their needs was 45% and for those new graduate nurses who stated that orientation did not completely meet their needs the turnover rate was 60%. New graduate nurses who reported job satisfaction were 2.4 times more likely to report being satisfied with their orientation. Results from this study suggested that orientation satisfaction may have an influence on job satisfaction during the first years of transition from novice nurse to advanced beginner.

Parker, Giles, Lantry, and McMillan (2014) utilized a mixed method, cross sectional design with focus groups and a survey to identify factors that impact transition to the workforce, new graduate satisfaction, and likelihood of retention. Two hundred

and eighty-two new graduate nurses from New South Wales were recruited by email and postal mail invitations. From this group of 282 new graduate nurses, focus groups were formed and 55 new graduates from rural and metropolitan areas participated. Questions posed in the focus group and survey were related to the transition experience, support, expectations, workload, relationships, and intention to stay. The findings of this study showed that there is a significant difference between the type of support offered to new graduate nurses between orientation programs. Sixty-three percent of study participants reported that they had designated mentors or preceptors and 85% of survey respondents say they relied predominantly on other registered nurses for support. Most received support from a wide range of staff. Of the 63% that reported they had a preceptor or mentor, only 41% were satisfied with their relationships and 32% stated that they were dissatisfied. Sixty-one percent of respondents reported a high level of satisfaction with their nursing colleagues. The biggest issue identified by this study was the discrepancy between the amount and quality of support the new graduate nurses received and the amount they required. This study highlighted the inconsistency between the commitment to support new graduate nurses and the actual application of supporting this population. The study participants also highlighted the need of having designated new graduate nurse educators and coordinators that are accessible and equip to handle the unique needs of new graduate nurses.

### **Conclusion**

The literature supports that new graduate nurse orientation and the use of preceptors is valuable to the new graduate nurse transitioning into a professional registered nurse. Orientation programs are designed in different ways. Programs may

place emphasis on didactic content, clinical experiences, or laboratory simulation experiences, but each program's goal is to enhance the learning experience for the new graduate nurse in hopes of providing an orientation process that meets the emotional and learning needs of everyone. It has been shown through qualitative and quantitative studies that preceptors are important to the learning process. It may now be beneficial to examine how nursing leaders can refine the use of preceptors within orientation to further enhance new graduate nurse satisfaction with the orientation process. The literature supports that formal preceptor programs be applied within new graduate nurse orientation programs. There is a lack of research on how important the use of one or multiple preceptors utilized during new graduate nurse orientation can impact orientation satisfaction. There are statements from different new graduate nurses that praise the use of multiple preceptors and literature that recommends the use of a small number of preceptors for each new graduate nurse. It is important to find what this generation of new graduate nurses expect and desire in their nursing orientation. The results of this thesis can impact future design of formal preceptor programs and allow nursing leaders to provide the appropriate support to new graduate nurses that allows these nurses to feel encouraged and satisfied with their profession.

## **CHAPTER III**

### **Methodology**

Hospital orientation is an important step in becoming a knowledgeable and safe registered nurse. This transitional period is valuable to new graduate nurses as they balance learning new skills, interacting with patients, job stress, and connecting with co-workers. For this reason, nursing administration aims to provide an orientation process that is satisfactory for new graduate nurses. Part of the orientation process is the utilization of preceptors to help new graduate nurses adapt to their new role as a professional nurse. This study examined if there was a correlation between the number of preceptors utilized during new graduate nurse orientation and the level of satisfaction of the new graduate nurse with orientation.

### **Study Design**

A quantitative, correlational method was used to examine if there is a correlation between the number of preceptors utilized during nursing orientation and the level of satisfaction for the orientation process by new graduate nurses. Satisfaction with new graduate nurse orientation may lead to overall job satisfaction and increased nursing retention in a hospital.

### **Setting and Sample**

This study was completed at a 247 bed, nonprofit hospital located in the piedmont area of western North Carolina. This facility's new graduate nurse orientation pairs new graduate nurses with preceptors for the initial 12 weeks of new graduate nurse orientation. The orientation process begins once the new graduate nurse becomes licensed as a registered nurse and continues until the new graduate nurse has completed

12 weeks of orientation with a preceptor on their assigned nursing unit. This study included a convenience sample of 30 new graduate nurses that advanced through new graduate nursing orientation. The 30 new graduate nurses had recently been hired by the hospital and had not previously worked as a registered nurse. As each new nurse graduate completed the initial 12 weeks of new graduate nurse orientation he or she was asked to complete a survey for data collection.

### **Design for Data Collection**

Data collection began with identifying the new graduate nurses that were participating in new graduate nurse orientation. After the completion of 12 weeks of orientation, each individual was asked to complete the Casey-Fink Graduate Nurse Experience Survey and list the number of preceptors that were utilized during their 12-week orientation period (Appendix A). Each new graduate nurse was told to include only those preceptors that the new graduate nurse spent at least eight consecutive hours with during a nursing shift. The primary researcher utilized the hospital education department to assist with determining when each new nurse graduate nurse began and completed the initial 12-week orientation process. Once 12 weeks of orientation was complete, the participants completed the survey administered by the primary researcher. If participants requested assistance in determining if an experienced nurse qualified as a preceptor for this study, the primary researcher assisted with the definition of a preceptor. If needed, the new graduate nurse orientation packet was referred to when determining the number of preceptors utilized during orientation.

### **Measurement Methods**

The Casey-Fink Graduate Nurse Experience Survey was used to determine the satisfaction of the new graduate nurse with the orientation process. This survey was developed and revised to measure the new graduate nurse's experience as they transition into the workplace and then into the role of a professional nurse. The survey consists of five sections: demographic information, skills/procedure performance, comfort and confidence, job satisfaction, and five open ended questions that allow the new graduate nurse to express their experience. The section measuring comfort, confidence, and job satisfaction includes a Likert scale response and the section on transition to practice uses a multiple-choice format (Casey et al., 2004). The reliability of this survey was established with a Cronbach's alpha of 0.89 (Lens, 2011). Validity of this survey was obtained by using an expert panel of nurse directors and educators in both hospital and academic settings (Casey et al., 2004). Permission was obtained to use the Casey-Fink Graduate Nurse Experience Survey (Appendix B). For this study, the section of the survey that measured support, organization, stress, communication, and satisfaction was used for data collection. This portion of the survey uses a four point Likert scale to measure the five subcategories.

### **Data Collection Procedure**

The primary researcher communicated with the hospital education department and obtained a list of new graduate nurses and their hospital unit of employment. The nurse manager of each unit was contacted via email or phone to follow the progress of each new graduate nurse and anticipate the completion of nursing orientation for each new graduate nurse. As each new graduate nurse completed the initial 12-week orientation

period the primary researcher personally contacted the new graduate nurse. The new graduate nurse was asked to participate in the study and informed consent was obtained (Appendix C). Participants were given the Casey-Fink Graduate Nurse Experience survey and a manila envelope that had only a pre-printed label attached. The label contained only the primary researcher's name and was addressed to the Nursing Education Department located within the hospital. The survey was completed by the new graduate nurse and the number of preceptors utilized during orientation was recorded. The new graduate nurse had the ability to complete the survey in an environment of their choice and was asked to return the survey within a week of receiving the survey. Study participants were given instructions to place the completed or uncompleted survey into the manila envelope and then mail the envelope, via hospital interdepartmental mail, to the Nursing Education Department. Once in the Nursing Education Department, the unopened envelopes were placed within a locked file box specifically used for this study. The primary researcher collected the unopened envelopes from this locked file box and then scanned the surveys into a protected, encrypted computer file.

### **Protection of Human Rights**

Approval to complete this study was obtained from the Institutional Review Board for the facility participating in this study and the University. Each new graduate nurse was given an informed consent document. The informed consent form described the research study details, clarified that participation is voluntary, and that there was no risk to the study participant's employment at the hospital if they did not participate or withdrew from participation in the study. The new graduate nurse was also informed that

there were no incentives to participate in the study. The study was explained to each participant and the opportunity to ask questions was given to each new graduate nurse. The surveys were distributed and collected by the primary researcher and there was no identifying information on the survey. This allowed each participant to remain anonymous. The paper copies of the survey were stored in a locked file cabinet accessible only by the primary researcher. The primary researcher stored the electronically scanned surveys and survey results into an encrypted computer file. The primary researcher will keep the data electronically stored for one year after the completion of the study. The paper surveys will also be stored at the University for three years following the completion of the study.

There were no known risks for the participants of this study. Each survey response was anonymous and there was no harm to any participant. The hospital chaplain was available in the case that the study participants experienced any undue stress from participation in this study. This study may potentially benefit the facility where this study took place. The results may allow nursing administration and clinical nurse educators to assess current new graduate nurse orientation and possibly develop new practices for future orientations.

### **Data Analysis**

Once data was collected by the primary researcher, the information was entered in the computer software IBM® SPSS® Statistics Version 23© for analysis. The primary researcher used the SPSS software to analyze the data using Kendall's tau-b Correlation to determine if there is a relationship between the two variables in this study. Prior to conducting analysis, data was screened to be certain assumptions for Kendall's tau-b

statistical test were met. A Likert scale survey and the number of preceptors utilized by survey respondents will be used as ordinal data. To use Kendall's tau-b test the data should be monotonic but this is not a strict assumption. Therefore, Kendall's tau-b test was used for data analysis.

## **CHAPTER IV**

### **Results**

Hospital staff may be composed of a generous amount of new graduate nurses each year. These new graduate nurses complete an orientation phase in most facilities. A few of the goals for these organizations are to retain new graduate nurses and promote a positive environment for the new graduate nurses. One of the first encounters with the new graduate nurse and his or her employer is the new graduate nurse orientation. The duration of new graduate nurse orientation may last several weeks or months. Part of the orientation process can be the use of preceptors to guide, mentor, and enhance the knowledge base of new graduate nurses.

The intent of this study was to examine if there was a correlation between the number of preceptors a new graduate nurse was assigned to during orientation and the satisfaction with the orientation process. The data collected may be used to refine the orientation process within hospitals so that new graduate nurse orientation may help create an encouraging and positive atmosphere for new graduate nurses.

### **Sample Characteristics**

Thirty-four new graduate nurses were eligible to participate in this study. Thirty surveys were returned to the primary researcher. The new graduate nurses were employed on the Medical Surgical, Operating Room, and Labor and Delivery nursing departments. Each new graduate nurse had completed 12 weeks of new graduate nursing orientation and had never participated in a new graduate nurse orientation before the current orientation. The new graduate nurses had a minimum number of one and a maximum number of 17 preceptors utilized during new graduate nursing orientation. As

the survey was being distributed there were verbal comments from the Labor and Delivery and Operating Room new graduate nurses that it had been difficult to remain with the same preceptor throughout the orientation due to staffing difficulties, lack of organization, and patient census. A few new graduate nurses in these specialty areas commented that they were going to record a high number of preceptors on the survey due to these reasons.

### **Major Findings**

Each new graduate nurse was asked to complete section II of the Casey-Fink New Graduate Nurse Experience Survey. The 24 questions used in this section used a four-point Likert Scale to measure support, organization, stress, communication, and satisfaction during nursing orientation. The Likert Scale responses used were “Strongly Agree,” “Agree,” “Disagree,” and “Strongly Disagree.”

The responses from each study participant were calculated and the mean value for each participant in each of the five subcategories was recorded in Table 1. Each subcategory demonstrates an important element of nursing orientation. The number of preceptor(s) each participant utilized during new graduate nurse orientation is also provided in Table 1.

Table 1

*Mean Responses from Survey Participants in Five Subcategories*

Participant	Preceptor(s)	Support	Organizing	Stress	Communication	Satisfaction
1	1	3.62	2.80	3.00	2.83	3.66
2	1	3.87	3.00	3.00	3.16	3.66
3	2	2.87	2.40	3.00	2.66	3.00
4	2	3.62	2.60	2.00	3.00	4.00
5	3	2.87	3.00	3.00	2.50	2.00
6	3	3.37	2.80	2.00	3.00	3.66
7	4	3.62	3.40	2.00	2.83	3.66
8	4	2.87	2.80	2.00	3.00	4.00
9	4	3.50	3.20	3.00	2.66	4.00
10	4	3.25	3.00	3.00	3.16	3.33
11	5	3.50	3.00	4.00	2.66	4.00
12	5	2.75	2.80	3.00	3.16	4.00
13	6	3.12	2.60	2.00	2.83	2.60
14	6	3.71	3.60	4.00	3.00	4.00
15	6	3.12	3.00	3.00	2.66	3.33
16	6	2.87	2.80	4.00	2.16	3.66
17	7	3.12	2.40	4.00	2.50	3.00
18	7	3.25	2.60	4.00	2.16	3.00
19	7	2.87	2.40	2.00	2.16	3.00
20	8	2.62	2.80	2.00	3.00	3.33
21	8	2.85	2.80	2.00	3.00	3.00
22	8	3.00	3.00	2.00	3.00	3.33
23	9	2.50	2.80	3.00	2.80	2.00

24	9	3.50	3.20	4.00	3.16	3.33
25	9	3.00	2.80	3.00	2.83	3.00
26	10	2.87	3.00	2.00	2.83	2.33
27	10	3.12	3.00	3.00	3.00	3.00
28	11	3.00	2.80	2.00	3.00	3.00
29	15	3.75	3.00	3.00	2.33	4.00
30	17	2.50	2.60	4.00	3.00	3.00

Kendall's tau-b was used to determine if there was a relationship between the number of preceptors utilized during new graduate nurse orientation and each participant's mean scores in each subcategory of the data collection tool. The correlation coefficients with  $p$  values are recorded in Table 2. Table 2 also includes the mean scores for all participants in each subcategory.

Within the Support category there was a moderate inverse relationship between the number of preceptors utilized during orientation and support ( $\tau(30) = -.30, p = .030$ ). Between the Satisfaction category and number of preceptors utilized ( $\tau(30) = -.32, p = .025$ ), there is a moderate inverse relationship between the two variables. In the subcategory of Stress ( $\tau(30) = -.10, p = .672$ ) there is a weak inverse relationship between the two variables. In the subcategory of Organizing there was no statistically significant relationship between the number of preceptors and organization for the new graduate nurse ( $\tau(30) = .00, p = 1.00$ ). The Communication subcategory reveals no

significant statistical relationship between the variables ( $\tau(30) = -.03, p = .854$ ). These results are provided in Table 2.

Table 2

*Correlation Coefficients for Each Subcategory and Number of Preceptor(s)*

Subcategory	Mean	Correlation Coefficient	<i>p</i> value
Support	3.14	-0.30	.030*
Organizing	2.86	0.00	1.00
Stress	2.86	-0.10	.672
Communication	2.80	-0.03	.854
Satisfaction	3.29	-0.32	.025*

Note. \* $p < .05$ , two tailed.

## Summary

The purpose of this study was to determine if there was a relationship between the number of preceptors utilized during new graduate nurse orientation and satisfaction with the orientation process. Five subcategories were used to describe components of new graduate nursing orientation using the data collected using the Casey-Fink New Graduate Nurse Experience Survey.

There was a statistically significant relationship between the support category and the increase in number of preceptors used during new graduate nursing orientation. As the number of preceptors rose during nursing orientation the mean value for support decreased. There was also a significant relationship between the increase in preceptors used during new graduate orientation and the mean value in the satisfaction subcategory. The two subcategories did have a moderate significant inverse relationship which did demonstrate a relationship between an increase in preceptors utilized during nursing orientation and the satisfaction and level of support experienced by new graduate nurses. In the subcategories of organization, communication, and stress there was no statistically significant relationship between the number or preceptors utilized during nursing orientation and the mean values of each of the three subcategories.

## **CHAPTER V**

### **Discussion**

New graduate nurse orientation is a process that may involve clinical nursing staff, nurse managers, nursing administration, and clinical nurse educators. New nurse graduates make up a large part of the nursing staff in a hospital, and all parties have a share in supporting new graduate nurses through the orientation process set by each individual facility. Throughout the current literature there are implications concerning the impact the preceptor and new graduate nurse relationship may have on new graduate nurse satisfaction with the hospital, the profession, and the intent to stay within the organization (Moore & Cagle, 2012; Parker et al., 2014; Rush et al., 2013; Scott et al., 2008; Tastan et al., 2013; Zigmont et al., 2015). Preceptors are an integral part of new graduate nurse orientation. Finding the best way to pair new graduate nurses with a predetermined number of preceptors during orientation may assist nursing administration to design an initial positive experience for new graduate nurses. The purpose of this study was to determine if there was a relationship between the number of preceptors utilized during new graduate nurse orientation and the satisfaction with the orientation process. The intent was to gather quantitative data to support the use of multiple preceptors or limit a new graduate nurse's exposure to numerous preceptors.

### **Implication of Findings**

The Casey-Fink Nurse Graduate Experience Survey includes many elements when measuring the experience of a new graduate nurse. Support, organizing, stress, communication, and satisfaction were all measured using a four-point Likert scale. These areas are prominent in the orientation process for new graduate nurses. The individual

results from these five categories resulted in moderate negative correlations in the Support and Satisfaction subcategories. It can be determined that as the number of preceptors increased for new graduate nurses, the quality of support decreased. This may also be true for the new graduate nurses in the satisfaction category as the level of satisfaction decreased as the number of preceptors increased. Both areas are essential in the new graduate nurse orientation process. The results in the three remaining categories were inconclusive, indicating no relationship between the number of preceptors and the organizing, stress, and communication subcategories.

Current literature describes the relationship between new graduate nurses, preceptors, and nursing orientation (Cubit & Ryan, 2011; Harrison-White & Simons, 2013; Kelly & McAllister, 2013; Glynn & Silva et al., 2013). Data from these studies described the new graduate nurses' feelings and opinions on the orientation process. The responses from study subjects were varied and the authors of the previous studies implied that the use of multiple preceptors for new graduate nurses was not recommended although a few studies touted the benefits of using multiple preceptors in new graduate nursing orientation.

Strauss et al. (2016) found a high correlation between support and satisfaction in structured orientation programs. One of the factors that was a detriment to adapting to a new environment by new graduate nurses was having different preceptors which caused a lack of continuity during orientation. Qualitative studies by Glynn and Silva (2013) and Patterson et al. (2010) demonstrated that new graduate nurses valued having the same preceptor throughout orientation to aid in planning for learning activities and increased support. This thesis also revealed that new graduate nurses reported more support when

the number of preceptors utilized during orientation was minimal. The study by Haggerty et al. (2013) described new graduate nurses that reported the use of multiple preceptors during orientation can be challenging, confusing and a detriment to confidence. The same study described other participants that enjoyed the use of multiple preceptors as different styles of nursing were observed with assigned preceptors. The diversity of previous studies demonstrated that there is a need for continued clarification of best practice when designing new graduate nurse orientation. This current thesis examining if there is a relationship between the number of preceptors utilized during new graduate nurse orientation and satisfaction with nursing orientation, adds support to the idea that there are elements of orientation that are hindered by using multiple preceptors as previous literature has described (Brakovich & Bonaham, 2012; Casey et al., 2004; Cubit & Ryan, 2011; Glynn & Silva, 2013; Haggerty et al., 2013; Roche et al., 2004; Strauss et al., 2016). The results of this thesis study may indicate that there are portions of new graduate nurse orientation that can be affected using multiple preceptors, which complements the findings of previous studies on new graduate nursing orientation and the use of preceptors.

### **Application to Theoretical Framework**

As a new graduate nurse, an individual may experience many emotions as the transition from student nurse to professional evolves. An assigned preceptor is one individual that the new graduate nurse can begin to trust and seek guidance from during nursing orientation. Peplau's Theory of Interpersonal Relations is based on what occurs between two individuals in a relationship. In this thesis, the three components were the preceptor, the new graduate nurse, and the relationship between the two

individuals. When an individual is placed in a stressful environment, such as new graduate nurse orientation, he or she may feel overwhelmed and tense. In this circumstance, there is a tendency for this person to form a bond with an unfamiliar person, such as a preceptor. This bond forms so that the new graduate nurse can establish connection with another peer who is familiar with the profession of nursing (Peplau, 1997). The use of technology is increasing in healthcare although the personal contact between humans is still necessary. The use of computers, internet, and digital devices is necessary in the modern workplace but the importance of human touch, eye contact, and caring behaviors is beneficial to all humans. The relationship between a preceptor and new graduate nurse should satisfy the need for nurturing and enhanced communication (Washington, 2013). There has yet to be a substitution for the ability of a preceptor to empathize, encourage, and guide new graduate nurses. New graduate nurse orientation should be designed to facilitate a new graduate nurse's entry into professional practice. By determining the appropriate number of preceptors that correlates with new graduate nurse orientation satisfaction, nursing administrators and educators will be better equipped to design orientation programs that provide maximum benefit for new graduate nurses.

This thesis has demonstrated that there may be a relationship between the level of support and satisfaction a new graduate nurses' experiences and the decreased number of preceptors utilized during orientation. As the new graduate nurse develops a therapeutic relationship with a preceptor they begin to develop professionally, increase problem solving skills, and enhance nursing competence (Washington, 2013). Without a strong

interpersonal relationship with a preceptor, the new nurse graduate may not be able to develop qualities that allow for future success as a registered nurse.

### **Limitations**

One limitation of this thesis may be the sample size. A larger sample size may have shown more correlation between the subcategories of the survey and the number of preceptors utilized during new graduate nurse orientation.

The survey was distributed in one facility which has an established new graduate nurse residency program. In future research, it may be beneficial to use the Casey-Fink New Graduate Nurse Survey at multiple facilities to gather data. Other institutions may have different orientation procedures and guidelines for new graduate nurse orientation.

The final limitation may be the use of only one part of the Casey-Fink New Graduate Nurse Survey. In future research, the use of other portions or the entire data collection tool may enhance the information collected and analyzed.

### **Implications for Nursing**

In the current climate of healthcare, registered nurses are vital to patient care. The nurse is in direct contact with patients and can impact patient care in a positive or negative manner. Patient satisfaction is driving healthcare reimbursement for healthcare facilities and nurses are greatly responsible for patient satisfaction. For this reason, nursing administration should strive to develop competent nurses and retain these nurses for multiple years of employment within the organization.

Nursing orientation is one of the first experiences that a new graduate nurse has with a hospital. It is noted that poorly designed orientations are associated with lack of confidence, poor skill performance, decreased patient care and safety, increased turnover,

and dissatisfaction (Zigmont et al., 2015). Nurse managers and nurse educators have the opportunity to design an orientation program that meets that needs of the new graduate nurse. As nursing leaders strive to find the most appropriate way to design new graduate orientation programs it may be important to consider how preceptors are used in the program. This thesis has demonstrated that there are portions of nursing orientation that may be affected by increased preceptor use for new graduate nurses. Nursing leaders will be able to use this data to guide the practice at individual facilities.

### **Recommendations**

As data was collected for this thesis it was apparent study participants wanted to give additional comments in addition to responding to the portion of the Casey-Fink Nurse Graduate Experience survey used for data collection. Two respondents wrote comments on the survey concerning their orientation and several study participants offered comments during data collection to the primary researcher concerning the orientation process. For further research, it may be beneficial to include a qualitative portion of data collection in addition to quantitative results.

There may be portions of new graduate nurse orientation that may benefit from using multiple preceptors as opposed to a single preceptor. As the nursing profession continues to accept diverse members it may be valuable to determine what these new graduate nurses favor in new graduate nurse orientation. Since groups of new graduate nurses may be composed of various demographics, it may benefit nursing leaders to examine various learning preferences when designing the preceptor component of new graduate nurse orientation.

## **Conclusion**

New graduate nurse orientation is a dynamic process that needs to address the learning needs of various new graduate nurses as well as be suitable for the healthcare organization. It can be difficult to organize new graduate nursing orientation to satisfy multiple new graduate nurses but it is the intention of nursing leaders to construct a process that satisfies most new graduate nurses. This will potentially lead to professional satisfaction which will transition to increased nursing retention for healthcare organizations. The results of this thesis demonstrated that there is a moderate correlation between portions of new graduate nurse orientation and the number of preceptors utilized during the orientation process. Increased support and satisfaction were shown to be negatively associated to multiple preceptors. This supports the argument that fewer preceptors used for a new graduate nurse leads to increased satisfaction with orientation. For this reason, the results of this thesis offer guidance for nursing leaders to consider assigning a minimal number of preceptors to a new graduate nurse during new graduate nurse orientation.

## References

- Brakovich, B., & Bonaham, E. (2012). Solving the retention puzzle: Let's begin with nursing orientation. *Nurse Leader*, *10*(5), 50-61. doi: 10.1016/j.mnl.2012.03.010.
- Bontrager, S., Hart, P., & Mareno, N. (2016). The role of preceptorship and group cohesion on newly licensed registered nurses' satisfaction and intent to stay. *Journal of Continuing Education*, *47*(3), 132-139. doi: 10.3928/00220124-20160218-09.
- Callaghan, D., Watts, W., McCullough, D., Moreau, J., Little, M., Gamroth, L., & Durnford, K. (2009). The experience of two practice education models: Collaborative learning unit and preceptorship. *Nurse Education in Practice*, *9*, 244-252. doi: 10.1016/j.nepr.2008.08.010.
- Casey, K., Fink, R., Krugman, M., & Propst, J. (2004). The graduate nurse experience. *Journal of Nursing Administration*, *34*(6), 303-311.
- Clipper, B., & Cherry, B. (2015). From transition shock to competent practice: Developing preceptors to support new nurse transition. *The Journal of Continuing Education in Nursing*, *46*(10), 448-454. doi: 10.3928/00220124-20150918-02.
- Cubit, K. & Ryan, B. (2011). Tailoring a graduate nurse program to meet the needs of our next generation nurses. *Nurse Education Today*, *31*, 65-71. doi: 10.1016/j.nedt.2010.03.017.
- Delaney, C. (2003). Walking a fine line: Graduate nurses' transition experiences during orientation. *Journal of Nursing Education*, *42*(10), 437-443.
- Floyd, J. (2003). How nurse preceptors influence new graduates. *Critical Care Nurse*, *23*(1). 26.

- Glynn, P., & Silva, S. (2013). Meeting the needs of new graduates in the Emergency Department: A qualitative study evaluating a new graduate internship program. *Journal of Emergency Nursing, 39*(2), 173-178. doi: 10.1016/j.jen.2011.10.007.
- Haggerty, C., Holloway, K., & Wilson, D. (2013). How to grow our own: An evaluation of preceptorship in New Zealand graduate nurse programmes. *Contemporary Nurse, 43*(2), 162-171.
- Harrison-White, K., & Simons, J. (2013). Preceptorship: Ensuring the best possible start for new nurses. *Nursing Children and Young People, 25*(1), 24-27.
- Henderson, A., Ossenberg, C., & Tyler, S. (2015). What matters to graduates: An evaluation of a structured clinical support program for newly graduated nurses. *Nurse Education in Practice, 15*, 225-231. doi: 10.1016/j.nepr.2015.01.009.
- Horton, C., DePaoli, S., Hertach, M., & Bower, M. (2012). Enhancing the effectiveness of nurse preceptors. *Journal for Nurses in Staff Development, 28*(4), E1-E7. doi: 10.1097/NND.0b013e3182dfb90.
- Hu, Y., Chen, S., Chen, I., Shen, H., Lin, Y., & Chang, W. (2015). Evaluation of work stress, turnover intention, work experience, and satisfaction with preceptors of new graduate nurses using a 10-minute preceptor model. *The Journal of Continuing Education in Nursing, 46*(6), 261-271. doi: 10.3928/00220124-20150518-02.
- Kelly, J., & McAllister, M. (2013). Lessons students and new graduates could teach: A phenomenological study that reveals insights on the essence of building a supportive learning culture through preceptorship. *Contemporary Nurse, 44*(2), 170-177.

- Lens, M. (2011). *RN transition to practice program in the primary care and school settings: Development, implementation, and evaluation* (Doctoral dissertation, University of San Francisco). Retrieved from <http://repository.usfca.edu/cgi/viewcontent.cgi?article=1001&context=dnp>
- Moore, P., & Cagle, C. (2012). The lived experience of new nurses: Importance of the clinical preceptor. *The Journal of Continuing Education, 43*(12), 555-565. doi: 10.3928/00220124-20120904-29.
- Nugent, E. (2008). Implementing changes in educational strategies based on orientation experiences of the new graduate. *Journal for Nurses in Staff Development, 24*(5), E13-E18.
- Nystrom, M. (2007). A patient-oriented perspective in existential issues: A theoretical argument for applying Peplau's interpersonal relation model in healthcare science and practice. *Scandinavian Journal of Caring Science, 21*, 282-288.
- Parker, M., & Smith, M. (2010). *Nursing theories & nursing practice (3<sup>rd</sup> ed)*. Philadelphia, PA: F.A. Davis Company.
- Parker, V., Giles, M., Lantry, G., & McMillan, M. (2014). New graduate nurses' experiences in their first year of practice. *Nurse Education Today, 34*, 150-156. doi: 10.1016/j.nedt.2012.07.003.
- Patterson, B., Bayley, E., Burnell, K., & Rhoads, J. (2010). Orientation to emergency nursing: Perceptions of new graduate nurses. *Journal of Emergency Nursing, 36*(3), 203-211. doi: 10.1016/j.jen.2009.07.006.
- Peplau, H. (1997). Peplau's Theory of Interpersonal Relations. *Nursing Science Quarterly, 10*(4), 162-167.

- Roche, J., Lamoureux, E., & Teeban, T. (2004). A partnership between nursing education and practice. *Journal of Nursing Administration* 34(1), 26-32.
- Rush, K., Adamack, M., Gordon, J., Lilly, M., & Janke, R. (2013). Best practices of formal new graduate nurse transition programs: An integrative review. *International Journal of Nursing Studies*, 50, 345-356. doi: 10.1016/j.ijnurstu.2012.06.009
- Scott, E., Engelke, M., & Swanson, M. (2008). New graduate nurse transitioning: Necessary or nice? *Applied Nursing Research*, 21, 75-83. doi: 10.1016/j.apnr.2006.12.002.
- Spiva, L., Hart, P., Pruner, L., Johnson, D., Martin, K., Brakovich, B., Mcvay, F., & Mendoza, S. (2013). Hearing the voices of newly licensed RNs: The transition to practice. *American Journal of Nursing*, 113(11), 24-31.
- Straus, E., Ovnat, C., Gonen, A., Lev-Ari, L., & Mizrahi, A. (2016). Do orientation programs help new graduates? *Nurse Education Today*, 36, 422-426. doi: 10.1016/j.nedt.2015.09.002.
- Tastan, S., Unver, V., & Hatipoglu, S. (2013). An analysis of the factors affecting the transition period to professional roles for newly graduated nurses in Turkey. *International Nursing Review*, 60, 405-412.
- Washington, G. (2013). The Theory of Interpersonal Relations applied to the preceptor-new graduate relationship. *Journal for Nurses in Professional Development*, 29(1), 24-29. doi: 10.1097/NND.0b013e31827d0a8a

Valdez, A. (2008). Transitioning from novice to competent: What can we learn from the literature about graduate nurses in the emergency setting? *Journal of Emergency Nursing*, 34(5), 435-440. doi: 10.1016/j.jen.2007.07.008.

Zigmont, J., Wade, A., Edwards, T., Hayes, K., Mitchell, J., & Oocumma, N. (2015). Utilization of experiential learning, and the learning outcomes model reduces RN orientation time by more than 35%. *Clinical Simulation in Nursing*, 11, 79-94. doi: 10.1016/j.ecns.2014.11.001

## Appendix A

**Casey-Fink Graduate Nurse Experience Survey (revised)**

© 2006 University of Colorado Hospital. All rights reserved.

<b>II. Please answer each of the following questions by placing a mark inside the circles:</b>				
	<b>STRONGLY DISAGREE</b>	<b>DISAGREE</b>	<b>AGREE</b>	<b>STRONGLY AGREE</b>
1. I feel confident communicating with physicians.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am comfortable knowing what to do for a dying patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I feel comfortable delegating tasks to the Nursing Assistant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I feel at ease asking for help from other RNs on the unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I am having difficulty prioritizing patient care needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I feel my preceptor provides encouragement and feedback about my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I feel staff is available to me during new situations and procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I feel overwhelmed by my patient care responsibilities and workload.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I feel supported by the nurses on my unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I have opportunities to practice skills and procedures more than once.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I feel comfortable communicating with patients and their families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	<b>STRONGLY DISAGREE</b>	<b>DISAGREE</b>	<b>AGREE</b>	<b>STRONGLY AGREE</b>
12. I am able to complete my patient care assignment on time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I feel the expectations of me in this job are realistic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I feel prepared to complete my job responsibilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I feel comfortable making suggestions for changes to the nursing plan of care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I am having difficulty organizing patient care needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I feel I may harm a patient due to my lack of knowledge and experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. There are positive role models for me to observe on my unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. My preceptor is helping me to develop confidence in my practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I am supported by my family/friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I am satisfied with my chosen nursing specialty.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I feel my work is exciting and challenging.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I feel my manager provides encouragement and feedback about my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I am experiencing stress in my personal life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Appendix B

## Permission to use the Casey-Fink Survey

Inbox x

**Alessia Parker** <alessiaparker@gmail.com>

Jun 7 (10 days ago)

to Regina.Fink, Kathy.Casey

Good morning! I am a nursing graduate student from Gardner-Webb University in North Carolina. I am doing my first thesis and would like your permission to use the Casey-Fink Graduate Nurse Experience Survey to survey new graduates at a local hospital after their orientation process is complete. My question is if there is a correlation between the number of preceptors utilized during their orientation and their level of satisfaction for their nursing orientation. I would like to just use the first 24 questions in section II of the survey. I would be happy to provide you with any other information or results that you may request. I appreciate any help you may have as I start this journey.

Alessia Parker, RN

**Fink, Regina** [via olucdenver.onmicrosoft.com](mailto:regina.fink@ucdenver.onmicrosoft.com)

Jun 7 (10 days ago)

to me

super - that is fine.

Regina M. Fink, RN, PhD, AOCN, CHPN, FAAN

Associate Professor, Adjunct

University of Colorado College of Nursing &amp; School of Medicine

Anschutz Medical Campus

12631 E. 17th Avenue

Academic Office 1, Room 8410

Box B-180

Aurora, CO 80045

[regina.fink@ucdenver.edu](mailto:regina.fink@ucdenver.edu)[303.724.9192](tel:303.724.9192) work

## Appendix C

### Consent Form for the Participation in the Research Study Titled *The Correlation Between Satisfaction with Nursing Orientation and the Number of Preceptors Utilized*

#### **Primary Investigator**

Alessia Parker, RN  
862 South Magnolia Street  
Mooresville, NC 28115  
704-402-0993

#### **Site Information**

Iredell Memorial Hospital  
557 Brookdale Drive  
Statesville, NC 28677

#### **What is this study about?**

You are invited to participate in a research study. The goal of this study is to examine if the use of one or multiple preceptors during new graduate nurse orientation has an effect on the satisfaction of new graduate nurses with their orientation process.

#### **Who is doing this study?**

The primary investigator is a graduate student at Gardner-Webb University and this study is part of the thesis requirement for the master's in science nursing program.

#### **Why are you asking me to participate?**

You are invited to participate in this study since you are in the process of completing the initial 12 weeks of new graduate nursing orientation. You will be one of 32 participants in this research study. To participate in this study, you must have passed the NCLEX-RN exam, have not worked as a registered nurse before your employment at this hospital, and are in the process of completing new graduate nurse orientation. You are excluded from participating in this study if you have previously participated in a new graduate nurse orientation without completion of the orientation process.

#### **What will I be doing if I agree to participate in the study?**

You will answer a survey called the Casey-Fink Nurse Graduate Experience and then submit the survey to the primary investigator. You will be asked to take the survey when you have completed 12 weeks of nursing orientation. The survey should take no more than 10 minutes to complete. The survey will ask you questions about your experience as a new graduate nurse. If you choose to participate in this study, you will be asked to return the survey to the primary researcher using interdepartmental mail within one week of receiving the blank survey. You may fill out the survey in a location of your choice and at a time that is convenient for you.

**What are the possible risks and discomforts?**

To the best of our knowledge the risks of participating in this study are minimal. This means that you will experience no greater risk or harm than you would experience in everyday life. In the case of undue stress from participating in this study, the hospital chaplain is available for counseling.

**Are there benefits to me for taking part in this research study?**

The benefit of completing the survey may give you the opportunity to reflect on your experience as a new graduate nurse. The research findings may benefit nursing administration at Iredell Memorial Hospital as they design future new graduate nurse orientations.

**How will you keep my information private?**

This study is anonymous. This means that no one, including the primary investigator, will know that the information from your survey came from you. A blank survey will be attached to a manila envelope that will have the primary researcher's name on it and be addressed to the Nursing Education Department. This information will be pre-printed on a label so all envelopes will look the same. Once you have completed the survey you will put the survey into the manila envelope and place it in the box used for interdepartmental mail. You will find this box at the nurses' station on your unit. The envelope will be delivered to the Nursing Education Department and the administrative assistant will place your survey in a locked file box and alert the primary researcher that there are surveys to be collected. Survey results will be stored in a secure, locked location at all times. Data will be stored on a protected encrypted device. The results of all surveys will be combined for data analysis.

**What if I do not want to participate or I want to leave the study?**

The decision to participate in this study is voluntary. You have the right to leave this study at any time and turn in your survey uncompleted. Your decision to participate or not participate in this study has no influence on your employment status.

**Who do I contact with questions?**

You may contact the primary investigator at any time during the study. If you have any questions about your rights as a research participant you may contact Alessia Parker, RN at 704-402-0993 and [aparker17@gardner-webb.edu](mailto:aparker17@gardner-webb.edu) or Abby Garlock DNP, RN, LCCE at 704-406-2306 and [agarlock@gardner-webb.edu](mailto:agarlock@gardner-webb.edu).

**Research participant statement and consent**

I understand that my participation in this research study is entirely voluntary. I may refuse to participate without penalty or loss of benefits. This study has been explained to me and I have read this document. I have had the opportunity to ask questions and have them answered completely. By completing this survey, I give the primary investigator permission to use the data obtained from the survey for the research study and voluntarily agree to participate in this study.