2018

Graduate Nurses' Perceived Confidence in Clinical Competence

Jennifer Dobbins
Gardner-Webb University

Recommended Citation

Graduate Nurses' Perceived Confidence in Clinical Competence

by

Jennifer Dobbins

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

2018

Submitted by: Approved by:

_____   _____
Jennifer Dobbins   Gayle Casterline, PhD, RN, AHN-BC

_____   _____
Date   Date

Abstract

Upon entering the practice environment, newly graduated nurses often find themselves feeling underprepared for new professional role expectations (Kim, Lee, Eudey, Lounsbury, & Wede, 2015). New graduate nurses' stress and lack of confidence forges a higher turnover potential (Kim et al., 2015), and increased stress among new graduate nurses may impact their ability to provide quality care (Fink, Krugman, Casey, & Goode, 2008; Theisen & Sandau, 2013). Implementing nurse residency programs have been shown to improve new graduate nurse retention, confidence, and competence (Silvestre, Ulrich, Johnson, Spector, & Blegen, 2017) and are designed to ease transition of new graduate nurses into their new professional role (Lin, Viscardi, & McHugh, 2014). The purpose of this study was to examine the influence of a one-year nurse residency program on the perception of new graduate nurses' confidence in their perceived ability to provide safe, competent, patient care. Faculty at a Level III trauma center in southeastern United States designed a year-long program for new graduate nurse employees. Confidence levels were measured at two, six, and 12 month intervals using the Casey Fink Graduate Nurse Experience Survey. There was a significant main effect of emerging confidence through professional comfort, expectations, and supports on the average respondent new graduate nurse who participated in the residency program (F= 9.024, p = .004, η^2 = .291). The period of greatest significance on the emerging confidence of new graduate nurses occurred in the 6-12 month interval (p < .001). Transitioning programs for new graduate nurses foster competence and confidence development. The greatest impact of the residency program occurred within the last six months indicating new graduate nurses need continual support throughout their first year of practice. Utilization of Watson's

Theory of Human Caring may assist in relationship building and could further assist in the professional development and support of novice nurses.

Keywords: confidence, graduate nurses, nurse residency program, Watson Theory of Human Caring

Acknowledgement

I would like to acknowledge my Abba Father, to whom all things are possible.

Table of Contents

CHAPTER V: DISCUSSION

List of Figures

List of Tables

CHAPTER I

Introduction

Novice nursing graduates face many challenges in transitioning from the academic to work environment and assuming new professional roles that necessitate acquisition of clinical expertise and self-efficacy for nursing practice (Laschinger, Finegan, & Wilk, 2009). "It is unrealistic to think that graduates of nursing education programs have received all the training they need when they depart the doors of academia; orientation programs for new graduates and continuing education for nurses are essential tools to help practitioners improve their knowledge, skills, and expertise so that quality patient care is provided and outcomes are optimized while errors are minimized" (Durham & Alden, 2008, p. 221). Often, newly graduated nurses lack confidence in activities of professional nursing practice (Pfaff et al., 2014). Self-confidence is essential for the application of nursing competence (Ulrich et al., 2010), and necessary to effectively engage in interprofessional collaboration (Pfaff, Baxter, Jack, & Ploeg, 2014). In hospitals, clinical competency is used as an index for evaluation and accreditation (Namnabati, Soroush, & Zargham-Boroujeni, 2016). A sound plan is needed to maintain patient safety and quality of care amidst the influx of novice nurses (Goode, Lynn, Krsek, & Bednash, 2009). Stump, Husman, and Brem (2012) challenge nurse leaders that "inaccurate calibration of self-efficacy may lead to adverse patient outcomes" (p. 149). To promote skill enhancement and improvement in practice, a thorough understanding of the practice ability beliefs of nurses is crucial (Welsh, 2014).

Acute care settings offer increasing complexities, high patient acuities, and demanding nurse workloads which necessitate ongoing support of new graduate nurses to manage growing care needs of clinical patients (Hussein, Everett, Ramjan, Hu, & Salamonson, 2017). Adapting to professional role expectations of the practicing Registered Nurse (RN) in the fast paced, continually changing clinical environment of the acute care setting is challenging for nursing graduates (Missen, McKenna, & Beauchamp, 2014). Newly graduated nurses are expected to have the capacity to critically think and make independent clinical decisions to ensure patient safety (Serah, Irene, & Job, 2017). It is necessary for nurses to be competent in an array of complex skills to achieve patient care, institutional, and career goals within the acute care setting (Welsh, 2014). The transitioning from student to professional nurse in the practice environment can be stressful and overwhelming for novice graduate nurses who feel unprepared for the requirements of their new professional role (Casey, Fink, Krugman, & Propst, 2004).

Several factors negatively impact the preparedness of graduate nurses for practice, including the quality of experience in clinical placements, an existing "gap" between learning and practice, and graduate naivety to healthcare realities (Henderson, Rowe, Watson, & Hitchen-Holmes, 2016; Watt & Pascoe, 2013). Present day limitations on certain procedures in the clinical environment reduce student nurses' clinical learning opportunities within the acute care setting (Cason, Atz, & Horton, 2017). Additionally, current healthcare delivery systems are multifaceted and require nurses to utilize intricate health technologies and informatics applications while providing care for more diverse patient populations that are much sicker, having complicated health conditions (Kim et

al., 2015). The need for systems thinking continues as healthcare becomes increasingly more complex (Spector et al., 2015).

Balancing financial demands with delivery of safe, high quality, patient care in the acute care setting continues to be problematic (Roybal, 2017). Stress and lack of confidence of novice graduate nurses can contribute to turnover (Crimlisk et al., 2017); increased levels of stress among novice graduate nurses may also affect their capacity to provide quality patient care (Fink et al., 2008; Theisen & Sandau, 2013). Within the first year an estimated 17.5% of newly-licensed registered nurses leave their first nursing employment position, and one in three (33.5%) leave their first position within two years (Blair, 2014). Recent studies have found that nurses who are leaving their jobs or the profession cost the hospitals an average of $5.2 million annually; "reasons cited by nurses for leaving include poor management and stressful work conditions, including inadequate staffing, verbal abuse, and work-life balance issues" (Donnelly, 2017). Burnout of new graduate nurses has not only personal detrimental costs to the individual's mental health, but additional organization costs as well due to the effect it has on nurse retention (Laschinger, Borgogni, Consiglio, & Read, 2015). Engaging stakeholders and implementing a structured, immersed Registered Nurse residency program with classroom instruction, professional support, and guided hands-on opportunities to develop mastery of nursing skills, benefit organizations and new graduate nurses alike (Ulrich et al., 2010).

Formal residency programs with measurable outcomes should become commonplace for all newly graduated registered nurses (Ulrich et al., 2010) to foster confidence and promote the acquisition of knowledge, skills, and attitudes necessary for

demonstration of professional nursing competency. Nurse residency programs assist novice graduate nurses in transitioning from advanced beginners to competent professionals and focus on areas critical to their success including communication, safety, clinical decision making and critical thinking, organizing and prioritizing, evidence-based practice, role socialization, and delegating and supervising (Lin et al., 2014; Spector et al., 2015). Transition to practice experiences provide a meaningful process for the integration of nursing knowledge, attitudes, and skills of newly graduated nurses prior to the assumption of their new professional nursing roles (Kim et al., 2015).

This researcher was the charge nurse on an acute care medical-surgical unit and had first-hand experience with novice graduate nurses who often lacked self-confidence. Conversations with new graduate employees often included responses such as, "I know, I know this, but I am going to ask you anyways," or, "I know that I have asked you this before, but I just want to make sure again" indicated that it wasn't a knowledge base inquiry because they were aware and knowledgeable of what they were asking, but rather, they were seeking validation of what they intellectually knew. Patient care on a medical-surgical unit is fast-paced and requires adeptness in a variety of clinical and interpersonal skills. Feedback from nurse leaders in the acute care facility indicated they perceived new graduates were the largest group leaving in less than one year's time (K. Wilson, personal communication, September 21, 2017). To address this concern, a nurse residency program was implemented to improve retention of new graduate nurses and ease their transition into nursing practice (K. Wilson, personal communication, September 21, 2017).

Purpose

The purpose of this study was to analyze the influence of a nurse residency program on the perception of new graduate nurses' confidence in their perceived ability to provide safe, competent, patient care. New knowledge may be generated about the effects of Watson's Caring Science on new graduate nurse satisfaction, retention, and quality patient care.

Theoretical Framework

Watson's Theory of Caring will guide this study (1979, 2005, 2008). Watson's theory "embraces the universal effects of caring and the social, moral, and scientific contributions that nurses make that foster human development" (Del Prato, Bankert, Grust, & Joseph, 2011, p. 109). A caring learning environment is supportive of collaborative engagement, promoting harmony and mutual professional respect, empowering the learner and the educator (Del Prato et al., 2011). Watson's Caritas Processes™ will be employed to guide this exploration of the perceived self-confidence in clinical competence of new graduate nurses.

Selected Caritas Processes™ used for this study are:

1. practice loving-kindness and caring consciousness to promote trusting relationships

2. authenticity supports genuine, authentic expressions of caring, respecting personhood

4. develop and sustain helping-trusting, authentic caring relationships to encourage expressions of positive and negative feelings

5. be present to and supportive of the expression of positive and negative feelings,

understanding the subjective feelings of another

7. engage in teaching and learning experiences through interconnectedness,

understanding the subjective feelings of another

8. create an environment that promotes wholeness, where dignity, and peace are

potentiated

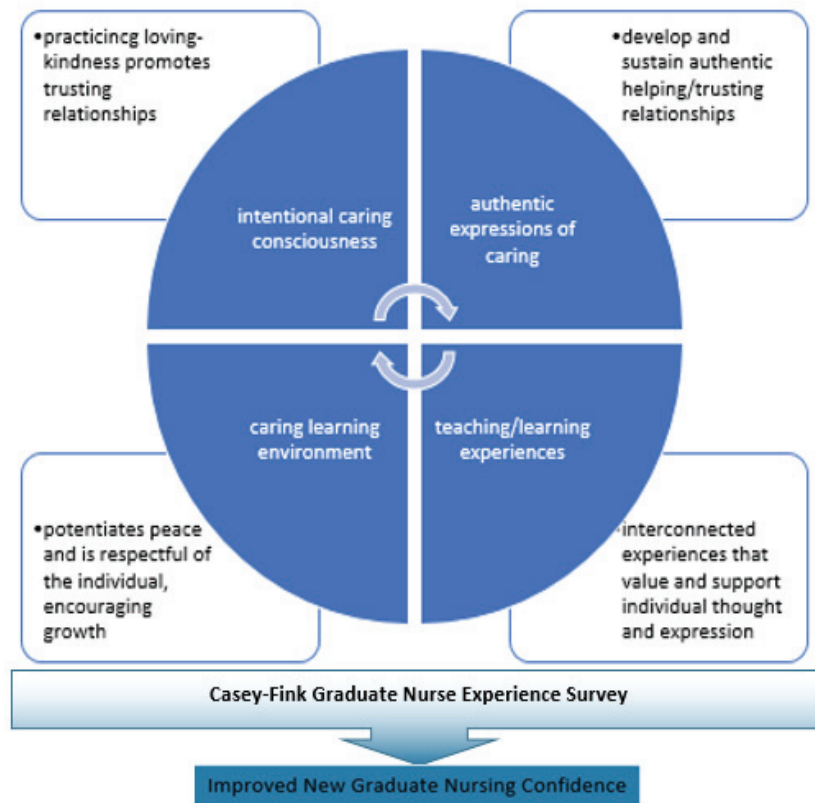9. engage in intentional caring consciousness (Watson, 2005)

Figure 1. CTE diagram (concepts adapted from Jean Watson's Theory of Caring)

CHAPTER II

Review of Literature

Research conducted through electronic databases provided contextually relevant literature from reliable sources, relevant to today's society (published between 1997 and 2017), in English, including Academic OneFile, CINHAL, Ebsco, MEDLINE, Nursing and Allied Health database, ProQuest, PubMed Central (PMC), and ScienceDirect. Keywords used for searching were confidence, graduate nurses, novice nurses, nurse residency, and Watson's Theory of Human Caring.

Modern nursing practice is driven by evidence, as nurses continue to search literature for best practices (Caruso, Cisar, & Pipe, 2008). In this pursuit, "It is imperative to preserve the human touch and the caring moments of the interpersonal relationships while using a framework to guide nursing practice" (Caruso et al., 2008, p.126). Nursing, according to Watson's theory, is a process of caring from human to human (Fawcett, 2005), and caring, by its very definition, is considered to be the central, underlying theme in nursing (Adams, 2016). Expressions of caring in nursing are personal and not abstract (Boykin & Schoenhofer, 2001). The caring process involves a combination of attitudes and values that result in supportive actions that are both intentional and authentic (Sokola, 2013). Caring collegial relationships foster the well-being of caregivers, promoting collegiality and a more in-depth understanding among team members that allow for opportunities to build cohesiveness and are essential to patient care success (Lowe, 2013).

Organizational support is needed to implement changes in workplace practices (Lau, Willetts, Hood, & Cross, 2014). The complexity of transitioning to practice for

new graduate nurses necessitates innovative integrations of established theories and models to provide an adequate framework (Cason et al., 2017). Implementing well-designed nurse residency programs that are supportive of new graduate nurses transition into nursing practice is one approach to increasing satisfaction and retention levels of new graduate nurses (Kim et al., 2015). Transitioning to practice experiences provide a meaningful process for new graduate nurses to integrate nursing knowledge, skills, and attitudes (Kim et al., 2015).

Implementation of nurse residency programs has been shown to improve newly graduated nurses' confidence, competence, and rates of retention (Silvestre et al., 2017). Nurse residency programs assist in the transitioning of new graduate nurses from their role of advanced beginners to that of competent professionals, focusing on areas crucial to their success that include clinical decision making and critical thinking, communication, delegation and safety supervision, evidence-based practice, and role socialization (Lin et al., 2014; Spector et al., 2015). Currently, novice graduate nurses account for the largest number of those entering and leaving the nursing profession (Van Camp & Chappy, 2017). Retention and turnover rates of new graduate nurses are the most frequently used measurements of nurse residency programs' impact on healthcare organizations (Anderson, Hair, & Todero, 2012).

Wide variations exist among nurse residency curricula, delivery methods, and qualifications of preceptors and clinical educators (Anderson et al., 2012), and little research is available on their long-term effects (Rosenfeld & Glassman, 2016). The American Association of Colleges of Nursing (AACN) identifies graduate nurse competencies as consisting of patient-centered care, safety, teamwork and collaboration,

evidence-based practices, quality improvement, and informatics ("Graduate QSEN Competencies", 2012). Curriculum of nurse residency programs should be of relevance to the daily clinical practice of a nurse and consist of content applicable to the nursing practice that takes place; subsequently, it is essential, for this reason that nurse residency programs occur in the clinical or hospital setting (Zinn, Guglielmi, Davis, & Moses, 2012). Teaching and learning strategies employed by preeminent nurse residency programs include pairing nurse residents with trained preceptors or sponsors and the building of cohort relationships among novice graduate nurses, the unit's staff (Anderson, et al., 2012; Krugman et al., 2006; McHugh, Duprat, & Clifford, 1996; Williams, Goode, Krsek, Bednash, & Lynn, 2007), and nursing clinical experts (Anderson et al., 2012; Schoessler & Waldo, 2006). Didactic instruction along with skill acquisition stem from evidence-based guidelines and are integrated in nurse residency programs focusing on critical thinking, communication skills, organization/prioritization, and clinical skills (Blevins, 2016).

Complex clinical scenario simulations are incorporated by preeminent nurse residency programs through the use of a broad variety of high-risk, high frequency, and low frequency experiences to foster improved communication among nursing staff and interprofessional team members (Anderson et al., 2012; Anderson, Linden, Allen, & Gibbs, 2009; Beyea, von Reyn, & Slattery, 2007). In order to promote critical thinking, encourage problem solving, and assist in the decisional making capacity of novice graduate nurses, nurse managers and clinical nursing experts meet at designated times to discuss clinical situations new graduates are likely to encounter in their nursing role (Anderson et al., 2012; Krugman et al., 2006; McHugh et al., 1996). Socialization into

the new practice role is assisted by preceptorship, which is an essential aspect of nurse residency programs in promoting novice graduate nurses' self-esteem and confidence, along with easing their transition into the practice environment and adapting to the social culture of the organization (Kim et al., 2015). The integration of clinical and classroom time within the first year of employment allows new graduate nurses to more easily transition into their new practice role (Theisen & Sandau, 2013).

A supportive learning/working environment utilizing a caring, transpersonal approach may best facilitate the acquisition of improved personal and professional growth and self-efficacy among novice nurses in a new role within an acute care setting. According to Watson (1997), "If one is to work from a caring-healing paradigm, one must live it out in daily life" (p.51). Application of Watson's Theory of Human Caring (1997/1998/2008) assists in establishing a supportive, engaging, holistic learning/working environment that uses intentional, caring consciousness, employing authentic teaching/learning experiences designed to cultivate professional nursing knowledge and perception of self-efficacy through established helping-trusting relationships in a caring/nurturing environment. "Caring is an essential value in the personal and professional lives of nurses" (Parker, 2001, p. vii). Work environments that are caring, foster relationships that are supportive, include mutual respect and trust, along with open and honest communication (Lowe, 2013).

Operational use of Watson's Theory of Human Caring to the nurse work environment "provides a framework for nurses to care for themselves as well as for each other" (Caruso et al., 2008, p.127) and should extend to nurse residency programs. Standards of sustaining a healthy work environment has been established by the

American Association of Critical Care Nurses as being: meaningful recognition, true collaborations, authentic leadership, skilled communication, effective decision-making, and appropriate staffing (American Association of Critical Care Nurses [AACN], 2005). "Supportive work environments can empower employees, heighten self-efficacy, and improve professional performance; conversely, stressful or unsupportive work environments can diminish self-efficacy in professional nurses" (Welsh, 2014, p. 372). Caring-based models, that affect costs and outcomes, may foster improved work environments for both practitioners and patients alike (Watson & Watson Caring Science Institute, 2009). There is growing evidence of the intrinsic benefits of professional theory-guided caring practices among research of expanding Magnet hospitals revealing improvements and advancements in nursing that make meaningful differences in the lives of nursing colleagues, as well as patients (Watson & Watson Caring Science Institute, 2009).

Empirical Studies

Differences among Established, New, and Limited Programs

Spector et al. (2015) performed a longitudinal, randomized, multisite comparison study to examine the effects of transition to practice program on assimilating novice graduate nurses into the practice environment. One hundred and five hospitals from three states voluntarily participated in the study and were randomly assigned to either the control or study group. Hospitals within the study group adopted a transition to practice model program developed by the National Council of State Boards of Nursing (NCSBN), while hospitals in the control group continued their current onboarding programs, which varied from simple procedures for orientation to structured programs with preceptorships.

Surveys were completed voluntarily by new graduate nurses (n= 1,088) at baseline, six,

nine, and 12 months after starting their first nursing position (Spector et al., 2015).

Competence reported by novice nurses and their preceptors were measured by the

Specific Competency Tool and the Overall Competence Tool (Spector et al., 2015). New

graduate nurses' work stress was measured by a NCSBN questionnaire. New graduate

nurses' job satisfaction was evaluated with the Brayfield & Rothe Index of Job

Satisfaction (Spector et al., 2015).

Study findings showed that the NCSBN's transition to practice program had

significantly higher ratings for specific competencies in communication and teamwork (p

$= .023$), use of technology ($p = .045$), and patient centered care ($p = .041$), as compared to

the control group's specific competencies (Spector et al., 2015). The overall competence

of both the transition to practice study group and the control group improved significantly

over 12 months; the difference between the groups ($p = .054$) was not statistically

significant (Spector et al., 2015). Multi-level modeling showed both groups had

statistically significant improvements in overall competencies over time (Spector et al.,

2015). While no significant differences were found in positive safety practices between

the NCSBN study group and the control group, over time the control group demonstrated

a significant decrease in stress in comparison to the NCSBN study group ($p = 0.044$).

The cumulative work stress of new graduate nurses was reported to increase from

baseline to six months, and then began declining, with the lowest level being at 12

months (Spector et al., 2015).

Broad variations were found among onboarding methods of the control hospitals

(Spector et al., 2015). Those in existence for two years or greater, meeting six or more of

the evidence-based criteria identified by the NCSBN, were labeled as *established programs*, and those having less than six of these qualifiers and without structured curriculums were considered to be *limited programs* (Spector et al., 2015).

Comparison of the limited, established, and the NCSBN transition to practice study group showed small, but significant differences (Spector et al., 2015). Multi-level modeling analyses found established and the NCSBN transition to practice study programs to have a peak in errors at six months, which is generally when new graduate nurses are becoming more independent, and then errors started to decline at nine months (Spector et al., 2015). The limited group continued to have relatively high reported errors until nine months at which time errors started to decline (Spector et al., 2015). Established programs use of positive safety measures remained consistently higher, finishing with significantly better outcomes than the limited group and transition to practice study group (p = .016) (Spector et al., 2015). The limited group continued to experience the largest mean percentage of negative practices at each time point (Spector et al., 2015).

New graduate nurses' self-ratings on specific competencies increased significantly over the 12 months and were corroborated by their preceptors in all three groups (Spector et al., 2015). New graduate nurses in the limited group reported having more work stress, felt less competent, had more negative safety practices and errors, reported less job satisfaction, and at the end of the 12 months, had twice the turnover compared to the established and NCSBN's transition to practice programs (Spector et al., 2015). According to Spector et al. (2015) strong, evidence-based transition to practice programs improved new graduate nurse outcomes in the first year of practice.

Comparison of the limited, established, and the NCSBN transition to practice study groups found new graduate nurses in established programs to have higher competency levels, fewer patient errors and negative safety practices, lower levels of stress, and greater job satisfaction. According to Spector et al. (2015), it is important for new graduate nurses to have individualized, well structured, evidence-based, nurse transitioning programs that include specialty knowledge and are institutionally supported.

Influential Factors in Transitioning Success

Lin et al. (2014) performed a systematic review, consisting of 11 studies of nurse residency programs that were implemented with the goals of facilitation of novice graduate nurses to professional nurses utilizing mentor and staff member support, guided clinical experiences with nurse preceptors, along with various learning opportunities and seminars to increase competency and safe patient care to meet practice standards, including additional experiences with the desired outcome of improving new graduate nurses' job satisfaction and turnover reduction. Eight of the nurse residency programs were structured after a theoretical model, with seven involving participants of the national University HealthSystem Consortium (UHC)/American Association of Colleges of Nursing (AACN) Nurse Residency Program, and one involving participants of the Versant Residency program, had formal curriculum structured on Benner's Novice to Expert Model derived from Dreyfus and Dreyfus (1980) theory of skill acquisition (Lin et al., 2014). This nursing theory assumes students must transition systematically from novice, beginner, competent, proficient, and expert levels of proficiency. Lin et al. (2014) identified seven domains of influencing factors on novice graduate nurses from the

review as: work environment, interactions and support, praise and recognition, professional opportunities, scheduling, extrinsic rewards, and hospital system.

According to Phillips, Kenny, Esterman, and Smith (2013), a multitude of factors influence the successful transition of new graduate nurses; however, it is the overwhelming experiences, attitudes, and behaviors encountered in the beginning of practice that are most influential in the quality of their transition. The study was conducted using Attride-Sterling's (2001) thematic approach, involving two qualitative data sets (Phillips et al., 2013). One data set consisted of eight focus group interviews (*n* = 67), and the other was comprised of participant survey responses to open-ended questions. Phillips et al. (2013) found that the overarching, global theme in factors graduate nurses believe will assist in their successful transition into professional nursing practice to be "valuing beginning practice" (p. 108). The authors described valuing beginning practice as a global theme depicting newly qualified nurses' perception of being valued by the profession of nursing and how they are accepted into the practice environment (Phillips et al., 2013).

New graduate nurses most desired socialization into the new practice environment, thorough and effective orientation, appropriate selection of patients, ensuring care needs could be met by a beginning graduate nurse, and to be critically respected for a job done well (Phillips et al., 2013). If new graduate nurses' expressed needs were not supported throughout the graduate year, such as if transitional support was reduced, disregarded, too short, or was lacking in details, novice nurses perceived the practice setting as dangerous, haphazard, and contributors to increasing their stress and dissatisfaction (Phillips et al., 2013). Additionally, most new graduate nurses who

entered specialty areas of nursing practice emphasized they were being challenged beyond their skill set (Phillips et al., 2013).

The researchers advocated that initial placement of new graduate nurses should, therefore, be in clinical settings with less complex decision-making requirements to allow for a smoother assimilation into the new practice environment (Phillips et al., 2013). Orientation, according to Phillips et al. (2013) is considered a period for newly graduated nurses to become familiar with the practice environment, staff, procedures, and protocols. They further asserted that specialty areas should, only then, be considered once new graduate nurses have received an opportunity for consolidating their nursing practice and that the acuity levels of patients should also correspond with the beginning skill set of the novice nurse (Phillips et al., 2013).

New graduate nurses' appraisal of their ability to meet job demands is a key determinant in their transitioning success according to Laschinger et al. (2015). Another study by Laschinger et al. (2016) performed a two-wave, national, descriptive look at influential success factors in the transition of newly graduated Canadian nurses into their full professional roles. The random sample, consisting of 3,906 registered nurses, working in direct patient care, and having less than three years of experience, received standardized questionnaires mailed out at two time periods. The response rate was 27.3% (N= 1,020 RNs) during the first time period. A year later, the follow-up survey was mailed out to all of the respondents from the first survey, and 406 nurses (39.8%) returned their completed questionnaires (Laschinger et al., 2016).

The researchers found perceptions of structural empowerment, manager's authentic leadership ratings, and personal job fit to have moderate ratings at each of the

time measurements; although, a significant decrease over time was also noted (Laschinger et al., 2016). The work environment was determined to be supportive of professional practice by new graduate nurses at both time measurements. Additionally, new graduate nurses reported experiencing high levels of support on their units, with 90% stating their transition to practice was greatly facilitated by preceptorship (Laschinger et al., 2016). The researchers concluded that work environment characteristics substantially influenced the transitioning experiences of the new graduate nurses.

Perceptions of job satisfaction (4.05 and 3.98 out of 5) and career satisfaction (4.00 and 3.94 out of 5) were found to be high at each of the times measured (Laschinger et al., 2016). The intentions of new graduate nurses for job and career turnover were low at both times; although, over half of the nurse respondents indicated experiencing high levels of emotional exhaustion within their first year of practice, with many witnessing or experiencing (24 - 42%) work incivility (Laschinger et al., 2016). Researchers concluded, overall, that the responses of new graduate nurses were positive and demonstrated a commitment to nursing. These responses also reflected the importance of providing support for new graduate nurses to promote positive outcomes in their transitioning experiences, and the positive effect authentic leadership can have on nurses' work-life and self-efficacy (Laschinger et al., 2016).

Promoting Competence and Confidence

The importance of professional support and socialization to the success of newly graduated registered nurses cannot be understated, according to Garrison, Dearmon, and Graves (2017), whose 100-bed community hospital implemented a nurse residency program in 2015 in response to a 17% nurse vacancy rate and a 37% nurse turnover rate

in 2014. Three measurable objectives based on evidence-based practices were chosen to guide the improvement:

1. increase competence of new graduate registered nurses through the use of practical skill-building methods,

2. increase competence of preceptors due to new graduate registered nurses competence correlating preceptors, and

3. develop a mentoring and teaching skill support system for new graduate registered nurses to promote competence of new graduate nurses as well as fostering professional and organizational loyalty (Garrison et al., 2017, p. 51).

Preceptor competencies were evaluated with a tool measuring preceptors' individual strengths and weaknesses (Garrison et al., 2017). Assessment findings were used to tailor education for improving the abilities of the preceptors. The education department of the hospital conducted the preceptor training, which was followed a post-training assessment.

New graduate registered nurses completed hospital orientation and then started the competence development curriculum that consisted of didactic inter-professional collaboration training, professional and social support group meetings, simulation lab training, and preceptor guided nursing shifts (Garrison et al., 2017). Didactic inter-professional collaboration training occurred once every two weeks, alternating with simulation lab training that also occurred once every two weeks, both lasting for three months. Many of the didactic inter-professional collaboration lessons and simulation scenarios were based on the new graduate registered nurses' baseline competence

findings and feedback of recent graduates of the nurse residency program (Garrison et al., 2017). Collaborative skills were practiced when doing inter-professional simulation, and classes were taught by various hospital leaders, allowing time to practice skills necessary to communicate collaboratively, effectively, and accurately. Nursing school faculty assisted with teaching time management skills and the impact of collaboration on time management (Garrison et al., 2017).

New graduate nurses worked under the guidance of the trained preceptors, observing/participating in all activities in nursing, including multidisciplinary rounds, and increasingly performed independently, as skills and readiness were observed by preceptors (Garrison et al., 2017). Preceptor guided, 12 hour, nursing shifts occurred two to three times per week for three months. Social and professional support was provided in one hour lunch meetings, occurring every other week for three months. Some lunch meetings focused on strengthening peer relationships of new graduate nurses, and others included managers and preceptors to foster professional and social networks beyond the new graduate nurse's peer group. Additionally, one hour, monthly breakfast meetings were held for nine months with nurse leaders, preceptors, and the Chief Nursing Officer (Garrison et al., 2017). Breakfast meetings allowed new graduate nurses time to engage with one another and to ask questions, resolve challenges, make suggestions, and share successes they experienced in their transition to professional nursing practice (Garrison et al., 2017).

Following the completion of the didactic training, new graduate registered nurses completed the Casey-Fink Graduate Nurse Experience Survey. Of the six new graduate nurses who completed the survey, 83.3% demonstrated a favorable view of their

transition experience (Garrison et al., 2017). Findings of the Casey-Fink Graduate Nurse Experience Survey provided insight into the new graduate nurses' perceptions of their nursing competence following the completion of the nurse residency program, as well as the project's effectiveness. A significant improvement was found in the overall competence of the new graduate registered nurses (Garrison et al., 2017). Baseline means were 72.11 (SD = 6.03), compared to 81.22 (SD = 3.59) on the post-training reassessment, revealing a statistically significant increase in competency ($t(8) = -3.833$, $P = .005$) (Garrison et al., 2017). The hospital's nurse vacancy rate at the end of 2014 was 17% and by mid-2016 was 7.5%. Furthermore, the reduction in the nurse vacancy rate occurred as nursing positions were increased by 20% to account for growth since the start of the nurse residency program (Garrison et al., 2017).

In another evaluation of a nurse residency program, Rhodes et al. (2016) looked at a public, 600 bed, urban, magnet-designated, academic hospital using Dewey's experiential learning philosophy as a guiding framework for the integration of experiential learning through simulation and reflection to promote retention and transference of knowledge into the clinical setting. A prospective cohort study was created to evaluate newly licensed registered nurses' knowledge, confidence, and satisfaction after taking part in simulation with peers and participating in crisis simulation with a multidisciplinary group (Rhodes et al., 2016). At the time of the study, 93 newly licensed registered nurses were participating in the nurse residency program

After one month of being hired, all newly licensed registered nurses in the nurse residency program participated with their peers in nurse-specific training experiences in the simulation center (Rhodes et al., 2016). Each learning scenario lasted 15-30 minutes

and was directed at specific educational objectives centering on content presented in the skills laboratory and during their orientation on their units. New graduate nurses participated in scenarios using mannequin-based simulation and standardized patient training. At 9-12 months post hire date, new graduate registered nurses participated in managing a simulated crisis scenario, lasting from 20-30 minutes, with a multidisciplinary team consisting of new graduate nurse, respiratory therapist, nurse from rapid response team, and a physician. The knowledge of new graduate nurses was measured using a 10-item instrument, and confidence was measured using an investigator developed 13-item tool with five point Likert response options (Rhodes et al., 2016).

Descriptive statistics were performed on the initial simulation experience along with the multidisciplinary simulation experience. Both simulation experiences demonstrated modest, but steady increases over time in mean scores. Increases over time were not statistically significant for the initial simulation experience ($p = .890$), or the multidisciplinary simulation experience ($p = .302$) (Rhodes et al., 2016). Participants of the nurse residency program reported increased confidence levels beginning immediately following the simulation experiences that persisted throughout the 12-month follow-up period. Although, researchers found steadily increasing knowledge and confidence scores among both peer and multidisciplinary sessions, the multidisciplinary sessions had the highest satisfaction scores (Rhodes et al., 2016).

The researchers concluded simulation in nurse residency programs is valuable and that it supplies knowledge and confidence to new graduate nurses. According to Rhodes et al. (2016), the benefits of simulation allows newly licensed registered nurses to practice skills repeatedly and receive immediate feedback regarding performance, and it

permits them to assume responsibility without fear of patient harm. Simulation also allows new graduate nurses a time for reflection and opportunity to receive support and guidance from experienced instructors (Rhodes et al., 2016). Moreover, the researchers concluded that simulation with multidisciplinary teams, particularly with crisis events, may positively impact outcomes for newly licensed registered nurses for up to 18 months.

Another approach in preparing new graduate nurses for specialty and medical-surgical practice areas was taken by researchers in an inner city, 500 bed Level I trauma center who implemented a six month, formal, nurse residency program designed for 46 new BSN graduate nurses assuming positions in multiple clinical areas (Crimlisk et al., 2017). The evidence-based curriculum consisted of lecture, technical skills, and simulation, including case/clinical discussions, case reports, and-critical-thinking vignettes. The initial clinical orientation was five days a week for one month on a surgical or medical unit other than the unit on which the new graduate nurse had been hired. The new graduate nurse was precepted by an experienced staff member and had daily meetings with nurse educators for support (Crimlisk et al., 2017). A clinical-based, medical-surgical orientation tool was utilized throughout the orientation to assist new graduate nurses in documenting competencies and to determine the need for further orientation. After one month, new graduate nurses were assigned to specialty units for further orientation.

New graduate nurses in the residency program completed a web-based survey at six months and one year. Questions included the perceptions of confidence in providing independent patient care (Crimlisk et al., 2017). The 12-month follow up survey included knowledge questions and ratings of the nurse residency program.

Crimlisk et al. (2017) reported a 98% (n=45) retention rate for new graduate nurses after completing six month of the residency program, and 91% (n= 42) after one year. Clinical orientation five days a week was beneficial to 93% (n = 42) of respondents in developing clinical practice and integrating into the hospital community; whereas 96% (n = 43) of the respondents indicated the orientation assisted them in understanding hospital policies and procedures. New graduate nurses believed that positively engaged preceptors who served as role models were of critical importance. Topics at the lunch conferences were found to be appropriately comprehensive by 82% (n = 36); however, 18% (n = 8) desired modifications that focused on inter- and intra-professionalism, such as cultivating relationships and dealing with nursing colleagues who are difficult (Crimlisk et al., 2017).

According to Crimlisk et al. (2017), 96% (n = 43) of respondents in this study believed that the nurse residency program provided them enough training and experience to become safe, competent practitioners. The majority of new graduate nurse responded they were able to provide competent, safe, patient care with minimum or no assistance in the skill areas of: documentation (96%), medication administration (93%), technology (93%), assessment (91%), organization (91%), communication (87%), and critical thinking (82%) (Crimlisk et al., 2017).

The survey results indicated more experience with critical thinking was needed, even though critical thinking was incorporated into case discussion, simulations, and clinical rounds (Crimlisk et al., 2017). Communication was another low scoring area in the survey for new graduate nurses. Respondents suggested additional topics for

conference discussions, including professionalism, ways to address difficult patients and colleagues, and lateral violence (Crimlisk et al., 2017).

Supporting New Graduate Nurses through Caring

In efforts to decrease stress experienced by new graduate nurses and turnover costs, a hospital within a large metropolitan healthcare system in the southeast, implemented a nurse residency program designed to improve the transition experience of new graduate nurses into nursing practice (Martin & Wilson, 2011). The nurse residency program consisted of clinical and classroom holistic learning experiences designed to nurture and enhance the domains of nursing knowledge identified by Carper (1978) as the four ways of knowing: empiric, personal, ethical, and aesthetic knowledge (Martin & Wilson, 2011). Caring groups were designed to provide collegial support, mentorship, and facilitate a smooth practice transition, allowing an opportunity for novice nurses to discuss topics that include: self-care, conflict resolution, dealing with the loss of a patient, and change management confidentially, in a safe place, where they were encouraged to discuss any questions or concerns that they had without fear of ridicule (Martin & Wilson, 2011).

Using Colaizzi's (1978) seven item process for data analysis, Martin and Wilson (2011) conducted a qualitative, phenomenological study of the newly Registered Nurses experiences within their first year of practice and found the emergence of two themes: "Development of My Professional Responsibilities" and "Adapting to the Culture of Nursing" (p.23). According to Martin and Wilson (2011), participants depicted stories of the challenges in adapting to nursing culture along with developing skills necessary to carry out the role of the professional nurse. Martin and Wilson (2011) found that during

the orientation process, caring groups allowed an opportunity for new graduate nurses to care for one another, as well as learn self-care. The first year of practice experience was concerned with the development of individual professional responsibilities, or the new graduate nurse's adaptation to the nursing culture (Martin & Wilson, 2011).

Study findings suggested opportunities for improvement were present in both academic and hospital nursing education, with academic education including teaching, recognizing, and coping with the real world and specific measures to ease new graduate nurse's transition from student to nurse, such as prolonged orientation programs that include supportive and educational activities (Martin & Wilson, 2011). The researchers concluded that "caring relationships with colleagues may play a role in how well the new graduate adapts to the culture of nursing, as well as the length and quality of the movement from novice nurse to advanced beginner to competent nurse" (p. 25). Martin and Wilson (2011) further surmised that implementing caring groups may assist in nursing retention, creating a cost savings for institutions hiring new graduate nurses.

Another study looking at the effects of caring relationships was conducted by Phillips (2012). The researcher used concepts by Watson (2008) to incorporate caring through activities in reflective journaling. This six month registered nurse hospital residency program was created to educate and support novice graduate nurses in their first year of clinical practice. Residency program groups were comprised of approximately 20 registered nurses from varying settings in the hospital within three months of employment (Phillips, 2012). The nurse residency program completion outcomes included comprehension of the professional practice model of caring, delivery

of care using the model, and the incorporation of Caritas Processes™ into daily clinical practice (Phillips, 2012).

On the first day of the residency program, registered nurses were given a notebook and asked to write about their clinical/caring experiences. According to Carper (1978), journaling is representative of an aesthetic way of knowing (Phillips, 2012), and the reflective practice associated with journaling increases self-awareness and understanding of one's self and others (Wagner, 2000; Watson, 2008). An educational presentation of Watson's Theory of Human Caring, the Caritas Processes ™, centering, self-care, and a five minute meaningful interaction was demonstrated (Phillips, 2012). However, on day two, a month later, only two registered nurses in the residency program had written in their journals since the previous session. Barriers to journaling were identified as being tired after working, home responsibilities, and desiring not to think about work when at home (Phillips, 2012). On the third day, two questions were provided as guides for initiating reflective journaling, with time being allotted for a journaling activity. Group feedback indicated that the guides were helpful and the group was appreciative of having time during class to write in their journals (Phillips, 2012). The project was evaluated using verbal and written feedback that included the responses, "thinking about situations differently," and "enjoyed the experience" (Phillips, 2012, p.2).

Summary

Current literature indicates there are influential factors in the success of new graduate nurses transition into the professional practice role (Laschinger et al., 2016; Lin et al., 2014; Phillips et al., 2013) and suggests new graduate nurses need support

throughout the first practice year (Phillips et al., 2013; Theisen & Sandau, 2013). New graduate nurses' perception of being valued by the nursing profession and accepted into the practice environment (Phillips et al., 2013), as well as their own determination of their ability to fulfill the requirements of their role, impact the success of their transition (Laschinger et al., 2016). Nurse residency programs that focus on communication, role socialization, clinical decision making, delegation and safety supervision, critical thinking, and evidence based practices support the transitioning success of new graduate nurses (Lin et al., 2014; Spector, 2009). The quality of their transitioning was also impacted by the experiences, attitudes, and behaviors encountered when they begin practice (Phillips et al., 2013). Work environment characteristics and organizational support either support or negatively impact their transitioning experiences (Laschinger et al., 2016). Negative influences can contribute to emotional exhaustion and turnover intentions (Laschinger et al., 2016), but supportive, caring relationships can foster confidence and competence development, as well as adaptation to the organizational culture (Martin & Wilson, 2011). Supportive leadership (Laschinger, et al., 2016), mentoring (Martin & Wilson, 2011), and preceptorship (Kim et al., 2015) assist new graduate nurses into acclimating into their professional role.

This study will research the question: what is the effect of a one-year hospital residency program on new graduate nurses' perception of their emerging confidence through professional comfort, expectations, and supports?

CHAPTER III

Methodology

Nurse residency program faculty designed a year-long organized program for new graduate nurse employees. Outcomes were measured at two, six, and 12 month intervals using the Casey-Fink Graduate Nurse Experience Survey. Permission for faculty to use the Casey-Fink Graduate Nurse Experience Survey tool in the nurse residency program was granted by the survey authors. This researcher approached the residency program faculty and received permission to analyze the survey data as part of a study on new graduate nurses' perceived confidence. This researcher requested permission from authors of the Casey-Fink Graduate Nurse Experience Survey to only measure data pertaining to new graduate nurses' perceived confidence for this project and permission was granted. IRB approval was obtained from the medical center and from the University.

Research Question

What is the effect of a one-year hospital residency program on new graduate nurses' perception of their emerging confidence through professional comfort, expectations, and supports?

Study Design and Sample

The study was a descriptive, retrospective design. The predictor variable of the study was a year-long hospital residency program. The outcome variable was perceived confidence. The convenience sample was all nurses attending the hospital's first nurse residency program from October 2016 to October 2017. Seventy-two nurses started the program and 62 completed the program.

Independent variable

New nurse graduate employees of a rural Level III trauma center in the Southeast participated in a year-long residency program, from October 2016 to October 2017. The nurse residency program was implemented to support graduate registered nurses' transition into bedside nursing practice in an acute care setting. The nurse residency program was designed based on Benner's Theoretical Model Novice to Expert (1982, 1984, 2004), focusing on the development and verification of proficiency in essential graduate nurse competencies, identified as Graduate QSEN Competencies by the QSEN Institute (2012), with program objectives in patient centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics. New graduate nurses were provided 400-600 hours of clinical precepted time and 200 hours of class time that included a mentoring program. The mentorship program consisted of supportive components and allowed participants opportunities to discuss clinical experiences, reflect upon what they learned, draw new insights, and receive/provide emotional support and encouragement to one another. Learning experiences included didactic instruction along with low and high-fidelity simulation. New graduate nurses learned to apply Watson's Theory of Human Caring (2008), to their nursing practice and how it serves as a practice model within the institution.

Each new graduate nurse was assigned a preceptor on their unit and worked the preceptor's schedule for 36 hours/week. Preceptors assisted in acclimating new graduate nurses into the practice environment and the institutional culture, fostering a positive relationship of support in activities of professional nursing practice, including interdisciplinary communication and the acquisition, and demonstration of the

knowledge, skills, and attitudes of the professional nurse. Competencies were verified by preceptors with skills checklists and weekly verbal feedback. Complexity and acuity of assignments increased as the nursing resident progressed.

Dependent variable

The dependent or outcome variable was new graduate nurse confidence. This was measured by the Casey-Fink Graduate Nurse Experience Survey (Casey & Fink, 2018). Casey et al. (2004) defined new graduate nurses' confidence as the subjective measurement of their perception of their ability to provide patient care. As part of the program plan, outcomes were measured at two months, six months, and 12 months using the Casey-Fink Graduate Nurse Experience Survey.

The Casey-Fink Graduate Nurse Experience Survey consists of five sections pertaining to demographics, comfort with performing skills and procedures, job satisfaction, expectations, stressors, and support systems and is designed to identify new graduate nurses' perceived stressors, challenges incurred, perceptions of confidence, and the new graduate nurse experience. The Casey-Fink Graduate Nurse Experience Survey uses Likert-style questions and was created to discriminate between novice nurses during their first year of practice and with varying amounts of experience. The internal consistency reliability of the original instrument was established "with a Cronbach's alpha of .78 on items reflecting levels of comfort and confidence with various practice skills" (Casey et al., 2004, p.304). Content validity was established by an expert review conducted by nurse directors and educators within the academic and private hospital settings (Casey et al., 2004, p.304).

Items in the first section of the Casey-Fink Graduate Nurse Experience Survey pertains to skills and procedures that new graduate nurses are uncomfortable in performing independently; the second section consists of 24 questions that addresses professional comfort, expectations or supports, and includes an additional question about a series of stressors in their personal life in which the respondent was asked to reply yes or no too. Items in the third section pertain to new graduate nurse job satisfaction. Items in the fourth and fifth section are comprised of open-ended responses such as "List the top skill you are uncomfortable performing independently," or are demographic in nature so that neither may be quantitatively summarized (Casey & Fink, 2015). In a five-factor analysis, 46% of the variation in total scores were determined to be communication/leadership, professional satisfaction, stress, and support, with factor reliability estimates varying from .71 to .90 (Casey & Fink, 2015). Content validity was established by expert review of nurse directors and educators from within private hospital and academic settings (Casey & Fink, 2015).

Surveys were voluntarily completed by residency program participants without personal identifiers. Seventy-two nurses began the residency program and 62 completed it one year later. Data from all surveys and time intervals were analyzed, which included responses by nurses who later left the nurse residency program.

In this study, a retrospective analysis of questions 1-23 in Section II of the Casey-Fink Graduate Nurse Experience Survey was completed. Questions 24 and 25 in Section II that pertain to personal stress were omitted. The aggregate means for questions 1-23 were compared at three time intervals: two months, six months, and 12 months (completion of residency program). Questions 1-23 were scored on a five-point Likert

scale with Strongly Disagree (1), Disagree (2), Neither Agree or Disagree (3), Agree (4), and Strongly Agree (5). Reverse scoring was used for negatively worded questions so that a high value would indicate the same type of positive response, or measure, on each item.

Data Analysis

A one-way ANOVA with repeated measures was conducted to compare mean scores on the Casey-Fink Graduate Nurse Experience Survey at Time 1 (two month intervention) and Time 2 (six month intervention) and Time 3 (12 month completion) to measure the effect of a one-year hospital residency program on new graduate nurses' perception of their emerging confidence through professional comfort, expectations, and supports, along with their subsets: support, communication/leadership, patient safety, and professional satisfaction. Analyses also included descriptive statistics, main effects comparison, and Bonferroni Post Hoc test.

CHAPTER IV

Results

The purpose of this study was to explore the effects of a one-year hospital residency program on new graduate nurses' perceived confidence in their clinical competence. The research question was: what is the effect of a one-year hospital residency program on new graduate nurses' perception of their emerging confidence through professional comfort, expectations, and supports?

The original sample size consisted of 72 new graduate nurses who participated in the first nursing cohort of the hospital's residency program (see Table 1). There were 69 new graduate nurses who completed the demographics of the voluntary survey. The majority were Caucasian (N=42), female (91%), and between 22-24 years of age (N=49).

Table 1

Sample Characteristics

		Frequency	Percent	Valid Percent	Cumulative Percent
Age					
Valid	22-24	49	68.1	68.1	68.1
	25-30	9	12.5	12.5	80.6
	33-39	3	4.2	4.2	84.7
	40-46	5	6.9	6.9	91.7
	over 50	1	1.4	1.4	93.1
	unknown	5	6.9	6.9	100.0
	Total	72	100.0	100.0	
Gender					
Valid	Female	63	91.3	91.3	91.3
	Male	6	8.7	8.7	100.0
	Total	69	100.0	100.0	

Ethnicity

Valid					
Valid	African/ American	10	14.5	14.5	14.5
	Asian	1	1.4	1.4	15.9
	Caucasian	55	79.7	79.7	95.7
	Other	3	4.3	4.3	100.0
	Total	69	100.0	100.0	

Educational preparation

Valid	ADN	18	25.0	34.6	34.6
	BSN	34	47.2	65.4	100.0
	Total	52	72.2	100.0	

Previous healthcare experience

Valid	Had experience	26	50.0	50.0	50.0
	Did not have experience	26	50.0	50.0	50.0
	Total	52	100.0	100.0	

Survey completion
N = 72

Valid	Month 2	55	38.7
	Month 6	44	31.0
	Month 12	41	28.9

Nurse Perception of Confidence

Descriptive statistics were performed along with a one-way repeated measures ANOVA conducted to compare scores on the Casey-Fink Graduate Nurse Experience Survey that were taken at Time 1 (two month after starting the Nurse Residency Program), Time 2 (six month after starting the Nurse Residency Program), and Time 3 (12 month completion of the Nurse Residency Program). Descriptive statistics revealed the nurse residency cohort at two months to have an aggregate mean score of 3.83, with a standard deviation of 0.68. At six months the nurse residency cohort had an aggregate mean of 3.91, with a standard deviation of .50. This trend continued with the nurse residency program cohort at 12 months having an aggregate mean of 4.19, with a standard deviation of .54. The means and standard deviations are presented in Table 2 and illustrated in Figure 2. Nurse perceptions of confidence increased over 12 months.

Table 2

Mean Confidence Scores at 2, 6, and 12 months

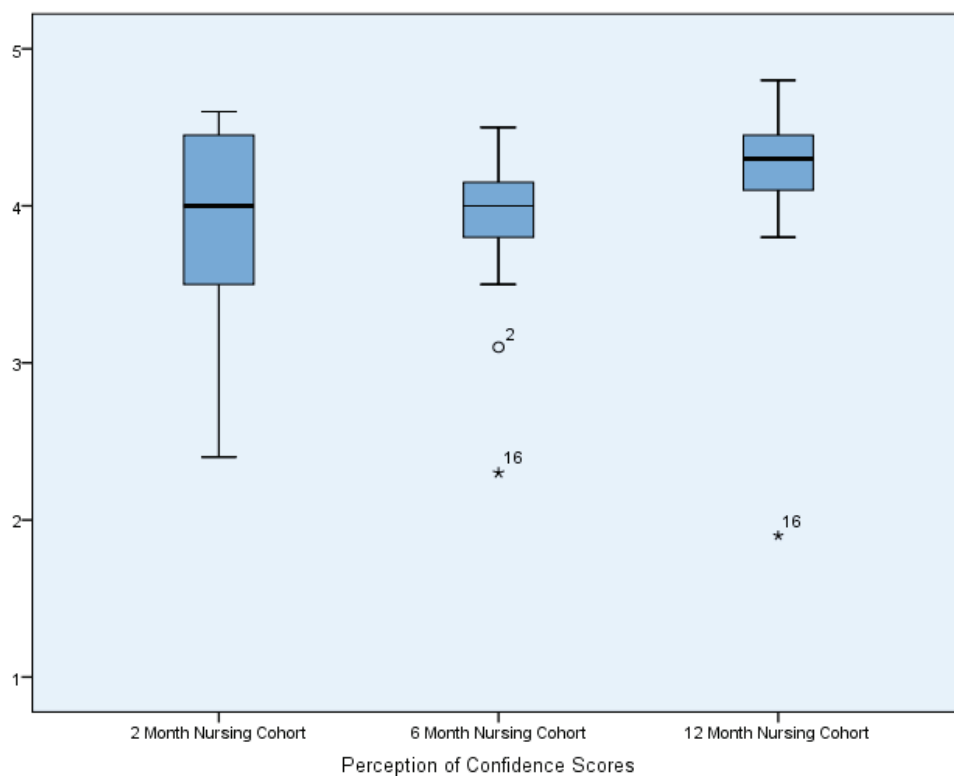|	Mean	Standard Deviation	N
2 Month Nursing Cohort	3.83	.68	55
6 Month Nursing Cohort	3.91	.50	44
12 Month Nursing Cohort	4.19	.54	41

Figure 2. Boxplot of 2, 6, and 12 month confidence scores

One-way repeated measures ANOVA was conducted to compare perceived confidence score through professional comfort, expectations, and supports at two month post-intervention, six month post-intervention, and at 12 month post-intervention. There was a significant main effect of emerging confidence through professional comfort, expectations, and supports on the average respondent new graduate nurse who participated in the residency program (F = 9.024, p = .004, η^2 = .291). Bonferroni post hoc tests showed the most significant increase in new graduate nurses' perception of confidence was evident in participants' scores at the 12 month completion of the residency program (mean = 4.196; SD = .549). The period of greatest significance on the

emerging confidence of new graduate nurses occurred in the six to 12 month interval (p < .001) (see Figure 3).

Figure 3. New Graduate Nurses' Perception of Confidence Scores

CHAPTER V

Discussion

Research supports the implementation of transition to practice programs to facilitate new graduate competence and confidence development, as well as acclimation to the professional practice role and nurse retention (Silvestre et al., 2017). Variations in compositions of nurse residency programs exist from length and time of involvement, educational content, techniques for skill acquisition and development (Anderson et al., 2012), and support for confidence development (Crimlisk et al., 2017; Lachinger et al., 2015; Rhodes, 2016), acclimation to practice role (Lin et al., 2014), and adaptation to the organizational culture (Martin & Wilson, 2011). The research results corroborate with previous studies that suggest new graduate nurses need ongoing support throughout the first year of practice to adapt to their new professional role and to be confident in their perception of their clinical competence.

Adaptation to role expectations in the continually changing acute care environment is challenging for new graduate nurses (Missen et al., 2014). In this current study, the perception of new graduate nurses' emerging confidence through professional comfort, expectations, and supports increased with time through the 12-month nurse residency program. Increasing confidence was demonstrated as nurses participated in a supportive mentor program and active learning experiences, including didactic instruction, and high and low fidelity simulation using adult learning techniques and case-based learning.

According to Laschinger et al. (2016), work environment characteristics have a strong influence on new graduate nurses' transitioning experiences. This study aligns

with Martin and Wilson's (2011) work in that caring relationships among nursing colleagues may influence how well new graduate nurses acclimate to the nursing culture, as well as the quality and the length of the transitioning experience from being a novice nurse to an advanced beginner and a competent nurse. Findings from this study agree with Laschinger et al. (2016), demonstrating that authentic leadership supports the work-life experience of novice nurses as well as their self-efficacy.

This study showed the importance of allowing novice nurses time to develop collaborative skills in interprofessional communication, as they must be practiced for effective, accurate, and collaborative communication, confirming work by Garrison et al. (2017). New graduate nurses who completed a six month residency program were found by Crimlisk et al. (2017) to be in further need of experiences with critical thinking and to have low communication scores. Implementing nurse residency programs improve new graduate nurses' competence, confidence, and retention (Silvestre et al., 2017) and assist in the easement of novice nurses into their new professional practice role (Lin et al., 2014). The current study supported the use of a year-long residency program to boost confidence levels and safe patient care.

Over time, in this study, new graduate nurses' perception of emerging confidence steadily increased. According to Spector et al. (2015), evidence-based programs that are structured to meet the expanding needs of novice nurses not only influenced the perception of confidence and clinical competence, but also impacted the institution's quality and safety measures and the potential for positive patient care outcomes. Implementation of structured, year-long, nurse residency or transition to practice programs designed to cultivate competency and confidence development in caring

learning/working environments that support interconnectiveness and the development and sustainment of authentic caring relationships may best support the transitioning needs of new graduate nurses.

Application to Theoretical/Conceptual Framework

Jean Watson's Theory of Human Caring (1997, 1998, 2008) was employed as the theoretical framework for this study. The transitioning success of new graduate nurses was largely influenced by the support they receive within their first year of practice. Supportive, caring relationships can foster confidence and competence development, as well as adaptation to the organizational culture (Martin & Wilson, 2011). Supportive leadership (Laschinger et al., 2016), mentoring (Martin & Wilson, 2011), and preceptorship (Kim et al., 2015) assist new graduate nurses into acclimating into their professional role, and authentic communication in a supportive, caring, learning environment assists in facilitating confidence and competence development. Caring collegial relationships promote collegiality and cohesiveness that are vital to patient care success (Lowe, 2013).

New graduate nurses' perception of emerging confidence through professional comfort, expectations, and supports increased throughout the nurse residency program. This finding may be representative of a continuous, supportive learning/working environment and the effects of incorporating Caritas Processes ™ (1) practice loving-kindness and caring consciousness to promote trusting relationships, (2) authenticity supports genuine, authentic expressions of caring, respecting personhood, (4) develop and sustain helping-trusting, authentic caring relationships to encourage expressions of positive and negative feelings, (5) be present to and supportive of the expression of

positive and negative feelings, understanding the subjective feelings of another, and (9)

engage in intentional caring consciousness (Watson, 2005). Findings in this study are

consistent with Watson's viewpoint that professional theory-guided caring practices

make meaningful differences in the lives of nurses (Watson & Watson Caring Science

Institute, 2009).

Limitations

The primary limitation of this study was that the data collected by the nurse

residency program utilizing the Casey-Fink Graduate Nurse Survey was comprised of the

first nurse residency program implemented within the institution. Since this was a newly

established program and the first nursing cohort, it may be beneficial to analyze

subsequent nursing cohorts and compare results.

Implications for Nursing

Implementing nurse residency programs has been shown to foster confidence and

competence development in new graduate nurses, as well as improve their rates of

retention (Silvestre et al., 2017). Preeminent residency programs employ teaching and

learning strategies designed to facilitate relationships between novice nurses and the

unit's nursing staff (Anderson et al., 2012; Krugman et al., 2006; McHugh et al., 1996;

Williams et al., 2007). Incorporating a caring, transpersonal approach within the

learning/working environment in the acute care setting may best facilitate personal and

professional growth and acquisition of self-efficacy among novice nurses (Watson,

2005). The transition from the advanced beginner to the competent professional is

further supported by residency programs that focus on key areas crucial to their success

pertaining to communication, role socialization, clinical decision making and critical

thinking, organizing and prioritizing, delegation and supervision, and evidence-based practice (Lin et al., 2009). The integration of Caritas Processes™, intricately interwoven throughout the educational, leadership, and direct-care nurse practice environments are supportive of self-care, reflective practices, caring learning/working environments and may best support a culture of caring. The confidence scores of new graduate nurses immerged as the strongest at 12-months, implying the wisdom of a year-long transition to practice program.

Recommendations

Recommendations for further research would include performing a separate thematic analysis of factors that contributed/did not contribute to the transitioning success of new graduate nurses. Interviews or focus groups utilizing Watson as the theoretical underpinning may also define a greater understanding as to caring behaviors and transpersonal experiences that may best support the growing needs of new graduate nurses during their first year of practice.

Recommendations for nursing practice include adapting Watson's Theory of Human Caring as a practice model and incorporating the Caritas Processes™ to develop collegial relationships that support honest communication, authenticity, and meaningful interactions that are supportive and foster trust, valuing one another's personhood. Adapting Caritas Processes™ to the learning/working environment in the acute care setting may also assist in facilitating the acquisition of confidence in clinical competence and the knowledge, skills, and attitudes of the professional nurse. The caritas processes™ guide relationship building in mentor, preceptor, and cohort groups to support learning and professional development. Utilization of the Caritas Processes™

may further assist new graduate nurses in building trusting relationships with patients and families which improve clinical outcomes.

Conclusion

Transitioning programs for new graduate nurses foster competence and confidence development. The greatest impact of the residency program occurred within the last six months, indicating new graduate nurses need continual support throughout their first year of practice. Utilization of Watson's Theory of Human Caring may assist in relationship building and could further assist in the professional development and support of novice nurses.

References

Adams, L. Y. (2016). The conundrum of caring in nursing. *International Journal of Caring Sciences*, *9*(1), 1-8.

American Association of Critical-Care Nurses (AACN). (2005). AACN standards for establishing and sustaining healthy work environments: A journey to excellence. *American Journal of Critical Care*, *14*(3), 187-197.

Anderson, G., Hair, C., & Todero, C. (2012). Nurse residency programs: An evidence-based review of theory, process, and outcomes. *Journal of Professional Nursing*, *28*(4), 203-212.

Anderson, T., Linden, L., Allen, M., & Gibbs, E. (2009). New graduate RN work satisfaction after completing an interactive nurse residency. *Journal of Nursing Administration*, *39*(4), 165-169.

Benner P. (1982). From novice to expert. *American Journal of Nursing*, *82*, 402–407.

Benner, P. (1984). *From Novice to Expert*. Menlo Park, CA: Addison-Wesley.

Benner, P. (2004). Using the Dreyfus model of skill acquisition to describe and interpret skill acquisition and clinical judgment in nursing practice and education. *Bulletin of Science, Technology & Society*, *24*(3), 188-199.

Beyea, S. C., von Reyn, L. K., & Slattery, M. J. (2007). A nurse residency program for competency development using human patient simulation. *Journal for Nurses in Professional Development*, *23*(2), 77-82.

Blair, M. (2014). Nearly one in five new nurses leaves their job within a year, according to survey of newly licensed registered nurses. Retrieved from https://www.rwjf.org/en/library/articles-and-news/2014/09/nearly-one-in-five-new-nurses-leave-first-job-within-a-year--acc.html

Blevins, S. H. (2016). Nurse residency programs: Supporting nurse graduates. *Medsurg Nursing*, *25*(5), 367-368.

Boykin, A., & Schoenhofer, S. O. (2001). *Nursing as Caring*: *A model for transforming practice*. Sudbury, MA: Jones & Bartlett

Caruso, E., Cisar, N., & Pipe, T. (2008). Creating a healing environment. *Nursing Administration Quarterly*, *32*(2), 126-132. http://dx.doi.org/10.1097/01.naq.0000314541.29241.14

Casey, K., & Fink, R. (2015). Casey-Fink graduate nurse experience survey reliability and validity issues. Retrieved from www.uchealth.org/professionals/professionaldevelopment/casey-fink-surveys/

Casey, K., & Fink, R. (2018). Casey-Fink graduate nurse experience survey. Retrieved from   https://www.uchealth.org/professionals/professional-development/casey-fink-surveys/casey-fink-graduate-nurse-experience-survey/

Casey, K., Fink, R. R., Krugman, A. M., & Propst, F. J. (2004). The graduate nurse experience. *Journal of Nursing Administration*, *34*(6), 303-311. Retrieved from https://www.researchgate.net/profile/Regina_Fink2/publication/8517544_The_Graduate_Nurse_Experience/links/00b4952e3cc246c730000000.pdf

Cason, M., Atz, T., & Horton, L. F. (2017). New nursing graduates' self-efficacy ratings and urinary catheterization skills in a high-fidelity simulation scenario. *Clinical Simulation in Nursing*, *13*(2), 71-77.

Colaizzi, P. (1978). Psychological research as the phenomenologist views it. In R. Valle & M. King (Eds.), *Existential phenomenological alternative for psychology* (pp. 48-71). New York, NY: Oxford University Press.

Crimlisk, J. T., Grande, M. M., Krisciunas, G. P., Costello, K. V., Fernandes, E. G., & Griffin, M. (2017). Nurse residency program designed for a large cohort of new graduate nurses: Implementation and outcomes. *MedSurg Nursing*, *26*(2), 83-89.

Del Prato, D., Bankert, E., Grust, P., & Joseph, J. (2011). Transforming nursing education: A review of stressors and strategies that support students' professional socialization. *Advances in Medical Education and Practice*, *2*, 109-116.

Donnelly, G. (2017). *Stress: The Elephant in Your Career*. Nursingcenter.com. Retrieved from https://www.nursingcenter.com/ncblog/may-2017/stress-the-elephant-in-your-career

Durham C.F., & Alden K.R. (2008). Enhancing Patient Safety in Nursing Education Through Patient Simulation. In R.G. Hughes (Ed.). *Patient safety and quality: An evidence-based handbook for nurses*. Rockville, MD: Agency for Healthcare Research and Quality. Retrieved from: https://www.ncbi.nlm.nih.gov/books/NBK2628/

Fawcett, J. (2005). *Contemporary nursing knowledge: Analysis and evaluation of nursing models and theories* (2nd ed.). Philadelphia, PA: F. A. Davis.

Fink, R., Krugman, M., Casey, K., & Goode, C. (2008). The graduate nurse experience: Qualitative residency program outcomes. *Journal of Nursing Administration*, *38*(7/8), 341-348.

Garrison, F. W., Dearmon, V., & Graves, R. J. (2017). Working smarter: Building a better nurse residency program. *Nursing Management*, *48*(3), 50-54.

Goode, C. J., Lynn, M. R., Krsek, C., & Bednash, G. D. (2009). Nurse residency programs: An essential requirement for nursing. *Nursing Economics*, *27*(3), 142. https://www.nursingeconomics.net/ce/2011/article27142159.pdf

Graduate QSEN Competencies. QSEN Institute. (2012). *Qsen.org*. Retrieved from http://qsen.org/competencies/graduate-ksas/

Henderson, A., Rowe, J., Watson, K., & Hitchen-Holmes, D. (2016). Graduating nurses' self-efficacy in palliative care practice: An exploratory study. *Nurse Education Today*, *39,* 141-146. https://doi.org/10.1016/j.nedt.2016.01.005

Hussein, R., Everett, B., Ramjan, L. M., Hu, W., & Salamonson, Y. (2017). New graduate nurses' experiences in a clinical specialty: A follow up study of newcomer perceptions of transitional support. *BioMed Central Nursing*, *16*(1), 42.

Kim, K., Lee, A., Eudey, L., Lounsbury, K., & Wede, P. (2015). New RN residency program to improve clinical competency, confidence, and socialization skills of novice nurses. *Journal of Nursing Education and Practice*, *5*(6), 50-61. http://dx.doi.org/10.5430/jnep.v5n6p50

Krugman, M., Bretschneider, J., Horn, P.B., Krsek, C.A., Moutafis, R.A., & Smith, M.A. (2006). The national post-baccalaureate graduate nurse residency program: A model for excellence in transition to practice. *Journal for Nurses in Staff Development*, *22*(4), 196-205

Laschinger, H., Borgogni, L., Consiglio, C., & Read, E. (2015). The effects of authentic leadership, six areas of worklife, and occupational coping self-efficacy on new graduate nurses' burnout and mental health: A cross-sectional study. *International Journal of Nursing Studies*, *52*(6), 1080-1089.

Laschinger, H. S., Cummings, G., Leiter, M., Wong, C., MacPhee, M., Ritchie, J., & ... Read, E. (2016). Starting Out: A time-lagged study of new graduate nurses' transition to practice. *International Journal of Nursing Studies*, 82, 82-95. https://doi.org/10.1016/j.ijnurstu.2016.01.005

Laschinger, H. K., Finegan, J., & Wilk, P. (2009). New graduate burnout: The impact of professional practice environment, workplace civility, and empowerment. *Nursing Economics*, *27*(6), 377.

Lau, R., Willetts, G., Hood, K., & Cross, W. (2014). Development of self-efficacy of newly graduated registered nurses in an aged care program. *Australasian Journal on Ageing*, *34*(4), 224-228. http://dx.doi.org/10.1111/ajag.12156

Lin, P. S., Viscardi, M. K., & McHugh, M. D. (2014). Factors influencing job satisfaction of new graduate nurses participating in nurse residency programs: A systematic review. *The Journal of Continuing Education in Nursing*, *45*(10), 439-450.

Lowe, L. D. (2013). Creating a caring work environment and fostering nurse resilience. *International Journal for Human Caring*, *17*(4), 52-59.

Martin, K., & Wilson, C. B. (2011). Newly registered nurses' experience in the first year of practice: A phenomenological study. *International Journal for Human Caring*, *15*(2), 21.

McHugh, M., Duprat, L. J., & Clifford, J. C. (1996). Enhancing support for the graduate nurse. *The American Journal of Nursing*, *96*(6), 57-62.

Missen, K., McKenna, L., & Beauchamp, A. (2014). Graduate nurse program coordinators' perceptions of role adaptation experienced by new nursing graduates: A descriptive qualitative approach. *Journal of Nursing Education and Practice*, *4*(12), 134-141.

Namnabati, M., Soroush, F., & Zargham-Boroujeni, A. (2016). The relationship between nurses′ clinical competence and burnout in neonatal intensive care units. *Iranian Journal of Nursing and Midwifery Research*, *21*(4), 424. http://dx.doi.org/10.4103/1735-9066.185596

Pfaff, K. A., Baxter, P. E., Jack, S. M., & Ploeg, J. (2014). Exploring new graduate nurse confidence in interprofessional collaboration: A mixed methods study. *International Journal of Nursing Studies*, *51*(8), 1142-1152.

Phillips, C., Kenny, A., Esterman, A., & Smith, C. (2013). A secondary data analysis examining the needs of graduate nurses in their transition to a new role. *Nurse Education in Practice*, *14*(2), 106-111.

Phillips, M. (2012). Incorporating caring into the RN residency program through reflective journaling. Retrieved from https://www.watsoncaringscience.org/

Rhodes, C. A., Grimm, D., Kerber, K., Bradas, C., Halliday, B., McClendon, S., ... & McNett, M. (2016). Evaluation of nurse-specific and multidisciplinary simulation for nurse residency programs. *Clinical Simulation in Nursing*, *12*(7), 243-250.

Rosenfeld, P., & Glassman, K. (2016). The long-term effect of a nurse residency program, 2005-2012: Analysis of former nurse residents. *Journal of Nursing Administration*, *46*(6), 336-344.

Roybal, D. (2017). What we say, what they hear: Perceptions of organizational values and ethical climate in the health care setting. *Nurse Leader*, *15*(4), 251-257.

Schoessler, M., & Waldo, M. (2006). Organizational infrastructure to support development of newly graduated nurses. *Journal for Nurses in Staff Development*, *22*, 286–293.

Serah, W., Irene, M., & Job, M. (2017). The self-assessed clinical judgment competencies of newly graduated nurses post internship in Kenya. *International Journal of Nursing Education*, *9*(1), 119-122.

Silvestre, J. H., Ulrich, B. T., Johnson, T., Spector, N., & Blegen, M. A. (2017). A multisite study on a new graduate registered nurse transition to practice program: Return on Investment. *Nursing Economics*, *35*(3), 110.

Sokola, K. M. (2013). The relationship between caring ability and competency with caring behaviors of nursing students. *International Journal for Human Caring*, *17*(1), 45-55.

Spector N. (2009). Description of NCSBN's transition to practice model. Chicago, IL: National Council of State Boards of Nursing.

Spector, N., Blegen, M. A., Silvestre, J., Barnsteiner, J., Lynn, M. R., Ulrich, B.... & Alexander, M. (2015). Transition to practice study in hospital settings. *Journal of Nursing Regulation*, *5*(4), 24-38.

Stump, G. S., Husman, J., & Brem, S., K. (2012). The Nursing Student Self-Efficacy Scale: Development using item response theory. *Nursing Research*, *61*(3), 149-158.

Theisen, J. L., & Sandau, K. E. (2013). Competency of new graduate nurses: A review of their weaknesses and strategies for success. *The Journal of Continuing Education in Nursing*, *44*(9), 406-414.

Ulrich, B., Krozek, C., Early, S., Ashlock, C. H., Africa, L. M., & Carman, M. L. (2010). Improving retention, confidence, and competence of new graduate nurses: Results from a 10-year longitudinal database. *Nursing Economics*, *28*(6), 363-375.

Van Camp, J., & Chappy, S. (2017). The effectiveness of nurse residency programs on retention: A systematic review. *Association of periOperative Registered Nurses Journal*, *106*(2), 128-144.

Wagner, L. (2000). Connecting to nurse self through reflective poetic story. *International Journal for Human Caring*, *4*(2), 7-12.

Watson, J. (1979). *Nursing*: *The philosophy and science of caring*. Boston, MA: Little, Brown and Company. 2nd printing 1985, Boulder, CO: University Press of Colorado.

Watson, J. (1997). The theory of human caring: Retrospective and prospective. *Nursing Science Quarterly*, *10*(1), 49-52.

Watson, J. (1998). Nightingale and the enduring legacy of transpersonal human caring. *Journal of Holistic Nursing*, *16*(2). 107-108.

Watson, J. (2005). Caring science as sacred science. Philadelphia, PA: F. A. Davis Company.

Watson, J. (2008). *Nursing*: *The philosophy and science of caring*. (rev. ed.), Boulder, CO: University Press of Colorado.

Watson, J., & Watson Caring Science Institute. (2009). *Assessing and measuring caring in nursing and health sciences* (2nd ed.). New York, NY: Springer Pub.

Watt, E., & Pascoe, E. (2013). An exploration of graduate nurses' perceptions of their preparedness for practice after undertaking the final year of their bachelor of nursing degree in a university- based clinical school of nursing. *International Journal of Nursing Practice*, *19*(1), 23-30.

Welsh, D. (2014). Self-efficacy measurement and enhancement strategies for medical-surgical clinical nurses. *MedSurg Nursing*, *23*(6), 371-378.

Williams, C.A., Goode, C.J., Krsek, C., Bednash, G. & Lynn, M. (2007). Post-baccalaureate nurse residency one-year outcomes. *Journal of Nursing Administration*, *37*(7), 357-365.

Zinn, J. L., Guglielmi, C. L., Davis, P. P., & Moses, C. (2012). Addressing the nursing shortage: The need for nurse residency programs. *AORN Journal*, *96*(6), 652-657.