

## ABSTRACT

### BEING A NURSE: PERCEPTIONS OF 1-YEAR BACCALAUREATE NURSES

By Sarah Davis

Limited studies exist regarding new graduate nurses' perceptions of nursing during their role transition. By understanding how a 1-year baccalaureate-prepared nurse perceives being a nurse, those involved in the transition process can better understand how to help prepare the nurse for his/her first year out of school. The research question was: How do baccalaureate-prepared nurses perceive being a nurse 1 year post-graduation?

The theoretical frameworks chosen to guide this study were Benner's (1984) Novice to Expert Model, and Meleis, Sawyer, Im, Messias, & Schumacher's (2000) Transition Theory. A qualitative design was used to discover the new nurses' perceptions of the experience of transition. A convenience sample of 20, 1-year baccalaureate nurses between the ages of 23 and 31, who had graduated from a Midwestern university and had been working in a healthcare setting for at least 1 year post-graduation, comprised the sample. Data were gathered through in-depth, unstructured face-to-face interviews, and analyzed using Colaizzi's approach (Polit & Beck, 2008; Speziale & Carpenter, 2007).

Results indicated that the sample was White, and comprised 2 males and 18 females. The mean age of the sample was 25 years. All participants had graduated between 12 and 18 months at the time of the study. At 3 months into transition, 80% reported being at the advanced beginner stage; at the competent stage at 6 months; and at the proficient stage at 1 year. The overarching theme was: The transitional journey: being a nurse. Data analysis revealed three main themes: (a) starting transition, (b) during transition, and (c) moving beyond transition. Several subthemes emerged from the main themes.

The conceptual frameworks guided the exploration of the stages of proficiency and the transitional journey of new nurses. These nurses enter their role with perceptions of being thrown in, overworked, and lacking competence. They soon realize the need to find balance and expand knowledge. When moving beyond transition, they gain confidence, and a feeling of acceptance into the profession.

By understanding the perceptions of 1-year baccalaureate-prepared nurses, educators and hospital administrators can better understand how to prepare new graduates for the work setting. Findings may also have implications for future nursing students and/or newly graduated nurses.

BEING A NURSE: PERCEPTIONS OF 1-YEAR BACCALAUREATE NURSES

by

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I would like to dedicate this project, with love, to my husband—Steve, my two sons—Joel and Owen, and to all of my family and friends who endured me to completion. Thank you for believing in me and for offering me more support than I could have ever imagined.

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## CHAPTER I

### INTRODUCTION

Before 1980, women who attended college were encouraged to choose from one of two main career choices: either a teacher or nurse. During this time period, nursing was considered the first career choice for all young girls. Over the past 30 years, the perceptions and career aspirations of young people have changed, resulting in reductions in nursing school enrollment (Brodie, Andrews, Thomas, Wong, & Rixon, 2004). Studies have shown that the environments that nursing students are entering nowadays are complex and constantly changing with continuous new demands (Dean-Baar, 2003). In order for educators and healthcare professionals to properly embrace the newly graduated nurses, they must understand how their perceptions change after transitioning into their new role (Duchscher, 2001).

Throughout time, there have been many different perceptions of what it means to be a nurse. Some negative perceptions have been related to gender stereotyping, low academic standards, poor pay, and poor working conditions. Additionally, the media often portrays nurses as sex objects that are subservient to the doctors. Yet on the positive side, nursing has also been perceived as a caring and nurturing profession that requires a great deal of physical and emotional strength, patience, and knowledge. Research has indicated that nursing students are influenced by the stereotypical examples of nurses offered by the media (Brodie et al., 2004).

Research indicates that the perceptions of graduate nurses often change when they enter their new role (Manninen, 1998). The transition from student to nurse is often described as being a “shock-like” reaction (Evans, 2001). Graduates who had felt well

prepared upon graduation, surprisingly felt ill-equipped when they entered their new role. The transition between education and clinical practice can be filled with happiness and excitement, but also fear and disappointment. Often times, the initial experiences of new nurses occur in a clinical setting where they are quickly introduced to the expectations and norms, informal rules, and formal protocols and procedures (Heslop, McIntyre, & Ives, 2001).

Graduate nurses' perceptions of nursing and the stress they encounter during their transition to the professional role need to be further explored (Brodie et al. 2004; Duchscher, 2001; Gerrish, 2000). During the transition from a student to nurse, students' expectations and the realities of practice can differ greatly. Research indicates that the nursing paradigm has shifted, and nurses today are expected to apply critical thinking and theoretical knowledge in their practice upon graduation (Manninen, 1998). Despite the fact that most new graduates look forward to their new role as a nurse, the expectations placed on them early in their careers often leaves them feeling overwhelmed.

Limited studies exist regarding one-year nurses' perceptions of their transition from student to nurse (Delaney, 2003; Duchscher, 2001; Evans, 2001; Oermann & Moffitt-Wolf, 1997). There are even fewer studies that focus on new nurses lived experience of nursing (Fable, 2006). Although nurse leaders and academic educators have developed opinions of how new nurses define their new role, the actual perspectives of the nurse 1 year post-graduation are largely unknown. *So, how do new graduate nurses perceive being a nurse after working in a practice setting for 1 year?*

### Significance for Nursing

By understanding how a 1-year nurse perceives being a nurse, educators and hospital administrators can better understand how to prepare new graduates for the work setting. These findings have implications for nurse educators in academia, nurse leaders in the hospital, future nursing students, and/or newly graduated nurses. Exploring factors that promote and inhibit new graduates from being a nurse can provide directions to all involved in the process of preparing the graduate nurse for transition (Oermann & Moffitt-Wolf, 1997).

Research has indicated that nursing curricula should include a combination of university-based nursing education and hospital-based clinical education in order to provide students with a better understanding of what it is to be a nurse (Brodie et al., 2004). In order for educators to stay current and relevant, they must maintain awareness of the stresses, challenges, and practice settings into which new graduate nurses are entering.

It is hoped that the information from the current study will assist nurse leaders in the hospitals, and those in charge of hiring and orienting new nurses to better prepare for the transition from the graduate nurse to the practicing nurse. Studies have shown that the turnover rate in the first year of employment is between 35% to 60% among new graduate nurses, due to emotional stress and demanding working environments (Delaney, 2003). This is a significant problem for employers, because a nurse who has been employed for less than 1 year will cost the company \$40,000 in hiring and orientation expenses (Halfer & Graf, 2006).

Prior to entering nursing school, students have false impressions about nursing as an occupation. Many view nursing as only providing technical skills, and greatly

underestimate the depth of knowledge and responsibility of the nurse's role (Brodie et al., 2004). In addition, disparity among perceptions also exists between third and fourth year nursing students and that of new nurses. Students often report that their misconceptions about nursing left them feeling unprepared for the stress of their new occupation (Brodie et al). By providing future nursing students and new graduates with information about the perceptions of 1-year baccalaureate-prepared nurses, they will benefit by preparing for the transition and reducing any false ideations.

### Statement of Problem

Changing roles from a student to a nurse represents a critical and vulnerable time. On an average, graduate nurses feel it takes at least 12 months to start gaining comfort and confidence in their new role (Casey, Fink, Krugman, & Propst, 2004). The first year is considered to be a time of development and growth, with new expectations and growing perceptions of what it is to be a nurse. Although the transitional period that a new nurse encounters may have great value to his/her overall progress, there is a lack of information regarding this topic. An understanding of how one perceives being a nurse during this pivotal time can provide helpful information during his/her transitional journey.

### Purpose of Study

The purpose of this study was to explore and describe the perceptions of being a nurse by baccalaureate prepared nurses 1 year post-graduation. Exploring and describing the perceptions of new nurses, can offer information to help with the support of these nurses during their role transition.

### Research Question

The research question was: How do baccalaureate-prepared nurses perceive being a nurse 1 year post-graduation?

### Definitions of Terms

#### *Conceptual Definitions*

*Perceive being a nurse:* Perceive means to apprehend through sight and understand with the use of your mind (*Webster's New World Dictionary*, 2002). *Being* is defined as one that lives or exist (*Webster's New World Dictionary*, 2002). *Nurse* is defined as a licensed person who is trained to look after, foster, and advise other individuals (*Webster's New World Dictionary*, 2002).

*Baccalaureate-prepared nurse 1 year post graduation:* An individual who has graduated with a baccalaureate degree in nursing from an accredited university within the past year.

#### *Operational Definitions*

*Perceive being a nurse:* In this study, perceptions of being a nurse will be reported by the participants during a face-to-face interview.

*Baccalaureate-prepared nurse 1 year post graduation:* Any male or female registered nurse in Wisconsin, between the ages of 21 and 30, who has acquired a baccalaureate degree in nursing from an accredited bachelor of science in nursing (BSN) program. The participants in this study must be working in a healthcare setting for 1 year as a registered nurse.

### Assumptions

1. One-year nurses have similar definitions of being a nurse during their transition.
2. A nurse begins his/her profession as a novice and then progresses through different developmental stages.
3. Transitions are complex and can cause changes in identities, roles, relationships, abilities, and patterns of behavior.
4. A 1-year nurse continues to grow and develop into his/her new role after the educational period.
5. Participants are open and honest in sharing their definitions.

### Chapter Summary

The purpose of this study was to explore and describe the perceptions of being a nurse by baccalaureate-prepared nurses 1 year post-graduation. Limited studies exist of 1-year baccalaureate-prepared nurses' perceptions of nursing and initial role transition. By understanding new graduates' perceptions, those involved in the transition process can better understand how to help prepare the nurse for his/her first year post-graduation. Findings may have implications for nurse educators in academia, nurse leaders in the hospital, future nursing students, and newly graduated nurses. Changing roles from a student to a nurse represents a critical and vulnerable time.

A brief overview of the significance and relevance that this study has to nursing was described in this chapter. The problem statement, purpose, research question, and assumptions were examined. Conceptual and operational terms were defined to facilitate the understanding of the research question.

## CHAPTER II

### THEORETICAL FRAMEWORK AND LITERATURE REVIEW

#### Introduction

The purpose of this study was to explore and describe the perceptions of being a nurse by baccalaureate-prepared nurses 1 year post-graduation. The Novice to Expert Model and the Transition Theory were chosen as the theoretical frameworks to guide this study. The literature review includes studies on the different perceptions of nursing, the expectations of new graduate nurses, and the transition from a student to a nurse.

#### Theoretical Framework

The theoretical frameworks chosen to guide this study were Benner's Novice to Expert Model (1984) and Meleis, Sawyer, Im, Messias, and Shumacher's Transition Theory (2000). The Novice to Expert Model describes the professional development that occurs as a nurse enters her new role. Benner (1984) used the Dreyfus Model to explain the differences between the novice and experienced nurse by describing five levels of nursing proficiency (see Table 1).

Table 1

*Novice to Expert: Five Stages (Benner, 1984)*

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



Benner's (1984) Novice to Expert Model helped guide this study by providing a clear picture of the process one goes through as he/she develops expertise in the clinical setting. Over time, nurses are expected to progress through the five stages of development. Progression throughout these stages may occur in a nonlinear manner depending on the individual's background experience and the distinctiveness of the clinical environments. The new nurse will likely enter as a novice, and although there is no distinct time line, by 1 year he/she may be moving on to stage two or three.

The second theoretical framework used as a guide for this study was the Transition Theory (Meleis et al., 2000). This theory offered a framework in which the transition process could be studied. The Transition Theory is a middle-range theory that explains how transitions cause changes in identities, roles, relationships, abilities, and patterns of behavior. Transitions are complex, occur as a natural process, and require periods of perplexity and reorientation during the process of finding oneself (Schumacher & Meleis, 1994).

Outcomes of transitional experiences are influenced by environmental factors that blend with a person's perceptions, resources, and state of well-being. Meleis et al. (2000) define transitions as periods in which change takes place in an individual's life, health, relationships, or environment. Schumacher & Meleis (1994) describe transitions as a passage or movement from one state, condition, or place, to another. Entry of the new nurse begins with the first anticipation of transition and ends when stability has been achieved.

Meleis et al. (2000) used an integrative concept analysis, which combined five qualitative studies and a traditional concept analysis to develop a theoretical framework, illustrated in Figure 1. The nature of the transitions, conditions (facilitators and inhibitors), and patterns of response are described. Each broad heading is broken down into categories and subcategories.

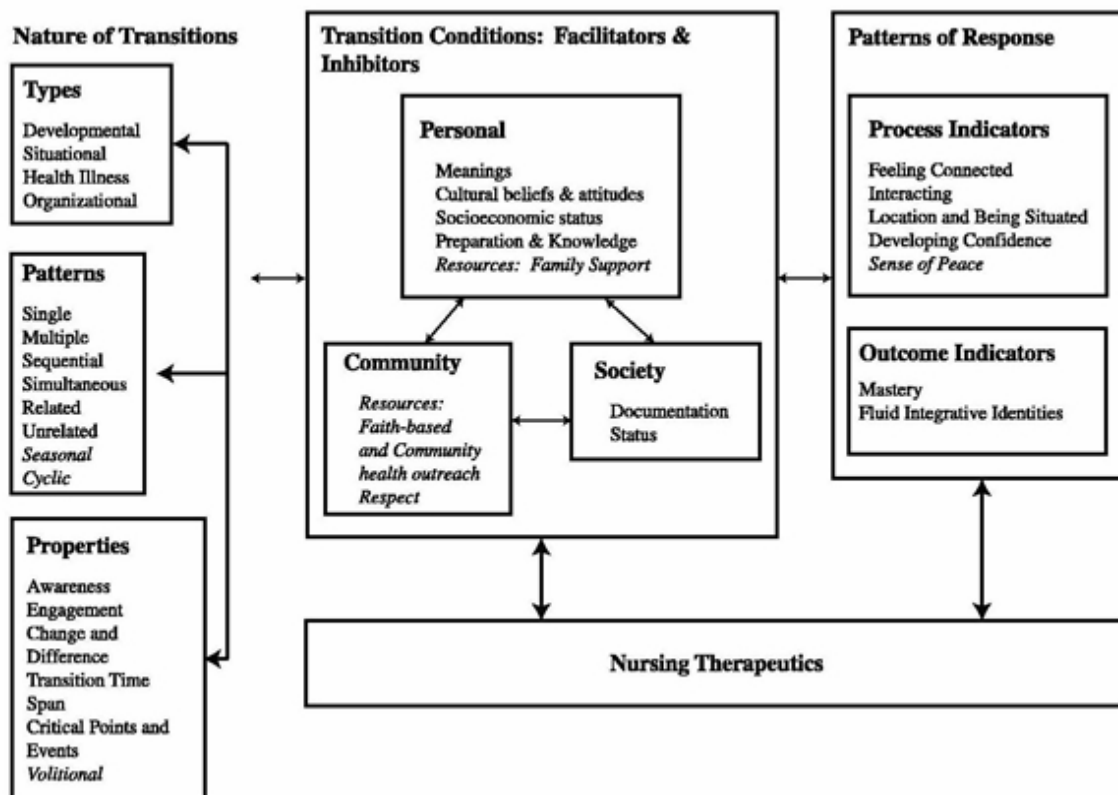


Figure 1. Transitions: A middle-range theory (Meleis et al., 2000).

Under the category of *nature of transition*, Meleis et al. (2000) used the categories of *types* and *pattern* to describe the different types of transitions that the nurse encounters, and nature of each transition. In the category of *properties*, the essential characteristics of the transition experiences are identified and subcategorized. In the subcategory *awareness*, the importance of having some idea of the changes that are occurring and the knowledge needed for the change is described. *Engagement* is a subcategory where the degree to which the person is involved in the processes of transition is explained. *Changes and differences* are in the subcategory where there is a need to fully understand the changes involved in the transition and accept the perceived differences that are sometimes a result of the changes. The *time span* subcategory is characterized by a start and end point, and the need to know where one stands in order to set goals and outcomes. In the subcategory *critical points and events*, it is important to know what the associated identifiable marker was to the event that led to transition.

Under the category of *transition conditions: facilitators and inhibitors*, the personal, societal, and community conditions that could ease or delay one's progress during transition are described. Based on the category of *patterns of response*, process and outcome indicators must be explored during transition. Identification of indicators helps move an individual in the right direction by allowing early assessment and interventions for a healthy transition (Figure 1).

The following represents a case study using the concepts of Benner's Model and the Transition Theory. Exploring the transition and stage of development of a nurse are central in understanding how a new nurse perceives his/her role.

### *Model Case*

Sarah, a nurse educator at a local college, often comes in contact with past students while teaching clinical at local hospitals. One afternoon, she has an encounter with a student named Kim, who graduated 1 year ago, and is now working on a medical floor. Sarah asks Kim how she is enjoying her new role, and Kim unexpectedly broke down and replied,

Although I enjoy taking care of patients, I feel so lost. I had no idea that becoming a nurse would cause such anxiety and frustration. After graduation, I thought I would be able to begin working, and after a month of training I would be ready to independently care for my patients while having a clear understanding of their circumstances.

Kim further explained that she often feels overwhelmed, and is finally just starting to understand the interventions she is applying.

I now am at the point where I feel more comfortable with the other staff members and I ask a lot of questions for clarification. I am looking forward to the day when I am answering more questions than asking.

Benner's Model and the transition theory can be used to distinguish what stage Kim is in, and how she is transitioning. According to Benner's Model, Kim would be between the novice and advanced beginner stage. Although she is starting to understand the conceptual meaning behind her interventions, she still relies heavily on others for direction and support. According to the Transition Theory, it is normal for Kim to feel stressed and frustrated during a critical event (becoming a nurse). She has multiple developmental and situational problems and is aware and engaged in her transition process, while understanding that there will be an end (time span). She

identifies both personal and environmental conditions that facilitate and hinder her process, as well as patterns of response by interacting and asking questions. Figure 2 illustrates that by integrating these two frameworks, a better understanding can be developed of how 1-year nurses may perceive being a nurse.

### Review of Literature

Limited studies exist on graduate nurses' perceptions of nursing and the stress they encounter during their transition to the professional role (Brodie et al. 2004; Duchscher, 2001; Gerrish, 2000). This review of literature offered an understanding about how one perceives the role of a nurse, expectations of a new graduate nurse, and the transition from being a student to a nurse.

#### *Perceptions of Nursing*

Although literature has identified false and negative perceptions of nursing, there have been few research studies that focus on how these perceptions affect nursing students. The following studies offer insight about how the role of the nurse is perceived, and suggest the need for further studies that can help educators better prepare graduates for their new role.

Throughout time, people have perceived nursing as a primarily feminine occupation that involves characteristics such as caring and nurturing (Brodie et al., 2004). Brodie et al. did a three stage methodological triangulation study using both a quantitative and qualitative approach. The stages were completed through the use of a qualitative and quantitative questionnaire survey, a focused group discussion, and a semi-structured telephone interview with first, second, and third year students. The survey was distributed to 2,845 students. There were 650 responses (592 respondents

## Stages and Transitional Journey

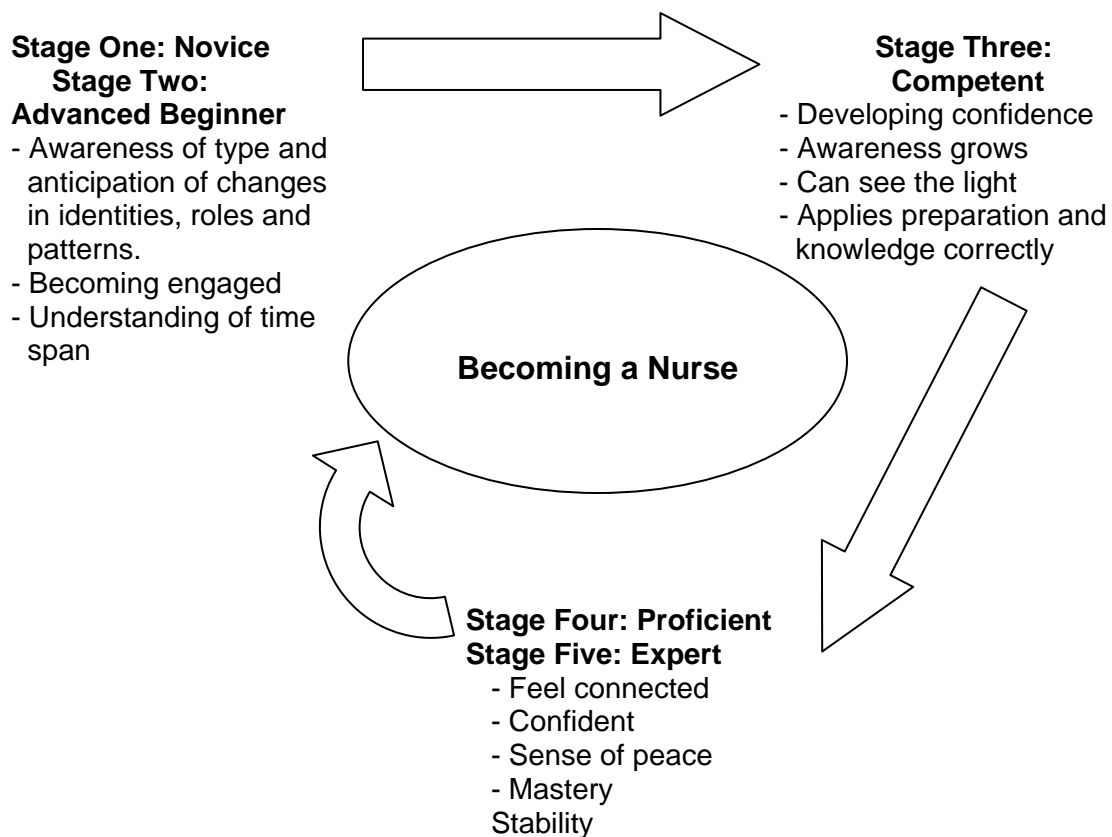


Figure 2. Integration of Benner's Stages and Transitional Theory.

were current students and 58 were recently qualified nurses). Seven focus group discussions were conducted with 10 to 18 participants in each group. Telephone interviews were done with 30 newly qualified former students in a semi-structured manner using the same themes as in the focus groups. Results provided important insights into the changing perceptions of nursing students, and indicated that many students still had false perceptions of nursing and felt disillusioned by the overwhelming challenges encountered when they started school. The authors stated that educators need to be aware of the misconceptions with which students enter the program to better prepare them for their professional role as a nurse.

When entering nursing school, some students still view nursing as a job that uses more technical rather than independent decision-making skills. Manninen's (1998) longitudinal study of 158 Finnish nursing students examined perceptions of nursing students after 6, 18, and 30 months of education and at the end of the education program. A 90-question Likert-type scale was used to explore students' self-assessment of nursing as a medical-technical activity, nursing as promoting human well-being and health, and nursing as a professional activity. The findings indicated that perceptions of nursing remained traditional. However, students noted that along with the caring aspects, nursing as a profession incorporated scientific knowledge and health promotion with the ultimate goal of "taking care of the patient's well-being and needs" (Manninen, p. 394). The results have implications for educators, and suggest that with the changing nature of nursing, it is important to look carefully at the current and future demands of health care services when planning the curriculum.

Nursing is a profession that requires certain principles, values, beliefs, and skills. Ware (2008) used grounded theory methodology to examine the process of the concept

of self as a professional nurse in nursing students. Participants were 15 baccalaureate nursing students enrolled at the beginning of their final semester. Data were generated by asking questions related to how the students pictured themselves assuming the role of the nurse at the beginning of their program, and how they pictured the role of the nurse when they were nearing graduation. Ware found most students' perception of the "role of the nurse" changed as they advanced through the program. Students developed a more holistic view of nursing, and felt that the nurse does not only focus on the physical needs of a client, but also the emotional, psychological, and social needs. The theory of "taking it all in" emerged as students described the process as "building upon each experience piece-by-piece" (Ware, p. 12).

Gerrish (2000) conducted a grounded theory study that examined 25 newly qualified nurses' perceptions of the transition from student to qualified nurse. Gerrish mirrored the approach and method of an earlier study done in 1985. In-depth, individual interviews were undertaken and questions were asked about how students perceived the differences between the role of the student and the role of the staff nurse, how prepared they were for their new role, what relationships they formed with other staff members, what support systems were available, and what were the stressful and enjoyable aspects of their new role. Results revealed that although the transition remained stressful, and newly qualified nurses found themselves feeling inadequately prepared, the transition process was less difficult than in the 1980s. Unlike nurses in the 1980s, today's nurses appear to have developed more active learning strategies and are better supported through preceptorships, which has helped them adjust to their new role.

Bjorkstrom, Johansson and Athlin (2006) completed a longitudinal survey to explore the meaning of being a good nurse. The researchers used a questionnaire to



ask Swedish informants to describe their perception of what it means to be a good nurse, and what it means to be a bad nurse. Data were collected from nursing students at the beginning of their nursing school, just before graduation, and 3 to 5 years after becoming a new nurse. Initially, 164 nursing students participated in the study, and by the end there were 64 informants who had participated at all data collection times. The findings revealed that changes were found in the informants' views of the nurse's role as they advanced in their careers. Four categories emerged: (a) "to do good for others," (b) "to be competent and skilled," (c) "to have professional courage and pride," and (d) "to seek professional development" (Bjorkstrom et al., 2006, p. 506). As informants' professional experience and awareness increased, their meaning of being a good nurse became more complex.

In 2008, Bjorkstrom, Johansson, and Athlin further investigated how baccalaureate degree nurses perceive their professional self over time. In this longitudinal study, the Nurse Self-Description Form (NSDF) was used. Similar to the authors' 2006 study, data were collected from nursing students at the beginning of their nursing school, just before graduation, and 3 to 5 years after becoming a new nurse. Initially 163 nursing students participated in the study, and by the end there were 67 participants at all three points in the data collection. Overall, participants rated their professional self as 'high' throughout their transition from a student to a nurse, and by 3 to 5 years respondents viewed themselves as being well equipped in nursing competence. Results revealed that as a nurse grows in his/her new role, the ratings for "drive, objectivity, flexibility, ability to teach, ability to communicate, and sociability" increased, while "knowledge mastery and desire to contribute through research" decreased (Bjorkstrom et al. 2008, p. 1385).

Latimer (2005) used a cross-sectional approach to study 24 nursing students at the beginning, midpoint, and end of their Canadian university nursing program. The aim of this study was to understand how students perceived their identity and learning, and how educators can intervene to better prepare them for transition into the nurse's role. Data were obtained through the use of a questionnaire, a picture drawing image-analysis, a focus group discussion, and a follow-up debriefing telephone call. Results revealed that nursing students start out with positive perceptions of the nursing profession, but end up with low self-esteem and negative feelings about nursing; however, they remain positive about their future in the nursing profession. The author stated that this research added to the importance of understanding the socialization of students during their nursing education.

Duchscher (2001) used a phenomenological approach to explore how five nurses perceived their first 6 months as a professional nurse. Data were collected through two sets of in-depth interviews at 2 months and 6 months of the new graduates' commencing their practice. Data analysis identified the following major themes: (a) doing nursing, (b) the meaning of nursing, and (c) being a nurse. Between 1 to 3 months, graduates described that they felt dependent on others, had a fear of physicians, had a fear of error, had problems leaving the nest, felt unwelcome by other staff members, and focused on doing rather than knowing. At 3 to 5 months, they experienced both physical and emotional exhaustion, were seeking stability and acceptance, and found that they were practicing things differently than what they were taught. At 5 to 6 months, they began to mature professionally and develop self-determination, but still had an overwhelming sense of responsibility. A significant finding of this study that was not supported in any other literature was the participant's claim of being caught in the middle

of pivotal perspectives on many issues. For example, when it came to caring, they practiced efficiency rather than what they were taught was effective care. In terms of quality they found that they were forced to maintain an ordered routine rather than being able to provide comfort measures, while attending to the needs of the family and patient's self-determination. Participants reported enormous frustration in their new role when facing situations that were different than what they were taught. The author concluded that nurse administrators and nurse educators must become aware of the experience of a new graduate nurse and develop creative ways to ease the transition process.

Oermann and Moffitt-Wolf (1997) conducted a descriptive-exploratory study to examine the stresses, challenges, and threats that new graduate nurses' experience during his/her orientation to their new job. The sample consisted of 35 graduate nurses who completed a modified Pagana Clinical Stress Questionnaire and a social support measure. The social support instrument asked participants to name five people who provided social support to them, and then asked them to rate the support on a 5-point Likert scale. The Clinical Stress Questionnaire was made up of both open-ended and Likert scale type questions and was used to collect data regarding the challenges and stresses in the clinical setting. Although the results were limited due to small sample size, they did provide some useful information. The researchers concluded that new graduates perceived their role as producing more positive than negative emotions; however, they still felt they were faced with a moderate degree of stress in their orientation due to lack of experience as a nurse, lack of proper organization skills in new situations, and having to interact with doctors.

### *Expectations of New Graduate Nurses*

During the transition from a student to nurse, students' expectations and the realities of practice can differ greatly. Nursing professionals and health care leaders continue to debate the expectations of entry level nurses causing stress and confusion (Heslop et al., 2001). The following studies examine the expectations of nursing students and new graduate nurses as they enter into practice.

Heslop et al. (2001) performed a descriptive study surveying third-year nursing students. Questionnaires were distributed, and 105 completed questionnaires were returned for a 51% response rate. Participants were asked to describe what they felt would be required of them as a new nurse, how well prepared they felt of their new role, and what concerned them most about the transition. Results showed that at the formative stage in their schooling, new graduates anticipated challenges involved in becoming a nurse, but that they would be well supported in the process. Although they had some concerns about being able to live up to the expectations of the workplace, overall they felt they could achieve good relationships at their place of employment to help with the transition (Heslop et al.). The authors suggested the need for follow-up studies to assess whether students' expectations are similar to what they would experience during their transition from student to nurse.

Evans (2001) looked at the concerns and expectations that new nurses faced during the beginning of their careers, and pointed out that unlike other professions, newly qualified nurses are expected to "take on the world" the day they find out that they passed their state board exams. Evans interviewed nine new nurses from across London through a focus group approach. Results revealed that new nurses go through a process of separation, transition, and integration during their journey toward becoming

a competent nurse. During the process of separation, students reported that their schooling provided security, but they now felt uncertain about their future. Transition marked a period of what the participants described as a reality shock. They spent years preparing and thought they were ready for their new role, but then were “shocked” to find out that they were not. Integration into the profession was considered to be a vital part of the transition. Students described the need for support and integration of the social and professional roles.

Using grounded theory, Mooney (2007) studied the expectations of 12 new registered nurses who were within their first year of transition. Data were gathered using an in-depth interview. Questions were asked about participants’ perceptions and experiences of their role transition and expectations of their new role. Results revealed that the new nurses were expected to have in-depth knowledge and increased responsibility with little to no experience. Findings included that there is a need to restructure the transition process so that the expectations of new nurses are more realistic for their limited clinical experience.

#### *Transition From Student to Nurse*

Despite the fact that most new graduates look forward to their new role as a nurse, they are often times faced with feelings of insecurity and stress during their transition. During the past few years, there have been only a few investigators who have explored the transition from a student to a nurse, and even fewer who have investigated the transition using a qualitative approach (Bjorkstrom et al., 2006; Delaney, 2003; Duchscher, 2001; Evans, 2001; Oermann & Moffitt-Wolf, 1997; Wagenstenn, Sigrid, Johansson, & Nordstrom, 2008).

Wagenstenn et al. (2008) performed a study on the experience of being a new nurse during transition. A qualitative design was used with 12 new nurses in Norway approximately 1 year after graduation. Participants were asked to describe their experience from the first day they became a nurse to the present time. Unlike other studies that describe the transition as being stressful, the results of this study were positive and determined that the first year of a nurse is a year of growth and development. Participants did not see the transitional period as a reality shock, but instead recognized that although the transition started out rough, they were able to learn a lot from it. The authors felt that the positive attitudes of the participants, despite the challenges they found, were most likely due to learning strategies that enabled them to adjust to their new role. Although this study did not discuss limitations, it was noted that the majority of the participants had prior experience working in a health care setting, and they were all graduates from the same college in Norway.

Godinez (1999) performed a qualitative study that looked at the role transition from student to nurse during the first 3 weeks of an orientation. Data were collected from 27 orientees and preceptors. The learning activities of the graduate nurse were analyzed through feedback sheets. Five themes emerged from the data: (a) real nurse work, (b) guidance, (c) transitional process, (d) institutional context, and (e) interpersonal dynamics. Participants agreed that the transition from a student to nurse was a dynamic and interactive process that required support and guidance from the preceptor. With guidance, participants were able to successfully manage complex patient care and stay organized. The author determined that the success of the role transition relies heavily on the support from other staff members, along with guidance from the preceptor.

Delaney (2003) conducted a phenomenological study to investigate nurses' transitional experiences during orientation. The sample consisted of 10 female graduate nurses. Unique results obtained from Delaney's study that was not found in other studies was the lack of ability of graduates to cope with death, and the ability to self-reflect to help ease the transition process. The authors concluded that the most important implication of this study was the need for collaboration between education and service.

Young (2008) researched strategies for easing the role transformation of graduate nurses. Her sample consisted of 25 new nurses who had been in the orientation process at a hospital during a 6-week period. This quantitative study used the Nursing Role Conceptions Instrument to measure participant's role conception and discrepancy. Young found that a hospital based program that offered preceptorship programs, clinical practicum experience, role development seminars, and/or educational modules were better able to ease the transition from nursing student to practicing nurse by decreasing role discrepancy.

Casey et al. (2004) used a descriptive, comparative design to explore the stresses and challenges experienced by 270 new graduate nurses working in six different acute care hospitals. The authors used the Casey-Fink Graduate Nurse Experience Survey to measure the new graduate nurse's experience on entry and throughout the transition into his/her new role as a nurse. The survey was made up of five sections and included information on skills/procedure performance, comfort/confidence, job satisfaction, work environment, and problems associated with transition. Results indicated that new nurses lack skills and confidence for as long as 1

year after being hired into their new position. Graduate nurses voiced dissatisfaction with the environment in which they worked and the lack of power to make changes.

### Summary of Literature Review

Nurse graduates are often confronted with feelings of uncertainty during their transition into their new role. Although both quantitative and qualitative studies have been completed on students nurses' perceptions of nursing, the expectations of new graduate nurses, and the transition from student to nurse, limited studies exist on graduate nurses' perceptions of nursing and their experience of being a nurse during the transition process. There is a need for further studies that can help determine how educators and health care leaders can better prepare new graduate nurses for their transition to the professional role.

### Chapter Summary

In this chapter, the theoretical framework and review of literature were addressed. The theoretical frameworks chosen to guide this study were the Novice to Expert Model and the Transition Theory. A case study was provided along with the application of concepts from both frameworks to demonstrate the process of transition. The review of literature addressed the perceptions of nursing, the expectations of new graduate nurses, and the transition from student to nurse. The findings from the literature review suggest that although most new graduates look forward to their new role as a nurse, they are often faced with feelings of insecurity and stress during their transition. There are only a few studies that have explored the transition and perceptions of new graduate nurses, and even fewer using a qualitative method.



## CHAPTER III

### METHODOLOGY

#### Introduction

The purpose of this study was to explore and describe the perceptions of being a nurse by baccalaureate-prepared nurses 1 year post graduation. In this chapter, the study design, population, sample, setting, data collection instruments/procedures, data analysis procedures, and anticipated limitations are presented.

#### Design of the Study

A qualitative design was used to describe how 1-year graduate nurses perceived being a nurse. A qualitative method allows the researcher to discover the insider's view of what the experience entails, and assists nurses in providing rich data to explain the experiences and meanings of the phenomenon (Speziale & Carpenter, 2007). Because there are limited studies on the perceptions of being a nurse 1 year post graduation, a qualitative descriptive approach was an appropriate way to explore this topic further.

#### Population, Sample and Setting

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

A convenience sample of 20 baccalaureate nurses was obtained from an alumni list of 170 participants provided by a college of nursing in Wisconsin. This sampling

method allowed the researcher to hand pick the participants based on their knowledge about the transition process. By purposefully selecting the sample, the researcher felt more confident that the sample would provide rich information (Speziale & Carpenter, 2007). Letters were sent to 75 potential participants based on geographical location, followed by phone calls within 7 to 10 days of mailing the letters. The sample for this study comprised 20, 1-year baccalaureate-prepared nurses who met the criteria and agreed to participate in the study. Interviews were performed at the convenience of the participants in a quiet private setting outside of the facility in which they were employed.

#### Data Collection Instruments

Two instruments were used in this study. First, a demographic questionnaire was used to provide the researcher with the background information about the participants in the study (Appendix A). The demographic questionnaire included: age, gender, race, education, date of graduation, date started employment in new role, type of practice, previous work experience in the health care field, whether they had mentor support, whether they work part or full time, and length of mentorship and orientation. There was also an item on Benner's stages of transition asking participants to choose which stage they perceived they were in during their transition into their new role.

The second instrument used was an unstructured, open-ended questionnaire (Appendix B). "Now that you have been practicing as a nurse for 1 year (out in the real world), what does being a nurse mean to you?" The researcher, with the assistance of doctorally prepared faculty members, obtained data via in-depth, unstructured, individual interviews. Probes were used for clarification and to obtain additional needed information.

### Data Collection Procedures

Prior to data collection, permission to conduct the study was obtained from the University of Wisconsin Oshkosh Institutional Review Board for Protection of Human Participants (Appendix C). After approval, letters were mailed out to potential participants inviting them to participate in the study (Appendix D).

Informed consent and permission to tape record was obtained before the interview (Appendix E). The informed consent contained an explanation of the study, information on confidentiality, requirements and rights of the participants, and risks and benefits of the study. Each interview lasted approximately 30 to 60 minutes, and was audiotaped. No identifying data were disclosed on the taped interviews. A professional transcriptionist transcribed the interviews verbatim.

### Pilot Study

A pilot study was completed on one participant of similar demographic background to the participants in the study. This pilot study allowed the researcher to gain comfort with the interview and data collection process, while enabling the researcher to evaluate and refine the interview question.

### Rigor

Rigor of the study was established by assuring credibility, dependability, confirmability, and transferability. Credibility involves increasing the probability that credible findings will be made (Polit & Beck, 2008). In this study, credibility was met by member checking (asking the subjects if the findings of the study matched with their experiences). Peer debriefing was also done which allowed the researcher to express

and reflect with other informed associates (Speziale & Carpenter, 2007). After credibility is demonstrated, dependability can be met. In this study, dependability was met through the use of audio taping the interviews. This provided the researcher with accurate data, which assured that the themes were consistent and stable. Confirmability displays the evidence and thought processes that lead to the conclusions of the research project (Speziale & Carpenter). This was met by evaluating the transcribed data for repetition and confirmation of themes, and making marginal notes about participant characteristics on each individual transcript. Transferability allows for one to see that the findings have meaning to other similar experiences or situations (Speziale & Carpenter). This was done by creating a rich and thorough description of the evidence so that another researcher would be able to apply it in other contexts.

#### Data Analysis Procedures

Data were analyzed using Colaizzi's phenomenological data analysis approach (Polit & Beck, 2008; Speziale & Carpenter, 2007). Based on Colaizzi's approach, transcripts were reviewed thoroughly to gain a feel for the whole experience. Significant statements were extracted and restated in more general terms, followed by the formulation of meanings that attempted to portray, as closely as possible, participants' core meanings. Meanings were then organized into clusters of themes, categories, and subcategories, and referred back to the original transcript to validate them while noting any discrepancies and data that may have been ignored. All findings were then incorporated into a narrative exhaustive description involving quotes from the participants to support the themes and categories. Approximately five participants were then asked about the findings to further validate the data generated. Debriefing was

done with committee members who were skilled in qualitative analysis (Polit & Beck, 2008).

#### Limitations

1. Participants may have given answers that they thought would be congruent with the professional expectations (social desirability response bias).
2. Using a purposive convenience sample may have resulted in an atypical sample.
3. Having a sample from only one university and limited demographic characteristics may have limited transferability of the results.

#### Chapter Summary

In this chapter, the design, population, sample, data collection instruments, procedures for data collection, reliability and validity, data analysis, and limitations were addressed. A qualitative design was used in this study to describe how 1-year graduate nurses perceived being a nurse. Prior to data collection, permission to conduct the study was obtained from the University of Wisconsin Oshkosh Institutional Review Board for Protection of Human Participants. Interviews were conducted with a convenience sample of 20, 1-year baccalaureate graduates about their perceptions of being a nurse. Interviews were audiotaped and transcribed verbatim. Data were analyzed using Colaizzi's approach to phenomenological data analysis.

## CHAPTER IV

### RESULTS AND DISCUSSION

#### Introduction

The purpose of this study was to explore and describe the perceptions of being a nurse by baccalaureate-prepared nurses 1 year post-graduation. A total of 20 individual interviews were conducted with registered nurses who were working in a variety of different settings 12 to 18 months post graduation. Each participant responded to the research question: How do baccalaureate prepared nurses perceive being a nurse 1 year post graduation? In this chapter the results and discussion of the research study are presented.

#### Sample Description

The sample for this study comprised 20, 1-year baccalaureate-prepared nurses who met the criteria for sample selection and agreed to participate. A convenience sample of 170 potential participants who had graduated in December 2006 and May 2007 was obtained from an alumni list provided by a Midwestern university. Letters were sent to 75 potential participants who were chosen based on their geographical location (within 60 miles of the Midwestern university). Of the 20 nurses who agreed to participate, 2 responded to the letter and 18 agreed to participate after being contacted a second time via phone.

### Demographic Data

Participants' ages ranged from 23 to 31 years, with a mean age of 25 years. Two of the participants were male and 18 were female. All were White with 50% graduating at 12 and 18 months. Seventy-five percent reported having previous experience in the healthcare setting between 1 and 6 plus years, with the majority reporting between 2 to 3 years. Approximately 75% reported starting out on a medical/surgical unit, with 95% working full time. A formal orientation period ranged from 1 week to 1 year for 90% of the participants. Seventy-five percent reported having a mentor from 3 days to 12 weeks, with the majority reporting 6 to 8 weeks. At 3 months into transition, 80 percent reported being at the advanced beginner stage. At 6 months 80% felt they were at the competent stage, and at 1 year, 80% reported being at the proficient stage (Benner, 1984). A summary of demographic characteristics and self-report of transition are reported in Table 2 and Table 3.

Table 2

#### *Demographic Data Summary*

Demographics	Percent
Age	Range: 23-31 years Mean: 25 years
Ethnicity	White: 100%
Gender	Male: 10% Female: 90%
Practice setting	Medical/surgical: 75% Other: 25%
Previous healthcare experience	1 to 6+ years: 75% None: 25%
Mentorship	Yes: 75% No: 25%
Orientation	Yes: 90% No: 10%

Table 3

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

Time Period	Stage/Percent
3 months	Advanced beginner stage: 80%
6 months	Competent stage: 80%
1 year	Proficient stage: 80%

## Results and Discussion

The results of this study are based on the perceptions of new baccalaureate-prepared nurses throughout their first year of transition. The research question was: How do baccalaureate prepared nurses perceive being a nurse 1 year post-graduation?

Data analysis revealed that the growth and development of the new nurse, which occurred over the first year, is a transitional journey. The overarching theme for this study was: the transitional journey: being a nurse. The three main themes that emerged during analysis included: (a) starting transition; (b) during transition; and (c) moving beyond transition.

Each major theme was supported by subthemes to further clarify and support the perceptions of being a nurse. The themes and subthemes are represented in Table 4, followed by direct quotes from the participants, which are used to describe each theme.



Table 4

*The Transitional Journey: Being a Nurse*

Themes	Subthemes
Starting transition	<ul style="list-style-type: none"> <li>▪ Responsibility but lack of knowledge</li> <li>▪ Thrown in and stretched thin</li> <li>▪ Unwelcome wagon (Duchscher, 2001)</li> </ul>
During transition	<ul style="list-style-type: none"> <li>▪ Less idealistic: More practical</li> <li>▪ Finding the balance: Time management and holistic care</li> <li>▪ Building on the foundation</li> </ul>
Moving beyond transition	<ul style="list-style-type: none"> <li>▪ Multiple roles: Gaining confidence</li> <li>▪ It's not just a job, it's a lifestyle</li> <li>▪ Being part of a profession</li> </ul>

*Theme One: Starting Transition*

Participants discussed their initial fears of making mistakes due to not having enough experience-related-knowledge. At 3 months into transition, 80% of the participants felt they were at the advanced beginner stage (Benner, 1984). Although they were aware of what to do in some situations, they could neither grasp the complexities of the situation nor anticipate future course of actions in these situations. Many participants also reported feeling overworked and understaffed. Since expectations from experienced nurses were high, they feared they could not live up to them. Participants often went home feeling overwhelmed. Although 75% reported having a mentor during the start of transition, lack of support and being unwelcome was a common finding. The following subthemes emerged from participants' perceptions of starting transition: (a) responsibility but lack knowledge, (b) thrown in and stretched thin, and (c) unwelcome wagon.

### *Responsibility but Lack Knowledge*

In order to understand participants' true perceptions of being a nurse, they were asked about their fears of entering their new role, and the stresses and challenges they faced. Participants discussed having too much responsibility without having the appropriate knowledge and skills needed. Mooney (2007) conducted a grounded theory study of 12 new nurses within their first year of transition and found similar results. Mooney's study indicated that new nurses were expected to have in-depth knowledge and increased responsibility with little to no experience.

Phrases that described the initial fears of the participants in the current study included: not knowing; lacking experience; high expectations; and making mistakes. Although participants reported a less stressful transition period with proper orientation, mentorship, or previous healthcare experience, all participants were still faced with similar challenges. Anxiety and stress accompanied by the fear of not knowing, and having too much responsibility, were reported by all participants during the first 1 to 3 months.

In addition, all participants reported the fear of not knowing. Although they entered their new role with an adequate knowledge base, they felt that there was some knowledge that could only be gained through experience. One participant shared: "There are just things that you can't be taught. You just have to learn to be comfortable in your own skin." Many had fears about the possibility of making mistakes due to lack of knowledge gained through experience. One participant stated:

I was nervous about making lots of mistakes or not knowing about what was going on. And being overwhelmed with too much stuff or that something would

happen that would be my fault or responsibility. Not having enough experience once you are finally on your own. It was all new.

Participants compared themselves to more experienced nurses and felt they did not have the same level of knowledge, and in turn were not safe to work alone. One participant described feelings she experienced early in transition:

Not knowing what to do in situations was my number one fear, I think. Probably because it is very overwhelming. You watch other nurses and think you'll never get to that level. It's very scary, scary. The scariest part is not knowing.

A common perception was that if one lacked experience and knowledge he/she would miss something important. Participants reported that as new nurses, the awareness of responsibility and accountability for managing the needs of others as part of the registered nurses' role, weighed heavily on them. One participant described:

I am making so many decisions for these patients. They trust me to make these decisions for them, make these assessments, these calls, and I don't want to miss something.

With the lack of experience, many participants felt that they did not have the ability to do advanced assessment skills and recognize when something was going wrong. As one participant shared: "I feared not being able to recognize declining situations, and not doing the right assessment, just not having the nurse instinct." Another participant who further described the importance of the "nurse instinct" commented:

I never really knew what nurse instinct was until now. You can walk in a room and definitely being a nurse, you don't even really need a stethoscope or

anything like that, and you can just tell if something is going on. I think it has a lot to do with instinct.

Participants reported becoming soon aware that in the world of nursing, neither age nor experience mattered. What mattered was responsibility with licensure. In Evans' (2001) study, she pointed out that unlike other professions, newly qualified nurses are expected to take on the world the day they found out that they passed their state boards exam. The participants in the current study had similar feelings. One participant described a sense of incompetency and overwhelming responsibility during the start of transition:

You're thrown into this pool of everybody else that has like 5, 10, 15 years of experience, and you're expected to perform as well or to know everything these people know. There's just no way, you can't do that without the experience.

All of the participants reported starting their careers in a hospital setting. Although they recognized that nurses in all settings were faced with an intense amount of responsibility, the focus of their challenges revolved around hospital nursing. One participant observed:

In the hospital setting, you have a ton of responsibility, and it's just so complex. I just think it really hits you when you are the person in charge. You can't rely on someone else. You've got to rely on yourself, and critically think.

Nurses are often referred to as being the eyes and ears for the doctors. Patients and family members count on nurses to do thorough assessments and inform the doctors of progress or regression. One participant commented on nurses being ultimately responsible:

Nurses need to know what to do in situations where people are counting on you; especially in a hospital setting. Doctors give the orders and we take care of the patients while they are not there. It is hard sometimes to be at the end of the line. If the doctor misses something, or the pharmacy misses something, you are going to be the one making the mistake.

Although 75% of the participants started working on a medical/surgical floor, some started out in even more intense settings. One participant began her transition from student to a nurse in the Intensive Care Unit (ICU). Despite supportive mentorship in the clinical environment, she explained how scared she was to face her new responsibilities as a nurse as well as her fear of being alone:

As far as the responsibility goes, the most intimidating part was when I was done with final orientation in ICU, and I realized that they wanted me to be off of orientation. I didn't want to do it, like I didn't think I was ready. I was just like, no, I need more time, but my preceptor and the unit person were like, oh you're going to be fine. I was like, "Oh no." I was very concerned that I wasn't going to be able to do it on my own.

The uncertainty and awareness of responsibility limited participants' confidence and decision-making ability. Even the most standard tasks and assessment skills were considered frightening during the first few months. One participant described:

As a student, you're not, I mean you are in charge of the patient, yet you have the backup, you know the professor is there and you know that the other nurse is there and if you miss something they'll help you catch that. So it's kind of hard to see everything. Then when you are actually on your own, and you have to think about everything yourself, well not everything is so obvious.

Despite the challenges participants encountered, after the first few months of transition all recognized their lack of confidence and were able to overcome the overwhelming amount of responsibility that they initially were faced with. One participant stated:

There's always going to be something that you don't know. There's always going to be someone that's smarter than you, quicker than you, able to look at a situation, analyze it better than you. But you just have to have that motivation to continue that personal growth. And hopefully in the future, you'll understand it better.

In summary, too much responsibility and lack of knowledge were of concern for all participants in this study. There was a fear of making mistakes due to the lack of advanced assessment skills and inability to recognize that something was wrong. Participants described that it took the first three months to overcome their lack of confidence and gain comfort.

#### *Thrown in and Stretched Thin*

In the first few months of transition, participants described challenges associated with feelings of being overwhelmed by the fast paced environment. Although 90% had received some form of orientation, and 75% had a formal mentorship, they still had feelings of being thrown in. Perceptions of being overworked and understaffed were not uncommon during this time. One participant noted:

I felt overworked in my first job, like way too many patients and I couldn't provide care while being understaffed. Not having a very good orientation, I kind of was thrown into it. That was hard.

Participants reported being surprised with the amount of work required. Prior to starting their new role, most had never taken care of more than two patients. One participant described:

I think it's a lot more intense than I thought it was going to be. You think—okay, I have five patients. You don't think about coming on and having three, and then a new admit and two surgical, and then one is going down hill, and you know, things like that.

Many participants mentioned the time constraints that left them feeling beleaguered and unsatisfied. A participant reported:

All I had time to do was pass meds and do the sort of things that you just have to get done. I felt like, stretched very thin. It was a constant struggle to get everything done that needs to get done.

Many attributed their feelings of stress and anxiety with being understaffed and not having the appropriate support needed during their first months of transition. One participant commented:

A lot of it was just not having the support. I think it had a lot to do with the night shift. Sometimes I was on an entire wing by myself. That would really stress me out.

At times participants felt that their concerns were overlooked and that they were going to have to contend with adapting to the stressful environment. The same participant as above later explained how many patients she was expected to take care of in a given shift:

Sometimes eight. And they were really acute patients. You complain, and you don't want to be a complainer, but you bring up the situations and nothing would

actually get done about it. That was my biggest stress. You just wanted to do so much to help all of these patients, and there was no way. You were running around the entire night. It was almost like you were running circles and never getting anything done.

In summary, during the first 3 months, participants reported feeling overwhelmed, overworked, and understaffed for the fast paced environment. They were surprised by the amount of work required and the number of patients for whom they were responsible. Despite the orientation and mentorship participants received, they still had feelings of being thrown in while lacking support.

#### *Unwelcome Wagon*

Each participant entered his/her new role with the anticipation that he/she was going to be supported by others. Heslop et al. (2001) indicated in her study that while at school, students have the expectation that they would achieve good relationships at their place of employment to help with the transition process. In the current study, although approximately 50% felt they had adequate amount of support during their mentorship and orientation, many realized that once they were on their own, the expectations were high and the support was decreased. Duchscher (2001) found that new nurses were being viewed with criticism instead of acceptance. The findings of the current study are similar to Duchscher's study in that new nurses who had expected to be accepted were surprisingly unwelcome. One participant shared:

I had to really prove myself to them. It was something I didn't expect. I thought it would be more of a family, that they were going to boost you up, but there were a few of them that really wanted to see me fail. So, it was hard.



During a time of uncertainty, participants strived for reassurance and support with difficult decisions related to patient care. However, to their surprise they found that their questions were not welcomed, and instead they felt they were a burden. One participant stated:

I worried about being a burden to the other nurses because I don't know about stuff and I have to go ask other people, or say "can you help me with this?" or "I'm not sure about this," and they have their work to get done too.

Physicians also failed to recognize the need for supporting newly graduated nurses, and in turn left participants feeling incompetent. One participant described her interactions with the physicians:

When I have to call physicians, depending on which physician they get crabby or say, "What do you want me to do about it?" or something like that and I don't know what to say, like, "I don't know, you're the doctor." I think that is another thing that is a continual stress.

Another participant shared his experience with physicians, early in his transition, which left him feeling unwelcome and unwanted:

I didn't feel like certain disciplines respected us. I felt like a lot of physicians talked down to nurses. A lot don't respect.

Some participants commented on the "cattiness" that went along with working with all females. This left them with feelings of not only being unwelcome, but having to struggle through transition without the support they needed. One participant explained:

The biggest transition to be honest with you is to work in an environment with all females. I think that was a huge transition for me, because you have to relate to them a little different than working with a wider variety of people. Especially

cattiness and stuff like that. They threw you in there and you had to survive on your own.

Many participants responded that once they received their license, other nurses would embrace them and acknowledge them as a respectable nurse. However to their surprise, age discrimination and lack of respect left them feeling unwelcome. One participant commented:

I am by far the youngest nurse there. Most of the other nurses there are in their late 30s early 40s. They can be kind of mean sometimes. Everyone thinks I am the CNA. They don't necessarily respect me. You have to earn their respect.

Two participants began their careers working in the float pool. Float pool nurses are trained to work in many different departments in the hospital. At the start of their shifts, they are required to work in areas of the hospital that need additional nursing assistance. Like others, these participants also felt unwelcomed. One participant shared:

On some of the units, they don't like it when float pool comes. Like if I go to OB, it took me quite a while for the staff to be able to address me, and like answer my questions.

Another nurse reported that she was one of few new graduates ever hired to work on her floor. Although she had been excited about her new job, her coworkers were not as thrilled. She described her initial experience:

My unit had never hired any new grads. And all the other nurses, I swear, all of them had worked there for 20 or 30 years, so they were a lot older than me. I was scared that they thought I didn't belong there. And some of them came out and said, new grads don't belong back here, you should be working out on the

floor, and then come back here once you have a couple years of experience. So, I felt like I was kind of fighting uphill.

In summary, high expectations and a lack of support were common during the first 3 months of transition. Participants entered their new role with the idea that they were going to be embraced and supported; however, they found that they were left feeling unsupported and unwelcome.

### *Theme Two: During Transition*

In this category, participants began moving past their initial fears, and started to develop a more realistic view of what it means to be a nurse. By 6 months into transition, 80% of participants claimed to be in the competent stage (Benner, 1984). Participants felt organized and able to efficiently and confidently manage most clinical situation in their area of practice. Most reported lacking speed and flexibility; however, this was improving. Although their experience was still limited, they recognized the need to look at a situation in terms of the overall picture. Although they agreed that school helped them gain the essential knowledge base, they were now able to recognize areas in which they could have been better prepared. The following subthemes emerged from the theme—during transition: (a) less idealistic: more practical; (b) finding the balance: time management and wholistic care; and (c) building on the foundation.

#### *Less Idealistic: More Practical*

After several months of being in their new role, participants began to realize that their perception of nursing had changed. Evans (2001) described the transition period as a reality shock. Evans further stated that the nurses in her study spent years preparing and thought they were ready for their new role, but then were shocked to find out that they were not. The participants in the current study reported very similar findings. They

were moving beyond their initial fears, and now developed a strong realization of what nursing entails. Their perfect job that they had worked so hard to acquire was now filled with more stresses and challenges than they had ever imagined. One participant shared:

In school you just kind of like imagine this ideal world in the textbooks and things like that. But, I think in the real world there's a lot more frustrations with it, it's challenging.

One participant explained that you cannot really understand the complexities of nursing, until you do it:

You always think that nurses are busy, but you really don't understand the level of complexity, how busy. It's not just thinking about five or six things, it's thinking about 10 or 12 things at the same time. Trying to keep everything straight, organizational skills. Just trying to remember all of the lab values, the vital signs, what you need to do next, what you haven't done yet.

The license that participants spent years trying to obtain was now tarnished due to the stresses and responsibilities that came along with it. A participant reported:

It's like the real world. You think you know how it is, but you have no idea. The pressure, the stress, it's all on you. All of a sudden, it's your license.

Many were surprised by the fast paced working environment, and in turn were less satisfied than they had initially expected.

I would have thought you would've had more time to think about stuff. Just relax and think more. I didn't think it was going to be so high paced, or as fast paced, so much going on. I guess I never thought of how much responsibility you have.

Although they were beginning to see the rewards of their new career, the disappointments and challenges still outweighed the benefits. One participant explained:

I thought it would be a little bit more fulfilling than it really ended up being, because the disappointments sometimes overrode the joyful events or the little small things that made you feel good.

What participants had considered to be the real world turned out to be different than what they were led to believe while in school. Duchscher (2001) had described a perspective of being caught in the middle. In this perspective, what participants had been taught was ideal practice, turned out to be something different than what was practiced in the clinical setting. Similar to Duchscher's study, due to time constraints and being understaffed, participants in the current study were forced to practice efficiency rather than provide effective care, which was contrary to what they were taught. One participant explained:

I think in nursing school you are kind of taught perfection. And that wasn't the reality when transferred into the real world. I know there were one or two lectures where teachers were very upfront with us saying, "You do what you can do." You're always taught in certain situations what you should exactly be doing. Which is very good, but in the spur of the moment, unless it's completely ingrained in your head, you're just going to do what you can do and do it as quickly as possible. You try to just do as much as possible as quickly as possible to get the patient stable.

By 6 months into transition, many participants reported coming to terms with the realities of nursing. Although they were still faced with many stresses and challenges,

they were now able to realize that it is okay to “not know”, and began gaining comfort in using available resources. One participant stated:

When I first got out of school, I perceived that I would never make any mistakes and I would know exactly what to do in any sort of emergency situation. But it took me a long time to realize that if something was going on, to just get someone else and its okay to let them take over. It's okay to not know all of the answers.

In summary, participants' perceptions of nursing changed tremendously throughout the first 6 months. What they had thought was an ideal world, turned out to be more stressful and challenging than anticipated. However, by 6 months, participants came to terms with the unforeseen realities, and began to find comfort in their new role.

#### *Finding the Balance: Time Management and Wholistic Care*

Many participants described the challenges of time management and organization that they had to overcome when entering into their new role. Unlike their medical surgical clinical at school, where they were responsible for two patients, they now were expected to manage and care for between 5 to 8 patients at a time. One participant commented on the struggles she had to overcome:

At first you wanted to do everything that you did in clinical and learn everything you could about the patient and, have time to spend with the patients, talking to them and learning about them, and balancing that with the realities of actually trying to carry a full patient load while still trying to feel like you aren't just passing meds all day and changing dressings. So I guess that was the biggest struggle, is trying to find the balance between time management and you know giving wholistic care.

One participant described the benefits of learning time management and organization. She had to balance her nursing tasks with what she had believed was true nursing care:

Trying to get the tasks done that I had to do versus trying to get some actual, what I think of as true nursing care, the things that make me feel good about my profession, is kind of trying to find a balance.

Participants often described time management as being able to manage all the tasks, while still being able to provide the essential care needed, and not feeling too overwhelmed. One participant described:

A major stress for me is time management in nursing. It just sometimes seems like there's 50 tasks to do and only time to do 25 of them. Just really organizing your day, so that you can get everything done that you need to get done and still have time to stand back and look at, okay, did I do everything I needed to do? Is there more I can do? Trying to take time to still sit down with patients and don't feel like your rushed and you're rushing them.

Six months into transition, participants realized the importance of the wholistic view. One participant defined it as "caring for patients and providing care for the whole person, both mentally and physically." Another participant emphasized the importance of providing emotional care as part of the wholistic process:

It's not just starting an IV or giving a shot. It's explaining things and teaching them and being emotionally there for them, because most people don't know what's going on, they're scared. I guess that's the most important part to me, is the emotional aspect.

By the end of the first 6 months, most of the participants felt they were able to manage time and keep their days organized. They were beginning to gain confidence in their abilities and were able to understand the importance of providing wholistic care.

One participant reported:

I think it was a good 6 months out in the real world, until I finally had a grasp on and had enough knowledge, support, and confidence to fully treat patients in a situation that before would panic me. It took a good 6 months for everything to finally click and to be able to fully assess them and know what interventions to do.

In summary, participants were faced with the complexities and responsibilities of managing many patients while still providing wholistic care. Learning time management and organization were priority. By the end of 6 months, participants developed a system and were able to effectively manage time and keep their day organized. In turn, they gained the confidence needed to provide the essential care for their patients.

### *Building on the Foundation*

Participants talked about the knowledge base with which they began, the knowledge they still needed to acquire, and how they could have been better prepared for their transition. One participant explained:

In school you kind of breeze through everything and just kind of hit the tip of the iceberg for everything. When you work as a nurse in the clinical setting, you can build onto what you had learned in school.

Another participant discussed the importance of knowing the theory behind what you do as a nurse. She saw theory as the base of the overall foundation:



Knowing the theory behind everything helps. If you know the theory of why stuff is, you have a basis. You can build on it. All the responsibilities of being a nurse, it just helps a lot knowing Adult Health II and Patho, and just knowing that you have the base, so you can make the right decision.

Most of the participants in the study had felt they received an excellent education. When asked how they could have been better prepared for the realities of nursing, one participant explained:

I would say the only way to be better prepared would be just experience alone. I was able to get the knowledge here (in school) to be a good nurse, a great nurse.

I think more experience would have helped. I liked the clinical experience.

Another student felt that the medical surgical clinical experience held precedence over the others due to the reality that most newly graduated nurses enter the nursing field to work in this type of environment. She stated:

I think that it would be beneficial to make sure that every student or most students at least have some sort of a med surgical clinical experience closer to the end of graduation.

Several students commented on the lack of leadership qualities they had when they entered the nursing field. One particular area with which they struggled was delegation. One participant shared how school could have better prepared her:

Possibly more delegation exercises, just how to be a better leader, and kind of, improving your own leadership style, having a better idea of what leadership styles are available, and what works best for you.

Although the importance of understanding the “whole big picture” weighs heavier than being able to perform skills during the start of the nursing career, participants

reported that they were unable to clearly focus on wholistic care until they had mastered these basic nursing skills. Several participants felt they could have benefited by spending more time in the lab. One participant commented:

I'm just not really confident in some of the skills especially working as an RN.

I know we had a pretty decent lab, but I think more time could have been spent in the lab. In school, I was more focused on studying and exams and skills were kind of like.... Maybe...just get by on it, kind of thing. Maybe more focus could have been there, maybe that was my own fault, I don't know.

Many participants agreed that they could have benefited from having more responsibilities in clinical. A common perception was that clinical did not provide them with a realistic picture of what nursing involved. One participant shared:

I think the College of Nursing gave me what I needed for a knowledge background, so I could apply my knowledge and kind of use that to know what to do in certain situations. But sometimes, I think I could've used a little more actual clinical hands on nursing. I know, like, in clinical, I've never personally taken more than two patients in a clinical setting in nursing school, and then you get to the world of nursing and you have four, five, six patients at a time, and you have other things to deal with that I've never dealt with in nursing school, such as calling doctors, reading charts, and things like that. I think a little more clinical experience would have helped; a little more hands on kinds of stuff.

The majority of the participants felt that regardless of the amount or quality of schooling received, their ability to see the big picture was halted until they were actually working in the role of the nurse. One participant stated:

You can study pathophysiology all you want or pharmacology all you want, but until you actually utilize those facts, what you know is what you memorize from a book. Until you apply it to actually patient situation and a light goes off, you say, "Well, now I really understand why I had to learn that or why that's important."

In summary, all participants agreed that they entered their new profession with a solid knowledge base; however, at 6 months, they still were building on their knowledge base. Many participants reported that they could have been better prepared by having prior experience working in a hospital setting, more responsibilities during school in their clinical courses, more time in the laboratory setting, and more knowledge regarding leadership qualities. All agreed that they could not truly see the big picture until they had worked several months in their new role.

### *Theme Three: Moving Beyond Transition*

The category of moving beyond transition, describes the nurses new found confidence and acceptance into his/her chosen profession. By 1 year into transition, 80% of participants claimed to be in the proficient stage (Benner, 1984). They perceived situations as a whole and knew what to expect and what was important in a given situation. By being aware of their multiple roles, participants began to feel confident in providing care; they could also recognize when plans needed to be modified. Many reported a sense of happiness with their career choice and acceptance of how his/her choice had changed their lives. The following subthemes emerged from participants' perceptions of moving beyond transition: (a) multiple roles: gaining confidence; (b) it's not just a job, it's a lifestyle; and (c) being part of a profession.

*Multiple Roles: Gaining Confidence*

During the first year of transition, many participants became aware that a nurse is expected to take on many different roles in order to provide wholistic care to the patient. Several participants explained the many different roles a nurse is expected to perform. One participant noted:

Being a nurse is so many things. Nursing is knowing the medical stuff, but then also being sometimes a counselor, and then sometimes people just want to talk, so you're kind of a form of a friend too.

Another nurse described it as being the jack of all trades:

Well, you just kind of have to be a jack of all trades. You kind of are expected to do a lot of things. You just have to know how to do a little bit of everything. You still do some of the CNA work, you help with going to the bathroom and getting water, and then you have to do medications and specimens, and fix their TVs.

By the end of the first year into transition, all participants began to take on more roles and not only focused on the physical aspects, but began providing wholistic care. One participant described:

The nurse has to be the care taker, the one that gives them medication, the one that scrubs the patient up, but also do education, and deal with the psychosocial issues and kind of be a listening ear for the patient.

Participants could recognize a positive change in the quality of care they were providing. One participant recognized her change in focus as she further developed professionally:

When I first started, I was more focused on tasks, and having to do this and that, but as I am approaching closer to a year of nursing; I really am starting to see the big picture and just the basic coordination of care.

In general, participants were feeling less stressed and more confident as the 1-year time period drew closer. They were accepting of their new role and they no longer were haunted by responsibility. One participant stated:

It was initially overwhelming, a lot of responsibility. This changed my perception at first, but now I feel I can handle all my roles of a nurse a lot better.

By 1 year participants had learned a lot. Their fear of the unknown had diminished and they had achieved a feeling of comfort. One participant explained:

I am just more comfortable, and I feel like I know more. I am by no means an expert at it, but I feel proficient at it, and that's a good feeling.

In summary, by 1 year, participants were confident in the many roles that they were expected to perform. They were now able to provide wholistic care with less stress and more confidence. Their fears and stresses were rapidly diminishing, and they became content with their new profession.

#### *It's not Just a Job; It's a Lifestyle*

Toward the end of the first year in their new role, participants began to realize how nursing had impacted their entire lives. Several participants mentioned that they were so consumed with their new jobs, that they had neglected other aspects of their life. A participant reported: "A big thing was trying to find a way to balance my career versus family." Another participant explained her battle of adjusting to her new lifestyle:

I think it does add extra stress to your personal life. And I found that when I was unhappy in my job, I tended to be unhappy at home because I would be so stressed out and crabby all of the time.

Unlike other positions that the participants had held in the past, nursing seemed to stay with them at all times. One participant explained how nursing is more than “just a job”:

It's not just a job, it's a lifestyle. You try to leave it at work, but even if you're not “What about this?” “I don't understand that fully.” “Let's look things up.” There's always something more to learn, something more to do, and you feel guilty if you don't do those things.

Although there are many times that nurses go home and think about the positive experiences they encountered while at work, they are often times also troubled with feelings of self-doubt. One participant described:

You always go home and think, “Oh my gosh, I should have done this faster, or I should have done this assessment first before I did the other assessment. Or what if I missed something on that patient?”

Another participant explained that even though she had gained confidence in her abilities, she continued to second guess herself.

On your way to work and home from work, you think about what you can do better, and today's going to be a good day. Today's going to be better than yesterday. And sometimes you dream about it. You hear those call lights in your sleep.

Despite any negatives associated with being a nurse, there were no regrets and all participants agreed that they were happy that they chose this lifestyle. One participant commented:

I am very satisfied with my job decision, even though it is stressful at times. I'm very happy being a nurse. It's one of the most important things, being a nurse.

In summary, at 1 year, participants became aware of how their new profession impacted their entire lives. Participants understood the difficulties associated with “bringing home” the emotional aspects of their profession, and realized the need for finding a balance between work and family.

### *Being Part of a Profession*

After the first year of transition, participants noticed a decrease in their stress level and an increase in their confidence level. They recognized that they were not just a nurse, but something bigger than that—part of a profession. One participant explained:

It is something bigger now, being part of a profession that I feel like I am a part of, now that I am actively working in the field. It is hard to explain.

After working for a full year in the nursing field, another participant described nursing as the profession that “holds everything together.”

When I first went into nursing, I thought, oh, I care about people, so I’m going to go into nursing and hopefully help people. But I really see how important nursing is in terms of; it’s kind of the glue that holds everything together in a way, which I never, never realized.

All participants were ultimately happy with their choice of a profession, and were proud of themselves for overcoming so many difficult obstacles. One participant stated:

I just remember walking across the stage, and I was just thinking, oh my god, I’m a big girl now. I’m in the real world of nursing, and I remember just being really scared, you know. I didn’t know if I was going to be able to do it. I didn’t know if I was going to be able to handle it. Now, I’m like, I’m kind of proud, I’m happy with

myself, because I made it through the trial period or whatever. You know, like, I believe in myself. I'm happy. For the most part, I'm happy.

In summary, all participants reported being happy with their career choice, and at 1 year recognized that they were not just a nurse, but also part of a profession.

### *The Transitional Journey: Being a Nurse*

The phrase *being a nurse* was perceived in different ways by participants. Common characteristics that participants reported included: Patient advocate, team work, multiple roles, lots of responsibility, flexibility, decision maker, and care coordinator.

### Discussion of Results With Related Studies

Transitions are complex, occur as a natural process, and require periods of perplexity and reorientation during the process of finding oneself (Schumacher & Meleis, 1994). In the current study, when the participant provided his/her perception of being a nurse, Benner's Novice to Expert Model (1984) and the Transition Theory (Meleis et al., 2000) assisted in the understanding of the transition process by outlining where the participant was in his/her stage of development. The results indicated that each one-year nurse's perceptions of being a nurse was directly related to his/her transitional journey, and each transitional experience was characterized by its own uniqueness and mixture of dimensions. The nurses in this study were faced with many challenges and stresses during the transition process; however, by 1 year it was evident that they were accepting of themselves and their choice of a profession.

Limited studies exist on graduate nurses' perceptions of nursing and the stress they encounter during their transition to the professional role (Brodie et al., 2004;



Delaney, 2003; Evans, 2001; Godinez, 1999; Heslop et al., 2001; Latimer, 2005; Mannen, 1998; Mooney, 2007; Oermann & Moffitt Wolf, 1997; Ware, 2008; Young, 2008). While available studies have offered valuable information about the transitional process, the current study offered specifically focused on the new graduate nurse's perception of being a nurse during his/her first year of transition.

Gerrish (2000) conducted a grounded theory study on 25 newly qualified nurses' perceptions of transition from student to qualified nurse. Findings from Gerrish's study were similar to that of the current study in that it revealed that the transition process was stressful, and newly qualified nurses found themselves feeling inadequately prepared. Unlike the results of Gerrish's study that indicated that nurses today are better supported through preceptorships helping them adjust to their new role, the current study indicated that new nurses felt unsupported and unwelcome, and would have liked mentorship.

A compelling finding of the current study is that neither age nor gender, race, graduation date, or practice setting influenced the perceptions of the participants. However, the success of participants' transition relied heavily on previous work related experience, mentorship, and orientation during the first few months of practice; however, this was not expressed in their qualitative comments. According to Godinez (1999), with guidance, new nurses are able to successfully manage complex patient care and stay organized. The current study has indicated that the success of the role transition relies heavily on the support from other staff members, along with guidance from the preceptor. Young (2008) studied strategies for easing the role transformation of graduate nurses. Young found that hospital based programs that offered preceptorship programs, clinical practicum experience, role development seminars, and/or education

modules were able to better ease the transition from nursing student to practicing nurse by decreasing role discrepancy.

Duchscher (2001) used a phenomenological approach to explore how five nurses perceived their first 6 months as a professional nurse. Results of Duchscher's study are similar to the current study in that both indicated that during the first few months, graduates felt dependent on others, had a fear of physicians, had a fear of making errors, felt unwelcome by other staff members, and focused on doing rather than knowing. In the current study, by 5 to 6 months into transition, participants began to mature professionally.

Casey et al. (2004) conducted a study to explore the stresses and challenges of newly graduated nurses working in six different acute care hospitals. Casey et al. found that at 1 year, new nurses still lacked skills and confidence and voiced dissatisfaction with the environment in which they worked. By 1 year, participants in the current study felt confident in their abilities to perform skills/procedures and care for the patient with a wholistic approach. Overall, job satisfaction was prevalent by the end of the first year of transition.

Bjorkstrom et al. (2006) completed a longitudinal study exploring what it means to be a good nurse and what it means to be a bad nurse. Results indicated that to be a good nurse, one must do good for others, be competent and skilled, have professional courage and pride, and seek professional development. The results of the current study indicated that all participants were confident that they were providing wholistic care, felt confidence in their skills, were proud of themselves, and were looking forward to further increasing their professional knowledge.

In the past few years, there have been only a few investigators who have explored the transition from a student to a nurse. This study explored this phenomenon qualitatively. By using a qualitative approach, rich detailed information was provided regarding the new graduate nurse's perceptions of being a nurse during the first year of transition. It is anticipated that the results of this study can contribute to further research in nursing education, and will help determine how educators and health care leaders can better prepare new graduate nurses for their transition.

### Summary

The Transition Theory and the Novice to Expert Model provided useful framework to guide the study as well as to further explore and discuss the findings. In an attempt to explore and describe the perceptions of being a nurse, interviews were conducted with newly graduated nurses ( $n = 20$ ) who were working in a clinical setting for 12 to 18 months. The findings from this study revealed three major themes that were supported with subthemes that described the perceptions of the participants perceived as they went through their first year of transition. Findings were discussed and related to previous literature associated with the transition from student to nurse.

## CHAPTER V

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### Introduction

The purpose of this study was to explore and describe the perceptions of being a nurse by baccalaureate-prepared nurses 1 year post-graduation. This chapter includes a brief summary of the perceptions described by 20 new nurses during their first 12 to 18 months of transition. Conclusions based on the results of this study are discussed. Implications for practice, education, and administration are included. Recommendations for further research and nursing education are also provided.

#### Summary of Findings

Studies indicate that the perceptions of graduate nurses often change when they enter their new role. Limited studies exist regarding these changed perceptions (Delaney, 2003; Duchscher, 2001; Evans, 2001; Oermann & Moffitt-Wolf, 1997). The current study explored graduate nurses' perceptions of being a nurse during their first year of transition into their new role.

Participants described the nature of their transition as being stressful and challenging (Meleis et al., 2000). At 3 months into transition, participants had an awareness of the changes that were occurring and the essential knowledge they would need to develop. Participants identified the facilitators of transition as being: positive mentorship, previous healthcare experience, and professional support and encouragement. Negative facilitators included: large patient loads, lacking support, and feeling unwelcome. By 6 months, participants reported that they understood the

changes involved in the transition, and became accepting of them. They had a full understanding of when the transitions time span started, and began to see the light. By 1 year, participants reported that they began feeling connected in their new role, and could now see the whole picture. They developed the needed confidence, and reported an overall sense of peace in their transition.

A qualitative descriptive approach was used to describe how 1-year graduate nurses perceived being a nurse. The target population for this study was registered nurses between the ages of 21 and 31, who had graduated within the previous year from an accredited traditional BSN program in the Midwest. A convenience sample of 170 potential participants was obtained from an alumni list of a Midwestern university. Twenty 1-year baccalaureate-prepared nurses met the criteria for sample selection and agreed to participate in the study.

A demographic questionnaire was used to gather background information. An unstructured open-ended questionnaire was used to answer the research question: Now that you have been practicing as a nurse for 1 year (out in the real world), what does being a nurse mean to you? The researcher completed audiotaped face-to-face interviews with the assistance of doctorally prepared faculty members.

Colaizzi's method was used to analyze data and to gain a feel for the whole experience (Polit & Beck, 2008; Speziale & Carpenter, 2007). Significant statements were extracted and restated in more general terms, followed by the formulation of meanings. Meanings were then organized into clusters of themes and subthemes and then referred back to the original transcript for validation.

The theoretical frameworks chosen to guide this study were Benner's (1984) Novice to Expert Model, and the Meleis et al. (2000) Transition Theory. Benner's Model

of Novice to Expert helped guide this study by providing a clear picture of the process one goes through as he/she develops expertise in the clinical setting. Over time, nurses are expected to progress through the five stages of development. In the current study, when the participant provided his/her perception of being a nurse, Benner's theory aided in the understanding of the transition process by outlining where the participant was in his/her stage of development. At 3 months into transition, although participants were aware of what to do in some situations, they could neither grasp the complexities of the situation nor anticipate future course of actions, congruent with Benner's advanced beginner stage. By 6 months into transition, participants had reached Benner's competent stage, and felt organized and able to efficiently and confidently manage most clinical situations in their area of practice. Most reported lacking speed and flexibility; however, this too was reported to be improving. By 1 year into transition, participants reported being in Benner's proficient stage, and perceived situations as a whole while knowing what to expect and what was important in a given situation.

The second theoretical framework used to guide this study was the Transition Theory (Meleis et al., 2000) to explain how transitions cause changes in identities, roles, relationships, abilities, and patterns of behavior. Transitions are complex, occur as a natural process, and require periods of perplexity and reorientation during the process of finding oneself (Schumacher & Meleis, 1994). The theory assisted in the understanding of the transition process by outlining where the participant was in his/her stage of development. Results of the current study indicated that the nurse's perception of being a nurse was directly related to his/her transitional journey, and each transitional experience was characterized by its own uniqueness and mixture of dimensions.

### *Theme One: Starting Transition*

Three subthemes emerged from one theme. In the first subtheme of *responsibility but lack knowledge* participants discussed their initial fears of making mistakes due to not having enough experience-related-knowledge. A common perception of having too much responsibility added to the initial fears of entering into their new role. In the subtheme *thrown in and stretched thin*, many participants mentioned feeling overworked and understaffed. Expectations were high, and they feared they could not live up to them. They often went home feeling overwhelmed. The last subtheme was the *unwelcome wagon*. Although 75% of the participants reported having a mentor during the beginning of the transition, lack of professional support and feeling of being unwelcome remained a common finding.

### *Theme Two: During Transition*

This theme had three subthemes. In the first, less idealistic: more practical, participants described the real world of nursing as being faster paced and more challenging than they had expected. With unforeseen time limitations, they were not able to spend as much time as they would have liked in direct patient care. In the subtheme, finding the balance: time management and wholistic care, participants recognized the need for organizing their day so they could have more time to spend with each patient. In the last subtheme of building on the foundation, participants talked about the beginning knowledge base, the knowledge they still needed to acquire, and how they could have been better prepared for their transition.

### *Theme Three: Moving beyond Transition*

In the first subtheme of multiple roles: gaining confidence, participants discussed the need for nurses to be versatile. As they became more confident in themselves, they

were able to take on all of the necessary roles required. In the subtheme It's not just a job, it's a lifestyle participants recognized the impact of being a nurse, and were accepting their new way of life. In the last subtheme of being part of a profession, participants were proud of their growth and development and happy with their choice of becoming a nurse.

### Conclusions

All participants in the current study had perceived the first year of nursing as a challenging period in their lives. There were common fears, stresses, and changes in perceptions that the participants experienced during transition. The following are conclusions from this study:

1. In the first several months of practice, nurses encounter an overwhelming sense of responsibility and fear of making mistakes.
2. Nurses enter into their new role with high expectations and have a fear of not knowing or having the necessary knowledge to perform at the expected level.
3. Nurses are overwhelmed by the fast pace of the work environment and lack of available support, as well as lack of appropriate mentorship and orientation.
4. Nurses enter the nursing field with a good knowledge base; but recognize the need for having prior experience in the nursing field, and a wide range of clinical experiences while in school.



5. As the nurse moves through his/her first year of transition, he/she starts to develop a more realistic view of what his/her job entails and starts to see the whole big picture.
6. At 1 year of transition, nurses describe themselves as someone who advocates, works as a team, possess multiple roles, takes on a lot of responsibility, multi-tasks, and sees the whole big picture. Time management and organizational skills improve greatly. They begin to feel more confident in their abilities and work becomes more enjoyable.
7. The transitional journey to becoming a nurse takes time and is consistent with Benner's stages—from being a novice to becoming more competent, more proficient and finally an expert.
8. Despite all the challenges and fears before and during transition, nurses recognize that nursing is part of their lifestyle and are proud of being part of their profession.

### Implications

#### *Nursing Practice*

An awareness of how 1-year graduates perceive the transition process is of value to both new nurses, and nurses who will be working with the new nurses. The results of this study indicated that as a new nurse enters his/her role, he/she is faced with many challenges, stresses, and fears. An understanding of this experience will help the new nurse realize that this is part of the natural process of transition, and will in turn better prepare for their transition.

Unlike nurses in the 1980s, today's nurses appear to have developed more active learning strategies and are better supported through preceptorships, which has helped them adjust to their new role (Gerrish, 2000). In order to create a positive work environment for all, it is imperative that the new nurse is supported and mentored by other nurses during the transitional period. According to this current study, lack of support, formal orientation, and mentorship, lead to dissatisfied nurses and higher turnover rates. Due to time constraints and other factors, seasoned nurses often neglect to recognize and accept the needs of the new nurse. By gaining a full understanding of the transition process, seasoned nurses may feel more compelled to help the new nurse through this difficult and challenging time. In turn, new nurses will have increased job satisfaction, which will lead to job retention and improved patient care.

#### *Nursing Education*

It is not uncommon for students to enter nursing school with false impressions about nursing as an occupation. After graduation, new nurses often report that their misconceptions about nursing left them feeling unprepared for the stress of their new occupation (Brodie et al, 2004). Educators must be aware of the misconceptions with which students enter the program to better prepare them for their professional role as a nurse.

It is also important to provide nursing students and new graduates with information about the perceptions of 1-year baccalaureate prepared nurses, so they will be properly prepared for the transition from student to nurse while eliminating any false ideations. Educators must prepare nursing students for the anxiety, stress, and uncertainty that they are likely to experience as they enter their new role along with resources and strategies on how to cope.

Participants of the current study reported feeling frustrated in their new role when they encountered situations that were different than what they were taught in school. Many participants explained that although school provided them with a base of knowledge, it did not adequately prepare them for the heavy patient loads and tremendous amount of daily responsibility. To ease the transition process, nurse educators must develop creative ways to help provide a more realistic idea of what it is like to take on more responsibility/patients in a clinical setting.

With the changing nature of nursing, it is important for educators to look carefully at the current and future demands of health care services when planning curriculum. Research has indicated that nursing curriculum should include a combination of university-based nursing education and hospital-based clinical education in order to provide a student with a better understanding of what it is to be a nurse (Brodie et al., 2004). In the current study, new nurses agreed that there is a need for a more realistic picture of nursing in a clinical setting. In order for educators to stay current and relevant, they must maintain awareness of the practice settings into which new graduate nurses are entering.

Recommendations for nurse educators include:

1. Universities offering a graduate nurse educator program can pair graduate nurse educator students with undergraduate nursing students in a clinical setting. This can allow the undergraduate students to take on more responsibility in the clinical setting, while having more one-on-one time with an experienced nurse.
2. Nurses in this study reported that they could have been better prepared if they were able to get a more realistic idea of what it is like to take on more

responsibility/patients in the clinical setting. Since taking on more responsibility may not always be feasible, instructors can design more case study scenarios and simulation in order to provide a more realistic experience about intense practice situations.

### *Nursing Administration*

Both administrators of nursing programs and administrators in the clinical setting who hire nurses need to maintain an understanding of the stresses and challenges a new nurse is faced with throughout his/her transition process. Academic administrators and clinical administrators must work together to keep each other informed about the developmental needs of the new nurses entering practice, in order to smooth the transition.

Information from this study can assist nursing leaders in academia to design nursing programs that are conducive to the actualities of nursing practice. To better prepare the nursing students for the transition from student to nurse, administrators in nursing education must provide students with an understanding of transition as well as strategies and resources for coping.

To further assist new nurses in their transition process, this study can assist administrators in clinical settings, and those in charge of hiring and orienting new nurses to be better prepared for their professional roles. Studies have shown that the turnover rate in the first year of employment is between 35% to 60% among new graduate nurses, due to emotional stress and demanding working environments (Delaney, 2003). In order to retain staff, administrators must strive to make a positive work environment for the new nurse. According to research, new nurses' transition was less problematic when they had supportive mentorship and an appropriate orientation. It is imperative

that nursing administrators become active in supporting new nurses through their transitional process.

### Recommendations

This study has provided a snapshot of the perceptions of new graduate nurses as they worked their way through the first year of transition. A compelling finding was that neither age nor gender, race, graduation date, or practice setting influenced the perceptions of the participants. Because limited studies exist regarding the transitional experience and perceptions of new nurses, recommendations for future research include the following:

1. A replication of this study with students who have graduated from associate degree nursing programs or accelerated nursing programs.
2. A comparative study of new nurses who receive a formal orientation and mentorship, with those who have not, to evaluate the impact this has on the transitional experience.
3. A comparative study of new nurses who have had prior experience in the healthcare field, versus those who have not, can offer valuable information regarding the impact of previous health care work experience.
4. An exploratory study of new nurses who change their job within the first year, can offer valuable data regarding the challenges of transition.

### Chapter Summary

A summary of the study and findings are included in this chapter. Based on the results of this current study, and previously cited research, the transition process is

perceived as a challenging and stressful period during new nurses' journey to competency. The nurses in the current study entered their new role with perceptions of being thrown-in, overworked, and lacking competence. They soon realized the need to find balance and expand on their knowledge. In the process of moving beyond transition, they gained confidence, and acceptance into the profession. By understanding the perceptions of 1-year baccalaureate-prepared nurses, educators, hospital administrators, future nursing students, newly graduated nurses, and seasoned nurses can better understand and prepare in the new nurse's transition process. Recommendations were presented for future research and nursing education.

APPENDIX A  
Demographic Questionnaire

### Demographic Questionnaire

1. What is your age in years? \_\_\_\_\_
2. What is your gender? \_\_\_\_\_
3. What is your ethnicity? \_\_\_\_\_
4. BSN Graduation (Month/Year): \_\_\_\_\_
5. Date of Employment as GN/RN (Month/Year): \_\_\_\_\_
6. Practice Setting: \_\_\_\_\_
7. If employed in a hospital setting, what type of unit do you work on?  
\_\_\_\_\_
8. Hours worked (Please Check one): \_\_\_\_\_ Full time (32 hours/week or more)  
\_\_\_\_\_ Part time (Less than 32  
hours/week)
9. A. Years of previous experience working in the healthcare field (Please Check one)  
\_\_\_\_\_ 0-1 \_\_\_\_\_ 2-3 \_\_\_\_\_ 3-4 \_\_\_\_\_ 5-6 \_\_\_\_\_ 6 +  
B. Please list any of your previous job titles in the health care field  
\_\_\_\_\_
10. Did you have mentor support during your orientation? (Yes or No)  
\_\_\_\_\_  
If so, how long did your mentorship last (please clarify days/weeks): \_\_\_\_\_
11. Did you have a formal orientation? (Yes or No) \_\_\_\_\_



If so, how long did your orientation last (please clarify days/weeks):

---

### **Self Report of the Phases of Transition in the First Year**

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

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

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

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

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

D. I perceived situations as a whole and knew what to expect and what was important in a given situation. I knew how and when to modify plans.

F. I could make decisions without relying on rules, guidelines, or others. I had intuitive and deep understanding of each situation and could see pertinent aspects of a situation that others missed.

**3. Now, at 1 year of working as a registered nurse.....**

A. I lack experience in situations in which I am expected to perform, and lack understanding of the contextual meanings of what I have learned.

B. I know what intervention is needed, but still can not grasp the complexities of a situation or anticipate the future course of care in complex situations.

C. I am organized and feel able to efficiently and confidently manage most clinical situations in my area of practice; however, I lack speed, flexibility, and experience to recognize a situation in terms of an overall picture.

D. I perceive situations as a whole and know what to expect and what is important in a given situation. I know how and when to modify plans.

F. I can make decisions without relying on rules, guidelines, or others. I have intuitive and deep understanding of each situation and see pertinent aspects of a situation that others miss.

APPENDIX B  
Interview Guide

### Interview Guide

#### Initial Question:

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

#### Additional Probing Questions:

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

## APPENDIX C

UW Oshkosh IRB Approval Letter



December 2, 2008

Ms. Sarah Davis  
N7636 Redtail Lane  
Malone, WI 53049

Dear Ms. Davis:

On behalf of the UW Oshkosh Institutional Review Board for Protection of Human Participants (IRB), I am pleased to inform you that your application has been approved for the following research: Being a Nurse: Perceptions of One-Year Baccalaureate Nurses.

Your research has been categorized as NON-EXEMPT, which means it is subject to compliance with federal regulations and University policy regarding the use of human participants as described in the IRB application material. Your protocol is approved for a period of 12 months from the date of this letter. A new application must be submitted to continue this research beyond the period of approval. In addition, you must retain all records relating to this research for at least three years after the project's completion.

Please note that it is the principal investigator's responsibility to promptly report to the IRB Committee any changes in the research project, whether these changes occur prior to undertaking, or during the research. In addition, if harm or discomfort to anyone becomes apparent during the research, the principal investigator must contact the IRB Committee Chairperson. Harm or discomfort includes, but is not limited to, adverse reactions to psychology experiments, biologics, radioisotopes, labeled drugs, or to medical or other devices used. Please contact me if you have any questions (PH# 920/424-7172 or e-mail:rauscher@uwosh.edu).

Sincerely,

Dr. Frances Rauscher  
IRB Chair

cc: Jaya Jambunathan  
1473

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## APPENDIX D

### Letter to Potential Participants

## UNIVERSITY OF WISCONSIN OSHKOSH

## Being a Nurse: Perceptions of One-year Baccalaureate Nurses

I (Sarah Davis) am conducting a study of how baccalaureate prepared nurse graduates from UW Oshkosh define *being a nurse*. Your contact information was obtained from a BSN alumni list from UW Oshkosh. I would greatly appreciate your participation in this study.

As part of this study, you will be asked an open-ended question about your perceptions of *being a nurse*. I will conduct a taped interview lasting approximately 30-60 minutes. The interview can take place at your convenience in a private setting other than at your place of employment. A demographic questionnaire will also be administered.

By understanding how a one-year nurse perceives *being a nurse*, one can better understand how to help in preparation for the first year out of school. These findings have implications for nurse educators in academia, nurse leaders in the hospital, and future nursing students and/or newly graduated nurses.

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

The information I gather through the interview process or that you give me in the questionnaire will be recorded in anonymous form. I will not release information about you to your place of employment or to anyone else in a way that could identify you.

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

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

Sarah Davis  
Department of Nursing  
UW Oshkosh  
Oshkosh, WI 54901  
Email: [daviss79@uwosh.edu](mailto:daviss79@uwosh.edu)  
Cell: (920) 251-2587  
Home: (920) 926-0253



APPENDIX E  
Consent Document

## UNIVERSITY OF WISCONSIN OSHKOSH

## CONSENT DOCUMENT

## Being a Nurse: Perceptions of One-year Baccalaureate Nurses

I (Sarah Davis) am conducting a study of how baccalaureate prepared nurse graduates from UW Oshkosh define *being a nurse*. Your contact information was obtained from a BSN alumni list from UW Oshkosh. I would greatly appreciate your participation in this study.

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The information I gather through the interview process or that you give me in the questionnaire will be recorded in anonymous form. I will not release information about you to your place of employment or to anyone else in a way that could identify you.

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

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

Sarah Davis  
Department of Nursing  
UW Oshkosh  
Oshkosh, WI 54901  
(920) 251-2587

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

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

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

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

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

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