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# Transition of Experienced and New Graduate Nurses to a Pediatric Hospital

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### **Abstract**

This study reports on the 3-, 6-, 12-, and 18-month outcomes of 118 newly hired registered nurses (RNs) who completed a 12-month transition-to-practice program at a pediatric hospital. Experienced RNs (n = 42) and new graduate RNs (n = 76) showed improved organization, prioritization, communication, and leadership skills over time. The experienced RNs reported better communication and leadership skills than the new graduate nurses. Results inform transition program development for both new and experienced nurses.

The American Association of Colleges of Nursing (2012) predicts that, without a multifaceted approach, a national nursing shortage will occur by 2020. Many nurses leave their first position and sometimes the profession within the first year of employment (Baxter, 2010; Welding, 2011). Retaining nurses is a vital component of any approach to averting a nursing shortage. In an attempt to retain nurses, healthcare institutions often provide a transition-to-practice (TTP) or nurse residency program for new graduate nurses (NGN) entering the profession. The Institute of Medicine (2011) in its Future of Nursing report also recommends a transition program for nurses moving to a new specialty or to advanced practice roles. Completing a NGN transition program is associated with a decrease in nurse

attrition by as much as 80% (Halfer, Graf, & Sullivan, 2008; Rush, Adamack, Gordon, Lilly, & Janke, 2013; Spector et al., 2015). This reported decrease has led to organizational interest in transition programs to improve retention.

The goals of residency programs for the NGN have ranged from increasing new nurse confidence and competence, to increasing satisfaction and retention (Fink, Krugman, Casey, & Goode, 2008; Goode, Lynn, McElroy, Bednash, & Murray, 2013; Institute of Medicine, 2011; Spector et al., 2015). Although literature supports the effectiveness of transition programs for the NGN (Fink et al., 2008; Goode et al., 2013; Spector et al., 2015), there is little evidence on the experienced nurse's transition to a new specialty practice. Furthermore, most transition programs do not report outcomes beyond the first 12 months of employment. Thus, the purpose of this study is to evaluate nurse stressors and supports during and after a 12-month transition-to-employment program for both new and experienced nurses transitioning to a pediatric practice.

## **Background**

A key component to successful transition is identifying critical points and events that support or hinder the successful transition of the new or experienced nurse. Research shows that NGNs' confidence and satisfaction in their transition is highest at entry, with a decline between 3 and 6 months, and an increase at approximately 12 months (Fink et al., 2008; Goode & Williams, 2004; Spector et al., 2015; Williams, Goode, Krsek, Bednash, & Lynn, 2007). Little is reported about the experience of NGNs after 12 months of hire and the transition of experienced nurses. One study reported NGN work environment and job satisfaction at a pediatric Magnet-designated hospital over an 18-month time frame (Halfer et al., 2008). In this study, Halfer et al. found that by 18 months the NGNs had resolved their conflicts and job satisfaction had improved (Halfer et al., 2008). This finding points to a need for more evaluation of nurses' transition-to-employment experience to 18 months.

Transitioning to new employment has been viewed to be especially stressful for the NGN (University of Colorado Hospital, 2006). Reports of transition difficulties include problems with critical thinking ability, organization/prioritization, lack of confidence, physician communication, care of the dying patient, and lack of

sufficient orientation (Fink et al., 2008; Goode et al., 2013; Goode & Williams, 2004; University of Colorado Hospital, 2006; Williams et al., 2007). In particular, NGNs have socialization needs that are fostered in a healthy work environment. Socialization needs identified include prioritization, delegation, constructive conflict resolution, and physician–nurse collaboration (Kramer et al., 2013). Fink et al. (2008) recommends the involvement and engagement of organization leaders in the transition program, including participation in a feedback loop to ensure that positive changes take place in the work environment (Fink et al., 2008). Attention to socialization needs of the NGNs could help lower the stress of the transition to employment.

Although important for lowering new nurse stress, existing residency programs are costly, ranging from \$2,023 to \$12,125 per new graduate (Rush et al., 2013). As organizations weigh the costs and benefits of existing programs, they consider their specific institution's needs. Some organizations include the experienced nurse transitioning to a new practice setting in the transition programs, because all newly hired nurses have transition needs. This study reports on a transition program at a Midwest pediatric specialty hospital. Outcomes for the year-long TTP program for all newly hired nurses were evaluated through the first 18 months of employment. The TTP program is based on the theoretical framework of Meleis et al.'s transition model (Meleis, Sawyer, Im, Hilfinger Messias, & Schumacher, 2000) and reflective practice (Sherwood & Horton-Deutsch, 2012). In this theory, transitions are conceptualized as diverse, complex, and multidimensional (Meleis et al., 2000), with the need to reflect and process experiences with others to gain perspective and feel heard by others (Sherwood & Horton-Deutsch, 2012).

## **The Pediatric TTP Program**

The TTP program has two major components: (1) an initial 5-day (40 hours) central health system orientation and (2) three additional 4-hour-long education sessions offered during the first 12 months after employment. The 5-day central orientation focuses on core institutional competencies through a blended learning approach of instructor-led and online education. Topics include clinical care content such as pain, safety, child abuse, service excellence, and the shared governance structure including time with nursing leaders. The

three education sessions offer two components: (1) presentations on topics relevant to all new nurses who transition to a new organization and to a pediatric specialty practice and (2) a 45-minute-long debriefing session. The education sessions are strategically placed at 3, 6, and 12 months to focus support during the most vulnerable times (Fink et al., 2008; Schoessler & Waldo, 2006). Topics include death and dying, boundaries of care, and ethical dilemmas at the first education session at 3 months posthire (Day 1). Skills related to challenging communication with team members are the focus at the second education session held at 6 months (Day 2). The third and final session at 12 months (Day 3) focuses on the fundamental principles of the preceptor role, one they often are called upon to provide as soon as 1 year after hire. The debriefing sessions occur at the end of each education session.

## **Purpose**

The purpose of the study was to evaluate the 12-month-long TTP program for newly hired nurses (experienced and NGNs) during the first 18 months of practice at a Midwest pediatric hospital. The focus of the evaluation was the newly hired nurses' perception of stressors and supports during the TTP program at 3, 6, and 12 months with an 18-month follow-up measure.

The primary aims of the study were as follows:

1. to determine if the 12-month TTP program addresses the transition needs of confidence and comfort, difficulties and support of all newly hired nurses and if it is sustained for 6 months after completion of the program;
2. to determine if there is a similar response to the TTP program between NGNs and nurses with work experience related to confidence and comfort at 3, 6, 12, and 18 months.

## **Methods**

### *Design*

This quantitative, descriptive, correlational, repeated-measures study was part of a larger mixed-methods TTP program evaluation study. Additional qualitative data from the debriefing sessions are reported separately (in review). The study was approved through the hospital's institutional review board.

## *Participants/Sampling*

This study took place at a free-standing 270-bed Magnet-accredited pediatric hospital in the Midwest. Inclusion criteria were all newly hired nurses for the in-patient, surgical, and ambulatory areas scheduled to attend the TTP program from January 2010 to June 2012. There were no exclusion criteria. The sample was obtained from the entire pool of nurses attending the TTP program. Experienced nurses were defined as having 1 year or more of experience as a registered nurse (RN).

## *Procedure*

Informed consent was obtained at the first education day along with a demographics form and the Casey–Fink Graduate Nurse Experience Survey-Revised ([University of Colorado Hospital, 2006](#)). Data were collected using paper-and-pencil format at the start of all three education days before any curriculum content was delivered. Demographic data were only collected at the first education day. An electronic data collection process was used at approximately 18 months posthire date. An additional evaluation of the education day was administered in paper-and-pencil format at the end of the session.

## *Data Collection/Measures*

### *1. Nurse transition confidence and comfort*

Nurse transition confidence and comfort was measured with the 24-item Confidence and Comfort Scale from the Casey–Fink Graduate Nurse Experience Survey-Revised ([University of Colorado Hospital, 2006](#)). This scale has five subscales: support (9 items), for example, "I feel supported by the nurses on my unit"; organizing/prioritizing (5 items), for example, "I am having difficulty prioritizing patient care needs"; communication/leadership (6 items), for example, "I feel prepared to complete my job responsibilities"; professional satisfaction (3 items), for example, "I am satisfied with my chosen nursing specialty"; experiencing stress (1 item), for example, "I am experiencing stress in my personal life." The broader Casey–Fink tool was developed to measure the transition experience of NGNs and track changes over time. Participants respond to items on a Likert scale from 1 (strongly disagree) to 4 (strongly agree). In this study, the Confidence and Comfort Scale had Cronbach's alpha coefficients



above .76, comparable to those reported ([University of Colorado Hospital, 2006](#)).

## *2. Nurse transition difficulties and supports*

Additional sections of the Casey–Fink tool focusing on type of stressors, difficulties, and supports were administered at all four time points. Two relevant items from the education session evaluation tool developed by the site for the TTP program sessions used a 5-point Likert scale with 1 (strongly disagree) to 5 (strongly agree).

## *Data Analysis*

Data were entered into SPSS. Demographics were analyzed and reported as frequencies. ANOVA was used to analyze the data from the sample that reflect all participants who completed the survey at any of the four time points and for a subset of 40 nurses who attended all three education days and responded to the final 18-month electronic survey. Data were analyzed for the subset of nurses related to their status of NGN or experienced with linear regression by group, time, and group by time interactions.

## **Results**

### *Sample Attributes*

One hundred and forty nurses attended one or more of the TTP program education days, and 66 (47.1%) of those attended all three. There were 118 nurses who participated in the first education day and completed the demographic survey. Of those, 40 nurses (33.8%) provided data at all four time points (28 NGNs; 12 experienced). The 118 nurses who participated in the first education day had a mean age of 28 years ( $\pm 6.7$  years) and were predominately female (92.5%), Caucasian (92.5%), and BSN prepared (75.2%). There were 76 (64.4%) nurses with less than 1 year of experience. Of those with more than 1 year of experience ( $n = 42$ , 35.6%), a majority (53%) had between 1 and 4 years with a mean of 7 years ( $\pm 7.8$  years). The characteristics of the 40 nurses who completed all time points are similar to that of all the nurses.

*Aim 1: Determine if the 12-month TTP program addresses the transition needs of all newly hired nurses and if it is sustained for 6 months after completion of the program.*

The first aim addresses the transition as measured by confidence and comfort, difficulties and support of all newly hired nurses during the first 18 months of practice. ANOVA was used to analyze the data from the sample that reflect the 140 nurses who completed the survey at any of the four time points as well as a subset of 40 nurses who completed all four surveys. Results were similar between the large group and the subset of 40 nurses who completed all four surveys.

Results of the Confidence and Comfort Scale with subscales are reported in [Table 1](#). Participants reported moderately high and stable levels of perceived support and professional satisfaction over the four time points. Participants reported that moderately high levels of ability to organize and prioritize significantly increased between the 3-month and the 6- and 12-month time points. The level at 18 months is significantly higher than any of the other three time points ( $p \leq .001$ ). Perceptions of communication and leadership increased significantly at the 12-month time point from both the 3- and 6-month time points ( $p \leq .001$ ) and continued to increase at 18 months. Levels of stress were moderately low (2 on a 4-point scale) and stable over the four time points.

Although the subscale one item level of stress was on the low side, participants were asked to identify stressors from a list including NCLEX, finances, child care, living situation, personal relationships, job performance, and graduate school. Finances and personal relationships were the most frequently identified stressors at all time points. Finances were identified as a consistent stressor for 15%–20% of participants, and personal relationships remained a constant stressor for 14%–23% of the nurses across all time points. There were no proportionally significant differences in stressors across time.

Participants reported on the types of difficulties they were experiencing at each time point (see [Table 2](#)). The overall pattern was that of decreasing proportions of difficulties identified over time for individual items and the total number of difficulties at any one time. Although most proportions were not significantly different across the time points, there are a few notable exceptions. Lack of confidence, fears, and orientation issues were higher at early time points than at later time points ( $p \leq .001$ ). Workload and communicating with families were also higher at 3 and 6 months than

at 12 and 18 months ( $p \leq .05$ ). These difficulties were reported by 30%–50% of the participants at 3 months and 10%–17% of participants at 18 months. Some difficulties, such as coping with death and dying, remained at levels that may be of concern across all time points with 30% at 3 months and 17% at 18 months. Although the pattern of difficulties identified by the subset of 40 nurses at 3 months is similar to the larger sample at the same time point, the percentage of difficulties at 18 months is generally lower (7%) than in the larger sample (9%). This is the only difference in the survey results between the larger group and the smaller subset of 40 nurses.

Following the items identifying difficulties, participants were asked to respond to suggestions that might help with the transition process (see [Table 3](#)). The proportions of all but one of the suggestions were not significantly different over time. Only improved orientation was significantly higher proportionately at earlier time points. Even at 18 months, 24%–31% of respondents identified a need for support, improved work environment, unit socialization, and mentorship.

The overall evaluation of the education days were rated positively when using a 5-point Likert scale. The item asking if “information was relevant to my practice” was rated significantly higher at 3 months ( $M = 4.14$ ,  $SD = 0.69$ ) than at 6 months ( $M = 3.81$ ,  $SD = 0.64$ ) and 12 months ( $M = 3.97$ ,  $SD = 0.64$ ). Participants responded to the item that the education day “helped with their transition” significantly higher at 3 months ( $M = 3.92$ ,  $SD = 0.66$ ) than at 6 months ( $M = 3.57$ ,  $SD = 0.77$ ) and 12 months ( $M = 3.83$ ,  $SD = 0.67$ ).

*Aim 2: Determine if there is a similar response to the TTP program between NGNs and nurses with work experience at 3, 6, 12, and 18 months.*

The second aim was to determine if there was a similar response between NGNs and nurses with work experience related to confidence and comfort, difficulties, and support. Repeated measures using a general linear regression approach was used with the Confidence and Comfort Scale. Because of the low frequency of responses in the subgroups of new graduates and experienced nurses, no statistical testing for proportional differences was

conducted with the stressors, difficulties, and support data, and the results are reported descriptively.

The results of the Confidence and Comfort Scale with subscales showed that experienced nurses have significantly higher perceptions of communication and leadership than the NGNs at 6 and 12 months ( $p \leq .001$ ). Both groups had significant increases in organizing and prioritizing over time ( $p \leq .001$ ). There were no significant group by time interactions.

New graduates reported stressors (finances, child care, living situation, personal relationships, job performance, and graduate school) more frequently than experienced nurses at all time points. Both groups reported finances, personal relationships, and child care as a stressor over 18 months (up to 25%). Both new graduates and experienced nurses reported difficulties with workload (up to 18%), ethical dilemmas (up to 18%), coping with death and dying (up to 29%), fears (up to 36%), professional boundaries (up to 17%), and lack of confidence (up to 54%) within the first 3–6 months with a decreasing trend after 6 months for experienced nurses. New graduates reported difficulties persisting at 18 months, including lack of confidence (18%), fears (11%), coping with death and dying (25%), communication with providers (18%), and communication with families (11%). By 18 months, experienced nurses identified few actions that would make them feel more supported. New graduates, however, continued to report the need for support (39%), mentoring (43%), improved work environment (36%), and unit socialization (29%) at 18 months (29%–43% identifying one or more actions).

The overall evaluation of the education days revealed no significant group, time, or group by time interactions for the "relevance of information" item. There was a significant difference over time in both groups for the "helpful with transition" evaluation item, with NGNs and experienced nurses rating the item highest at 3 months. Although not reported in detail in this paper, the most highly rated aspect of the professional development education days on the program evaluations was the opportunity to debrief and share experiences with others.

## Discussion

Overall, this study has findings similar to those from other investigators evaluating the impact of a TTP program with NGNs through the 12-month time period ([Goode et al., 2013](#); [Spector et al., 2015](#); [Williams et al., 2007](#)). In this study, the investigators followed NGNs through 18 months and found that there was resolution of difficulty with organizing and prioritizing and communication and leadership skills by the 18-month transition period. Other investigators who followed NGNs practicing in a pediatric setting with a program offered in the first year of employment and measured nurse job satisfaction and work environment issues through 18 months also found similar resolution of these items ([Halfer et al., 2008](#)). The variables in the Halfer et al. study were evaluated with a different tool, but some items were conceptually similar to that of Casey-Fink and colleagues ([University of Colorado Hospital, 2006](#)).

In this study, the investigators addressed a gap in the literature in two different ways. First, looking at the transition into practice of experienced nurses and NGNs. Second, comparing both NGNs and experienced nurses' transitions over the first 18 months of practice, a time period that has rarely been studied. NGNs and experienced nurses revealed very similar transition experiences and needs for support and resources over the 18-month transition period. This has not been highlighted in the literature to date and is counterintuitive to what many administrators and educators often perceive in their expectations of experienced nurses. Although experienced nurses did report a significantly higher perception of communication and leadership than did the NGNs at 6 and 12 months, they do have reported needs for support at the 6-month transition period. There appear to be more similarities in the transition than differences, and this may be a surprise to many who design and support orientation programs for all nurses in an organization. Given the gap in the literature, this is a contribution that is in line with the [Institute of Medicine's \(2011\)](#) report recommending a transition program for nurses who are changing clinical specialties. The TTP program does appear to support all new hires in their transition needs, and given the similarity of these needs, it does make sense to offer this program to all newly hired nurses entering an organization.

Limitations in this study should be considered. There was no control group in the study, as the TTP intervention was required for all nurses including experienced and new graduates. Thus, we cannot conclude that the intervention alone was responsible for the resultant changes. There were missing data at the 3-, 6-, 12-, and 18-month collection times. Those who did not attend or did not respond at any time point may have different perspectives on the value of the program. Some of the attrition in the study was due to inability to attend the program because of staffing or personal reasons, or nurses leaving the organization for a number of reasons including dissatisfaction or relocation. In spite of these limitations, the results from the study underscore the perspectives of both new and experienced pediatric nurses at 18 months into employment at a pediatric hospital, which have not been represented in the literature.

To reap return on investment, organizations need to consider transition programs that extend beyond the orientation and address the transition needs of all newly hired nurses, not only NGNs. The evidence is clear that, for new graduate retention and satisfaction, transition programs are essential. However, organizations should consider opportunities for extended support beyond the first year for NGNs who are continuing their transition as well as the transition needs of experienced nurses who are changing their clinical practice area or specialty. Clearly, more studies are needed to replicate findings with different samples and explore the transition needs of all nurses who are new to practice or a specialty area if we are to preserve nurses and provide for the nursing needs of the communities in which we live.

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**Table 1.** Confidence and Comfort Scale; Casey–Fink Graduate Nurse Experience Survey (1–4 Scoring)

Scale Variable	Day 1 (3 months) <i>n</i> = 118	Day 2 (6 months) <i>n</i> = 98	Day 3 (12 months) <i>n</i> = 96	Follow-up (18 months) <i>n</i> = 58	ANOVA
	<i>M</i> ( <i>SD</i> )	<i>M</i> ( <i>SD</i> )	<i>M</i> ( <i>SD</i> )	<i>M</i> ( <i>SD</i> )	
Support (9 items; $\alpha = .81$ )	3.26 (0.40)	3.24 (0.37)	3.21 (0.35)	3.20 (0.37)	$F(3,340) = 0.48$
Organizing/prioritizing (5 items; $\alpha = .71$ )	3.14 (0.39)	3.27 (0.42) <sup>a</sup>	3.29 (0.42) <sup>a</sup>	3.49 (0.42) <sup>ab</sup>	$F(3,364) = 9.64^{***}$
Communication/leadership (6 items; $\alpha = .71$ )	3.00 (0.42)	3.08 (0.38)	3.22 (0.38) <sup>ab</sup>	3.27 (0.39) <sup>ab</sup>	$F(3,359) = 8.62^{***}$
Professional satisfaction (3 items; $\alpha = .82$ )	3.47 (0.54)	3.50 (0.47)	3.47 (0.46)	3.41 (0.45)	$F(3,364) = 0.41$
Experiencing stress (single item)	2.30 (0.78)	2.38 (0.82)	2.41 (0.79)	2.10 (0.85)	$F(3,308) = 1.99$

Note. The sample reflects all participants who completed the survey at each time point. ANOVA = Analysis of Variance; *M* = Mean; *SD* = Standard deviation.  
<sup>a</sup>Significantly different from Day 1 on post hoc analysis with LSD.  
<sup>b</sup>Significantly different from Day 2 on post hoc analysis with LSD.  
<sup>c</sup>Significantly different from Day 3 on post hoc analysis with LSD.  
<sup>\*</sup> $p \leq .05$ . <sup>\*\*</sup> $p \leq .01$ . <sup>\*\*\*</sup> $p \leq .001$ .



**Table 2.** Frequency and Percentage of Difficulties Currently Experiencing With the Transition (Casey-Fink Graduate Nurse Experience Survey Section 4A)

Transition Difficulties <i>What difficulties are you currently experiencing?</i>	Day 1 (3 months) <i>n</i> = 118	Day 2 (6 months) <i>n</i> = 98	Day 3 (12 months) <i>n</i> = 96	Follow-up (18 months) <i>n</i> = 58	$\chi^2(3)$
	Yes	Yes	Yes	Yes	
Role expectations	25 (21.2%)	14 (14.3%)	11 (11.5%)	4 (6.9%)	7.64
Lack of confidence	60 (50.8%)	34 (34.7%)	22 (22.9%)	10 (17.2%)	27.44***
Workload	30 (25.4%)	17 (17.3%)	11 (11.5%)	6 (10.3%)	9.70*
Fears	40 (33.9%)	23 (23.5%)	12 (12.5%)	4 (6.9%)	23.02***
Orientation issues	36 (30.5%)	17 (17.3%)	5 (5.2%)	2 (3.4%)	33.35***
Professional boundaries	11 (9.3%)	6 (6.1%)	4 (4.2%)	1 (1.7%)	4.80
Ethical dilemmas	16 (13.6%)	15 (15.3%)	16 (16.7%)	5 (8.6%)	2.11
Coping with death and dying	35 (29.7%)	22 (22.4%)	19 (19.8%)	10 (17.2%)	4.57
Communication with other providers	19 (16.1%)	18 (18.4%)	12 (12.5%)	5 (8.6%)	3.33
Communicating with patient and families	35 (29.7%)	21 (21.4%)	15 (15.6%)	6 (10.3%)	11.05*
Precepting	8 (6.8%)	5 (5.1%)	13 (13.5%)	4 (6.9%)	5.39
<i>Total difficulties</i>	315 (24.3%)	192 (17.8%)	140 (13.3%)	57 (8.9%)	87.53***

Note. The sample reflects all participants who completed the survey at each time point.  
\**p* ≤ .05. \*\**p* ≤ .01. \*\*\**p* ≤ .001.

**Table 3.** Frequency and Percentage of Actions That Could Help Staff to Feel More Supported (Casey-Fink Graduate Nurse Experience Survey Section 4B): What could be done to help you feel more supported or integrated into the unit?

Support Variable <i>What could be done to help?</i>	Day 1 (3 months) <i>n</i> = 118	Day 2 (6 months) <i>n</i> = 98	Day 3 (12 months) <i>n</i> = 96	Follow-up (18 months) <i>n</i> = 58	$\chi^2(3)$
	Yes	Yes	Yes	Yes	
Improved orientation	47 (39.8%)	31 (31.6%)	26 (27.1%)	6 (10.3%)	16.69***
Increased support	32 (27.1%)	38 (38.8%)	39 (40.6%)	18 (31.0%)	5.55
Unit socialization	49 (41.5%)	29 (29.6%)	29 (30.2%)	14 (24.1%)	6.81
Improved work environment	21 (17.8%)	23 (23.5%)	21 (21.9%)	18 (31.0%)	4.00
A mentorship program	44 (37.3%)	37 (37.8%)	35 (36.5%)	17 (29.3%)	1.35
<i>Total</i>	193 (32.7%)	158 (32.2%)	150 (31.3%)	73 (25.2%)	5.78

Note. The sample reflects all participants who completed the survey at each time point.  
\**p* ≤ .05. \*\**p* ≤ .01. \*\*\**p* ≤ .001.