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Doctor of Nursing Practice

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Abilene Christian University
College of Graduate and Professional Studies

Unit-Based Onboarding Program for New Graduates on a Medical-Surgical Unit

A dissertation submitted in partial satisfaction
of the requirements for the degree of
Doctor of Nursing Practice

by

Racquel A. Brewster

September 2023

Dedication

This dissertation is dedicated to my husband Jeremy, who has supported my journey throughout this program. His constant faith and support helped me overcome many challenges and fears throughout this program. This work is also dedicated to my parents Dorian Brewster and Rudolph Brewster, who encouraged me to return to school and accomplish my dreams.

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I want to thank my chair Dr. Cheryl Green and committee member Dr. Catherine Garner for their suggestions throughout the research process.

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Abstract

Nurse turnover is prevalent among new graduate nurses. Many new graduate nurses feel unsupported by their peers, lack self-confidence, or feel overburdened due to the workload assigned to them. New graduate nurses with support systems are more likely to stay with an organization. Research suggests the creation of a supportive environment for new graduate nurses to help increase nurse retention in this demographic. A unit-based transition onboarding program was launched to create a supportive environment to help retain new graduate nurses on a medical-surgical unit. New graduate nurses with at least 1 to 3 years of experience completed a Likert-type survey to indicate the possible stressors they face in the work environment. Four presentations and classes were held on these topics to provide tips on improving these areas. A postpresentation feedback questionnaire was administered to assess the interventions. The results from the questionnaire showed positive feedback and suggested that new graduate nurses would benefit from simulation-based transition programs. A Likert-type survey was given to new graduate nurses. The survey determined the main stressors among new graduate nurses. Classes with interventions on these topics were held weekly over 4 weeks. The feedback questionnaire was given 2 weeks after the classes ended to see if the interventions presented were effective. This study determined the onboarding educational classes were helpful with coping with their surroundings and reducing their stressors, such as communication.

Keywords: nurse overload, burnout, leadership, nurse retention, onboarding program, communication

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Chapter 1: Introduction

Problem of Interest for Clinical Inquiry

Nursing is a rewarding yet demanding profession that allows the nurse to help patients recover and face constant pain, physical and mental struggles, and death (Clarke, 2022). In addition to the constant reminders of how fragile life is, other factors help to cause stress among nurses. For example, a significant cause of stress is the continuous heavy patient care loads that nurses endure every shift due to the nursing shortage in the United States (Clarke, 2022). Feelings of unappreciation can also cause stress. Many nurses often feel unappreciated, which leads to some leaving their workplace and others seeking a new career (Senek et al., 2020). In contrast, when nurses feel appreciated, their intentions to retire or resign may decrease. Nursing is stressful and can affect many aspects of one's life. Stress can reduce the chances of wanting to work bedside in specialties like medical-surgical units.

Nursing stress is more evident among new graduate nurses, who often seek to leave after only a year of work (Pasila et al., 2017). New graduate nurses state they have high stress levels and feel ill-prepared for nursing, because they have deviated from skills and ideas other than those taught in nursing school (Pasila et al., 2017). New graduate nurses attribute their level of stress to heavy workloads, lack of professional nursing competence, anxiety when administering medications and performing patient care, lack of effective and assertive communication skills, lack of mentorship/preceptorship and support from fellow nurses, lack of time management skills, and performing skills differently than those taught while in school (Labrague & McEnroe-Petite, 2017).

New graduate nurses leave the profession once they feel unsupported by the hospital organization and other peers or feel unsure about decisions made about patient care (Labrague &

McEnroe-Petitte, 2017). This, in turn, cripples the organization and leads to low productivity among the remaining nurses and poor nursing care (Labrague & McEnroe-Petitte, 2017). It also financially cripples organizations to replace nurses: The turnover of one nurse can cost up to \$40,038, and each 1% increase in nurse turnover for a hospital can cost up to \$270,800 per year (Labrague & McEnroe-Petitte, 2017; Weekly, 2021).

Nursing stress is highest in nurses who work on medical-surgical units (Labrague & McEnroe-Petitte, 2017). Research has shown that stress in this work environment is higher due to the workload and increased demands placed on patient care (Labrague & McEnroe-Petitte, 2017). Medical-surgical nurses are presented with a higher patient-to-nurse ratio and are expected to perform nursing orders, make quick decisions on whether or not they should escalate a situation, and use critical thinking to prioritize each patient's needs. It can be overwhelming for a new graduate nurse struggling with confidence and time-management skills. They often feel unsupported because each nurse has many orders for each patient assigned to them. As a result, the new graduate nurse may need more help regarding nursing skills they are unfamiliar with. Therefore, this evidence-based study explored how a unit-based transition program could help dispel these feelings, which could also help reduce nurse stress and nurse turnover.

Background of POI

Nursing burnout, nurse stress, and turnover are prevalent in the acute healthcare settings. Nurse burnout is a general term that describes a decrease in a nurse's energy and consists of three dimensions: emotional exhaustion, depersonalization, and lack of personal accomplishment (Mudallal et al., 2017). Nurse burnout and stress often lead to frustration, lack of motivation, reduced quality of patient care, and quitting a job (Mudallal et al., 2017). As a result of nurse burnout, there has been a higher-than-expected percentage of nurse turnover, leading to a more

significant nurse shortage. According to Mudallal et al. (2017), the nursing shortage correlates to “unrealistic job expectations, poor work conditions, work demands that exceed resources, poor collegial relationships, increased work hazards, and poor autonomy and control over practice” (para. 2). Another contributor to burnout is the continuous stress on the healthcare system due to the COVID-19 pandemic, which led to further understaffed hospitals, higher patient volumes, and pandemic-related anxiety (Shah et al., 2021). Other factors contributing to burnout and stress include a lack of communication between physicians and nurses, a lack of organizational leadership, and additional work-related responsibilities placed on nurses (Shah et al., 2021). A major burnout factor is the stressors that a nurse may face (Okuhara et al., 2021).

The primary individuals affected by high nurse turnover rates are the nurses, ranging from new graduate nurses to senior nurses, who now struggle to provide proper patient care; it also strains management to replace the nurses who have left the organizations (Dewanto & Wardhani, 2018). When there is insufficient staff, the patient does not receive the adequate care they deserve (Dewanto & Wardhani, 2018). Nurses are affected because they are placed in unsafe and stressful environments. This environment can lead to more nurses leaving their positions (Dewanto & Wardhani, 2018). Management and other leadership personnel are affected because they must determine what is wrong and find ways to increase nurse retention (Dewanto & Wardhani, 2018).

Nursing stress among new graduate nurses was further amplified during the COVID-19 pandemic. Many nurses working on COVID-19 units were new graduate nurses. Many were hired and given the impression that they would be working on a medical-surgical telemetry unit. However, they faced a different reality on their start date. They faced the reality of the unit being converted into a COVID-19 unit. Many nurses have experienced what it is like working

understaffed with limited resources (Naylor et al., 2021). They were forced to treat high-acuity patients without proper training; frequently, they would have to learn as problems arose, which became frustrating (Naylor et al., 2021). They were also forced to get used to seeing death at least or twice a shift (Naylor et al., 2021). Many became discouraged and left nursing for another career (Senek et al., 2020). Others vowed that as soon as they reached the 1-year mark from their hire, they would pursue travel nursing (A. Peterson, personal communication, June 25, 2021). Nurses began to rationalize that if they were going to suffer all this trauma and loss, they might as well be paid for their stress and pain (S. Lynch, personal communication, November 3, 2020).

In 2020, many hospitals had a turnover rate of about 18.7% (Colosi, 2021). The cost of turnover significantly affects the hospital's budget. In January 2021, a survey found that the average U.S. hospital loses about \$3–6 million annually in nurse turnover costs (Colosi, 2021). It takes 3 months to replace an experienced RN (Colosi, 2021). Travel nurses are hired for a contracted time to fill the void in hopes that someone will apply for the staff position. If hospitals eliminate at least 20 of their travel nurses, they could save up to \$3 million annually (Colosi, 2021).

In 2007 the Institute for Healthcare Improvement created the Triple Aim framework that focuses on improving the patient experience, improving the health of populations, and reducing the per capita cost of healthcare (Fitzpatrick et al., 2019). A fourth element was added to enhance the work environment for workers; the resulting Quadruple Aim is a framework that focuses on reducing costs, improving population health, patient care, and healthcare team well-being (Arnetz et al., 2020). Addressing the work environment helps to enhance the goals related to the Triple Aim (Fitzpatrick et al., 2019). Healthcare organizations must find ways to improve the work environment because studies show that a healthy work environment correlates directly with

patient safety (Fitzpatrick et al., 2019). Improving work environments helps decrease burnout and stress levels among staff (Fitzpatrick et al., 2019). The American Association of Critical-Care Nurses (AACN) suggests the following benefits to improve the work environment: shared governance, professional development programs, and nurse leaders being more accessible and visible to staff; it also helps if nurse leaders are transparent about what is going on within the hospital (Fitzpatrick et al., 2019).

Nurse leaders can develop mentorship or educational programs to create this environment (Labrague & McEnroe-Petitte, 2017). This helps create healthy work environments so that new nurses feel comfortable discussing their concerns and feedback without fear of feeling unheard (Labrague & McEnroe-Petitte, 2017). These programs also help empower new graduate nurses by having someone to seek advice from and giving them guidance on how to proceed with a situation as they transition from student nurse to nurse in a hospital setting (Labrague & McEnroe-Petitte, 2017).

Local Practice Problem

Like many hospitals around the country, the hospital where I conducted this EBP project has lost many staff nurses. According to A. Murphy (personal communication, April 5, 2022), the annual nurse turnover rate in the medical-surgical unit being researched was 75% in 2022. It was also stated that many new graduate nurses leave due to family issues, to pursue travel nursing, and because the workload is too heavy (A. Murphy, personal communication, April 5, 2022). Many hospital units are staffed with travel agency nurses. At the time of the study, the hospital was over budget and seeking to scale down the incentives it offered its staffed personnel. Hospital administrators must find ways to retain the remaining staff without putting themselves in a financial bind.

Many staff nurses at the study site were considering transitioning to other nursing fields or pursuing careers outside of nursing due to feeling overworked and unappreciated. The staff has complained about management failing to care about their well-being. There have also been complaints that the nurse-to-patient ratio, which is 1:6 or 1:7, is too much for nurses to handle. Many nurses also feel that other staff members have not been team players (S. Miller, personal communication, October 2021). Different strategies have been ongoing to increase nurse retention. Implementing a unit-based onboarding transition program could hopefully bridge this disparity gap, especially with new graduate nurses.

Purpose of Project

Creating an atmosphere where nurses do not feel overwhelmed and burdened but are appreciated and respected would result in good clinical outcomes (Wei et al., 2018). It is essential to create an atmosphere for new nurses to feel confident with their decisions on patient care and free to have a voice (Gellerstedt et al., 2019). It is also essential to create an atmosphere of support (Labrague & McEnroe-Petite, 2017).

I developed a unit-based transitional onboarding program in an attempt to increase nurse retention among new graduate nurses on the medical-surgical unit. Nurse retention directly correlates to the work environment, job satisfaction, and qualities portrayed by nurse leadership (Mudullal et al., 2017). Nurse retention can also be budget-friendly for hospitals (Colosi, 2021). If the hospital can increase nurse retention, it saves the expense of filling open nursing positions that become vacant frequently (Colosi, 2021). This project aimed to provide new graduate nurses with tips and interventions to overcome nurse bullying, maintain a healthy work-life balance, and build effective communication skills.

This program aimed to reduce turnover intentions for new graduate nurses with 3 or fewer years of nursing experience by providing the tools that help them build confidence, creating longevity in nursing practice. I developed classes to offer guidance on tackling stress and burnout in the workplace. The ultimate goals were to create a supportive environment and to provide support in developing clinical reasoning and critical thinking for new graduate nurses.

The unit manager and I gathered evidence-based information on what seems to affect the new graduate nurses the most and offer advice and interventions to help keep stress levels down. New graduate nurses met once a week for a month to discuss ways to be successful in the areas of work-life balance, effective communication, nurse bullying, and managing difficult conversations with patients, family members, healthcare providers, nurse managers, and co-workers.

Significance of Problem of Interest

Developing a unit-based transitional education program can help decrease the stress levels among new graduate nurses, which would help increase retention rates among this demographic. Many new graduate nurses lack confidence in performing safe practices and picking up on cues that indicate a change in a patient's status (Gellerstedt et al., 2019). Patients come to the hospital with one diagnosis but have multiple comorbidities, which challenge the thought process of the new graduate nurse (Gellerstedt et al., 2019). Without proper training or expertise, this causes stress on young nurses and discourages them from wanting to stay in the nursing profession.

A transitional onboarding program would allow nurses to expand their clinical skills (Powers et al., 2020). The new nurse can learn how to communicate with patients or other staff members assertively yet respectfully and have more useful ideas on reacting in certain situations

(Labrague & McEnroe-Petitte, 2017). Transitional programs have proven to help facilitate a smoother transition for new graduate nurses (Gellerstedt et al., 2019; Jangland et al., 2021). Studies have shown that fostering a smoother transition helps reduce turnover rates and provides a supportive work atmosphere (Gellerstedt et al., 2019).

Through their participation in transitional programs, new graduate nurses feel more at ease with their skillsets because they are being supported and not being made to feel inferior because they do not know everything (Jangland et al., 2021). Creating a nurturing and inspiring environment helps decrease stress levels (Jangland et al., 2021). Such programs can also make the organization more attractive to current and future employees (Jangland et al., 2021). They create an environment that highlights growth in one's knowledge while inspiring the next generation of nurses (Jangland et al., 2021). Inspiring others creates a sense of fulfillment. Implementing the transition program can help boost new nurses' confidence, give experienced nurses a positive challenge, and allow the organization to learn about their staff and improve their environment (Jangland et al., 2021).

Nature of Project

I developed a transitional onboarding program on a medical-surgical unit in a general acute care hospital in a metropolitan area. New graduate nurses at this hospital undergo a period of nurse residency. During this time, new graduate nurses go through a week of orientation and are then sent to the floor to which they were hired. Once on the floor, the new graduate nurse is paired with various preceptors to get a feel for completing tasks differently. These nurses undergo about 12–13 weeks of orientation before they are placed on the floor to work independently.

I asked those who had just completed their residency or had 3 years or less nursing experience to complete a Likert survey to see which areas were causing stress (see Appendix C). Likert surveys are used by researchers to gain a better understanding on a group's attitudes, opinions, and perceptions (Qualtrics, 2022). In this study, the Likert survey uses a rating system that lists responses from one to five, ranging from *strongly agree* to *strongly disagree*. For this project, four themes were included in the survey: effective communication; nurse bullying; managing difficult conversations with patients, family members, healthcare providers, nurse managers, and co-workers; and work-life balance. I used the results from this survey to determine which of these themes affected new graduate nurses most. The new graduate nurses were asked to attend classes weekly over 4 weeks, where they were given tips and interventions to help them overcome or prevent stress. In these classes, nurses discussed ways to enhance nurse resilience and were given strategies to deal with stress, such as deep breathing, self-affirmations, yoga, sleep hygiene, and so on. They also underwent simulation classes to help build their confidence; simulation classes have been shown to encourage critical thinking and engage nurses through active learning (Vizient, 2018). At the end of the 4 weeks, I gave the nurses a postpresentation feedback questionnaire to see if they built more confidence since attending these classes. These classes with catered food were held in the morning or at lunchtime. If the class was held in the morning, they were served eggs, yogurt, oatmeal, fruits, toast, and/or bagels. If the class was in the afternoon, there was grilled chicken, salad, and beverages, such as lemonade or cranberry juice.

PICOT Question

This study's question was the following: In newly graduated nurses, how does developing and piloting a unit-based educational onboarding transition program in 6 weeks help to reduce a 75% turnover rate on a 37-bed medical-surgical unit?

- P – The population of interest for this evidence-based project were RNs with less than 3 years of bedside nursing experience who worked on a medical-surgical unit.
- I – The intervention of interest was developing a unit-based onboarding program in which new graduate nurses were educated and empowered to manage workplace stressors through stress management strategies. The program was also designed to strengthen critical thinking skills through the use of simulation classes. The classes covered these topics of interest: effective communication; nurse bullying; managing difficult conversations with patients, family members, healthcare providers, nurse managers, and co-workers; and work-life balance.
- C – Recent new graduate nurses completed a Likert Scale survey. I used their answers to identify stressors affecting them as new graduates on the medical-surgical unit. I presented the results to the nurses for feedback on whether the interventions helped them overcome possible feelings of stress and intention to leave.
- O – The outcome of interest was finding appropriate interventions to combat stressors new graduate nurses encounter during their 1–3 years of practice.
- T – The timeframe for this DNP project was 6 weeks; 4 weeks of a once-a-week educational class addressing common stressors new graduate nurses experience in the clinical environment. I then conducted 2 weeks of feedback and discussion with the nurses on the effectiveness of the quality improvement intervention.

Theoretical Framework

Many studies have been conducted to find ways to reduce nurse stress and turnover. It is essential for nurses to feel supported. When nurses work in a positive environment, nurse and patient outcomes increase. It is also vital to empower nurses from early in their careers. New graduate nurses often go through periods of stress and anxiety (Sparacino, 2016). Many of these feelings are attributed to the nurses' culture shock from transitioning from a student nurse to a practicing bedside nurse (Sparacino, 2016). Kramer's reality shock theory (Appendix A) describes this period as the transition during which new graduate nurses undergo anxiety, doubt, and confusion (Sparacino, 2016). Kramer described reality shock as having four phases: honeymoon, shock, recovery, and finality (Sparacino, 2016). In the honeymoon phase, the new graduate nurse is excited to start working as a practicing nurse with idealistic expectations; however, this is soon stopped by culture shock (Sparacino, 2016). In the shock phase, the new graduate nurse realizes that nursing is not what their school portrayed it to be; in this phase, there are many responses, such as medical errors, multiple job changes, and leaving the nursing profession (Sparacino, 2016). Therefore, new graduate nurses must be equipped with the necessary tools in the shock phase to advance to the last two phases: recovery and finality (Sparacino, 2016). When supported by their organization, the new graduate nurses can transition from novice beginners to expert nurses (Sparacino, 2016). Building their confidence makes them more secure in their daily decisions when caring for patients. Benner's novice to expert theory is the theory that most embodies this concept.

Benner is a renowned nurse who created the *from novice to expert theory* (see Appendix A), which states that nurses typically develop skills and understanding of patient care over time through education and personal experience (Ozdemir, 2019). According to this theory, nurses

can learn knowledge and skills without professional expertise. Benner explains this as a nurse knowing how without knowing that. This theory has five levels of nursing experience: novice, advanced beginner, competent, proficient, and expert (Ozdemir, 2019). A novice can be defined as someone without experience who can be easily trained. This person does as they are told (Ozdemir, 2019). An advanced beginner can perform and gain experience through situations. Their experiences help to form why they do specific actions (Ozdemir, 2019). A competent nurse is a nurse who has about 2 to 3 years of experience. Working in the same field for this extended time makes them knowledgeable about long-term goals. They can use their expertise to help shape their perspective on achieving better efficiency and organization (Ozdemir, 2019). A proficient nurse perceives and understands how to react in many nursing situations. They usually have a better understanding of nursing and can make better decisions because of their experiences (Ozdemir, 2019). Expert nurses rely on their experiences and intuition regarding a situation.

A part of transitioning from a novice to an expert nurse is developing one's skills (Sparacino, 2016). Developing one's skills through experience helps one to predict better what may happen in a situation, because they have been through a period of reflection and reconstruction based on past cases (Sparacino, 2016). This is done through transition programs, such as orientation and residency programs (Sparacino, 2016). These programs aim to meet the new graduate nurse's needs to help empower them to be confident nurses (Sparacino, 2016). Implementing these programs helps reduce reality shock, and the empowerment aspect of these programs also helps improve retention among new graduate nurses (Sparacino, 2016).

Operational Definitions

Burnout. In this study, burnout is an overwhelming feeling of stress that causes one to leave the nursing profession after a certain amount of time (Mudallal et al., 2017).

New graduate nurse. This is a nurse with an associate or bachelor's degree that has less than 2 years of nursing experience (Alshawush et al., 2021).

Stress. The process through which stressors in the work environment lead to psychological, behavioral, or physiological strain, which can cause long-term health effects. Stress also associated with physical and psychological illnesses, decreased performance, absenteeism, high staff turnover, and decreased job satisfaction (Okuhara et al., 2021).

Transition to practice program. A program that is used to implement active learning across all settings for new graduate nurses to help them transition from nursing students to practicing nurses (National Council of State Boards of Nursing, 2013).

Turnover rate. The rate at which nurses voluntarily or involuntarily leave an organization (Kovner et al., 2014).

Scope and Limitations

The research I conducted through PubMed's database emphasized how burnout and other stressors affect retention in new graduate nurses. Other research included how transition programs help increase retention. For the study, the search inclusion criteria included nurses in all types of healthcare settings, systematic reviews, randomized control trials (RCT), and meta-analyses. The inclusion criteria for the project were new graduate nurses who had completed the hospital's nurse residency program and completed at least 1 year of nursing. The exclusion criteria were nurses from other units, travel agency nurses, and nurses currently in the nurse residency program. Limitations encountered during this project were the COVID-19 pandemic

that affected in-person meetings, nurses that left the hospital to pursue travel nursing, incomplete submissions of surveys, and a lack of transparency between nurses and nursing leadership. Other limitations included a lack of engagement from one or both parties, giving and receiving open feedback, and the small sample size. The scope is a unit-based, medical-surgical, onboarding transition program.

Summary

Nurse burnout and stress has been prevalent within the U.S. nursing profession since 1974 and has resulted in a high turnover rate (Agha, 2018). One demographic with high turnover rates is new graduate nurses. I created a unit-based onboarding transition program with the involvement of leadership personnel to help address this issue.

Chapter 2: Literature Review

The purpose of this chapter is to provide a synopsis of the literature review on how a transition program with leadership involvement helps lower nursing stress and increase nurse retention for new graduate nurses. It also includes statistics on nurse retention on both the national and the state levels in Georgia. The literature review also reviews the theoretical framework used to help with interventions nursing leadership may need to implement to help with new graduate turnover.

Literature Search Methods

I conducted the literature search using Abilene Christian University's (ACU) online library, PubMed, and Trip databases. The first database I used was PubMed. The initial search term *systematic review on leadership and nurse burnout* yielded seven available articles. A 5-year filter was then applied, decreasing the number of studies to six. The second search term *systematic review of leadership and nurse overload* yielded 31 available articles. A 5-year filter was then applied, which decreased the number of studies to 14 results. The third search term *nurse overload or burnout and leadership* yielded 752 available articles. A 5-year systematic review filter was then applied, decreasing the number of studies to seven results. The fourth search included *affirmations and nurse retention*, which resulted in over 22,000 articles. A filter was placed for full-text and scholarly journals, which decreased the results to 3,391 articles. Another search was done on *nurse retention and mentorship programs*.

The second database used was Trip. The search terms *nurse overload or burnout and leadership* resulted in 904 available articles. I conducted a search on ACU's OneSearch using the search term *transition programs for new graduate nurses* with articles published within the last 7 years. It resulted in 31,200 articles. New filters were placed on the search terms with peer-

reviewed articles published within the previous 5 years, and 19,451 articles resulted. A final search used *transition programs, new graduate nurses, and nurse retention* resulting in 4,862 articles.

I then used the Boolean operators *and* and *or* to help narrow down the search catalog to the most relevant articles. The search terms and keywords I used were *nurse overload or burnout and leadership, nurse management activities, and nurse burnout or burnout*. Other search terms and keywords used were *leaders and nurse resilience, and leaders and nurse burnout or turnover*. In addition, I used keywords like *work-related stress, nurse retention, transition programs, and nurse retention*. Another set of keywords I used was *transition programs and new graduate nurses, and nurse retention*.

Literature Review

Statistics on Nurse Retention

National Nurse Retention Statistics. The nationwide demand for registered nurses (RNs) is predicted to increase by 9% by 2030 (Bureau of Labor Statistics, 2022). It is projected that 194,500 job openings for nurses will be open each year over the next decade (Bureau of Labor Statistics, 2022). These openings correlate to the need to replace those who are retiring or changing careers (Bureau of Labor Statistics, 2022). Many of these vacancies result from soon-to-be-retired nurses (Rosseter, 2020). The AACN stated that 13% of newly licensed nurses change jobs after their first year, and another 37% said it was time to change their jobs (Rosseter, 2020).

Georgia's Nurse Retention Statistics. Georgia has one of the lowest rankings among U.S. states for nursing ratios, ranking 41st in the number of nurses per capita (Li et al., 2022). Georgia's nursing shortage is at a crisis level and has worsened from the recent pandemic strain

(Hart & Mariano, 2021). Georgia has a population of 10,617,423 residents. Currently, 141,117 of these residents work as nurses, meaning there are 1,329 nurses for every 100,000 residents, a ratio of 1:75. Within the larger South Atlantic region, Georgia is projected to have minimal growth in its number of nurses through 2030 (Li et al., 2022). In 2020, the number of RNs in Georgia is projected to grow to 87,000 by 2026 and 98,000 by 2030; however, the projected demand for nurses in this period is 101,000 RNs, resulting in a shortage of 2,200 (Georgia Board of Health Care Workforce, 2020).

The pandemic caused many nurses to quit their jobs for calmer opportunities (Hart & Mariano, 2021). As a result, in 2020 there was a rise in nurse job openings, and the number of vacant nurse positions increased by double-digit percentages. At that time, 11,000 nursing positions needed to be filled (Hart & Mariano, 2021). Travel nurses have been essential for hospitals to meet their constant nursing labor needs (Georgia Board of Health Care Workforce, 2020). It is forecasted that travel nurses will be used more frequently to help supplement the need for more nurses (Georgia Board of Health Care Workforce, 2020). Per the Georgia Hospital Association, 60% or more travel nurses make up staff across the 160 hospitals in Georgia (Bunch, 2022).

Employee Engagement and Absenteeism

King et al. (2020) conducted a quality improvement (QI) project that looked at strategies leaders implemented to decrease absenteeism in a general surgery unit in a Southeastern U.S. community hospital in an attempt to reduce nurse burnout. The interventions that were implemented were based on Maslow's hierarchy. This QI project aimed to decrease absenteeism by 15% by utilizing employee engagement strategies derived from Maslow's hierarchy of needs over 5 months. The data were collected using employee attendance software. The software

tracked absences from preintervention from January to June 2018 and postintervention from January to June 2019 (King et al., 2020). Researchers used an Ishikawa cause and effect diagram to illustrate the cause and effects and identify the root of employee engagement problems. Using the Ishikawa cause and effect diagram helped members of the leadership committee see the causes of the problem visibly. The problems were sorted out based on the hierarchy of needs. Then strategies were listed to help improve how nurses felt in that area (King et al., 2020). Researchers collected data for this project through qualitative and quantitative measures. Qualitatively, they conducted interviews to see where the problems occurred. Quantitatively, they employed a pulse survey to seek the staff's current perception of their work environment in a confidential approach during pre-intervention in 2018 and a postintervention in 2019 (King et al., 2020).

The strategies implemented had a positive impact on absenteeism. The goal of a reduction of 15% was met. It was also found that employee engagement was significantly associated with job performance and absenteeism; the *p*-value was less than 0.001. Therefore, to improve worker productivity, leadership should take a holistic approach to health and engagement strategies (King et al., 2020). The article reported that nurse leaders typically have funds to help with employee celebrations and recognition and suggested that nurse leaders utilize these funds (King et al., 2020). Using Maslow's hierarchy can help nurse leaders find activities associated with each level to help reduce burnout and improve patient care (King et al., 2020). Some limitations of this QI project were that the researchers took no consideration of other reasons for absenteeism, such as illness, injury, children, and FMLA absences; other limitations included only conducting the project on one unit (King et al., 2020).

How Organizational Support Impacts Nurses' Job Outcomes

Perceived organizational support (POS) is the lengths to which an organization values, respects, and cares for its employees' well-being. It can be seen in various ways, such as fair, equal treatment, adequate supervisor support, opportunities for organizational rewards, and supportive work conditions (Labrague et al., 2018). POS can fulfill socioemotional needs, which can cause one to enhance organizational commitment, work autonomy, work performance, and job intention. Strong organizational support is believed to create positive work behaviors in nursing (Labrague et al., 2018). A high POS is linked to higher job satisfaction and less turnover. Labrague et al. (2018) conducted a descriptive, cross-sectional research study to see the impact of organizational support on nurses' perceptions on work outcomes, such as organizational commitment, autonomy, work performance, job satisfaction, stress, and turnover intention.

Nurses were recruited from nine hospitals in Samar Island, Philippines. The study was conducted from September 2015 to December 2015 (Labrague et al., 2018). Only one hundred eighty ($N = 180$) responded to the study. A total of seven standardized tools were used for this study: the Job Satisfaction Index, the Job Stress Scale, the Burnout Measure Scale, the Work Autonomy Scale, the Six Dimension Scale of Nursing Performance, the Turnover Intention Scale, and the Perception of Organizational Support Scale (Labrague et al., 2018). Each of these surveys evaluated a different aspect of burnout, how leadership plays a part in this matter, and other job aspects. Descriptive and inferential statistical tools were used to analyze the data. The data were quantified using mean, standard deviation, and percentage (Labrague et al., 2018). The average mean for each individual on the POS scale was 2.698 to 3.38, and a mean score of 2.97 out of a possible mean of 5 (Labrague et al., 2018). There was a significant correlation between the POS scale and the hospital bed capacity ($r = .203, p = .009$; Labrague et al., 2018). Also,

multiple linear regression analyses were done to test the hypotheses of organizational support on work outcomes. The regression model showed no significant correlation between POS and nurses' work outcomes, such as job satisfaction ($b = -0.167, p = .176$), organizational support ($b = -0.034, p = 0.491$), turnover intention ($b = -0.060, p = .139$), job stress ($b = 0.148, p = .473$), and work performance ($b = 0.086, p = .130$; Labrague et al., 2018). Therefore, the null hypothesis was rejected. This meant the nurses had low POS scores, which indicate a lack of recognition, autonomy, advancement, and flexibility in their position (Labrague et al., 2018). Some weaknesses of this study included lengthy questionnaires that may have influenced the response rate and quality of the responses, and the use of self-reporting questionnaires may have restricted respondents' answers (Labrague et al., 2018).

Influence of Leader Empowering Behaviors, Work Conditions, and Demographic Traits

Nurse burnout can be defined as a reduction in a nurse's energy that manifests in emotional exhaustion, lack of motivation, and feelings of frustration. When this occurs, it decreases effectiveness at work (Mudallal et al., 2017). This is the recipe for a poor work environment. Some empowering behaviors for leaders include the following: enhancing the meaningfulness of work, fostering the opportunity to participate in decision-making, expressing confidence in high performance, facilitating the attainment of organizational goals, and providing autonomy and freedom from bureaucratic restrictions (Mudallal et al., 2017). When leaders exhibit these behaviors, it helps increase feelings of empowerment and decrease workplace tension (Mudallal et al., 2017).

A cross-sectional, descriptive, correlational design was used to evaluate the influence of head nurses' empowering behaviors on burnout. The estimated sample size was 364 persons. Data were collected from teaching, private, and public hospital nurses in Jordan (Mudallal et al.,

2017). Each of the hospitals had more than 150 beds. Eleven hospitals were recruited, with 407 RNs used for this study (Mudallal et al., 2017). The inclusion criteria was that the RNs could read and write English and have at least 6 months of experience (Mudallal et al., 2017). This study used the Maslach Burnout Inventory (MBI) survey and the Leader Empowering Behaviors Scale.

The MBI survey was used to measure burnout and has 22 items with a 7-point Likert scale ranging from 0 = *never* to 6 = *ever*. These items measured five items of depersonalization (DP), eight items of personal accomplishment (PA), and nine items of emotional exhaustion (EE; Mudallal et al., 2017). The instrument was valid, and the reliability coefficients (Cronbach's alpha) ranged from .77 to .93. The second tool used was the Leader Empowering Behavior scale (LEB), which has 27 items that address five categories: six items that measure the meaningfulness of work, five items that assess participation in decision-making, five items that assess the expression of confidence in employees, six items that evaluate the facilitation of organizational goal attainment, and five items that evaluate the provision of autonomy and freedom from bureaucratic restrictions (Mudallal et al., 2017). The scale was found to be valid and reliable. The Cronbach's alpha values ranged from .89 to .95 (Mudallal et al., 2017). The study showed that burnout is related to high levels of emotional exhaustion (EE), which is associated with an increase in age and nursing experience. However, age and experience positively correlate with physical activity (PA), which increases nurses' satisfaction. The results also showed that nurse leaders play an essential role in improving work conditions and empowering and motivating nurses to decrease burnout, reduce turnover rates, and improve the quality of nursing (Mudallal et al., 2017).

Some weaknesses of this study included the following: the use of nonprobability sampling, which created a lack of sufficient sample size in some categories, and there were partial statistical coefficients that showed weak effects, which decreases the generalizability of related results (Mudallal et al., 2017).

Relationship Between Transformational Leadership and Nurse Performance

A strong relationship between nurses feeling that management provided for their psychological safety and nurses' overall job performance was documented by Wang et al. (2021). This study studied six private regional teaching hospitals in Central Taiwan to see if a correlation existed between transformational leadership and job performance (Wang et al., 2021). In this study, 73 nurse managers and 719 nurses participated (Wang et al., 2021). The following inclusion criteria were used to choose the participants: (a) holding a position in a department that employed 10 or more nurses and a nurse manager; (b) having a professionally registered nursing degree or an RNs license, having had 3 months or more of work experience and having completed the trial employment period; and (c) a willingness to agree to the conditions on the consent form (Wang et al., 2021). The research tools used in the study were transformational leadership, psychological safety, and job performance. Those who participated completed a form and placed it in a sealed envelope, which were then given to the researchers (Wang et al., 2021). The researchers used three scales to evaluate transformational leadership, psychological safety, and job performance. Once completed, researchers assessed the survey with a 7-point Likert scale with possible responses that ranged from 1 = *strongly disagree* to 7 = *strongly agree*. A higher total score meant leadership was more strongly transformational: Nurses felt more psychologically safe and had better job performance (Wang et al., 2021).

Wang et al. (2021) studied different demographics to see how they correlated with job performance: gender, marital status, educational background, and years of work experience. It was also found that transformational leadership and years of experience were positively correlated with job performance (Wang et al., 2021). It was found that when managers communicate the organization's goals and vision consistently and recognize employees' needs, and when employees achieve a sense of psychological safety, comments from workers are not received negatively or with criticism (Wang et al., 2021).

Some areas for improvement of the study include limited human resources, time, finances, and a restricted sample of nurse managers and nurses in six private, regional teaching hospitals. Each unit had a substantial difference in the number of nurses assigned, limiting wide-ranging inferences. Some nurses were also afraid that their responses could affect their annual review. The study only took place in private facilities; therefore, a study like this might be better conducted at a public healthcare institution. Also, other leadership styles should be studied to see what best suits clinical nurses. A strength of this study was the high participation rate of those invited to participate. Overall, the study helped to clarify the different factors that affect burnout. It also helped to point out that when leadership lets staff know why certain things are being done, it helps to give nurses a sense of ease because they feel included.

Nurse Leaders' Strategies to Help Foster Nurse Resilience

Wei et al. (2019) conducted a qualitative descriptive study that looked at different strategies nurse leaders can use to foster nurse resilience (Wei et al., 2019). Seven strategies were examined to increase nurse resilience: facilitation of social connections, promotion of positivity, capitalization of nurses' strengths, nurturing nurses' growth, encouragement of self-care, fostering mindfulness practice, and conveying altruism (Wei et al., 2019). Each nurse leader

described how implementing each of these strategies affected their staff. These strategies helped build a positive relationship between leadership and staff, which helped create a positive and healthy work environment. By creating a healthy work environment, nurse burnout was reduced. This study has been cited in 27 other journal articles.

A sampling method of 27 nursing leaders was used (Wei et al., 2019). These individuals were recruited via email. Each participant also underwent two types of information collection: a demographic form which included information like gender, age, ethnicity, academic degrees and positions, and a face-to-face interview (Wei et al., 2019). A strength of this study was that the authors made sure to get in-depth answers during the interviews. Once the interviews were completed, each response was studied thoroughly for repeated patterns. The weakness of this study was not interviewing staff before and after to see the impact of leadership involvement.

Implementation and Evaluation of a Resilience Enhancement Program for Nurses Working in a Forensic Setting

Resilience is a person's ability to react positively to stressors and remain in control of their environment (Henshall et al., 2020). Workplace adversity in a nursing environment can cause nurses to face many problems that challenge and impact their resilience. Workload adversity is associated with excessive workloads, increased use of casual staff, decreased autonomy, bullying, violence, and constantly shifting organizational change. These can lead to nurses experiencing hostile, unrewarding, and abusive work environments (Henshall et al., 2020). Ultimately, this encourages nurses to leave the workplace.

Henshall et al. (2020) investigated the effects of implementing and evaluating a work-based resilience enhancement intervention for forensic nurses. The study looked at the long-term view of increasing recruitment and retention rates and improving nurses' well-being (Henshall et

al., 2020). An intervention was implemented, which consisted of six full-day sessions over 12 weeks. These sessions included the following:

1. Mentoring relationships, establishing positive nurturing relationships and networks, and mentoring information sessions;
2. Building hardiness, maintaining a positive outlook;
3. Intellectual flexibility, emotional intelligence;
4. Achieving life balance and enabling spirituality;
5. Reflective and critical thinking; and
6. Moving forward and planning for the future. (Henshall et al., 2020)

Senior nurses were recruited as mentors. An interview was conducted before and after implementation to see if nurse retention increased.

Henshall et al. (2020) found that mentees appreciated the relationship between them and their mentors. They were pleased that the mentor took time out of the day to consult them. They also enjoyed meeting outside the units; this made them feel like they were being heard (Henshall et al., 2020). The resilience program provided a means for mentees to voice their concerns without feeling obligated to keep quiet and helped to impact the cohort of nurses because a sense of care was created. The limitation of this study was that it took place in a mental health setting where nursing is typically different from the average nurse environment (Henshall et al., 2020).

Yoga for Self-Care and Burnout Prevention Among Nurses

Mental health interventions are often taught to nurses to help destress to avoid nurse burnout. Yoga has been proven to reduce the dimensions of burnout. A randomized control trial was conducted to see the effects of yoga practices on nurses (Alexander et al., 2015). Techniques such as postural alignment, deep breathing, and monitoring the mind with meditations were

taught during the yoga sessions. Emphasis on breathing was established early on in the experiment. Mindful breathing helps individuals calm their minds and bodies, decreasing stress if they feel fatigued or depressed. Participants completed the following assessments twice during the study: Health-Promoting Lifestyle Profile II (HPLP II), Freiburg Mindfulness Inventory (FMI), and the Maslach Burnout Inventory (MBI) to measure the before and after effects of yoga. By implementing yoga, there was a significant improvement in scores from pre- to postintervention for self-care ($p < .001$), mindfulness ($p = .028$), emotional exhaustion ($p = .008$), and depersonalization ($p = .006$) outcomes. The results showed that the yoga group had higher self-care and decreased emotional exhaustion and depersonalization (Alexander et al., 2015).

Limitations of the studies included having a small sample size (Alexander et al., 2015). Other limitations were the lack of an active control group and reliance on self-reported measures (Alexander et al., 2015). This limited the validity of the interventions.

New Graduate Nurses' Transition: Role of Lack of Experience and Knowledge as Challenging Factors

New graduate nurses feel they lack the experience and knowledge to make decisions for a patient's health, which hinders their diagnostic and clinical abilities (Baker, 2020). If a new graduate nurse has little knowledge of how to proceed in a situation, it creates anxiety for that nurse, which increases their stress levels (Baker, 2020). Studies have found that new graduate nurses can decrease their anxiety and stress levels if they are provided with the experience and support during their transition from nursing students to acute care nurses (Baker, 2020). If there is a structured program for new graduate nurses, it helps to sharpen their skills and increase

retention and commitment to overcome the knowledge gap (Baker, 2020). When nurses feel empowered, it entices them to stay (Baker, 2020).

A cross-sectional study on 95 nurses from a public hospital in the Al-Baha region utilized a quantitative approach to help eliminate possible biases (Baker, 2020). Baker used a close-ended questionnaire survey to collect initial data on the participants, including information about demographics and challenges, experience, and nursing knowledge (2020). A second survey was used called the Casey-Fink Graduate Nurse Experience Survey (NLRN); this measured the comfortability of the nurses' skills over time (Baker, 2020). The survey asked questions regarding work environment, colleague relationships, patient safety, stress, expectation, communication, and satisfaction (Baker, 2020).

The research showed that new graduate nurses faced the following challenges: role expectations, lack of confidence, workload, fear, and orientation issues (Baker, 2020). Other factors that hinder the new graduate nurse are the physical environment, responsibility, support, and professional development (Baker, 2020). As a result, these nurses felt they were placed in situations they could not handle. It was concluded that new graduate nurses received inadequate transition, which made them feel unsure when placed in a difficult position regarding a patient (Baker, 2020). It was also found that activities that helped nurses was unit socialization, improved work environment, increased support, and improved orientation (Baker, 2020). Baker concluded that new graduate nurses can benefit from transition programs (2020).

Effectiveness of Transition Programs on New Graduate Nurses' Clinical Competence, Job Satisfaction, and Perceptions of Support

New graduate nurses are 33% more likely to leave a job after 2 years (Charette et al., 2022). An article by the Institute of Medicine stated that transition-to-practice programs help

new graduate nurses adapt to their work environments and help them with their personal competencies (Charette et al., 2022). The transition-to-practice programs focused on orientation, preceptorship, and nurse residencies; these programs can last anywhere from 6 to 12 weeks up to a year. Charette et al.(2022) found that nurses involved with these programs had higher levels of competence, better confidence, higher job satisfaction, less stress, and lowered intentions to leave the facility.

In this study, researchers studied two graduate nurse programs to see their effectiveness on the new graduate nurses' competence at intervals of 3, 6, 9, and 12 months (Charette et al., 2022). The study also examined how these programs improve the nurses' job satisfaction (Charette et al., 2022). It also explored the support they may have received and the factors surrounding their development and deployment of their competence as new graduate nurses (Charette et al., 2022). The programs lasted 12 months and consisted of two 6-month practice rotations. During each rotation, the new graduate completed clinical work with a preceptor (Charette et al., 2022). During the program, there were various activities for the new graduate nurses, including mandatory training, paid professional study days, and guided reflective practice sessions (Charette et al., 2022).

The researchers employed validated questionnaires and interviews as the study design to better understand their experiences and views on the programs (Charette et al., 2022). The Nurse Competence Scale was used to measure competence among the nurses; the survey is based on Benner's theory and contains 73 items that address seven categories: helping role, teaching-supervision, diagnostic functions, managing situations, therapeutic interventions, ensuring quality, and working role (Charette et al., 2022). The responses to the items were evaluated based on a four-point Likert scale ranging from *not applicable in my work* to *used very often in*

my work (Charette et al., 2022). The researchers also used the Nurse Satisfaction Scale, a 24-item questionnaire, to measure job satisfaction; the scale uses a seven-point Likert scale ranging from *strongly disagree* to *strongly agree* (Charette et al., 2022). The scale addresses seven categories: administration, co-workers, patient care, relationship with supervisor, nursing education, and communication (Charette et al., 2022).

Once the data were collected, Charette et al. (2022) divided it into three categories based on the responses on the Likert scales: *high satisfaction*, which corresponded with response options 1–3; *neutral*, which corresponded to option 4; and *low satisfaction*, which corresponded with options 5–7. Based on the findings, satisfaction was then presented as frequency and percentages. The surveys were given at each interval, showing increased job satisfaction and nurse competence.

How Transition Programs Can Help With Workplace Bullying, Violence, Stress, and Resilience for New Graduate Nurses

New graduate nurses often face violence, bullying, and occupational stress in their first year of working; as a result, many leave their jobs (Alshawush et al., 2021). Alshawush et al.'s (2021) study looked at various transition programs that help ease the new graduate nurse into clinical practice. By implementing these programs, there was an increase in retention. These transition programs allowed the new nurses to feel supported, learn ways to do their jobs more effectively, and find ways to deal with stressful situations at work. There were also sessions on resilience to help new graduate nurses deal with stressful situations (Alshawush et al., 2021). Transition programs have also helped new graduate nurses develop their clinical, leadership, and communication skills; it also helps with patient safety. It is cost-effective for hospitals because they help reduce turnover rates for first-year nurses (Alshawush et al., 2021).

Alshawush et al.'s study was a systematic review of workplace violence, bullying, stress, and resilience. However, this review focused on the stress and resilience aspects. Fourteen studies were found relating to stress. Five of these studies showed that there was no significance in reducing stress; three studies showed a significant reduction in stress levels (Alshawush et al., 2021). One of these three studies incorporated a program within the transition program to teach new graduate nurses about coping strategies, managing change, problem solving, dealing with emotions in a healthy way, effective communication, physical activities, positive self-talk, and managing stress (Alshawush et al., 2021). Six qualitative studies reported that participants experienced stress and anxiety, but that the programs offered support for those who felt this way. The programs included debriefing with nurse coordinators, peer review, supportive preceptors, hands-on activities, and sessions about coping and dealing with stressful situations, such as increasing responsibility, staff shortages, feeling disapproval, and demanding patients (Alshawush et al., 2021). Two of the studies focused on resilience. It was found that resilience education helped decrease stress levels and teach ways to deal with stressful situations. Some strategies included communication skills, opportunities to talk to others about stressful situations with other nurses and handling stressful situations. They were also taught ways to apply compassion and gratefulness to life and develop deeper bonds with patients (Alshawush et al., 2021). This study found that transition programs helped to create safe transitions for new graduate nurses into clinical practice.

How Nursing Transition Programs Can Improve New Nurse Competency

It is expected that almost 500,000 RNs will retire in the year 2022 (Wolters Kluwer, 2022). With that looming amount, these nurses must be replaced, and the new nurses retained (Wolters Kluwer, 2022). The United States Bureau of Labor Statistics projects that there will be

a need for 1.1 million nurses to help with the shortage; it is vital to ensure that these nurses are competent (Wolters Kluwer, 2022). New graduate nurses are expected to be competent but often need help developing their skills (Wolters Kluwer, 2022). Therefore, transition programs help new graduate nurses with their performance and help them learn the standards of their facility (Wolters Kluwer, 2022). The eight skill areas that transition programs should focus on are behavior conducive to learning, communication and documentation, efficient and effective communication, personal care, preventing risk and promoting safety, privacy and dignity, professional nursing behaviors, therapeutic nursing behaviors, and respect for personal space (Wolters Kluwer, 2022). Including these skill areas in a transition program would help build new graduate nurses' confidence.

Best Practices of Formal New Graduate Transition Programs

As new graduate nurses continue to enter the nursing field, they are often pressured to possess entry-level competencies right after graduation (Rush et al., 2019). However, evidence has shown that new graduate nurses need more readiness to partake in their new professional roles (Rush et al., 2019). New graduate nurses lack competencies in six major areas: communication, leadership, conflict resolution, organization and prioritization, stress management, and critical thinking and clinical reasoning (Rush et al., 2019). As a result, many transition programs have been created to help new nurses overcome these areas (Rush et al., 2019). Transition programs have positively impacted new graduate nurse retention (Rush et al., 2019). These transition programs typically include education, formal or informal preceptorships, mentorships, and unit-specific orientation (Rush et al., 2019).

Rush et al. (2019) examined 76 studies to determine the most beneficial components for new graduate transition programs (Rush et al., 2019). Their examination yielded the following

components as most important: education, support/satisfaction, competency and critical thinking, and workplace environment (Rush et al., 2019). It was found that all transition programs share common features: a defined resource person, mentorship, and peer support (Rush et al., 2019). A defined resource person is assigned to have a one-on-one relationship with the new graduate nurse; this person can be a preceptor, mentor, clinical coach, sponsor, or navigator (Rush et al., 2019). This person either forms a relationship with the new graduate nurse immediately after hire or after a preceptor period (Rush et al., 2019). This person typically helps the new graduate nurse understand their unit routine, roles and responsibility, and the development of skill and cognitive competencies (Rush et al., 2019).

The next common feature is mentorship, which is a formal or informal transition program (Rush et al., 2019). Mentorship programs help to increase confidence, competence, comfort, and experience in new graduate nurses (Rush et al., 2019). They also help build relationships with other staff nurses, which is suitable for the new graduate nurse (Rush et al., 2019).

The last common feature is peer-support opportunities. This is when new graduate nurses meet with one another to discuss their various experiences (Rush et al., 2019). Peer-support opportunities help new graduate nurses to build bonds with each other; these were typically held as welcome breakfasts, lunches, and seasonal parties (Rush et al., 2019). During these meetings, they talked about ways they learned to cope with stress and their varying emotions during their transition (Rush et al., 2019).

Transition programs increased retention rates among new graduate nurses (Rush et al., 2019). The literature review found that transitional programs have an average of 88% retention rate. Therefore, transition programs can increase nurse retention among the new graduate nurse demographic.

Improving Retention Using Innovative Orientation and Mentorship Programs

Home health is essential for patients with postacute healthcare needs. However, there is a lot of staffing instability and a need for more perceived organizational support (Pennington & Driscoll, 2019). This article focused on redesigning the nursing orientation for home health nurses and developing a mentorship program for newly hired home healthcare nurses (Pennington & Driscoll, 2019). The study was conducted over 4 years. During this time, 154 nurses completed the orientation program, and 91 participated in the mentorship program. The 1-year hire nursing retention rates were evaluated over these 4 years (Pennington & Driscoll, 2019). The new-hire job satisfaction and perception of the mentorship program were also assessed. Results showed that the home healthcare nurse turnover decreased from 15.4% in 2016 to 10.1% in 2018; therefore, mentorship and proper orientation positively affect staffing stabilization (Pennington & Driscoll, 2019).

A Wisconsin home health care (HHC) agency realized its increasing nursing turnover rate and implemented a quality improvement project to revamp orientation and introduce mentorship after orientation (Pennington & Driscoll, 2019). First, clinical leaders, nursing preceptors, and nurses were sent a survey to see their retention factors. Issues such as orientation issues, scarcity of evidence-based content, unengaging lecture classes, poor communication between the education department, and poor communication with managers and preceptors were listed. Next, the orientation program was reviewed, and it was found that the objectives had yet to be updated in 10 years. It was also found that charting in electronic health records (EHR) must be mastered. The program added more activities to help prepare the new HHC nurses, such as interdisciplinary collaboration and team building (Pennington & Driscoll, 2019). Orienteers were taught both in the field and the classroom. This helped boost autonomy and productivity for the

nurses—a check-in between the preceptor and the manager mid-orientation to discuss the new nurses' accomplishments and challenges. If there seems to be an issue, they find ways to help the nurse over those challenges (Pennington & Driscoll, 2019). After changing some orientation components, the agency went from retaining 54% of its new HHC nurses to 93% retention; however, the following year, it fell to 76%. It was found that revamping the orientation process allowed for more resource accessibility and more communication consistency (Pennington & Driscoll, 2019).

The agency also implemented a mentorship program to support the new HHC nurses better. These mentors were assigned along with the preceptors. The mentors were educators or nurse specialists (Pennington & Driscoll, 2019). The mentors had to have the following qualities: accessibility, approachability, consistency in best practices, and adherence to agency policy (Pennington & Driscoll, 2019). The preceptors were to work with the new nurse for 3 months; the mentor was to work with the nurse beyond the first year of hire. The mentor and new nurse had four scheduled appointments to discuss caseloads, celebrate successes, strategize challenges, and identify educational needs. The conversations were summarized and given to managers to help create a culture supportive of the new nurses (Pennington & Driscoll, 2019). The mentors accompanied the new nurse with patient admission visits and reviewed documentation. At 8- and 13-months post-hire, the education department surveyed new HHC nurses employed at the agency to gather information about job satisfaction, preceptor effectiveness, mentor effectiveness, and support perception. After 4 years of the initiative, 1-year retention rates hovered around 73% but decreased to 65% between June 2017 and May 2018 due to leadership change. The completed surveys showed that new nurses found their mentors accessible and that they had professional integrity, demonstrated content expertise, supported and encouraged the

new nurses, provided constructive criticism, and motivated and gave guidance to the new nurses (Pennington & Driscoll, 2019).

A limitation of this study was that the company underwent new leadership during the second year of the new orientation process. The leadership change was believed to have affected the agency's retention rate that year (Pennington & Driscoll, 2019). The shift in leadership created a sense of instability and uncertainty creeping into the staff's minds, encouraging them to leave. Another area for improvement was having exit interviews. Exit interviews gave more insight into why staff left the agency (Pennington & Driscoll, 2019).

How Transition to Practice Programs Help Improve Support and Retention

As a new graduate nurse, starting the floor on your own is intimidating and leaves you with insecurity, uncertainty, and fear of failure. Most of these nurses are guided by preceptors, who do not deal with the emotional journey of transitioning to work independently. Also, nurse leadership often overlooks how much transitioning to the workplace can be stressful for new graduate nurses, who often hide their frustration and discomfort for fear of looking inadequate (Hallaran et al., 2022). This pressure is worsened when employers have unrealistic expectations for new graduate nurses (Hallaran et al., 2022). In fact, Australian focus groups found that new graduate nurses felt challenged with heavy workloads, obligated to supervise junior staff, and felt that their employers constantly placed them in unreasonable and unsafe environments (Hallaran et al., 2022). Also, new graduate program in Sweden found that new graduate nurses often want to feel accepted by their coworkers; once there is a sense of belonging, it helps to build their self-confidence, which can be translated into how they interact with patients (Hallaran et al., 2022). If these issues are not addressed, it can affect the confidence portrayed by these nurses; this can

impact how they interact with physicians and patients, delegate, set priorities, organize care needs, and make suggestions for the plan of care (Hallaran et al., 2022).

Other areas that affect new graduate nurses are stress, horizontal violence, and support systems (Hallaran et al., 2022). When nurses lack confidence, they are more likely to experience job-related stress (Hallaran et al., 2022). This can also result in workplace conflict, such as horizontal violence—bullying and harassment from coworkers (Hallaran et al., 2022). When new graduate nurses feel unsupported and experience unkindness from coworkers, it affects their willingness to stay at the facility (Hallaran et al., 2022).

In a study in Ontario, Canada, a cross-sectional survey with 217 participants was conducted to assess new graduate nurses' transition (Hallaran et al., 2022). The Casey Fink New Graduate Survey was used to assess self-efficacy, role stress, work-family conflict, job satisfaction, practice environment, and empowerment (Hallaran et al., 2022). The survey was open-ended to gather information regarding specific themes that seem to be barriers to successful transition for new graduate nurses (Hallaran et al., 2022). It was found that there were three facilitator themes and four barrier themes among the nurses (Hallaran et al., 2022). The facilitator themes included supportive teams, feeling accepted, confident, and prepared, and new graduate guarantee; however, the barrier themes included feeling unprepared, discouraging realities and unsupportive cultures, lacking confidence, and false hope (Hallaran et al., 2022). Gaining insight into what affects the new graduate nurses helps the facilities find ways to foster a supportive work environment for new graduate nurses (Hallaran et al., 2022). It was recommended that the facilities work to create a supportive environment that offers educational strategies, which include final practicums to help nurses with self-efficacy development and prepare them to be successful on their own (Hallaran et al., 2022).

Conclusion

Nurse retention and prevention of nurse burnout should be priorities for hospitals and nurse leaders. Nurses' performance and decision making directly correlate with patient outcomes and the quality of service a patient receives. When nurse leaders are involved in finding ways to lower burnout, nursing performance improves. To reduce nurse stress, the leader should listen to their staff nurses and their concerns, empathize with their frustration, create awareness around nurse burnout, and commit to developing ways for nurses to build their resilience (Melnik & Fineout-Overholt, 2019). However, leadership may not be as readily available to frontline staff, especially new graduate nurses, as they would like to be. However, developing a transition mentorship program may help with the gap between new graduate nurses and leadership.

I conducted this literature review to determine how nurse leadership can influence job satisfaction. I also conducted it to find evidence-based interventions for the administration to implement to create an environment that encourages nurse satisfaction. Based on the information found, a way to help with nurse satisfaction is to create transition programs that help foster confidence among new graduate nurses. When new graduate nurses feel supported and have a sense of belonging, they prefer to stay at a healthcare organization. Creating a transition program in which new graduate nurses can learn about different ways to be successful and interact with their unit manager can help them adjust. Any transition program that helps to foster social connections, promote positivity, nurture nurses' strength, encourage self-care, foster mindfulness practice, and convey altruism can help to boost retention (Wei et al., 2019).

Chapter 3: Methods

This chapter describes the methods I utilized to conduct and assess a quality improvement study for a proposed transition program for new graduate nurses to help build nurse satisfaction and increase nurse retention, in alignment with Tenny et al. (2021). New graduate nurses often feel unsupported because of their lack of social connection with their coworkers and their lack of confidence to decide what interventions to implement to improve their patient's well-being (Labrague & McEnroe-Petitte, 2017). A pre-intervention survey was given to the new graduate nurses to assess what has caused them to feel stress. Four classes were held to address the areas of burnout listed on the survey: effective communication, overcoming nurse bullying, finding work-life balance, and managing difficult conversations with patients, family members, healthcare providers, nurse managers, and coworkers. Nurses completed a postintervention survey to see if the classes effectively overcame the suggested stressors. The interventions were incorporated into the unit-based onboarding transition program due to its validated effectiveness.

Purpose

I designed this study to implement a transition program to help new graduate nurses transition from student to floor nurses with optimal ease. Nurse retention directly correlates to the work environment, job satisfaction, and qualities portrayed by nurse leadership (Mudullal et al., 2017). If the hospital can increase nurse retention, it saves the hospital the expense of filling open nursing positions that become vacant frequently (Colosi, 2021). Understanding what frustrates new staff can help leaders find ways to overcome these barriers and increase nurse retention.

Project Design

I gave a Likert survey to the new graduate nurses to complete. I sent the survey to new graduate nurses with 3 years or less of bedside nursing experience. I then collected the surveys and analyzed them to see which category was causing stress and potentially increasing nurse turnover among new graduate nurses. The unit manager was also given the survey results to see the reasons behind their new graduate nurses' stress. Making the nurse manager aware of the reasons behind their staff's stress helped to prompt them to find ways to address the issues to help turn things around for staff, especially new graduate nurses. In addition, I asked the new graduate nurses to attend a class once per week for 4 weeks to address the categories found on the Likert survey.

The classes resembled the National Council of State Boards of Nursing (NCSBN)'s transition to practice (TTP) modules. The TTP model consists of five evidence-based modules: communication and teamwork, patient-centered care, evidence-based practice, quality improvement, and informatics (NCSBN, 2013). For this project, I utilized only those TTP modules pertaining to patient-centered care and communication and teamwork.

The TTP communication and teamwork module is designed to ensure the nurses can determine strategies for socialization within the organization, evaluate their personal effectiveness when speaking with other nurses, supervisors, and members of the interprofessional team, demonstrate how to communicate about a patient to the interprofessional team, and use concise communication when delegating tasks (NCSBN, 2013). The class was interactive. Some activities included listing which procedures should be delegated to the correct person in the interprofessional team (NCSBN, 2013). It also included mock situations between

the nurses, the various types of people they encounter, and how to speak assertively and effectively to each individual (NCSBN, 2013).

All the classes contained an interactive aspect to them. The other classes were centered around nurse bullying and work-life balance. For the nurse bullying class, nurse bullying was described and strategies given to help overcome this issue. For the work-life balance class, nurses did some yoga or deep breathing exercises at the beginning of the class, and discussions were held on ways a nurse can achieve work-life balance. Activities such as journaling and using calendars was practiced within this course. At the end of the 6 weeks, I gave a feedback questionnaire to the participants to see if they thought these courses benefited them. There was a 2-week gap between the last class and the postpresentation questionnaire to allow nurses to use the strategies they learned in classes to see if they made a difference. Table 1 outlines the weekly classes and includes which intervention strategies were incorporated.

Table 1

Weekly Class Schedule

| Class name | Interventions/strategies taught |
|-----------------------------------|---|
| Week 1: Effective communication | <ol style="list-style-type: none"> 1. Simulate learning activities such as administering medications to patients, providing direct care to more than two patients, rehearsing with colleagues how and when to call a physician with a change in patient status. 2. Simulate contacting physicians to report focused assessment findings that reflect change in patient's status. 3. Giving reports using SBAR. 4. Communicating effectively when assigning and delegating patient care. 5. Completing a worksheet that matches procedure and personnel to delegate tasks to. |
| Week 2: Overcoming nurse bullying | <ol style="list-style-type: none"> 1. Work with an experienced nurse to discuss the nursing process to work through complex patient situations. |

| Class name | Interventions/strategies taught |
|---|---|
| | <ol style="list-style-type: none"> 2. Examine relationships that you have built and reflect on how they have helped you in managing care in difficult situations. 3. Describe a challenging person in your workplace. What are some of the problems you have encountered when working with person? What factors would you change? Can you identify a possible solution to this situation? What resources are available to help you handle the situation? What, if anything, have you tried to do to handle the situation? Create a plan of action to try to resolve the situation. 4. Describe how you would handle scenarios such as preceptor hovering over you while administering medications because she thinks you are slow. What can be done to improve and meet her expectations for patient safety? Write a plan for improvement, identifying some personal and/or other barriers. |
| <p>Week 3: Managing difficult conversations with patients, family members, healthcare providers, nurse managers, and co-workers</p> | <ol style="list-style-type: none"> 1. Communicating with managers: speak with manager on how performance is evaluated, by whom and how often; speak about performance evaluation to see how to improve; develop goals that help you and your manager monitor your performance. 2. Problem solve how to handle a situation involving a physician that is not responding to an emergent patient situation that you have assessed as needing an immediate response. 3. How would you handle these scenarios? Scenarios would be discussed what would the nurse do if a certain situation were to occur. |
| <p>Week 4: How to have work-life balance</p> | <ol style="list-style-type: none"> 1. Yoga/deep-breathing practices will be performed. 2. Journal to focus your thinking and reflect on what you did or did not do and what would you do differently in daily patient care situations. 3. Work with a partner to analyze how to prioritize work task on patient and disease processes commonly found on the unit. 4. Make a list of time wasters that you experience during a shift. Include both internal (e.g., procrastination, poor planning) and external (e.g., phone calls, paperwork, socializing). 5. Make a to-do list at the beginning of the shift, estimating the allotted time for each task. Reevaluate the list at the end of the shift to determine effectiveness and efficiency of prioritizing and organizing. Think about what could be done differently. 6. Suggestions such as using calendars will be discussed. |

Instruments/Measurement Tools

I chose a Likert-scale survey to assess possible nurse stressors among new graduate nurses. The Likert scale is a type of survey that gives a researcher a better understanding of a selected group's attitudes, opinions, and perceptions (Qualtrics, 2022). The Likert scale is a rating system that lists responses from one to five, ranging from *strongly agree* to *strongly disagree* (Qualtrics, 2022). Likert scales can go up to 7 points, but in this project, only a 5-point scale was used. Due to the nature of the survey, it can be used to assess the quality or feelings toward a specific variable (Qualtrics, 2022). Therefore, this scale is ideal for collecting quantitative data (Qualtrics, 2022).

There are several benefits to using Likert scale surveys. These benefits include easy understanding and versatility (Qualtrics, 2022). They are also ideal for single surveying topics, not forcing specific responses, and assessing sentiments toward a business like a hospital (Qualtrics, 2022). Therefore, this type of survey is best when determining variables like sentiment, satisfaction, quality, importance, and likelihood (Qualtrics, 2022). To analyze a Likert scale effectively, the researcher must measure the most frequent response to understand the respondents' overall views (Qualtrics, 2022).

For this project, a 10-item Likert-scale survey was created with statements to assess nurse stressors. Eight nurses with 3–20 years of experience reviewed the survey to determine its reliability.

Data Collection, Management, and Analysis Plan

Data Collection

The unit manager announced to the unit that a unit-based onboarding transition program was being formed. The program's purpose was discussed, and participation was asked of each

nurse. The nurses were given my contact information to email me if they were interested. I asked the interested nurses for their names, years of nursing experience, and contact information. I then sent information about the survey and classes via email to those interested in participating. Attached to the email was the Likert survey. I then reviewed the results of the pre-intervention survey to understand what new graduate nurses felt was the leading cause of their stress.

The participants attended classes for 4 weeks to gain tips on how to combat the areas of stress listed on the Likert survey. At the beginning of the classes, I presented an informational PowerPoint that explained that research has shown how much a transition program impacts one's experience as a new nurse, and that the activities of the program were designed to provide that for them. It also explained that the transition program would help me and other researchers analyze how the transition program could potentially affect nurse retention. I also asked the participants if I could use their survey answers for the project. At the end of the classes, participants were given 2 weeks to see if they could apply any of the lessons taught in the classes to their work environments. I then asked participants to complete a postpresentation feedback questionnaire to see if they felt the presentations and classes were effective.

I emailed the informed consent form and the pre-intervention survey to the participants. The email also discussed the nature and goal of the project. It was explained that the responses to the surveys would be utilized to find ways to improve the environment for future new graduate nurses. The results would be used to implement activities in the transition program. It was explained that the responses to the Likert survey were completely anonymous. It was also disclosed that responses would be shared with the unit manager to make them aware of the concerns. The unit manager also helped figure out ways to support new graduate nurses better.

Analysis Plan

Factorial ANOVA examines two or more independent variables on a single variable (Paskewitz, 2017). In this case, more than one variable was examined to see what the most common stressors among new graduate nurses were. Factorial ANOVA best explains how two or more factors affect a variable (Zach, 2021).

Survey answers helped to determine what factors contributed most to stress felt by new graduate nurses. Once responses were received, the unit manager, director of education, and me met to discuss ways to improve new graduate nurses' experiences. Feedback was elicited on the interventions to determine the effectiveness of the implementation of the onboarding transition program.

Data Management

I saved the data on Microsoft Excel in a shared drive on the work computer used by the unit manager, the director of education, and myself. I then placed survey data on Excel spreadsheets for further analysis.

Methodology Appropriateness

A quality improvement plan implemented a unit-based onboarding transition program. Surveys were given to nurses with less than 3 years of nursing experience. The survey asked questions that indicated possible nurse stressors. I utilized the survey responses to analyze the common nurse stressors, and interventions (classes and activities) were implemented to see if they helped reduce stress and turnover intentions among new graduate nurses.

Feasibility and Appropriateness

I implemented the program on a medical-surgical unit in a metropolitan hospital in the southeastern United States. The program took place over 6 weeks. During the first 4 weeks, the

nurses completed a Likert survey to determine the stressors among new graduate nurses. The nurses then attended 4 weekly classes addressing the themes listed on the Likert survey. Two weeks after the classes ended, I gave a feedback questionnaire to participants to evaluate the effectiveness of the classes. I also asked participants if they felt the classes would benefit future incoming new graduate nurses.

IRB Approval and Process

I received Institutional Review Board (IRB) approval from Abilene Christian University (ACU) in March 2023 (Appendix B) and started the project shortly afterward. Prior to that I completed IRB training to gain approval from ACU's board to conduct the research project. I submitted all information sheets, consent forms, and other documents used in this project. I saved the data collected on a shared drive used by the project coordinator and the nurse manager.

Interprofessional Collaboration

The unit manager was essential to this program. I asked the unit manager to meet with the new graduate nurses during the communication class. During this meeting, the unit manager took time to get to know the staff and build relationships. They also participated in an interactive activity in which new graduate nurses practiced speaking with members of upper management. The goal was to create a sense of community during the class and build the confidence of new graduate nurses when communicating with their unit managers. Creating an atmosphere for more candid conversations would help to improve the unit. For the developmental aspect of the project, I consulted with the director of education. The director gave input on classes that were conducted for new graduate nurses.

Practice Setting

I implemented the project in a medical-surgical unit that houses 37 beds. Once the program was implemented, I encouraged the nurses to meet at work during the morning or on

their lunch break to attend educational classes to help strengthen their transition. These educational classes helped build the confidence of the new graduate nurse. These weekly classes seemed to help relax the nurses and help them deal with their stress better. These classes were held in the morning or at lunchtime with catered food. The classes held in the morning were served eggs, yogurt, oatmeal, fruits, toast, and/or bagels. The classes held in the afternoon were served with grilled chicken, salad, and beverages such as lemonade or cranberry juice.

Target Population

New graduate nurses are leaving the nursing profession rapidly. Studies have shown that about 18% of new nurses will leave their job or profession within the first year. About one-third will leave after their second year (Lockhart, 2020). One of the major reasons for this turnover rate is that new graduate nurses lack rapport with their peers and nurse leaders (Lockhart, 2020). Creating an onboarding transition program for this demographic could help increase retention and reduce stress levels. Lockhart (2020) showed that by implementing a transition program for this population, their organization's turnover rate went from 31% to 10% in 2 years. If new graduate nurses feel supported early, they are more likely to stay in the organization. For this project, the target population was RNs who recently graduated from nursing school with less than 3 years of experience.

Risks/Benefits

Possible risks that could occur within this study were that nurses might not be truthful about their stress levels. Some nurses may not want to state their truth for fear that it may affect their job.

Once implemented, the use of this program provided new graduate nurses with interventions to help them become better nurses. The program helped them improve their confidence levels in performing specific nurse skills, created a supportive environment for staff, and built relationships

with peers and the unit manager. The longer-term measure would be to evaluate if this increased nurse retention among these nurses and reduced turnover intentions.

Timeline

In December 2021, I consulted the chief nursing officer and inpatient director about a possible transition program and their agreement to support the project. In January 2022, I discussed with the director of education the possibility of implementing of an onboarding transition program for new graduate nurses. I then submitted the IRB application and received approval in March 2023. I did some research on different educational topics and activities that could be used to teach the new graduate nurses. I formulated skills classes for new graduate nurses to help strengthen their nursing abilities. Another meeting with the director of education was held to see when the classes could be held. I then gave the pre-intervention survey to new graduate nurses to gather information on their daily stressors. The classes were implemented shortly afterward to help provide new graduate nurses with the tools to succeed in nursing careers. Two weeks after the classes ended, the nurses were surveyed again to see if the classes were beneficial. The goal was to develop and implement the program in the spring of 2023. In June 2023 the program ended.

Summary

New graduate nurses often feel unsupported by their peers. Some of those reasons include a low sense of belonging and a lack of confidence in their personal skill set (Labrague & McEnroe-Petitte, 2017). I developed an evidence-based practice project—an onboarding program for incoming new graduate nurses—to see if this could increase nurse job satisfaction and retention. A survey was sent to new graduate nurses with less than 3 years of experience. This survey analyzed new graduate nurses' stressors in the clinical unit. My goal was to develop a program that would help increase nurse retention among new graduate nurses.

Chapter 4: Results

The nursing profession has experienced a global shortage and relies on new graduate nurses to help fill these vacancies. However, new graduate nurses have a high turnover rate (Alshawush et al., 2021). Many face challenges transitioning from a nursing student to a professional nurse (Joseph et al., 2022). Common nurse stressors among this population include communication, work-life balance, and workplace bullying (Joseph et al., 2022). I developed and launched a unit-based transition onboarding program to help create a more supportive environment for new graduate nurses on a medical-surgical unit. A Likert-type survey was given to new graduate nurses to see which category contributed most to their stress levels. Classes were held over 4 weeks pertaining to the common stressors. At the end of the trial period, I administered a postpresentation feedback questionnaire to see which topic helped the new graduate nurses the most. I calculated descriptive statistics on both sets of surveys to determine which topic was the stressor and which topic the new graduate nurses learned most from.

Data Collection

The unit manager announced to the unit that a unit-based onboarding transition program was being formed. The program's purpose was also discussed, and participation was asked of each nurse—a clipboard was placed outside the unit manager's office for those interested. The list included the nurse's name, years of nursing experience, and contact information. Information about the survey and classes was sent via email to those who were interested in participating. The Likert survey and informed consent were attached to the email. I reviewed the results from the survey to determine the leading cause of stress among this demographic.

The participants underwent classes over 4 weeks to gain tips on combatting the stress areas listed on the Likert survey. I presented an informational PowerPoint explaining the research on how

much a transition program impacts one's experience as a new nurse, and that the classes and activities were designed to provide that for them. I also explained that the transition program would help me and other leaders at the hospital analyze the program's effects on nurse retention. I asked participants if their survey responses could be used for the project. At the end of the classes, participants were given 2 weeks to see if they could apply any of the lessons to their work environments. I then asked participants to complete the postpresentation feedback questionnaire (Appendix D) to see if the courses were effective.

Data Analysis

New graduate nurses were given the Likert Survey that focused on three topics: communication, work-life balance, and workplace bullying. The sentiment level was found for each statement to gain an overall attitude toward the survey. Based on the average of all nine statements, the sentiment score for the entire survey is 2.93. The sentiment value for each category was done to see if there was a prominent stressor among the new graduate nurses. The sentiment value for communication was 2.47. The sentiment level for work-life balance was 3.43. Last, workplace bullying had a sentiment value of 2.91. I performed a factorial ANOVA to see which topic most affected new graduate nurses.

I used SPSS software to calculate factorial ANOVAs. Unfortunately, there was no degree of freedom, and all absolute deviations were constant. As a result, the Levene F statistics could not be calculated. The F -test is needed to calculate and interpret the p -value (Freund et al., 2021). The p -value is essential to determine if the factors were significant in causing stress among new graduate nurses. Descriptive statistics determined which category affected the new graduate nurses most. The type of descriptive statistics that I utilized was frequency distribution. The Likert data was entered into SPSS to determine each question's mean, median, mode, and

standard deviation. Means and standard deviations were looked at for each statement to determine the primary stressor the nurses faced (Figure 1). Tables 2–10 show the frequency of each statement to see if there were trends in the responses provided.

Figure 1

Frequencies of Each Statement on the Likert Survey

| | | I find it difficult to ask my preceptor and other nursing staff for assistance in managing my patient assignments. | I consistently have had the support of my assigned unit-based preceptor throughout my new graduate nurse orientation on my clinical unit. | I find it hard to speak to the unit manager about any concerns I have about the care of my patients, difficult interactions with my patients' family members, healthcare providers, or my relationship with my coworkers (e. g., workplace bullying). | I feel prepared to perform my nursing responsibilities daily with the support of my preceptor. | I am happy to work with all my coworkers, no matter who is on schedule. | I am satisfied with my current unit and see myself staying at Piedmont Rockdale Hospital for the next 3 to 5 years or more. | I feel the unit manager and staff have my best interest at heart. | I find it hard to balance my patient assignment, workload, and ability to perform the necessary health care interventions and implement healthcare provider orders on all my patients during my shift. | I feel my unit manager acknowledges all my efforts to provide adequate and effective patient care. |
|---|----------------|--|---|---|--|---|---|---|--|--|
| N | Valid | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| | Missing | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Mean | 1.57 | 3.71 | 2.14 | 4.00 | 3.86 | 2.43 | 2.86 | 3.00 | 2.86 |
| | Median | 1.00 | 4.00 | 2.00 | 4.00 | 4.00 | 3.00 | 3.00 | 2.00 | 3.00 |
| | Mode | 1 | 4 | 1 | 4 | 4 | 1 | 2 | 2 | 2 ^a |
| | Std. Deviation | .787 | 1.254 | 1.215 | 1.000 | 1.069 | 1.397 | .900 | 1.291 | 1.069 |
| | Range | 2 | 3 | 3 | 3 | 3 | 3 | 2 | 3 | 3 |

Note. Superscript a = multiple modes exist. The smallest value is shown.

Table 2

Frequency of Statement 1 on Survey

| Response | <i>f</i> | % | Valid % | Cumulative % |
|-----------|----------|-------|---------|--------------|
| Never | 4 | 57.1 | 57.1 | 57.1 |
| Sometimes | 2 | 28.6 | 28.6 | 85.7 |
| Neutral | 1 | 14.3 | 14.3 | 100.0 |
| Total | 7 | 100.0 | 100.0 | |

Note. This table reflects the responses chosen for this statement: “I find it difficult to ask my preceptor and other nursing staff for assistance in managing my patient assignments.”

Table 3*Frequency of Statement 3 on Survey*

| Response | <i>f</i> | % | Valid % | Cumulative % |
|-----------|----------|-------|---------|--------------|
| Sometimes | 2 | 28.6 | 28.6 | 28.6 |
| Most days | 3 | 42.9 | 42.9 | 71.4 |
| Always | 2 | 28.6 | 28.6 | 100.0 |
| Total | 7 | 100.0 | 100.0 | |

Note. This table reflects the responses chosen for this statement: “I consistently have had the support of my assigned unit-based preceptor throughout my new graduate nurse orientation on my clinical unit.”

Table 4*Frequency of Statement 5 on Survey*

| Response | <i>f</i> | % | Valid % | Cumulative % |
|-----------|----------|-------|---------|--------------|
| Never | 3 | 42.9 | 42.9 | 42.9 |
| Sometimes | 1 | 14.3 | 14.3 | 57.1 |
| Neutral | 2 | 28.6 | 28.6 | 85.7 |
| Most Days | 1 | 14.3 | 14.3 | 100.0 |
| Total | 7 | 100.0 | 100.0 | |

Note. This table reflects the responses chosen for this statement: “I find it hard to speak to the unit manager about any concerns I have about the care of my patients, difficult interactions with my patients’ family members, healthcare providers, or my relationship with my coworkers (e.g., workplace bullying).”

Table 5*Frequency of Statement 2 on Survey*

| Response | <i>f</i> | % | Valid % | Cumulative % |
|-----------|----------|-------|---------|--------------|
| Sometimes | 1 | 14.3 | 14.3 | 14.3 |
| Most days | 4 | 57.1 | 57.1 | 71.4 |
| Always | 2 | 28.6 | 28.6 | 100.0 |
| Total | 7 | 100.0 | 100.0 | |

Note. This table reflects the responses chosen for this statement: “I feel prepared to perform my nursing responsibilities daily with the support of my preceptor.”

Table 6*Frequency of Statement 7 on Survey*

| Response | <i>f</i> | % | Valid % | Cumulative % |
|-----------|----------|-------|---------|--------------|
| Never | 1 | 14.3 | 14.3 | 14.3 |
| Sometimes | 1 | 14.3 | 14.3 | 28.6 |
| Neutral | 3 | 42.9 | 42.9 | 71.4 |
| Always | 2 | 28.6 | 28.6 | 100.0 |
| Total | 7 | 100.0 | 100.0 | |

Note. This table reflects the responses chosen for this statement: “I am happy to work with all my coworkers, no matter who is on schedule.”

Table 7*Frequency of Statement 9 on Survey*

| Response | <i>f</i> | % | Valid % | Cumulative % |
|-----------|----------|-------|---------|--------------|
| Never | 3 | 42.9 | 42.9 | 42.9 |
| Neutral | 2 | 28.6 | 28.6 | 71.4 |
| Most days | 2 | 28.6 | 28.6 | 100.0 |
| Total | 7 | 100.0 | 100.0 | |

Note. This table reflects the responses chosen for this statement: “I am satisfied with my current unit and see myself staying at this hospital (study site) for the next 3–5 years or more.”

Table 8*Frequency of Statement 4 on Survey*

| Response | <i>f</i> | % | Valid % | Cumulative% |
|-----------|----------|-------|---------|-------------|
| Sometimes | 3 | 42.9 | 42.9 | 42.9 |
| Neutral | 2 | 28.6 | 28.6 | 71.4 |
| Most days | 2 | 28.6 | 28.6 | 100.0 |
| Total | 7 | 100.0 | 100.0 | |

Note. This table reflects the responses chosen for this statement: “I feel the unit manager and staff have my best interest at heart”

Table 9*Frequency of Statement 6 on Survey*

| Response | <i>f</i> | % | Valid % | Cumulative % |
|-----------|----------|-------|---------|--------------|
| Sometimes | 4 | 57.1 | 57.1 | 57.1 |
| Most days | 2 | 28.6 | 28.6 | 85.7 |
| Always | 1 | 14.3 | 14.3 | 100.0 |
| Total | 7 | 100.0 | 100.0 | |

Note. This table reflects the responses chosen for this statement: “I find it hard to balance my patient assignment, workload, and ability to perform the necessary healthcare interventions and implement healthcare provider orders on all my patients during my shift.”

Table 10*Frequency of Statement 8 on Survey*

| Response | <i>f</i> | % | Valid % | Cumulative % |
|-----------|----------|-------|---------|--------------|
| Sometimes | 3 | 42.9 | 42.9 | 57.1 |
| Neutral | 3 | 42.9 | 42.9 | 85.7 |
| Always | 1 | 14.3 | 14.3 | 100.0 |
| Total | 7 | 100.0 | 100.0 | |

Note. This table reflects the responses chosen for this statement: “I feel my unit manager acknowledges all my efforts to provide adequate and effective patient care.”

Based on the results, the mean ranges from 1.57 (“I find it difficult to ask my preceptor and other nursing staff for assistance in managing my patient assignments”) to 4 (“I feel prepared to perform my nursing responsibilities daily with the support of my preceptor”). The mean in this case determines the agreeability of the participants regarding the statement. The higher the mean score, the more agreement is expressed regarding the statement (Benhima, 2023). The statements are organized into their respective categories: communication, work-life balance, and workplace bullying. The mean range for the first three statements, in reference to communication, was 1.57 to 3.71. The third to sixth statements are about work-life balance, and the mean range was 2.43

to 4. The last set of statements relates to workplace bullying, and the mean range was 2.86 to 3. The standard deviation for all ranged from 0.787 to 1.397.

A postpresentation questionnaire was given to the participants 2 weeks after all presentations were completed. The survey consisted of both qualitative and quantitative questions. I analyzed the quantitative data via descriptive statistics. The mode was used to determine which presentations did or did not make the most impact on new graduate nurses. The results can be found in Figure 2. Tables 11–15 show the frequency of each question to see what the corresponding answer was to each question.

Figure 2

Mean, Median, and Mode of Questions on the Postpresentation Feedback Questionnaire

| | | Which presentation did you enjoy the most? | Which presentation did you learn the most? | Which of these presentations would be helpful for new graduate nurses who just finished orientation and are starting the residency programs on their designated unit? | Which presentations helped to increase your knowledge | Were you satisfied with the quality of the presentations? |
|----------------|---------|--|--|---|---|---|
| N | Valid | 7 | 7 | 7 | 7 | 7 |
| | Missing | 0 | 0 | 0 | 0 | 0 |
| Mean | | 2.71 | 2.14 | 2.57 | 3.14 | 1.00 |
| Median | | 3.00 | 2.00 | 3.00 | 4.00 | 1.00 |
| Mode | | 4 | 2 | 1 ^a | 4 | 1 |
| Std. Deviation | | 1.380 | 1.069 | 1.512 | 1.464 | .000 |
| Range | | 3 | 3 | 3 | 3 | 0 |

Note. Superscript a = multiple modes exist. The smallest value is shown.

Table 11*Frequency of Question 1 on the Postpresentation Feedback Questionnaire*

| Response | <i>f</i> | % | Valid % | Cumulative % |
|----------------------------------|----------|-------|---------|--------------|
| Effective communication | 2 | 28.6 | 28.6 | 28.6 |
| Overcoming nurse bullying | 1 | 14.3 | 14.3 | 42.9 |
| Work-life balance | 1 | 14.3 | 14.3 | 57.1 |
| Managing difficult conversations | 3 | 42.9 | 42.9 | 100.0 |
| Total | 7 | 100.0 | 100.0 | |

Note. This table reflects the answers chosen for this question: “Which presentation did you enjoy the most?”

Table 12*Frequency of Question 2 on the Postpresentation Feedback Questionnaire*

| Response | <i>f</i> | % | Valid % | Cumulative % |
|----------------------------------|----------|-------|---------|--------------|
| Effective communication | 2 | 28.6 | 28.6 | 28.6 |
| Overcoming nurse bullying | 3 | 42.9 | 42.9 | 71.4 |
| Work-life balance | 1 | 14.3 | 14.3 | 85.7 |
| Managing difficult conversations | 1 | 14.3 | 14.3 | 100.0 |
| Total | 7 | 100.0 | 100.0 | |

Note. This table reflects the answers chosen for this question: “Which presentation did you learn the most?”

Table 13*Frequency of Question 3 on the Postpresentation Feedback Questionnaire*

| Response | <i>f</i> | % | Valid % | Cumulative % |
|----------------------------------|----------|-------|---------|--------------|
| Effective communication | 3 | 42.9 | 42.9 | 42.9 |
| Work-life balance | 1 | 14.3 | 14.3 | 57.1 |
| Managing difficult conversations | 3 | 42.9 | 42.9 | 100.0 |
| Total | 7 | 100.0 | 100.0 | |

Note. This table reflects the answers chosen for this question: “Which of these presentations would be helpful for new graduate nurses who just finished orientation and are starting the residency programs on their designated unit?”

Table 14

Frequency of Question 4 on the Postpresentation Feedback Questionnaire

| Response | <i>f</i> | % | Valid % | Cumulative % |
|----------------------------------|----------|-------|---------|--------------|
| Effective communication | 2 | 28.6 | 28.6 | 28.6 |
| Managing difficult conversations | 5 | 71.4 | 71.4 | 100.0 |
| Total | 7 | 100.0 | 100.0 | |

Note. This table reflects the answers chosen for this question: “Which presentations helped to increase your knowledge?”

Table 15

Frequency of Question 5 on the Postpresentation Feedback Questionnaire

| Response | <i>f</i> | % | Valid % | Cumulative % |
|----------|----------|-------|---------|--------------|
| Yes | 7 | 100.0 | 100.0 | 100.0 |

Note. This table reflects the answers chosen for this question: “Were you satisfied with the quality of the presentations?”

When I asked participants about what could be done to improve the presentations, many of them listed more scenario-based problems.

Strengths and Weaknesses of the Project

The strengths of the project were the use of surveys. The surveys allowed me to gather information on new graduate nurses to generalize what stressors they were facing. Participants were also given the same questions to answer, increasing the reliability of survey answers.

There were a few weaknesses in the project. The first weakness was the time period of the whole project. The project took place in 6 weeks, which is not enough time for new graduate nurses to use the tools they learned in the classes and presentations. The second weakness of the project was that the nurse stressors chosen to study and review may not have reflected the actual nurse stressors that the new graduate nurses were facing at the time of the study.

Recommendations

Based on the survey results, many new graduate nurses felt that classes could have included more scenarios to make the classes more interactive. One of the topics of interest was advancing in nursing careers and changing specialties. One thing the unit manager could do is find out the new graduate nurses' career aspirations. Based on their answers, the unit manager could find resources to help the nurses reach their aspirations. A mentorship program could be started for those interested in certain specialties. New graduate nurses can be paired with nurses or nurse leaders in the fields they aspire to be in to learn about the specialty firsthand and how to get there. Another recommendation would be to have the new graduate nurses state their biggest struggle with nursing. Their answers could then be analyzed to see their common themes, and classes could be tailored toward those challenges. The transition program would also benefit from simulation classes. Simulations help new graduate nurses with their stress and anxiety levels; it allows them to be confident about what to do if a similar situation occurs (Schmitt & Schiffman, 2019). If the transition program is tailored to the needs of the new graduate nurses, it would make them feel supported and increase retention among this population (Charette et al., 2022).

Limitations and Implications for Future Research

There may be some possible limitations in this study. Due to time constraints, the participants were only given 2 weeks to see if they could use the tips given in the presentation. There needed to be more time to see if the new graduate nurses had time to see if the interventions worked overtime. Also, the sample size was small, which does not adequately represent the new graduate nurse population. Small sample sizes weaken a study's internal and external validity (Faber & Fonseca, 2014). Also, because the range of answers on some questions

varied vastly it could mean that the reliability level of the question was weak. Another limitation was not placing the appropriate demographic variables on the Likert survey, such as age, degree level, and experience. Including demographic data in the survey would allow for a better understanding of the participants (Lee & Schuele, 2010). It would also better represent the target population for generalization purposes.

Chapter Summary

A unit-based onboarding transition program took place over 6 weeks. During those 6 weeks, participants were given a Likert survey to determine the primary stressor they faced. The participants underwent weekly courses over 4 weeks about each type of stressor included in the Likert-type survey. The new graduate nurses were given 2 weeks to use the interventions that were taught to see if they were effective. Descriptive statistics were used to determine the primary stressor and whether the nurses felt the presentations were effective. The results are discussed in the next chapter.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this chapter is to provide a synopsis of the data analysis performed on the participants' responses on the Likert-type survey and the postpresentation feedback questionnaire. The data analysis determined the primary stressor among new graduate nurses and whether the presentation effectively reduced these stressors.

Discussion

The unit manager announced to her staff that a unit-based onboarding transition program was being formed, and participants were being recruited. Twelve nurses were interested in participating, but the sample size for the project was seven ($n = 7$). Exclusion factors from the study included not completing the informed consent form and initial Likert survey, nurses with over 3 years of experience, and not attending all presentation sessions. The sentiment value found for the overall survey was 2.93, indicating a negative attitude toward the listed nurse stressors (Wanjohi & Syokau, 2021). Sentiment values for each type of stressor (communication, work-life balance, and workplace bullying) were calculated as well. The sentiment value for communication was 2.47, which indicated a negative attitude toward communication (Wanjohi & Syokau, 2021). The sentiment level for work-life balance was 3.43, which indicates a neutral attitude among participants (Wanjohi & Syokau, 2021). Last, workplace bullying had a sentiment value of 2.91, which also showed a negative attitude regarding this category (Wanjohi & Syokau, 2021).

Descriptive statistics such as mean, mode, median, and standard deviation were found using SPSS. The mean ranged from 1.57 ("I find it difficult to ask my preceptor and other nursing staff for assistance in managing my patient assignments") to 4 ("I feel prepared to perform my nursing responsibilities daily with the support of my preceptor"). Based on these

results, most new graduate nurses did not agree with the statement, “I find it difficult to ask my preceptor and other nursing staff for assistance in managing my patient assignments.” Most new graduate nurses agreed with the statement, “I feel prepared to perform my nursing responsibilities daily with the support of my preceptor.” The survey items were organized into their categories: communication, work-life balance, and workplace bullying. The mean for the first three survey items, which pertain to communication, had a mean range of 1.57 to 3.71. The mean communication was 2.47. The third to sixth questions are about work-life balance; the mean range was 2.43 to 4. The mean for work-life balance was 3.43. The last set of questions relates to workplace bullying, and the mean range was 2.86 to 3. The mean score for workplace bullying was 2.90. The standard deviation for all the questions ranged from 0.787 to 1.397.

The Likert survey indicated that most of these nurses had a good balance on their work-life balance. Work-life balance had the highest mean range, indicating that most new graduate nurses agreed with these statements. Based on the wording of the work-life balance statements, new graduate nurses feel good about their work-life balance, so this does not seem to be a primary issue. Communication had the lowest mean range scores, which indicates this was a potential problem among new graduate nurses. Overall, the mean scores are similar, so it is hard to specify which stressor affects new graduate nurses the most; the standard deviations were high, which indicates that the answers were heterogeneous (Benhima, 2023); this means that answers varied a lot among the new graduate nurses.

After the 4 weeks of weekly presentations, new graduate nurses were given 2 weeks to see if the tips they were given were helpful for them. Once the 2 weeks were over, they were emailed a postpresentation feedback questionnaire so that I could see if the presentations were effective and what should be improved. The questionnaire includes both qualitative and

quantitative questions. I calculated descriptive statistics pertaining to frequencies to determine the common responses among the new graduate nurses as they related to the quantitative questions. Mode was used to see what the most common answer among the nurses was. Most of the nurses enjoyed the managing difficult conversations presentation. Most nurses found that the presentation on overcoming nurse bullying taught them a lot of information. It was found that both effective communication and managing difficult conversations would be effective for new graduate nurses who have finished orientation and are transitioning to residency in their designated units. Most nurses also found that the presentation on managing difficult conversations increased their knowledge. One of the new graduate nurses stated they enjoyed the presentation on managing difficult conversations because she has difficulty advocating for herself.

Other topics of interest among the new graduate nurses were prioritization, workplace violence, advancing the career ladder, and transitioning from one department to the next. A topic of interest that stood out was workplace violence. Workplace violence includes nurse bullying and mistreatment from superiors (Alshawush et al., 2022). However, workplace violence now needs to include how to protect oneself from patients with weapons and who are physically abusive. With this increase in violence, it has been estimated that 17.2% of nurses leave their job every year (Al-Qadi, 2021). Another topic that stood out was the nurses' ability to change their nurse specialty. These topics were given to the unit manager to see if courses could be offered regarding the other topics. Overall, the results of the questionnaire showed that the presentation on communication techniques were the most effective. This strongly correlates to the Likert-survey data that communication was the most common stressor among these new graduate nurses.

Recommendations for Future Research and Clinical Practice

Based on the survey results, many new graduate nurses felt that classes could have included more scenarios to make the classes more interactive. One of the topics of interest was advancing in their nursing careers and changing specialties. One thing the unit manager could do is find out the new graduate nurses' career aspirations. Based on the answers, the unit manager could find resources to help the nurses reach their aspirations. A mentorship program could be started for those interested in certain specialties. New graduate nurses can be paired with nurses or nurse leaders in the fields they aspire to be in to learn about the specialty firsthand and how to get there. Another recommendation would be to have the new graduate nurses state their biggest struggle with nursing. Their answers could then be analyzed to reveal common themes, and classes could be tailored toward those challenges.

The transition program may also benefit from simulation classes. Simulations help new graduate nurses with their stress and anxiety levels; it allows them to be confident about what to do if a similar situation occurs (Schmitt & Schiffman, 2019).

The benefits of simulation include repetition participants receive about disease processes and scenarios and in which new graduate nurses can make mistakes in a safe environment without the fear of harming patients (Sterner et al., 2022). Simulations help with new graduate nurses' confidence and readiness for practice and enhance their clinical judgment and ability to notice patient issues and reflect on their patient care experiences (Sterner et al., 2022). If the transition program is tailored to the needs of the new graduate nurses, it would make them feel supported and increase retention among this population (Charette et al., 2022).

Most studies on new graduate transition programs are either qualitative or quantitatively designed, resulting in limited results and partial views (Kim & Shin, 2020). More studies need to

have a mixed methods design combining both approaches to better understand the transition programs (Kim & Shin, 2020). Focus group interviews should be held to understand new graduate nurses' barriers and what would help them best in transitioning and reducing the stress they face (Kim & Shin, 2020). Based on the barriers the new graduate nurses stated, scenario-based simulations can be studied to see how they can help new graduate nurses in their transition process. Scenario-based education can help new graduate nurses gain experience and prepare them to respond to challenging situations (Sterner et al., 2022).

EBP Findings and Relationship to DNP Essentials II and III

As part of the Doctor of Nursing Practice (DNP) education, emphasis is heavily placed on evidence-based practices (EBP). Students are given the tools to conduct research and translate their findings to practice settings (Lusk et al., 2014). As part of the DNP student's process, a DNP project must be done to show that the student can carry out a study to improve outcomes for a particular problem. In this DNP project I used the seven EBP steps to complete this project and relate the project to DNP Essentials II and III (Lusk et al., 2014). DNP Essential II pertains to organizational leadership for quality improvement and systems thinking. Under DNP Essential II, DNP students learn to evaluate, translate, and disseminate their research into practice. It requires key skills like developing clinical practice guidelines, designing evidence-based interventions, and evaluating practice outcomes (DeCapua, 2016). DNP Essential III pertains to clinical scholarship and analytical methods for evidence-based practice. Under DNP Essential III, DNP students learn how to approach complex issues in modern health care uniquely. DNP students learn how to assure accountability of quality care and patient safety, while considering ethical dilemmas with patient care, healthcare organizations, and scientific research.

This DNP project focused on the nurse stressors that may contribute to nurse turnover among new graduate nurses. DNP Essential II was helpful in evaluating how transition programs can help combat nurse turnover and help to improve the confidence and skillset of new graduate nurses. It was found that transition programs help new nurses feel supported and help them develop ways to cope with stressful situations (Alshawush et al., 2021). It has been found that transition programs are cost-effective by reducing turnover rates for new graduate nurses (Alshawush et al., 2021). I created and trialed a unit-based onboarding transition program to see if it could possibly help with nurse retention among new graduate nurses. New graduate nurses found the program to be helpful and offered suggestions on how to improve it for future new graduate nurses. As a result of this study, the study site hospital leadership decided to further research and implement a simulation-based onboarding transition program into the facility's nursing curriculum.

DNP Essential III refers to problems in modern healthcare, such as high turnover rates and high levels of stress among nurses. Nurses who are overwhelmed make more medical errors, which can negatively impact the quality of care the patient receives (Sparacino, 2016). In this DNP project, nurses were surveyed to see what the common stressor was among them. They were assured that their information and answers were anonymous. The results indicate that problems with communication has hindered a lot of new graduate nurses when providing patient care. More communication-based simulations should be (and will be) added to future transition program activities to ensure the nurses have the right tools to communicate and provide adequate patient care.

Conclusions

Nurse stress leads to increased turnover in new graduate nurses. Three possible sources of stress in new graduate nurses were communication, work-life balance, and workplace bullying. The results showed that all are possible causes but did not indicate which stressor was most prevalent among new graduate nurses. However, the data showed that communication may be the biggest stressor among new graduate nurses. Most nurses also indicated that they learned most from the presentations that dealt with the topics of communication. Many of the participants stated they would benefit more from scenario-based training. Transition programs help ease the transition from student nurse to professional nurse, but they do not prevent these challenges from happening (Alshawush et al., 2021). However, simulation-based transition programs have proven to boost the confidence of new graduate nurses. A unit onboarding transition program should be implemented because it has been proven to ease new graduate nurse transitions and increase retention in this population (Alshawush et al., 2021). The program should be more simulation-based to increase the confidence and reduce the stress of new graduate nurses.

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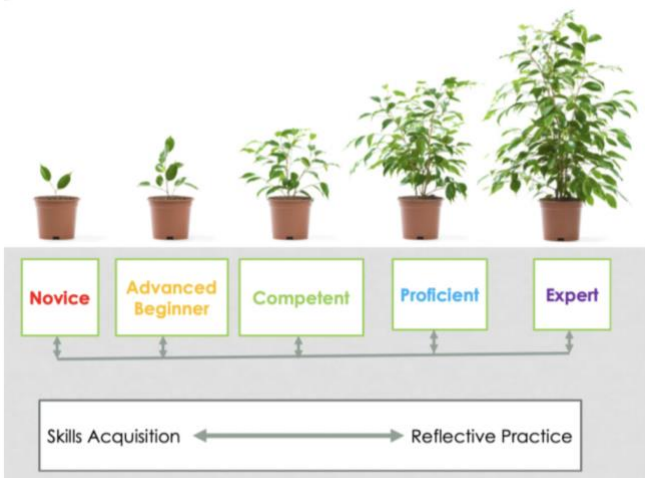
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Zach. (2022, March 9). *What is a factorial ANOVA?* Statology.
<https://www.statology.org/factorial-anova/>

Appendix A: Visualizations of Pertinent Theories

Figure A1

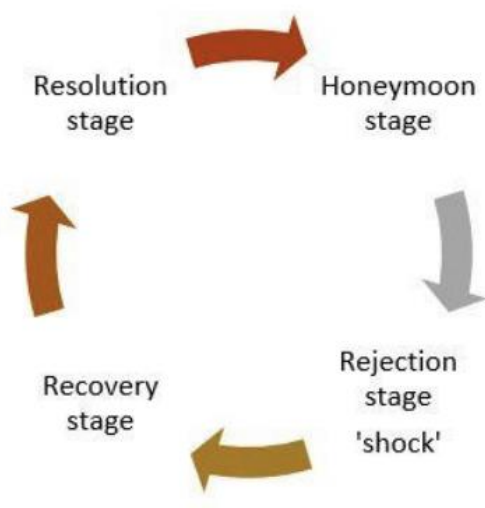
Visualization of Benner's Theory



Note. Fawcett, J. (2020). *Benner's novice to expert theory* [Illustration]. Nursology.Net. <https://nursology.net/nurse-theories/from-novice-to-expert/>. Permission covered by the Creative Commons CC by BY-NC-SA 4.0 license.

Figure A2

Visualization of Kramer's Reality Shock Theory



Note. Graf, A. E., Jacob, E., Twigg, D., & Nattabi, B. (2020). Contemporary nursing graduates' transition to practice: A critical review of transition models. *Journal of Clinical Nursing*, 29(15-16), 3097–3107. <https://onlinelibrary.wiley.com/doi/10.1111/jocn.15234>

Appendix B: IRB Approval Letter

Date: March 30, 2023

PI: Racquel Brewster

Department: ONL-Online Student, 17260-Doctor of Nursing

Re: Initial - IRB-2023-55

Development of a Unit-Based Onboarding Program for New Graduates on a Medical-Surgical Unit

The Abilene Christian University Institutional Review Board has rendered the decision below for Development of a Unit-Unit-based onboarding Program for New Graduates on a Medical-Surgical Unit. The approval is effective starting March 30, 2023.

Admin Check-in Date: --

Expiration Date: --

Decision: Approved

Category: 7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Research Notes: Approved as expedited.

Additional Approvals/Instructions:

Upon completion of this study, please submit the Inactivation Form within 30 days of study completion. If you wish to make any changes to this study, including but not limited to changes in study personnel, number of participants recruited, changes to the consent form or process, and/or changes in overall methodology, please complete the Modification Form. If any problems develop with the study, including any unanticipated events that may change the risk profile of your study, or if there were any unapproved changes in your protocol, please inform the Office of Research and Sponsored Programs and the IRB promptly using the Incident Report Form. All approval letters and study documents are located within the Study Details in Cayuse IRB.

The following are all responsibilities of the Primary Investigator (PI). Violation of these responsibilities may result in suspension or termination of research by the Institutional Review Board. If the Primary Investigator is a student and fails to fulfill any of these responsibilities, the Faculty Advisor then becomes responsible for completing or upholding any and all of the following:

- If there are any changes in the research (including but not limited to change in location, members of the research team, research procedures, number of participants, target population of participants, compensation, or risk), these changes must be approved by the IRB prior to implementation.
- Report any protocol deviations or unanticipated problems to the IRB promptly according to IRB policy.
- Should the research continue past the expiration date, submit a Continuing Review Form approximately 30 days before the expiration date.
- When the research is completed, inform the Office of Research and Sponsored Programs. If your study is Expedited or Full Board, submit an Inactivation Form.
- According to ACU policy, research data must be stored on ACU campus (or electronically) for 3 years from inactivation of the study, in a manner that is secure but accessible should the IRB request access.
- It is the Investigator's responsibility to maintain a general environment of safety for all research participants and all members of the research team. All risks to physical, mental, and emotional well-being as well as any risks to confidentiality should be minimized.

For additional information on the policies and procedures above, please visit the IRB website <http://www.acu.edu/community/offices/academic/orsp...> or email orsp@acu.edu with your questions.

Sincerely,

Abilene Christian University Institutional Review Board

Appendix C: Survey

1. I find it difficult to ask my preceptor and other nursing staff for assistance in managing my patient assignments.

| | | | | |
|-------|-----------|---------|-----------|--------|
| 1 | 2 | 3 | 4 | 5 |
| Never | Sometimes | Neutral | Most Days | Always |

2. I feel prepared to perform my nursing responsibilities daily with the support of my preceptor.

| | | | | |
|-------|-----------|---------|-----------|--------|
| 1 | 2 | 3 | 4 | 5 |
| Never | Sometimes | Neutral | Most Days | Always |

3. I consistently have had the support of my assigned unit-based preceptor throughout my new graduate nurse orientation on my clinical unit.

| | | | | |
|-------|-----------|---------|-----------|--------|
| 1 | 2 | 3 | 4 | 5 |
| Never | Sometimes | Neutral | Most Days | Always |

4. I feel the unit manager and staff have my best interest at heart.

| | | | | |
|-------|-----------|---------|-----------|--------|
| 1 | 2 | 3 | 4 | 5 |
| Never | Sometimes | Neutral | Most Days | Always |

5. I find it hard to speak to the unit manager about any concerns I have about the care of my patients, difficult interactions with my patients' family members, healthcare providers, or my relationship with my coworkers (e.g., workplace bullying).

| | | | | |
|-------|-----------|---------|-----------|--------|
| 1 | 2 | 3 | 4 | 5 |
| Never | Sometimes | Neutral | Most Days | Always |

6. I find it hard to balance my patient assignment, workload, and ability to perform the necessary healthcare interventions and implement healthcare provider orders on all my patients during my shift.

| | | | | |
|-------|-----------|---------|-----------|--------|
| 1 | 2 | 3 | 4 | 5 |
| Never | Sometimes | Neutral | Most Days | Always |

7. I am happy to work with all my coworkers, no matter who is on schedule.

| | | | | |
|-------|-----------|---------|-----------|--------|
| 1 | 2 | 3 | 4 | 5 |
| Never | Sometimes | Neutral | Most Days | Always |

8. I feel my unit manager acknowledges all my efforts to provide adequate and effective patient care.

| | | | | |
|-------|-----------|---------|-----------|--------|
| 1 | 2 | 3 | 4 | 5 |
| Never | Sometimes | Neutral | Most Days | Always |

9. I am satisfied with my current unit and see myself staying at this hospital for the next 3 to 5 years or more.

| | | | | |
|-------|-----------|---------|-----------|--------|
| 1 | 2 | 3 | 4 | 5 |
| Never | Sometimes | Neutral | Most Days | Always |

Appendix D: Postpresentation Feedback Questionnaire

1. Which presentations did you enjoy the most?
 - a. Effective communication
 - b. Overcoming nurse bullying
 - c. Work-life balance
 - d. Managing difficult conversations

2. Which presentation did you learn the least?
 - a. Effective communication
 - b. Overcoming nurse bullying
 - c. Work-life balance
 - d. Managing difficult conversations

3. Which of these presentations would be helpful for new graduate nurses who just finished orientation and are starting the residency programs on their designated unit?
 - a. Effective communication
 - b. Overcoming nurse bullying
 - c. Work-life balance

- d. Managing difficult conversations
4. Which presentations helped to increase your knowledge?
 - a. Effective communication
 - b. Overcoming nurse bullying
 - c. Work-life balance
 - d. Managing difficult conversations
 5. Were you satisfied with the quality of the presentations?
 6. How can I improve the presentations in the future?
 7. Are there other topics that you feel need to be discussed?
 8. Is there any other feedback you would like to share about this event?

Thank you for your participation in this study.