

## RESEARCH ARTICLE

# Transition Experience to Professional Nurse: A Phenomenological Approach

Jo-Ann F. Cummings, PhD, RN<sup>1</sup>, Stephanie M. Chung, PhD, RN<sup>2</sup>, and Lisa D. Wardle, MA<sup>3</sup>

## Abstract

**Purpose:** Transition programs have been adopted by many healthcare institutions to assist the new graduate nurse as they adjust to the work environment. The use of structured residency programs and prolonged orientations are considered best practices to ease the new graduate nurse into their role. This study aims to describe the lived experience of new graduate registered nurses as they enter the workforce.

**Design:** Using a qualitative research design, Van Manen's phenomenological inquiry, study participants were selected using non-probability purposive sampling. Data were collected between December 2018- September 2019 with in-depth interviews using semi-structured questionnaires. The sample (N=7) consisted of participants born between the years 1986-1996, graduated within three years of the study, and practice in the northeastern region of the United States.

**Method:** A modified Colaizzi approach allowed the researchers to return to the study participants to validate themes.

**Findings:** The experience and perceptions of new graduate registered nurses are unified in two major themes discussed within this article: emotional ambivalence and the need to escape.

**Conclusion:** New graduate nurses continue to feel overwhelmed and need structured guidance during their professional transition training programs. In the absence of strong support by the institution, new graduates leave the bedside.

**Keywords:** *new graduate registered nurses, transition shock, phenomenology, Colaizzi Method, organizational issues, residency programs, turnover*

## Introduction

The impact of nurse turnover at the bedside is a global concern that extends beyond the United States. Turnover rates and factors influencing turnover have been examined locally and abroad. Common factors include concerns related to the work environment, staffing, and resources (Alijohani & Alomari, 2018; Chen et al., 2018; Lyu, Li, & Li, 2016; Park & Ko, 2020).

Various research articles have been written on the transition of nurses during the first year of practice (Asber, 2019; Cadmus & Wurmser, 2019; Hofler & Thomas, 2016; Jones-Bell et al., 2018; McInnes et al., 2019; Pasila, Elo, & Kääriäinen, 2017). It has been well documented as a major period of adjustment (Duschsher & Cowin, 2004; Duschsher, 2008; Duschsher, 2009; Duschsher & Windey, 2018; Kramer, 1974). The transition of a graduate nurse from student to professional has been recognized as a time of stress, role adjustment, interpersonal

conflict, and reality shock (Garcia-Martin et al., 2020; Kramer, 1974; Riegel, 2013).

Previously, newly graduated nurses have been reported to leave their first job or have left the profession (Kovner et al., 2014). The reported turnover rates for new graduates range from 30% in the first year of practice to as high as 57% in the second year (Lippincott Solutions, 2017). Attrition rates for new graduate registered nurses are higher when compared to experienced registered nurses (RNs). In 2019, over 22.9% of all new RNs left within a year (NSI, 2019). In the US, the average hospital loss ranged from 4.4 million to 6.9 million, with the average cost of turnover for a bedside RN \$52,100 (roughly PHP2.7 million) (NSI, 2019).

In 2010, The Institute of Medicine (IOM) Future of Nursing Report provided recommendations to create, fund, and

<sup>1</sup> Jo-Ann F. Cummings, PhD RN Associate Professor, School of Nursing, Georgian Court University, jcummings@georgian.edu;

Corresponding author, School of Nursing, Georgian Court University, 900 Lakewood Avenue, Lakewood New Jersey 08701 United States

<sup>2</sup> Stephanie M. Chung, PhD RN Assistant Professor, School of Nursing, Georgian Court University, schung@georgian.edu

<sup>3</sup> Lisa D. Wardle, MA Program Coordinator, School of Nursing, Georgian Court University, lwardle@georgian.edu

implement transition-to-practice programs to develop skills and reduce turnover rates. The retention of nurses is a priority for healthcare organizations. Higher productivity, reduced employee turnover, succession planning are all benefits realized with the achievement of this goal. The development of nurse residency programs has been identified as a key strategy to support their successful transition into practice.

Lin, Viscardi, and McHugh (2014) conducted a systematic review that examined factors that influence job satisfaction of nurse residency programs. The review was based on 11 studies; seven domains found to influence new graduate nurses' satisfaction included: extrinsic rewards, scheduling, interactions and support, praise and recognition, professional opportunities, work environment, and hospital system. The authors concluded the literature demonstrates benefits associated with nurse residency programs.

Letourneau and Fater (2015) conducted an integrative review of the literature for articles published from 2006 to 2013 to explore nurse residency programs and evaluate the evidence supporting their use. The findings demonstrate increased retention and decreased 12-month turnover rates and offer evidence to support nurse residency programs for newly licensed nurses.

In 2019, Wildermuth and colleagues conducted a phenomenological study to explore the lived experiences of a cohort of nurses as students and new graduate nurses during the transition in the nurse residency program. Using Meleis' (2010) Transition Experience Theory as a theoretical framework three major themes emerged which included: feeling overwhelmed, feeling supported, and feeling confident. The study findings were consistent with Meleis' theory that transition can be facilitated or inhibited by personal, community, or societal conditions (Wildermuth et al., 2019).

The study aims to follow up on individual new graduate registered nurses as they transition into the practice setting. The questions posed were "What are the experiences and perceptions of new graduate registered nurses' (NGRN) as they transition into the work environment?" and "What is it like to be an NGRN?"

In this study, a formal residency program is defined as a year-long program that consists of six months of didactic and clinical orientation with an assigned experienced preceptor. In the last six months of the program, the NGRN is taken off orientation and functions independently with an assigned clinical unit mentor for ongoing mentorship and support.

An orientation program is defined as the NGRN working with an assigned preceptor for 90 days. During this time frame, the NGRN is guided through orientation while the preceptor, unit

nurse manager, and nurse educator collaborate and evaluate the NGRN for strengths and weaknesses.

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## Method

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To investigate new nurse graduates' experiences, interpretive phenomenology (Van Manen, 1990) was the framework used to uncover and describe the internal meaning structures of the lived experiences. The investigators conducted multiple readings of the text considering each sentence and sentence cluster to further understand the experience. A modified Colaizzi (1978) approach was used to systematically analyze the data. This is a unique method that includes returning to the study participants to validate themes.

### Participants and setting

Approval for the study was obtained through the Institutional Review Board at the university where the researchers work. The qualitative study was conducted between December 2018-September 2019. Recruitment advertisements were placed on social media websites and distributed to local hospitals. Participants were selected based on purposive, convenience, and snowball sampling. Inclusion criteria included: graduation in 2016 or more recently; license to practice in the United States as a registered professional nurse; and willingness to share experiences about transitioning into professional practice. In this study, nurses were born between 1986-1996, a sample of seven volunteers included a mix of graduates from associate, accelerated, and traditional baccalaureate nursing programs. The participants included two males and five females all working on the Northeastern Coast of the United States (Table 1). Four Caucasian females, one African American female, one Caucasian male, and one Asian Filipino male immigrant. Most of the participants are United States citizens. The seven participants effectively communicated and provided strong quality experiences this allowed for data saturation and additional cases were not necessary.

### Data collection and analysis

To ensure participants met the criteria, individuals were contacted by either the primary or secondary researcher over the telephone. For those who qualified, a description of the study was provided. For those who did not meet the criteria, the researchers used the approved script to thank and decline individuals. Written consent to participate was obtained from each participant prior to the start of the interview. Semi-structured interviews were performed by the primary (JC) and secondary researcher (SC). JC is trained as a qualitative researcher and SC in mixed methodology. Both are registered nurses. Interviews were approximately one to one and a half hours in length and were conducted via Skype, phone, and in-person. Face-to-face interviews were conducted in mutually

Table 1. Demographics

Participant	Gender	Graduation year	Nursing Program Type/Degree	Formal Residency Program Y/N	Birth Year	Ethnicity	Interviewed by
1	F	Dec 2016	Traditional BSN	Yes	1986	Caucasian	JC
2	F	Dec 2018	Accelerated BSN	No	1991	African American	SC
3	M	Dec 2018	Accelerated BSN	Yes	1988	Caucasian	SC
4	F	May 2018	Traditional BSN	Yes	1994	Caucasian	SC
5	F	May 2018	Traditional BSN	No	1996	Caucasian	SC
6	F	Dec 2017	AAS	No	1993	Caucasian	JC
7	M	May 2018	Traditional BSN	Yes	1996	Asian	JC

agreed-upon public locations with conference space. As part of the research protocol and ethical considerations, a contact number for free counseling services to a local community health center was provided should participants need to further discuss any concerns or want mental health support. A semi-structured interview guide was developed for this study with seven demographic and nine open-ended questions centered on participants' experiences as a new nurse in practice. The list of questions was not tested before implementation. Preparation of the questions considered topics to be covered with each participant that the interviewer would encourage participants to talk freely and tell stories in their own words. Field notes were taken during and after interviews. During the interview, the researchers made notes of statements then revisited statements to further explore and clarify.

The interviews were digitally recorded and transcribed to produce typed verbatim accounts. Microsoft Word and Excel (2007) were used for the management and analysis of data. The modified Colaizzi (1978) steps were followed to analyze participant responses: a) read all transcripts; b) extract significant statements; c) formulate meanings; d) organize meanings into cluster themes; e) integrate to exhaustive descriptions; f) formulate an exhaustive description of the phenomenon; and g) participants were invited to review findings (not all participants returned feedback and two repeat interviews were conducted). Two main coders JC and SC coded the data, the third member of the team LW provided an outside perspective to assist with generating deeper insights and understandings. The consolidated criteria for reporting qualitative research (COREQ) recommendations were followed when the study was conducted (Tong, Sainsbury, & Craig, 2007).

### Trustworthiness of Data

Using a phenomenological reductionistic technique, JC and SC employed bracketing to make clear their own understandings, beliefs, and assumptions of experiences to limit potential bias prior to data collection and analysis. To ensure the credibility of

the data, four of the seven participants reviewed the exhaustive description of what it is like to be an NGRN. The results of the study include numerous quotes that are transcribed verbatim to capture the essence of experiences.

The dependability and confirmability of the study are supported by coding checks that show agreement within and among the concepts and themes. An intersubjective agreement was achieved at each phase of data analysis. Peer debriefing and exhaustive audit trails include memos and journals that record researchers' thoughts, reflections, and decisions about the data and coding procedures.

## Findings

The transcripts extracted 195 significant statements regarding the transition experience. Significant statements and their corresponding formulated meanings were identified. Categories for emotional ambivalence include self-doubt, fake it, and validation. Categories for the need to escape include leaving the bedside and returning to school. This article discusses two major themes: emotional ambivalence, and the need to escape.

Serendipitous findings found that nurses who started in a non-hospital setting developed firmer confidence in acclimating to the role of the registered nurse. With low acuity clients, repetition of skill and task allowed for better delegation and advocacy of client care in knowing what to expect. In addition, new nurses who came from families with nurses such as parents or siblings were better able to navigate their concerns and insecurities through levity and strong social support. Social support allowed for discussions on the affirmation of the NGRN role, how-to better handle a situation, and how to process and reflect on experiences.

### Emotional Ambivalence

A common theme noted among the participants was the onslaught of positive and negative emotions. The role transition

and multiple responsibilities of work led participants to examine their thoughts, feelings, and choices. Participants felt vulnerable, struggling, and working beyond their capacity. This manifested in physical symptoms such as feeling shortness of breath, inability to sleep, and crying uncontrollably either at home, work, or both. Participants questioned whether to stay or leave their current jobs, with any unfavorable event easily pushing them to leave.

*"Internally, I was struggling immensely and I didn't know what to do, or how to deal, with this struggle....I felt constantly defeated"* Participant 1

### Self-Doubt

Fearful that they were being judged as having zero critical thinking skills there was constant uncertainty and hesitation, a stream of endless questions. With the number of questions asked, NGRNs worried about how other nurses viewed their abilities. They were worried about making mistakes and would pause, review, and revisit tasks frequently. This insecurity limited them from moving forward from even the most basic of tasks. They needed to stop and think of a procedure step-by-step.

*"I would question, double-check, triple-check everything because I didn't want to make a mistake, or I felt like, did I do this right, even go home and think [sic did I] chart that right, did I sign the MRI checklist right... did I even write patient is a full code, something as simple as that... I definitely felt insecure"* Participant 3

Not knowing what to expect, their thoughts even on days off gravitated towards work and would cause a great deal of anxiety. The anticipation of returning to the unit would cause a visible change in their demeanor noticeable to family and friends. Some participants adopted unhealthy behaviors such as drinking alcohol and binge eating.

### "Fake It"

The NGRN had to pretend they had the knowledge and the ability to deal with situations and to care for clients and their conditions though they had no experience. They had to fake they had done a task or procedure a hundred times before; but, internally, they were filled with anxiety. They did their best to apply what had been learned but reverted to being reactionary versus analytical and systematic.

*"...every day still feels like I'm brand new ... but then, you got to walk into the room you have to act like, you've been doing this your whole life and it's like I've only been alive 24 years, I haven't seen ... it gives me such anxiety, thinking I have to walk into a room and not know what I'm doing"* Participant 4

### Validation

There was a need to validate that what they were doing was constantly right. It helped to motivate them to move forward. Acceptance of questions, predictability, positive feedback, and flattery went a long way.

*"...not to get like a millennial... but [say] you did that right, you're doing a good job...maybe just like hey, that was great, you did the proper technique, you were sterile during the technique, you followed the policy...stuff like that, it's huge..."* Participant 3

Besides wanting feedback from the preceptor, managers, physicians, and others, the participants informally questioned their peers asking about their own experiences to compare if their situation was better or worse. The participants wanted to hear that they were not alone in this journey and that they were not the "worst" nurse in the world.

### The Need to Escape

Many participants were dissatisfied with their current position. To take control of the situation, they planned to either leave their current jobs, go back to school, or leave the nursing field to escape the unfavorable conditions.

*"After multiple times of being disappointed, feeling I was being taken advantage, defeated, the first opportunity to leave, I took it...words cannot paint the horrors of the hospital, thinking that I would be there longer, I could not wait to get out"* Participant 1

*"I think for me it's more of looking for a job that won't decentralize your other aspects of life...I don't want my job to be my life, I want a job that can help my life be better."* Participant 7

### Leaving the bedside

For participants, the thought of staying long-term in nursing, especially at the bedside, did not seem realistic, the work was viewed as arduous and taking a physical and psychological toll.

*"I'm done with nursing, there's plenty of other jobs and I could probably make more money. I wasn't eating. I was losing weight that's why I left...I could go somewhere else and have a good time"* Participant 3

### Going back to school

Working beyond their capability and never feeling the work was completed— these excessive burdens would cause nurses to resolve the conflicts by running away from it. Viewed as a haven, the academic environment offered NGRN the ability to stay

connected with nursing without withdrawing completely from nursing practice.

*“Some days I come home out of desperation looking at master’s programs, I can’t do this, I’m burned out...”*

Participant 5

## Discussion

The findings of this article discuss two main themes: emotional ambivalence and the need to escape. As previously noted, themes were not identified in advance to allow for a more unbiased approach to the data, and to accept the information without overlying assumptions from the literature.

Garcia-Martin et al. (2020) conducted a qualitative study on the transition of new nurses to the emergency department during the COVID-19 pandemic. In the results, three major themes emerged from the data: Fears and concerns, organizational issues, and support for novice nurses. The theme “fears and concerns” were specific to the COVID-19 pandemic. This is a unique aspect of nursing practice that was not present during the completion of the current study.

In the literature, reality shock has been used to describe “the shock-like reactions of new workers when they find themselves in a work situation for which they have spent several years preparing and for which they thought they were going to be prepared, and then suddenly find that they are not” (Kramer, 1974, pp. vii-viii). Reality shock used as a construct encompasses “the total social, physical, and emotional response of a person to, the unexpected, unwanted, or undesired, and in the most severe degree the intolerable” (Kramer, 1974, pp. 3-4). More recent studies have noted reality shock (Hoare, 2016; Duchscher & Windey, 2018; Martin & Wilson, 2011). However, it is the theoretical construct of transition shock by Duchscher (2009) that captures the physical, intellectual, and emotional factors experienced by participants in this study. Duchscher and Windey (2018) posit that transition shock is a dynamic process that consists of various stages: doing, being, and knowing. In stage one, “doing” encompasses the first three to four months post orientation and is marked by a wide range and fluctuation of emotions as the new nurse works through discovering, learning, performing, concealing, adjusting, and accommodating (Duchscher, 2008). Based on the results of this study, the NGRN did not stay in the field or position long enough to pass the doing phase. Approximately, three of the seven participants, at the time of the interview, were already in their second job or seeking their third job. Four of the seven had applied or enrolled for further education, not necessarily in nursing.

Kramer (1974) describes Postgraduation Nurse Socialization: An Emergent Theory. In the emergent theory there are four phases: 1) skill and routine mastery, 2) social integration, 3)

moral outrage, and 4) conflict resolution. The findings of this study highlight similar features noted in phase three (moral outrage) and phase four (conflict resolution).

In this study, the theme “emotional ambivalence” and Kramer’s moral outrage are characterized by feelings of tremendous upheaval and turmoil, which usually encompasses anger, frustration, and intense discomfort (Kramer, 1974, p. 158). Emotional turmoil and shock have also been noted in previous studies (DeGrande et al., 2018; Hussein et al., 2017; Martin & Wilson, 2011; Olson, 2009; Pellico, Brewer, & Kovner, 2009; Wildermuth, Weltin, & Simmons, 2019).

For this study, the need to escape was initially thought of as a unique finding. However, a review of the literature uncovered that Kramer’s conflict resolution explains the phenomenon from a broader perspective. Kramer (1974) explains that the conflict resolution phase is characterized by evaluation and choice. Conflict resolution has different aspects that may present as nurses who withdraw from nursing practice or who retreat to the Ivory Tower of school (Kramer, 1974, p. 159). Martin and Wilson (2011) conducted a phenomenological study of newly registered nurses’ experience in the first year of practice. They discussed the resolution phase as a point where participants decided about the future which included changing positions, returning to school, or leaving nursing altogether.

## Limitations

Limitations of this study include the small sample of seven participants from one geographic location in the Northeastern United States. The results of this study may not be generalizable to a broader audience. However, the specific context may be applicable to other NGRN transition experiences. Despite the small sample size, the rich text and saturation of data were clearly associated with previous literature on the experiences of recently registered nurse graduates. Both the primary (JC) and secondary researcher (SC), interviewed participants familiar with them, which allowed for interviews that contained both positive and negative views. However, participants may have withheld comments given the perceptions of authority and power. Last, the COVID-19 pandemic has added a new facet to the practice setting of new nurse graduates, a condition that was not present during the conduct of the present study. This study further supports organizations to continuously assess and evaluate transition support programs to address new nurses’ perceptions and experiences.

## Recommendations

The NGRN enters the workforce with limited practical nursing experiences and only basic clinical and work-management

skills. The health organization is tasked with the responsibility to recognize these initial limitations, but then actively design and implement successful transition programs. The participants in this study experienced feelings of being overwhelmed and these findings contribute to our understanding and can inform interventions to close the preparation and practice gap. Transition models that build in and demonstrate feelings of support that facilitate prolonged engagement with a preceptor will aid in the retention of NGRNs. The NGRN must be nurtured into the role. The increased acuity of patients equates to an increase in responsibility and demands of the nurse to provide safe effective patient care.

### Conclusion

The findings of this study present the lived experience of NGRNs post the IOM recommendations in 2010. With some participants graduating in 2016 and licensed in 2017, transition programs should be well-developed seven years after the IOM recommendations. The evidence suggests that NGRNs continue to feel overwhelmed and need structured guidance during their professional transition training programs. This includes resources and support from organizational leadership, nurses, and well-rounded training experiences. The development and implementation of structured nurse residency programs are exemplary accomplishments for the profession. Organizations should continue to implement ongoing surveillance of transition programs to evaluate the quality and outcomes (Cadmus & Wurmser, 2019).

What is it like to be an NGRN? To be a new graduate registered nurse is an overwhelming experience filled with emotional exhaustion and uncertainty. The preoccupation to provide competent safe care leads to feelings of insecurity and anxiety, that if left unchecked, result in graduate nurse turnover.

### References

- Alijohani, K.A., & Alomari, O. (2018). Turnover among Filipino nurses in Ministry of Health hospitals in Saudi Arabia: causes and recommendations for improvement. *Annals of Saudi Medicine*, 38(2), 140-142. doi:10.51144/0256-4947.2018.140
- Asber, S.R. (2019). Retention outcomes of new graduate nurse residency program. *The Journal of Nursing Administration*, 49(9), 430-435.
- Cadmus, E., & Wurmser, T. (2019). Perceptions of acute care nurse residencies: Perspectives from one state. *Journal of Nursing Management*, 27, 1251-1260.
- Chen, H., Li, G., Li, M., Lyu, L., & Zhang, T. (2018). A cross-sectional study on nurse turnover intention and influencing factors in Jiangsu Province, China. *International Journal of Nursing Sciences*, 5, 396-402. <https://doi.org/10.1016/j.ijnss.2018.09.012>
- Colaizzi, P. (1978). Psychological research as the phenomenologists views it. In R. Valle & M. King (Eds.). *Existential phenomenological alternatives for psychology* (pp. 48-71). New York, NY: Oxford University Press.
- DeGrande, H., Liu, F., Greene, P. (2018). The experience of new graduate nurses hired and retained in adult intensive care units. *Intensive & Critical Care Nursing*, 49, 72-78. <https://doi.org/10.1016/j.iccn.2018.08.0005>
- Duchscher, J.B. (2008). Becoming: The stages of new nursing graduate professional role transition. *The Journal of Continuing Education in Nursing*, 39(10), 441-480.
- Duchscher, J.B. and Windey, M. (2018). Stages of transition and transition shock. *Journal for Nurses in Professional Development*, 34(4), 228-232.
- Duchscher, J.E. B. (2009) Transition shock: The initial stage of role adaptation for newly graduated registered nurses. *Journal of Advanced Nursing*, 65(5), 1103-1113.
- Duchscher, J.E.B. and Cowin, L.S. (2004). The experience of marginalization in new nursing graduates. *Nursing Outlook*, 52(6), 289-296.
- Garcia-Martin, M., Roman, P., Rodriguez-Arrastia, M., Diaz-Cortes, M., Soriano-Martin, P.J., & Ropero-Padilla, C. (2020). Novice nurse's transitioning to emergency nurse during COVID-19 pandemic: A qualitative study. *Journal of Nursing Management*, 29(2), 258-267. <https://doi.org/10.1111/jonm.13148>
- Hoare, K.J. (2016). Retaining new graduate nurses in practice; under-pinning the theory of reciprocal role modeling with routinization theory and transition shock. *Social Theory & Health* 14(2), 224-238.
- Hofler, L., & Thomas, K. (2016). Transition of new graduate nurses to the workforce: Challenges and solutions in the changing health care environment. *North Carolina Medical Journal*, 77(2) 133-136.
- Hussein, R., Everett, B., Ramjan, L.M., Hu, W., & Salamonson, Y. (2017). New graduate nurses' experiences in a clinical specialty: a follow up study of newcomer perceptions of transitional support. *BMC Nursing*, 16(42), 1-9.
- Institute of Medicine. (2010). *The future of nursing leading change, advancing health*. Washington, D.C.: The National Academies Press. Retrieved from <https://www.ic4n.org/wp-content/uploads/2018/03/The-Future-of-Nursing-Report-2010.pdf>
- Jones-Bell, L.J., Halford-Cook, C., Parker, N.W. (2018). Transition to Practice-Part 3 Implementing an ambulatory care registered nurse residency program: RN residency and transition to professional practice programs in ambulatory care-challenges, successes, and recommendations. *Nursing Economics*, 36 (1), 35-45.
- Kramer, M. (1974). *Reality shock: Why nurses leave nursing*. St Louis: C.V. Mosby.