ORIGINAL RESEARCH

Rural transition to practice: A phenomenological analysis of the new graduate nurses' experience

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ABSTRACT

Objective/Background: The nursing shortage uniquely impacts rural communities as staffing issues often result in emergency department closures and leave communities without adequate healthcare. One contributing factor in this crisis is difficulty recruiting and retaining new graduate nurses (NGN) rurally. Improving transition to practice for NGNs is a potential solution to this problem. This study explores the new graduate nurses' lived experience when transitioning to rural nursing practice.
Methods: A descriptive phenomenological approach was used. Seven participants completed virtual surveys and virtual, semi-structured focus groups exploring the new graduate nurses transition to practice experience, underpinned by Patricia Benner's From Novice to Expert model. Transcripts were analysed using thematic concept mapping.
Results: Three themes were derived across the stages of transition to practice: education, mentorship and both intrinsic and extrinsic expectations on NGNs. Each phase in the first two years of practice had unique characteristics, most significantly, a six-month delay occurs to accommodate acquisition of non-nursing skills, which deviates from Benner's model.
Conclusions: This research emphasizes the importance of supporting NGNs during the first two years of transition to rural practice. The complex role of the rurally practicing registered nurse requires approximately six months more time than what is described in Benner's model to develop competence. A focus on nursing education that begins at the undergraduate level and continues into practice is required. A shift to focus on supporting the wellbeing of the NGN is a key intervention; as well as improving mentorship and management support through education and policy change.

Key Words: Transition to practice, Rural, Nursing, New graduate nurse, Education

1. INTRODUCTION

The nursing shortage has created a healthcare crisis that has leaders across Canada shifting focus to the recruitment and retention of nurses. As hospitals are seeing record numbers of patients daily more nurses are reporting burnout resulting from poor working conditions and prolonged stress, with many leaving their jobs or even the profession.[1] This crisis has a profound impact on recruitment and retention in rural communities – as rurality creates layered complexities impacting the practice of nurses who work in this setting.

While rurality is ill-defined in the literature, it remains a complex and stratified concept – especially as it pertains to nursing and healthcare.[2] The Canadian Association for Rural and Remote Nursing[3] adopted a definition found in a study by Kulig et al.[4] that defined rural nursing to have four characteristics: a semi-isolated community, the nearest healthcare facility ranging from twenty minutes to five hours away, having limited human and technical resources,

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and frontline registered nurse holding advanced practice responsibilities. As essential members of the rural health care team, nurses are vital in ensuring health services are provided for communities. Poor recruitment and retention is not a novel issue for rural communities and continues to present challenges for rural healthcare.[5] The need for skilled and committed practitioners in this specialized area of nursing is increasingly important. Since rural nurses are considered to be "extended generalists" when compared to their urban counterparts,[5] this crisis is augmented when considering how to prepare the new graduate nurse (NGN) to practice is this nuanced setting. As calls to improve patient care are ringing out across the country, the solution is not possible without adequate staffing and developed expertise in the rural nursing practice area.

Transition to nursing practice is key to ensure rural nursing expertise is developed, and retention of skilled registered nurses is a result. Transition to practice is defined as the process in which a nurse acquires skill and develops into the profession,[6] and is characterized by the capacity to provide safe, quality nursing care with increased job satisfaction when successful.[7] While transition to rural nursing practice has been examined from the perspectives of the educator, manager and preceptor, there is very little literature that explores the perceptions of the new graduate nurse who transitions to rural practice. This perspective is essential in understanding the pros and pitfalls of rural nursing for the new graduate nurses, what can be improved upon and how specifically this can be achieved. As health systems grapple for solutions, recruitment and retention could be achieved by improving transition to practice for newly graduated rural nurses. The purpose of this research is to explore the perspectives of the new graduate nurse on transitioning to rural practice, and explore meaningful NGN-led strategies to bring a brighter future in nursing.

1.1 Background

Rurality presents unique challenges for new graduate nurses who transition to practice, with increased expectations to work to a high level of competence and develop creative solutions to problems in poorly resourced areas.[8] This is one of the realities of rural nursing practice that can be both appealing to some nurses and a deterrent to others. Increasing student exposure to the setting is one potential solution to increasing interest despite the potential drawbacks of rural practice. Cheshire et al.[9] found that providing clinical placements in the rural area of Alabama provided students the opportunity to better understand the social determinants of health, and better understand the unique needs of the population. Personal circumstances such has family obligations is one of the main barriers to many students having uptake in rural placements.[10] Inversely, being familiar with rural living is a motivating factor to expressing interest in working rurally after graduation.[11] While family obligations and whether a nurse has lived rurally are non-modifiable factors for rural recruitment and retention, there may be some solution offered in the culture of rural nursing practice and rural living.

Feelings of belonging are key in retention of new nurses, increasing empowerment, self-motivation and self-direction.[12] In fact, by providing authentic collaborative experiences, such as socializing and encouraging a supportive environment within the rural community, new graduates feelings of confidence and competence increase.[12] This has positive implications for the retention of NGNs.[12] Once the NGN decides to begin their rural nursing practice, the issue shifts from recruitment to retaining these nurses. By providing a positive transition to practice experience, more rural nurses can be retained working rurally and continue the cycle of mentorship. While the focus on rural transition to practice in the literature is limited, studies that examined this process found education and mentorship are the two key factors to improving rural transition to practice.

1.1.1 *Education*

Integrating rural nursing into the education of baccalaureate nurses is essential to foster a strong rural nursing practice. This can be achieved through clinical placements, theoretical learning about rural nursing and should be continued education after entry-to-practice. Clinical practice placements in rural facilities provide the unique opportunity to expose undergraduate nurses to the role of the rural nurse, and develop relationships with their peers, preceptors and the interdisciplinary team.[2] In fact, the best predictor of long-term rural nursing practice is early rural nursing exposure.[13] When considering rural clinical placements, it is important to ensure that rural practice is not limited to focusing on hospital care, but to encompass community placements and long-term care placements as well.[10] In synergy with clinical placements, nurses who will choose to work rurally may benefit from understanding the intricacies of rural nursing practice from a theoretical position. The significance of this is underscored by many NGNs reporting they are unsure whether their undergraduate education adequately prepared them for rural nursing practice.[11] Increasing exposure to rural theory and practice could aid in this understanding and therefore, recruitment and retention.[11] Specific topics include exploring the importance of confidentiality in the rural setting, practicing with access to fewer resources and self-care for rural working nurses as examples.[11]

Recommended strategies to teaching rural theory include using active learning and simulation. Anolak et al.[14] suggests that a pedagogical approach to nursing education including a "flipped" classroom would support learners. Using this approach, which includes self-paced learning and immersive experiences such as virtual simulation, could be paired with clinical practice to augment rural nursing education further.[14] Additionally, Mennenga et al.,[15] found that students had increased knowledge following simulations that focused on rural health issues such as use of telehealth in the rural setting. Therefore, an educational approach that is rooted in an experiential learning pedagogy, with use of simulation and a flipped classroom paired with clinical placements to optimize the quality of rural education for nurses. Another strategy is the use of transition to practice programs to strengthen rural nursing transition to practice. Supportive and flexible transition to practice programs can reduce the additional stresses that rural and remote practice settings represent for new graduate nurses.[16] As education was highlighted as a key component to improving recruitment and retention in rural nursing practice, the availability of programs that provide additional pertinent education for rural nurses should be further explored.

Currently, there are significant challenges facing rural nursing education, both within undergraduate education and continuing competence education offered in to nursing practice.[17] By providing rural focused education and certification, the competence and confidence of registered nurses (RN) practicing in this unique environment will be enhanced.[17] One rural nursing education program offered by the University of Northern British Columbia found that graduates also reported an increase in their overall job satisfaction and pride in the rural nursing practice.[17] In instances where a rural nursing certification is available, many nurses will work to earn this additional certification.[18]

This points to the importance of offering specialty education for rural nurses both to enhance competence but also as a continued support to transition to practice and as a retention strategy. However, rural nursing is not currently considered a nursing specialty by the Canadian Nurses' Association and there are few opportunities for rural nurses to gain specialized education as registered nurses. Additionally, much of the literature that focuses on rural education is from the perspective of only undergraduate or only post-degree education, in the case of certification programs. An approach that examines rural nursing education from a leveled perspective would enhance the learning by building on concepts from undergraduate nursing education, into the practice of the nurse.

1.1.2 *Manager & preceptor support*

Preceptor and mentor support is essential in the transition for new graduate nurses in all areas of nursing. However, this need is augmented in the rural setting as there may be little access to other nurses or clinical leaders, and many facilities have only one registered nurse present per shift. Three common themes in supporting new graduates in transitioning to nursing practice in the rural and remote healthcare settings include: support for the needs of the new graduates, recruitment and retention strategies, and support strategies that are multifaceted in nature.[16] Barriers to new graduate nurses successful transition to practice include the availability and skill mix of mentor-mentee, and this influenced the expectations of the transition process.[19] When the NGN is transitioning to the role of the team leader, clinical support is essential to the aid in this experience for rural nurses.[19] However, many experienced RNs report feeling underprepared to support new learners in the rural setting,[19] signaling to an additional barrier in preceptor and mentor readiness. This points to the urgency in gaining insight into the new graduate nurses' perspective on rural transition to practice; and provide the resulting education to preceptors and mentors that have rural considerations, ensuring they are equipped to prepare and support NGNs to promote retention.

Managers also play a key role in the success of the NGN transitioning to practice. In fact, nurse managers are an integral component of transition to practice as it relates to providing feedback, debriefing and encouraging NGNs.[20] This signals to the significant need to understand the theoretical implications of rurality when transitioning to practice, so that the proper support and learning goals can be implemented in an evidence-informed manner. As managers and preceptors play a key role in the transition to practice experience, they are key when considering interventions to improve the process, and should have an advanced skillset when it comes to facilitating positive learning experiences if rural nursing retention is to be achieved.

1.2 Theoretical underpinning

Patricia Benner's From Novice to Expert model conceptualizes the process in which nurses experience transition to nursing practice, and is widely used in both the academic and clinical contexts. This process has five stages of progression: novice, advanced beginner, competent, proficient and expert.[6] Using this theoretical framework is essential in understanding transition to practice as new graduates enter the rural nursing work force, but also may be helpful in uncovering potential barriers to successful transition to practice and point to solutions that increase this capacity.

1.2.1 *Novice*

In the novice stage, nurses have no prior experience to drawn on to provide insight into a clinical situation and instead, objective attributes of clinical scenarios are taught to give foundational knowledge.[6] These practitioners tend to follow rules and routines to guide decision-making in prioritization and relevance.[6] This stage is situated in the context of the undergraduate education for the nurse, where theory and beginning practice experience in clinical would be occurring.[7] This stage is critical in preparing learners for the advanced beginner stage, by providing theoretical knowledge and experiences to build a foundational practice background.[6]

1.2.2 *Advanced beginner*

The practitioner recognizes what is occurring by reflecting on past experiences and making meaning from those experiences during this stage.[6] One challenge the advanced beginner encounters is that they often do not have the experience to recognize in the clinical setting, and to begin prioritizing their responses and patient care.[6] Benner[6] suggests that education for these practitioners, both within a pre-service and in-service, is of utmost importance. As Benner's theory suggests, a transition to practice that overlaps from pre-service to in-service can be an effective strategy to promote the smooth transition from novice to advanced beginner and promote the shift to competence as time progresses.

1.2.3 *Competent*

After approximately two to three years of practice, a practitioner can achieve competence as they begin to see the bigger picture or situation and planning for long-term goals.[6] While these practitioners may continue to struggle with flexible thinking and efficiency, at this stage feelings of managing, coping with and mastering clinical challenges are present, and often benefit from practicing clinical judgement scenarios, such as simulations and games.[6] Some nurses will remain at this stage.[6] Once a practitioner achieves this milestone, the independence of rural nursing practice may seem less daunting. This is significant because if retention can be maintained to this point, the competent nurse may become a rural nursing mentor and preceptor for newer nurses. While the goal remains to support nurses to reach proficiency or expert stages, reaching competence is a landmark in the practitioners' professional life.

2. METHODS

2.1 Research methodology, design and question

A qualitative design underpinned by descriptive phenomenology was used in this study, with the goal of understanding the lived experiences of the NGNs while transitioning to rural nursing practice from a postpositivist perspective. The goal of this research is to answer the questions:

1) what factors do new graduate nurses identify as barriers to their transition to practice?

2) what do new graduate nurses identify as potential ways to improve this transition?

Thematic analysis based on the descriptive phenomenology was used to further examine the data, develop meanings and themes, then organized themes that are described and named to capture participant's lived experiences.[21] The theoretical underpinning of the transition to practice experience was informed by Patricia Benner's From Novice to Expert model.[6] The first three stages of the model were used, as they underpin the experience from nursing education to more than two years of nursing practice, therefore encompassing the experiences of the recruited participants.

This study received Research Ethics Board (REB) approval from the health authority where participants work and the sub-investigator is employed (File No. 1027592). REB approval was obtained from the principal investigator's academic institution (ROMEO File No. 25885). The SRQR checklist was used to report this qualitative study.

2.2 Participants

Recruitment of participants was purposeful and occurred by disseminating posters by email and in print form in hospital and by the research team verbally when interacting with potential participants during working hours. Seven participants were recruited on the inclusion criteria of being currently employed at one of the eight rural acute care facilities in one health zone in Nova Scotia, having 0-3 years of experience as a registered nurse or graduate nurse. Exclusion criteria includes: not meeting inclusion criteria, not wishing to participate. The facilities where the participants were employed required nurses to work in both in-patient and emergency departments. The researchers determined that the seven participants recruited achieved saturation given the quality of the data obtained and the limited pool of potential participants in the practice area.

2.3 Data collection and analysis

Informed consent was obtained from each participant at the beginning of the initial virtual meeting. An initial survey was then collected for demographic information including years of rural nursing experience, through an approved online survey platform. Semi-structured focus groups took place through an approved online videoconferencing platform, to gather the perspectives of the participants on their transition to practice realities, barriers, and opportunities for improvement. Focus group questions and discussions are informed by Patricia Benner's[6] work on nursing transition to practice.

Participants were asked to focus on phases of the transition to practice experience that aligned with 1) novice (final year of university, NGN orientation) 2) advanced beginner (first six months) and 3) competence (six months-year two or three). This framework informs the anticipated transition to practice barriers so the impact of rural practice can be isolated using a phenomenological approach. At the conclusion of each focus group, the participants were asked to complete a post-survey to collect follow up data that they might not have disclosed in the group setting, including self-identified stage of transition to practice based on Benner's[6] theory.

The transcripts from the focus groups where then analyzed by the two researchers using a descriptive phenomenological thematic analysis as described by Sundler et al.[21] The three phases of data analysis as defined by Sundler et al.[21] include: 1) achieve familiarity with data; 2) identify meaning and then themes 3) organize themes for holistic view. This process was conducted by the researchers using a reflective attitude during the entire process, with continuous comparing of derived themes to the original data and methodology to achieve reflexivity as a component of scientific rigour and validity.[21] Transcripts and recordings were reviewed to ensure familiarity with the data, then concept mapping was performed for each of the three stages of transition to practice as described by Benner[6] where initial meaning and themes were identified, finally overarching themes were articulated and captured as discussed in the findings.

3. RESULTS

Participants had on average 1.71 years of rural nursing experience, and representation from months since graduation to over two years of experience resulted a diverse sample. Six out of seven indicated that they have achieved Benner's stage of 'competence', identifying that they can see the 'big picture', but struggle to cope with practice demands. All participants indicated they would have benefitted from a transition to practice program, and most notably, 100% of participants indicated they planned to continue to practice rurally.

The findings from this research include both characteristics from the transition to practice phases that outline what was experienced during each time period, as well as three distinct themes that emerged from the overall transition to practice experiences of the participants.

3.1 Characteristics of transition to practice phases

Each phase of the transition to practice experience had unique attributes, with overarching themes that were consistent from phase to phase. Novice phase was characterized by general feelings of lack of preparedness, and not meeting perceived expectations. The six-month phase is characterized by the shift to focus on the role of the RN, rather than non-patient care related tasks. Finally, the two-year mark brought refocusing on education and rural barriers to practice as themes, and being able to see the bigger picture.

3.1.1 *Entry to practice phase (novice)*

Participants were specifically asked to consider the final year of their nursing education program, and the NGN orientation time period up to six months of practice when considering this phase. This period is marked with participants reporting a sense of not knowing what they didn't know.

Participants reported that this feeling related to the complex role of the rural registered nurse, specifically the required rural clinical skills and advanced leadership role involved in this position. Participants reported learning in their programs about the interdisciplinary team and various resources they would have in practice, and that was not what was reflected in their orientation. Examples of this included performing tasks that others on the interdisciplinary team might perform in larger centers, such as mobilizing patients, adjusting assistive devices, making dietary adjustments, and others. However, the tasks that were most significant at this point included items such as knowing how to turn the lights on for the air ambulance to land when needed, knowing protocols for power outages, and how manage broken plumbing or electrical fixtures, as examples. As a result of the expanded role involved in rural nursing practice, participants reported that they spent much of this time period adjusting to the demands of the administrative and leadership roles, and less time on building nursing knowledge and experience. The volume, unfamiliar and urgent nature of the non-nursing duties were cited by participants as the source of the diversion in focus from nursing knowledge acquisition.

3.1.2 *Phase Two (six months- approximately two years)*

This phase was primarily characterized by a shift from focusing on task completion to nursing related knowledge and skill acquisition. Participants reported that until this point, much of the work that consumed their time included performing duties outside of providing direct nursing care. This shift was reported by participants to be overwhelming and featured a continued feeling of failure to meet expectations, as rural nursing leadership and clinical skills were only beginning to develop.

3.1.3 *Competence Phase (two-three years)*

Most participants identified that they had recently achieved this stage of transition to practice. The data collected from this phase was characterized by ability to refocus on learning needs, advocacy and seeing the 'bigger picture' when it comes to rural nursing. The participants would shift their

focus at this point to discussing the supports that are needed to improve their rural nursing practice, such as advocating for rural simulation, education and resource management including interdisciplinary collaboration. The discussion about resources vastly differed from the entry-to-practice phase, where an urgent sense of needing more practitioners to help complete tasks was conveyed. Participants in this phase developed the ability to manage situations independently, but with guidance from specialists in a less urgent manner. Despite this, the lack of interprofessional resources available to rural nurses was noted by participants to continually impact practice at this stage.

3.2 Rural transition to practice themes

The three identified overarching themes that were represented include 1) rural education 2) mentorship 3) expectations.

3.2.1 *Rural education*

Participants reported a lack of rural nursing theory in their undergraduate programs and lack of awareness of rural community resources. If participants had the opportunity to participate in a rural clinical placement, they reported being unaware of everything the preceptor or responsible RN was doing and a resulting lack of understanding of the rural RN role. The focus of undergraduate nursing education on interdisciplinary practice was cited by participants, reporting that they felt overwhelmed by the lack of support from the healthcare team as the rural facilities where they work did not have consistent service by other team members. When asked what would have helped, participants reported three solutions: 1) increasing rural theoretical education, 2) clinical placements where the focus is on RN role on the rural team, and 3) rural simulation in education are primary factors to support transition to practice.

3.2.2 *Mentorship*

Participants reported that a lack of available mentors represents a barrier to the transition to practice process. It was noted that because of the staffing complement, often the NGN was the only RN present during a shift, limiting mentorship innately. Furthermore, it was emphasized that establishing trust in the mentor-mentee relationship was a key factor for success, to mitigate the conflicting intrinsic expectations of participants reporting feeling 'I should know this but I don't'. It was reported that this feeling often resulted in fear for asking for support, and resulted in decreasing job satisfaction and a devalued transition to practice experience.

3.2.3 *Expectations*

Participant reported that they experienced conflicting expectations that hindered them from feeling excitement, enjoyment and increasing levels of confidence during the transition to practice experience. This represented a perceived barrier for transition to practice for the participants. The expectations reported emerged from expectations from many sources, both intrinsic and extrinsic, including of self, moral and ethical expectations, manager expectations and community expectations.

Expectations of self. Failure to meet personal expectations, where participants believed they should have achieved more independence, weight of responsibility and accountability, pride in their nursing work and care they provide and desire to 'do a good job' was reported.

Moral & Ethical Expectations. The perceived failure to meet moral and ethical expectations were described by the NGNs, in reference to the care they were able to provide that was limited due to rurality, skill set or experience level constraints. Examples of high patient to nurse ratios, or having an unstable patient and not being able to manage as well as they wanted to with no resources or mentorship was reported. This caused a sense of cognitive dissonance in the NGNs practice.

Manager Expectations. Failure to meet the expectations of managers was mentioned by participants repeatedly during focus groups. This included managers continuously asking to shorten or question orientation timelines and NGNs feeling pressure to be 'ready to practice independently' in leadership roles such as charge nurse and take facility responsibility by six months. There was a reported perception that there is a pressure to be more prepared than they feel they are and lack of validation when this concern is voiced by the NGN. Inversely, support from the manager with positive check-ins and orientation flexibility resulted in a positive transition to practice experience as reported.

Community Expectations. NGNs reported a sense of expectation from the community in their role as a nurse. A feeling of duty was reported in achieving competence as a rural nurse and to work overtime to ensure emergency department closures did not occur due to nurse staffing shortages. However, this was a positive expectation from the community that feeling of value increased satisfaction and transition to practice experiences for participants.

4. DISCUSSION

This research finds that the experiences of the rurally practicing NGN does not align with Benner's model[6] until the second or third year of practice. This is of particular importance as it reinforces the first two years of transition to practice must work to support NGNs in their transition. Positive transition to practice experiences during this time period are key to retain the nurses who begin their careers working

rurally. The key aspects of support required include managing expectations, providing rural focused education, positive mentorship experiences, and supporting mental health and coping for NGNs. The following areas of recommendation should be approached with the understanding that the rural NGN does not transition to the role of the registered nurse in the expected theoretical fashion according to Benner,[6] but rather will require more time (approximately six months) to adjust to the role expectations. The added complexity of rurality in the role adjustment requires acknowledgement and flexibility for the NGN to meet milestones of transition to practice.

4.1 A rural-informed theoretical framework

A delay in the transition to practice process was noted to occur in the first six months of practice, as the NGN adjusts to the degree of facility responsibility, and duties that are held by other members of the team in larger centers. Adjusting to balancing tasks and duties such as housekeeping, drawing and processing laboratory samples, and managing the building maintenance after-hours falls in the role of the nurse. Because of the urgency of these tasks, the NGN will prioritize them over nursing duties because failing to do so would halt facility functioning. For example, if a patient is to be admitted and housekeeping and clerical staff are not present, the nurse must first clean the room and complete the required filing and printing for the transfer, and then focus on the nursing transfer of care and assessment. If the non-nursing duties are not completed, the nursing duties cannot be fulfilled from the perspective of the NGN. This initial need to focus on the immediate functioning of the facility results in the NGN not building the knowledge and skill in the role of the RN that is typically observed in this time period. This important consideration needs to be accounted for when rural nursing transition to practice is occurring, because benchmarks from traditional models in terms of time do not seem to apply. This delay continued through the first two years of practice, therefore having a persistent impact on the practice of the NGN.

However by year two, participants cited experiences that were in alignment with Benner's theory. This is a key finding as it signals to the importance of fostering a positive transition to practice experience to retain NGNs beyond the first years of practice. Policy and practices that support the NGN in this process are instrumental in ensuring that a robust rural workforce is developed. Education that ensures that all parties involved in transition to practice, including the NGNs, preceptors, mentors, academic partners and managers will provide the micro-level support that is required. However, governments, senior nursing and healthcare leaders equally require education on this rural-informed approach to ensure policy and governance supports this practice time, if retention of skilled rural nurses is to be achieved.

4.2 Education

As mentioned, undergraduate education that details the complex and unique nature of rural nursing will aid in the transition to practice process as it will provide a theoretical and practical background for NGNs as they transition to practice. While this aligns with the literature,[11,17] this research emphasizes the importance of education as it relates to both nursing and non-nursing duties of the rurally practicing nurse. Ensuring additional rural education will aid in the preparation for the vast scope and advanced nature of the rurally practicing nurse and should include both nursing specific implications and administrative topics such as managing the facility, as this was found to be a barrier to transition to practice. Additionally, ensuring that interprofessional practice can be supported rurally requires enhanced collaborative education for all interdisciplinary team members – especially rural nurses who are the most available providers on the team in rural facilities.

Rural focused education should begin in the undergraduate education of nurses and continue beyond orientation, with frequent simulations and practical educational opportunities that focus on the available resources and include the rural team. This emerged as a key finding in the competence phase (more than two years of practice), as the NGNs were able to see the 'bigger picture' and were seeking out opportunities to improve their own rural nursing practice. The importance of leveling this education through undergraduate curriculums into practice cannot be understated. This finding would be of particular importance for geographically rural undergraduate nursing programs, where many graduates will be working rurally.

Education and mentorship can be established by implementing rural specific transition to practice education program in undergraduate education. An example of a rural nursing program is described by Bolte and Bourke,[22] where the University of Melbourne and Department of Rural Health in Australia developed a program to increase rural nursing preparation, recruitment and retention. This involved students have rural nursing practicums and specialized education on rural health issues such as rural and Aboriginal health.[22] The program had a 96% satisfaction rate by students in its inaugural year.[22] This signals that a rural nursing program that enhances preparation for rural practice, including comprehensive clinical placements can be an effective strategy in rural transition to practice, recruitment and retention. Continuing education could include formalized rural education programs

that result in certification of rural nurses, and recognizes the specialized knowledge and skill required to practice rurally, which has previously been found to support retention.[17, 18]

4.3 Mentorship

While mentorship has been previously noted as important to transition to practice for rural nurses,[16] this research demonstrates the barrier presented in the rural staffing model to support mentorship. Continued and positive support from mentors are needed to ensure a positive transition to practice experience. This should include an approach that fosters learning in a non-judgmental capacity. Many participants cited concerns about asking questions that they felt they should know. Developing psychologically safe and constructive mentorship relationships will be required to ensure improved transition to practice experiences are achieved.

An approach to mentorship that accounts for the innate lack of mentors available to the rurally working RN is required. One possible solution is the development of a mentorship program where NGNs can access a mentor that they have developed a relationship with virtually. This innovative solution on mentorship programs may improve access to mentors for rural NGNs, who otherwise might not engage in the mentor-mentee relationship. Results from this study indicate that the goal of this relationship would include supporting the NGN with navigating clinical and interpersonal situations, not necessarily in directing nursing care.

4.4 Expectations

The role of perceived expectations in the transition to practice was an overarching theme of this study. Working with NGNs to build realistic expectations of themselves and for managers and preceptors to have realistic and flexible expectations is important to the NGN rural transition to practice. The degree of the NGN's understanding of the complexities of rural nursing may result in more realistic expectations. This is reinforced by the existing literature supporting enhanced rural education and clinical placements in undergraduate programs and reinforcing these intricacies in the orientation phase.[11, 13, 15] By building the theoretical and practical understanding of the NGN that may work rurally, realistic expectations of themselves may result.

There is demonstrated importance of the manager's role in supporting transition to practice for rural nurses.[20] Education for managers and preceptors to understand that theoretical models may not be applicable to rurally practicing NGNs will build an appreciation that expectations need to be flexible and match the complexities of the rural environment. For example, many managers use the benchmark of six months into practice to be able to perform advanced leadership roles such as facility responsibility but given the results from this research that should be a highly flexible and individualized role that might occur closer to one year of practice.

Due to the autonomous nature of rural nursing practice, the expectation that nurses at a specific number of shifts or months after orientation may be prepared to manage the facility and nursing care independently in the absence of adequate mentorship and resources is not realistic. Implementing policy change that respects the unique role of the rural nurse and the additional requirements of this role is key to improving rural nursing practice environments. NGNs and nurses who have not worked rurally will require additional time to adjust to the expanded role, and system structures in orientation and role transition should be in place to support this. While the need for manager support in the transition to practice process to retain nurses aligns with the literature, this research provides an adjusted benchmark for independence and provides insight into the experience of the NGN as it relates to manager's expectations.

4.5 Mental health & coping

Available support for NGNs as they navigate the transition to practice process was an identified priority of the participants. This could be initiated with manager check-ins on a regular basis that provide to opportunity for the NGN to seek resources as needed. Developing targeted resources for NGN would provide managers with a variety of options depending on the concerns of the NGN. These resources might include review of the available mental health resources in the community or provided by the employer, but also reference to transition to practice resources that might guide NGNs through this complex and challenging time. Pressure from managers to work overtime shifts and the ethical pressure to work beyond scheduled hours to keep a facility open should be eliminated and addressed as a system problem, rather than the responsibility of any individual.

One retention factor that was explored in this research arises from the support NGNs felt from the rural communities. The sense of community belonging and support is a retention factor, and can improve rural nursing practice.[12] This factor should be further explored by employers and community groups seeking to recruit and retain nursing staff to their communities.

4.6 Implications for practice

The findings from this research support the transition to practice process beginning during the baccalaureate education program and continues well into nursing practice. Rural focused education that provides the foundational knowledge of rural nursing theory and practice is the first step in en-

suring successful transition to practice. This means that undergraduate curriculums should offer rural education as a thread through the curriculum, with potential offering for rural specific education in the final years of education program. Furthermore, supporting continued education for the rural practicing nurse is vital to the successful transition to practice and to rural retention. Despite this, there are few rural education programs available for the registered nurse in Canada. Offering this type of education and recognizing rural nursing as a unique specialty are supporting factors that could enhance rural nursing transition to practice.

These themes reinforce some of the findings from Oosterbroek et al.[23] The integrative review by Oosterbroek et al.[23] found four themes emerged when exploring the state of rural nursing and preceptorship. The rural experience, interprofessional collaboration, recruitment and retention and feedback on performance where the themes identified as vital in the experience of the student nurse working rurally.[23] The review suggests that highlighting the unique practice of the rural nurse is one recruitment and retention strategy, along with improved support and preparation for students entering rural practice may retain this valuable asset to rural healthcare.[23] This study has further suggested that the acknowledgement of the unique work of the rural nurse can be a motivating factor for those nurses to continue to work rurally.

Interprofessional education and collaboration in rural health requires development to enhance care of rural populations. Education to facilitate the rural interdisciplinary team in supporting nurses when other team members are not physically available on-site could reduce the overwhelming role expectations of rural nurses. For example, policy and procedural guidance on supporting the nurse in fulfilling duties that typically fall into the role of a social worker or physiotherapist when those professionals are not available would be beneficial. Furthermore, supporting the rural nurse with the virtual resources to enhance interprofessional collaboration for rural populations would be an innovative solution to this problem. Additionally, the findings from this research may be of interest in transition to practice for other rural health disciplines – or those who care for patients who live rurally under the care of the rural health team.

All nurses require policy to be in place that support their mental health and coping during transitions – particularly the transition to practice. This is especially true in rural nursing and is a key point for policymakers and health leaders to note from this research. This includes support healthy mentorship relationships, nurse-manager relationships and supportive working environments to prevent crisis but should also consider the ethical and moral distress and burn-out that is experienced by NGNs.

4.7 Limitations

The objective of this study was to examine the perspective of the NGN on rural transition to practice, and while the findings of this study suggest a consistent perspective a larger study with more participants and geographical diversity would be beneficial.

5. Conclusion

While healthcare leaders and governments continue to grapple for solutions that provide a quick fix for the healthcare crisis, there are many solutions that exists to improve recruitment and retention of NGNs rurally, but this will require time and investment. The findings from this study outline potential solutions, in both the education sector, healthcare management and policy sectors that can support NGNs to successfully transition to practice and continue to work rurally and support delivery of essential nursing care to patients. While some findings of this study support previously known strategies, such as bolstering rural education in undergraduate nursing education, and offering continued education opportunities, this research offers the significance of this strategy from the perspective of the NGN. Furthermore, it highlights the importance of active learning for the NGN in education, using simulation for example, to provide learning experiences. Additionally, this study provides understanding of the stress caused by unrealistic expectations set upon the NGN; and offers insight into solutions such as a supporting managers, preceptors, and mentors to facilitate flexible and responsive transition to practice experiences that align with the modified nature of rural transition to practice from the theoretically understood process outlined by Benner.[6] Most importantly, this research offers a potential theoretical understanding of the NGN's rural experience when transitioning to practice, which provides the foundation for future policy and education curriculums to reflect on as they build more effective strategies to improve rural healthcare.

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Conflicts of Interest Disclosure

The authors declare that there is no conflict of interest.

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