ORIGINAL RESEARCH

Exploring the influences of undergraduate nursing educators on transition to direct patient care: A thematic analysis

Patricia Jenkins Barnard*, Donna Reulens Trinkaus, Jennifer Graber, Jennifer Saylor

School of Nursing, University of Delaware, Newark, DE, USA

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ABSTRACT

Background and objective: United States nursing programs use many ways to educate their students preparing them as registered nurses. There is a lack of research supporting nursing educational experiences that are helpful to newly licensed registered nurses when they are caring for patients after graduation. The aim of this study was to gain deeper understanding of pre-licensure undergraduate nursing educator's role in the transition to patient care among newly licensed registered nurses.
Methods: Data from newly licensed registered nurses with less than 24 months of clinical experience (n = 10) were analyzed using a thematic approach.
Results: Two main themes with 3 subthemes; 1) Developing connections with the profession with sub themes of 1a) Unrealistic expectations, 1b) Developing a new perspective, 1c) Developing confidence, and Theme 2) Relying on what has been learned.
Conclusions: Nursing educators must ensure that undergraduate education is most beneficial in achieving adequate preparation and greater satisfaction in the transition to the role of the professional nurse.

Key Words: Qualitative research, Nursing education, Nursing student, Nursing graduate, Teaching, Entry to practice

1. INTRODUCTION

Across the United States, nursing educators use many ways to educate students and prepare them to be registered nurses (RN). Some types of nursing educational experiences may be more helpful in direct patient care than others, regardless of the setting. As the focus of teaching continues to move from teacher-centered to student-centric, and healthcare becomes setting-exclusive, there is a need to reevaluate the methods used to teach undergraduate students. Some researchers document the student-centric classroom of undergraduate nursing students and suggest that research has supported these positions as evidence-based. However, whether or not the educational modalities are conducive to transference and usability from the classroom to the bedside by the newly licensed registered nurse (NLRN) remains to be explored in the literature. Leighton and colleagues[1] found that little is known about the educational methods that generate the outcomes most desired in NLRNs including the knowledge, skills and attitudes required to be successful as a full-fledged RN. Additionally, there are few cohesive examples of strategies backed by research that optimize transfer of critical skills from classroom to practice.

As thousands of NLRNs join the workforce expecting to expedite care while upholding standards, there is no definitive research on what experiences during their nursing educa-

*Correspondence: Patricia Jenkins Barnard; Email: pjbarnar@udel.edu; Address: School of Nursing, University of Delaware, Newark, DE, USA.

tion truly added to their skill sets and encouraged critical thinking. Duchscher[2] describes in great detail the stages of transition that NLRNs pass through while integration occurs. The beginning point of the "Doing Stage"sees the NLRN move through an entrance to practice full of potential, drive, and excitement, and into an often-overwhelming dose of reality. The "Being Stage" begins, and propels the NLRN through assimilating into the reality of everyday practice within the context of a unique nursing culture. In this non-linear pathway, the following destination is the "Knowing Stage", where the re-evaluation of foundational skills, knowledge and attitudes generates a new sense of balance within the NLRNs ethical, philosophical, and moral responsibilities of facilitating care.

Continued research has expanded the foundation created by Duchscher regarding the educational experiences that optimize the transition of the student nurse into the role of NLRN. According to Prion and Haerling[3] some academicians believe that a combination of simulation and clinical experiences results in the best preparatory outcomes, but the evidence is scant in support. In 2019, Oermann[4] reintroduced the challenge for additional research on nursing educational practices that enhance and support transition to care echoing the earlier research findings of Duchscher,[5] Benner and colleagues,[6,7] and Kavanaugh and Szweda.[8] Through this study, the authors explored the NLRNs experiences in their own voices. The authors explored how the NLRNs education in a traditional undergraduate baccalaureate nursing program, benefitted them in the critical time of transition from classroom to direct patient care. The purpose of this study was to gain a deeper understanding of how pre-licensure undergraduate nursing educators play a role in the transition to patient care among newly licensed registered nurses.

2. METHODS

This exploratory descriptive qualitative study used interviews to gain a deeper understanding of the influences educators may have had on patient care among NLRNs with less than 24 months of clinical experience. Approval to conduct this study was granted by the University of Delaware's Institutional Review Board on 09/01/2022 (Project # 1947969-1).

2.1 Sampling and target population

Purposive sampling of a heterogeneous group of NLRNs recruited between September and December 2022, those who had 24 months or less of clinical experience, had just entered nursing practice, and were newly licensed. Thirty-six possible participants drawn from across the United States consented to be enrolled in the study. After applying the criteria for inclusion, the number became 12 participants. Two were unable to schedule an interview yielding a final sample of 10 NLRN practicing in their first positions at the bedside. Researchers used snowball sampling to assist with recruiting participants by asking the eligible participants to send the flyer to peers and former classmates with the same background for inclusion in the study. The inclusion criteria were as follows: (a) 18 years of age or older, (b) graduate of a baccalaureate nursing program, (c) 24 months or less of experience in direct patient care, (d) able to speak and read English, and (e) able to provide informed consent.

2.2 Data collection

Participants were recruited using electronic flyers with QR codes placed on social media (Facebook©, Twitter©), via email, and paper flyers posted at the university nursing alumni office. After determining study eligibility, participants completed electronic informed consent, followed by demographic and nursing surveys via Research Electronic Data Capture© using an interview guide with open-ended questions with probes (see Table 1). Interviews were conducted in a private home office and recorded via Zoom video conferencing technology. The interviews lasted approximately 1 hour, and participants were able to speak freely beyond the interview questions. Three interviews were transcribed verbatim using automatic transcription software Otter.ai, then verified by the first author. The remaining 7 interviews were transcribed by hand due to the difficulty of gaining accurate transcription using the software. The initial transcripts were returned to the interviewees for determination of accuracy. Once returned, their edits were applied to the transcripts. The transcripts and applied edits were reviewed by a second author for accuracy. Data collection occurred between September 2022 and December 2022 and ceased after achieving data saturation. At the close of the study, participants were entered into a drawing for one of four Amazon electronic gift cards worth $25 each.

Table 1. Interview questions for newly licensed registered nurses with less than 24 months clinical experience

Questions
1. Tell me about how you felt providing direct patient care in the very first days of your position?
2. Thinking back over the first months of your nursing education, what would you say were the things that made approaching your care, or planning your care easier or more difficult?
3. Describe for me the ways that your nursing professors and instructors enabled you to succeed in your current nursing position.
4. Tell me about any specific teaching experiences that come to mind that helped more than others in providing care to your patients?
5. If you had to do it again, would you choose nursing as your profession?

2.3 Data analysis

A thematic approach was used as the researchers began the coding process.[9] The researchers collected and analyzed data concurrently, allowing the processes to influence each other.[10,11] Interviews were organized by the first author and independently reviewed by the first and second authors. Once the initial interpretation of the data was complete, inductive coding was applied to assist in the development of themes that emerged in the data.[9,10] A list of 10-15 tentative codes were compiled from the interview transcripts to assist in the development of themes. Braun and Clarke's 6 steps of qualitative analysis were performed.[12] These included data familiarization, initial code generation, theme search, review of themes, theme definition and labeling, and finally report writing.[12] An initial interpretation of the data by the authors led to the identification of emergent concepts including developing connections with the profession and learning through practice formed the basis of the themes.[11] Agreement among researchers was established by using an iterative process of rereading, reanalysis, and recoding of transcripts, which yielded 2 final themes and their sub themes. Intercoder discrepancies were resolved with a third author. To complete the thematic analysis, the authors chose participant quote examples for each theme, as they correlated to the purpose of the study.

2.4 Trustworthiness

In order to ensure trustworthiness of the study, application of the principles as defined by Lincoln and Guba[13] pertaining to credibility, dependability, and confirmability were applied. Prolonged engagement with the data and triangulation were applied by locating evidence of qualitative codes in the demographics, nursing surveys, and transcripts.[13] An audit trail of detailed research activities including purposive sampling and data collection and analysis increased the dependability of the findings.[14] Multiple researchers evaluated the findings, interpretations, and recommendations, ensuring confirmability in the research.[12]

3. Results

3.1 Participants

Ten NLRNs from across the contiguous United States including the West, Northeast, and Southeast were recruited for the study. The majority were female (n=8, 80%) with a mean age of 26.33 (SD=3.39) (see Table 2). The participants worked in a variety of specialties including medical surgical, telemetry, labor and delivery, maternity, and mental health. Three of the participants had experience, while in nursing school, of caring for patients as nurses' aides, while 7 did not have any prior patient care experience.

Table 2. Demographics of newly licensed registered nurses with less than 24 months of bedside experience (n = 10)

Variable	N (%)
Race	
American Indian/Alaska Native	1 (10)
Black/African American	5 (50)
White	2 (20)
More than one race	2 (20)
Ethnicity	
Hispanic or Latinx	1 (10)
Not Hispanic or Latinx	9 (90)
Gender	
Male	1 (10)
Female	9 (90)
Marital Status	
Single	8 (70)
Married	1 (20)
Living with significant other	1 (10)
Living arrangement	
Lives alone	8 (80)
With parents	2 (20)
Region	
Northeast	7 (70)
Southwest	0 (0)
Northwest	1 (10)
Southeast	2 (20)

3.2 Identified themes

Duchscher[2,15] describes in great detail the stages of transition that NLRNs pass through as they integrate into the nursing profession. Over the first year they traverse from doing, to being, (through unknowing) into knowing. This non-linear progression is rife with highs and lows, and feelings of disbelief and unknowing. The participants in this study detailed similar and different transitions. Two main themes arose from the interviews with the first theme having 3 subthemes; 1) Developing connections with the profession with sub themes of 1a) Unrealistic expectations, 1b) Developing a new perspective, 1c) Developing confidence, and Theme 2) Relying on what has been learned.

3.2.1 *Developing connections with the profession*

Many of the NLRNs in this study struggled with aligning themselves to the role of the RN. During the transition they found it surprising and overwhelming to be introduced abruptly to the realities of the bedside. While undergraduate education had sheltered their experiences, the reality of bedside nursing exposed them to the very real circumstances and outcomes they had learned. Integrating connections is the process by which the NLRN begins to identify themselves

as a nurse, to assume the role, and begin functioning within the persona of a professional registered nurse.

Through the series of interviews, the NLRN described how over time they transitioned through the process of acclimating to the role of professional nurse. Participant A stated, "I was fearful but at the same time I loved it! Because you know, it's something I've worked at, for years, and you know, finally, finally I've been able to be trusted." These connections are felt in many areas of the NLRN life, as Participant B stated, "I felt like I was doing so many things that were different from my non-nurse friends. I felt so proud of myself. . . I know that if I tried to explain to them what it was like to be a nurse, they wouldn't understand."

3.2.2 *Subtheme - 1a. Unrealistic expectations*

When discussing the earliest days of their experiences, NLRNs explained that nursing school realities did not match the expectations of working clinically. In prior research Duchscher[15] and Benner and colleagues[7] discussed walking away from well learned lessons, and into the unknown of the clinical area. The NLRNs shared that often the information given at the time of undergraduate education was not relevant to the current experience. Participant C stated that according to the staffing guidelines "we are supposed to have three patients to one nurse for the assignment, but that is not reality right now." There was a disconnect between classroom learning and the realities of the clinical area. Participant D stated that unlike during nursing school and undergraduate studies "It's not one and done and it was an easy patient." The lessons of preparation in the classroom were important but learning to be prepared was key, as Participant E shared, "They [the instructors] need to teach us about what happens when things go bad and how quickly they go bad." The NLRNs felt that the instructors 'sugar coated' their clinical experiences, and shielded them from the realities of real clinical nursing.

The NLRNs offered that they felt as if they had to be fully prepared to handle everything that came their way[15] despite minimal exposure to the real nursing world. Some NLRNs felt as if they were not coordinated with the staff and were not allowed to make any mistakes, but the truth remains that they made mistakes. Participant F stated, "It feels like I should go back and learn everything all over again, because I don't know what is going on!" The interpretations of their skills and abilities were skewed by misdirected beliefs in their abilities. They believed they had not learned enough as an undergraduate to be successful. While this was not the reality, it was tacit knowledge.

Some interviewed NLRNs did not believe that they had the skills necessary to succeed. While they sought support, they did not feel supported by the senior members of staff and found out the hard way how their limitations play into a patient's outcomes and even survival. Participant F offered, "That's another thing that I had to learn. That real life is so different from school!" "We are going to have patient's go bad, and we don't know why that happened. We're left to deal with it, and then learn from it" as stated by Participant C. Feeling unprepared for the eventualities of a patient experiencing a critical change in status, the NLRNs worry and yet must confront their insecurities without much perceived reinforcement from team members.[2] "I ask questions. If a new nurse doesn't know how to ask questions they won't survive" stated Participant F. When they did ask for reinforcement, some felt the feedback was critical and unwelcome in its tone and delivery.[16, 17] Participant H stated, "We were told that there were always going to be people helping you, but sometimes there was no one. So that was a really big eye opener!" Nursing education had prepared them for the basics but the realization that all is not what it seems to be came with every new experience.

3.2.3 *Subtheme - 1b. Developing a new perspective*

Often the NLRNs felt a shift in their perspectives as they experienced new things. Participant E stated, "You are caring for the others, and then there is another one who needs care, when you have your day planned out. You stop and figure out how you safely get this done too." This development of a new perspective was echoed by Participant G who stated, "Everything is a gradual process." The NLRN is now responsible for assessment, interpretation, decision, action, and outcomes all with tangible consequences never before applied. Participant A expressed concern when realizing that the focus was changing stating, "I worry that what I do will change them [the patient] forever." The NLRNs learned to take nothing for granted and began to trust their own judgment. Gradually over time they learned to understand the messages from the staff and physicians and determined their own perspective. They understood as well that everything learned in nursing school precluded these experiences, and while they could rely on their foundations, they had to continue to place themselves in uncomfortable situations in order to grow professionally.

New outlooks were found when the NLRN learned to value themselves as nurses. Participant H stated, "If I didn't value myself, I was never going to learn or be able to be fully functional as a nurse." Participant H went on to state, "I did not beat myself up when I first became a nurse as they (the instructors) had taught me to value myself." Throughout the first months of their practice, the participants spoke of the strength it took to keep going. "It was very scary, and you didn't know what was going to happen. You had to pay attention to every detail, every single thing said and done," shared

participant A. It was at this time that the participants learned a simple truth; they often felt alone facing the repercussions of the work they performed. Participant H stated, "We were told that there were always going to be people helping you, but sometimes there was no one. So that was a really big eye opener!" The reality was they had to learn to help themselves in the setting of fewer nurses on the unit to cover the patients.

Participant E shared that even though they were new, they felt as if they were seen as fully qualified staff staying, "Professionally you are like a single set of hands. I was just another body there to carry the patient load. I felt so stressed at the thought of having to carry it all" and Participant H who stated, "It's like the staff assumed we could just keep up with the responsibilities of being new." The safety of nursing school was removed, and they were poised to face the responsibilities of the work they performed without the shelter of nursing instructors.[18]

3.2.4 *Subtheme - 1c. Developing confidence*

Many of the NLRNs found their voice, but some did not, leading to profound feelings of not being enough. They opined that the change in their knowledge base and moving past the unknowing was a difficult task but one that they took seriously and with great caution. Some NLRNs in this study inferred that developing confidence came as a gradual progression. Participant I stated, "Then you get there (on the unit), and you think, this is so hard I can't do this. But your heart tells you to keep going. Just try it." Similarly, every task brought an opportunity to grow. As Participant J shared, "Every time I passed my meds, I thought to myself, see, that's one more time you can do that!" The NLRNs began to realize that they were gradually understanding deeper and more complex situations. Participant J spoke of the gradual understanding that comes with confidence stating, "I think at some points I was totally overwhelmed, and then I remembered I was learning as I went."

One NLRN offered that confidence goes hand in hand with beginning to feel being part of the group and that the isolation that comes with being new can move them quickly into the realm of trusting themselves and their judgment. As knowledge is gained, the NLRN begins to feel as if they can handle the challenges of the transition. Participant H shared, "I learned that I was all there was, and that I was enough. I could always ask questions, but I got this!" Participant I stated, "I started giving myself encouragement to keep trying." Confidence took time but as the experiences mounted the NLRNs began to see for themselves the benefits of these experiences. Participant B stated, "I like days when it all comes together, and you feel like you've really made a difference for the patient. You leave feeling great." As they were taught in nursing school, the change to professional RN comes with time and exposure to the situations in the clinical area. Their gradual steps into maturity as an RN continued with each day as Participant A stated, "Day by day I get more comfortable with the emergencies that happen. I feel ready."

3.3 Theme 2: Relying on what has been learned

The NLRN learns to function within the complex world of clinical practice by supporting themselves and their knowledge with lessons learned in undergraduate education. Many of the nurses in this study stated that they knew they had learned what they needed to survive the clinical area. Beyond that, it was day-to-day, even experience to experience learning as they honed their skills in assessment, prioritization, and delegation as on the job training. Participant A stated, "And as much as I had faith in what I've learned so far. . . I make mistakes. . . but do not repeat such things, I always check and ask questions." Their fear and unknowing led them to realize the implications of what they were now faced with doing, and the gradual understanding that they could rely on everything they had learned in undergraduate education as well as their new clinical experiences to grow into the position. Participant I stated, "We feel like we have total control of these situations in our head, until we get to see them. Now we know it's not always what it is in the books!"

The NLRNs spoke of the benefits of using simulation in undergraduate education. Having now experienced direct patient care, some stated simulation was as valid an experience as doing the real thing. Participant C shared "Having done an end-of-life simulation. . . I had experience. I did not have very many codes at my job beforehand. And then when I finally got to a real-world code, I was. . . more organized as a result of those simulation labs," and Participant H who shared, ". . . that really helped me to understand the care the patient needed, how to make it a priority and how to do things right the first time." The NLRNs shared that other valuable undergraduate experiences were those that were direct care based. Participant G shared "Caring for them [the patients] was the best way for me to learn," and Participant H who stated "Because we were never in that situation before, it allowed us to . . . have a direct view as to what we were going to do. It grounded us." The learning continued as the experiences began to add up to small successes. Subsequently, the NLRNs found a way to move through the uncertainty as Participant E stated, "So you learn to figure it out," and Participant D stated, "You know you totally can't learn all these things from school. You have to do them!"

4. DISCUSSION

The purpose of this study was to gain a deeper understanding of how pre-licensure undergraduate nursing educators play a role in the transition to patient care among NLRNs. Many of the findings echo what has been found in prior research. There is evidence in the literature that details the wide range of adversities that NLRN face at the time of transition to practice,[18] and the context within which they are experienced.[19–24] Transitioning from the classroom to the clinical area and establishing a connection to the profession is an experience fraught with uncertainty and anxiety. The quotes from the participants of this study capture this time of personal and professional challenges making developing connections within the profession the first major theme. As Duchscher and Kramer[15] assert, the transition to professional nursing can be a situation of thriving or just surviving. The participants in this study are for the most part thriving.

Unrealistic expectations, a subtheme of developing connections, is similar to the findings of Kavanaugh and Szweda[8] who found many NLRNs were unprepared to meet the level of competency required for safe practice. This is echoed by Hatzenbuhler and Klein[27] who suggested that NLRNs are not well prepared to face the vigor of clinical practice. Unrealistic expectations are seen in the day-to-day experiences of the NLRNs, where nursing schools teach what is most comfortable, and not most challenging to the student. The NLRNs in this study shared the belief that their clinical experiences were sugarcoated, that they were sheltered from the realities of bedside nursing, and that their instructors did not share inside information with them while in school, all of which left them feeling unprepared for the rigors of real clinical experiences.

Another subtheme, gaining a new perspective, was found to be instrumental for the NLRNs. This study reflects the findings of Tanner[28] and Duchscher[2] detailing that the transition to professional nursing is complex, requiring a foundation of competency and experience prior to stepping into the role of NLRN. The study participants shared their shifting insights and attitudes to acclimatize to the realities of clinical nursing. New perspectives came with a steep learning curve, and insights came in watershed moments and peaceful reflective moments alike.

Developing connections also involves increasing confidence, a third subtheme. Similar to this study's findings, Ortiz[29] found that confidence in NLRNs was the result of positive and negative experiences, and that undergraduate education needs to contain both in order for confidence to be well-seeded in the new graduate nurse. This is echoed in the detailed experiences of the participants in a study by Mellor and Gregoric[17] where confidence was built over time and with varied experience and required positive reinforcement and consistent feedback.

The second major theme identified showed that NLRNs must have the opportunity to rely on what has been learned. Similar to the writings of Duchscher and Kramer,[15] and Murray and colleagues[16] these NLRNs are applying their lessons learned and establishing themselves as a functioning part of the profession of nursing. Their expectations, perspective and confidence will all change over the first weeks and months of their experiences as they rely on new information and experiences.

This study is important because it raises the question of how successful each educational modality is in preparing the NLRN for active clinical practice. It highlights the lack of research on the influence of teaching modalities on the transition to practice and captures the difficulties that the NLRN continues to face at the time of transition. It reinforces prior research that shows that the culture and environment of the NLRNs experience will shape their career outcomes.

Relevance for future research

This study explored the lived experiences of NLRNs. More research is needed to compare the lived experiences of seasoned RNs as they transition to different units. A large national study to explore evidence-based educational methods that optimize preparation of nursing students to enter practice is critical. The larger study may afford deeper exploration of prior experiences, as in working as a care technician or nurse's aide, and their impact on the transition from academia to clinical area. Additionally, robust research is needed to examine the efficacy of new nurse residency programs, mentorship, and the impact of proposed transition optimization for NLRNs entering clinical practice.

5. CONCLUSION

This research explored the themes identified by NLRNs using open-ended questions. It found that the time of critical change for the NLRN with all its challenges continues to play out, with 40% of NLRNs choosing not to practice at all, and greater than 33% changing jobs in the first year.[18] It is not difficult to see the multiple level impacts of the critical issues facing nursing today. Being new and entering practice at the bedside during this unprecedented time of uncertainty, understaffing, and change would challenge the most experienced of nurses.

Through the NLRNs own voice, the transferability of knowl-

edge, skills, and attitudes from the educational classroom to the clinical area is explored and it appears that simulation and hands-on care may benefit the NLRN the most in transitioning to practice. The interviews revealed many of the known adversities facing NLRNs as they transition. Evidence of the current nursing shortage was brought to the forefront, and the participants were honest about their desires to transfer out of their current unit or leave bedside nursing as soon as they were qualified to do so. The impetus here is to design a curriculum that utilizes varied methods of instruction to ensure that the UG education is most beneficial in achieving decreased attrition and greater satisfaction in the role of the professional nurse.

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AUTHORS CONTRIBUTIONS

Dr. P. Jenkins Barnard was responsible for the conception and design of the study, the acquisition and analysis of data, drafting and revising the manuscript, and approval of the version of the manuscript to be published. Dr. D. Reulens Trinkaus was responsible for revising the analysis of data, drafting and revising the manuscript, and approval of the version of the manuscript to be published. Dr. J. Graber was responsible for the analysis of data, revising the manuscript and approval of the version of the manuscript to be published. Dr. J. Saylor was responsible for the analysis of data, revising the manuscript, and approval of the version of the manuscript to be published. The authors contributed equally to the study.

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The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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No additional data are available.

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