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Lived experience of transitioning to a new graduate nurse following a prelicensure hospital-based externship experience

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THE LIVED EXPERIENCE OF TRANSITIONING TO A NEW GRADUATE NURSE
FOLLOWING A PRELICENSURE
HOSPITAL-BASED EXTERNSHIP EXPERIENCE

Present in Partial Fulfillment of the
Requirements for the Degree of
Doctor of Philosophy in Nursing Education

Nova Southeastern University

Debra Shipman

Title Page

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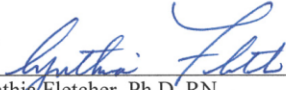
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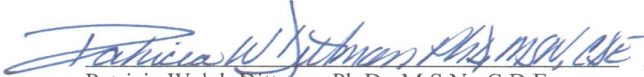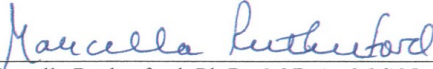
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Certification

We hereby certify that this dissertation, submitted by Debra Shipman, conforms to acceptable standards and is fully adequate in scope and quality to fulfill the dissertation requirement for the Doctor of Philosophy degree.

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Abstract

Forty years after Kramer's (1974) seminal work, *Reality Shock*, new graduate nurses continue to have difficulty transitioning to the registered nurse (RN) role. The purpose of this phenomenological study explores the lived experience of new graduate nurses who completed a Veterans Affairs externship program in their senior year of nursing coursework and its perceived impact on their successful transition into the practice role 3-24 months following graduation. Benner's (1984) Novice-to-Expert Model, Karmer's (1974) Reality Shock Theory, and Selder's (1989) Life Transition Theory support a framework for this study. Twelve telephone interviews were conducted using van Manen's (1990) method for researching the lived experience. One overarching theme "feeling confident" and three main categories, "transitioning to the RN role," "making decisions," and "interacting with professionals," were identified from the data. Externship programs assist the student to comfortably and smoothly transition as a new graduate nurse by offering additional clinical and practice experiences. Given the complexity of today's health care environment, there is a growing need to better prepare the graduate nurse for their transition into nursing practice. Externship programs can serve this purpose.

Dedications

I dedicate this dissertation to my family. My husband Anthony selflessly supported my going back to school one more time. Thank you for taking care of me while I spent hours in front of the computer, and in believing that I could finish my PhD, when I doubted myself. Thank you for giving me your shoulder when I cried. Thanks to my parents, Jim and Carolyn, who instilled in me the importance of education. I am fortunate to have such wonderful and supportive parents. I wish I had taken your advice when I was 20 years old instead of later in life. The strength required to complete this dissertation is owed to my grandparents, Andy and Fran. Even though they are not here to see my accomplishment, I felt they were with me in spirit through the entire process.

Acknowledgements

One can pay back the loan of gold,
but one dies forever in debt to those who are kind.
Malayan Proverb

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CHAPTER ONE INTRODUCTION

Transitioning from school to work is challenging for most people (Daehlen,

2008). For example, transitioning from student to social worker, teachers' college to the

classroom, medical school to physician, and veterinary student to practitioner is difficult

because new professionals must develop confidence and competence in their new role

(Daehlen, 2008; Gilling & Parkinson, 2009). People experience reality shock when the

ideals they learned in school are not congruent with the realities of the work place

(Kramer, 1974).

Nursing students transitioning from student to new graduate nurse also experience

challenges with learning unfamiliar tasks and responsibilities. New graduate nurses

select an area of practice and attempt to integrate themselves into the healthcare setting

(Halfer, 2007). At the same time, they try to become familiar with organizational

policies and develop new clinical skills (Halfer, 2007). This process can be

overwhelming because of limited clinical exposure in nursing school (Stinson &

Wilkinson, 2004). Nursing externship programs may be a strategy to better prepare a

student's transition to the workplace by increasing self-confidence, patient safety, and the

quality of nursing care (Beagle-Casto & Stefanik-Campisi, 1991; Butler, 1990; Cantrell

& Browne, 2005; Gamroth, Budgen, & Lougheed, 2006; Kropkowski & Most, 2008).

Nursing externship programs also increase new graduate recruitment and decrease

turnover rates (Fire, Bozett, & Dearner, 1984; Jo Ann Kelly Gottlieb, 1992; Kropkowski

& Most, 2008). Nursing externship programs ease the transition from student to nurse

(Stinson & Wilkinson, 2004). Researchers use the terms to describe externship,

internship, and residency programs interchangeably. Because there are no common

definitions, analyzing these nursing programs is difficult (Herdrich & Lindsay, 2006).

Herdrich and Lindsay (2006) define nurse residency as a "joint partnership between

academia and practice" (p. 55) and Diefenbeck, Plowfield, and Herrman (2006)

suggested a residency program is nursing students' "clinical immersion" experience

during the senior year of school (p. 72). Altier and Krsek (2006) used the term residency

program to refer to postlicensure training of new graduate nurses whereas Beecroft,

Kunzman, and Krozek (2001) referred to the postlicensure training as an internship.

Other researchers use the term internship to refer to a student nurse experience (Haleem,

Manetti, Evanina, & Gallagher, 2011). Parchen, Castro, Herringa, Ness, and Bevans

(2008) referred to internships as a new graduate nurse experience. Rhoads, Sensenig,

Ruth-Sahd, and Thompson (2003) suggested nurse externships are compensated student

nurse experiences.

Because there are varied definitions of residency and externship programs, the

definition of externship for this study is a paid program that assists nursing students in

gaining hands-on experience in clinical settings under the guidance of an experienced

registered nurse (RN) outside of nursing school training. Beagle-Casto and Stefanik-

Campisi (1991) defined externship as a program "designed to help the student nurse gain

valuable clinical experience and develop more self-confidence in the clinical setting" (p.

42). The hospital benefits from the program, because studies have found many students

who participate in an externship return to the same hospital for permanent employment

(Cantrell & Browne, 2006; Fire et al., 1984; Jo Ann Kelly Gottlieb, 1992; Harkins,

Schamback, & Brodie, 1983). Jo Ann Kelly Gottlieb's (1992) pioneering study indicated

that 50% of student nurses involved in a summer externship program subsequently

assumed full-time employment at the facility at which they did their externship upon graduation from nursing school. More recently, Cantrell and Browne (2006) reviewed human resource records of nursing extern students between the years of 1998 and 2003 and discovered that, out of 193 students who participated in the hospital externship program, 153 (79%) accepted a graduate nurse position where the externship was completed. The purpose of nursing-focused externship and internship programs is to support students and new graduate nurses' transition to the workplace (Cantrell, Browne, & Lupinacci, 2005; Collins & Thomas, 2005).

An externship experience takes place prior to graduation and supports knowledge applicable for the National Council Licensure Examination (NCLEX) (Beagle-Casto & Stefanik-Campisi, 1991). A typical externship encompasses a paid summer-based learning experience in a hospital setting where students receive experience in nursing assessment, intervention, and medication administration (Simpson-Cosimano, 2010). Nursing externship programs also provide students with an opportunity to experience the RN role in the day-to-day work environment (Simpson-Cosimano, 2010).

This study focuses on how new graduate nurses transition to the work environment after completing the Veterans Affairs Learning Opportunity Residency (VALOR) externship experience that is independent of the students' academic program. According to Giove (1993), researching the effectiveness of nurse externship programs is essential for the nursing profession. This research found the VALOR nursing externship program assisted new graduate nurses' transition to the RN role.

Transition

Transition is "any event or non-event that results in change in relationships, routines, assumptions, and/or roles within the settings of self, work, family, health, and/or economics" (Schlossberg, 1984, p. 43). For a normal individual, transitioning to a new event includes having the ability to expect the change, interpret the change, and acknowledge it (Schumacher & Meleis, 1994). Further, it is necessary to possess the resources to assist oneself through change, and, in the process, attend to the emotions that may come as a result (Schumacher & Meleis, 1994). Common themes associated with transitioning are adjusting to life changes, contending with the disruption of normal routines, and dealing with emotional upheaval (Murphy, 1990). Life transitions cause individuals to change their perception of self and of the world (Schlossberg, 1981).

Stages of Transition

The concept of transition is a psychological process people experience as they adjust to new situations (Bridges, 2009). For example, new graduate nurses who successfully transition into the workplace experience a sense of well being and a mastery of a change that has occurred (Schumacher & Meleis, 1994). The transition from nursing school to the work environment, however, is not always successful. This new situation can alter a person's life by changing the individual's current reality (Schumacher & Meleis, 1994; Selder, 1989). These changes can be disruptive, causing the individual to become disconcerted. When a student transitions to the new environment as a practicing nurse, there is a disruption in the old way (reality) of doing things (Schumacher & Meleis, 1994; Selder, 1989).

Successfully managing transition requires assisting individuals to navigate three phases. The first phase of transition deals with endings, letting go of the old identity and way of life (Bridges, 2009). People become angry, sad, confused, frightened, and depressed when endings happen—it is akin to grieving (Bridges, 2009). These emotions are a way of adjusting to a loss (Bridges, 2009). In the second phase, individuals experience an in-between psychological time when a new way is not fully operational, but the old way is gone. In this phase, the individual begins to psychologically realign with the new reality (Bridges, 2009). Transitions are complex and people may have to deal with multiple transitions simultaneously as change occurs in roles, abilities, relationships, responsibilities, and families (Brown & Powell-Cope, 1991; Schumacher & Meleis, 1994). According to American futurist Marilyn Ferguson:

> It's not so much that we're afraid of changes or so in love with the old ways, but it's that place in between that we fear . . . it's like being between trapezes. It's Linus when his blanket is in the dryer. There's nothing to hold on to. (Bridges, 2009, p. 39)

The third phase begins when people come out of the transition and develop a new identity and a sense of purpose (Bridges, 2009). Moving toward a new reality or sense of purpose assists with understanding the meaning of the disruptive event (Selder & Shaw, 1987).

Types of Life Transition

Transitioning experiences are complex, multidimensional, and encompass the essential properties of awareness, engagement, change/difference, time span, and critical points/events (Meleis et al., 2000). The person experiencing the transition must have an awareness of changes occurring and demonstrate involvement (engagement) in the process (Meleis et al., 2000). A person's behavior can change abruptly due to a medical diagnosis (disruptive event), but transitioning to this change is often a long-term process

(Meleis et al., 2000). The adaptation period may encompass differing expectations between what one expects versus the reality of the situation (Meleis et al., 2000). For example, immigrants may come to the U.S. expecting to find high paying jobs but only find minimum wage work (Meleis et al., 2000). Contrary to Bridges's (2009) view, which presented transition as having an end point, Meleis et al. (2000) offered placing boundaries (an endpoint in time) on transition is difficult and counterproductive. For instance, immigrants may consider their migration experience as a transition that is ongoing and unending (Meleis et al., 2000). Some transitions associated with life-changing events such as birth, death, and illness are what some people view as a turning point in life (Meleis et al., 2000). "The properties [of transition] are not necessarily discrete. Rather, they are interrelated properties of a complex process" (Meleis et al., 2000, para. 16).

From birth to death, individuals experience a series of transitional events such as enrolling/graduating from college, beginning a career, becoming engaged, relocating for a job, experiencing a job loss or merger, and dealing with the death of a loved one (Warner, 1994). Families experiencing transitional periods in their lives must engage in supportive activities to reduce uncertainty (Selder, 1989). Although marriage, parenting, and retirement are considered a normal part of life, individuals experience difficulty in all of these transitions (Carter & McGoldrick, 1989; Hadley, Jacob, Milliones, Caplan & Spitz, 1974). Becoming a married couple is stressful, complicated, and a difficult transition involving dissimilar expectations, beliefs, and demands (Morris & Carter, 1999). Transitioning from work to retirement is challenging because people must redefine themselves (Hopkins, Roster, & Wood, 2006). Transitioning to retirement one

will experience changes with free time, finances, and social support (Hopkins et al., 2006). Individuals' most basic needs involve feeling in control of personal circumstances and retaining resources (Carver & Scheier, 1981; Friedman & Lackey, 1991). However, some transitional events that relate to a person's change or development are beyond the individual's control (Chick & Meleis, 1986). Therefore, understanding individuals' perception of the transition and what expectations they have for the outcome is important (Chick & Meleis, 1986).

The longest transition process is the journey from teen years to adulthood, typically extending into the late 20s or mid 30s (Arnett, 2001). The term emerging adulthood identifies the period between late teens and early 20s when the transition to adulthood is in process (Arnett, 2007). Arnett (2001) found young adults think transitioning to adulthood means accepting responsibility, having their own belief/value system, and learning to stand-alone. Typically, young adults between the ages of 19 to 34 have difficulty transitioning to financial independence and rely on parents for monetary support (Schoeni & Ross, 2004). Historically, transitioning to adulthood encompasses finishing school, leaving home, establishing independence, and starting a family (Arnett, 2007; Furstenberg, Kennedy, McLoyd, Rumbaut, & Settersten, 2004; Shanahan, 2000). Social changes altered this mid-20th century paradigm, primarily because sexual mores changed, making cohabitation acceptable (Arnett, 2007; Furstenberg et al., 2004; Shanahan, 2000). As the 20th century ended, and the 21st century began, young adults began to try out different experiences and changed jobs more frequently, with or without the pursuit of additional higher education (Arnett, 2007; Furstenberg et al., 2004; Shanahan, 2000).

People encounter several types of transitional events during life (Schumacher & Meleis, 1994). Movement into adulthood, parenthood, and middle and old age are stages of the lifecycle and are developmental transitions (Battles, 1988; Fishbein, 1992; Frank, 1991). Van Gennep (1960) noted in some cultures a person's developmental transition consists of experiencing a "rite of passage" when there is a situational transition due to cultural expectations or social roles. Transitions affect all cultures, cause uncertainty, and disrupt peoples' lives (Rotkovitch & Smith, 1987; Schumacher & Meleis, 1994).

Transition Theory

The objective of the life transition theory focuses on resolving the uncertainty and incorporating past identity into a new meaning of events (Selder, 1989). Kurt Lewin's (1951) model of change suggests that people can be assisted with the transitioning process while returning to a state of equilibrium. This balance occurs when change from the transition and disruption is accepted (Armstrong, 2006; Lewin, 1951). Life Transition Theory describes how individuals make sense of their life after a disruptive event and addresses the process of bridging a disrupted reality to a new or surfacing reality (Selder, 1989; Selder & Shaw, 1987). A disruptive event leads to disequilibrium that can result in the inability to cope, leaving the individual feeling disconnected, threatened, and isolated (Selder, 1989). Life-events and new expectations make some transitions more challenging (Brisson-Banks, 2010; Selder, 1989). These challenges create periods of disequilibrium (Bridges, 2009; Cowan & Cowan, 2000). A state of disequilibrium is a normal response to disruption, because when individuals experience a life transition it dominates a person's activities of daily living (Selder, 1989). Life

Transition Theory points out that through life's disruption, and the transition that occurs

with the disruption, the individual finds meaning in the new reality (Selder, 1989).

Definitions of Transition

Literature, history, geography, anthropology, health, and science define transition

differently, but most disciplines agree transition involves a passage of change (Kralik,

Visentin, & van Loon, 2006). Tyhurst (1957) defined transition as a passage/change

from one circumstance to another. Golan (1981) defined transition as "moving from one

stage or event in life to another with varying degrees of instability in the adaptive

process" (p. 12). Chick and Meleis (1986) articulated transition as:

> A passage from one life phase, condition, or status to another . . . transition refers
> to both the process and the outcome of complex persons-environment
> interactions. It may involve more than one person and is embedded in the context
> and the situation. Defining characteristics of transition include process,
> disconnectedness, perceptions and patterns and response. (pp. 239-240)

Tomlinson (1996) suggested that transition involves moving from one circumstance to

another, and during this process a person's behavior, roles, and relationships change.

Even though there is no single agreed-upon definition for the word transition,

several common themes emerge, such as disruption in routine, emotional upheaval, a

period of adjustment, and life changes (Murphy, 1990). For this study, the definition of

transition developed by Schlossberg (1984), "any event or non-event that results in

change in relationships, routines, assumptions, and/or roles within the settings of self,

work, family, health, and/or economics," is used (p. 43).

Nursing Transition

New graduate nurses undergo a disruptive life process as they transition to the

physical demands of shift work, new roles/relationships, professional accountability,

practice expectations, and absence of support from clinical instructors (Duchscher, 2008, 2009). Transitioning creates turmoil, disturbances in mood/cognition, and psychological distress (Tyhurst, 1957). New graduate nurses experience a traumatic adjustment as they transition to the role of a nurse (Duchscher, 2009). One of the universal properties of transitioning is a change in fundamental life patterns (Schumacher & Meleis, 1994). The individual must relinquish the previous experience/lifestyle and acknowledge there is a change then bridge the old and the new realities together (Selder, 1989).

Transition from nursing school to clinical practice for newly graduated RNs, as they evolve from one role to another, is stressful (Kowalski & Cross, 2010). Employers expect new graduate nurses to progress from the educational environment to the workplace and quickly function as competent nurses (Casey, Fink, Krugman, & Propst, 2004; Kralik et al., 2006). New graduates are aware of a transitional process when they change from student status to the role of professional nurse. There are expectations that accompany this change (Clingerman, 2007). This change in roles, relationships, routines, and lifestyle can be awkward for the graduate (Clingerman, 2007).

Instituting hospital-based prelicensure externship programs for senior level nursing students is a strategy used to ease the transition to clinical nursing, support professional development through structured clinical experiences, and improve nursing skills (Kilpatrick & Frunchak, 2006). According to Boyd et al. (1992), out of 230 nursing students who completed a 10-week externship program, 93% had increased competence in basic nursing skills. Students who complete an externship program are more aware of the multiple roles and responsibilities of the RN (Starr & Conley, 2006). Gamroth et al. (2006) discovered new nurse graduates (n = 173) who participated in a

paid prelicensure hospital-based experience reported the need for less time to orient in order to successfully transition to the workplace than did nursing students who did not have a prelicensure experience. The results of Cantrell, Browne, and Lupinacci's (2005) study (n = 193) found hospital-based paid prelicensure externship experiences lessen the reality shock that accompanies transitioning from new graduate to professional nurse. Starr and Conley's (2006) study (n = 10) suggested paid prelicensure externship programs can foster student nurse growth from beginner to advanced beginner and become a transitioning tool for preparing nursing students to assume the RN role. Offering support to new graduate nurses undergoing transitional experiences (periods of uncertainty) may help them achieve a sense of stability (Schumacher & Meleis, 1994). Selder (1989) contended "uncertainty is inherent in the human experience" (p. 438).

Uncertainty is a prevalent status within the hospital environment based on frequent changes in policy, reimbursement, and external requirements (Garrett & McDaniel, 2001). This uncertainty affects the health care organization and its providers (Garrett & McDaniel, 2001). Hospital nurses must contend with increasing patient acuity, decreasing hospital stays, and decreasing hospital revenues while maintaining cost-effective quality care (Salyer, 1997). New graduate nurses may find it difficult transitioning into this uncertain environment, where reality often varies from what was presented in the academic setting (Garrett & McDaniel, 2001; Kramer, 1985).

A transitioning period from nursing student to nurse is essential as the newly graduated nurse begins to adapt and progress (Gerrish, 2000). Graduates experience a change in professional responsibilities and expectations differing from those they encountered as a student (Gerrish, 2000). A positive transition enhances the nurse's

ability to build skills, knowledge, and confidence, allowing the graduate nurse to experience autonomy and control over their practice (Furlong & Smith, 2005). Successfully transitioning from student to licensed nurse in practice may enhance career satisfaction, ensuring that new graduates do not leave an institution that has employed them (Cleary, Matheson, & Happell, 2009). New graduate nurses often expect their first job to parallel the college clinical experiences, but after spending years preparing for a job, they find themselves unprepared for the realities of being a nurse (Clare & van Loon, 2003; Kramer, 1974; O'Shea & Kelly, 2007). New nurses quickly discover the work environment does not operate using the same rules as nursing school (Kramer, 1985). Not only do new graduate nurses find themselves unprepared for nursing practice, employers contend they are not ready for nursing practice (Kramer 1974; June Smith, Crawford, & NCSBN, 2002).

According to the National Council of State Boards of Nursing (NCSBN) *Report of Findings from the 2001 Employers Survey* (June Smith et al., 2002), employers (n = 798) who hire new graduate nurses perceive they are not prepared for basic nursing practice in the following areas:

1. Performing thorough physical assessments

2. Recognizing abnormal physical findings

3. Recognizing abnormal diagnostic lab findings

4. Responding to emergency situations

5. Creating a plan of care for patients

6. Supervising care provided by others

7. Performing psychomotor skills

8. Administering medications by common routes

9. Doing the math necessary for medication administration

10. Working with machinery for patient care

11. Assessing effectiveness of treatments

12. Documenting a legally defensible account of care provided

13. Teaching patients

14. Working effectively within a health care team

When employers were asked if new graduate nurses were prepared to provide safe/effective nursing care, the response "yes definitely" varied by degree: 45% for diploma nurses, 35% for associate degree nurses, and 40% for Baccalaureate of Science in Nursing (BSN) graduates (June Smith et al., 2002). The NCSBN employers survey in 2003 (n = 1,682) had similar results. Less than 50% of employers thought new graduate nurses could provide safe and effective care (June Smith & Crawford, 2004). The 2009/2010 NCSBN's employers survey found 52% of employers strongly agreed and 29% agreed new nurses would be better prepared to practice if they obtained more clinical experience during nursing school (Budden, 2010).

In addition, the Nurse Executive Center conducted a research study sending 53,000 nursing leaders surveys regarding their perception of new graduate nurse competency (Berkow, Virkstis, Stewart, & Conway, 2008). The researchers assessed 36 competencies and ranked them in order from the highest to the lowest level of perceived proficiency (Berkow et al., 2008). According to Berkow et al. (2008) the 10 most needed areas of improvement for new graduate nurses are:

- Taking initiative

- Interpreting data

- Working independently

- Understanding quality improvement

- Completing tasks within a specified time frame

- Keeping track of multiple responsibilities

- Resolving conflicts

- Prioritizing responsibilities

- Anticipating risk

- Delegating tasks

Although the survey had only an 11% return rate, the results suggested prelicensure nursing educational programs need improvement in several areas (Berkow et al., 2008).

New nurse graduates lack the ability to connect student nursing educational experiences with the realities of practice (Kramer, 1974; Welding, 2011; Williams, Goode, Krsek, Bednash, & Lynn, 2007). Berkow et al. (2008) noted some of these realities such as an inability to resolve conflict, to improve delivery of care, or to initiate decisions might be more readily adopted into practice after an externship type program. New graduate nurses often find practice in the work environment is incongruent with what nursing school teaches (Kramer, 1974; Welding, 2011). Externship programs can bridge the gap between nursing school and the clinical environment.

Successful RN Transition

New graduate nurses need a structured transition period where nurse preceptors provide constructive feedback (NCSBN Practice, Regulation and Education Committee

[NCSBN PR&E], 2007). According to the University Health System Consortium and the American Association of Colleges of Nursing (AACN), it takes approximately one year for a new graduate nurse to transition from the role of a student to professional nurse (Goode & Williams, 2004; Krugman et al., 2006; Williams et al., 2007). The new nurse spends this time transitioning and developing the necessary skills needed to provide safe, competent patient care (Goode & Williams, 2004; Krugman et al., 2006; Williams et al., 2007). Elements of transitioning from nursing school to nurse include time for integration into the nursing role along with development of clinical and interpersonal skills (Santucci, 2004). The NCSBN's 2009/2010 employers survey found the median length of a transition-to-practice program for new graduate nurses is less than 12 weeks (Budden, 2010). Increasing transition-to-practice program length may also help reduce turnover and increase retention (Budden, 2010).

Hospitals without externship or internship programs demonstrate high turnover rates of new graduate nurses because these nurses continue to have difficulty transitioning to the work environment (Goode, Lynn, Krsek, Bednash, & Jannetti, 2009; Halfer & Graf, 2006; Pellico, Brewer, & Kovner, 2009). Kramer (1966) found (n = 45) nurse graduates who changed jobs within the first 3 months of employment gave a negative evaluation of the orientation process. According to Persaud (2008), an organization can expect 35% to 69% of newly hired nurse graduates to leave their positions within the first year of employment. Additional studies support new graduate nurse turnover rates of 35% to 60% after the first year of employment (Beecroft et al., 2001; Halfer & Graf, 2006; Pine & Tart, 2007).

Costs Related to Transition

The turnover rate of new graduate nurses affects the productivity and efficiency of the hospital, because of the burden and costs needed to orient replacement nurses (Beecroft, Dorey, & Wenten, 2008). High turnover rates are costly, create an unstable workforce, and can lead to issues with patient safety due to staff turnover (Lankshear, Sheldon, & Maynard, 2005). Retention of new graduate nurses during the first year is challenging, and the high cost of recruitment and replacement is problematic for hospitals (Pine & Tart, 2007). Decreasing the stress linked to transitioning to the work environment can reduce new nurse turnover (Spector & Echternacht, 2010).

In 2001, over a two-year period, Saint Jude's Medical center experienced a 50% turnover rate of new graduate nurses (Lindsey & Kleiner, 2005). There is an association between nurses' job satisfaction and turnover rates (Baernholdt & Mark, 2009; Jones, 2008). Turnover can cost an institution up to $49,000 for each new graduate that terminates (Halfer & Graf, 2006; Lindsey & Kleiner, 2005). Beecroft et al. (2001) found replacing an RN cost facilities approximately 75% to 125% of the RN's annual salary. Included in this cost is recruitment, replacement of the RN using overtime, employee orientation, customer satisfaction, and lost productivity (Beecroft et al., 2001).

When nurses are dissatisfied with their job, customer service can deteriorate (Shipman, 2006). "Customer satisfaction depends on satisfied employees who deliver quality service" (Shipman, 2006, p. 11). There is a relationship between nurse satisfaction and repeat patient business (Atkins, Marshall, & Javalgi, 1996; Fottler, Ford, & Heaton, 2002; Jerry Gottlieb, 2000; Press, 2002). Customer satisfaction is essential to a hospital's profitability, because decreases in patient volume will negatively impact

hospital revenue (Atkins et al., 1996; Fottler et al., 2002; Press, 2002). Therefore, programs addressing nurse retention and job satisfaction have positive impacts on health care organizations (Rafferty, Ball, & Aiken, 2001).

Exit interviews indicate new graduate nurses leave their position because they are dissatisfied, feel unprepared/overwhelmed by the complexity of the work environment, and lack the confidence to work independently (Ellerton & Gregor, 2003; Feldman & Greenberg, 2005; Lindsey & Kleiner, 2005). According to Bandura (2001), "unless people believe they can produce desired results and forestall detrimental ones by their actions, they have little incentive to act or to persevere in the face of difficulty" (p. 10).

Bridging the Transitional Gap

Today, hospital postgraduate nursing internship programs bridge the transition gap by creating a link between nursing education and the workplace environment (Lindsey & Kleiner, 2005). Internship programs provide intense clinical training once the new graduate nurse is hired (Collins & Thomas, 2005). Limited clinical exposure in nursing school may cause new nurses to feel insecure about their clinical skills (Ulrich et al., 2010). Internship programs are successful in assisting new nurses to think through clinical situations and advance their nursing practice (Lee, Coakley, Dahlin, & Carleton, 2009). Health care administrators view the academic environment as a teaching/learning setting and the practice setting is where the learning is applied (Greenwood, 1993; Heslop, McIntyre, & Ives, 2001; Kramer, 1974; Lima-Basto, 1995; McNamara, 2000; Porter, 1993). In a hospital-based setting, employers expect new nurses to perform with minimal supervision (Greenwood, 1993; Heslop et al., 2001; Kramer, 1974; Lima-Basto,

1995; McNamara, 2000; Porter, 1993). Nursing internship programs are an effective way to monitor, validate skills, and develop new graduate nurses (Lee et al., 2009).

Hospital-based nurse internship programs are not a new concept. In the 1970s internship programs appeared as a method to recruit and retain nurses (Cantrell et al., 2005). Literature in the 1980s touted internship programs as a method to train newly hired graduate nurses (Cantrell et al., 2005). On-the-job training can bridge the gap between school and the workplace environment. For over 35 years, hospital-based internship programs prevalently oriented new graduates nurses to the realities of nursing and eased their transition to the practice world (Beecroft et al., 2001; Brady-Schwartz, 2005; Fire et al., 1984; Fleming, Gottschling Woodcock, & Taylor Boyd, 1975; Happell & Gough, 2007). Internship experiences unmask the realities of the health care world in a manner that gradually immerses new graduates into the nursing environment and develops their skills (Altier & Krsek, 2006; Cantrell et al., 2005; Happell & Gough, 2007). New graduate nurses generally stay in a system that supports them and invests in their future (Altier & Krsek, 2006).

Many health care professions use externships and internships to assist students in their transition to the role of new graduates in a multitude of professions. For example, during medical school residencies, graduates receive on-the-job training ranging from 3 to 7 years (Madkour, 2009). Pharmacy and physical therapy professions provide students with formalized transition-to-practice programs (Spector & Echternacht, 2010). In contrast, many new graduate nurses do not have the luxury of having adequate time to acquire and develop skills necessary to transition effectively into their new positions (Madkour, 2009).

Del Bueno (2005) found up to 76% of new graduate nurses have difficulty translating knowledge and theory into practice and do not meet expectations for entry-level clinical judgment. Due to the increasing acuity of patients, hospital leaders recognize a newly hired graduate orientation of six weeks to three months is too brief (Kowalski & Cross, 2010; Williams et al., 2007). Casey et al. (2004) suggested it takes approximately 1 year for new graduate nurses (n = 270) to transition to acute care settings. These authors found that after 2 years of employment, the new graduate becomes a functional team member able to take on a leadership role. Kowalski and Cross (2010) found internship programs increase a newly hired graduate's professional development by improving clinical competency, communication, and leadership skills. Historically, nursing internship programs have been effective in transitioning graduate nurses to the role of the RN, but because of financial constraints, hospitals cannot afford to use them (Ellerton & Gregor, 2003).

Safety and quality in patient care initiatives have resulted in recommendations for effective new nurse transition (AACN 2002; Institute of Medicine [IOM], 2004). The AACN (2002) and the IOM (2004) support providing clinical education affiliations by linking hospitals and schools of nursing together. The Joint Commission, Carnegie, and the AACN all call for a standardized postlicensure transition-to-practice programs (Benner, Sutphen, Leonard, & Day, 2010; Goode et al., 2009; The Joint Commission, 2005). Novice nurses have the greatest potential for errors and are involved in errors approximately 49% to 88% of the time (Beyea, Hicks, & Becker, 2003; Ebright, Urden, Patterson, & Chalko, 2004; Kenward & Zhong, 2006; Northrop & Kelly, 1987; June Smith & Crawford, 2003). New graduate errors, such as delay of treatment, patient falls,

and medication mistakes affect patient safety (June Smith & Crawford, 2003). Patient care delivered by less-experienced nurses, results in higher incidences of wound infections and increased mortality rates (Tourangeau et al., 2007; Tourangeau, Giovannetti, Tu, & Wood, 2002). Filling hospital vacancies with a large number of new graduate nurses frequently results in an imbalance of inexperienced nurses (Saintsing, Gibson, & Pennington, 2011). Preparing safe and competent new graduates is essential (Kowalski & Cross, 2010). Education and postgraduate training programs are methods for reducing new graduate errors (Saintsing et al., 2011).

Prelicensure Nursing Externship Transition

A student nurse prelicensure externship experience offered in conjunction with coursework may be the catalyst needed for successfully transitioning students to the new graduate role, thereby enhancing nursing skills needed for safe patient care. In addition, administrators view student externships as mechanisms to preselect potential employees that will fit into the work culture (Cantrell et al., 2005). Hiring students following an externship may reduce the time and cost associated with orienting the nurse once she or he graduates (Cantrell et al., 2005). Nurse educators support student externship programs as a successful way to increase a student's knowledge to the realities of nurse practice (Cantrell et al., 2005).

Prelicensure nurse externships can expose students to the complexities of nursing outside of the classroom by using a "building block step-wise approach" (Diefenbeck et al., 2006, p. 77). This approach allows nursing students to become familiar with workplace expectations and provides simulated real-time experiences that represent actual professional nursing practice (Diefenbeck et al., 2006). Transitioning new nurses

to the unfamiliar or new work environment is essential for nurse retention, patient safety, and hospital cost containment (Happell & Gough, 2007; Hillman & Foster, 2011; Pine & Tart, 2007; Tang, Sheu, Yu, Wei, & Chen, 2007).

Transitioning to an unfamiliar situation is difficult (Bridges, 2009). Emotions of anxiety, insecurity, ambivalence, frustration, depression, distress, fear of failure, role conflict, and loneliness are associated with the transition of student to practicing nurse (Bridges, 2009; Kerfoot, Serafin-Dickson, & Green, 1988, Warner, 1994). Nursing needs new strategies to transition students to the RN role and reduce the high turnover rate of new graduate nurses (Hillman & Foster, 2011; Jacobson & Grindel, 2006). Hospital sponsored prelicensure externship programs provide an opportunity for nursing students to practice classroom learning, become familiar with a nursing department, and understand how nurses practice prior to graduation (Nuttall, 2010). Supporting new graduate nurses increases nurse retention rates, knowledge/skills, employment satisfaction, and work productivity (Amos, Hu, & Herrick, 2005). Warner (1994) highlighted important learning needs to occur in the transitional period, as this stage "can serve as the bridge from ignorance to enlightenment, but we have to be willing to cross to discover the riches" (p. 17).

Hospital-based Student Nurse Externship

Numerous nursing student externship programs offer hospital-based learning experiences outside of nursing school that vary in length of time and admission criteria. Hospital-based nursing externships offer students the opportunity to work alongside seasoned RNs to receive experience interacting with interdisciplinary healthcare teams and participate in continuing education activities (Hilton, 2004). According to Cyndy

Ronald (personal communication, April 11, 2012), manager of nursing partnerships

programs, the University of Maryland Medical Center offers a hospital-based nursing

student externship program over the summer. The externship program (46 positions

available) is competitive and students must meet certain qualifications. Gale Rose

(personal communication, April 12, 2012), Nurse Recruiter with the Virginia

Commonwealth University Health System, stated that her institution offers a hospital-

based nursing externship program (33 positions) to qualified students. Approximately

70% of student nurse externs seek employment with the hospital following graduation.

Nurse Recruiter Sarah Hipps (personal communication, April 20, 2012) indicated that

Roper St. Francis Healthcare organization provides a hospital-based externship program

for nursing students. The externship program serves as a recruitment program for new

graduate nurses. These nursing student externship programs mirror the VALOR

externship program that serves as a recruitment tool and offers students a paid

opportunity to experience the realities of nursing outside of school (Nuttall, 2010;

Shipman, Garrison, & Hooten, 2010).

Butler (1990) studied the characteristics of 46 nursing student externship

programs and found these programs averaged 10 weeks in length and admitted 23

students. The hospitals studied used externship programs as a recruitment tool. This

study found after one year, 67% of nurses who participated in a hospital's student nursing

externship program were employees; after two years, 57% of nurses remained with the

hospital, and over two years 46% of nurses remained employed. Butler's (1990) study

identified the strength of externship programs including recruiting as well as reducing the

reality shock for new graduate nurses. Weaknesses of hospital-based externship

programs are cost and lack of qualified preceptors (Butler, 1990). According to Butler (1990), hospitals can recoup costs by using externship programs for decreasing expenses for nursing recruitment and orientation.

There are limited studies exploring the impact of hospital-based externship programs on student nurses' transitioning experiences (Nuttall 2010; Steen, Gould, Raingruber, & Hill, 2011). However, other professions study externship programs. A study by Mascarenhas et al. (2007) on dental externship programs (experiences outside the dental school clinical facility) found "longer externships result in greater clinical productively and therefore more clinical experiences" (p. 552). Numerous hospitals are exploring the value of nursing externship programs. Therefore, researching how these programs benefit health care organizations, academic institutions, the quality of patient care, and the new graduate nurse transitional experience to the RN role is important to society. This study investigated the lived experience of RNs who participated in a prelicensure hospital-based externship (external to the school) program during their senior year of nursing school and are now practicing RNs.

Externship programs generally compensate nursing students, assist with role transition, promote clinical competence (Fire et al., 1984; Talarczyk & Milbrandt, 1988), and help reduce the reality shock of new graduate nurses (Kramer 1985; Shamian & Inhaber, 1985). Tanner (1990) suggested student nurse externships teach students to think like a nurse, and Mang (2011) added externships offer real-life situational learning. Nursing externship programs produce a more reality-based new graduate nurse that functions more effectively in the health care system (Giove, 1993).

VALOR Externship

The Department of Veterans Affairs (DVA) VALOR nursing externship program began in 1990 (Nuttall, 2010). Today, there are approximately 155 Veterans Affairs Medical Centers (VAMCs) in the U.S. and approximately 116 of those facilities offer the VALOR externship program (Healthcare Retention and Recruitment Office [HRRO], 2012; Nuttall, 2010). The purpose of the externship program is to develop "a pool of qualified and highly motivated candidates for federal healthcare employment" (Nuttall, 2010, p. 4). The VALOR program offers senior level BSN students the opportunity to develop nursing competencies needed for clinical practice (Nuttall, 2010). The cost of the program is approximately five million dollars per year (Shipman et al., 2010). Part of this cost is paying for students' time while they learn (Nuttall, 2010). The externship participants earn 80% of an RN's step one pay as an hourly rate at the hospital where they are employed (Shipman et al., 2010). According to Salem's VAMC nurse recruiter Michele Andrews (personal communication, May 11, 2012), initially the hospital does not benefit from training VALOR students because they use resources and utilize staff's time; a preceptor must monitor the student on a one-to-one basis. The hospital benefits if the student decides to accept a position following graduation or seeks employment in the future. According to Mike Smith (personal communication, April 13, 2012), Human Resource Specialist for the Salem VAMC, VALOR students are temporary hourly employees and the hospital maintains responsibility for their oversight. The VALOR program offers a total of 800 hours of paid work experience with an RN preceptor (Nuttall, 2010).

According to Marisa Palkuti (personal communication, April 6, 2012), Director of the Veterans Affairs HRRO, the DVA is the largest employer of nurses in the country and continues to make program changes based on the current and future needs of the VA hospitals. Andrews (personal communication, April 4, 2012) states, "As the economy improves more nurses will retire, therefore, the VALOR program is an important training and resource pool for both Veterans Affairs (VA) and non-VA hospitals." In 2009, 24% of the VA's workforce was eligible to retire (Arcaro, 2011). The DVA aligns with internal and external stakeholders to increase the pool of healthcare professionals throughout the U.S. (Veterans Health Administration [VHA], 2009). According to VHA's *Directive 1400* (2009) for educating health care professionals:

> VHA conducts the largest coordinated education and training effort for health care professionals in the Nation. The primary and overriding rationale for health care education and training activities in VA is improved care of the Veteran. In addition, VHA is directed by statute to "assist in providing an adequate supply of health personnel to the Nation." (para. 2)

According to Lygia Arcaro, PhD (personal communication, April 9, 2012), National Director for VHA's Nursing Education Programs at SimLearn and former Chief of Education at Orlando, Florida's VAMC, "The VHA has a duty to train students for the healthcare needs of society because VHA receives money from taxpayers." Through the VHA affiliation with educational institutions, over 100,000 healthcare students receive clinical training in VA facilities every year (VHA, 2009).

The primary purpose of the VALOR program is to train nursing students and recruit them as new graduate nurses (Nuttall 2010; Shipman et al., 2010). If VALOR students decide not to accept employment after the externship it does not mean they will not seek employment at the VA sometime in the future (M. Palkuti, personal

communication, April 6, 2012). The VA's Learners' Perception Survey indicates some students who come to a VAMC for training return to the VA system 2 or 3 years later (M. Palkuti, personal communication, April 6, 2012). The purpose of the VA's Learner's Perception Survey is to "provide a rich source of information regarding the level of student satisfaction with [VA] training" (Arcaro, 2011, p. 3).

According to Arcaro (personal communication, April 9, 2012), VAMCs that participate in the VALOR program must be close to a school of nursing because there is no funding allocation for a student's travel and boarding. Arcaro suggests several VA facilities are located in rural areas and are not in proximity to a school of nursing, limiting the number of participating hospitals. Another factor affecting VALOR program participation is the structure of the education departments. Some VA hospitals have centralized instructors that are responsible for the entire hospital and are not specific to nursing education. The number of educators a facility has determines if resources are available to monitor the VALOR program. Arcaro stated the VALOR coordinator is responsible for promoting the program, recruiting students, meeting with the students throughout the program, monitoring the program, filing reports, attending VALOR conference calls, designing the program's curriculum, and training program preceptors. According to Arcaro, hosting the VALOR program requires a significant amount of time and money and not all VA facilities have the resources to allocate to such an endeavor.

Externship Programs and the Law

In the 1930s, externships became popular for transitioning students from school to the work environment and many organizations took advantage of student externs by using them as unpaid employees (Sanburn, 2012). Sanburn (2012) suggested some

organizations used externs instead of regular employees; however, with the enactment of the Fair Labor Standards Act in 1938, student externs could no longer replace regular employees. Today, approximately half of student externships in the U.S. are unpaid (Sanburn, 2012). Employers contend the payment is the experience students receive from working in the organization (Sanburn, 2012).

In the 1970s, the externship market grew as companies hired more part-time/temporary employees and independent contractors (Sanburn, 2012). Companies offer paid and unpaid externships programs because it is cheaper than hiring full-time talent (Sanburn, 2012). In April of 2010, the Department of Labor reissued unpaid externship guidelines affecting for profit, private-sector employers (Livadas, 2010). According to the U.S. Department of Labor, Wage and Hour Division (2010), there is a six-factor test for determining student trainee status:

1. The externship is similar to academic training.

2. The externship is for the benefit of the student.

3. The student extern does not displace an employee.

4. The employer derives no immediate advantage.

5. The extern is not entitled to a job.

6. There is no entitlement to wages.

If organizations meet all six factors then an employment relationship does not exist ("U.S. Department of Labor," 2010).

Sanburn (2012) maintains the U.S. culture of expecting free labor from an extern with the premise of gaining experience is changing due to recent lawsuits. The U.S. Department of Labor is educating students who participate in unpaid externships about

their rights and fining organizations that fail to pay students appropriately (Greenhouse, 2010; Sanburn, 2012). Today, many employers permit only externships offering academic credit to avoid legal issues (Livadas, 2010). When universities provide oversight of an externship, the program is viewed as part of the academic environment, which is a legitimate unpaid program (McCourt & Traurig, 2012).

Problem Statement

A significant number of new graduate nurses struggle when transitioning from the academic environment. There are discrepancies between what one learns in school versus what she or he finds within the clinical setting (Casey et al., 2004; Kramer, 1974). New graduates are facing complex health care work environments with unfamiliar technologies, heavy patient loads, psychological stressors, socialization problems, professional stress, and patient safety issues (Anderson, Linden, Allen, & Gibbs, 2009; Rosenfeld, Smith, Iervolino, & Bowar-Ferres, 2004). One in five new graduates leaves the nursing field within the first year of employment, feeling unsupported and unable to make the transition from student to nurse (Altier & Krsek, 2006; Madkour, 2009). How nursing students transition to the new graduate nurse role impacts job satisfaction, patient safety, and the quality of patient care.

Purpose of the Study

This study examines the experience of nurses transitioning from student to postgraduate practice after participating in a VA hospital-based prelicensure externship experience in the senior year of coursework. The researcher interviewed nurses who participated in a VALOR externship program 3 to 24 months postlicensure. Koverner et al.'s (2007) definition of a new graduate nurse is an RN with less than 2 years of

experience. Uncovering the transitioning experience from the individual's unique perception is essential, because what a person perceives is the reality for that individual (Munhall, 2007). No in-depth studies have explored how students experience their participation in an externship program and how they transition to nursing practice (Rush, Peel, & McCracken, 2004). Exploring and understanding how a prelicensure hospital-based nurse externship experience bridges the transition from student to new graduate nurse will inform health care organizations, academic institutions, and boards of nursing on the training needs of prelicensure nursing students. In addition, "understanding how [new] graduate nurses perceive the transition to the professional role holds tremendous value for healthcare institutions when evaluating factors that influence both short and long term outcomes of successful role transition" (Nuttall, 2010, p. 6). This understanding will help refine existing hospital-sponsored and academic nurse externship program content.

Studying transitional experiences of new nurses who participate in prelicensure externship programs will help guide the creation of educational programs to assist new graduate nurse transition following graduation (Altier & Krsek, 2006). This study provides the opportunity for nursing schools and health care organizations to become aware of the transitional experiences new graduate nurses encounter and align nursing school academics/experiences closer to the nursing practice world.

Research Question

The research question that guides this study is: What is the lived experience of new graduate nurses who completed a VA externship program in their senior year of

nursing coursework and its perceived impact on their successful transition into the

practice role 3-24 months following graduation?

<div align="center">**Significance of the Study**</div>

Qualitative research establishes a description of experiences and human

perceptions (Munhall & Boyd, 1993). Exploring the lived experience of new graduate

nurses following a prelicensure nursing externship program provides nurse educators and

health care leaders with insight on the value of this educational experience. The research

documented the words of new graduate nurses and examined how the externship program

affected their ability to successfully transition into the health care environment.

Nursing Education

Literature identifies the transition from student to new graduate nurse as a period

of disconnectedness (Greenwood, 2000; Lowry, Timms, & Underwood, 2000).

Increasing the clinical practice preparation may enhance the successful transition of the

student to the role of nurse (Greenwood, 2000; Lowry et al., 2000). Nursing leaders and

employers have reported newly graduated BSN nurses lack competence to perform basic

clinical skills, that is to say vital signs, insertion of catheters, physical assessments,

aseptic techniques, and isolation procedures (Greenwood, 2000; Lowry et al., 2000).

Early exposure to the health care environment promotes an understanding of the

organization/clinical environment and provides students with the opportunity to apply

skills learned in nursing school (Kilpatrick & Frunchak, 2006). Instituting hospital-based

prelicensure externship programs for senior level nursing students supports professional

development and improves nursing skills. An externship experience offers students the

ability to practice application of nursing knowledge required for transitioning to the role

of a professional nurse (Kilpatrick & Frunchak, 2006). This study offers insight into how prelicensure hospital-based experiences affect the ability of students to transition into the RN role. The outcome of externships will inform nurse educators and health care organizations of the clinical experiences needed for successful transition.

Nursing Practice Safety

Many new graduate nurses entering the workforce are not ready to replace or provide the same level of care as are experienced RNs (Diede, McNish, & Coose, 2000). Most new nurses do not possess critical thinking skills, are unable to recognize atypical diagnostic/physical findings, and have not developed skills to evaluate complex patient situations (Del Bueno, 2005; Page, 2004). New graduate nurses may also have difficulty providing safe patient care, because they focus on tasks, are unfamiliar with medication administration, and are unaware of communication channels within the health care system (Kesten, 2011; Myers et al., 2010). Nursing education provides students with a basis for practice; education alone, however, cannot prepare students for the reality of how nurses actually practice in a hospital setting (Myers et al., 2010).

The gap between nursing school experiences and the realities of the work environment leads to inefficiency in patient care (Romyn et al., 2009). According to Romyn et al. (2009), expecting novice nurses to fill a nursing vacancy is unrealistic. Previous research shows new graduate nurses need between 12 and 18 months of experience before they are competent and feel confident to practice nursing (Casey et al., 2004; Newhouse, Hoffman, Suflita, & Hairston, 2007). New nurses are unprepared to attend to patients' complex health issues, communicate with physicians, and care for numerous patients (Romyn et al., 2009). Student externship programs may fill this gap.

Exploring if a hospital-based externship experience assists with transitioning students into the RN role provides information that will improve the quality and safety of nursing care. This study contributes to nursing knowledge by revealing the lived experiences of new graduate nurses who recently transitioned from a VA prelicensure externship program to the role of an RN. The identified themes from the interviews offer insight into the impact a hospital-based externship program has on the new graduate nurses' transition into practice. Identifying strategies to facilitate the transition from student to new graduate nurse will decrease attrition rates and increase the effectiveness and the quality of patient care. This information is essential, because novice nurses make up more than 10% of hospital nursing staff and that number is expected to grow as Baby Boomers retire (Nursing Executive Center, 2008).

Nursing Research

Qualitative studies exploring how nursing students perceive their transition from an externship program to the role of the new graduate nurse are few. Qualitative studies, as distinct from quantitative studies, capture the voice of the study participant. This study helps to close a gap in literature by exploring the perceived impact of the experiences obtained by nurses who have participated in a hospital-based externship program during their senior year of nursing school. Conducting research that addresses new nurses' transitioning issues may help future nurses assimilate into a complex health care environment during their first year of practice. Nursing research focusing on the effect of externship programs may decrease organizational expenditures for recruitment and training of newly hired graduates by reducing errors and attrition (Fink, Krugman, Casey, & Goode, 2008). Researching the recent experiences of nurses who participate in

externship programs and then transition to licensed practice might assist academic institutions in preparing future nurses (Fink et al., 2008). Additionally, information from studies on externship and residency programs could "reveal opportunities for the staff development department to create programs that assist new graduate nurse transition" (Altier & Krsek, 2006, p. 76).

Moving nursing education and the nursing profession forward when there is a gap in nursing education science is difficult. Researching prelicensure externship programs will help fill the gap between what the nursing profession knows and does not know in nursing science. The NCSBN PR&E (2005) recommends, "Research needs to be conducted on pre-licensure nursing education and the development of clinical competency" (p. 1). Findings from this research may lead to program revisions for senior nursing students and reinforce the need for further exploration on prelicensure student nursing externship programs.

Public Policy

In 2008, leaders of the Robert Wood Johnson Foundation approached leaders of the IOM to initiate a partnership and work toward transforming the future of nursing practice (Fairman & Okoye, 2011). This partnership resulted in *The Future of Nursing: Leading Change, Advancing Health* report (Fairman & Okoye, 2011). This report provides recommendations for how the nursing profession can better meet the country's health care needs (Fairman & Okoye, 2011). The *Future of Nursing* report noted the Joint Commission's 2002 recommendation that nurse internship programs expose newly graduated nurses to hands-on clinical experience (IOM, 2010). In 2009, the Commission on Collegiate Nursing Education (CCNE) announced a nationwide initiative to accredit

postbaccalaureate nurse internship programs in acute care settings ("CCNE launches accreditation," 2009). In addition, the NCSBN (2011) is working toward a solution to successfully transition nursing students from the classroom to the work environment. The NCSBN (2011) has implemented a longitudinal, multi-institutional, randomized study evaluating a transition-to-practice model encompassing education, regulation, and practice in the states of Illinois, Ohio, and North Carolina. Nursing students in this study participate in interactive online practice modules, work one-on-one with a preceptor, and receive organizational support (NCSBN, 2011). The results from this study will determine if the boards of nursing will implement the transition-to-practice model (NCSBN, 2011).

The DVA initiated a directive in November of 2011 that mandates VA hospitals implement an RN transition-to-practice program for nurses with less than one year of experience (DVA, 2011). Prompting the directive was the IOM's *Future of Nursing* report recommendation that the federal government take action to support nursing transition-to-practice programs (DVA, 2011).

According to the IOM (2010), health care organizations (such as hospitals), the Health Resources and Services Administration, and the Centers for Medicare and Medicaid Services support nurse internship programs. The IOM is focusing on transition-to-practice programs following new graduate nurses' entry into the health care system. The IOM (2010) recommends health care organizations evaluate the effectiveness of these programs in "improving the retention of nurses, expanding competencies, and improving patient outcomes" (p. 3). Nursing studies conclude

internship programs are very effective in assisting new graduate nurses' transition to the RN role following licensure (Goode et al., 2009; Lee et al., 2009; Ulrich et al., 2010).

Organizations such as the IOM, AACN, and CCNE conduct research that focuses on postlicensure nurse internship programs. Prelicensure externship programs increase a nursing student's clinical exposure and competence prior to becoming a licensed nurse, which makes transitioning to the RN role less stressful (Collins & Thomas, 2005; Rhoads et al., 2003; Rush et al., 2004). Cantrell et al. (2005) found nursing externship programs enhance professionalism and role socialization. In addition, externship programs increase students' grades and prepare them for passing the NCLEX-RN (Tritak, Ross, Feldman, Paregoris, & Setti, 1997; Washburn, 2006). Priming students for the RN role prior to graduation is essential, and externship programs can help develop students to think like nurses (Rush et al., 2004). Healthcare organizations benefit by using the nursing externship program as a prescreening tool for potential job applicants (Rhoads et al., 2003; Starr & Conley, 2006).

Evidence-based practice is a worldwide health care initiative and provides facts to inform nursing practice by closing the gap between research results and practice (Hutchinson & Johnston, 2004; Thiel & Ghosh, 2008; Veeramah, 2004). Nursing research guides recommendations to the Agency for Healthcare Research and Quality (AHRQ) clinical guidelines for issues pertaining, but not limited to, maternal-child/women's health, pressure ulcers, and pain management (AHRQ, 2011; Ayello, Baranoski, & Lyder, 2007; Hutchinson & Johnston, 2004). Changes in Medicare policy support the need for evidence-based practice in nursing education.

According to the NCSBN (2014) more than 40% of new graduate nurses report making medication errors. A study (n = 72) conducted by Tang et al. (2007) found new graduate nurses were among the top three of 34 conditions contributing to medication errors. New nurses may have difficulty setting priorities and may delay patient treatment in critical situations (Redfern, Norman, Calman, Watson, & Murells, 2002). Improving the quality of the new nurse's clinical practice requires developing new approaches (Fero, Witsberger, Wesmiller, Zullo, & Hoffman, 2009). Hospital-based student externships may offer one solution to developing the clinical skills of nursing students prior to entry into the health care system. Changes in Medicare reimbursement to health care organizations eliminate payments for certain preventable complications (Clarke, Raphael, & Disch, 2008), providing yet another reason to focus on new graduate nurses' clinical skills.

This study is a starting point for exploring how hospital-based VA nurse externship programs influence a new graduate nurse's transition into the work environment. Obtaining evidence of workplace transitioning difficulties faced by new graduate nurses who experience externships is essential for improving the quality and enhances the safety of care provided to patients. The outcome of this study could influence nursing education policy, health care policy, and offer alternative strategies for improving the student-to-RN transition.

Philosophical Foundation

The philosophical foundation in this study involves social constructivism, a mechanism whereby the individual constructs the meaning of an experience (Creswell, 2003). Constructivist ideas existed since the ancient Greeks and focus on the

construction or creation of new knowledge by learners (Gordon, 2009). "In the past few decades, a constructivist discourse has emerged as a very powerful model for explaining how knowledge is produced in the world, as well as how students learn" (Gordon, 2009, p. 39). Constructivism offers more than traditional education by providing a framework for learning to occur (Peters, 2000).

Constructivism, based on Kantian beliefs, suggests that individuals construct their reality based on experiences comprehended by the mind (Jonassen, 1991). Constructivism also refers to how people construct new knowledge and learn from experiences (Schwandt, 2001). Dating back to the 18th century, constructivism seeks to explain how individuals obtain knowledge as they engage in the learning process and, consequently, attempt to make sense of new information (Guba & Lincoln, 1994; Merriam & Caffarella, 1999; Philips, 1995). Constructivist theory supports the idea that students build on their own knowledge, and hands-on active learning contributes to student learning and knowledge (Lambert et al., 2002; Novak & Gowin, 1984; Vygotsky, 1978). Learning occurs through social and cultural interactions that contribute to a person's development (Bertrand, 2003; Young & Paterson, 2007). Adults have life experiences and accumulated knowledge as they mature to adulthood (Peters, 2000). Education that builds on this knowledge base can "empower and encourage learning with transferability, context, and meaning" (Peters, 2000, p. 166).

Benner (1984) stated nurses' clinical judgments arise from a foundation of experience. An externship experience provides a foundation of hands-on learning experiences that engage a student's mind and body. In this process, the student builds on previous knowledge to create new knowledge. The learning occurs when students

assimilate this new knowledge into their world. Exploring learning experiences and knowledge construction that facilitates the transition from student to new graduate nurse uses a constructionist approach.

Social Constructivism

Immanuel Kant (1724-1804), believed "education is an art which can only become perfect through the practice of many generations" as one generation educates the next generation (Augusta & Davids, 1899, p. 10). Kant also reinforces the notion that education provides a person with discipline, culture, discretion, and moral training (Augusta & Davids, 1899). Discipline (restraining unruliness) prevents individuals from venturing into danger, because people learn to control their impulses (Augusta & Davids, 1899). Culture develops a person's ability through reading and writing, and discretion teaches a person appropriate social conduct (Augusta & Davids, 1899). Additionally, moral training teaches individuals to assume their place in society (Augusta & Davids, 1899). Kant believed that the mind acquires knowledge from experience and education (Augusta & Davids, 1899; Reese, 1996; Stokes, 2006). Kant posited that students need guidance to "put into practice what has been taught" and suggested that practical education encompasses teaching skills that eventually become a habit (Augusta & Davids, 1899, p. 23). He writes:

> People imagine, indeed, that experiences in education are unnecessary, and that one can judge from our reason whether anything is good or not. This is a great mistake, and experience teaches us that the results of an experiment are often entirely different than what we expected. Thus we see that, we must be guided in education by experiments, no one generation can set forth a complete scheme of education. (Augusta & Davids, 1899, p. 23)

Kant suggested, "in order for human beings to interpret the world the human mind has to impose certain structure on the influx of incoming sense-data" (Stokes, 2006, p. 97). He

identified sense-data as "substance, cause/effect, reciprocity, necessity, possibility, existence, totality, unity, plurality, limitation, reality and negation" (Stokes, 2006, p. 97). Students can change their perceptions of the world through constructivist learning (Lambert et al., 2002).

Research in education and implementing new strategies for teaching student nurses aligns with Kant's philosophy of education. To advance nursing education and practice, exploring if externship programs build on nursing students' foundation of knowledge/skills to successfully transition to the RN role is essential.

Relationship to Nursing

Constructivism theory suggests learners will build a body of knowledge from experiences and apply this knowledge to their environment (Kala, Isaramalai, & Pohthong, 2010). Constructivism supports active learning, efficient thinking, and content understanding (Low, 2007). Social interaction influences effective learning (Kala et al., 2010). Constructivism supports student-centered learning where the focus in on learning instead of teaching (Ali, Hodson-Carlton, & Ryan, 2004). Students develop their interpersonal, social, and decision-making skills by learning how to think (Kala et al., 2010). Externship programs offer students a hands-on learning opportunity to develop therapeutic communication skills by caring for patients and their families (Kala et al., 2010). Through these learning experiences, students develop the "awareness of and value of the team concept, i.e., a look at realism vs. idealism" (Beagle-Casto & Stefanik-Campisi, 1991, p. 42).

Based on constructivism theory, nursing students enrolled in a hospital-based externship program will take the information they have learned from school experiences,

combine this with new externship generated knowledge, and apply it to patient care.

Exposure to the practice environment and the knowledge obtained from an externship

experience will narrow the gap between academia and the workplace. Kala et al. (2010)

suggest that constructivists view the process of gaining knowledge as something

intimately connected to learners' immersion in their environment. This interaction allows

learners to construct their own knowledge (Kala et al., 2010). A hospital-based

externship program allows the learners, through experience, to form beliefs based on their

experiences through constructing/reconstructing information during the learning process

prior to licensure.

Research Tradition

Dating back to the 17th century, phenomenology encompasses studying the lived

experiences a person encounters while being in the world (Crotty, 1998; van Manen,

1997). Phenomenology inquiry asks the question, "What is this experience like?"

Researching the meaning of everyday events as they unfold attempts to capture a

person's unique life-world encounter as it is lived (Laverty, 2003; Polkinghorne, 1983).

Husserl thought the life-world is the environment where one interacts and suggested

researchers must enter the life-world of the person or informant (Hesse-Biber & Leavy,

2011). According to von Eckartsberg (1998), in the hermeneutical process, the

researcher becomes involved in the text and interprets the meaning of the

interrelationships of messages, which tell the person's story. Von Eckartsberg (1998)

described phenomenology as the interpretation of human life encounters. Van Manen

(1990) added "phenomenology is the study of the life-world—the world as we

immediately experience it pre-reflectively rather than as we conceptualize, categorize or

reflect on it" (p. 9). Individuals derive meaning from everyday activities and make sense of those activities in accordance to the significance it has for that individual (Heidegger, 1962; van Manen, 1990). Phenomenological research enhances understanding of human experiences though processing/interpreting, explicating meaning, and using reflective awareness of those events (Munhall, 2007).

After reviewing numerous phenomenological methods for data collection, hermeneutic phenomenology was selected as the method for this study and is guided by contemporary Canadian phenomenologist van Manen (1990), whose work is underpinned by both hermeneutics (interpretation) and phenomenology (description). The Utrecht School, the German tradition of human science pedagogy, the Dutch movement of phenomenological pedagogy, and hermeneutic phenomenology influenced van Manen's work (Barritt, Beekman, Bleeker, & Mulderij, 1985; Dowling, 2007; Meyer-Drawe, 1997). Van Manen's (1990) writings discussed both Heidegger and Husserl's writings; however, van Manen more closely linked his work with Heidegger. Van Manen's (1990) writing uses Heidegger's concepts and explains intentionality, bracketing, the concept of presuppositions, and the Hermeneutic Circle.

When exploring the lived experience of others, van Manen stated (1990) "whoever is searching for the human being must first find the lantern" (p. 4). The lantern is our "being" and researchers must be aware of how they come to understand the world of phenomena (van Manen, 1990). In conducting research, researchers question the world's intimacies and secrets (van Manen, 1990) "which are constitutive of the world, and which bring the world as world into being for us and in us" (van Manen, 1990, p. 5).

Theories and Models

Theory explains events through constructs/concepts, proposing relationships, and

making predictions (Streubert Speziale & Carpenter, 2003). Nursing theorists help to

develop the field as a profession and academic discipline (McEwen & Wills, 2007). Prior

to the development of nursing theories the profession followed medicine and was

"highlighted by traditional, ritualistic tasks with little regard to rationale" (McEwen &

Wills, 2007, p. 26). Theories helped distinguish the nursing profession from other

disciplines by defining and clarifying the purpose of nursing practice (McEwen & Wills,

2007).

Two notable theories and one model support the framework for this study.

Benner's (1984) Novice to Expert Model supports the relevancy of facts associated with

how new graduate nurses professionally develop through a series of stages to become

competent nurses. Kramer's (1974) Reality Shock Theory provides the foundation of

why new graduate nurses are dissatisfied with their career choice and leave the

profession. Selder's (1989) Life Transition Theory explains how a series of changes or

events in life, such as moving from student to new graduate nurse, disrupts a person's

reality and the process one must go through to reach stability. The selection of Benner

(1984), Kramer (1974), and Selder's (1989) work provides a comprehensive overview of

the many facets new graduate nurses experience in their transition to the professional RN

role.

Benner's Novice to Expert

Patricia Benner developed a model adapted from the Dreyfus model to explain the

stages and the development of nursing skill levels relating to clinical practice (Benner,

1984; Brykczynski, 2006). The Dreyfus model is based on the performance of chess masters/pilot reactions in emergency situations and describes five levels of skill development: (1) novice, (2) advanced beginner, (3) competent, (4) proficient, and (5) expert (Dreyfus & Dreyfus, 1986; Dreyfus & Dreyfus, 1996). Benner's adaptation and application of the Dreyfus model nurses field suggests performance changes occur as a person moves through the five levels of skill acquisition (Benner, 1984; Dreyfus & Dreyfus, 1986; Dreyfus & Dreyfus, 1996).

The novice (stage one) is a traditional new graduate nurse guided by textbook knowledge who focuses on completion of the task (Benner, 1984). Novice nurses have limited understanding of the contextual meaning. They must be given rules to guide their performance. However, "rules cannot tell them the most relevant tasks to perform in an actual situation" (Benner, 1984, p. 21). Novice nurses have difficulty discerning between relevant and irrelevant aspects of a situation (Brykcznski, 2006). Advanced beginners (stage two) have some experience and their performance is marginally acceptable (Benner, 1984). The advanced beginner performs under clinical guidelines and bases decisions on the clinical picture (Benner, 1984).

Benner's Novice to Expert model is a framework for other theoretical models. Schoessler and Waldo (2006) developed a process model using Benner's framework to present the development of new graduate nurses. According to Schoessler and Waldo (2006), their model was "conceived of and refined through reflecting on the practice experience of newly graduated nurses" (p. 49) for the first 18 months. The researchers suggested the first 18 months of practice are challenging for new graduate nurses. Benner's model is applicable to professions that encompass skill development such as

education, physical therapy, occupational therapy, dentists, lawyers, doctors,

psychologists, and other occupational professions requiring a transition process.

Kramer's Reality Shock Theory

Kramer (1974) brought to the nation's attention the issue of reality shock for new

graduate nurses when she discovered new graduates left nursing because they were

unable to cope with transitioning between the educational and the work environment.

Kramer's (1974) theory focuses on socialization of new nurse graduates and describes

four stages new graduates encounter as they transition to the RN role: honeymoon, shock,

recovery, and resolution. Three decades later, new nurses are experiencing the same

problem of transitioning into the work place. Casey et al. (2004) posit:

> Many hospitals view graduate nurses as an immediate solution to staffing
> shortages, rather than a long-term strategy for professional development and
> retention. It is not uncommon for hospitals to curtail the length of new graduate
> orientation to meet the demands of unit schedules. (p. 309)

Duchscher (2009) described the shock of transitioning from student to new

graduate nurse as psychologically and physically debilitating. Participants in

Duchscher's (2009) study on role adaptation for new graduate nurses used the words

"relentless anxiety, scared to death, and terrified" to describe the novice nurse

experience. The shock of transitioning from student to the nurse triggers a social,

physical, and emotional response for the new graduate, because nursing school and the

work environment are separate subcultures each having its own systems of values

(Kramer, 1974). According to Kramer (1974), culture shock is the social shock

phenomenon that conceptually mirrors reality shock. Culture shock happens when

familiar signs/symbols are different from what is normally experienced (Kramer, 1974).

Individuals suddenly immerse themselves into a new cultural atmosphere and this

immersion elicits a state of anxiety (Kramer, 1974). Externship/internship experiences can support and reduce the reality shock for new graduate nurses (Beecroft et al., 2001; Kells & Koerner, 2000).

Selder's Life Transition Theory

Selder's (1989) Life Transition Theory offers an explanation of the process new graduate nurses encompass during their transition from student to nurse. Transitioning to the RN role creates new meaning for the individual, because the old way of life is no longer the same (Selder, 1989). Initially, the person may seek information, because this reduces uncertainty (Selder 1989; Selder & Shaw, 1987). The information-seeking behavior subsides, and the person seeks normalization by mirroring behaviors established as the norm for the environment (Selder, 1989). Once the individual acknowledges the loss of the old reality, the person begins to restructure his or her life and return to normalization (Selder, 1989). The goal of Life Transition Theory is providing interpretation of the transition phenomena (Selder & Shaw, 1987).

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Definition of Terms for This Study

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Nursing and interdisciplinary health care occupations use the same terms interchangeably in literature. Therefore, it is necessary to define the terminology used in this study. The following definitions will provide clarity for these terms.

1. Bridging-the-gap: Bridging-the-gap is assisting students to make the connection/transition between nursing school and the realities of the work environment.

2. Life-world: Life-world refers to the everyday world of human experience, social action, and commonsense knowledge (Schwandt, 2001). The life-world

is thoughts and actions of people as they occur in everyday life (Schwandt, 2001).

3. Lived experience: Understanding an individual's everyday experiences as a new graduate nurse by exploring the meaning (from the participants' perspective) of this experience through interviews and the interpretation of text. Qualitative research allows the researcher to explore the mind and life of the respondent (McCracken, 1988).

4. New graduate nurse: Completed a prelicensure BSN nursing program, has successfully passed the NCLEX-RN, and has 3 to 24 months of nursing experience.

5. Nursing externship: A student nurse prelicensure externship is a paid apprentice-like program that provides learning experiences with an RN preceptor in a hospital setting. For this study, externship programs are under the direction of the health care facility, offer no academic credit, and are not part of a nursing school's curricula.

6. Nurse internship: The term nurse internship refers to hospital-based programs that assist new graduate nurses with transitioning to the RN role. Nursing literature uses the terms nurse internship and nurse residency interchangeably.

7. Nursing practicum: Hands-on work experience in a hospital under the guidance of a preceptor during a nursing student's senior year of school. The practicum experience is for academic credit and under the direction of the school of nursing.

8. Nurse preceptor: A preceptor's role is to "teach, role model, socialize, assess, and orient nurses to a new clinical environment" (Sandau & Halm, 2011, p. 172). For this study, the nurse preceptor's function is similar to orienting new nurse employees, with the exception that students who participate in an externship program do not hold a nursing license.

9. Transition: Transitioning is the passage from a nursing student to a new graduate nurse.

10. VALOR program: A Veterans Affairs hospital-based prelicensure externship program that provides individualized training with a nurse preceptor for senior level BSN students. Nursing students receive a minimum of 400 hours and a maximum of 800 hours of paid hospital-based experience over the course of a year.

Chapter Summary

Chapter one contains a description of the difficulty new graduate nurses have transitioning to the RN role. The decision of new graduate nurses to remain in the nursing profession is influenced by the ability of the nurse to successfully transition to the work environment (MacIntyre, Murray, Teel, & Karshmer, 2009). New graduate nurses often feel unprepared for professional nursing practice and the realities of the workplace (Altier & Krsek, 2006; Anderson et al., 2009; Benner, 1984). This feeling of unpreparedness leads to reality shock and disillusionment resulting in employment dissatisfaction (Altier & Krsek, 2006; Anderson et al., 2009; Benner, 1984). Because nursing education has fallen short of preparing new graduate nurses with the knowledge needed to be successful in the workplace, postgraduate nurse internship programs have

been developed to help ease the transition between the academic setting and the nursing role (Altier & Krsek, 2006). Nurse internship programs provide new graduate nurses with the support needed to successfully transition into the nursing role (Park & Jones, 2010).

Another strategy to assist student nurse transitions is prelicensure externship programs. Capturing the lived experience of practicing nurses who participated in a prelicensure externship program as a student will help inform stakeholders of new graduate nurses' transitional needs. Little is known about the actual lived experience of individual nurses that have completed a prelicensure externship program and have transitioned to the role of the RN. Capturing how these experiences influence newly hired graduate nurses transition to the RN role can validate the existence of externship programs.

Van Manen's (1990) hermeneutic phenomenology is the method used to explore the lived experience of new graduate nurses. Hermeneutic phenomenology supports this study and seeks to uncover the essence of nurses' lived experiences as they transition from student to professional nurse (Kralik et al., 2006).

CHAPTER TWO: LITERATURE REVIEW

Exploring previous research establishes what studies exist related to a phenomenon and determines what new research is needed to build upon past studies. Health care research generates new knowledge and seeks significant findings that may improve health services for patients (Damianakis & Woodford, 2012). Likewise, nursing research provides foundational knowledge for nursing practice (Herdman & Korkmaz, 2010). This literature review explores historical and current studies related to nurse externship and internship programs, revealing complexities of the transition gap between nursing education and practice. Scholarly literature focusing on nursing internship and externship programs provides insight into the successful transitioning of nursing students to the new graduate nurse role.

Resources such as EBSCO host, Medline, PubMed, ProQuest, ERIC, InfoTrac, Cumulative Index of Nursing and Allied Health (CINAHL), OVID, Internet websites, Google scholar, and books were included in this literature review. Articles are from peer-reviewed journals and include literature from interdisciplinary health professions. The literature search used key words including new nurse graduate, new graduate nurses, new RN, nurse externship/internship programs, RN residency, new graduate turnover, novice nurse, Patricia Benner, Marlene Kramer, bridging the nursing gap, new graduate job satisfaction, transition to new graduate nurse, transition to nursing practice, nurse reality shock, and nurse clinical education.

Concept of Transition

Chick and Meleis's (1986) concept analysis suggested there are four types of transitions people experience: developmental, situational, health/illness and organizational. These authors' findings included such factors as expectations, degree of knowledge or skill, environment, degree of preparedness, as well as physical and emotional well-being. These factors result in either negative or positive outcomes of transition (Schumacher & Meleis, 1994). Participating in any process that surrounds self-evolution is contingent on the particular type of transition an individual undergoes, in addition to any force which might facilitate or inhibit that transition (Schumacher & Meleis, 1994). According to Schumacher and Meleis (1994), "with collaboration, teamwork, effective communication, and support from key persons" a transition can be successful (p. 122). Neil and Barrell (1998) suggested that, in order to provide adequate support for the person undergoing a major transition, one must understand an individual's situation and be prepared to offer information and intervene as appropriate.

Kralik et al. (2006) studied the concept of transition and found the term has a variety of meanings that describe an individual's movement or journey through time. Meleis et al. (2000) asserted transition is a process involving movement over time where the endpoint of the transition consists of a new beginning or a period of stability. Researchers suggest transitioning is a unique experience for individuals as they advance from one way of life to another way of life (Chick & Meleis, 1986; Kralik et al., 2006; Meleis et al., 2000; Schumacher & Meleis, 1994). Sugarman (1986) purported there are seven stages of life transitioning which include:

1. Immobilizing (feeling overwhelmed)

2. Reacting

3. Minimizing of the event

4. Letting go or dissociating from the event

5. Testing or looking at the new reality

6. Searching for the meaning of the event

7. Integrating or incorporating the new reality

Sugarman's stages of a person's life transition parallel Schlossberg's (1984) three phases of transition: the act of moving in, moving through, and moving out of the life-changing event. If an individual is undergoing a major change in his or her life and is not fully cognizant of this process—or denies the need for change—then the person is not in transition (Chick & Meleis, 1986). An individual who is in transition is engaged in the process (Kralik et al., 2006).

Internship and Externship Programs

Both postgraduate internships and prelicensure externship programs facilitate the successful transition of nurses to hospital settings by closing the education practice gap (Burns & Poster, 2008; Collins & Thomas, 2005; Hughes, Cummings, & Allen, 1993; Kilpatrick & Frunchak, 2006; Ruth-Sahd, Beck, & McCall, 2010; Trepanier, Early, Ulrich, & Cherry, 2012). According to Burns and Poster (2008), the education practice gap is "the dissonance between the knowledge and skills nursing students learn and use safely under supervision in the academic setting and those needed to function safely and independently in the practice setting" (p. 67). Nursing internship and externship

programs have the similar objective of preparing clinically competent nursing students (Kasprisin & Young, 1985; Scheetz, 1989; Woodtli, Hazzard, & Rusch, 1988).

Nursing Internship

In the 1960s, hospitals introduced new graduate nurse internships to facilitate the transition of new RNs to the workplace after hospital administrators recognized the problems with traditional orientation programs (Craver & Sullivan, 1985; Lewison & Gibbons, 1980; Seybolt & Walker, 1980). Nursing internships are more comprehensive than traditional hospital orientation programs and involve close supervision of new graduate nurses (Craver & Sullivan, 1985). Studies demonstrate that formalized internship programs facilitate the transition of new graduate nurses to professional nursing practice. These programs help to ensure that novice nurses provide safe care, commit to the nursing profession, and remain at their first place of employment longer than do new graduate nurses who did not participate in an internship program (Altier & Krsek, 2006; Anderson et al., 2009; Ha, 1989; Halfer, 2007; Hayes & Scott, 2007; Pine & Tart, 2007; Thomaka, 2001).

Research studies related to the benefits and outcomes of new graduate nurse internships find these programs beneficial. Anderson et al.'s study (2009) suggested that new graduate nurses (n = 90) offered an internship program perceived they had successfully developed collaborative working relationships, were readily accepted by other professional disciplines, and had effectively identified resources needed. In addition, they understood and effectively managed the performance expectations of their job. Kowalski and Cross's (2010) study (n = 55) suggested new graduate nurses who complete an internship program have improved clinical competency, decreased levels of

feeling threatened, and improved communication and leadership skills. Pine and Tart's (2007) evaluation of the Methodist Hospital University Health Consortium's graduate nurse internship program found new nurse turnover decreased from 50% to 13% after implementation of the program. According to Halfer (2007), the Children Memorial Hospital's new graduate nurse internship program saves the institution $707,608 per year in new graduate turnover costs, while increasing job satisfaction. The nurse vacancy rate decreased by 7.1%, and the number of new graduate nurse applications grew by 28%. The hiring of new graduate nurses supported expanding the intensive care unit. The internship program in Halfer's (2007) study varies in length from 4 to 9 months, depending on the specialty area. Blanzola, Lindeman, and King (2004) documented a U.S. Naval hospital that implemented a 16-week internship program to increase the clinical competence and self-confidence of eight new graduate nurses. Compared to the control group ($n = 10$) the internship participants had significantly higher means scores on core competencies and were more self-confident. Nurses who participated in the internship program had an easier transition to the RN role (Blanzola et al., 2004). According to the researchers, internship programs assist with recruitment and retention of new graduate nurses.

Most internships programs vary in length from 8 weeks to 18 months with 1 year being the most common (Altier & Krsek, 2006; Halfer & Graf, 2006; Owens et al., 2001; Pine & Tart, 2007). In hospitals without internship programs, new graduate nurse orientation typically ranges in length from 6 weeks to 3 months, a "period of transition . . . too brief to achieve expected levels of clinical competency and professional confidence" (Kowalski & Cross, 2010, p. 97). Studies suggest new graduate nurses need 12 months to

become confident, comfortable, and transition to the RN role (Casey et al., 2004; Goode & Williams, 2004; Holland & Moddeman, 2012; Newhouse et al., 2007).

Nursing Externship

Literature reveals that in the late 1970s, health care institutions developed nursing prelicensure externship programs to recruit and retain nurses (Cantrell et al., 2005; Collins, 1991; Edwards & Cummings, 1982). Based on the results, noted health care facilities initially used externship programs to meet the staffing needs of the hospital, rather than focusing on developing nursing students' clinical skills (Allison et al., 1984; Boyd et al., 1992). More recently, nursing externship programs target third or fourth year nursing students and concentrate on developing skills needed for the RN role (Chung, Wong, & Cheung, 2008; Rush et al., 2004; Stinson & Wilkinson, 2004). According to Rhoads et al.'s study (2003), after an 8-week summer externship program, students grow clinically and professionally. The summer externship program was an opportunity for nursing students to obtain hands-on experience "in nearly every function of nursing" (p. 255). Externship programs "attract and maintain a professional nursing staff" (Cantrell et al., 2005, p. 187). The majority of literature on hospital-based prelicensure nurse externship programs focuses on recruitment, professionalism, job satisfaction, role socialization, and retention of new graduate nurses (Butler, 1990; Cantrell et al., 2005; Starr & Conley, 2006). Appendix B offers an overview of hospital-based externship programs.

Nursing research studies demonstrate that externship experiences can help ease the transition from student to professional nurse (Bushong & Simms, 1979; Cantrell et al., 2005; Fire et al., 1984; Starr & Conley, 2006). Nursing externship programs focus on

increasing students' clinical skills, challenging students to think critically, and fostering

relationships between nursing students and RNs (Rhoads et al., 2003). Fire et al. (1984)

found nursing externship programs can influence job choice and help new graduates

develop technical skills for nursing practice. Extern program participants commented

that the experience developed their skills for practice in a "real-world" environment. One

commonality within research findings is that externship programs help transition new

graduate nurses into the work environment following graduation (Bushong & Simms,

1979; Butler, 1990; Cantrell et al., 2005; Fire et al., 1984; Gamroth et al., 2006; Rhoads

et al., 2003).

According to Hughes et al.'s (1993) literature review, hospital-based nursing

externship programs generally do not offer academic credit. Current literature offers the

same findings (Cantrell & Browne, 2005, 2006; Cantrell et al., 2005; Gamroth et al.,

2006; Nuttall, 2010). However, Hughes et al. (1993) described an 8-week summer

externship program, a joint venture between Clemson University (South Carolina) and a

local hospital, in which students received a stipend from the university in exchange for

learning opportunities provided by the hospital. Securing this type of "real nurse

experience," more than 65% of the student externs returned to work at the hospital

postgraduation. Huckstadt (1981) described an 8-week summer externship program

offering academic credit. In this externship program, analysis indicated students

increased their self-confidence levels and felt more competent with their nursing skills.

According to Huckstadt (1981), offering an externship for academic credit takes "much

preparation" (p. 726). Credit granting externship programs must be part of a university

curriculum and abide by all accreditation standards (Huckstadt, 1981).

Student Nurse Academic Practicum

A nursing practicum, by definition, is an intense one-to-one clinical experience in which a nursing students work with a staff RN preceptor during their final semester of school (Casey et al., 2011; Gaberson & Oermann, 2007; Myrick, 1988). The purpose of a practicum experience is to prepare nursing students for the workplace (Speedling, Ahmadi, & Kuhn-Weissman, 1981). Researchers suggest practicum experiences for nursing students provide socialization and internalization of knowledge that is essential for new graduate nurse role satisfaction (Coudret, Fuchs, Roberts, Suhrheinrich, & White, 1994; Dobbs, 1988; Kirkpatrick, Byrne, Martin, & Roth, 1991; Peirce, 1991). Crocker and Brodie (1974) posited role socialization, as a result of the educational experience, occurs in the classroom. Olsson and Gullberg (1991), in contrast, contended that role socialization happens in practice settings. Wilson (1994) found (n = 30) social interactions with instructors, patients, and staff are "the basis for the meaning the students assigned to the learning process and to the roles each individual played in the clinical setting" (p. 85). Udlis (2008) argued that student practicum experiences and the impact on new graduate nurse role socialization require further exploration.

Transition of New Graduate Nurses

Research indicates the majority of new graduate nurses change jobs within the first 2 years of employment implying "there is a mismatch between what RNs find in their first hospital jobs and what they want from employment" (Brewer, Kovner, Greene, Tukov-Shuser, & Djukic, 2012, p. 532). Most nursing school and health care leaders realize that new graduate nurses are unprepared to transition from student to professional nurse (Davis, 2010; McKenna & Green, 2004).

Studies related to programs that transition new graduate nurses to the RN role and the benefits of new graduate nurse internship programs are well-documented (Benner, 2004; Benner, Tanner, & Chesla, 2009; Grindel & Hagerstrom, 2009; Halfer & Graf, 2006; Hickey, 2009; Kramer, 1974; Pellico et al., 2009; Townsend, 1931). McKenna and Green (2004) followed new graduate nurses through a 1-year internship program and found in the first 6 months new nurses focus on surviving, but after 12 months they transitioned to the work environment and felt like members of the team. Beecroft et al. (2001) suggested that new graduate nurses who participate in internship programs have a more realistic view of the RN role.

Godinez, Schweiger, Gruver, and Ryan (1999) studied new graduate nurse transition (n = 27) during a three-week nursing orientation and the findings offered consistent themes related to graduate nurses transitioning to the RN role. New graduate nurses find the daily duties of medication administration, patient assessment, and communication with other disciplines difficult (Godinez et al., 1999). More recently, researchers Wu, Fox, Stokes, and Adam's (2012) found (n = 158) the issues of patient care, hospital responsibilities, and interpersonal relationships are stressful for new graduate nurses. Godinez et al. (1999) contended transitioning to the nursing role takes time, practice, and guidance. Nurse internship programs are an effective means to increase a new graduate nurse's preparedness for the RN role (Anderson et al., 2009; Goode, Lynn, McElroy, Bednash, & Murray, 2013; Lee et al., 2009; Maxwell, 2011; Poynton, Madden, Bowers, & Keefe, 2007).

Recent research studies find nurse externships help to prepare new graduate nurses for the RN role (Cantrell & Browne, 2005, 2006; Cantrell et al., 2005; Chung et

al., 2008). Approximately 90% of new nurses start their career in a hospital (Kovner et al., 2007). Externship programs can assist the transition of students to the RN role by increasing their awareness of nurse's responsibilities, improving organizational skills, and broadening understanding of how health care professionals communicate (Cantrell & Browne, 2005; Cantrell et al., 2005; Cress-Ingebo, 1985; McAlphine & Cargill, 1992; Trice, Brandvold, & Bruno, 2007). Externship programs offer opportunities to experience the realities of the RN role, enhancing clinical learning (Cantrell & Browne, 2005; McAlphine & Cargill, 1992). Rush et al. (2004) purported, "externship programs can serve as powerful tools for the acculturation of students to nursing practice" (p. 29). According to McAlphine and Cargill (1992), "the values and skills obtained by working during the summer in a hospital are invaluable to student nurses" (p. 27). Thirteen years later, Cantrell and Browne's study (2005) also found externship programs assist with transitioning a nursing student to the RN role.

Competence for Nursing Practice

Literature suggests that new nurses doubt their own clinical competence (Delaney, 2003; Lundberg, 2008); and contend more clinical time is needed to prepare them for taking care of patients (Candela & Bowles, 2008; Etheridge, 2007). A common assumption is that nursing school education alone develops competent nurses (Gaberson & Oermann, 2007; Mozingo, Thomas, & Brooks, 1995). Butler and Felts (2006) described competence as "the simultaneous integration of cognitive, psychomotor, and affective skills required for performance in a particular setting" including critical thinking, workplace interpersonal skills, and leadership skills" (p. 212). Furthermore, Good and Schulman (2000) defined competence as the ability to demonstrate a set of

skills/expectations within a specified range of time and Scheetz (1989) concluded that clinical competence becomes a product of "the ability to utilize the problem solving process, apply theory to practice, and perform psychomotor skills" (p. 30). Keller, Meekins, and Summers (2006) summed up competence by comparing the work environment to the experiences of moving to a new country where customs and language are unfamiliar.

Sharif and Masoumi (2005) found students felt clinical experiences in nursing school do not fully prepare them for the RN role because their education focuses on mostly basic skills related to health care. Pellico et al. (2009) agreed students complained about the lack of adequate clinical skills needed for the RN role following graduation. One study participant stated "I began my first job as an RN without ever having placed a foley (sic) or even doing a complete assessment on a real patient" (Pellico et al., 2009, p. 197). Kramer et al.'s (2012) study (n = 907) found new graduate nurses have difficulty with skills such as delegation, prioritization, time management, nurse-physician collaboration, and conflict resolution. Hasson, McKenna, and Keeney's (2013) study (n = 45) suggested nurse training does not prepare new graduate nurses to delegate and supervise health care assistants. Integrating the aforementioned skills along with clinical skills following graduation is difficult for the new nurses (Kramer et al., 2012). One participant stated, "I can only focus on my clinical skills, assessments, and direct care of the patient" (Kramer et al., 2012, p. 162). Hickey (2010) conducted a study of 33 new graduate nurses' attitude toward their clinical experiences in nursing school and found 50% needed more clinical experience. Because students typically care for only one patient at a time during clinical rotations, the "real world [of nursing becomes something

quite different from school] and little can prepare one to take care of 8 patients and manage the problems that occur during a shift" (Hickey, 2010, p. 40). Hickey (2010) suggested nursing school clinical rotations alone might not effectively prepare new graduate nurses for today's health care environment. Students need "real-world" clinical experience to successfully transition from student to new graduate nurse (Hickey, 2010, p. 40).

Differences in Workplace Expectations

Pellico et al. (2009) conducted a national study of 612 newly licensed RNs and found a difference in expectations between the new nurses' personal view of the profession and their actual experience. New graduate nurses frequently complain about having too many patients (Delaney, 2003; Duchscher, 2009; Newton & McKenna, 2007; Pellico et al., 2009), experiencing verbal abuse (Clare & van Loon, 2003; Pellico et al., 2009), and lacking preparedness for shift work (Clare & van Loon, 2003). Clare and van Loon's (2003) survey of new graduate nurses (n = 137) found 48% experienced abusive behaviors by peers and 59% experienced feeling tired and socially isolated due to shift work. Despite the difficulties new nurses experience in the workplace, research suggests they are unlikely to make formal complaints (Duchscher, 2001; Gerrish, 2000; Kelly 1996).

New graduate nurses' unpreparedness for clinical practice and the work environment is a concern for employers (Ander, Douglas, & Harrigan, 1995; Lindsey & Kleiner, 2005). Benner et al. (2009) state:

It is a naive assumption that nurses are fully ready to practice by the time they finish nursing education, and this questionable assumption probably reflects the

difficulty within the culture and the discipline in recognizing expertise acquired

through experience in practice and the current level of knowledge and skilled

know-how required by nursing practice. (p. 379)

Ellerton and Gregor's (2003) study uncovered (n = 11) new nurses approach patients with

apprehension, focus on the task instead of the patient, and depend on the preceptor to

guide their practice. Shand's (1987) study discovered (n = 20) that supervisors of new

graduate nurses contend they have difficulty with skills related to working with doctors,

competing paperwork, administering medications, and a handling a crisis situation. The

Ander et al. (1995) study of health care organizations (n = 45) and schools of nursing (n

= 6) discovered new graduate nurses have difficulty "charting appropriately,

questioning/processing medical and nursing orders, supervising staff, performing major

patient care tasks, and conferring appropriately with physicians" (p. 13). The researchers

also revealed 53% of employers thought new nurses were not prepared for practice. In a

recent study (n = 1,733) employers suggested new nurses needed more clinical

experience as part of their academic training (Budden, 2011). In addition, colleagues

complain that novice nurses struggle with delegating, performing physical assessments,

interpreting lab results, determining if an emergency exists, and responding effectively to

emergencies (Goode & Williams, 2004; Halfner, 2007; Owens et al., 2001; Turner,

2005).

Hospital staff have a tendency to view new graduate nurses as experienced RNs,

therefore expecting them to supervise staff and readily adapt to shift work (Horsburgh,

1989). According to Tradewell (1996), the new graduate nurse is no longer a student,

but, at the same time, not really a competent nurse. New graduates "describe feeling

unsupported, overwhelmed, and 'hung out to dry' as they enter the workforce" (Christmas, 2008, p. 317). Duchscher's (2001) qualitative study of new graduate nurses (n = 5) during their first 6 months of employment also found new nurses did not feel competent to provide effective patient care. Numerous resources indicate new nurses have difficulty with student-to-nurse transition and clinically are not competent to practice nursing (Cowin, 2002; Halfer, 2007; Scheetz, 1989).

Morrow (2009) asserted that despite the abundance of international literature that addresses the difficulty new nurses have transitioning to the professional nursing role transitional experiences have not improved. A recent study by Parker, Giles, Lantry, and McMillan (2014) in New South Wales exposed new graduate nurses (n = 282) want more support than they receive. The study participants reported their transition process to the RN role was "stressful, draining, demanding both physically and emotionally and personally challenging" (p. 6). Walker, Earl, Costa, and Cuddihy's (2013) study, conducted in Victoria, Australia, suggested unprofessional behaviors in the workplace create stress for new nurses. Walker et al. (2013) also noted that new graduate nurses find transitioning to the nursing role and adapting to shift work was mentally and physically exhausting.

A strategy to help students transition to nursing practice is offering a variety of clinical experiences and providing students with opportunities to interact with interdisciplinary health care team members (Etheridge, 2007; Windsor, 1987). Researchers found nursing externship programs provide clinical experiences and increase competency (Kasprisin & Young, 1985; Matney & Kaminski, 1984; Scheetz, 1989; Starr & Conley, 2006). Externship programs provide nursing students the opportunity to

familiarize themselves with the realities of the clinical and workplace environment (Anderson et al., 2009; Ruth-Sahd et al., 2010). Harkins et al. (1983) discovered reality shock decreases for nursing student externship participants when they transition to the RN role.

Building New Graduate Confidence

Literature agrees the stress experienced by new nurses essentially originates from a lack of self-confidence in the clinical area (Duchscher, 2001; Ellis, 1980; Huang, 2004; Kushnir, 1986; Lopez, 2003; Oermann & Garvin, 2002; van Gennep, 1960), which is consistent with Kramer's findings of reality shock (Chang & Hancock, 2003; Kramer, 1974). Horsburgh (1989) conducted fieldwork using ethnographic research and found "fitting into the bureaucracy" is a primary stressor with new graduate nurses as they transition to the RN role. Researchers suggest that novice nurses must determine what is real (what is experienced in the hospital) versus what is ideal (what was learned in school, Horsburgh, 1989; Whitehead, 2001). This variance creates stress for the new nurse (Horsburgh, 1989; Whitehead, 2001). Literature shows new graduate nurses suddenly experience an increase in responsibility after graduation from nursing school, but lack clinical knowledge and skills to function adequately. This deficit in skill set causes role conflict/ambiguity and stress (Clare & van Loon, 2003; Horsburgh, 1989; Tradewell, 1996). Stress related to nursing practice can lead to frequent job changes, burnout, apathy, and exit from the profession (Clare & van Loon, 2003; Jamal, 1984).

Studies found externship programs assist nursing students with building self-confidence and competency in performing clinical skills (Jo Ann Kelly Gottlieb, 1992; Tritak et al., 1997). Grinstead (1995) suggested a summer externship program increases

nursing students' (n = 225) clinical skills and confidence for the RN role. Ruth-Sahd et al. (2010) also found students (n = 78) gain a greater sense of self-confidence after participating in an externship program.

Starr and Conley's (2006) qualitative study (n = 10) on a nursing student externship program suggested preceptor support is instrumental for a positive experience and increases in students' skill performance. A preceptor is a nurse who provides clinical expertise for patient care (Grinstead, 1995). Rush et al.'s (2004) research study discovered a student nurse externship, using a preceptor to facilitate the experiences, can bridge the gap between academia and nursing practice. White (2003) discovered that when students in an externship program feel supported by nursing staff, they are able to focus on the patient instead of their own discomfort with themselves.

Cress-Ingebo's (1985) review of 16 externship programs reported that the benefits included increasing a student's awareness of the nursing role, improving their ability to organize patient care, increasing communication skills with interdisciplinary health care professionals, and instilling a greater sense of self-confidence in students' senior year of nursing school. Several years after Cress-Ingebo's (1985) study, researchers also found nursing externship programs increase students' clinical skills and self-confidence (Jo Ann Kelly Gottlieb, 1992; Tritak et al., 1997).

Benefits of Internship and Externship Programs

Literature states that new graduate nurses are undereducated and unable to meet all of the current practice needs of professional nursing (Benner et al., 2010; Hillman & Foster, 2011). The 2003 *Health Professions Report* described the shortcomings of today's health professions and cited the need for professional competence related to the provision

of patient-centered care (Caramanica & Feldman, 2010). Recent studies find most new graduate nurses do not receive adequate clinical instruction in nursing school, which affects their ability to make sound clinical judgments (Etheridge, 2007; Hickey, 2010). New graduate nurses have limited experience in handling a full patient load, multi-tasking, and triaging, which are skills that come with time and experience (Christmas, 2008). New graduate nurse internship programs and nursing student externship programs can enhance clinical experiences and benefit nurse practice (Collins & Thomas, 2005; Lee et al., 2009; Maxwell, 2011; McAlphine & Cargill, 1992; Mozingo et al., 1995; Rush et al., 2004).

Role Socialization

The socialization process from student to new graduate nurse is an important component in the transition experience (Thomake, 2001). New graduate nurses report difficulties communicating with interdisciplinary team members and feel professionally isolated (Dyess & Sherman, 2009). Role socialization begins in nursing school when students learn the norm of their profession (Howkins & Ewens, 1999).

Grinstead (1995) used Stone's Health Care Professional Attitude Inventory to explore role socialization outcomes of new graduate nurses who participated in an externship program compared with those who did not. Grinstead (1995) found participants in an externship program (n = 141), as compared to nonparticipants (n = 84), engaged in professional socialization activities. In addition, participants experienced improved technical skills and obtained extended hands-on experience.

Sense of Belonging

Literature defines the sense of belonging as an extended period of support where the new graduate nurse becomes socialized into nursing (Beeman, Hensley, & Jernigan, 1999). Reviewed literature suggests that postgraduate internship programs prepare nursing students for transitioning to the work place, help prevent reality shock, and assist with social integration by providing new graduate nurses with a sense of belonging (Goode et al., 2009; Grindel & Hagerstrom, 2009; Pellico et al., 2009; Winter-Collins & McDaniel, 2000). Research also suggests that new graduate nurses experience difficulty with coworker relationships in the workplace feel unaccepted by experienced nurses, express not having their needs addressed, and express they lack peer support (Casey et al., 2004). Studies that used Hagerty and Patusky's (1995) Sense of Belonging Instrument (SOBI) found new graduate nurses need socialization and to feel they belong as they transition to the RN role (Newhouse et al., 2007; Winter-Collins & McDaniel, 2000). Gucciardo (2001) suggested that the relationships hospital staff establish with student nurses, through externship programs, can foster loyalty and a sense of belonging to the organization.

Studies indicate that individuals who do not experience support and a sense of belonging in the workplace are more likely to experience stress, depression, diminished self-esteem, and decreased job satisfaction (Hagerty & Williams, 1999; Winter-Collins & McDaniel, 2000). A sense of not belonging can be caused by a lack of support and feeling that others are indifferent (Baumeister & Leary 1995; Baumeister, Twenge, & Nuss, 2002). Studies show that new graduate nurses want peer support and to feel they belong to the group (Adams & Bond, 2000; Decker, 1997).

Like internship programs, externship programs provide a sense of belonging for nursing students transitioning into the RN role. Rush et al.'s (2004) study (n = 20) found pregraduation externship experiences make the transition to professional nursing less stressful because students receive an "inside" experience into the culture of nursing rather than being on the "fringe of the culture" (p. 290). Nursing students during a clinical rotation may feel excluded and unwelcome by nursing staff (Jackson & Mannix, 2001; Rush et al., 2004). According to Nuttall (2010), new nurses' sense of belonging is an important feeling to study because of the impact it has on the new graduate nurse's relationships within the healthcare environment.

Decrease in New Graduate Nurse Turnover Rates

In the United States, new graduate nurses' transition challenges are linked to the high turnover rates in the first year of practice (Fink et al., 2008; Keller et al., 2006). Research suggests up to 50% of new graduate nurses change positions or leave their job within the first year of employment (Bowles & Candela, 2005; Halfer, 2007; Salt, Cummings, & Profetto-McGrath, 2008). International studies note this same pattern. A study of new graduate nurse turnover (n = 351) in South Korea established new graduate nurses have the greatest risk of leaving their positions during the first year of employment (Cho, Lee, Mark, & Yun, 2012). According to Cho et al. (2012), 17.7% of new graduate nurses leave during the first year, 33.4% in the second year, and 46.3% in the third year of employment. Gower and Finlayson (2002) discovered approximately 40% of new graduate nurses in New Zealand planned to leave their first nursing job. A study of new graduate nurses (n = 309) in Canada suggested that turnover rates could reach as high as 62% (Lavoie-Tremblay, O'Brien-Pallas, Gelinas, Desforges, & Marchionni, 2008).

According to Lavoie-Tremblay et al. (2008), 12.6% of new graduate nurses that leave their job do not return to the nursing profession.

Craver and Sullivan (1985) studied new graduate nurses who participated in an internship program and compared them to those who participated in general hospital orientation. The researchers found the internship group had less attrition during the first 18 months of employment. Newhouse et al. (2007) examined a 1-year new graduate nurse internship program called Social and Professional Reality Integration for Nurse Graduates (SPRING). Program participants had a higher retention rate at 6 and 12 months of employment when compared to nonparticipants. Maxwell (2011) conducted a study of the University of Hospital Consortium/AACN 1-year new graduate nurse internship program. During 2009, 15,964 new graduate nurses had participated in the internship program. Maxwell's (2011) study found an overall retention rate of 95.6% for new graduate nurses at participating sites. Collins and Thomas (2005) developed a 19-week hospital-based step-down nurse internship program incorporating didactic and clinical experiences as a recruitment strategy for new graduate nurses. The goal of the program was to recruit participants and increase their nursing knowledge. Participants rated the internship program as very satisfying. The program was successful, resulting in the hospital retaining all internship participants (n = 13).

A perioperative student-nurse summer externship program (n = 100) was initiated between 1992 and 2005 at Saint Vincent's Medical Center in Florida (Trice et al., 2007). As part of the program, surgical staff supported and mentored externs (Trice et al., 2007). The externship program provided an avenue for nursing students to select the nursing specialty of interest prior to graduation (Trice et al., 2007). Saint Vincent Medical Center

hired 38 of the hospital's previous extern participants and placed them in the new graduate nurse internship program (Trice et al., 2007). After two years, 89% of externs hired maintained employment at the medical center and after three years, 78% remained employed (Trice et al., 2007). New graduate nurses who participated only in the hospital's internship program had a 68% turnover rate (Trice et al., 2007).

Retaining new graduate nurses remains an international concern, because new graduate nurses have the lowest retention rates of the health care professions (Hillman & Foster, 2011; Simoens, Villeneuve, & Hurst, 2005). Numerous studies have shown nursing internship and externship programs decrease new graduate nurse turnover rates (Collins & Thomas, 2005; DVA, VHA, & Office of Nursing Services [ONS], 2011; Fink et al., 2008; Hillman & Foster, 2011; Kilpatrick & Frunchak, 2006; Maxwell, 2011; Newhouse et al., 2007; Trice et al., 2007).

Decrease in Recruitment and Retention Costs

The DVA, VHA, and ONS (2011) launched a 12-month pilot postgraduate nurse (n = 70) internship program in eight VAMCs across the United States with the goal of recruiting and retaining new graduate nurses. The goal of instituting the internship program was to reduce new graduate nurse turnover by 50% and decrease the cost of recruiting and training (DVA, VHA, & ONS, 2011).

Between 2006 and 2007, there was a 146% increase in new graduate nurses hired in the VA system (DVA, VHA, & ONS, 2011). The turnover rate of new graduate nurses in 2006 cost the DVA $2.49 million and in 2007, the nursing turnover cost increased to $2.52 million (DVA, VHA, & ONS, 2011). The 2013 projection is that the DVA will hire 500 new graduate nurses per fiscal year; this is an increase of 171.8% from 2007

(DVA, VHA, & ONS, 2011). The cost of a new graduate nurse leaving the VA system is equivalent to 75% of a nurse's annual salary (DVA, VHA, & ONS, 2011). The benefit of an internship comes from a reduction in new graduate nurse turnover expense from hiring and placing these nurses in an internship program versus general employee orientation (DVA, VHA, & ONS, 2011).

Kilpatrick and Frunchak (2006) conducted a two-year study in the province of Quebec of prelicensure hospital-based student nurse externship programs (n = 124) with the objective of reviewing the recruiting, retaining, and transitioning of new graduate nurses. Quebec initiated a 15-week nursing student externship program to help ease the severe nursing shortage. The program decreased hospital recruitment and retention costs and contributed to the enhanced quality of patient care (Kilpatrick & Frunchak, 2006). Approximately 86% of the study participants agreed or strongly agreed that the externship program prepared them for nursing practice. Sixty-two percent of extern participants accepted a position as a new graduate nurse (Kilpatrick & Frunchak, 2006).

Beecroft et al. (2001) examined the outcomes of a new graduate nurse internship program at the Children Hospital in Los Angeles. Researchers compared 45 new graduate nurses in the control group to 50 new graduate nurses participating in the 6-month program. The control group had a 36% turnover rate, and the study group had only a 14% turnover rate (Beecroft et al., 2001). With a 67.3% return on investment (ROI), the program paid for itself and saved the hospital recruitment and retention expense. The ROI is expected to improve as the program matures (Beecroft et al., 2001). Other researchers have found nursing internship programs can successfully offset the hospital's cost of recruitment and retention of new graduate nurses (Halfer, 2007;

Marcum & West, 2004; Pine & Tart, 2007). Hillman and Foster (2011) found the

Children's Hospital of Michigan's new graduate nurse internship program saves the

organization approximately a million dollars per year in turnover costs. From June 2006

to October 2009, 251 new graduate nurses completed the hospital's internship program

and 182 new graduate nurses remained employed. Prior to the internship program, the 1-

year retention rate was less than 50%. Five years after implementation of the internship

program, the retention of new graduate nurses has increased to 72.5%. Current research

also suggests internship programs reduce hospital costs by decreasing turnover rates of

new graduate nurses (Berube et al., 2012).

   Compared to internship programs, there are limited studies on how externship

programs may save hospitals money on recruitment and retention costs. Butler (1990)

suggested that preparing nursing students for practice by using externship programs can

reduce the hospital's cost of recruitment, retention, and orientation. Researchers

discovered an externship program can decrease the cost of recruitment and retention of

new graduate nurses, thereby financially benefiting hospitals (Olson et al., 2001).

Decrease in Orientation and Training Time

   In an effort to recruit and retain new graduate nurses the DVA offers an 800-hour

student nurse externship program (i.e., VALOR) for senior level BSN students (DVA,

VHA, & ONS, 2011). Approximately 50% of nursing students in this program apply for

hire at the hospital where they completed their externship (DVA, VHA, & ONS, 2011).

In addition, less orientation time and training expenses are required for new graduate

nurses who participated in the VALOR program (DVA, VHA, & ONS, 2011).

According to Edwards and Cummings (1982), students return to the hospital where they

complete a nursing student externship because they become familiar and comfortable with that hospital's environment. Olson et al. (2001) studied an externship program modeled after the VALOR program. The three hospitals involved in the study provided 14 student nurses with 900 hours of mentored experiences (Olson et al., 2001). The new graduate nurses who participated in the externship program required less orientation time and developed competences more quickly than did new graduate nurses who did not participate (Olson et al., 2001).

Patient Safety

A survey at the University of Pittsburgh Medical Center found less than 43% of 293 new graduate nurses were considered safe to practice (Nursing Executive Center, 2002). Studies on how nursing internship programs directly affect patient safety, as an outcome measure, was not evident in the literature. Berube et al. (2012) suggested research on new graduate nurse internship programs do not explore hospital savings resulting from improvement in patient safety. Likewise, nursing externship studies refer to how increasing clinical exposure in the health care environment increases a student's clinical skills, but do not directly address the issue of patient safety (Cantrell & Browne, 2005, 2006; Cantrell et al., 2005; Nuttall, 2010; Rhoads et al., 2003).

Clark and Springer (2012) suggested, "The first year of nursing practice is critical to developing new graduate nurses into safe practitioners" (p. e2). Fero et al.'s (2009) study of new graduate and experienced nurses concluded that not providing clinically competent care compromises patient safety. Other researchers found new graduate nurses felt unprepared for the RN role and were fearful of making an error that would result in harm or death of a patient (Boswell, Lowry, & Wilhoit, 2004). When new

graduate nurses feel unprepared to practice nursing, patient safety can be compromised (Boswell et al., 2004). Studies suggest that new graduate nurses need additional competencies and knowledge beyond those obtained in nursing school to function as competent RNs (Ander et al., 1995; Hillman & Foster, 2011; Mozingo et al., 1995).

Rosenfeld et al.'s (2004) study (n = 112) found an internship program assists new graduate nurses with developing their clinical skills. Berube et al. (2012) contended a nurse internship program can provide the acquisition of clinical skills for safe patient care. Krugman et al. (2006) stated, after completion of a one-year internship program, new graduate nurses' scores on the Basic Knowledge Assessment Test (BKAT) increased. The BKAT measures basic nursing knowledge that is essential for providing safe patient care (Welding, 2011). Beecroft et al. (2001) found an internship program develops new graduate nurses who are competent and confident to provide patient care. Goode et al. (2009) posit that new graduate nurses should not be expected to successfully transition into the RN role without participating in a nurse internship program.

Internships Increase Job Satisfaction

Job dissatisfaction of new graduate nurses has become an issue over the last few decades (Shamian & Inhaber, 1985). Studies purport that there is a relationship between job satisfaction and nurses' plans to remain in the profession (Roberts, Jones, & Lynn, 2004; Sowell & Alexander, 1989). Studies reveal that new graduate nurses expressing a desire to leave their job are generally dissatisfied with their position and career (Clare & van Loon, 2003; Scott, Engelke, & Swanson, 2008). Studies also relate job dissatisfaction to new graduate nurses' role ambiguity and stress (Chang & Hancock, 2003; Gardner, 1992). Halfer and Graf's (2006) study (n = 84) found enhancing job

satisfaction of new graduate nurses requires understanding the new graduate nurses'

perception of their transitioning experiences. According to Halfer's (2007) study, a new

graduate nurse internship program can increase job satisfaction. Halfer's (2007) study

results mirrored Weiss and Ramsey's (1977) study. Both found new graduate nurses who

participated in an internship program have greater sense of job satisfaction.

Externships Contribute to Student Success

Studies support the notion that participation in a nursing student externship

program increases grades and influences the success rate of students passing the RN-

NCLEX (Grinstead, 1995; Tritak et al., 1997; Washburn, 2006). In Tritak et al.'s (1997)

study participants (n = 41) reported after participating in an externship program

answering examination questions in school was easier. Washburn (2006) found extern (n

= 90) participants were more likely to pass the RN-NCLEX on their first attempt

compared to those who did not participate in the program. The majority of participants

(58%) thought participation in the externship program contributed to passing the RN

licensure examination (Washburn, 2006). Study participants stated that externship

experiences support knowledge used while taking the RN-NCLEX (Washburn, 2006).

Research suggests externship programs provide students with an increased knowledge

base to enhance classroom learning and academic performance (Mang, 2011; Starr &

Conley, 2006; Tritak et al., 1997; Washburn, 2006). Washburn (2006) suggested nursing

student externships might be a future solution to increase the RN-NCLEX pass rates.

Undergraduate Nurse Employment

According to Gamroth et al. (2006), Health Service Areas in British Columbia

implemented a paid undergraduate nurse employment (n = 173) demonstration project

(NEDP) with a concurrent evaluation study over 3 years. The goal of the program was to expose third and fourth year nursing students to the work environment, seeking to retain new graduate nurses (Gamroth et al., 2006). After 21 months of undergraduate work experience in a hospital setting, nursing students increased their confidence, organizational ability, competency, and ability to work as a team as compared to students who did not participate in NEDP (Gamroth et al., 2006). Long-term outcomes of undergraduate nursing externship work experiences included "new graduate recruitment, transition to first RN position, job readiness, and retention" (Gamroth et al., 2006, p. 6). Gamroth et al. (2006) found undergraduate work experiences benefited the student, the new graduate nurse, and staff nurses. Health Service Areas in British Columbia permanently implemented the undergraduate nurse position program (Gamroth et al., 2006).

Cleary et al.'s (2009) study examined undergraduate nursing students who were offered employment as mental health assistants. This study found that students benefited from the experience, citing an increased awareness of the hospital's culture, workloads, and environment. This study also found working as an undergraduate nurse provides an opportunity to extend clinical learning experiences to the workplace and promotes hospital recruitment of new graduate nurses. Previous studies show experiential learning enhances a student's clinical experiences (Fisher, 2002; Happell, 2008).

McAlpine and Cargill (1992) studied the effect of summer employment on student nurses (n = 6) and found, after the experience, students felt more like nurses, had more positive attitudes, and enhanced skill performance. McAlphine and Cargill (1992)

concluded working in a hospital prior to graduation is an invaluable experience for student nurses.

Externship Programs Warrant Additional Research

Most studies and literature reviewed suggests student nurse externships are beneficial (Collins & Thomas, 2005; Hughes et al., 1993; Kilpatrick & Frunchak, 2006; Ruth-Sahd et al., 2010). However, a few studies support the opposite view. A study conducted by Ruth-Sahd et al. (2010) on a senior student nursing externship program found the externship did not transform assumptions, values, and beliefs of students. Cantrell et al. (2005) compared two groups (n = 52) of new graduate nurses (participants and nonparticipants) exploring nursing student professionalism, sense of belonging, job satisfaction, and role socialization. The results of the study did not significantly support the study's hypothesis. The only significantly significant findings were for professionalism and role socialization. Craver and Sullivan's (1985) study found student nurse externship programs decrease absenteeism/attrition rates, but do not increase nurse competency. A quantitative study conducted by Nuttall (2010) on the VALOR program compared nurses who participated in the prelicensure nurse externship program (n = 34) to those who did not (n = 99). Nuttall's (2010) findings did not provide evidence to support the hypothesis that VALOR participants, when compared to non-VALOR participant students, had a greater degree of professionalism, job satisfaction, and role socialization. Conflicting data on prelicensure externship program outcomes warrant additional exploration of these programs (Nuttall, 2010). Nuttall (2010) stated, "This was the first study to evaluate the VALOR program and future research is needed to identify

additional outcomes related to this program" (p. vi). The researcher suggested future studies exploring the VALOR program should use a qualitative approach.

Collins (1991) suggested that research on nursing externship programs is lacking and found "externship programs are not nearly as visible in nursing literature as internship programs" (p. 37). Decades later Starr and Conley (2006) and Nuttall (2010) stated there is lack of research addressing nursing externship programs. The profession of nursing has changed considerably with advancements in technology and increased patient acuity; however, few externship programs have changed to meet nursing students' educational needs (Starr & Conley, 2006). Studies on nursing students' externship experiences and their transition to practice are scarce (Nuttall, 2010). Historically, "the concept of [a student nurse] externship is poorly defined and relatively undocumented in nursing literature" (Bushong & Simms, 1979, p. 14). Externship program participants can provide insight into whether these programs are "hitting the mark" (Starr & Conley, 2006, p. 87). No in-depth studies explore new graduate nurses' perspective on transitioning to the RN role after participating in an externship program and there is limited research exploring the longitudinal impact of externship programs (Nuttall, 2010). Researchers suggest more studies are needed to determine what impact an externship program has on new graduate nurses (Cantrell et al., 2005, Nuttall, 2010; Ruth-Sahd et al., 2010; Washburn, 2006).

Chapter Summary

Health care organizations' investment in bridging the gap between nursing school and the work place mainly focused on postlicensure, after the new graduate nurse is hired (Berkow et al., 2008). Nurse externships may offer the same benefit as internships;

however, more research is need on nursing externship programs. Evidence-based externship programs address the issues seen with recruitment, transition, and retention of new graduate nurses to the workplace. However, without adequate research on prelicensure student nurse externship programs, current practice results and benefits will remain anecdotal. The impact externships have on professionalism and early socialization to the RN role needs exploration (Cantrell et al., 2005). "Research is needed to uncover the best practices in nursing education so that the risks of untested ideas are reduced while the benefits of innovation can be disseminated" (MacIntyre et al., 2009, p. 451).

Literature supports the observations that new graduate nurses lacked competence with clinical skills and experience difficulty transitioning to the role of the RN following graduation (Ander et al., 1995; Beecroft et al., 2001; Benner & Benner, 1979; Goode & Williams, 2004; Lindsey & Kleiner, 2005; Santucci, 2004). "The inefficiency of the informal, unit-based orientation was manifested in high turnover of staff, reality shock syndrome, early burnout, and general lack of satisfaction [of] new [graduate nurses]" (Shamian & Inhaber, 1985, p. 80). Nurse externship programs are a channel for student nurses to familiarize themselves with the hospital environment. Researching today's hospital-based prelicensure externship programs is essential for determining how these programs enhance the successful transition of new graduate nurses to the hospital environment, contribute to patient safety, improve patient outcomes, increase the quality of nursing care, and save hospitals money.

Literature points out that nurse leaders and health care employers will benefit from the development of prelicensure externship programs and facilitate nurses'

transition from student to new graduate nurse. This study will add to the body of literature informing nursing leaders and nursing school administrators about prelicensure nurse externship experiences. This research will provide an awareness of how new graduate nurses view their transition from student to professional nurse. The limited research available on student externship programs demonstrates the need for nurse researchers to explore all aspects of how to best prepare nursing students for successful transition to practice.

Evaluations from nurses who participate in a prelicensure externship program can provide insight into improving the design of externship programs to meet the needs of students and new graduates transitioning to the RN role. Student nursing externship programs may be a strategy that promotes self-confidence in students, reducing the stress associated with transitioning to the new graduate role and providing students with individualized instruction.

CHAPTER THREE: METHODS

The purpose of this phenomenological study is to gain insight into the lived experience of new graduate nurses as they transition from the role of student to professional nurse. "Lived experiences gather hermeneutic significance as we (reflectively) gather them by giving memory to them" (van Manen, 1990, p. 37). Seeking the illustrative descriptions and feelings of participants' experiences evolving to the RN role provides the researcher with a deepened insight into this life change (Bassett, 1994).

There is no appreciable literature focusing on the lived experience of new graduate nurses transitioning to the RN role after participating in a hospital-sponsored externship program. The majority of educational research explores postgraduate nursing internship programs. Therefore, it became apparent that a study of prelicensure externship programs would fill this gap in nursing literature. This research focuses on how new graduate nurses bridge into the new RN role and, subsequently, what meaning they ascribe to their personal externship experiences. Understanding what meaning the externship experience has on role transition may elicit new ways to educate nursing students and orient new graduate nurses in hospital settings. This may improve insight into this crucial developmental period for the new graduate nurse.

Phenomenological research answers questions pertaining to meaning and is an effective research method used when exploring life experiences, such as the transition

from student to new graduate nurse (Cohen, Kahn, & Steeves, 2000; Creswell, 2007).

Phenomenology is useful for studying a new topic or exploring a studied topic that needs

a new perspective (Cohen et al., 2000). According to van Manen (1990):

> The point of phenomenological research is to 'borrow' other peoples' experiences and their reflection of their experiences in order to better be able to come to an understanding of the deeper meaning or significance of an aspect of human experience, in the context of the whole human experience. (p. 62)

Phenomenological inquiry provides insight into human experiences and best answers

what is the real meaning of a lived experience (van Manen, 1990). Other contributors to

hermeneutics such as Husserl, Merleau-Ponty, Heidegger, and Gadamer are also

discussed to offer the reader an overview of phenomenology.

Phenomenology

Phenomenology is a philosophy and method of research inquiry (Ray, 1994; van

Manen, 1990). This study uses a constructivist approach and hermeneutic

phenomenology to understand the lived experience of new graduate nurses transitioning

to the RN role. The term hermeneutics refers to "the art, theory, and philosophy of

interpreting the meaning of an object" (Schwandt, 2001, p. 15). Because there is no

single, unified philosophical standpoint (Schwandt, 2001), exploring philosophers'

different views is necessary to appreciate their contributions to phenomenology.

Hermeneutics

The word hermeneutics comes from the Greek word *hermeneia,* meaning the art

of interpretation and the understanding used for interpreting rhetoric and scripture

(Crotty, 1998; Reese, 1996). Hermeneutics, which is a concept of ontology, (a basic

characteristic of human existence) provides the researcher with methods to study human

experiences as disclosed in dialogue, to uncover through language and context the

meaning of those experiences (Crotty, 1998; Schwant, 2001; van Manen, 1997). By

exploring verbal and nonverbal communication, researchers search for meanings or

experiences that study participants may not explicitly state (Cohen & Omery, 1994).

As a research method, hermeneutic phenomenology produces rich textual

descriptions of phenomena in the life-world (Smith, 1997). The life-world involves the

daily context in which individuals live and the variables associated with daily life that are

not of conscious awareness (Seamon, 2000). In addition, hermeneutics addresses the

affective domain, because it relates to interpreting and understanding human experiences

(Shephard, 2008). According to Shephard (2008):

> The affective domain [involves] our values, attitudes, and behaviors. [Within a
> hierarchical structure, the affective domain encompasses] an ability to listen, to
> respond to interactions with others, and to demonstrate attitudes or values
> appropriate to particular situations. [Additionally, the affective domain requires
> that the individual therein] demonstrate attitudes or variables appropriate to
> particular situations, demonstrate balance and consideration at the highest level,
> [and, above all else,] display commitment to principles practiced on a day-to-day
> basis, [which often depends on the ability] to revise judgment and change
> behavior in light of new evidence. (p. 88)

Interpretative phenomenology involves a naturalistic approach and provides

understanding of a person's experience (Reese, 1996; Richards, 2005). Hermeneutics is

an interpretative process that captures and discloses phenomena through language

(Annells, 1996).

The hermeneutic circle guides the researcher's inquiry and provides a means for

understanding and interpreting text (Schwandt, 2001). The hermeneutic circle refers to

the "immersion in dynamic and revolving interaction with the data as a whole and data in

part through extensive reading, re-readings, reflection, and writings" (Moules, 2002, p.

30). The circle signifies a method of coming to understand the meaning of the entire text

and its parts as interdependent pieces related in perfect harmony (Annells, 1996; Schwandt, 2001).

Today, scholars use hermeneutic phenomenology to interpret text and unwritten sources (Crotty, 1998). Heideggerian hermeneutics focuses on interpretation and the hermeneutic phenomenological approach uses features of both descriptive and interpretive phenomenology (Cohen et al., 2000). A researcher must engage with data to obtain a sense of the study participants' lived experiences transitioning to the RN role using both interpretive (hermeneutic) and descriptive (phenomenological) inquiry.

Husserl

Edmund Husserl's (1859-1938) goal was to understand human consciousness and experiences (Racher & Robinson, 2003). Known as the father of phenomenology, Husserl regards experiences as the fundamental source of knowledge and phenomenology as the unbiased rigorous exploration into human experiences (Koch, 1995; Racher & Robinson, 2003; Valle, King, & Halling, 1989). By phenomenology, Husserl meant the study of how people describe things and experience them through their perceptions (Patton, 1990). Perception allows an individual to interpret and gather meaning from experiences (Patton, 1990). What matters is the person's perception of his or her experiences (Patton, 1990). Phenomenology addresses not what is actually happening, but what the person perceives to be happening (Munhall, 1994). According to Husserl "There is no separate (or objective) reality for people, there is only what they know and what their experience means" (Patton, 1990, p. 69). Husserl suggested that how one experiences life assists with understanding social reality and human existence in the world (Hesse-Biber & Leavy, 2011).

Husserl followed the teachings of Aristotle, Plato, and Descartes, which led him to study the content of the mind (Koch, 1995). For Husserl (1970), the life-world is prereflective of individual experiences without the use of interpretations; "explanations are not to be imposed before phenomena have been understood from within" (Moran, 2000, p. 4). The use of bracketing, a distinguishing feature of Husserl's method, helps researchers suspend their preconceptions, beliefs, knowledge, biases, and experiences while immersed in studying the essential structures of the world (Kleiman, 2004; Munhall, 2007; van Manen, 1990). Setting aside everyday assumptions also allows the researcher to investigate what is perceived and to see things as they are because presuppositions are set aside (Moran, 2005; Osborne, 1994).

Husserl devised phenomenological reduction to facilitate phenomenology and suspend subjective perspectives and theoretical constructs (Racher & Robinson, 2003). Reduction "reduces the world as it is considered in the natural attitude to a world of pure phenomena, or, more poetically, to a pure phenomenal realm" (Valle et al., 1989, p. 11). In phenomenological reduction, the researcher uses bracketing to exclude presuppositions, therefore extraneous data are eliminated leaving the phenomena pure (Knaack, 1984). Based on the work of Husserl, Polkinghorne (1983) explained reduction as a two-step process, which is achieved by imaginative variation, leading the researcher to essential (essence) structures of the phenomena, and concrete experiences, which describe how the experience is constructed (intentional analysis).

In contrast to Husserl's beliefs, some phenomenologist contend bracketing out preconceptions is not possible (Cohen & Omery, 1994; Heidegger, 1962; LeVasseur, 2003). According to Starks and Trinidad (2007), the researcher must be honest about

pre-existing beliefs/thoughts and recognize assumptions but not abandon them. The

researcher must listen to the study participants' stories with an open mind (Starks &

Trinidad, 2007). Recognizing biases early in the study and explicitly stating them

informs the reader of the researcher's position (Creswell & Miller, 2000).

Merleau-Ponty

Merleau-Ponty (1908-1961), influenced by Husserl and Heidegger, contends that

phenomenology entails the study of essences, such as the essence of an experience or the

meaning of something (Merleau-Ponty, 1962). Meaning becomes part of a product of

lived relationships in the world and not a given; meaning arises out of contrasting and

correlating other experiences (Rohmann, 1999). Like Husserl, Merleau-Ponty used

reduction to reach an original awareness and view peoples' experiences in a new light

(Moran, 2000; Racher & Robinson, 2003). Even though Merleau-Ponty (1962) does not

state a specific research methodology for his philosophy, he proposes, like van Manen

(1990), four fundamental existential categories to guide data analysis: lived time, lived

space, lived human relation, and lived body. These existential categories connect

projects and activities of a person's life over time and contribute toward the meaning for

that individual (Merleau-Ponty, 1962). Relating Merleau-Ponty's existential categories

to this research allows the consideration that study participants may have different

perceptions of the externship experience and their transition to the RN role.

Heidegger

Martin Heidegger (1889-1976), a student of Husserl, defined hermeneutic

phenomenology as "the analytic of the existentiality of existence" (Reese, 1996, p. 298)

and used a human existence (existential) approach in understanding experiences

(Heidegger, 1962). Heidegger disagreed with some aspects of Husserl's philosophy. Husserl focused on the description of experiences and Heidegger searched for meaning of life experiences through interpretation (hermeneutics, Cohen & Omery, 1994).

Expanding on Husserl's idea of understanding the life-world, Heidegger (1962) suggested using phenomenology to explore the meaning of "being." Heidegger's (1962) belief that ontology becomes possible only through phenomenology leads to a definition of hermeneutics wherein the concept of understanding the phenomenon of the world becomes essential in how individuals grasp the world as it is presented to them (Cohen et al., 2000). Heidegger thought a preunderstanding about the world comes from experiences and sought to understand people by interpreting their experiences through language (Koch, 1995; van Manen, 1990). He believed a person's history, cultural, and background contributes to ways of understanding the world (Laverty, 2003). Humans self-interpret and attempt to make sense of experiences; Heidegger refers to this as *Dasein,* which means being there/being-in-the-world is an inseparable connection of mind/body, social/historical context, and lived experiences (Cohen et al., 2000; Heidegger, 1962).

Hermeneutic phenomenology allows researchers to study individuals' experiences as disclosed in dialogue to uncover the meaning of everyday experiences (Heidegger, 1962; Pitney & Parker, 2002). According to Heidegger (1962), the best approach for phenomenological research is going "to the things themselves" (p. 50) by searching for experiences which are "manifested on the stage of everyday life" (Fuenmayor, 1991, p. 2). Researchers must listen to people with an open mind and recognize biases early

(Creswell & Miller, 2000). The hermeneutic approach combines features of descriptive and interpretive phenomenology.

Gadamer

Husserl and Heidegger influenced Gadamer's (1900-2002) work. Gadamer thought hermeneutics could clarify conditions in which understanding takes place and sought to extend Heidegger's work into practical application (Gadamer, 1976; Polkinghorne, 1983). Gadamer (1998) argues that:

> Understanding is always more than merely re-creating someone else's meaning. Questioning opens up possibilities of meaning, and thus what is meaningful passes into one's own thinking on the subject . . . to reach an understanding in a dialogue is not merely a matter of putting oneself forward and successfully asserting one's own point of view, but being transformed into a communion in which we do not remain what we were. (p. 375)

Gadamer contended that understanding and interpretation is an evolving process bound together (Annells, 1999). Both Gadamer and Heidegger opposed bracketing because they thought understanding comes from a person's history of being, and all understanding involves some prejudice (Dowling, 2007; Laverty, 2003). Further, each believed understanding comes from personal involvement, which is a reciprocal process that relates to being-in-the-world (Gadamer, 1998; Spence, 2001).

Van Manen

The objective of hermeneutic (interpretive) phenomenology is "discovery of meaning that is not immediately manifest to our intuiting, analyzing, and describing" (Cohen & Omery, 1994, p. 146). Van Manen (1990) writes, "human science aims at explicating the meaning of human phenomena . . . and at understanding the lived structure of meaning (such as in phenomenological studies of the life-world)" (p. 4). Hermeneutic phenomenology gives a voice to the lived human experiences (Jonathan

Smith, Flowers, & Larkin, 2009; van Manen, 1997). Van Manen (1990) asserted there is

always another interpretation of a human experience that can provide a more meaningful

or deeper description. In phenomenological research, the participant's experiences and

reflections are used to elicit a deeper understanding of their personal experiences (van

Manen, 1984).

Van Manen (1990) defined his approach to research as "the theory and practice of

interpretation" (p. 170), capturing the feeling of living through different experiences

where the objective of the researcher is interpreting and inventing the meaning of the

lived experience. The researcher transforms the lived experience into a textual

expression obtaining a reflective appropriation of something meaningful (van Manen,

1997). Van Manen (1990) contends his phenomenological framework is a "set of

methodological suggestions" (p. 1). Accordingly, he suggests:

> Hermeneutic phenomenology tries to be attentive to both terms of its
> methodology: it is a descriptive (phenomenological) methodology because it
> wants to be attentive to how things appear, it wants to let things speak for
> themselves; it is an interpretive (hermeneutic) methodology because it claims that
> there are no such things as uninterrupted phenomena. The implied contradiction
> may be resolved if one acknowledges that the (phenomenological) 'facts' of lived
> experience are always already meaningfully (hermeneutically) experienced.
> Moreover, even the 'facts' of lived experience need to be captured in language
> (the human science text) and this is inevitably an interpretive process. (van
> Manen, 1990, pp. 180-181)

Van Manen (1990) does not dictate a strict methodology to follow; he guides the

researcher through the research process.

Selected Research Design

The researcher elected to use a phenomenological study to gain an understanding

of new graduate nurses' lived experience transitioning to the RN role. According to

Seidman (1998), "as an approach in nursing, phenomenology has grown over the last 20

years as it is considered a highly appropriate approach to researching human experiences"
(Wimpenny & Gass, 2000, p. 1486). Using a hermeneutic phenomenological research
design, as proposed by van Manen (1990), allowed the researcher to describe and identify
themes about the experiences of new graduate nurses. The identification of themes
reveals the phenomena of interest (van Manen, 1990). Van Manen (1990) believed
interpreting a lived experience is an insightful intervention and provides a thematic
understanding of experiences not laden by rules, but becomes a free act of seeing
meaning.

A qualitative research design provides an understanding of phenomena by in-
depth/rich descriptions of meanings (Gall, Gall, & Borg, 2004; McConnell-Henry,
Chapman, & Francis, 2009). Phenomenology provides detail that supports the meaning
of experiences that are not measureable by other means (Cohen et al., 2000; Healey-
Ogden, & Austin, 2011). Subjective data, a core concept in understanding human
experiences, are missing from many research studies (Van der Zalm & Bergum, 2000).
Research studies on nursing externship programs mainly use a quantitative approach
(Butler, 1990; Cantrell & Brown, 2006; Cantrell et al., 2005; Collins, 1991; Gamroth et
al., 2006; Nuttall 2010; Ruth-Sahd et al., 2010; Washburn, 2006). What is missing from
these studies is how the individual personally perceives his or her externship experience.
Using qualitative research to obtain personal accounts of new graduate nurses
transitioning to the RN role is imperative for capturing the voices of the study
participants and understanding the human experience.

Rather than a linear procedure, van Manen uses a flexible research structure
allowing the phenomena to reveal a story (van Manen, 1990). According to van Manen

(1990), "reduced to its elemental methodical structure hermeneutic phenomenological research may be seen as a dynamic interplay among six research activities" (p. 30). He outlined a six-step process for phenomenological research: These activities served as the organizing guide for this study as presented below.

Turning to a Phenomenon Which Seriously Interests Us

Phenomenological inquiry is motivated by a commitment to address an issue of concern or interest (van Manen, 1990). Understanding how student nurses transition into practice as an RN will provide information to assist in structuring the VALOR program and other externship programs for future students and nurses. Coordinators of student programs have a responsibility to use the best available evidence when designing programs and to attend to students' future development as new graduate nurses. Exploring how individuals experience and interpret their transition from student to the RN role will help provide an understanding of this phenomenon along with the emotional and educational needs of nursing students.

Investigating Experiences as We Live Them

According to van Manen (1990), when investigating experiences the researcher "stands in the fullness of life, in the midst of the world of living relations and shared situations" (p. 32). Prior to the interview, the researcher connected with the participants, facilitating the sharing of experiences as a new graduate nurse. Participants reflected, during the taped session, on their time in the externship program; memories awakened and they recalled personal feelings and experiences. Recording participants' stories captured their words, tones, and verbal expressions. At the end of the interview questions, when the recording of the conversations ended, the researcher attempted to

bond with the participant again through conversation. Participants were encouraged to discuss any aspect about their experiences (as part of the study) without the use of questions. Reviewing the recordings, transcripts, and reflective notes of each interview captured each participant's unique story. Immersing in participants' experiences assisted in understanding their transitioning experiences.

Reflecting on the Essential Themes

To understand the meaning of an experience, one must study its structure and unique characteristics, thus "reflectively bringing into nearness that which tends to be obscure" (van Manen, 1990, p. 32). Hermeneutic phenomenology distinguishes between the appearances and essence of experiences, by asking "what is it that constitutes the essence of the lived experience?" (van Manen, 1990). The nature and meaning of experiences are described in detail to allow a deeper and fuller understanding of the phenomenon (van Manen, 1990). According to van Manen (1990), "a true reflection on lived experiences is a thoughtful reflective grasping of what it is that renders this or that particular experience its special significance" (p. 32). Reflecting on the meaning of conversation with participants continued throughout the data collection process. The search for themes began as the participants' stories unfolded.

The Art of Writing and Rewriting

Van Manen (1990) stated, "to *do* research in a phenomenological sense is already and immediately and always *a bringing to speech* of something" (p. 32). Discussing transitional experiences with past VALOR participants, who are now new graduate nurses, led to a deeper understanding of the challenges they face. Internalizing these shared experiences provided a foundation to begin writing and telling the story of their transitional experiences. Interview transcripts, clarifications, field notes, and member

checking served as the foundation for each participant's story. Member checking involved returning to the participants to ensure the researcher correctly captured their story. The stories revealed participants' personal thoughts and feelings about the VALOR experience and transitioning to the new graduate nurse role. The challenge of phenomenological writing is to "be allusive by orienting the reader reflectively to that region of lived experience where the phenomenon dwells in recognizable form; writing and rewriting bring the meaning of stories to light" (van Manen, 2002, p. 238).

Maintaining a Strong Relation to the Phenomenon

The researcher may be tempted to become distracted while conducting research. This may lead to preconceived ideas that become included in the phenomena (van Manen, 1990). Van Manen (1990) explained to decrease distraction and maintain focus, the researcher must remain attentive to the original research question. Reflecting on the transcripts and focusing on what participants were saying helped to set aside premature speculation. Reading transcripts and field notes repeatedly, the meaning of participants' personal experiences was extracted.

Van Manen (1990) does not promote bracketing. He contends the "phenomenologist knows that one's own experiences are also the possible experiences of others" (p. 54). He takes the stance that a phenomenological question must be "lived by the researcher" (p. 44). Husserl, however, suggested researchers should bracket their prejudices to understand the meaning of others' experiences (Cohen et al., 2000). In this study, bracketing thoughts and perceptions that were not those of the study participants helped to maintain a strong relation to the phenomenon. Bracketing helps to recognize and ensure biases are brought to the forefront (Cohen et al., 2000).

Considering Parts and the Whole

Van Manen (1990) suggested if the phenomenological investigator becomes consumed in the parts of the research and the data analysis process, the purpose of the study may be lost. Van Manen (1990) asserted, "It is necessary to step back and look at the total, at the contextual givens and how each of the parts need to contribute toward the total" (pp. 33-34). By continually looking at the whole picture and how those individual parts relate, a balance is maintained. Assembling individual parts of notes, transcripts, and tape recordings allowed the creation of the whole story.

Like Hiedegger and Gadamer, van Manen's methodology does not embrace the use of bracketing (van Manen, 1990). The researcher acknowledges a possibility for bias due to involvement with the VALOR program for the past 5 years. Approximately 10% of the researcher's time at the Salem VAMC is dedicated to coordinating the VALOR program. Coordinating the VALOR program consists of marketing the program to local nursing schools, chairing the VALOR selection committee, coordinating student experiences throughout the medical center, and meeting with the program participants weekly to discuss their experiences. Familiarity with the topic will increase the researcher's personal understanding of participants' stories (van Manen, 1990). According to van Manen (1990), "if we simply try to forget or ignore what we already 'know,' we might find that the presuppositions persistently creep back into our reflections" (p. 47). The researcher used bracketing to set aside presuppositions, but realized not all thoughts and feelings about the VALOR program can be set aside.

Research Assumptions

Recognizing the underlying researcher's assumptions is essential when studying the meaning of peoples' experiences, because interpretation of the participants' personal experiences must be free from the influence of the researcher's personal biases. If the researcher projects personal biases, the resulting themes from the participants' stories may be tainted. In this study assumptions are that new graduate nurses will:

- Articulate student/nursing experiences truthfully

- Converse with the researcher about student externship experiences

- Trust personal information will remain confidential and that the researcher will be nonjudgmental, and accurately tell the participants' stories

- Share both positive and negative experiences when transitioning from a student to a new graduate nurse

- Share memories of past events that may be affected by the passing of time

Memory Recall

Retention of knowledge in the health care profession is a long-standing issue (Custers, 2010). Long-term memory retention of school learners encompasses factors such as content, conditions of retrieval, degree of original learning, instructional strategy, individual differences, and retention interval (Bahrick, 1965; Farr, 1987). Retention interval is the length of time the person has to remember the learning (Semb & Ellis, 1994).

Researchers comparing recognition and recall to interpretation and application in a zoology course found recognition and recall decreased overtime, but interpretation and

application increased (Tyler, 1933; Wert, 1937). Tyler (1933) discovered the ability to interpret and apply learning at the end of 15 months suffered almost no loss. Blunt and Blizard (1975) examined second (n = 178) and third year (n = 126) medical students studying anatomy and found both groups retained 75% of the information after 12 and 21 months. Watt (1987) touted that dental students (n = 217) studying oral biology could recall over 78% of the information 20 months later. Harrison's (1995) research on fourth year medical students (n = 16) found after a year students could recall 75% of the information. Lazić, Dujmović, and Hren's (2006) research on second (n = 145) and fifth (n = 176) year medical students enrolled in science courses suggest that 70% of the information was retained after 3 years. In Blunt and Blizard's (1975) and Harrison's (1995) studies, students used the information learned during the testing period. Lazić et al. (2006) and Watt's (1987) studies noted nonuse of the information learned was probable.

MacKenzie and White (1982) found high levels of knowledge retention for students actively involved in the learning process. Students who completed fieldwork showed significantly more retention of knowledge over time compared to students who participated in only traditional classroom learning (MacKenzie & White, 1982). Herbert and Burt (2004) suggest "qualitative changes in students' memory structures, or schemas through active learning" improves long-term retention of information (p. 79). Neisser (1984) noted presenting learning opportunities in a clinical context can increase the retention of knowledge. Externship programs provide active hands-on learning, which may aid new graduate nurses in remembering their transition to professional nursing practice.

Setting

The researcher conducted semistructured interviews via telephone. Volunteer study participants who worked for the Salem VAMC had the option for face-to-face interviews, but opted for telephone interviews. Due to geographical distances, all other participants were offered telephone interviews. Telephone interviews, as compared to face-to-face interviews, may affect the study results because in-person interviews simulate natural, everyday conversation and produce more self-generated responses (Shuy, 2002). However, researchers suggest telephone interviews can also produce rich data (Carr, 1999; Chapple 1999)

Sampling Plan

In phenomenology, research sampling is done by selecting study participants who have experienced the phenomenon (experiential fit) and are willing to describe their experiences with the researcher (Munhall, 2007). This method of sampling is appropriate for an exploratory study with the purpose of researching how new graduate nurses transition to the RN role. Polit and Beck (2004) suggested that qualitative "researchers decide purposely to select subjects who are judged to be typical of the population or particularly knowledgeable about the issues under study" (p. 294). Qualitative researchers intentionally select purposeful nonprobability sampling, because participants can offer insight into the specific phenomenon explored and are knowledgeable about the topic (Creswell, 2003; Leedy & Ormrod, 2005; Polit & Beck, 2004). Polit and Beck (2004) stated, "care in the selection of the sample, a conservative interpretation of the results, and replication of the study with new samples, [so that] researchers may [ascertain whether or not] non-probability samples work reasonably well" (p. 295).

Sampling Strategy

Previous VALOR participants' contact information was obtained by e-mailing VALOR coordinators. Coordinators were informed about the study and contact information was requested for years 2011 and 2012. The contact list was used to send (via e-mail) invitations to participate in the study. The letter of invitation contained the focus/purpose of the study, inclusion criteria for participation, information sought, data collection format, how data will be used, time commitment, and the researcher's information. When a potential study participant contacted the researcher, the researcher followed up with a phone call and/or e-mail to ensure the person meet inclusion criteria.

Eligibility Criteria

Inclusion criteria. New graduate nurses that participated in at least the summer portion of the VALOR externship program and were currently working full-time or part-time as licensed RNs were eligible for the study. The new graduate nurses had at least 3 months but not more than 2 years of licensed nursing experience.

Exclusion criteria. New graduate nurses that were not in the VALOR externship program were not eligible to participate in this study. Nurses who participated in the VALOR program, but did not practice as an RN for at least 3 months or had practiced for more than 2 years were not eligible to participate in this study.

Sample Size

According to Polit and Beck (2008), phenomenologists use small samples of 10 participants or less. Data saturation determined the actual number of participants for this study. Data saturation is "the collection of data in a qualitative study to the point where a sense of closure is attained because new data yield redundant information" (Polit & Beck,

2004, p. 731). Data saturation is achieved when no new categories or information is discovered during the collection and analysis of data (Lincoln & Guba, 1985; Munhall, 2007; Polit & Beck, 2004). The sample size consisted of two pilot participants and 12 study participants.

Protection of Human Subjects

Institutional Review Board (IRB) approval from Nova Southeastern University and the Salem VAMC was obtained prior to data collection (see Appendix A). Potential participants who met study criteria were contacted via e-mail and were provided a letter of invitation explaining the study (see Appendix C). Researcher contact information (mobile phone number and e-mail address) was offered in the letter of invitation. All study participants had the opportunity to ask questions prior to signing the consent form. The consent form assured the participants' information would remain confidential, explained that participation was voluntary, and ensured the participants could terminate their involvement in the study at any time. After receiving the signed consent forms, interviews were scheduled.

No participant identifying information was presented with the research findings, and interview responses remained confidential. All participants' identities were de-identified on the audio recording and transcripts. The researcher kept the participants' information confidential by assigning a number instead of using a name. The researcher adhered to the ethical principles of informed consent, confidentiality, right to withdraw, and full disclosure. The information is protected from improper use and disclosure and will not be reused or disclosed to any other person or entity, except as required by law and for authorized oversight of the research study.

Risks and benefits of participation. Researchers have a moral and professional responsibility to protect the dignity of the human subjects that participate in studies to minimize the risk of participation. This study has a low level of psychological risks and no adverse effects are expected due to participation. Participants were notified that they could discontinue the interview at any time and speak to a licensed clinical social worker by telephone should they become upset during the interview. If telephone support was not sufficient participants would be referred to their workplace employee assistance program or a primary care provider at their own expense. Participants received a $25 gift card to Starbucks for their time. Participants have no substantial personal benefit from participating in this study; however, they contribute to the future of nursing education by participating in this study.

Data storage. All de-identified field notes and typed transcripts pertaining to this study are stored in a locked cabinet in the locked researcher's office at the Salem VAMC. The codes that connect the study participants to the interviews, the field notes, and the transcripts are kept on the researcher's secure, password-protected work computer. Per VA research policy, any information security or privacy incidents, suspected or actual, are reported to the chief for research, privacy officer, and information security officer within 1 hour of discovery. The VA has not yet obtained an approved records control schedule for facility research data; therefore, data collected in VA research studies must be maintained indefinitely by the VA facility until the National Archives and Records Administration approves an applicable schedule.

Procedures

The length of each interview varied, as each participant was given the time he or she needed to elaborate on his or her responses. Prior to the actual study, a pilot study consisting of two interviewees helped to ensure the researcher was not (unintentionally) leading the study participants when asking the interview questions. The pilot study participants provided the researcher feedback on the language of each question, as well as the researcher's interaction with them. Pilot study participant interviews lasted approximately 45 minutes. The pilot study participants were not eligible for the actual study.

Actual study interviews lasted approximately 45 minutes, but no more than 1 hour. Participants were informed a second follow-up interview might be needed if the researcher determined a question was not fully answered or further clarification was required. During the initial conversation, the researcher validated that prospective participants met inclusion criteria for the study. Prior to collecting the data, the researcher assigned a number to the study participant and had the person acknowledge the conversation was audio recorded. At the start of the interview, the researcher stated the study participant's number along with the date and time of the interview. Two tape recorders were available; one of the recorders served as a backup. The interviewer began with demographic questions, followed by open-ended questions. The researcher interacted with study participants to obtain multiple views of their reality (Appleton & King, 1997). Based on the study participants' responses, the questions and pace of the interview questions were adjusted (Sorrell & Redmond, 1995).

This study uses van Manen's (1990) proposed fundamental existential categories for data collection. Van Manen (1990) suggested that lived space (felt space), lived body (corporeality), lived time (concept of time), and lived human relation (relationality) influence the life-worlds of all human beings regardless of their historical, cultural, or social background and serve as a guide for reflective research known as phenomenology. Lived space encompasses the way a person feels and involves asking participants to compare the new environment (hospital) with the old environment (nursing school, van Manen, 1990). Lived body (not used for telephone interviews) is assessed by observing body language such as facial expressions, eye contact, and posture (van Manen, 1990). Lived time compares past life events of participants with future hopes and lived human relation involves exploring the new graduate nurse's relationships with peers, supervisors, and patients. These four existentials "form intricate unity which we call the lifeworld—our lived world" and relate to how each human being experiences the world (van Manen, 1990, p. 105).

After the interview was transcribed, study participants received an e-mailed copy of the transcript to review and make corrections. Reviewing the transcripts provided clarification and assurance that the researcher had captured what was stated and communicated (nonverbally) by the participant (Lincoln & Guba, 1985). The disadvantage of taping interviews is the time it takes to review and transcribe. Transcription of a 1-hour interview takes five to six hours (Bryman, 2001).

Member checking is accomplished by allowing participants to review the researcher's findings prior to public presentation to confirm the researcher accurately captured their experiences (Lincoln & Guba, 1985). Eleven of the 12 participants

participated in member checking and relayed the findings accurately depicted their experiences.

Following data clarification, the researcher analyzed the transcripts for uncovered themes. Van Manen (1990) suggests three methods to develop themes: a holistic approach where the researcher questions the meaning of the whole text, the selective reading approach where the research reads (or listens) to the text numerous times, and the detailed reading approach where the researcher reviews every sentence. The open-ended interview questions were transformed into fixed categories and themes after the researcher listened to the audio tapes and reviewed the transcripts several times. Once the data were analyzed and themes, categories, and subcategories emerged, the study participants had the opportunity to review the findings.

Data Collection Instruments

Data were collected via participant interviewing. An interview allows the researcher to "gather information about the life-world or everyday experiences of the interviewee and that the researcher has the task of seeking and interpreting the meaning of these everyday experiences" (Munhall, 2007, p. 410). Interviews are generally the primary method of data collection in qualitative studies (Bloomberg & Volpe, 2008).

A researcher may start with a general plan for interviewing, but the process will go through three stages (Flood, 2010). Stage one, the interviewee talks about his or herself, stage two, the interviewee discusses the details of his or her experiences, and stage three, the interviewee reflects on the meaning of his or her experiences (Seidman, 1991). The participant reflects on his or her experiences while the researcher asks for clarification and descriptions of the experiences (Kvale, 1983). The meaning of

experiences becomes a cocreation between the interviewee and the researcher (Wimpenny & Gass, 2000).

Demographic Data

Questions pertaining to demographic data were collected prior to the start of the interview (see Appendix D). Obtaining demographic information provides a wider breadth of information. Demographic data were reviewed to assess if the sample of participants demonstrated similarities or potential differences that may impact the study's findings. Study participants' ages ranged from 20 to 40 years old. Only one male participated in the study. Six participants were White, non-Hispanic and the other six had diversified ethnicities. Half of the participants had previous health care experience. For demographic question results see Appendix E.

Telephone Interviews

There is limited methodological discussion on telephone interviewing in qualitative research (Novick, 2008). In qualitative research, face-to-face interviews have been the dominant technique for gathering information and observing nonverbal communication cues in study participants (van Manen, 1990). Today, telephone interviews in qualitative research have become more common (Opdenakker, 2006). Researchers are using the telephone as a versatile data collection tool (Carr & Worth, 2001). Telephone interviews allow the researcher to connect with participants from all over the world and reach a larger population such as shift workers and mothers with small children (Mann & Stewart, 2000; Opdenakker, 2006).

According to Sturges and Hanrahan (2004), when comparing transcripts for face-to-face versus telephone interviews there were no significant differences. During

telephone interviews, the interviewer can listen for social cues such as voice and intonation (Mann & Stewart, 2000). According to Tausig and Freeman (1988), interviewers can listen for auditory cues such as anger, sarcasm, silence, curt responses, or rapid speech. Telephone data for qualitative studies have been described as detailed, rich, vivid, and high quality (Chapple, 1999; Sturges & Hanrahan, 2004). For this study, interviews occurred via telephone. Verbal cues, such as pauses and tone changes, were used by the research to gain insight into the participants' experiences.

Interview Questions

The purpose of interviewing in qualitative research is "gather[ing] descriptions of the life-world of the interviewee with respect to interpretation of the meaning of the described phenomena" (Kvale, 1983, p. 174). The interview is a "specific type of in-depth interviewing grounded in the theoretical tradition of phenomenology" (Marshall & Rossman, 1995, p. 82).

Before interviewing, the researcher must consider the interview questions because "at the root of interviewing is an interest in understanding the experience of other people and the meaning they make of that experience (Seidman, 1991, p. 3). The participants were asked open-ended interview questions informed by the literature. Open-ended questions allowed the study participants to respond in their own words (Polit & Beck, 2004). The following questions were used to elicit VALOR experiences:

- Discuss how the VALOR externship program influences your professional performance in the areas of delegation, charge nurse responsibility, and nurse-physician relationship.

- Discuss how the VALOR externship program affected your feelings of competence and clinical skill development in your new nursing role.

- Discuss the ways in which the VALOR externship program influenced your current ability to assimilate into the nursing role and communicate with interdisciplinary health care professionals.

- Discuss the impact the VALOR externship program had on your career satisfaction or dissatisfaction as a new graduate nurse.

- Discuss how the VALOR externship program aided your preparation for the NCLEX.

The main goal of the interview is allowing participants to reflect and recreate the experience of transitioning to the new graduate nurse role.

Study participants were offered the interview questions in advance of the interview. According to Burke and Miller (2001), participants need time to think about the questions and their responses. Burke and Miller (2001) found providing interview questions in advance "yielded more thick rich descriptive data from participants" (para. 7).

Field Notes

The researcher kept field notes of the research process that included the researcher's interest in the study, the research and interview process, and the data analysis (Russell, 1999). Field notes are archives of data documentation that may assist other researchers conducting a similar study (Russell, 1999; Schwandt, 2001).

Data Management and Organization

Transcription

A professional transcriptionist transcribed the audio-taped interviews verbatim. The transcriptionist also noted any nonverbal communication such as interruptions, laughter, or pauses (Bloomberg & Volpe, 2008). Following data transcription, the researcher reviewed the audio-recordings. Copies of field notes and transcriptions include labels, dates, and times of the interviews (Bloomberg & Volpe, 2008). Patton (1990) articulated the importance of taping interviews by stating:

> The raw data of interviews are the actual quotations spoken by interviewees. The purpose of each interview is to record fully and fairly as possible that particular interviewee's perspective. A tape recorder is part of the indispensible equipment of researchers using qualitative methods. (pp. 347-348)

Category Scheme

Data analysis involved an iterative approach to categorizing themes. After the transcriptionist transcribed the interviews, the researcher themed and categorized the data. The central idea in qualitative research is identifying common themes in the subjects' experiences (Creswell, 2003). Themes were refined based on clarification of participants' answers and member checking. Future studies that explore student externship programs can test the researcher's theme, categories, and subcategories for replicability.

Coding Data

According to Polit and Beck (2004), the coding process identifies recurring themes, concepts, and words in the data. When considering quality control, data coding

becomes an important issue in qualitative research. "Coding is essentially a system of classification—the process of noting what is of interest or significance, identifying different segments of the data, and labeling them to organize the information contained in the data" (Bloomberg & Volpe, 2008, p. 102). Coding transforms data into symbols for data analysis (Polit & Beck, 2004).

Coding using computer assisted qualitative data analysis software (CAQDAS) programs can provide multiple perspectives on themes and categories (Creswell, 2003); however, the researcher is responsible for coding (Saldaña, 2009). A disadvantage of using CAQDAS to code data is the researcher's "mental energies may be more focused on the software than on the data" (Saldaña, 2009, p. 22). For this study, the researcher manually coded the data based on the understanding that "there is something about manipulating qualitative data on paper and writing in pencil that gives you more control over and ownership of the work" (Saldaña, 2009, p. 22). Van Manen (1990) suggested that "human science writing is an original activity" (p. 173). In addition, the researcher used Dedoose® research software to organize the data, which assisted with theme development.

<div align="center">**Data Analysis**</div>

Data analysis is based on the work of van Manen (1990). After the participants were interviewed, the data were prepared for analysis using interview notes and the interview audio recordings. Taking interview notes has the advantage of assuring participants answer all questions. Interview notes can serve as backup data if recording equipment malfunctions (Bryman, 2001). The data analysis included the following steps:

- Organize and prepare the data for analysis by transcribing interviews.

- Read and re-read transcripts while listening to recordings.

- Conduct open coding to create basic codes.

- Relate codes to potential obstacles.

- Review textual data for themes.

- Identify recurrent themes that transcend the individual codes.

- Interpret the meaning of the data.

- Conduct member checking with participants to confirm themes.

The researcher used data triangulation to ensure the rigor and accuracy of the analysis by analyzing the coded data for accurate representation and phenomenon of the study. Triangulation decreases the risk of bias by using multiple methods to collect data and validates research conclusions (Patton, 2002; Polit & Beck, 2004). This study used findings from literature, audio recordings, member checking, and field notes to assess data accuracy.

Trustworthiness and Integrity

Trustworthiness in qualitative research includes credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). The researcher established trustworthiness with the study participants by self-disclosing the researcher is a VALOR coordinator and was conducting this study as part of the academic requirements for a PhD. Credibility is the backbone of qualitative research (Creswell, 2003; Leedy & Ormrod, 2005) and ensures research findings are believable (Lincoln & Guba, 1985). Credibility was maintained by keeping field notes that are open for review by the dissertation committee and other researchers. In addition, a PhD nurse who is versed in

qualitative research completed an external check of the data to help ensure the study's creditability. If discrepancies occurred between the researcher and the reviewer and a compromise was unattainable, the study participant had the final voice in determining if the data interpretation was correct.

This study is specific to the VALOR externship; however, the meaning of the effect of transitioning from a student extern to new graduate nurse is universal. Transferability means the findings from the study are transferable to similar situations (Powers & Knapp, 2006). An audit trail was used to address dependability and confirmability (Lincoln & Guba, 1985).

In any study, the researcher attempts to control threats to validity. The threats to external validity for this study may be: participants who do not tell the truth, time between the event and data collection, small sample size, and the use of a homogeneous sample (Creswell, 2003; Munhall, 2007; Polit & Beck, 2004). The researcher used triangulation to validate the study by using interview notes, audio recordings, and member checking. The threats to internal validity included that the researcher is a coordinator of the VALOR program and may know some of the study participants. Nurses that participated in the study may have different levels of experience and/or backgrounds, which may influence their responses to the questions. There was also a chance for misinterpretation by the subject or the researcher. In addition, the researcher may have preconceived ideas about using externship programs to transition new graduate nurses because of the close relationship and personal support of the VALOR program. Therefore, numerous measures were in place to uncover the participants' truths as they evolved. The researcher used the same interview questions and an audit trail.

Triangulation provided "different data sources of information by examining evidence

from the sources and using it to build coherent justification of themes" (Creswell, 2003,

p. 196). This study used the findings from interview transcripts, audio-recordings,

literature, and field notes. In addition, the researcher's dissertation committee reviewed

the study.

Chapter Summary

Qualitative research methods involve understanding the meaning of people's lives

(Merriam & Simpson, 2000), and phenomenology encompasses deeply understanding

human experiences (van Manen, 1990). Van Manen (1990) supports the use of

phenomenology as a way to understand human experiences. Using a phenomenological

approach for researching new graduate nurses' experiences transitioning to the role of a

professional nurse is a way to understand the essence of these individual human

experiences. Van Manen (1990) suggested that revealing a person's lived experience

allows the researcher to "grasp the nature and significance of this experience in a hitherto

unseen way" (p. 39).

The philosophical component of constructivism assumes people will build on

their knowledge from previous experiences (Brooks, 1984; Bulman, 2005). The

researcher anticipated student externship experiences would build on the knowledge

obtained in nursing school.

Revealing how a hospital-based student externship enhances nursing school

knowledge will inform new graduate nurses, nursing leaders, and educators about the

successful transition of new graduate nurses into the work environment. Using

hermeneutic phenomenology as a research method reflects the researcher's beliefs that

individual experiences must be explored to fully understand phenomena of transitioning

from a student to an RN.

CHAPTER FOUR: PRESENTATION OF FINDINGS

This study uses van Manen's (1990) phenomenological method to explore the lived experience of prelicensure nursing students transitioning to the RN role after participation in an externship program. The VALOR externship program is a paid 800-hour learning experience in VAMC hospitals. Students in completion of their junior year from CCNE or Accreditation Commission for Education in Nursing (ACEN) accredited nursing programs compete for externship positions based on their references and academic performance.

Participant Demographics

Semistructured interview questions provided a stimulus for participants to reflect on their lived experience. Data saturation was reached after interviewing 12 participants. The participants in this study reside in the states of California, Florida, North Carolina, and Virginia. Eight out of twelve participants work for a VAMC and two others wanted employment, but positions were not available. Six participants had no previous health care experience.

Van Manen's Methodology

This chapter presents a description of the participants' stories using van Manen's (1990) methodology, investigating the essence of a person's lived experience as the "starting and end point of phenomenological research" (p. 36). Van Manen (1990)

clarifies his theory by presenting the analogy of a parent teaching a child how to ride a bicycle, noting the experience involves not only developing the skill of bike riding, but also what the child experiences with the parent: personal feelings, conversation, a relationship. Further, van Manen (1990) reflects, bike riding with his son is a lived experience that represents an import part of his life. The lived experience is a reflection of the past (van Manen, 1990).

In-depth inquiry of study participants' perceptions, feelings, and reflections about their experience is needed to understand transitioning to the new graduate nurse role. Qualitative research methods are appropriate to elicit this information. The researcher selected phenomenology as the philosophical framework because it describes the meaning of the lived experience of the concept or phenomena (Creswell, 2003).

Van Manen (1990) suggests "the rigor of human science is prepared to be 'soft,' 'soulful,' 'subtle,' and 'sensitive' in its effort to bring the range of meanings of life's phenomenon to our reflective awareness" (p. 18). He describes six activities, presented in chapter 3 of this paper, to assist researchers with gathering and analyzing data for researching the lived experience.

Data Analysis Process

Van Manen (1990) suggests exploring lived experiences by asking participants to reflect on personal experiences and describe their feelings, moods, and emotions about an event. Because of the researcher's involvement with the VALOR program, there may be a tendency to overemphasize positive comments and minimize any negative aspects of the participant's experience. Van Manen (1990) shares, the issue of phenomenological research is investigators may know too much about their topic. According to Polit and

Beck (2004), bias can distort a study's result. To assist in minimizing bias, eight

participants were from outside the Salem VAMC's VALOR program, and four

participants did not work for a VAMC. A second coder reviewed the transcripts for

confirmability. Confirmability "refers to the objectivity or neutrality of the data" (Polit &

Hungler, 1997, p. 307). This suggests that two or more people will review the data and

agree to the data's meaning, thus helping to eliminate researcher bias.

Prior to the actual study interviews, a pilot study was conducted in March 2013 to

test the clarity, appropriateness, and presentation of the interview questions. A pilot

study is a trial run of the actual study (Polit & Beck, 2004). Both pilot study participants

(one was external to the VAMC) indicated the interview questions were clearly stated

and relevant to their VALOR experiences. Open-ended questions allowed them to share

their experiences at length. Neither participant believed the questions were phrased to

elicit a specific response, but suggested reiterating participants' statements for

interviewer clarification and possible misunderstandings. This technique was used

during the interview process. Pilot study interviews were not included in actual study's

findings.

The actual study participants were interviewed April through June 2013 for an

average length of 45 minutes. Telephone interviews provide participants with privacy

and anonymity, which can decrease social pressure and increase rapport (McCoyd &

Kerson, 2006). Participants who feel relaxed and comfortable may disclose sensitive

information, which can lead to richer data (Novick, 2008). During the telephone

interviews, the investigator listened intently to verbal cues, such as times of silence and

long pauses, which assisted with understanding participants' experience. The silent times

allowed the study participants to process their thoughts. When participants had voice

intonation changes, the investigator probed deeper into their experiences.

Following the interview, study participants were sent their original transcript to

validate for accuracy and make corrections if necessary. After the researcher's initial

review of the transcripts, study participants were contacted to clarify ambiguities.

Clarifying ambiguities and seeking more detail provided thick, rich, detailed descriptions

of participants' experiences. After clarification, interview transcripts were reviewed

again for phrases, statements, and words that were related.

The software program Dedoose® was selected to assist with the data analysis

process. Dedoose® uses a web-based platform for qualitative, quantitative, and mixed-

methods research. This program is cost effective (monthly fee for use), user-friendly, and

offers free on-line video training. Dedoose® was beneficial for organizing data, which

assisted with the analysis, interpretation, and theme development. Qualitative software

assists the researcher to locate useful quotations and obtain multiple perspectives on

themes and categories (Creswell, 2003).

The transcript coding process included two steps. The principle investigator

coded the transcripts initially and a second coder was utilized for accuracy. A PhD

licensed clinical psychologist who is also an RN (external to the VA), coded the de-

identified transcripts, which resulted in a 94% agreement. Following collaboration,

codes/categories were revised for clarity (see Appendix F). The second coder completed

a peer assessment by reviewing the research process, audit trail, transcripts, field notes,

and interpretations for confirmability (see Appendix G). Lincoln and Guba (1985)

identify four criteria for evaluating qualitative research: confirmability, credibility,

dependability, and transferability (see Appendix H). Transferability is achieved when the findings are applicable to other practice, theory, research, or another setting (Lincoln & Guba, 1985; Padgett, 2008).

Transcripts were read line-by-line for groups and phrases of meaningful words. Using the line-by-line approach, the researcher looks at every single sentence and questions the relevance of the experience described (van Manen, 1990). The task is then to determine commonalities or themes and portray them with words (van Manen, 1990). A theme became apparent throughout the data and is the outcome of coding, categorizing, and reflecting (Creswell, 2003; Saldaña, 2009). In this study, the word "confident" was evident throughout every VALOR participant experience.

Creswell (2003) asserts that coding is a way to label and process text to form descriptions and themes in data. Codes were grouped to form relevant categories and subcategories related to the participants' experience. Individual codes become part of the broader classification of data (Saldaña, 2009). Codes capture essential parts of the story and when grouped according to similarity support the development of categories, which have similar characteristics (Morse & Richards, 2002). A category frequently includes a number of subcategories that captures statements related to the main category (Graneheim & Lundman, 2004; Saldaña, 2009). Categorization of raw data offers rich descriptions and identifies findings (Morse & Richards, 2002).

The theme, categories, and subcategories related to this study illustrate participants' lived experience throughout the externship program and their transition to the new graduate nurse role. One theme, three categories, and eleven subcategories emerged from the coding process. Within the category "transitioning to the RN role," the

subcategories identified were (a) understanding the scope-of-practice, (b) feeling clinically competent, (c) working with patients/family members, (d) feeling free to learn, and (e) feeling supported/nurtured. "Making decisions" was the second category identified with the subcategories (a) about practice, (b) delegating, (c) prioritizing, and (d) career choices. The third category identified was "interacting with professionals" with the subcategories (a) communicating/collaborating and (b) as a team member. Following coding and categorization, the researcher searched for the meaning among the participants' experience. Phenomenological inquiry attempts to grasp the meaning of an experience and the theme represents that meaning (van Manen, 1990). The over-arching theme identified in this study was feeling confident.

Following the data analysis and theme development, the researcher invited all study participants to verify the findings as true to their experiences. Eleven (91%) of the study participants reported the researcher had accurately represented their words and experiences (one participant did not respond). The theme, subcategories, and categories representing the study participants' experiences are described in the next section.

Theme—Feeling Confident

The dominant theme emerging from this study was feeling confident. Participants felt confident transitioning to the RN role, making decisions, and interacting with professionals. Van Manen (1990) suggested a theme occurs frequently and appears throughout the text. Participants applied for the externship program to gain additional clinical experience as a student and found the program increased their self-confidence for transitioning to the new graduate nurse role.

Initially, students approached the externship program with fear and apprehension of becoming a nurse. After the VALOR program, they emerged feeling confident to assume the RN role and believing they were ready for nursing practice. One participant iterated this, stating, "The VALOR [program] gave me the confidence in my own abilities. . . . so I was not scared and had confidence that, 'yes' I could do this job." Another participant verbalized, "Honestly, the entire externship program, regardless of which question you ask, my answer is going to always fall back on confidence. I became prepared for the RN job I feel before I graduated because of the [externship] experiences."

Category One—Transitioning to the RN Role

Successfully transitioning to the RN role meant students understood nursing's scope-of-practice and felt clinically confident working with patients and their families. Students worked 40 hours a week over the summer and gained first-hand insight into what it was like working as a RN on a day-to-day basis. Participants found after completing the externship, transitioning to the RN role was easier. As stated by one participant, and reflected by all "I kind of knew what to expect [as a future RN], so there were fewer surprises when I started working as a licensed nurse."

Understanding the scope-of-practice. Working side-by-side with nurses on a daily basis, students gained insight into nurses' responsibilities. Middaugh (2013) stated accountability means the nurse is responsible for proper patient care, which encompasses moral and legal considerations. New graduate nurses reported they better understood their legal responsibilities in relation to patient care and licensure following the externship program. A licensed practice nurse (LPN) who experienced the RN role in the

externship found: "I was learning the RN way of doing things, which is different from the LPN practice. I was learning how RNs behave. It is like two different worlds, the RN versus the LPN's responsibility."

Prior to the externship experience, this participant shared she never understood the differences between the scope-of-practice between the LPN and the RN role in the hospital setting. Having worked as an LPN charge nurse in a long-term care setting, she explained, "In the nursing home I worked at, it was different [than the hospital environment]; the LPNs and the RNs seem to have the same responsibility." She found while working in the hospital environment the LPN and RN have a different set of practice standards. Accountability is guided by a discipline's scope-of-practice and incorporates the values of the profession (Engel & Prentice, 2013). One participant shared:

> One of my fears was not understanding exactly what I am responsible for when I became an RN, like what I can and cannot do legally. [After] the VALOR program, I understood my responsibilities better when I became an RN.

Following the externship students left with an "understanding of nursing practice guidelines." All study participants reflected the externship program experience heightened their awareness of nurses' responsibilities as evidenced by this participant's statement, "Getting exposed to the nurse role really helped me understand all that was entailed and all the responsibility that goes with that role."

Feeling clinically competent. Feeling clinically competent was a commonality identified among study participants. Participants believed they were working in the role of the RN, which enhanced their clinical skill set. One participant articulated, "I was doing things in the role of the nurse in the VALOR program instead of the nursing

student." Opportunities to practice performing nursing activities provided students additional experience outside of the school clinical environment. One participant noted the school clinical experience as "chasing skills." Meaning, every student desires practice of a particular skill (i.e., starting IVs), but the clinical site may only have one opportunity during the student's clinical rotation. She explained:

> Having an experience like this [externship] is invaluable because I don't think I tried to stick a single IV when I was in school or in clinical—well, maybe like one [time in school]. I got to do that [skill] dozens of times during my time as a VALOR [program].

Another participant shared:

> In the VALOR program, you are doing some of those skills over and over again. You are like I got this, I understand this now, and I don't have to questions what I am doing so much because I have done it so much now that I know how to.

With practice, the "scared" feelings that go along with being a nurse started to subside.

As one participant noted:

> Inserting an IV and for a new grad it could all be really scary. Having those hours [of the externship program] under my belt and being able to have that many more [IV] sticks or dealing with drugs that much more frequently makes you feel more confident in your actions and what you are doing in your skills.

Ten study participants rotated to different hospital areas during the externship program. These participants found working in different hospital areas also contributed to their clinical skill development.

Working with patients and family members. During the externship program participants learned about communicating therapeutically, providing education for caregivers, and acting as an advocate for patients and their families. Participants found patients were not always happy with their care, and procedures did not always go as planned. At the beginning of the externship program some students communicated they

were apprehensive about approaching and caring for patients and their families. Students

have basic knowledge of how to handle various patient care encounters, but do not have

the extensive practical experience that the externship program affords them. Some

participants had an unrealistic view of patients as expressed by one participant who

stated, "I think I thought that most or all patients were lovely, kind people with wonderful

families who were just grateful for what you did for them." She found it surprising that

patients and their families could be difficult to work with when providing care. She

suggests that the externship experience helped her communicate better with the "angry

families I deal with now." Prior to the externship, this participant was apprehensive

about providing healthcare for different types of patients, but after completing 700

VALOR hours the participant shared "eventually you had to talk to patients and

eventually figured it out that it wasn't so scary."

When considering educating caregivers, one participant noted, "Some patients

take more time, need more explanation, and [in addition to all of this] their family

come[s] and want[s] to talk to you [as well]." The externship program introduced her to

the reality that patients frequently involve their families with healthcare decisions. She

elaborated:

> When families had concerns, they came to the bedside and they want to talk with
> you to find out what is going on and what is the next plan? Or if the patient is
> going into a procedure, what do we expect? What teaching needs to be done
> when they go home? So, all those different kinds of experience were there in the
> VALOR program.

During the externship, participants learned that educating patients and their families was

an essential aspect of the nurse's role.

Students in the program learned the importance of patient advocacy. One participant stated, "I really believe I learned what it meant to be a patient advocate in the VALOR [program]." She explained it is the RN's job to intervene on the patient's behalf and inform the provider "you know I think you need to explain this a little further to that patient" or tell the provider "the patient is not comfortable with this." She found it surprising that patients would not tell the provider they did not understand or that they wanted another course of treatment. She credits the externship program for realizing the importance of patient advocacy. Another participant found, "My job as a nurse is to look at all the patient needs, because really I am the first line [of care] with the patient and it taught me to be a more effective advocate for what my patient needed."

The externship experience brought to light the role of the RN in working with patients and their families. Students in the externship program cared for the same patient for weeks. During this time, they learned to communicate, educate, and advocate for that patient. This exposure helped them transition to the RN role knowing what was expected of them by patients and their families.

Feeling free to learn. Participants in the VALOR externship contended they could learn without fear of reprisal and found participating in the externship program decreased their stress related to learning. One participant described feeling free to learn as "uninhibited learning and you can ask what you need to without fear of not graduating." Another participant reflected on this by stating:

> With the VALOR [program], I felt I was there to learn, and not worried about what I had to do next in school, and what was due when. I just felt like I was working as an RN [contrasting the VALOR program with school clinical]. It's like one moment you feel like hiding in the closet [in school] because you are afraid to approach the other nursing staff or patients, and in another moment you are afraid of running into your instructor and not know the right thing to say.

Then [you are] worried about not passing clinical because you did something wrong.

Another participant explained:

I felt that when I was in clinical at school it was about if you were doing your papers, thinking about grades and things like that. A lot of times you are focused on school and not the clinical time, because you may be worried about the test the next day.

Findings in this study indicate externship participants were able to focus on learning and ask questions openly without worrying about the next test or grade. According to study participants, preceptors were beneficial in guiding their learning. One participant noted her preceptor would "say what I needed to work on [my weaknesses] so that I was able to grow" [as a future RN]. Another noted, she could ask her preceptor a question without feeling "stupid about it." Another participant articulated the sentiments of others by stating, "We were allowed to say, 'I'm not comfortable with this,' and it wasn't questioned." Feeling free to ask questions and work independently during the externship, without the fear of "failing clinical," assisted students with obtaining the knowledge needed for the RN role in a stress-free learning environment. One participant reflected "I don't have an instructor that I have to ask like every two minutes to do something."

Feeling supported and nurtured. Participants in this study reported they felt supported as students. Condell, Elliot, and Nolan (2001) stated students often believe they learn the most from staff who are supportive. The supportive and nurturing relationships students experienced in the VALOR program assisted them with feeling confident transitioning to the RN role following graduation. One participant found "There was never the sense of 'No, you learn my way or I don't want you here.'" Another participant shared, "The preceptor certainly was a comfort for me; I felt

supported and not left out there on my own." Participants, as students, felt safe in their new environment with one-to-one support. During the initial weeks of the externship program students were "watched over" by their preceptors and staff, but later became more autonomous and self-directed in their actions, knowing staff was there to assist if needed. One participant commented, "I'm providing the best care I can and not having to rely on others all the time to ensure that." Another agreed by stating, "Over time I was given more and more freedom, obviously with a watchful eye." According to the study participants, the support they initially received at the beginning of the program assisted them to function more independently by the end of the program.

Category Two—Making Decisions

Study participants found after the externship program making decisions about nursing practice, delegation, and prioritization became easier. Participants discovered being a student nurse in the school clinical setting did not provide the decision-making opportunities the externship program provided.

About practice. Students quickly found nursing practice involves more than making decisions about patient care. New graduate nurses stated they make decisions about equipment issues, management of staff, family concerns, patient appointments, and staff assignments. One participant found charge nurses oversee everything that happens on the floor and "sometimes there is no [unit] manager, such as [during] the weekend." Another participant noted "in a classroom a picture is painted of an idealistic environment that may not truly mimic the [hospital] unit." She further elaborated, "[you] never know what's going to happen throughout the day, the next step, the next patient that is going to walk in the door, and just being ready for just about anything." Some

students were surprised about what nursing practice entails and felt they were working and making decisions in other capacities when specialty disciplines were unavailable. One participant articulated the thoughts of all participants by stating, "The experience at the VA [externship program] was a good foundation to be able to notice what is done in a hospital and how decisions are made as the RN." Students learned that nurses perform an array of functions, and, as time progressed, they became more confident with how nurses practice and make decisions.

About delegation. Students became familiar with the concept of delegation, such as delegating to the right staff and to the next shift. One participant stated the externship experience "provided me with a better understanding of delegation in my RN role." Another voiced, "I was less anxious about delegating to others." The externship program, as compared to nursing school, gave students the opportunity to delegate to staff. If students (as a part of the school clinical) do not have the opportunity to learn delegating to others, new graduate nurses will be deficient in this skill. One participant commented, "I feel I had a grasp on delegation before I became an RN just because of the exposure and practice [in the VALOR program]." Another participant confirmed the VALOR experience "gave me the confidence to understand what I could delegate."

About prioritizing. Prior to RN licensure, externship participants learned about prioritizing patient care. This was evident when one participant found "I didn't feel like I was just an unpaid CNA, which is part of nursing work. But you felt like within boundaries [you can] make decisions on what is important to do first." Another described "get[ting] my own patients and prioritize[ing] a plan of care" as empowering. Students learned all aspects of nursing are important, but they had to make rational

decisions. One participant articulates this concept by stating "It's like everybody has to be charted on and all the medications have to be passed out but it's a matter of getting everything done while doing the more important and more dire things first." Participants recalled how nurses prioritized during their externship experience and emulated those behaviors as a new graduate nurse. Bucher and Stelling (1977) discovered role models are important in shaping professional behaviors and Myrick (2002) found preceptors indirectly teach students by role modeling behaviors such as prioritizing. One participant noted, "I was able to prioritize what's that most important thing for that patient by watching my preceptors." According to Bandera (1994) "seeing people similar to oneself succeed by sustained efforts raises observer's beliefs that they too possess the capability to master comparable activities" (pp. 3-4).

About career choices. A benefit of participating in an externship program was developing awareness of nursing job opportunities and their own career interests prior to graduation. One participant found working as a staff nurse was "scary" and "stressful" for her and she decided not to pursue a staff nurse position. She reflected:

> I really had no idea when I got into nursing school what I had gotten myself signed up for. The VALOR program helped me realize what exactly nursing entailed. Until this experience, I did not realize I would not like the hospital environment. This was a reality check for me.

She continued, "I was very anxious about taking care of these patients" and discussed how unhappy she would be in a staff-nursing role. Today she works in nursing research. A second participant also found staff nursing was not for her. She related her story:

> The externship program provided me with [an idea of] what life is like working all different shifts, getting mandated, and working holidays. So, I decided that [it] was not for me. I [saw] the realities of staff nursing and decided I wanted a more normal routine. We [nursing students] are pushed towards being a hospital nurse; we are pushed towards inpatient.

Today, this participant works in nursing informatics.

Other participants discovered they changed their mind about where they wanted to work following graduation. One participant identified a fondness for mental health nursing. Prior to the externship program, she would not have considered mental health nursing. This participant previously worked as a respiratory therapist for 17 years and thought she would work in a medical unit. Students had the opportunity to explore different areas of nursing and find their niche prior to graduation.

Category Three—Interacting With Other Professionals

Participants found interacting with interdisciplinary staff contributed to their ability to work in teams and collaborate with them as new graduate nurses. One participant found "I think being a VALOR student [was like] being almost automatically being accepted onto the unit. I felt like part of the team." This was the sentiment of all participants; they felt they belonged to the health care team and collaborated with interdisciplinary staff as coworkers.

Communicating/collaborating. Participants formed collaborative relationships with physicians, which facilitated the MD-RN relationship as new graduate nurses. Typical comments were ones like, "when I started as an RN, I felt I was not new [at it, because] I had communicated with doctors [in the VALOR program]." Students became comfortable talking and collaborating with interdisciplinary team members during the externship program. One participant reflected

> I definitely got to spend more time with respiratory therapists, especially in the ICU. You see [other disciplines] more frequently [such as] pharmacists, doctors, PAs [physician assistants], nurse practitioners, and [even] the laboratory [staff]. You see these people and you work so closely with them, you are able to communicate your needs. Getting to know groups of people, you are able to

discuss things with them in regards to the patients' care and feel more confident about who you speak to for which need.

Participants discussed communicating with specialties in their workplace today was easier because of their experience in the VALOR program. Participants contend they are more confident in their abilities to approach other health care staff and discuss patient issues.

Feeling like a team member. The Joint Commission (2008) emphasizes, "Safety and quality of patient care is dependent on teamwork, communication, and a collaborative work environment" (para. 1). The externship provided this experience. Participants in this study found that staff accepted them as part of them team, which was different from their experiences in nursing school. One participant shared:

> You are a member of the team; you are accepted and can talk with the staff, not only nursing staff but the other staff that also take care of patients. I also was able to get a rapport with the doctors and interns because I would see them every day.

During the externship, participants felt accepted by interdisciplinary staff. This feeling aided their ability to work with other disciplines, in a team environment, as new graduate nurses. One participant conveyed

> It was easier working with the nutritionist, physical therapist, social worker, lab people, and X-ray people, everybody [as a new graduate nurse]. These were different departments that I got to visit as a VALOR student and see what they do and how they do it. I [better understood] their purpose as well as mine as a nurse, because all these different teams have their own goals and the way that they do things. I never really realized how much I would actually work with them on a day-to-day basis.

Participants started to build professional alignments with other health care disciplines. One participant reflected, "they [staff] completely just put me in the mix—I was a team member" and another found "I did not feel like the outsider that you can feel like as a nursing student." Working with interdisciplinary staff was a new experience for students.

One participant explained, "We [students] were just with nurses [in school clinical], which to me limited my experience, because nurses do not just work with nurses."

Chapter Summary

The study participants reviewed the themes and confirmed the researcher had correctly captured their stories. Credibility, dependability, and confirmability helped to assure accurate representation of the participants' stories and this study's findings. This study's findings contribute to the literature and understanding of the experiences new graduate nurses encounter transitioning to the RN role after completion of an externship program.

Supporting data are provided for the over-arching theme of feeling confident along with the categories and subcategories that emerged. Within transitioning to the RN role category, new graduate nurses believed they understood the nursing scope-of-practice and felt clinically competent to care for patients because of their experience in the externship program. Students became comfortable working with patients and their family members due to the daily practice and exposure of providing care. This experience enhanced their ability, as a new graduate nurse, to communicate, provide education, and act as a patient advocate. Study participants contended learning without fear and feeling supported during the program enhanced their knowledge of the RN role. Within the category making decisions, new graduate nurses felt confident about practicing nursing, delegating to others, and prioritizing patient care. They did not feel new to the nursing profession, because they had "experienced it before." Participants reflected, with the aid of the externship program, they selected the right nursing position. Within the category interacting with professionals, new graduate nurses were confident

communicating/collaborating and being a team member. Feeling confident helped study

participants feel like they "fit in" and were "accepted." Capturing these reflective

thoughts about participants' externship experiences assisted with constructing the lived

experience for the phenomenon of interest.

Phenomenology does not problem solve; it attempts to explain the meaning of a

person's everyday existence, or what van Manen (1990) refers to as the life world. Van

Manen (1990) asserts phenomenology is a poetizing activity.

> As in poetry, it is inappropriate to ask for a conclusion or a summary of a
> phenomenological study. To summarize a poem in order to present the result
> would destroy the result because the poem itself is the result. The poem is the
> thing. So phenomenology, not unlike poetry is a poetizing project. (Merleau-
> Ponty, 1973, p. 13)

There is no conclusion or ending to participants' stories. What is presented is the

meaning this research has for the future of nursing. Meanings are "social products,

creations that are formed in and through the defining activities of people as they interact"

(Blumer, 1969, p. 5). Chapter 5 discusses the results of the study and the implications of

the findings for nursing education, practice, research, and policy.

CHAPTER FIVE: DISCUSSION AND SUMMARY

The purpose of this chapter is to discuss the lived experience of new graduate nurses transitioning to the RN role following completion of an externship program, using van Manen's (1990) method for human science research. In addition, implications for education, practice, research, and public policy are offered.

Summary of the Findings

A prelicensure nursing externship program, in conjunction with nursing school clinical rotations and senior year practicum experiences, helps prepare students for nursing practice. The over-arching theme presented by participants was "feeling confident." The categories identified were feeling confident "transitioning to the RN role," "making decisions," and "interacting with professionals." Study participants believed that the additional clinical time in the externship program improved their skills in the following areas: communication with patients/families, collaboration with interdisciplinary team members, delegation to subordinates, and development of clinical and patient advocacy skills. Participants shared they were more familiar with the nursing scope-of-practice, which they felt improved their decision-making skills as new graduate nurses. These are competencies needed for entry into nursing practice (AACN, 2008). Additionally, participants shared they felt more like nurses and less like students during the externship program. They became more aware of career options in nursing and had

opportunities to assess if the organization was a good fit for them prior to seeking employment. Ten participants applied for positions at the VAMC where they completed their externship program.

This study found students desired more exposure to the realistic nursing environment, additional practice time with nursing skills, and more opportunities to interact with interdisciplinary team members. Hospital-based externship programs offer students the opportunity to bridge the theory-practice gap by providing real-world nursing experiences outside of the academic environment.

Integration of Findings with Previous Literature

This section describes how the theme, categories, and subcategories presented in chapter four converge or differ with existing nursing literature. Through comparison of what is already known, new ideas and concepts emerge.

Feeling Confident as a New Graduate Nurse

Confidence, as defined by Etheridge (2007), "is the belief in oneself, in one's judgment and psychomotor skills, and in one's possession of the knowledge and ability to think and draw conclusions" (p. 25). New graduate nurses often express a lack of confidence with their nursing abilities (Mozingo et al., 1995). Studies suggest students who participate in an externship program feel self-confident assuming the RN role, because of the additional clinical experiences (Boyd, 1992; Huckstadt, 1981; Hughes et al., 1993; Ruth-Sahd et al., 2010; Tritak et al., 1997).

Believing in their abilities, VALOR participants felt confident to assume the responsibilities of the RN role following the prelicensure externship experience. They attributed this to the additional hours of clinical practice the externship program afforded

them. Participants reported the externship bridged the gap between the academic

environment and the realities of working as a nurse, which enhanced their self-

confidence. Participants commented that prior to the externship program, they felt

uncertain if they had the ability to become an RN. The externship program positively

changed participants' perception of their abilities to practice nursing, and they

approached the RN role with less anxiety, stress, and apprehension.

Seamless Transition to the RN Role

Kramer's (1974) seminal study found nursing school does not emulate the

realities of the work world; therefore, students have difficulty transitioning to the RN

role. Students do not have full insight into what professional nursing entails prior to

employment and experience stress, anxiety, and personal conflict when transitioning from

student to nurse (Benner, 1984; Kramer, 1974). Externship experiences can help ease the

transition from student to the RN role (Bushong & Simms, 1979; Cantrell & Browne,

2005; Fire et al., 1984; Gamroth et al., 2006; Harkins et al., 1983; Hughes et al., 1993;

Starr & Conley, 2006). Godinez et al. (1999) suggested transitioning to the nursing role

takes time, practice, and guidance. Researchers agree externship programs bridge the

idealism of nursing school and the realities of nursing practice by easing the transition to

the new graduate nurse role (Hughes et al., 1993; Starr & Conley; 2006; Tritak et al.,

1997). Gamroth et al. (2006) found externship participants, compared to nonexternship

participants, referred to their transition to the new graduate nurse role as comfortable and

smooth.

Nuttall's (2010) study compared 99 VA nurses who did not participate in the

VALOR externship program to 34 VA nurses who completed the program. Nuttall

(2010) discovered the VALOR externship program did not significantly affect the transition from student to the new graduate nurse role. Only the sense of belonging scale, when adjusted for age, differed between VALOR and the non-VALOR groups. Nuttall (2010) concluded an externship program does not promote "nurse retention, satisfaction, increased competency levels, [or] ease of transition" (p. 74).

Contrary to Nuttall's (2010) research, participants in this study shared the new graduate nurse role was like a "continuation of the externship program" and provided a "smooth transition," because they practiced nursing in the real environment. Participants reported the VALOR program provided a realistic experience working as a nurse, which connected textbook scenarios to the actual nursing environment. Participants said of their transition to the new graduate nurse role, "there were no hiccups," "I never missed a beat," "it was seamless," and identified that the externship experience provided them with extra time to practice nursing skills. Study participants compared their experience against peers who did not participate in an externship program and shared they believed their transition to the new graduate nurse role was less emotionally stressful because they were familiar with the RN role.

Insight into the RN's responsibilities. New graduate nurses have difficulty with the sudden change in responsibility when transitioning from student to RN (Whitehead, 2001). Having a clear understanding of the nurse's role facilitates an easier transition for the new graduate nurse. Duchscher (2008) suggested that new graduate nurses were unaware of the RN's responsibilities. This was corroborated by Starr and Conley's (2006) study, which found the majority of the externship participants were unaware of the extent of the RN's responsibilities. However, after completing the externship program,

the participants reported that they had a better understanding of the multiple roles and responsibilities of the RN (Starr & Conley, 2006).

Participants in the VALOR externship study reported similar beliefs and experiences. Participants shared that they were initially unaware and surprised at the extent of the RN's responsibilities. They reported that school provided them with a sheltered experience and did not expose them to the full aspect of the RN's scope-of-practice. Following participation in the VALOR externship, participants explained they were familiar with the RN's scope-of-practice and the change in responsibilities from student to RN did not feel "sudden."

Gaining clinical competence. Students complain about not having adequate time to develop nursing skills during school (Duchscher, 2001; Mozingo et al., 1995; Pellico et al., 2009) and feel clinical experiences in nursing school do not fully prepare them for the RN role (Hickey, 2010; Sharif & Masoumi, 2005). Researchers suggest the senior year practicum prepares students for the RN role (Anderson & Kiger, 2008; Casey et al., 2011; Wieland, Altmiller, Dorr, & Wolf, 2007); however, studies in this area are scarce (Wieland et al., 2007). Casey et al. (2011) found after completion of a senior practicum, students gained confidence in communicating with patients/families and interdisciplinary staff. However, they still lacked confidence communicating with physicians, delegating tasks, and handling multiple patients (Casey et al., 2011). Casey et al. (2011) reported participants would have preferred additional clinical hours. Other researchers corroborate that new graduate nurses see patient care situations as challenging to their abilities as a novice nurse and need additional clinical time to develop those skills (Benner, 1984; Candela & Bowles, 2008; Delaney, 2003; Etheridge, 2007; Hickey, 2010; Lundberg,

2008; Schoessler & Waldo, 2006). Externships offer additional clinical time for students to practice nursing skills (Butler, 1990; Simpson-Cosimano, 2010) and increase a student's clinical skill performance (Anderson et al., 2009; Jo Ann Kelly Gottlieb, 1992; Rhoads et al., 2003; Ruth-Sahd et al., 2010; Starr & Conley, 2006). Grinstead (1995) discovered when compared with students who do not complete an externship program, externship participants acquired extensive hands-on experiences, which improved their technical skills.

VALOR participants shared they needed more time and hands-on experience during school clinical rotations to become confident performing nursing skills. The externship program was the conduit that provided extra time for students to develop clinical skills. Participants reported having a dedicated preceptor provided them with opportunities to practice clinical skills that were not available in their clinical rotation. They had the opportunity to practice skills repeatedly, which they felt gave them an advantage over nonexternship participants. Participants shared as new graduate nurses they felt knowledgeable about performing nursing skills because of their extensive hands-on experience during the externship program.

Working with patients and their families. Ellerton and Gregor (2003) suggested that new graduate nurses were uncomfortable and apprehensive communicating with patients. Kramer (1974) posited if a nurse is experiencing distress while communicating with patients it will have an effect on the nurse-patient relationship, which may negatively affect patients' well-being. Externship programs teach students the importance of patient communication (Ruth-Sahd et al., 2010; Windsor, 1987).

Participants in the externship program initially approached patients cautiously and rehearsed scenarios with their preceptors prior to speaking with a patient and his or her family. Participants shared they were afraid of communicating with patients prior to the externship program. One participant avowed, during clinical rotations, she would try to avoid talking with patients and families because she was afraid of them. After the summer externship one participant shared, communicating with patients and families "was not so scary." Others articulated patients and their families were not always receptive to or appreciative of staff nurses' care delivered. This was a reality shock for some students. One participant revealed that she never worked with a patient's family during nursing school and was surprised to learn, during the externship program, a family may not respect the patient's wishes. Compared to clinical rotations, where students might see a patient only one time, extern participants believed working with patients on a daily basis and experiencing the challenges that accompany communicating with patients was beneficial. Following the summer portion of the externship program, participants claimed they were more comfortable and confident communicating with patients when they returned to school because they felt experienced.

Being the voice of the patient. New graduate nurses lack the confidence and experience to effectively advocate for patients (Schoessler & Waldo, 2006). They have difficulty deciding what information physicians need to best meet patients' health care needs (Schoessler & Waldo, 2006). Ruth-Sahd et al.'s (2010) research found students begin to understand the importance of patient advocacy during an externship program. They understood the nurse's role includes speaking on a patient's behalf and learned how much input an RN has in patient care (Ruth-Sahd et al., 2010).

During the externship program, participants began to realize, through first-hand experience, that nurses act as a voice for the patient. Participants, in time, were not afraid to voice what the patient wanted to the physician or other health care team members. Participants explained that the experience of calling providers and communicating the patient's needs with health care team members, during the externship program, benefited them as new graduate nurses. Having practiced these skills prior to graduation, participants felt confident in their abilities to act as patient advocates.

Focusing on learning. Wilson (1994) posed the question, "Is clinical practice time for teaching and learning, or is it for evaluation?" (p. 86). Faculty evaluation of clinical performance distracts students and causes increased stress (Kushnir, 1986). Students believed they need to look good, both academically and to the instructor, to receive passing grades and remain in the program (Wilson, 1994). The constraints of the student experience in traditional academic clinical rotations is replaced by "freedom and fearlessness in learning" in an externship program (Rush et al., 2004, p. 291). Here they feel "protected and nurtured" (Cantrell & Browne, 2005, p. 253) and are not worried about being judged (Starr & Conley, 2006). Following an externship, students feel more prepared returning to school (Ruth-Sahd et al., 2010; Starr & Conley, 2006).

Study participants discussed consciously not revealing being uncomfortable with procedures during clinical rotations for fear the instructor would judge and/or reprimand them. Participants shared that, during the externship program, they could consciously and truthfully share concerns with nursing staff and freely admit ignorance. Participants stated they were nurtured and staff were interested in their professional development as

future nurses. Participants explained the externship program decreased their anxiety as nursing students and they were not as anxious returning to school the fall semester.

Surviving in the job. Novice nurses need support to develop professionally (Benner, 1984; Kramer, 1974; NCSBN, 2011), and those who do not feel supported frequently become dissatisfied and experience burnout (Kovner et al., 2007). One in five new graduate nurses does not feel supported and leaves the field within the first year of practice (Altier & Krsek, 2006; Madkour, 2009). Additionally, an average of 52% leave their first nursing position within 2 years of employment (Beecroft et al., 2001; Halfer & Graf, 2006; Hayes & Scott, 2007; Kovner et al., 2007; Persaud, 2008; Pine & Tart, 2007; Rhéaume, Clément, & LeBel, 2011). Although some research findings report that externship programs do not contribute to job satisfaction (Cantrell et al., 2005; Nuttall, 2010) or prevent new graduate nurses from experiencing difficulties (Cantrell & Browne, 2005), others report that externship programs decrease new graduate nurse turnover rates (Butler, 1990; Fire et al., 1984; Jo Ann Kelly Gottlieb, 1992; Harkins et al., 1983; Olson et al., 2001; Trice et al., 2007).

Participants in this study reported that, although they experienced challenges, they were better prepared to respond to those challenges in the new graduate nurse role. Participants believed they were more satisfied in their first nursing position because of the support and experience they received during the externship program. Participants shared the externship program raised their comfort level and belief they could actually become a nurse. They also reflected on how the nurturing behaviors of hospital staff enhanced their learning experiences and development as future nurses. Several participants reported that prior to the externship they contemplated dropping out of the

nursing program, perceiving they were not "suited" for nursing. Without the support and experience of the externship program, participants stated they may not have "made it" as a new graduate nurse. At the time of the interviews, 100% of VALOR extern study participants (with at least 3 but no more than 24 months of experience) remained employed in their first nursing position.

Becoming Decision Makers

According to Kramer (1974), if students do not take what they learned in school and apply it to the real world of nursing, they will not know if they actually learned the material. Studies find new graduate nurses do not have the skills to make sound judgments (Etheridge, 2007; Hickey, 2010) and may have difficulty setting priorities, which can result in delay of patient treatment in emergency circumstances (Redfern et al., 2002).

Safely practicing. Nursing school provides the foundation to practice; employers must then build on that foundation to develop new graduate nurses for the RN role (Goode et al., 2009). Rush et al. (2004) suggested externship programs acculturate students to nursing practice; students begin to think and act like nurses. Kilpatrick and Frunchak (2006) corroborated that externship programs smooth the transition to the RN role.

Participants in this study believed participating in an externship program provided them with experience to make decisions about practice, delegation, priorities, and career choices prior to licensure. One person reported, because of the externship experience, she felt less awkward as a new graduate nurse. Participants believed the externship program provided them with opportunities to practice making decisions in the workplace

and gave them the responsibility of a caring for a full patient load and meeting the health care needs of those patients. While under the guidance of nursing staff, participants found the externship program allowed them to safely test what they learned in school.

Modeling traits of a leader. Delegation is a "dynamic process that involves responsibility, accountability, and authority" (Sullivan & Decker, 2005, p. 144). Nursing students typically lack clinical preparation to delegate duties to subordinates (Hasson et al., 2013). Delegation is confusing, because it is not the focus of nursing education and frequently students do not have a chance to practice delegating to subordinates (Kramer et al., 2012). This may result from the fact that students are not employees and do not have authority to delegate (Feldman & Greenberg, 2005). Participants in the externship program reported having opportunities to delegate to others and shared that modeling their preceptor's approach helped them become more proficient with delegating to others as new nurses. The externship program filled the delegation decision gap that new graduate nurses typically experience due to lack of experience.

Managing multiple patient needs simultaneously. New graduate nurses have difficulty with prioritization of patient care (Benner, 1984; Casey et al., 2004; Feldman & Greenberg, 2005; Halfer & Graf, 2006; Kenward & Zhong, 2006; Kramer et al., 2012). Nurses' ability to prioritize care directly affects patient safety (Fero et al., 2009). Both new graduate nurses and employers recognize the need for developing prioritization skills to provide safe patient care (Goode et al., 2009). Etheridge (2007) suggested after repeated experiences in the clinical setting, new graduate nurses become more proficient at prioritizing. Externship programs provide participants the opportunity to practice skills with increasing levels of independence (Fire et al., 1984).

Study participants shared they felt comfortable taking patient assignments (with RN oversight) and managing their care. They learned to prioritize multiple patients' needs and make decisions about what needed immediate attention. Participants stated they were able to work more independently than their school clinical rotation allowed, which prepared them for the "real-life" experience of decision making related to managing care for multiple patients.

Implication of the Findings

Participants believed the externship program improved their confidence and comfort level transitioning to the RN role. New graduate nurses believed the extra clinical hours offered by the externship program contributed to their "knowing what to do" for patients and were less afraid of making an error; participants believed they were prepared to become an RN. Programs that prepare nurses to transition to the work place are beneficial for students, employers, academic institutions, and health care organizations.

Nursing Education

The AACN (2014) position statement and the IOM (2010) suggested nursing curricula should provide opportunities for students to collaborate with multiple disciplines and jointly plan and make decisions regarding patient care. Working as a team improves patient safety (Salas et al., 2008). The Joint Commission's 2007 national patient safety goal includes effective communication among interdisciplinary health care professionals to protect the public, noting medical errors may occur when there is a breakdown in communication between health professionals (AHRQ, 2009). Kesten (2011) conveyed if communication improves between nurses and other disciplines,

patient safety and outcomes will improve. Prelicensure nursing students are typically educated in isolation and lack opportunities to collaborate with interdisciplinary professionals in a team setting (Aase, Aase, & Dieckmann, 2013; Casey et al., 2011; Ho et al., 2008), because interdisciplinary clinical training in nursing programs is limited (Aase et al., 2013).

Participants in the VALOR externship program shared the benefits of working and collaborating with other health care disciplines as a team member, instead of working primarily with nursing staff during clinical rotations. This experience allowed them to obtain a better understanding of the services other professionals provide. Participants had assigned preceptors in many disciplines, including chaplain, psychology, respiratory, and social work services and therefore felt at ease working and communicating with interdisciplinary staff as new nurses. Educators may benefit from examining the overall practical value of offering students clinical experiences that focus on collaborating with interdisciplinary professionals as team members during clinical rotation.

Nursing Practice

New graduate nurses are expected to assume responsibilities that they may not be fully prepared to accept (Del Bueno, 2005). Trepanier et al. (2012) concluded, "to meet the needs of hospitalized patients, new graduate nurses must be competent, well prepared, confident, and knowledgeable" (p. 212). Prelicensure and postlicensure programs such as externships, internships, and practicum experiences provide additional training for students to acclimate to the nursing role (Boyd et al., 1992; Casey et al., 2011; Kasprisin & Young, 1985; Scheetz, 1989; Woodtli et al., 1998). According to the 2009/2010 NCSBN's survey, employers suggested new graduate nurses would be better prepared to

practice if they obtained additional clinical experience (Budden, 2011). Participants in the VALOR program voiced the additional clinical hours assisted their transition to the RN role, feeling "prepared."

Providing students with additional clinical hours through an externship program positively enhances their nursing practice as new graduate nurses. Participants were more comfortable in the new graduate nurse role because they felt practiced in making patient care decisions independently and approaching other disciplines with questions related to patient care. Externship programs provide practical learning experiences and support for students, which positively affects how they transition to the new graduate nurse role, interact with patients, and collaborate with other health care professionals.

Nursing Research

The findings from this study address a gap in the literature on nursing externship programs and can serve as a foundation for future research to inform nursing education, practice, and public policy. Internship (transition-to-practice) programs are more prevalent and, as compared to externship programs, are supported by the IOM (2010), The Joint Commission (2005), the Carnegie study of nursing education (Benner et al., 2010), and the NCSBN (2014). Participants of nursing internship programs have scored higher on organizational core competencies and have lower turnover rates than nonparticipants (Blanzola et al., 2004; Trepanier et al., 2012). Nuttall (2010) and Steen et al. (2011) posit literature on nursing externship programs is minimal. More research is needed to establish the impact externship programs have on hospital orientation programs, new nurse competencies, recruitment/retention, and transition of new graduate

nurses. Evidence may suggest externship programs have similar benefits to internship programs and contribute to providing safe patient care.

Studies that explore the impact of externships on NCLEX-RN pass rates are scarce. Washburn's (2006) dissertation research found 82 of 90 (91%) externship participants that took the NCLEX-RN exam (associate degree and BSN) passed on their first attempt. Washburn concluded externship participants were more likely to pass the NCLEX-RN on their first attempt and found the majority of participants (58%) thought participation in the externship program contributed to passing the RN licensure examination. Beagle-Casto and Stefanik-Campisi (1991) corroborated an externship program assists in preparing students for the NCLEX-RN. Participants in the VALOR externship shared they reflected on their externship experiences when answering the exam questions. All study participants (100%) passed the RN licensure exam on their first attempt and 11 of them credited the externship program with providing knowledge needed to pass. Future research needs to explore if participating in an externship program impacts NCLEX-RN pass rates.

According to Glenda Fuller, VA's Student Program Manager, approximately 400 nursing students participate in the VALOR program annually at a cost of approximately $6 million. From 2007 to 2011 recruitment rates nationally for VALOR participants were approximately 36% (personal communication, August 30, 2013). A recruitment rate of 36% is low when compared to other externship programs (Cantrell & Browne, 2006; Jo Ann Kelly Gottlieb, 1992; Hughes et al., 1993; Kilpatrick & Frunchak, 2006) and needs exploration.

Public Policy

According to Butler (1990), hospitals can recoup costs by using externship programs to decrease expenses for nursing recruitment and orientation. The Advisory Board's (2008) report, *Building a New Foundation*, noted hospitals are spending $150,000 to $1,000,000 for new graduate nurse orientation. Recruiting, hiring, orienting, and training a new graduate nurse costs approximately $40,000 (Almada, Carafoli, Flattery, French, & McNamara, 2004; Halfner, 2007). New graduate nurses apply to hospitals where they completed an externship program because they feel comfortable and familiar with the organization (Arcaro, 2011; Edwards & Cummings, 1982). Gamroth et al. (2006) found students who participated in a paid prelicensure hospital-based externship needed less time to orient than did nursing students who did not have a prelicensure experience. This study found 10 of 12 (83%) VALOR externship participants applied to the VA and eight were offered positions. Participants indicated they returned to the VA because they did not feel like a "new" employee and were "familiar" with the organization and the staff.

Hospitals and schools of nursing might benefit from seeking funding from organizations that contribute to nursing education. For example, the Robert Wood Johnson Foundation invested more than $592 million to sustain and grow nursing programs (Hassmiller, 2013). Additionally, Johnson and Johnson (2014) and The John A. Hartford Foundation (2014) financially support nursing education. Jonas Center (2014) provides grants to support health care through nursing services. Given the potential benefits of nursing externship programs, foundations and organizations that already support nursing education may consider funding nursing externship programs.

Limitations

Because good recall is essential for study participants' accuracy, the lapse of time between completing the externship program and interviewing the participants must be taken into consideration. There is the possibility that individuals who did not have a positive experience may have chosen to not participate in this study or share the negative aspects of their experiences. In addition, it is possible the participants who work for the VA did not want to speak negatively of a program sponsored by their employer and may have consciously or unconsciously altered their answers.

An inability to control for selection bias in nonprobability sampling is a weakness that can distort the study's findings (Polit & Beck, 2004). The study participants' background, life experiences, and geographical location may have influenced their perceptions of experiencing a student nurse externship. Because the VALOR curriculum is not standardized across the VA system, participants were exposed to different experiences to draw from when responding to questions.

Despite best intentions and efforts to remain neutral, it is possible the researcher subconsciously influenced participants' statements because of the researcher's professional association with the program. It is possible that the four participants the researcher knew at the Salem VAMC altered their responses in an effort to aid the researcher or spoke with one another about the research interview. These participants may have been less descriptive during the interview process, because they assumed the researcher knew about their experiences. In addition, the researcher could have subconsciously interviewed participants from the Salem VAMC differently.

There are no other qualitative studies published on the VALOR program to compare these findings. Findings from study may not apply to diploma or associate degree programs and students with a GPA lower than 3.0. In addition, a federal program may be different from programs that are offered by private health care organizations. Students in the VALOR program cared for service-connected armed forces patients who were mainly male veterans, which may have affected their externship experience.

Chapter Summary

This study revealed the meaning of students transitioning to the RN role following an externship experience. Participants shared they felt confident when transitioning to the RN role, making decisions, and interacting with interdisciplinary health care professionals. This understanding of the lived experience of new graduate nurses' transition to the RN role emerged using van Manen's (1990) method for qualitative research. Van Manen (1990) described the lived experience as "the breathing of meaning" (p. 36).

With the increasing complexity of nursing practice and responsibilities of the RN, offering clinical experiences beyond the academic setting can benefit students, health care organizations, and patients. Health care organizations currently partner with schools of nursing, but could offer assistance in further preparing future nurses through externship programs that are not part of the academic program. The need for a nurse externship program does not reflect negatively on nursing schools. Study participants believed the externship program enhanced their learning, assisted their NCLEX-RN preparation, and complemented the education they received in nursing school. In

addition, participants found the externship program provided them with insight on nursing career possibilities.

Postgraduate internships and prelicensure externship programs provide similar experiences that assist in closing the gap between nursing education and the real world of nursing (Kilpatrick & Frunchak, 2006; Ruth-Sahd et al., 2010). Participants in the VALOR externship program stated the experience connected program learning to nursing practice prior to licensure, allowed assessment of the hospital as a potential employer, and provided patients the care benefit of a new graduate nurse with additional clinical experience. New graduate nurses found they acclimated to the hospital environment more quickly by understanding the challenges health care professionals encounter on a daily basis, which lessened the reality shock of transitioning to the RN role. These findings align with Harkins et al.'s (1983) study, revealing that externship programs decreased the reality shock for new graduate nurses.

As stated earlier, van Manen (1990) asserts there is no conclusion or ending to a phenomenological study. Continued research on hospital-based externship programs will provide evidence on how these programs can assist the development and transition of new graduate nurses to practice and what benefit these programs bring to nursing education, practice, research, and public policy.

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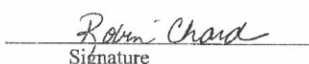
Appendix A

IRB Documents

NOVA SOUTHEASTERN UNIVERSITY
Office of Grants and Contracts
Institutional Review Board

MEMORANDUM

To: Debra Shipman, MBA, MSN, RN

From: Robin Chard, PhD, RN   *Robin Chard*
        Institutional Review Board   Signature

Date: March 18, 2013

Re: The Lived Experience of Transitioning to a New Graduate Nurse
        Following a Pre-Licensure Hospital-based Externship Experience

---

I have reviewed the above-referenced research protocol at the center level. Based on the information provided, I have determined that this study is exempt from further IRB review. You may proceed with your study as described to the IRB. As principal investigator, you must adhere to the following requirements:

1) CONSENT: If recruitment procedures include consent forms these must be obtained in such a manner that they are clearly understood by the subjects and the process affords subjects the opportunity to ask questions, obtain detailed answers from those directly involved in the research, and have sufficient time to consider their participation after they have been provided this information. The subjects must be given a copy of the signed consent document, and a copy must be placed in a secure file separate from de-identified participant information. Record of informed consent must be retained for a minimum of three years from the conclusion of the study.

2) ADVERSE EVENTS/REACTIONS: The principal investigator is required to notify the IRB chair and me (954-262-5369 and 954-262-1992 respectively) of any adverse reactions or unanticipated events that may develop as a result of this study. Reactions or events may include, but are not limited to, injury, depression as a result of participation in the study, life-threatening situation, death, or loss of confidentiality/anonymity of subject. Approval may be withdrawn if the problem is serious.

3) AMENDMENTS: Any changes in the study (e.g., procedures, number or types of subjects, consent forms, investigators, etc.) must be approved by the IRB prior to implementation. Please be advised that changes in a study may require further review depending on the nature of the change. Please contact me with any questions regarding amendments or changes to your study.

The NSU IRB is in compliance with the requirements for the protection of human subjects prescribed in Part 46 of Title 45 of the Code of Federal Regulations (45 CFR 46) revised June 18, 1991.

Cc: Protocol File
        Office of Grants and Contracts (if study is funded)

3301 College Avenue • Fort Lauderdale, FL 33314-7796 • (954) 262-5369
Fax: (954) 262-3977 • Email: *inga@nsu.nova.edu* • Web site: www.nova.edu/cwis/ogc

Memorandum

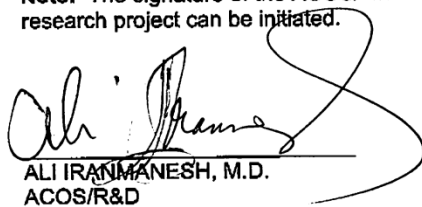**Department of
Veterans Affairs**

Date: January 28, 2013

From: Chair, Research and Development Committee (151)

Subj: Approval of New Protocol

To: Debra Shipman, RN, MSN, MBA (14)

1. The Research and Development Committee reviewed and approved the new protocol DS 0001, **"The Lived Experience Transitioning to a New Graduate Nurse Following a Re-Licensure Hospital-Based Externship Experience"** on Monday, January 28, 2013. This approval includes the following: Investigator-initiated protocol; Checklist for Reviewing Privacy, Confidentiality and Information Security in Research; Request to Review Research Proposal; Abstract; Financial Conflict of Interest Statements; Request for Partial Waiver of Authorization and Waiver of Informed Consent for Screening/Recruitment Purposes for Research; Recruitment Plan; Financial Conflict of Interest Statement; and Research Protocol Safety Survey.

2. Any modification or amendment to the research protocol, including the informed consent form (if applicable), must be approved by the IRB prior to implementation, except when necessary to eliminate immediate hazard to the subjects which must be reported promptly to the IRB.

3. All adverse events, safety reports, and unanticipated problems involving risks to subjects or others, must be submitted to the IRB according to the guidelines outlined in the standard operating procedures.

4. The IRB Chair must be notified of all unanticipated serious adverse events and unanticipated serious problems as soon as possible, but no later than 5 business days of learning of the event, according to the guidelines outlined in the standard operating procedures.

5. This protocol was reviewed and approved by the SRS on January 8, 2013. Additionally, this protocol was reviewed and approved by the IRB on January 8, 2013. The IRB approval is valid through January 7, 2014.

6. A Continuing Review and Research Progress Report must be submitted annually and at the completion of this protocol.

7. The Principal Investigator must notify the R&D Office of publications or presentations related to this research project in accordance with VHA Handbook 1200.19. Please use the **"Presentation or Publication of Research Results Notification"** form in the research folder on the public drive.

Rev. 5-20-11

BRIAN V. SHENAL, Ph.D.

2/21/13
DATE

Note: The signature of the ACOS/R&D below serves as the official notification that your research project can be initiated.

ALI IRANMANESH, M.D.
ACOS/R&D

7-21-13
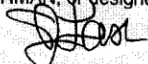DATE

Rev. 5-20-11

VA Department of Veterans Affairs	REPORT OF SUBCOMMITTEE ON HUMAN STUDIES SALEM VAMC

PROJECT TITLE: The Lived Experience Transitioning to a New Graduate Nurse Following a Re-Licensure Hospital-Based Externship Experience

PRINCIPAL INVESTIGATOR:
Debra Shipman, RN, MSN, MBA

IRB PROTOCOL NUMBER: DS 0001	IRB REVIEW DATE: 1/8/13

IRB COMMITTEE FINDINGS:

1. The information given in the Informed Consent under the Description of Research by Investigator is complete, accurate, and understandable to a research subject or a surrogate who possesses standard reading and comprehension skills. ☒ YES ☐ NO ☐ NA

2. The informed consent is obtained by the Principal Investigator or a trained and supervised designate under suitable circumstances. ☒ YES ☐ NO ☐ NA

3. Every effort has been made to decrease risk to subject(s). ☒ YES ☐ NO ☐ NA

4. The potential research benefits justify the risk to subject(s) ☒ YES ☐ NO ☐ NA

5. If subject is incompetent and surrogate consent is obtained, all the following conditions were met: a) the research can't be done on competent subjects; b) there is no risk to the subject, or if risk exists the direct benefit to subject is substantially greater; c) if an incompetent subject resists, they will not have to participate; d) if questions exist about the subject's competency, the basis for decision on competency has been fully described. ☐ YES ☐ NO ☒ NA

6. If the subject is paid, the payment is reasonable and commensurate with the subject's contribution. ☒ YES ☐ NO ☐ NA

7. Members of minority groups and women have been included in the study population whenever possible and scientifically desirable. ☒ YES ☐ NO ☐ NA

8. Waiver of HIPAA Authorization (Full or Partial) approved by Full Review. ☒ YES ☐ NO ☐ NA

9. Protocol-related materials include: Investigator-initiated protocol; Checklist for Reviewing Privacy, Confidentiality and Information Security in Research; Request to Review Research Proposal; Abstract; Request for Partial Waiver of Authorization and Waiver of Informed Consent for Screening/Recruitment Purposes for Research; Recruitment Plan; Research Protocol Safety Survey; and Financial Conflict of Interest Statements

10. Recommendation: (X) Study Approved by Full Review ( ) Study Determined to be Exempt

SIGNATURE OF IRB CHAIRMAN, or designee: STEVEN J. LASH, PH.D.	DATE 2/13/13

VA FORM
10-1223

Revised 3/23/11

Appendix B
Sample of Nursing Externship Programs External to Nursing School (hospital-based)

Program	Compensation	Qualifications	Time Duration	GPA	References	Independent hospital-based program outside the SON	Number of student nurse externs	Contact information
Children's Hospital of the King's Daughter	Paid	2 semesters of clinical	10 weeks	"satisfactory progression"	2 clinical instructors	yes	8 - 10	Linda Grasmick 757-668-8463
Penn State Hershey Medical Center	Paid	Extern I one clinical semester Extern II Several clinical semesters	10 weeks then PRN as an extern	3.0	7 people familiar with the student's work	yes	70	Lynn McCleary 717-531-1118
Roper St Francis Health Care	Paid	Rising senior. Completed med/surg and nursing fundamentals. Open to BSN and ADN students	10 weeks	2.5	2 faculty references	yes	Roper 10 St. Francis 9 Mt. Pleasant 2	Sarah Hipps 843-402-1942 Sarah.hipps@rsfh.com
Mayo Clinic Arizona	Paid	Rising senior nursing student	10 weeks in the summer	"satisfactory grades"	2 faculty references	yes	varies	Pat Slatton slatton.pat@mayo.edu
NYU Longone Hospital, NY	Paid	Enrolled in a BSN program. Completed medical/surgical nursing	Summer	3.5	2 letters of reference	yes	varies	Nurse Recruitment 212-263-7300
St. Jude's Research Hospital Memphis TN	Paid	Rising senior nursing student	8 – 10 weeks in the summer	No GPA requirement	Not required	yes	8	Kim Dancy 901-595-2644
University of Maryland Medical Center	Paid	Rising BSN/CNL senior Completed fundamentals, adult health, and health assessment	36 hours a week during the summer	3.0	2 clinical references	yes	46	Cyndy Ronald Cronald@umm.edu
VCU Health System Virginia	Paid	Rising senior nursing student	12 week summer program	"satisfactory progression"	2 faculty references	yes	33	Gale Rose 804-628-2484
Wellmont Health System Kingsport, TN	Paid	Rising senior nursing student	Summer	3.0	2 faculty references	yes	varies	Nurse recruitment 423-224-6464 423-224-6457

Appendix C
DEPARTMENT OF VETERANS AFFAIRS
Medical Center
Salem, VA 24153

Date: In Reply Refer To: 658/151

Name: Debra Shipman, MSN, MBA, RN
              Office of Employee Education (14A)
Address: 1970 Roanoke Blvd
              Salem, VA 24153

Dear (<insert participant's name>):

The Department of Veterans Affairs (VA) is one of the leaders in health research. An investigator at the Salem VA Medical Center, Debra Shipman is conducting a research study involving nursing students who have previously participated in the Veterans Affairs Learning Opportunity Residency (VALOR) program.

I am a PhD candidate at Nova Southeastern University. For the past 4 years, I have coordinated the VALOR program at the Salem Veterans Affairs Medical Center in Virginia. I am inviting you to participate in my study on the "The Lived Experience of Transitioning to a New Graduate Nurse Following a Pre-Licensure Hospital-based Externship Experience." You were selected as a potential study participant because of your past participation in the VALOR program. The Institutional Review Boards (IRB) at Nova Southeastern University and the Salem Veterans Affairs Medical Center has approved this study.

The purpose of this study is to explore with you how the VALOR externship program affected your transition to the RN role. Interviews will be conducted by telephone or face-to-face depending on geographical location. Participants living in the local area will have the option to interview face-to-face or by telephone. The initial interview will take approximately 30 – 45 minutes of your time and will be audio-recorded. You may be called a second time to clarify any statements which should take approximately 10 - 20 minutes You will be asked to review your transcripts for accuracy after the initial interview. After the researcher themes the data, you will have an opportunity to review your transcripts again to ensure the data accurately reflects what you stated. Two of the participants will

be asked to participate in a pilot study and provide immediate feedback to the researcher on how the interview questions were presented. Pilot study participants will only have one interview lasting 30 - 45 minutes. Interviews will be arranged at a mutually convenient time.

To qualify for this study, you must have previously participated in the VALOR program and worked at least 3 months but no more than 2 years as an RN. You must be working as an RN either full-time or part-time. You **do not** have to work for the Department of Veterans Affairs to participate in this study.

Your participation is voluntary and you may withdraw at any time. If you are interested in participating in this study, please contact me at Debra.shipman@va.gov or my cell phone 540-357-0401. I will be glad to answer questions about the study and discuss the consent form. As a token of appreciation for participating in this study, you will receive a $25 Starbucks gift card.

We invite you to consider participation. Enclosed please find the informational brochure entitled "Volunteering in Research" for additional information about participating in research. If you have any questions, please contact me on my cell phone at 540-357-0401. If you wish to verify that this is an approved Salem VAMC research study, call the Research & Development office at 540-982-2463, ext. 2029.

Sincerely,

_*Debra Shipman*_____
(Study Investigator)

_Debra Shipman_____
Investigator/Study Coordinator

Appendix D
Demographic Questions

Instructions: Please complete the information relating to your previous experience in the VALOR externship program. Double click the check box that corresponds to your answer and a pop-up box will appear. From that box select the word *Checked.* If you make an incorrect selection, use the same procedure and select *Not checked* and then select the correct answer. Please fill out this form and send it back to debra.shipman@va.gov prior to your interview.

1. Please identify your gender: ☐ Female ☐ Male
2. Please select the range that includes your age from the list below:
☐ 20 - 30
☐ 31 - 40
☐ 41 - 50
☐ Over 50

3. How long have you been an RN?
☐ 3 months to 6 months ☐ Over 6 months, but less than one year ☐ Over one year, but less than 2 years

4. Please choose your ethnicity from the list below (select only one).
☐ African-American
☐ Asian
☐ Caribbean
☐ European
☐ Latin, Central, & South American
☐ Middle Eastern
☐ Native American
☐ Pacific Islander
☐ White non-Hispanic
☐ Other

5. Please identify your prior health care experience (more than one may be selected).
☐ Certified nursing assistant/nursing assistant
☐ Emergency medical technician (EMT)
☐ LPN
☐ Paramedic
☐ Respiratory therapist
☐ Other
☐ No prior health care experience

6. How many hours did you participate in the VALOR externship program? If you do not know the exact number, please approximate.
☐ 350 – 400
☐ 401 – 600
☐ 601 – 800

7. Did you participate in any classes during your externship program? (More than one may be selected).
☐ ADVANCE classes
☐ Classes taught by facility experts for the purpose of professional training and development
   If you checked one of the above boxes, how many classes did you attend? (Select one)
   ☐ 1-4
   ☐ Over 5

8. Did you complete an evidence-based practice project as part of your VALOR externship experience?
☐ Yes ☐ No
9. Did you have interdisciplinary experiences as part of the VALOR program? ☐ Yes ☐ No
      If yes, please identify who you spent time with (more than one may apply)
   ☐ NP ☐ Respiratory therapy ☐ Chaplin/Priest/Reverend ☐ Infection Control ☐ Social Work ☐ Other

10. During the VALOR program, did you rotate to different units in the hospital? ☐ Yes ☐ No
      If yes, please identify the units
   ☐ ER ☐ ICU ☐ Medical/surgical ☐ Mental health ☐ Primary care ☐ Surgery

Appendix E
Demographic Questions Results

Characteristic	Total (N = 12)
Gender	
Male	1
Female	11
Age	
20-30	9
31-40	3
RN Experience	
>3 mo-6 mo	3
> 6 mo, less than 1 yr	4
> 1 yr, less than 2 yrs	5
Ethnicity	
African-American	3
Asian	2
Latin, Central, & So. American	1
White non-Hispanic	6
Previous Health Care Experience	
Yes	6
No	6
Externship Hours	
350- 400	2
401–600	3
601-800	7
Completion of an evidence-based practice project	
Yes	9
No	3
Interdisciplinary Experiences	
Yes	10
No	2
Rotation to different hospital areas	
Yes	9
No	3

Appendix F
Response/Category Table
Theme: Feeling Confident

Participant Responses	Subcategories	Categories
Getting insight into nurses' scope-of-practice Becoming familiar with the RN culture	Understanding the Scope-of-Practice	
Experiencing different nursing environments Getting it all done Overcoming obstacles Feeling prepared for the job Feeling experienced	Feeling Clinically Competent	
Attending to patients and families Speaking up for patients Teaching patients Losing the fear of approaching patients	Working with Patients and Family Members • Communicating therapeutically • Providing education • Acting as an advocate	Transitioning to the RN Role
Learning from doctors & other disciplines Experiencing professional growth Developing technical nursing skills Developing skills under guidance Asking questions openly Feeling less anxious about school clinical	Feeling Free to Learn	
Becoming Independent/autonomous Feeling watched over Having my best interest at heart	Feeling Supported and Nurtured	
Getting insight into decision making Bridging school to nursing practice	About Practice	
Delegating to the right staff Understanding delegation Learning delegation by observation	About Delegating	Making Decisions
Prioritizing patient care	About Prioritizing	
Experiencing work/life balance issues Exploring different career options	About Career Choices	
Conversing with interdisciplinary staff Understanding the role of other disciplines	Communicating/collaborating	Interacting with professionals
Becoming familiar with ID staff Feeling Accepted	As a Team Member	

Appendix G
Overview of the Research Process

Methodology: Hermeneutic Phenomenology

Ethics: IRB Clearance

Salem VA IRB & R & D

NOVA IRB

1. E-mail sent to all VA VALOR Coordinators
2. Names of previous VALOR participants sent to researcher by VALOR coordinators
3. Potential participants sent information to participate via e-mail

Informed Consent Obtained

2 Pilot studies conducted for practice
12 Study participants

Interviews Conducted

1. Professionally transcribed verbatim
2. Reviewed tape with transcript
3. Sent participant transcript for review
3. Clarified ambiguities with participants prior to analysis

1. Coded data by hand
2. Grouped raw codes to form subcategories/categories based on interview content
3. Dedoose software used to review co-occurrences, assess relationships, and manage data.

Theme Emerged

Inter-coder Agreement

External to study PhD researcher coded data

Peer Reviewer

PhD researcher reviewed audit trail

Member Checking

Study participants

Findings Confirmed

Appendix H
Rigor—Evaluating Qualitative Research

Credibility

<u>Researcher's familiarity with the organizational culture.</u>
Researcher is a VA employee for 8 years and a VALOR coordinator for 5 years.

<u>Participant Honesty</u>
The researcher attempted to connect with the participant by identifying herself as a VALOR coordinator. Prior to the interview, the researcher talked with the participant. If the participant was a VA employee the researcher tried to connect with them through that commonality. Participants were informed the information is confidential and that their honesty could help revise areas of the VALOR program in the future and contribute to nursing education and how hospitals orient new graduate nurses.

<u>Triangulation</u>
Interview, verbatim professionally transcribed transcripts, field notes, previous research findings, member-checking

<u>Site Triangulation</u>
Previous VALORs from CA, FL, NC, and VA. Participants worked for both VA and non-VA organizations. Participants worked in different areas of the nursing field.

<u>Peer-review</u>
Researcher methods reviewed by PhD nurse (external check)

<u>PI Qualifications</u>
PhD candidate, Salem VA IRB member 4 years, published in peer-reviewed journals, VALOR coordinator 5 years.

<u>Thick Description of Phenomena</u>
This was accomplished using verbatim tape recordings of in-depth interviews, clarification of ambiguities, and member checking.

<u>Member-Checking</u>
Participants were sent study results to verify they correctly captured their experience. 11 participants member-checked.

After reading transcripts participants contacted to clarify ambiguities prior to analyzing.

Dependability

To assist future researchers who may replicate this study a detailed flow chart was created (Appendix G). The methods section in this dissertation can serve as a guide.

Audibility

The establishment of a data trail (see Appendix G).

Confirmability

Helping to ensure the ideas were of the participant and not the researcher the following were used:
Bracketing
Triangulation
Researcher admits predispositions (bracketing)
Short comings of the study are noted in chapter 5
Decisions made and methods used are revealed in the dissertation
PhD nurse coded data independently to assess intercoder reliability (94%)
Audit trail reviewed by PhD nurse
Researcher diagrammatically represents research process (Appendix G).

Transferability

Details of this study; thick, rich descriptions; and participants' quotes are provided for readers to make judgments about this study's transferability to their specific setting. This research is specific to the Veterans Affairs Medical Centers. However, participants' externship experience and the findings of this research may be transferable to other settings.