Transitioning from Experienced Nurse to Resident in Blended Cohort Transition-to-Specialty Nurse Residency Programs

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TRANSITIONING FROM EXPERIENCED NURSE TO RESIDENT IN BLENDED COHORT

TRANSITION-TO-SPECIALTY NURSE RESIDENCY PROGRAMS

BY

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University of New Mexico College of Nursing

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“Transitioning from Experienced Nurse to Resident in Blended Cohort Transition-to-Specialty Nurse Residency Programs”

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Recommendations from the Institute of Medicine promote nurse residency programs for experienced nurses (EN) transitioning to new areas of specialty. A large non-profit healthcare system in the Southwest implemented three Transition-to-Specialty (TtS) residency programs using a blended cohort approach consisting of graduate nurses (GNs) and ENs. Upon review of program outcomes, ENs reported to have higher attrition rates than their GN counterparts. Given the substantial pecuniary loss related to EN turnover, understanding the ENs’ perspectives to achieve successful role transition to a new area of specialty is critical to a successful program. This qualitative descriptive study sought to describe the EN’s perceptions of being a nurse resident in these programs. A thematic analysis, generated from nine participant interviews, revealed five themes: Facilitators, Hindrance, Emotional State, Motivations, and Previous Work History. Facilitators represented the conditions and situations resulting in a positive impact during role transition as a resident to a new area of specialty, while Hindrances focused on the negative impact. Motivations detailed the reasons why the ENs chose to participate in the residency. Emotional State described the emotions expressed by the participants during their transition, and Previous Work History explored the impact of their prior nursing experience. Study results support blended cohort TtS residency programs and address unexpected findings of bullying and marginalization. Implications for practice include EN-focused program promotion and recruitment efforts, addressing bullying in work culture, tailoring the program based on work history, curriculum modifications,
continuation of a supportive environment, and consideration of blended cohort model accreditation.

Keywords: experienced nurse, residency, resident, fellowship, transition, role change, specialty, emergency room, operating room, critical care, Transition to Specialty
I cannot express enough how grateful I am to my sweet husband, who spent countless weekends alone in the living room playing video games while I toiled away at the computer in the back bedroom. He cooked all the dinners and often served me a warm plate while I was in the middle of Zoom sessions with my classmates. A scholar in his own right, he has been my inspiration to continue my education journey. I truly could not have accomplished this degree without him.

I dedicate this accomplishment to him, and to the women in my life I hold dear.

- To my granny, momma, sister, and aunt: I know you looking down from heaven with pride in your eyes.

- To my daughters: You are both amazing young women and I cannot express how much I appreciate your support. I am proud to be your mom.

- To my mother-in-law: Thank you for your encouragement, and ego boosts along the way. I really needed to hear those affirmations.

- To my granddaughter: You are the sunshine in my life and I would move mountains for you. Grandma loves you.

- Oh, let me not forget, my pup, Mojo. Thank you for the cuddles littlest man!
Acknowledgments

I would like to acknowledge the following individuals who made my journey a success:

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- Dr Stiesmeyer
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- My organization and the CNO
- My DNP classmates
- Family & Friends
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<th>Description</th>
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<tr>
<td>CAQDAS</td>
<td>Computer Assisted Qualitative Data Analysis</td>
</tr>
<tr>
<td>CC</td>
<td>critical care</td>
</tr>
<tr>
<td>COBRAM©</td>
<td>Cost-Benefit Return on Investment Analysis Methodology</td>
</tr>
<tr>
<td>ED</td>
<td>emergency department</td>
</tr>
<tr>
<td>EN</td>
<td>experienced nurse</td>
</tr>
<tr>
<td>GN</td>
<td>graduate nurse</td>
</tr>
<tr>
<td>IOM</td>
<td>Institute of Medicine</td>
</tr>
<tr>
<td>ICU</td>
<td>Intensive Care Unit</td>
</tr>
<tr>
<td>IRB</td>
<td>Institutional Review Board</td>
</tr>
<tr>
<td>MeSH</td>
<td>medical subject heading</td>
</tr>
<tr>
<td>OB</td>
<td>obstetric</td>
</tr>
<tr>
<td>OR</td>
<td>operating room</td>
</tr>
<tr>
<td>RN</td>
<td>registered nurse</td>
</tr>
<tr>
<td>TtS</td>
<td>Transition-to-Specialty</td>
</tr>
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</table>
CHAPTER 1.

INTRODUCTION AND BACKGROUND

The Institute of Medicine (IOM) (2011) issued recommendations for transforming nursing practice, which included support for and implementation of nurse residencies for recent nursing graduates and experienced nurses moving into a new area of clinical practice. The American Nurses Credentialing Center (2018), a leading accrediting body, defined registered nurses (RNs) with less than one year of work experience as graduate nurses (GNs) and those with greater than one year as experienced nurses (ENs). Although GN residencies have been in existence prior to the IOM’s call to action report, they have proliferated nation-wide since it was released. However, transition residencies for ENs changing to a new clinical practice area have not had the same level of success (IOM, 2016). Within a large, non-profit hospital system in the Southwest, the clinical education department developed specialty residency programs to meet the transition needs of both GNs and ENs by implementing a blended cohort approach. Blended cohort Transition-to-Specialty (TtS) residency programs offer immersive work-role transition training and support to both GNs and ENs who are new to specific clinical specialty areas within the organization.

Most nurse residency programs are in the acute care hospital setting (Commission on Collegiate Nursing Education, 2015; Edwards, Hawker, Carrier, & Rees, 2015; Rush, Adamack, Gordon, Lilly, & Janke, 2013). This organization developed three blended cohort TtS programs, conducted across three of the eight hospitals within the care delivery system in the Southwest. These residencies include Operating Room (OR),
Emergency Department (ED), and Critical Care (CC). The first residency created was the OR, followed by the ED and CC.

The Clinical Education department initially hires all residents directly. Upon completion of the program, the resident transfers to participating specialty unit within the organization, as defined by the program, through the acceptance of a job offer for an open position. These immersive programs require residents to participate in at least eight hours of weekly didactic sessions, computer-based learning modules, skills labs, simulations, or other related experiential activities. The remainder of the 40-hour work week incorporates clinical application on the specialty unit overseen by a preceptor. Requirements for program participation for all TtS residencies includes a 2-year work agreement contract by the nurse resident post completion of the program to help offset initial investment costs within the organization and to mitigate turnover.

Prior to implementation of the OR TtS program, the service line struggled to maintain occupancy due to the growing shortage of OR nurses and rising costs of contract labor. Most of the perioperative workforce consisted of travel nurses or staff nurses nearing retirement. The organization had significant concerns about financial sustainability and patient care quality, given the chronic employment of specialized agency nurses and a severe lack of qualified replacements. In 2015, the Clinical Education department proposed a best-case plan to develop OR nurses by way of a residency provided by the organization. Recruitment for the first OR residency cohort consisted of internal ENs who aspired to work in the OR, and external GNs and ENs seeking employment with the organization. The OR residency program is six months in duration, with two cohorts annually and a maximum cohort size of eight. This program
has saved millions of dollars in travel nurse costs and created a stable workforce within
the OR setting (Stiesmeyer, 2017).

Prompted by the positive impact of the OR residency program, the organization
implemented the ED residency in early 2017 and the CC residency in late 2017. Senior
nursing leadership selected these specialties as they focus on high-risk patient
populations and are known to have higher rates of nurse turnover (Beltempo, Blais,
Lacroix, Cabot, & Piedboeuf, 2017; Bulut et al., 2014; De Meester et al., 2013).
Comparable to the OR program, these residencies accept ENs and GNs in the same
cohort. The ED and CC TtS programs are four-months in duration with a maximum eight
residents per cohort and three cohorts offered annually. By early 2017, a total 77
residents completed the program. This number was comprised of a mix of 35 ENs and 42
GNs (see Table 1 for a breakdown by program cohort).

Table 1

Residency Program Demographics

<table>
<thead>
<tr>
<th>Program Cohort</th>
<th>EN (n=35, 45.45%)</th>
<th>GN (n=42, 54.55%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>3</td>
<td>37.50%</td>
</tr>
<tr>
<td>2</td>
<td>6</td>
<td>75.00%</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>42.86%</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td>60.00%</td>
</tr>
<tr>
<td>5</td>
<td>2</td>
<td>50.00%</td>
</tr>
<tr>
<td>6</td>
<td>1</td>
<td>14.29%</td>
</tr>
<tr>
<td>7</td>
<td>4</td>
<td>57.14%</td>
</tr>
<tr>
<td>Total</td>
<td>22</td>
<td>47.83%</td>
</tr>
<tr>
<td>ED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>5</td>
<td>83.33%</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>14.29%</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>40.00%</td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
<td>44.44%</td>
</tr>
</tbody>
</table>
Upon periodic review of the collective TtS programs, the residency leadership team noted ENs voluntarily left the organization prior to the completion of the their 2-year work agreement more frequently and had higher incidences of failure to receive job offers post-program completion compared to the GN group (17.14%, n= 6 vs. 9.52%, n=4). The COBRAM© calculator for return on investment estimated the organizational loss related to EN resident attrition to be $78,000-$90,000 per EN resident (Stiesmeyer, 2017). To gain insight into factors that facilitate or hinder successful clinical specialty role transitions in this population, a member from the program leadership team conducted a search for current evidence and found a paucity in the literature. Despite the robust findings for GNs participating in residencies, little data exists regarding ENs in the residency role as they transition to a new specialty.

**Problem Statement**

Reduction of nurse turnover and increased employee satisfaction are primary endpoints for implementing nurse residency programs (IOM, 2016). In a recent national survey, the costs associated with nursing turnover result in a loss of $5.13 million to $7.86 million for an average hospital per annum ranging from $38,900-$59,700 per nurse (NSI Nursing Solutions, 2017). These estimates are even higher for specialty areas. The organization noted approximately half a million dollars in total losses related to EN resident attrition based on COBRAM© estimates. Failure to complete the requirements of the 2-year work agreement results in substantial monetary fines for the employee up to
$10,000 depending on length of employment. The work agreement functions as a financial deterrent to prevent the employee from leaving the establishment prior to recouping initial investment costs, though the threat of financial penalties does not address many of the common factors that contribute to turnover. Contributing factors include dissatisfaction with management, lack of support, and incivility (D'Ambra & Andrews, 2014; Han, Trinkoff, & Gurses, 2015). Exploring the possibility of contributing factors related to turnover may allow program leadership to discover why ENs appear to have more difficulty with the transition process. Residency attrition results in a fiduciary loss to both the organization and the nurse.

Meleis (2010) defines the transition process as an event triggered by change, marked by the passage of time, in which the individual moves from one stable environment to another. ENs participating in blended cohort TtS residency programs present with multiple concurrent transitions. They are transitioning from an experienced nurse to a nurse resident within the same cohort as GNs, and to a new specialty to meet the fulfillment of TtS program requirements. By understanding the EN’s perception of becoming a nurse resident with previous nursing experience, the organization would be able to apply this new knowledge to improve the program for this population, resulting in increased retention rates, program satisfaction of these nurse residents, and cost savings for the organization.

**Study Purpose**

The purpose of this qualitative descriptive study was threefold. The first objective was to gain insight into ENs’ perceptions about transitioning from experienced nurse to nurse resident in blended cohort TtS programs. The second goal was to identify
factors that facilitate or hinder successful residency program completion and role transition for ENs. The third objective was to generate nursing recommendations designed to facilitate the transition process in an effort to reduce turnover and increase retention of experienced nurses in the specialty setting.

**Research Question**

How do ENs participating in blended cohort TtS programs perceive their experience as a nurse resident?

**Central Research Questions**

1. How do nurses describe their experience as a resident?
2. What context or situations have typically influenced or affected their experience?

**Research Sub-Questions**

3. What were the motivations when choosing to become a resident?
4. What are the major satisfiers and dissatisfiers of being a nurse resident?
5. What were the program facilitators and hindrances to successful transition?
6. How does it feel being a resident in a program with GNs?

**Study Aims and Objectives**

The aim of this descriptive qualitative study was to understand how ENs perceive their experience as nurse resident in blended cohort TtS programs. Study results guided recommendations for meaningful nursing interventions designed to facilitate the transition process with an end goal of successful program completion, reduction in turnover, and retention of experienced nurses in the specialty workforce. By meeting the specific needs of the ENs, the researchers hope to reduce post-completion program attrition and increase retention rates for this population.
The following were study objectives:

- Gain insight on the EN perspectives related to resident role transition in blended cohort TtS programs
- Learn the motivations of the EN when choosing to participate in a TtS nurse residency program
- Identify the barriers and facilitators of successful TtS program completion for ENs
- Describe EN satisfaction and dissatisfaction in blended cohort TtS programs
- Understand the how blended cohorts impact successful transition of the ENs
- Generate recommendations for nursing interventions to promote successful transition for EN residents

**Study Scope**

This study focused on ENs who have participated in blended cohort TtS programs at a large non-profit hospital system in the Southwest. The residency programs selected for this study include the CC, ED, and OR.

**Assumptions**

Four fundamental philosophical assumptions govern qualitative research (Creswell & Poth, 2017; Denzin & Lincoln, 2017). These includes beliefs about ontology, epistemology, axiology, and methodology. Integrated throughout the study, the interpretation of these assumptions used a social constructivism lens (Merriam & Tisdell, 2015). Social constructivism accepts reality is socially constructed through group experience with a primary focus on language used to express meaning of the experience (Creswell & Poth, 2017; Denzin & Lincoln, 2017; Merriam & Tisdell, 2015). This
research assumed the ontological belief of multiple realities by exploring experiences of multiple individuals to identify commonalities of the experience. Following the epistemological belief of being as close as possible to the source of information, this study made a concerted effort to close the distance between the researcher and study participant using direct participant quotes, composite participant profiles, and time spent engaged with the study subjects. Demonstration of the axiological belief of value-based interpretations occurred by obtaining participant approval to disclose their experiences at a level of de-identification with which they were comfortable. A qualitative methodology indicated the study was inductive, reflexive, interpretive, iterative, and sought to describe a unique set of circumstances.

**Study Significance**

This study added to the growing body of knowledge regarding nurse residencies and addressed a knowledge gap in the current literature regarding ENs who transition to the nurse resident role in blended cohort TtS programs. By understanding how EN’s perceive their experience as a nurse resident, program leadership can modify the program to meet the specific needs of the EN to improve the program, reduce performance problems, and increase retention. Increases in EN specialty residency retention rates mitigate turnover, reduce travel nurse costs, and reduce the financial burden to the organization related to recruitment and nurse replacement costs. These benefits play a role in positive patient outcomes (Fauteux, 2014).
CHAPTER 2.

REVIEW OF THE LITERATURE

A comprehensive literature review, utilizing the CINAHL, PsycINFO, and PubMed databases, reflected a lack of supporting evidence for both the EN perspective in the role of resident and the role transition process to a new specialty. Search criteria limited articles to ENs who participated in a residency program or transitioned to a new specialty in a hospital setting. Keyword search terms included experienced nurse, residency, fellowship, transition, and change. Subject and medical subject headings (MeSH) restricted results to inpatient nursing staff. To ensure results were specific to the EN, results excluded the following terms: leader, graduate, student, midwife, patient, faculty, practitioner, APN, elder, nursing home, and residential. Boolean operators and truncations facilitated findings, which yielded 226 articles. Initial search limitations included peer-reviewed publications fewer than five years old, published in the English language, and excluded dissertations. Omitted from review were studies focused exclusively on GNs, GN-only residencies, or those that did not investigate the perspective of the EN. Only five articles met all inclusion criteria. Given the dearth of evidence available within the last five years, expanding the search limitations to the previous fifteen years added two more articles to the review, bringing the total to seven.

Transitioning to a New Specialty

The focus of transitioning to a new area of specialty served as a common theme for all the articles reviewed. This review categorizes articles in two groups: those that compare ENs to GNs and those where ENs are the subjects. Three articles explore the transition process between the two groups and four articles address ENs only.
Comparing the Transition Process Between Groups

Although ENs and GNs face the same challenges, the emotional manifestations, stressors, and coping mechanisms are different between the groups (Arrowsmith, Lau-Walker, Norman, & Maben, 2016; Klingbeil et al., 2016; Ziebert et al., 2016).

Arrowsmith, Lau-Walker, Norman, and Maben (2016) conducted a systematic mixed-methods literature review by synthesizing quantitative and qualitative evidence about work role transitions as experienced and perceived by nurses. Utilizing six research databases, the investigators selected peer-reviewed, English language studies between the years 1990-2017 with a longitudinal design yielding 26 qualifying studies. Exclusions included studies that focused on processes, dissertations, midwives as study subjects, or were cross sectional in design. Utilizing the Thomas and Harden (2008) approach to synthesize the data, the researchers created a synthesis for each category of data (quantitative and qualitative), then created a final synthesis combining the two. The authors noted limitations to include potential lack of relevant studies and lack of studies from developing countries. Results categorized nurses into two groupings: novices and ENs.

Arrowsmith et al. (2016) presented two main themes: one that focused on professional identity and the other on skill sets. In their observations, both categories of nurses had issues relating to professional identity and skill set, but at differing degrees and expression. In terms of professional identity, ENs had less emotional distress compared to their new graduate counterparts. Previous work experience tempered the feelings of reality shock to their new environments. Novice nurses struggled with change from student to professional nurse, while ENs reported feelings of anxiety and
inadequacy in their newly assumed role. The data reflected similarities when learning new skill sets. Both groups valued skill development and had the desire to become competent in their new role. Confidence increased with competence. Acclimating to the practice and professional boundaries of a new role were obstacles for ENs compared to novice nurses who sought to understand and comply with the requirements. Findings suggest ENs have greater difficulty with conflict management regarding assimilation into their unfamiliar environment. Key recommendations included providing emotional support for novice nurses and communicating clear practice boundaries for ENs. This systemic review addressed the potential barriers to assimilation and posited the potential facilitator of previous work history.

A group of researchers conducted a mixed-method study at a large pediatric hospital in the Midwest to compare differences between EN and GNs by investigating resident-role transition of experienced and new graduate nurses, resulting in two separate publications (Klingbeil et al., 2016; Ziebert et al., 2016). The year-long residency program consisted of a 5-day general hospital orientation upon hire followed by educational offerings, debriefing sessions, and program evaluations at three, six, and twelve months. An additional post-resident completion evaluation occurred at 18-months. The sample consisted of 118 newly employed nurses assigned to work in the inpatient, surgical and ambulatory settings regardless of their years of experience. GNs comprised 64% of the sample.

Klingbeil et al. (2016) presented the descriptive, correlational quantitative results using a repeated measures approach. The researchers selected the Casey Fink Graduate Nurse Experience Survey-Revised (University of Colorado Hospital, 2006) to collect
quantitative program evaluation data for ANOVA and linear regression models. Study endpoints included stressors and perceived support related to the residency as measured by the Confidence and Comfort Scale (part of the Casey-Fink assessment tool) and investigated similarities between nursing groups.

The study results indicated more similarities than differences between the groups. Both groups showed statistically-significant improvement in organization, prioritization, communication, and leadership skills over time ($p \leq 0.001$). Overall, GNs reported stressors more frequently than ENs. Stressors for ENs decreased significantly after six months. The EN group reflected higher scores in communication and leadership skills. Another finding unique to ENs was the expressed need for support at the 6-month transition period and feeling fully supported by the 18-month mark. GNs persisted in their desire for continued support beyond 18-months. This study recommended expanding nurse residency transition programs to include ENs changing to a new specialty and extending support beyond one year for both groups. The limitations of this study include the focus specifically on the pediatric setting, no control group, and some program attrition of participants. Of the 118 participants, only 40 completed all four evaluation timepoints defined in the study. Study outcomes support blended cohort programs and identify the need for additional support during critical periods of transition for ENs.

In their analysis of the multiple debriefing sessions, Ziebert et al. (2016) addressed the qualitative findings via Sandelowski’s (2000) approach. The three debriefing sessions consisted of small mixed groups of 8-10 participants with a random selection of ENs and GNs per group. Each 45-minute structured session posed four
open-ended questions focused on reflective practice. An assigned facilitator and scribe attended each session. To bolster validity and credibility, the researchers used an investigator-focused triangulation process.

The researchers presented four themes with corresponding sub-themes presented at each residency timepoint at varying degrees referred to as “preceptors, education process, adaptation to the organization, and role transition” (Ziebert et al., 2016, p. E1). Residents perceived preceptors as central to a successful orientation. The number of preceptors and the years of preceptor experience had positive and negative effects on the orientation process. ENs shared that some preceptors disregarded their earlier work history. In addition, they did not want others to make assumptions about their skill level or prior knowledge. Collectively, the group felt a progressive orientation process helped build confidence. Unit mentors (an assigned resource person post orientation) played a pivotal role in fostering teamwork. Participants expressed positive feedback when personally welcomed to the unit by the management team. Visibility of management and senior leadership was particularly impactful for ENs. Unit gossip proved to be a dissatisfier for the group. Residency, as a method to ease role transition, resulted in positive feedback from the nurses. They noted increased confidence and the ability to think critically by the end of the program. ENs reported feeling surprised by the complexity of their new environments.

The researchers summarized key factors leading to stressors and supporters of the program. The volume of preceptors, unavailable mentors, floating to other assigned areas, lack of feedback from leaders after orientation, and organizational changes all contributed to program stressors. Supportive factors included progressive orientation,
engaged mentors, responsive leadership, and unit-based teamwork. Although not the focus of the study, an unintended positive outcome for ENs in a blended cohort proved to be their immersion into an environment where they learned more about the organizational structure from GNs who had previous experience in the organization as a student or nurse technician. Unlike other studies published about residencies, this program included part-time employees, which may have contributed to the low turnout for subsequent debriefing sessions. Study limitations included program attrition of the participants, failure to record the debriefing sessions, and that the validation process omitted participant confirmation of the thematic analyses and thus may not represent the actual views of the participants.

This study provided valuable insight on blended cohort programs from the combined residents’ perspective of ENs and GNs. The data did not offer the percentage of ENs present per debriefing session group per timepoint nor did the results differentiate the themes between groups. This lack of information created a challenge for the reader in determining if the study results fully represented the accumulated opinions of ENs.

**Transition Process for Experienced Nurses**

Using a qualitative approach, Rosser and King (2003) explored the transition of ENs into the hospice setting. The researchers used a purposive sample of nurses with less than six months of hospice experience working in hospice units in Southern England, all of whom had previous nursing experience. Using a constructivist approach, they conducted individually-recorded semi-structured interviews of four triad groups consisting of the novice to hospice nurse, the nurse’s mentor (except for one mentor who declined to participate), and the team leader for a total of 11 participants. To maintain
rigor and credibility, the researchers utilized respondent validation techniques. Transcript analysis, using a constant comparative method, revealed five themes: “expectations, personal and professional development, professional respect, mentorship and support” (Rosser & King, 2003, p. 206). The researchers noted ENs tended to set expectations too high, struggled with having a new work identity, and possessed feelings of inadequacy related to their skill set. They often felt disrespected and marginalized by the other nurses on the unit. They expressed their desire for ongoing mentoring during their transition and emotional support to deal with issues surrounding death and dying.

Limitations of this study include the specificity of the hospice setting, potential bias from the researcher who was also team member, and potential non-disclosure by participants due to their working relationship with the researcher. The results from this study provided key insights on the emotional aspects of transitioning to a new specialty as well as unrealistic expectations the ENs placed upon themselves.

Dellasega, Gabbay, Durdock, and Martinez-King (2009) investigated the orientation needs specific to ENs at a large academic medical center. This qualitative study followed three ENs during their three-month orientation as new diabetic case managers. In their previous role, all functioned at the expert level (Benner, 1984). All participants kept a daily journal for three months and the orientation concluded with a focus group session. The 90-minute focus group session was audio recorded. To facilitate the session, the investigators used three guided, open-ended question prompts. By design, an iterative review process included transcription, cleaning, and coding data by three different research staff members until saturation by group consensus. Themes emerged from the focus group session and the journal entries supported the findings.
Using thematic analysis as the basis for a transition model, the investigators noted three major themes which transpired over the course of the orientation period. The first stage of transition, referred to as “assessing expectations” (Dellasega et al., 2009, p. 4), occurs during the initial days and weeks in the new role. In this stage, participants reported feelings of self-doubt and questioned their decision to change roles. The nurses felt surprised at feeling like a novice again. The second phase of transition, “realistic appraisal” (Dellasega et al., 2009, p. 4), occurred after the official orientation period was over. During this phase, the participants recognized their own knowledge deficits. They expressed the need for ongoing feedback from management to help boost their confidence. “Acceptance” (Dellasega et al., 2009, p. 5), the final phase occurring around the three-month mark, reflected their growing confidence in their new role. Resiliency based on prior work experience was the central theme. During this phase, the participants felt, given their previous success as a nurse expert in their former role, they would be able to be successful in the new one. Successful role transition included feelings of comradery with their nursing peers in the specialty environment.

A summary table detailed the unique needs of an EN and the associated consequences of those needs. According to the authors, there are five situations to consider when designing an orientation program for this population. One situation to consider is work history. Having prior nursing experience contributes to realistic expectations of the new role. Another is previous related experience, which may assist with the transition process. The researchers recommended leadership be cognizant of Clance and Imes’s concept of imposter phenomenon (as cited in Dellasega et al., 2009). This phenomenon occurs when the nurse has feelings of inadequacy regarding the new
role and believes others expect them to function at a higher level than they are capable of because of their previous nursing experience. Another dynamic to consider is significant life change. According to the researchers, leadership must recognize that changing to a new specialty is a major life change, requiring a marked period of adjustment. Finally, the context in which the transition occurred could have an impact on the nurses’ orientation needs. Understanding the motivation for the role change (e.g. issues experienced in previous roles, divorce, moving to a new city, or professional advancement) provides management with information to tailor the transition and meet the needs of the EN.

This study provided robust recommendations for ENs transitioning to a new role, though there are limitations. The researchers did not specify the interpretive framework or theoretical model utilized in interpreting the data. Therefore, the reader is unable to link philosophical assumptions with the presented outcomes (Creswell & Poth, 2017). The type of specialty transition evaluated for this study is specific to a diabetic case manager’s role. Additionally, the study sample size was small even by qualitative standards, and represented nurses who were experts in their previous field; thus, prior level of experience might not be relatable to other ENs who were not functioning previously at the same level. Lastly, the article did not address rigor, validity, or credibility through bracketing, disclosure of investigator bias, or the use of triangulation.

In their qualitative Heideggerian phenomenology study, Gohery and Meaney (2013) investigated the transition process for experienced general floor nurses moving to the critical care environment. Subjects consisted of a purposive sample of nine nurses who transferred to the Intensive Care Unit (ICU) within five years of study recruitment to
a large teaching hospital in the Republic of Ireland. The study design consisted of face-to-face, semi-structured interviews along with an interview guide. They were constructed to elucidate information about the nurses lived experience in transitioning to a new specialty and lasted 20-40 minutes. Field notes on non-verbal communication along with audio recordings of the interviews facilitated transcription for later analysis. In the style of Van Manen (as cited by Gohery and Meaney, 2016), the thematic data analysis incorporated field notes and the researchers’ interpretations coupled with participant confirmation of validity. The study addressed qualitative rigor using Lincoln and Guba (1985) criteria. The researchers present four themes coined “highs and lows, you need support, practice-theory gap, and struggling with fear” (Gohery & Meaney, 2013, p. 324).

The nurses reported positive and negative emotions related to transition such as elation and excitement coupled with anxiety and self-doubt. They desired continuous support by senior staff and leadership throughout the transition process. Noted transition barriers stemmed from inconsistent preceptorship timeframes. This lack of preparation left participants feeling ill-prepared to care for critically ill patients. They did not feel confident in their new abilities, which lead to feelings of embarrassment and insecurity. Regardless of previous work history, the nurses conveyed feeling overwhelmed by the technology on the unit and struggled to adapt to their new identities. The researchers suggested the transition process may improve with additional education and ongoing support.

This study offered descriptions from the ENs’ perspective as they transition to a new specialty. The limitations of the study mentioned small sample size; however, ideal sample sizes for qualitative research, noted by Creswell and Poth (2017), range from 8-10
participants, and this study fell within those parameters. According to the authors, at the
time of publication, this study addressed the lack of published data related to ENs
transitioning to critical care. Like Rosser and King (2003) ten years prior, study findings
indicate ENs struggle with role transition emotionally, socially, and in the clinical
practice of new skills.

Bell, et al. (2015) implemented a pilot program to facilitate successful transition
and retention of ENs into the obstetric (OB) specialty area. The 18-month pilot program
consisted of four ENs new to OB. To evaluate program satisfaction, the pilot
incorporated focus groups, surveys, and interviews. The administrative staff and
educators participated in focus groups and interviews while the ENs provided anonymous
feedback via evaluation surveys. The literature presents a synopsis of the participants’
comments supported by direct quotes. The nurses felt having prior related work
experience (gynecology) proved to be useful in creating a smoother transition. All
informants stated the program helped increase their confidence and decreased their
anxiety as they progressed through the curriculum. The study evaluations specifically
addressed the imposter phenomenon, based on Dellasega, et al. (2009) findings; however,
all the nurses interviewed denied having this experience. By implementing the
fellowship program, the labor, delivery, and recovery units increased the number of OB
specialty nurses, and decreased vacancy rates.

The authors addressed several study limitations such as small sample size, and
failure to include the nurses in the focus group sessions. The study is specific to the OB
setting and all participants had prior related experience, which may have had a
confounding effect on the outcomes. From the reader’s perspective, the study design did
not address a qualitative framework, account for rigor and credibility, or detail the questions posed by the researchers. The reader is unable to determine if the synopsis reflects researcher bias, and if the views are a true representation of the ENs experiences. Despite these limitations, this study provided insight regarding the utility of previous nursing experience in a related field as a facilitating factor in the transition to a new specialty.

**Literature Review Summary**

The review of literature provided supporting evidence about the unique needs of ENs who transition to a new specialty. Common themes noted within the literature include emotional upheaval, performance expectations, issues with role identity, the role of previous work history, the need for ongoing support, and challenges assimilating to the new team (Arrowsmith et al., 2016; Bell et al., 2015; Dellasega et al., 2009; Gohery & Meaney, 2013; Klingbeil et al., 2016; Rosser & King, 2003; Ziebert et al., 2016). When compared to GNs, both groups exhibit emotional manifestations and stressors related to their transition but at differing degrees (Arrowsmith, Lau-Walker, Norman, & Maben, 2016; Klingbeil et al., 2016; Ziebert et al., 2016). In addition, the coping mechanisms for each group had a different focus, and acquisition of new skill sets are less of a challenge for ENs as they transition to unfamiliar environment. The information gleaned from the review highlighted specific challenges ENs encounter as they transition to a new specialty.

Gaps in the literature remain unaddressed, specifically regarding the transition process in a specialty residency program for critical care, emergency department, or operating room. For example, only one study consisted of a non-blended cohort of
residents focusing explicitly on the role of the experienced nurse as a resident; however, the specificity of the specialty area (OB) may not prove to be relatable to the CC, ED, and OR programs (Bell et al., 2015). In addition, the qualitative components of the study included informal interviews without an interpretive framework, nor did it account for rigor and credibility standards for qualitative trials (Denzin & Lincoln, 2017). Two studies explored blended cohort residency programs (Klingbeil et al., 2016; Ziebert et al., 2016) again with similar gaps, as they represented only the pediatric specialty. Further, Ziebert et al. (2016) presented their findings as a combined composite profile of both groups with minimal direct quotes from ENs. Three studies explore the transition to a specialty area from the EN’s perspective but were not residency focused (Dellasega et al., 2009; Gohery & Meaney, 2013; Rosser & King, 2003).

Addressing the brevity of evidence required further research. Understanding the practical, emotional, and social aspects of being an EN resident transitioning to new specialty will assist residency leadership in designing and implementing blended cohort specialty residency programs to facilitate a smoother transition. Smoother orientation and onboarding transitions result in higher employee satisfaction and contribute to reduced turnover and attrition (Cho, Lee, Mark, & Yun, 2012; Edwards et al., 2015; Hillman & Foster, 2011).
CHAPTER 3.
THEORETICAL MODEL AND METHODOLOGY

This study utilized the nursing theoretical framework of Meleis’s (2010) middle-range transitions theory which acknowledges the complexities of role transition. This theoretical framework served as the foundation for central and sub research questions, which explored the nature, conditions, and response patterns associated with the ENs residency transition. The transition theory framework consists of six interwoven components (see Figure 1). The central question of “How do ENs describe their experience as a resident?” allowed for an open-ended response applicable to any of the model components. The types, patterns, and properties define the nature of the transition. The central question posed about contexts or situations that have affected the ENs experience align with the nature of the transitions, as did the sub-question regarding motivations to become a resident. Transition conditions refer to the facilitators and inhibitors of the change aligned with the sub-questions addressing these conditions. Detailed in the patterns of response section of the model are the hallmarks of successful transition, reflected as the product of progress and outcome indicators. The additional sub-questions included personal satisfiers, dissatisfiers, and experience working with GNs.
Theoretical Model

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<tr>
<th>Nature of Transitions</th>
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<td>Types</td>
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<tr>
<td>Developmental</td>
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<tr>
<td>Situational</td>
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<td>Health/Illness</td>
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<td>Organizational</td>
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<th>Patterns</th>
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<td>Single</td>
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<td>Multiple</td>
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<td>Sequential</td>
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<td>Related</td>
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<tr>
<td>Unrelated</td>
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<tr>
<th>Properties</th>
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<tbody>
<tr>
<td>Awareness</td>
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<td>Engagement</td>
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<tr>
<td>Change and Difference</td>
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<td>Transition Time</td>
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<tr>
<td>Span</td>
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<td>Critical Points and</td>
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<td>Events</td>
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<table>
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<tr>
<th>Transition Conditions: Facilitators &amp; Inhibitors</th>
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<tbody>
<tr>
<td>Personal</td>
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<tr>
<td>Meanings</td>
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<td>Cultural Beliefs &amp; Attitudes</td>
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<tr>
<td>Socioeconomic Status</td>
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<tr>
<td>Preparation &amp; knowledge</td>
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<table>
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<tr>
<th>Patterns of Response</th>
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<tr>
<td>Progress Indicators</td>
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<tr>
<td>Feeling connected</td>
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<tr>
<td>Interacting</td>
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<td>Location and Being Situated</td>
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<td>Developing Confidence and Coping</td>
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<th>Outcome Indicators</th>
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<td>Mastery</td>
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<td>Fluid Integrative Identities</td>
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<th>Nursing Therapies</th>
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![Figure 1. Transitions: A middle range theory](image)

Repubhlished with permission of Springer Publishing Company, from *Transitions theory: Middle-range and situation specific theories in nursing research and practice*, A. I. Meleis, 2010; permission conveyed through Copyright Clearance Center, Inc.

Methodology

Study Design

This study used Sandelowski’s (2000) qualitative description approach designed to minimize interpretations and inferences of the researcher by presenting findings as described by the participants’ experience in everyday language. The Study Design Model provides an overview of the study procedures (see Figure 2). To obtain data from the perspective of the participants in their own words, the research focused on participant interviews using an Interview Guide and Observational Memos (see Appendices A and B). Transcribed interview data resulted in codification and categorization of recurrent or similar words and phrases to identify emerging themes. Thematic analysis described the...
ENs residency experience, leading to researcher recommendations of nursing interventional to improve role transition.

Figure 2. Study Design Model created by R. Frija April 2019.

Ethical Issues

Protection of human subjects. The researchers conducted the study in accordance with Ethical Principles and Guidelines for the Protection of Human Subjects of Research (referred as the Belmont Report), Federal, State, and local regulations related to human research protections (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1978). Prior to implementation, the researchers obtained Institutional Review Board (IRB) review and approval for the study to include verbal informed consent from all participants prior to the conduct of the study (see Appendices E and F).

This was a minimal risk study, as there were no intervention or personal identifiers collected for research purposes. Minimal risks associated with this study included potential for confidentiality and privacy breach, deductive disclosure of participant identity, perceived coercion by the participant, and emotional distress related to study questions. To mitigate these risks, participants were able to end the interview session at will, at any time, without repercussion. Participants were able to choose not to
answer any of the research questions posed to them, and freely shared as little or as much information as they felt comfortable with. The IRB granted a waiver of consent documentation as this would be the only record linking the participant to the study.

**Ethical data analysis.** Fictitious names and locations helped protect participant privacy. Participant composite profiles conveyed collective interpretations of their experience to improve anonymity. Deductive disclosure occurs when the participant can be identified through other characteristics despite using de-identified data (Kaiser, 2009). To mitigate this risk, at the end of the interviews the researcher completed the Post-Interview Confidentiality Data De-Identification Form (see Appendix C) acknowledging the level of de-identification desired by the participants in relations to their statements. Acknowledgement of the level of de-identification by the participant ensures the Human Subjects Research Protections principle of respect for persons, as the participant had control over the data disclosures (Kaiser, 2009).

**Setting and Resources**

The research was conducted at a large non-profit healthcare system in the Southwest. Interview sessions took place in private conference rooms located off-site from the hospitals. Interview sessions required voice recorder and pen and paper for note taking. For interviews not occurring in person, the researcher offered the option of video conferencing software and/or telephone.

**Study Population**

The study population consisted of a convenience sample of 35 ENs, defined as RNs with greater than one year of nursing work history, who have completed one of the organization’s OR, ED, or CC TtS programs, including those who may have left the
organization. To prevent perceived coercion, exclusion criteria included residents who have yet to complete program. Creswell and Poth (2017) recommended 5-25 participants for a qualitative study and suggest saturation occurs with 12-15 participants; therefore, the recruitment goal for this study was 15 total participants. The researchers conducted a total of nine interviews. The recruitment period lasted for approximately three months. The researchers presented IRB-approved recruitment scripts to all potential qualifying participants either via email or telephone call. The researchers contacted those who expressed interest in participating and provided additional information regarding the study.

Sources of Data

Sources of data consisted of transcribed audio-recorded one-on-one interview sessions. Observational Memos reflected self-reported descriptive data regarding years of experience and previous work history in a categorical format. In addition, data extrapolated from a confidential report issued from the healthcare systems residency tracking database provided the residency demographics of the OR, ED, and CC residency programs included in Table 1.

Data Collection Process and Tools

The researchers conducted audio-recorded, semi-structured interviews with the assistance of an Interview Guide (see Appendix A). Observational Memos recorded field notes and descriptive data during the interview process (see Appendix B), allowing for the collection of descriptive data regarding years of previous nursing work history and similarity to residency specialty. Work history obtained followed the Benner (1984) model: advanced beginner = 1-2, competent = 2-3, proficient= 3-5, and expert = greater
than 5 years of experience. Using yes or no responses, participants self-reported if their previous experience was similar or dissimilar to their residency specialty.

Interviews lasted approximately 30-60 minutes. All interviews were initially offered as in-person sessions. If the participant could not attend in-person, they were offered the option of video-teleconference or a telephone interview, respectively. At the request of the participants, two of the nine interviews resulted in telephone sessions. No one opted for video-teleconference. Immediately after the interview, participants acknowledged the level of de-identification they desired to have applied to the disclosure of their statements (see Appendix C).

Data Analysis

Utilizing Computer Assisted Qualitative Data Analysis (CAQDAS) software, titled NVivo 12, the researcher uploaded manually transcribed audio-recording data for codification and categorical analysis. As recommended by Saldaña (2016), participant responses were initially coded in chunks into general nodes of information based on the questions asked by the researcher. Subsequently, the general nodes of information were further refined into categories identified by recurring patterns of responses. These categories were revised and grouped together through the process of reflexivity and iteration. Categorical analysis aided in the development of emerging themes representing the collective experience of the participants. Descriptive data regarding years of experience and previous work history collected categorically via Observational Memos (see Appendix B) aided in drawing conclusions regarding the effect of previous work history on successful transition.
Data Protection Plan

Electronic data were stored on an encrypted, password protected personal laptop with remote data wipe capability in the event of theft or loss. Upon completion of the transcription process, the audio recordings were destroyed. Print material remain secured in a locked cabinet located in a locked room accessible only to the researcher. The data will be stored for no less than seven years, as per the policy of the IRB approval and will be destroyed in compliance with state and federal regulations.

Qualitative Rigor

Rigor for qualitative research emphasizes the concepts of dependability, confirmability, credibility, and transferability, which are analogous to reliability, objectivity, internal validity, and external validity in quantitative studies (Lincoln & Guba, 1985). To establish credibility, the researchers applied reflexivity throughout the study using Observational Memos (see Appendix B). In addition, the researcher collaborated with participants by seeking input related to the de-identification of their data disclosure. Confirmability and dependability were established during the coding process using a code book and the maintenance of an audit trail (Denzin & Lincoln, 2017). Direct participant quotes and participant composite profiles supports the transferability of the data analysis (Creswell & Poth, 2017; Merriam & Tisdell, 2015).

Study Timeline

- 2018, April-July: IRB review and approval
- 2018, August-October: Subject recruitment and interviews
- 2018, October-December: Transcription of audio recordings, coding, and analysis of data
• 2019, January-February: Thematic analysis

• 2019, February-March: Address study limitations, discussions, and recommendations

• 2019, March: Prepare, and submit for scholarly defense as per University of New Mexico, College of Nursing Doctorate of Nurse Practice guidelines

• 2019, April: Present findings

• 2019, May and onward: Dissemination

**Budget**

The researcher bore all costs of the study. A one-time $5.00 gift card for participation was issued to study participants in alignment with qualitative reciprocity principles (Creswell & Poth, 2017). In addition, a two-year subscription for CAQDAS NVivo12 software was purchased for $105.00. Total budget was $150.
CHAPTER 4.
RESULTS AND DISCUSSION

Results

Of the nine participants, two-thirds self-reported being competent or proficient in their previous nursing role and only two reported prior work experience similar to the residency specialty (see Tables 2 and 3).

<table>
<thead>
<tr>
<th>Table 2</th>
<th>Previous Level of Nursing Experience</th>
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<tbody>
<tr>
<td></td>
<td>n</td>
</tr>
<tr>
<td>Advanced Beginner</td>
<td>2</td>
</tr>
<tr>
<td>Competent</td>
<td>3</td>
</tr>
<tr>
<td>Proficient</td>
<td>3</td>
</tr>
<tr>
<td>Expert</td>
<td>1</td>
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</table>

<table>
<thead>
<tr>
<th>Table 3</th>
<th>Similar vs Dissimilar to Residency</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>n</td>
</tr>
<tr>
<td>Similar</td>
<td>2</td>
</tr>
<tr>
<td>Dissimilar</td>
<td>7</td>
</tr>
</tbody>
</table>

Categorical analysis resulted in $N = 313$ references (33,498 words), from the collective nine interviews, of codified data from which five major themes emerged: Facilitators, Hindrances, Motivations, Emotional State, and Previous Work History.

Facilitators had the largest number of references ($n = 161, 51%$), followed by Hindrances ($n = 70, 22%$), Motivations ($n = 38, 12%$), Emotional State ($n = 22, 7%$), and Previous Work History ($n = 22, 7%$). Several sub-themes described the defining characteristics of each major theme (see Table 4). Direct participant quotes supported the theme analysis and description. Composite participant profiles provide contextual information and interpretation of findings. References to the total number of participants who responded to a sub-theme serves to add emphasis to the outcome.
Table 4

*Thematic Analysis*  
*(N = 313 References)*

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sub-Theme</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emotional State</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Love/Hate</td>
<td>13</td>
<td>59%</td>
</tr>
<tr>
<td></td>
<td>Scared, Anxious, or Stressed</td>
<td>7</td>
<td>32%</td>
</tr>
<tr>
<td></td>
<td>Work/Life Balance</td>
<td>2</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Facilitators</strong></td>
<td></td>
<td>161</td>
<td>51%</td>
</tr>
<tr>
<td></td>
<td>Program Structure</td>
<td>75</td>
<td>47%</td>
</tr>
<tr>
<td></td>
<td>Support</td>
<td>59</td>
<td>37%</td>
</tr>
<tr>
<td></td>
<td>Working with GNs</td>
<td>27</td>
<td>17%</td>
</tr>
<tr>
<td><strong>Hindrance</strong></td>
<td></td>
<td>70</td>
<td>22%</td>
</tr>
<tr>
<td></td>
<td>Bullying</td>
<td>31</td>
<td>44%</td>
</tr>
<tr>
<td></td>
<td>Marginalizing</td>
<td>18</td>
<td>26%</td>
</tr>
<tr>
<td></td>
<td>Program Curriculum</td>
<td>18</td>
<td>26%</td>
</tr>
<tr>
<td></td>
<td>Work Agreement</td>
<td>3</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Motivations</strong></td>
<td></td>
<td>38</td>
<td>12%</td>
</tr>
<tr>
<td></td>
<td>Only Way In</td>
<td>14</td>
<td>37%</td>
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<tr>
<td></td>
<td>Completely Different</td>
<td>13</td>
<td>34%</td>
</tr>
<tr>
<td></td>
<td>Professional Growth</td>
<td>11</td>
<td>29%</td>
</tr>
<tr>
<td><strong>Previous Work History</strong></td>
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<td>22</td>
<td>7%</td>
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<tr>
<td></td>
<td>Advantage</td>
<td>14</td>
<td>64%</td>
</tr>
<tr>
<td></td>
<td>Disadvantage</td>
<td>4</td>
<td>18%</td>
</tr>
<tr>
<td></td>
<td>No Impact</td>
<td>4</td>
<td>18%</td>
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**Findings**

**Facilitators.** Facilitators represent the conditions and situations resulting in positive impact during role transition as a resident and to a new area of specialty. Over half of the references were facilitators resulting in an overall satisfying experience promoting role transition. Three sub-themes were identified: *Program Structure* (*n* = 75, 47%), *Support* (*n* = 59, 37%), *Working with GNs* (*n* = 27, 17%). Specific satisfiers of the residency program structure included clinical rotations, classroom time, and an extended orientation period. All nine participants mentioned clinical rotations as a facilitator to
transition to the specialty. The rotations require the resident to rotate through various facilities, units and clinical roles related to the specialty. To quote one EN, “We were put in different roles throughout the specialty, so we got to see how everything works as a whole.”

The sub-theme Support represented a variety of support mechanisms provided throughout the residency experience. These include support provided by the unit staff, peers, program mentors, continuous support by all, and the residents’ families. Unit support is the support provided by unit preceptors and managers. All nine participants expressed feeling supported by the unit. One EN quoted the unit preceptor who told her upon joining the unit, “Oh, you're one of us now!” Peer support is that provided by other residents to one another. Program mentor support referenced the program coordinator who oversees the residency. There were a few references to being “continuously supported” by all during and after the residency. As one EN explained “I feel like the support just continued afterwards. So, it was always there. It just continued.”

Working with GNs reflected positive experience overall for the ENs. They felt the GNs brought a new perspective to residency. As one EN shared, “It gave us a chance to learn from each other.” They received satisfaction from being able to mentor the GNs as well. For others, working with GNs did not make a difference in their residency experience, “since the field was kind of new to everybody it didn't really feel out of place or anything.”

**Hindrances.** Hindrances represent the conditions and situations resulting in a negative impact on role transition as a resident and to a new area of specialty. This theme consists of nearly a quarter of the references. Four sub-themes were identified: *Bullying*
According the ENs, bullying was a major dissatisfier and created hostile work environments where they felt intimidated. One participant stated explicitly, “I was dissatisfied because there was the bullying that I encountered.” Another described the environment as, “a little cutthroat”. Others shared their bullying experiences: “I was almost afraid to be ridiculed or something here in front of my peers,” “There were a few time I felt like if I did see something wrong, those people would be reprimanded,” and “You will get yelled at by a provider at some point.” All nine participants reported experiencing bullying at some point during their residency. Bullying occurred from a variety of sources such as the preceptors, unit staff, providers, unlicensed staff (techs), and the program instructors. There were no references to bullying within the cohort. The researcher was unable to determine a pattern of behavior from any single source. Upon disclosure of the physical and verbal abuses, the interview was paused to ensure the incidents had been reported appropriately with follow-up per organizational policies. In situations related to physical abuse the residents reported the bullying and escalated to management.

The Oxford Dictionary (2019) defines marginalization as a verb meaning to “Treat (a person, group, or concept) as insignificant or peripheral.” This definition was used for this sub-theme. Although similar to bullying, the identified actions were not as overt. Most of the participants reported preceptors referred to them as or treated them like a student. ENs stated, “They just thought we were students which was kind of surprising
to me,” and “a lot of the nurses that we were assigned to treated us as though we were students instead of actual nurses.” The ENs felt the preceptors and residency coordinators stifled their progress by not allowing them to practice to their full potential. For example, ENs shared, “You know you wouldn't really get the hands on,” and “The dissatisfiers of being a resident, an experienced resident, is that they group you with the residents, as a novice learner, so they limit you.” They felt the preceptors and program coordinators did not account for or consider their prior work history. Another EN shared, “I had previous experience, but it honestly has felt like my hand was being held a little bit too long.” To keep overtime costs to a minimum, residents shared they were often required to leave the units at the exact time their shift concluded which left some ENs feeling as if their ethics were compromised. One EN shared, “Having been an experienced nurse, I have this work ethic where it's like, ‘I'm not leaving until it's done,’ you know.”

Program Curriculum encompasses the specific requirements of participation in the residencies such as didactic and skills, online modules, journaling, and clinical rotation work schedule. ENs reported dissatisfaction with the curriculum alignment of online modules, didactic reinforcements, and skills application. One example offered was, “We would do the module but then we wouldn't do the actual hands-on part of it until the following week.” The program also only offered exposure to day shift. This proved to be a hindrance for the ENs as they felt they needed the opportunity to practice in the setting they would later be required to fulfill. “I think one night-shift would be good just to dip my finger in the water.” Others shared what they would change about the program to improve their experience such as removing the journaling requirements, spending more
time in clinicals experiencing the various roles of care team members, and adding more case studies to the curriculum.

The Work Agreement sub-theme only had three references. Three ENs felt the work agreement was a long commitment and feared incurring debt should they want to leave. “It's always a scary thought that once you sign on, you have that ten thousand dollars you have to pay back if you don't work for two years. That was a problem for me.”

Motivations. Motivations comprised 12% of the references and reflect the reasons why the ENs chose to participate in a residency. These responses were clustered into three sub-themes: The Only Way In, Completely Different, and Professional Growth. The sub-theme The Only Way In \((n=14, 37\%)\), reported the ENs difficulty entering the specialty field directly or through a position transfer. Managers declined to hire experienced nurses to the specialty without prior specialty experience, leaving residency as the only option for entry. One EN shared her experience trying to apply for a specialty position directly, “I was told by the manager that I couldn't work there without experience. Well how do I get experience? I really want to work there. I want to work in this environment.”

Completely Different \((n=13, 34\%)\) refers to feelings of the specialty areas being so vastly different from their current experience they needed a residency to be successful in the field. Eight of nine ENs mentioned the phrase, “whole other world.” One offered her recommendation to other ENs considering a specialty residency, “I wouldn't do it without it or recommend doing it without a residency.” In the last sub-theme, Professional Growth \((n=11, 29\%)\) ENs joined the residency to develop themselves
professionally. They felt the need to take their careers in a different direction. One nurse shared, “I knew this type of training would just make me become a better nurse and proficient.”

**Emotional State.** Emotional State reflects the emotion expressed by the participants during and after their residency as they transitioned to their new role in a specialty area. This theme represents only 7% of the references, yet offers insight regarding the emotional instability experienced by the ENs. This theme has three sub-themes labeled as *Love/Hate* (*n* = 13, 59%), *Scared, Anxious, or Stressed* (*n* = 7, 32%), and *Work-Life Balance* (*n* = 2, 9%). *Love/Hate* represents the labile emotions from one extreme to another in terms of how the ENs felt about their residency and specialty transition experience. ENs describe feelings of elation one moment followed by hopelessness the next. They reported feelings of self-doubt followed by deep sense of pride after mastery of their new skills. Some of the sentiments shared were, “During residency I felt tons of emotions. Some days I was super excited it was a great day. Other days I was like ‘Oh I hate this. It's so hard’,” “It was terrifying at first but then you get a lot of satisfaction and pride in what you do,” and “It was kind of an emotional roller coaster.”

Others expressed feeling Scared, Anxious, or Stressed most of the time. The ENs reported feeling scared of harming someone, anxious about working in a new environment, or stressed about the demands of the program. They expressed having higher expectations of themselves. These negative emotions left some ENs feeling inadequate in their new role.
One EN shared her experience:

So, I was like OK, I'm working really hard and I'm trying to pay attention and focus, and follow what they're telling me, but I'm still making mistakes and I'm still forgetting things. You just feel really down on yourself. You feel like, ‘I could've done better. I should've done better. I should have paid attention more.’

So, it's just more of an internal thing, I think.

Two ENs mentioned challenges with work-life balance and the demands of the residency resulting in feelings of guilt. One stated she felt it was an ongoing struggle to maintain balance between the demands of program, specifically the homework requirements, and the demands of her home life as a wife and mother. She shared “this is a really exciting place and I really love it but I also feel like it's really hard to have a family and work this job.”

Previous Work History. Previous work history had three sub-themes, viewed as an Advantage (14%), Disadvantage (4%), or No Impact (4%) on the ENs role transition. The majority of the references indicated prior work history was an advantage as the ENs were better at managing their time compared to their GN counterparts. One EN commented, “We didn’t struggle as much as the New Grads.” They expressed their ability to see the big picture and immediately apply their assessment skills in the specialty setting. Another EN shared the benefits of her prior work history, “It gave me, you know, those basic nursing tools to be able to bring over so I was able to focus directly on the new job.”

Although previous work history can facilitate role transition, it can be a disadvantage or have no impact on the ENs role transition. There were ENs who felt they
overestimated their skills set. As one nurse put it, “Yeah it was a little humbling I guess.” Another said, “I had to push that [prior experience] aside and come in with the mindset that I don't know anything and have to learn alongside the graduate.” Some nurses disclosed they had to unlearn previous habits and others shared that their previous clinical skills were outdated. Equal to the disadvantage sub-theme, no impact describes the lack of value added from their previous work history. These ENs commented that their prior experience was not relatable to their current setting or in some instances their previous clinical skills set was unrefined. In these instances, they felt they were on the same skill level as the GN.

**Interpretation of Findings**

Representation from all levels of experience participated in the study. Nine participants meet the recommended number of study subjects for a qualitative descriptive study (Creswell & Poth, 2017). Sub-themes identified within the themes of Facilitators, Hindrances, Emotional State, and Previous Work History supports similar findings in the literature. Specifically, previous work history, emotional upheaval, and the need for ongoing support were noted in the literature review synthesis (Arrowsmith et al., 2016; Bell et al., 2015; Dellasega et al., 2009; Gohery & Meaney, 2013; Klingbeil et al., 2016; Rosser & King, 2003; Ziebert et al., 2016). This study did identify responses related to issues with role identity or performance expectations described as Disadvantages with Previous Work History and Work/Life Balance associated with the Emotional State theme. All nine ENs described experiencing Bullying and Marginalization at some point their residency and, in some cases, continued after starting in their home unit. This reflects the aspects of literature review theme Assimilation to the New Team.
Motivation theme, being unique to this study, provided new insight as to why ENs chose to become residents.

Facilitators, Hindrances, Motivations, Emotional State and Previous Work History themes provided valuable insight on how ENs perceive their experience as a nurse resident. Overall, residency was a positive experience that facilitated role transition to their new specialty; however, all participants experienced hindrances throughout their transition. Despite the hindrances, all would recommend the program to other ENs.

The program structure helped facilitate their transition to a new specialty, although there are aspects of the curriculum they would recommend changing. The ENs felt they were supported throughout their residency and beyond by either their peers, program mentor, families, and units where they were hired; however, they also experienced bullying by various members of the staff. Despite the majority of prior nursing experience being dissimilar to the specialty residency, most ENs felt their prior work history helped facilitate their role transition, though their abilities were marginalized. ENs felt residency provides the best opportunity for success in a new specialty and promotes professional growth; however, they were often wrought with strong negative emotional responses throughout their experience. The only finding associated with positive references was Working with GNs; whereas the work agreement resulted in only negative references.

Discussion

This study met all the defined objectives. We were able to gain insight regarding ENs’ perceptions about transitioning from experienced nurse to nurse resident in blended cohort TtS programs. Second, we identified factors that facilitated and hindered role
transition. In doing so, barriers to transition, as well as satisfiers and dissatisfiers of the residency role for this population became evident. Third, we were able to ascertain the motivations of the EN when choosing to participate in a TtS nurse residency program. Fourth, we gained an understanding of the impact of blended cohort for the EN in residency programs.

Three unexpected findings occurred. Bullying is a known problem in the nursing community. A couple of the ENs even mentioned the old nursing saying, “Nurses eat their young,” therefore, this finding should not be surprising. It was the volume references and sources of bullying from providers to techs that was unexpected. Rosser and King (2003) mentioned ENs feeling marginalized by their peers during their transition to the hospice setting, along with feelings of disrespect by unit staff. This study reinforces these findings for ENs transitioning to a new specialty. Marginalization manifested as blatant disregard for prior work experience, stifling of progress, and disrespect. Like Rosser and King (2003), ENs expressed dissatisfaction with the status quo. Given the high volume of references related to Bullying and Marginalization combined—over half the hindrances references—one would have to consider if this is the contributing cause of turnover as suggested by D'Ambra and Andrews (2014) and Han, Trinkoff, and Gurses (2015).

The other unexpected finding was the small impact of the work agreement given the time commitment and potential accrued debit. The ENs hardly mentioned the threat of financial compared to the dissatisfaction associated with bullying and marginalization. Another perspective to consider is the possibility the EN would be willing to leave an organization regardless of the financial burden to escape bullying and marginalization.
One of the questions this study was designed to answer is how do ENs feel about working alongside GNs. This information was not found previously in the literature review. There is mention of ENs feeling disrespected when previous work history was disregarded; therefore, one would question if working with a group of GNs generate the same feelings (Arrowsmith et al., 2016; Gohery & Meaney, 2013; Rosser & King, 2003; Ziebert et al., 2016). This study presents findings that working alongside GNs created a rewarding experience for the ENs. They were able to serve as mentors for their counterparts. Although Klingbeil et al. (2016) and Ziebert et al. (2016) conducted their studies on blended cohorts, they did not explore the ENs perspective of being in a program with GNs. This data adds to the growing body of knowledge about residencies and addresses the benefits of blended cohort programs.

**Implications for Practice**

Another objective of this study was to generate recommendations designed to recruit experienced nurses to the specialty and facilitate the transition process in an effort to reduce turnover and increase retention of experienced nurses in the specialty setting. Recruitment efforts should promote residency as a professional growth opportunity, and as a mechanism to enter the specialty with appropriate focused specialty training. Program promotors should consider ENs may not have had any exposure to the specialty area prior to residency and may require detailed information about the specialty.

Recommendations to reduce turnover and increase retention include addressing bullying in the work culture, consideration of previous work history, curriculum modification, on going emotional support, and continuing to offer blended cohorts. Bullying and Marginalization were the main hindrances for ENs and could be
contributors to attrition. As a shared responsibility between employer and employees, bullying must be addressed within the work culture. (ANA, 2015). The program curriculum currently provides education to the residents regarding acts of incivility and offers techniques to respectfully address these behaviors. To change the organization culture, a similar educational offering should be provided to staff, providers, and managers to prevent bullying in the workplace.

The majority of ENs felt their previous work history facilitated their transition, yet the program was not designed to accommodate variety of skill levels, leaving them feeling marginalized. Adult learning principles dictate prior knowledge should be taken into consideration when delivering education (Bastable, 2019). To accommodate the ENs prior work experience, the residency program should offer scheduling flexibility to tailor clinical and skills experiences based on current skill set. In addition, the program should allow the EN to progress at a pace that is in alignment with their abilities.

Given the dissatisfaction associated with the some of the program curriculum, we recommend content re-alignment of online modules, didactic, and skills to create a seamless flow of information. In addition, inclusion of night shifts and weekends would offer the resident experience of those workflows. Our final curriculum recommendation is to offer another avenue for reflective practice as opposed to only journaling to accommodate various types of learners (Griggs, Holden, Lawless, & Rae, 2018).

As recommended by Dellasega, Gabbay, Durdock, and Martinez-King (2009), program leaders and unit managers should recognize the emotional toll of transitioning to a high-risk specialty area as well as the feelings of fear, anxiety and stress associated with transitioning from experienced nurse to nurse resident. Program leaders should continue
to provide a supportive environment which includes peer-to-peer support groups, debriefing sessions, and on-going mentorship. All of these aspects of the program have provided a supportive environment where ENs can thrive during their transition.

Finally, the majority of references support the evidence that ENs feel blended cohort TtS Residency programs create a positive, supportive environment for them as they transition to a new specialty. The blended cohort model was a satisfying approach for the EN. Currently, American Nurse Credentialing Center (2018) does not accredit blended cohort programs. Organizations must seek accreditation for new graduate programs separate from experienced nurse programs referred to by ANCC (2018) as fellowships. This process increases costs to the organization and creates undue administrative burden. Given the favorable responses, accrediting bodies should consider granting accreditation for blended cohort programs.

**Strengths and Limitations of the Study**

**Strengths.** Descriptive qualitative study results describe the experience of being a resident from the ENs perspective. The outcomes addressed the knowledge gap in the literature. The organization fully supported the research endeavor as means to identify opportunities for improvement and program strengths to facilitate EN resident role transition to a new specialty. Thematic analysis identified facilitators and hindrances of residency role transition, defined motivations for participating in a residency program, and created awareness of the emotional impact of being a resident with previous nursing experience. In addition, the results uncovered bullying and marginalization of ENs in the work environment, dispelled assumptions regarding the potential negative impact of the work agreement and illuminated the positive effects of blended cohort program.
**Limitations.** Limitations can threaten data analysis and interpretation. A limitation of this study is the interpretive nature of qualitative research. Research bias is also a possibility. Despite the data analysis process being reflective and iterative, the risk of misinterpretation cannot be eliminated. There is also the possibility the participants withheld information; although precautions were taken to prevent deductive disclosure to protect their privacy. In terms of sample size, an N of nine, less than the recommended 12-15 to ensure saturation, could also impact results (Creswell & Poth, 2017). A final limitation is the lack of reportable program-specific information related to the ED, Critical Care, or OR. Program-specific information was not collected to protect the privacy of the participants; therefore, it is impossible to correlate outcomes or demographics with a specific type of specialty residency.

**Suggestions for Future Research**

Additional studies focused on EN residents should be explored further given the paucity in the literature. Each type of TtS program specialty should also be investigated to determine transferability and to help identify trends based on specialty area. Further, research comparing the EN versus the GNs residency experience would generate a complete perspective of blended cohort residencies.

**Conclusion**

In their follow-up report, the IOM (2016) acknowledged the lack of data regarding residency programs for experienced nurses transitioning to a new care setting. Despite the lack of data for this population, they concluded nurse residency programs, “have positive effects on retention” (p.84). Resident attrition is counter to the goals and success of TtS programs. Attrition of EN residents results in financial loss to the
organization and incurred debit for the nurse. A review of the available literature suggested that even though ENs may endure similar tribulations as GNs when transitioning to a new specialty, having a previous nursing work history creates unique challenges for this group (Arrowsmith et al., 2016; Bell et al., 2015; Dellasega et al., 2009; Gohery & Meaney, 2013; Klingbeil et al., 2016; Rosser & King, 2003; Ziebert et al., 2016).

This qualitative descriptive study adds to growing body of knowledge regarding EN residencies by describing the ENs perspective of their experience as a nurse resident in a blended cohort TtS. Information gleaned provides insight for program improvements to support and facilitate a successful transition process. Unexpected results revealed work agreements are not a major source of dissatisfaction compared to bullying and marinization. Bullying and marginalization impede satisfaction and could be a potential source of attrition. The data supports blended cohorts as having a positive effective on the ENs residency experience. The researcher recommends accrediting bodies consider blended cohorts as a viable option for accreditation and future studies to investigate specific-specialty residencies as well as to compare the graduate nurse experience to the EN. Overall, blended cohort TtS residency programs provided a supportive positive experience and helped facilitate the ENs transition to as new specialty. Successful orientation transitions have a long-standing impact on nurse satisfaction and retention (Han et al., 2015; IOM, 2016; Meleis, 2010).
References


observation protocol including MEWS after intensive care unit discharge.

Resuscitation, 84, 184-188. doi:10.1016/j.resuscitation.2012.06.017


http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2014/rwjf411417


doi:10.1016/j.ijnurstu.2012.06.009


Stiesmeyer, J. K. (2017). Retrospective comparative costs and benefits of registered nurses (RNs) in a perioperative 101 program residency (p101); an immersive perioperative specialty residency (PSR); and registered nurses hired into general perioperative services from 2009-2016 (Doctoral Scholarly Project, University of New Mexico). Retrieved from http://digitalrepository.unm.edu/dnp/4

Appendix A.

Interview Guide

Time of Interview: Click or tap here to enter text. Length of the Interview: total minutes

Date: Click or tap to enter a date. Location: Click or tap here to enter text.

Interviewer: Click or tap here to enter text.

☐ Welcome, introduction, review study purposes and elements of the ICD

☐ Informed consent obtained from participants prior to start of session

Research Question: How do ENs participating in blended cohort TtS programs perceive their experience as a nurse resident?

Type of Interview Session Format:
☐ In-person ☐ Telephone ☐ Video-Teleconference

Interview Questions:
Central Research Questions

1. How do nurses describe their experience as a resident?

2. What context or situations have typically influenced or affected their experience?

Research Sub-Questions

3. What were the motivations when choosing to become a resident?

4. What are the major satisfiers and dissatisfiers of being a nurse resident?

5. What were the program facilitators and hindrances to successful transition?

6. How does it feel being a resident in a program with GNs?

Final Reminders:
• Thank participant and assure confidentiality of responses.
• Review Post-Interview Confidentiality Data De-Identification Form
Appendix B.

Observational Memo

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Appendix C.

Post-Interview Confidentiality Data De-Identification Form

It is our goal to use the information that you have shared in a manner that is consistent with your wishes. In order to protect your privacy your real name, and names of others mentioned will not be used in the research results. A fake name or general statement about the group will be used instead. Real locations will also be substituted with fake ones. No other personal information specific to you will be disclosed. Despite these efforts it is possible that others would be able to identify you based on the other details you may have provided. We would like your input on how you would like your data shared in the results.

Please place a checkmark by one of the following statements:

Investigator, check this box if acknowledged verbally by the participant: ☐

☐ You may share the information just as I provided it. No other details need to be changed when using my data in publications or presentations. I realize that others might identify me based on the data, even though real names and locations will not be used.

☐ You may share the information I provided; however, please change details that might make me identifiable to others even though the names and locations have been changed. In particular, it is my wish that the following specific pieces of my information not be shared without first altering the data so as to make me unidentifiable (describe this data on the back of this form)

☐ You may share the information I provided in the form of a composite profile meaning, including my information as part of the representation of many different interviews, which represent no single person.

☐ You MAY NOT share any of the information I provided. I understand this means I will be removed from the study and any information provided in this interview will not be used in the study.

I have reviewed and obtained the participants approval to share information provided to me in the manner desired by the participant.

Investigator Signature: ___________________ Date: ________________
Appendix D.

Copyright Clearance for Transitions Theory Model

Confirmation Number: 11689904
Order Date: 12/30/2017

Customer Information
Customer: Rachael Frija
Account Number: 3001233042
Organization: Rachael Frija
Email: RFrjia13@gmail.com
Phone: +1 (505) 823-8732

This is not an invoice

Transitions Theory: Middle Range and Situation Specific Theories in Nursing Research and Practice

Order detail ID: 70878481
ISBN: 9780826105356
Publication Type: e-Book
Volume:
Issue:
Start page:
Publisher: Springer Publishing Company
Author/Editor: Meliss, Afsf A., PhD, DrPS (hon), FAAN

Permission Status: Granted
Permission type: Republish or display content
Type of use: Thesis/Dissertation
Order License ID: 4258880878769

Note: This item was invoiced separately through our RightsLink service. More info

$ 0.00
Appendix E.

UMN IRB Approval

Human Research Protections Program

July 26, 2018

Christine Delucas
ADElucas@salud.unm.edu

Dear Christine Delucas:

On 7/26/2018, the HRRC reviewed the following submission:

Type of Review: Initial Study
Title of Study: Transitioning from Experienced Nurse to Resident in Blended Cohort Transition to Specialty Nurse Residency Programs
Investigator: Christine Delucas
Study ID: 18-352
Submission ID: 18-332
IND, IDE, or HDE: None

Submission Summary: Initial Study

Documents Approved: • Interview Scripts_v1.1 (RFnja_07-26-2018).pdf
• Consent Coversheet for Interviews_v1 (07-24-2018).pdf
• Recruitment Scripts_v1.1(RFnja_07-28-2018).pdf
• Transitioning from Experienced Nurse to Resident

Review Category: EXEMPTION: Categories (2) Tests, surveys, interviews, or observation


Submission Approval Date: 7/26/2018
Approval End Date: None
Effective Date: 7/26/2018

The HRRC approved the study from 7/26/2018 to inclusive. If modifications were required to secure approval, the effective date will be later than the approval date. The “Effective Date” 7/26/2018 is the date the HRRC approved your modifications and, in all cases, represents the date study activities may begin.

Because it has been granted exemption, this research is not subject to continuing review.

Please use the consent documents that were approved by the HRRC. The approved consents are available for your retrieval in the “Documents” tab of the parent study.

As a reminder, it is the responsibility of the principal investigator to ensure that amendments must include a plan to re-consent subjects.
This determination applies only to the activities described in this submission and does not apply should you make any changes to these documents. If changes are being considered these must be submitted for review in a study modification to the HRRC for a determination prior to implementation. If there are questions about whether HRRC review is needed, contact the HRPO before implementing changes without approval. A change in the research may disqualify this research from the current review category. You can create a modification by clicking Create Modification / CR within the study.

If your submission indicates you will translate materials post-approval of English materials, you may not recruit or enroll participants in another language, until all translated materials are reviewed and approved.

In conducting this study, you are required to follow the Investigator Manual dated April 1, 2015 (HRP-103), which can be found by navigating to the IRB Library.

Sincerely,

[Signature]

Thomas F. Byrd, MD
HRRC Chair
Appendix F.

IRB Approval

August 1, 2018

Rachael Frija, DNP(c), MSN, BSN, RN-BC

Dear Ms. Frija:

On August 1, 2018 the Coordinator for the Office of Human Research Protections & Institutional Review Board (IRB) provided administrative review of the following submission:

Project Title: [1291990-2] Transitioning from Experienced Nurse to Resident in Blended Cohort Transition-to-Specialty Nurse Residency Programs
Submission Type: Response/Follow-Up
Investigator: Rachael Frija, DNP(c), MSN, BSN, RN-BC
Review Type: Administrative Review
Effective Date: August 1, 2018
Annual Update Due Date: July 29, 2019
Project Status: Active - Open to Enrollment
Exempt Category: 45 CFR 46.101(b)(2)

Documents Reviewed:
- Correspondence, dated August 1, 2018

Applicable Regulatory Guidance/Waivers:
- Exempt Category 2: Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior
- Waived the requirement for informed consent
- Requires a Consent Cover Letter
- HIPAA Authorization Addendum Not Applicable

The IRB has determined that this project is exempt from the requirements of the Department of Health and Human Services (DHHS) and Food and Drug Administration (FDA) regulations for the protection of human subjects. Exempt studies are not subject to continuing review; however, the IRB requests annual updates on the progress of your study including but not limited to modifications to the protocol, the addition or deletion of investigators and study staff. Serious Adverse Events for participants and that you notify them when the study closes.

Study activities may begin. However, it is the responsibility of the Principal Investigator to inform the IRB of any changes to this project. A change in the project may disqualify it from exempt status.
The annual Study Update Report is due by July 1, 2019. Periodic reminders are sent automatically through the IRBNet system.

Investigator records must be retained per protocol guidelines and in accordance with regulatory, organizational and sponsor or grantor requirements, but no less than 3 years following the completion of the research.

You may contact the Human Research Protections Office at [insert contact information] if you have any questions. Written correspondence may be sent to the IRB electronically via IRBNet Project ID # 1291990.

Sincerely,

[Signature]
MD, Vice-Chair

[IRB]