

# New Graduate Nurses' Role Transition Program Based on Duchscher's Transition Theory

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## Abstract

**Background:** New graduate nursing students (NGs) are facing various unfavorable conditions which would affect their role transition to be a professional registered nurse. Organizing a role transition program is proved to have effective outcomes for NGs but only few studies demonstrate the structural review protocol and the methods on implementing role transition program. Therefore, Duchscher's transition theory is used as a theoretical framework for explanation and development of a feasible and convincing modified transition program. The aim of this study was to identify the essential components of a role transition program for new graduate nursing students (NGs) and design a modified role transition program for new graduate registered nurses.

**Methods:** A systematic review of research literature which related to role transition of new graduate nurses (2011-2019). PRISMA was used to guide the data collection procedure in this study and an integrative review in 2011 was used as a reference for the studies before 2011. ProQuest, CINAHL, PubMed, EBSCO and Google Scholar was searched.

**Results:** 16 articles met the inclusion criteria and were included in this review. Six major components of a transition program were identified, which included mentorship, orientation, rotation, study day, peer support as well as working environment, and they could be further categorized into internal and external factors.

**Discussion:** Duchscher's transition theory is demonstrated. Three stages of role transition consist of the 'doing', 'being' and 'knowing' stage and the corresponding interventions are incorporated with the analysed transition components with the purpose of designing the modified role transition program for NGs.

**Conclusion:** The generalizability was limited due to the data sourcing. Modified role transition program was designed by using those six components summarized in findings and applied in Duchscher's three stages of transition to deal with transition shock or emotional fluctuation issue

## Introduction

Registered nurses, particularly new graduate nursing students (NGs) always feel stressful due to the challenging workload in a clinical setting, particularly new graduate nurses. Since novice nurses especially NGs are commonly lack of clinical experience, support and confidence [1] and the expectation from employers, nursing colleagues and public towards student nurses and graduated nurses are different [2] inducing high level of stress on them. Role transition from student to nurses were discussed in many countries in recent years. NGs have more overwhelming responsibilities than nursing students. Above unfavorable factors would affect the retention of NGs [3]. Thus, a holistic role transition program is vital for them during the role transition journey.

Since previous studies lack systematic conceptualization of transition components, stages, process and interventions [4], and practicable transition program for clinical application [5]. Duchscher's transition theory is embed as a theoretical framework in this study for illustrating the challenging situation of NGs and making the modified role transition

programme convincing as Duchscher is the first scholar proposed a grounded theory of comprehensive transition theory in extension of explaining preparation, transition, integration, and stabilization concepts of new graduates entering healthcare workplace [4].

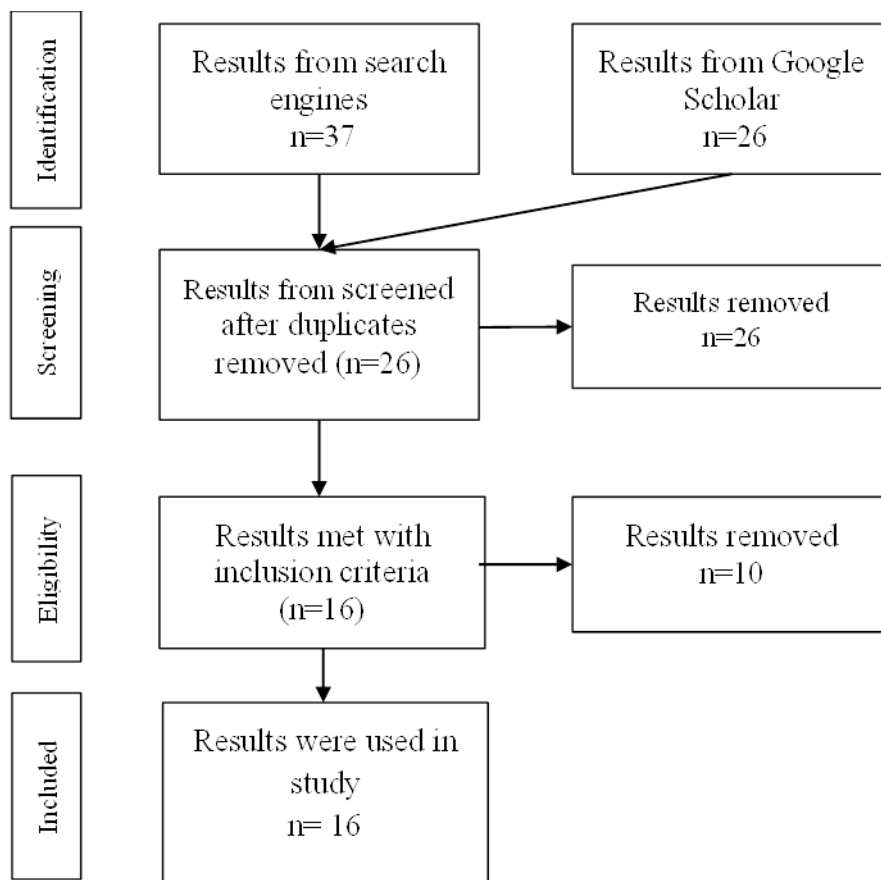
Duchscher (2009) [5] defined role transition as the process of status alteration associated with significant changes in their roles, duties and goals. She describes the whole transition process as an ongoing evolutionary journey which proceeds for 12 months. Transition starts when a newly graduated nursing student enters the clinical professional working environment and is being exposed to broad ranges of unfamiliarity and maladaptation. New experiences bring necessary and consequent changes in physical, intellectual, emotional, developmental, and sociocultural perspectives [5]. NGs found that there is a huge discrepancy in academic theory and practical work nature and realized the disparity in standard of competency and skill in becoming a professional nurse. Therefore, there is a need for adjusting this situation. Duchscher further classified the transition process into three

stages which are doing, being and knowing. These stages will be explored with the development of a new feasible modified role transition program.

A transition program was worth to develop and promote to all new graduates who were facing difficulties in workplace as several studies indicated that the program is beneficial [6,7], for instance, new graduates can adapt to the environmental changes and prevent various negative impacts induced during

changes such as job dissatisfaction, conflict between colleagues or poor performance [1].

Therefore, the aim of study is to assist NGs adopting the demanding role transition process by systematically review the components of a successful role transition program for new graduate nurses, and hence designed a modified program with essential components which fitted into barriers and challenges in each stage of role transition.



**Figure 1.** Summary of literature search and study selection process

## Methods

### Systemic Review

There were many researchers studying the association between transition program and new graduate nurse. However, there are only few reviews illustrating the essential components of a transition program. Also, some reviews were not applying the PRISMA flowchart in their study, which might affect the internal validity of the study. Although Kathy et al. had conducted an integrative review regarding program, after that many new studies had been implemented from 2011 to 2019 which indicated a gap of information lacking.

Therefore, based on the above reasons, it would necessary to conduct a systematic review regarding the transition program for

new graduate nurses with the aids of PRISMA flow on top of integrative review by Kathy et al.

PRISMA was an evidence-based minimum set of items for reporting in systematic reviews and meta-analyses. PRISMA could be used as a basis in reporting systematic reviews especially evaluations of interventions. There were three major reasons in using Kathy et al. review as our study basic, (a) both topics were regarding on transition program for a new graduate nurse; (b) their study had applied PRISMA protocol; (c) time constraint of our study. Based on these reasons, we used their review as our study basis and the integrated views of the studies before 2011.

## Data selection

All 16 results were screened with regard to the inclusion and exclusion criteria. The article will be included if it met the following criteria, (a) targeted new graduate nurse within one year of graduation regardless on their fields or gender; (b) included an abstract; and (c) published in English. The exclusion criteria are as following (a) presented in a review format; and (b) included populations other than primarily new graduated nurse.

## Data extraction

A standardized data extraction checklist was developed and used to guide what data should be collected from each included study. Any disagreement was discussed with a third review member. In addition, study authors would be contacted for further enquiry if necessary. The collected information included the following: (1) study description: author's names, publication year, design of the study, sampling approach, sample size, sampling criteria and reliability or validity of study; (2) program elements: program name, duration of the transition program, types of support provided; and (3) conclusion and outcome of the program like critical thinking ability enhancement or job satisfaction improvement.

## Data analysis

Data from 16 articles were included in this review and hence six main types of support for transition program were identified initially, namely 1) mentorship, 2) working environment, 3) peer support, 4) study days, 5) orientation and lastly 6) rotation. This study was conducted with the aim of explaining the association between role transition programs and new graduate nurses. The data searching procedure is illustrated in figure 1.

## Results

Variability among transition program was indicated in these 16 studies. However, four components in the role transition program for new graduate nursing students were commonly discussed among these studies in term of mentorship/ preceptorship, orientation, rotation and study days. Besides, two contextual factors influencing the success of role transition program including peer support and working environment was shared in some of the studies. See table 1 for details of the included studies (n=16).

### Mentorship/ Preceptorship

Mentorship/ Preceptorship is the most discussed type of support in the transition programme (8 out of 16 studies).

### Concept of mentorship/ preceptorship

Some of previous studies (from 2000 to 2011) stated the difference between the terms 'mentor' and 'preceptor' in the clinical field in term of time commitment, relationship between mentor and mentee/ preceptor and a preceptee and relevant experience [8] but no clear operational definition or criteria distinguishing between these two terms were illustrated. Among our collected studies (n=16), these two terms were commonly used interchangeably referring their role in the aid of supporting and assisting new graduate nursing student in adopting their role

in clinical learning in transition programme while only one article, Verret and Lin (2016) [9] specifically identified the definition of mentor in its study was more supportive, teaching function differentiate from preceptor's role of evaluation of new nurse' competencies.

### Mentor criteria and matching

The criteria of the sample (mentor) are in majority studies are unclear and without a vivid standard in terms of years of experience, qualification, competency and they varied among those studies. This finding is in line with the gap acknowledged in previous studies (in 2000-2011). Only Baldwin, Black, Normand, Bonds and Townley (2016) [10], provided detailed criteria of ability concerning department-specific skills, service excellence skills, general skills with the subjective assessment tool (Initial Annual Competency Evaluation) and Verret and Lin (2016) [9] consisted a peer mentor with two to five years of working experience, and a veteran nurse mentor has over five years of working experience but no further comparison of efficiency between these two mentors was made. A noticeable variation of mentor among studies is retired nurse volunteers in Baldwin et al. (2016) [10] in the aim of demonstrating the art of nursing such as communication with the patient rather than the delivery of practical nursing procedure.

However, the constraint of using retired Nurse Volunteers as mentor with respect to licensure, liability insurance, clinical barriers and age have to be seriously and cautiously considered

There are limited information or description in regard to matching of mentor/mentee in the majority of studies in both 2000-2011; 2012-2019. One of the possible outcomes is the uncertain distribution of mentor/mentee that Verret and Lin (2016) [9] indicated a preceptor may need to be responsible for more than one preceptee. A quantitative study with a pretest-posttest interventional design Tiew, Koh, Creedy and Tam (2017) [11] stressed the importance of deployed and deliberated mentor-mentee matching in relation to a healthy mentor-mentee relationship with a revised version of the scale to identify mentors with similar values to mentees which is a highlighting suggestions.

### Implementation of mentorship

The content that the mentor should delivery in studies varies depending on their aim but mainly improving the competency of new graduate nurses and assisting in adapting their role as nurse. The role of mentorship in transitional program in the study of Baldwin et al. (2016) [10] was to demonstrate the art of nursing to patient with satisfactory communication skill while The role of mentorship in the study of Tiew et al., (2017) [11] focused on workplace relationship issues and thus the coaching of preceptor targeted on professional development and enhancing a sense of professional identity. Verret and Lin (2016) [9] indicates that the mentor/mentee are assigned an educational topic to review and the role of mentor of guiding and leading mentee with available resources and personal experience. However, they are mostly described in small amount and without any standard or protocol provided and lack of specific components. Only Verret and Lin (2016) [9] requires the mentors to interact with their mentees twice within the first month of mentorship and recommend mentor/mentee work in the same shift. Besides, to facilitate the relationship between mentors and mentees, program social events

such as breakfast and dinner meetings are organized monthly. The length of mentorship varies from the range a month as a minimum for the duration of the program to 12-months.

### **Outcomes of mentorship**

Ten studies addressed the outcomes of mentorship and they provide different views to support mentorship as critical and beneficial. From the psychological level of new graduate nurse, the mentorship enables mentee to ask questions and seek feedback in a safe trusting relationship with mentor [10-12]. As for their personal growth, they have more confidence to implement their nursing procedure competently in the qualitative study [13] and it is objectively assessed in [14]. Besides, Baldwin et al. (2016) [10] indicated mentorship could contribute to better health care patient assessed by positive comments received in interview of a random sample of discharged patients. Career advancement and graduates' socialization into the organizational culture was also addressed [11,12,14]. Dyess and Parker (2012) indicated the retention rate of the new graduate nurse with mentorship raised 15% [15].

### **Orientation**

Orientation played an important role of support in the transition program which mainly three studies were involved.

**Concept of orientation:** From the previous study, it lacks a concrete definition for explaining and defining orientation. However, orientation has been defined as an initial phase of transition program and to familiarise staff with a new working environment, expectation, and policy [16]. Orientation is in favour of the transition to practice from a new graduate nurse. Furthermore, in regard to Strauss et al. (2016) [8], a good orientation phase should mainly focus on practical skill development and formal support should be six to nine-month post-hire period. Orientation comprises both general orientation to the organization and unit orientation specifically [16]. In general orientation, everyone could get four to five shifts to gain knowledge of hospital policy, brief explanation of different units, and even walk around the hospital [13]. Comparing to the previous study from 2000-2011, there is a gap related to the insufficient specific components and days for the unit specific orientation in the previous study. In unit specific orientation, thoroughly and concrete orientation is given in ward and a buddy accompanies with the new graduate nurse in 21 shifts are a huge assurance for them in the transition period [13]. Therefore, they can learn the familiarization of new working environment and related expectation [16] as well as ask when they have any questions such as the specific procedures of the particular ward in order to increase assurance with skill performance [16]. Moreover, orientation can increase the commitment and retention of newly graduated nurses in the organization [8]. It is crucial for new graduate nurses to transite their knowledge into practice as they thought it is difficult and challenging for them [13]. If the new graduate nurse can pass through this stage well, it can increase in intention, job satisfaction [13], comfort with skills and decrease turnover rates [16]. Hence, orientation plays a significant role in the transition phase at the beginning.

**The length of orientation:** In addition, the period of orientation phase of transition program is recommended at least four weeks

to more than three months. If the nurses' needs are fulfilled, it leads to better satisfaction and retention [16]. The previous study has mentioned the same period of orientation from Rush's journal but did not support by the statistic. The new graduate nurses' total transition scores were significantly related to with the lengths of their orientations ( $P = 0.0002$ ) [16]. The nurses who attended an orientation for four weeks or more had significantly higher total transition scores (mean = 76.46, SD = 8.04) than those who had orientations two weeks or less (mean = 70.16, SD = 8.98) [16]. Therefore, the longer length of orientations are significantly associated to the new graduate nurses feeling support ( $P < 0.0001$ ) and professional satisfaction ( $P = 0.004$ ) which is recommended the length of orientation at least four weeks.

### **Rotation**

**Concept of rotation:** Rotation is less mentioned among our samples with only four studies discussing rotation is one of the essential components in which influencing the new graduate nurses' transition, and it is rarely mentioned and with little information in the previous studies. Rotation refers to the nurses in turns to work in different units within the hospital during the transition program, for example, placement in a surgical ward for three months, a medical ward for three months and outpatient for three months [17].

In the recent investigation, most of the new graduates participating in the transition program ( $n=24$ ) indicated that clinical rotation as 'important' or 'very important' for them since they can gain experiences and insights from different areas, and learn some ward-specific knowledge and clinical skills for their transition [14,18].

Besides, the appropriate number of rotations can benefit the newly graduated nurses such as enhancing their familiarity and reducing their stress to unknown [18], but the study is no more detail about the criteria in deciding the number of rotations and the appropriate number of rotations.

Missen et al. (2016) [18] have indicated that the nature of rotation which depends on the needs of health care services can contribute to the newly graduated nurses' development. Also, the nature of the allocated units may cause stress to the newly graduated nurses. The studies showed the new graduates do not want the critical care area to be their first rotation area because it will lower their satisfaction and affect their transition processes [3,17]. However, the studies did not have further discussion on the strategies on how to select and prioritize the rotations.

**The length of rotation:** Usually, each rotation is three to six months in duration for novices to obtain various experiences and knowledge. While longer duration in each rotation are contributed to the transition processes which can enhance new graduates' confidence, and allow sufficient time for them to consolidate their prior knowledge and skills into their everyday practice that can bridge to other aspects in the future [18]. However, there is no further discussion regarding the most suitable length of time for each rotation in the studies.

### **Study days**

**Concept of study days:** Study days are a component that relatively less discussed in role transition of newly nursing graduates with mainly three studies in previous study. However,

it plays a significant role in role transition among the graduates. Study days are the professional development days to provide clinical knowledge and skills on specific practices for newly nursing graduates at the hospitals [18].

The content of study days should focus on clinical knowledge and skills rather than theoretical knowledge. Most contents of theoretical knowledge have been covered in the post-secondary level of nursing education and thus less time is required to relearn it [18]. The clinical skills and experiences of the newly nursing graduates mainly comes from the practicum in hospitals. Although there is a requirement on clinical hours of nursing practicum, the clinical experiences gained by nursing students and thus newly nursing graduates have a different educational and clinical background. As a result, clinical knowledge is more needed to be included in study days.

The knowledge provided in study days specifically depends on individual needs due to the different educational background. Different educational institutions provide different clinical skills and standards of nursing, leading a wide range of nursing knowledge level among the newly graduates studied in different institutions [12,18]. Moreover, the knowledge learnt from hospitals may outdated due to the lengthy time since their last practicum that in the previous several years [19]. Missen et al. (2016) [18] stated that the needs analysis was given to the newly nursing graduates before giving the individual education to them in study days to ensure the information provided are specifically satisfactory meet the individual needs of newly nursing graduates.

Study days are conducted to offer a chance for newly graduates to recap the essential knowledge and skills used in clinical practices and update the clinical skills used in hospitals nowadays. Hence, newly nursing graduates act as safe and competent practitioners to provide quality care for patients [12,18]. It also enhances the confidence of newly nursing graduates by the relatively rich knowledge gained in study days and the successful nursing practices in wards [12,18,19].

The study days involve coordinators for holding the sessions for the newly nursing graduates. The coordinators provide rich and professional knowledge and skills to newly graduates that had relatively inadequate knowledge. The presence of coordinators in study days, which different from the experienced nurses in ward, aims to create a pressure-free environment that the newly graduates can ask individual questions and clarify their understanding informatively about specific practices [18,19] As a result, the supportive learning atmosphere and specific clarification on individual needs lead a successful transition of newly nursing graduates [12]. However, there is no further discussion on the criteria of coordinators.

The study days also involve the newly nursing graduates to learn and practice together. The practical training in study days facilitate the newly nursing graduates' familiarity with the clinical skills used in everyday practices and consolidate theoretical knowledge into clinical practice, which assists in building their confidence [12,18].

**The length of study days:** Study days conduct several days throughout a year, usually range from 4 to 13 days throughout a year [18]. The variation for the days conducted in different hospitals depends on the preparation for individual needs and the budget obtained. Missen, et al. (2016) [18] reported that the study

days is most conducted between four to five days in the first year after nursing graduation.

### **Peer Support**

Peer support is one of the components that influence the transition processes of newly graduated nurses but has not been paid great attention.

Peer support should be provided platforms for newly graduated nurse to connect with their peers [12]. From the previous study (2000-2011), it has recommended enhancing peer support by specific activities such as welcome breakfasts, lunches, and seasonal parties. However, this recommendation is too superficial and seems only can build up rapport instead of contribute to their transition. According to Henderson et al. (2015), it suggested that contributing transition should be involved two or more newly graduated nurses discussed and shared their new experience in the clinical area which can promote some insights. Those insights can be included the experiences of encountering advanced cases in critical care specialities as well as general situations [8].

Coping with stress and emotions are achieved by peer support during the progress of transition from the previous study. Nonetheless, it is still an apparent explanation without detailed information provided that how to cope with those problems. Regarding Henderson et al. (2015), informal and emotion support build a strong connection towards newly graduated nurses. Meanwhile, the study had not specifically demonstrated the strategies related to support either. Strauss et al. (2016) proved that a positive transition can be facilitated by positive partnerships. Hence, peer support is a vital component in the aim of speed up the transition process [8].

In addition, the current study has provided an additional advantage in which positively peer support for newly graduated nurses can contribute the job satisfaction level since the peers can provide the newly graduated nurses' insights of job and role demands in order to protect them from reality shock [20]. Therefore, peer support seems to be increased the benefits of transition.

### **Working Environment**

Workplace environment is a critical external and contextual factor that affects the confidence of new graduate nursing students but is not heavily studied under the context of a transition program [4,13]. The definition and measurement of a healthy work environment at the hospital level or at the unit level is inconsistency. Kramer et al. suggested structural components of a healthy work environment including physical layout, work characteristics, attributes of leaders, policies, and best leadership practices but no practical intervention or procedure suggested. Regan et al. (2017) linked supportive and safe work environments with' the people with whom they work, be they nurses in leadership roles or experienced staff nurses but any suggestion or description regarding the roles of the nurse manager, the assistant head nurse, the nurse clinicians in transition program were not further elaborated [13,38].

Healthy work environment also promote newly licensed nurses' loyalty to the hospital organization in term of higher retention. In contrast, poor workplace environment hinders new graduate nursing students their confidence and emotion. the interviewees (new graduate nursing students) in the qualitative study of Doughty et al. (2018) [4] expressed with the words 'useless'

'asking too many stupid question', 'don't feel valued', 'feeling like a burden'. Heavy workload/high work demand is also a constraint to new graduate nurse transition but it is usually related to healthcare system such as long-standing problem of inadequate staffs, heavy patient workloads [13].

Study descriptors					Program elements		
Author(s)/Years of study	Design	Sample approach	Sample size	Sample criteria	Program Name	Transition program length (months)	Components included in Program
Dyess, S., & Parker, C. G. (2012) [15]	mixed methods; a pre-post evaluation design	convenience	109	RN spracticing 18 months or less at the time of registration Individuals participated in the NNLI programmeduring 2006–2009	collaborative programme	10 months	Mentorship: additional day-to-day guidance within the practice setting Peer support: a minimum of two nurses per cohort to ensure peer support. Courses: asynchronous learning and discussion board through an online format
Doughty, L., McKillop, A., Dixon, R., & Sinnema, C. (2018) [4]	qualitative study : focus groups and semi-structured interviews	convenience	16	Focus groups:new graduate nurses completing NETP Interviews: Directors of Nursing	Nurse Entry to Practice Programme (NETP)	1 year	Clinical placements/rotations Preceptor 12 group learning/study days
Regan et al ., (2017) [13]	descriptive qualitative study	Convenience sampling	70	NGNs who graduated from an undergraduate nursing programme within the last 2 years, and NLs in leadership roles with responsibility for NGNs.	-	-	-
Henderson*, Ossenber, Tyler (2015) [12]	mixed method	part 1: all staff employed at the hospital following completion of a Bachelor of Nursing program who participated in the hospital based program during 2011  part 2: convenience sample of novices from those who completed the survey.	surveys: 78 focus group: 10	part 1: completion of a Bachelor of Nursing program who participated in the hospital based program during 2011 part 2: completed the survey	Hosital Graduate Program	12 months	Preceptor Orientation: 4 days Supernumery time: 2 weeks; novices under the guidance of a preceptor who works along side the novice with the same rostered shifts for at least the first month of the novices' employment Workshop training: 3 days in the first six months Study days: comprise interactive activities based on common nut significant clinical scenarios Learning forum: provide novices opportunity to share challenges and experiences
Rush, K., Adamack, M., Gordon, J., Janke, R., & Ghement, I. (2015) [16]	mixed method  quantitative	online survey	245	who graduated in 2010 (n = 1008) and were working in acute care			Transition: Four weeks or more Greater the number of hours worked in a two week period, the better the transition

Study descriptors					Program elements		
							Orientation: General orientation to the organization Unit specific orientation
Strauss, Ester, Ovnat, Chaya, Gonen, Ayala, Lev-Ari, Lilac, & Mizrahi, Ayala. (2016) [8]	Cross-sectional survey design	questionnaire	79	A questionnaire was divided among 100 graduate nurses, only 79 responded			Nursing orientation programs: a program length of 3 to 6 months  New graduate education focus on practical skill development formal support : 6- to 9-month post-hire period .high correlation between support and satisfaction “Tailored”preceptor :one-to-one appointment of a preceptor, lead to satisfaction
Aggar et al., (2018) [14]	cohort study	convenient sampling	25	Candidates for the Community Transition Program were drawn from those graduates who had been successfully recruited via the NSW Health Nursing and Midwifery consortium process and had selected placement in the community program in their application	professional practice program (Community & Acute Care transition)	12 months	For community transition:(overseen by a program coordinator) Rotation: one six-month rotation in a community nursing service, and one six-month rotation in a rehabilitation unit attached to a large metropolitan public teaching hospital Orientation Training resources Online educational materials Study days Networking opportunities RN preceptors support  For acute care transition: Rotation: acute-care units three metropolitan public teaching hospitals RN preceptors support
Kramer, M., Halfer, D., Maguire, P., & Schmalenberg, C. (2012) [38]	longitudinal quantitative study, a descriptive design	convenient sampling	5,316 NLRNs (28 of the 34 hospital)	Essentials of Magnetism administration to clinical nurses in more than 1,000 hospitals (n = 253 Magnet hospitals)	-	-	nurse residency programs (structural components of work environments) lead narrow drop in retention rates
Missen, K., Mckenna, L., & Beauchamp, A. (2016) [18]	Descriptive qualitative approach : individual semi-structured interviews	Convenience sampling	15	Newly graduates in General graduate nurse programs listed in the publicly accessible Postgraduate Medical Council of Victoria (PMCV) Hospital/Health Service directory	Graduate Nurse Program	1 year	Rotation : 1-2 rotation throughout a year Study days : 4-5 days throughout a year Supernumerary strategies : 2 to 5 days

Study descriptors					Program elements		
Parker VI, Giles M, Lantry G, McMillan M [19]	A mixed method cross sectional design	convenience sampling	1. survey : 282 2. focus groups:55	Newly graduated nurses who were recruited as registered nurses in the NSW public sector	New graduate programmes	-	Study days: involve coordinators for newly graduated nurses Supernumerary strategies
Lalonde & McGillis Hall (2016) [20]	cross-sectional multisite design	convenience sampling	45 new graduate nurses	were in their first job as a nurse, were within one month of completing their preceptorship programme were able to read and write in English.	preceptorship programme		Preceptorship explore NGNs' perceptions of their role conflict, role ambiguity, job satisfaction turnover intent Organizational socialization inform recruitment, retention, and support strategies
Baldwin et al., (2016) [10]	cohort study	Convenience	29	New graduate nurses participate in the Versant Residency Program	Versant Residency Program	18-week	Mentorship
Verret, G., & Lin, V. (2016) [9]	cohort study	Convenience	19	New graduate nurses participate in the Versant RN Residency Program	Versant RN Residency program	22 weeks	Mentorship: Peer mentor with two to five years of working experience, and a veteran nurse mentor over five years of working experience
Tiew et al., (2017) [11]	A pretest-posttest interventional design	Convenience	83	Graduate nurses participating in the second year residency program at a large metropolitan tertiary hospital	Graduate Nurse Residency Program	12 months	Mentorship: workplace relationship issue and professional development
HUSSEIN et al., (2016) [3]	cross-sectional survey	convenience sampling	109	New nursing graduates were recruited into the Transition support program (TSP)	Transition support program (TSP)	12 months	Rotations: 2 rotations across a variety of clinical specialities, including medical, surgical, emergency, intensive care, oncology, mental health, women's health and newborn services Orientation days: 5 TSP orientation days and one-to-ten unit orientation days Education days: 5 days Point of care (e.g. clinical teaching, buddying) Facilitated professional development(e.g. coaching and mentoring scenario) Formalised clinical supervision

Study descriptors					Program elements		
Ostini & Bonner (2012) [17]	qualitative research	convenience sampling	5	Nurses who had completed the new graduate program at a regional base hospital in Central New South Wales between August 2008 and December 2009	New graduate program	12 months	Rotations: experiences within different wards with rotation, included placements in surgical, medical, emergency, critical care, mental health (rehabilitation, and special care), theatre and paediatrics Orientation: 5 days structures orientation, involving hospital orientation, clinical skills revision, policy, procedure review and a late and early shift supernumerary on the allocated ward Additional supernumerary time: 2 days Support: Clinical Nurse Educators; Monday–Friday on a morning shift (0800–1630 hours) as well as some afternoon shifts (1230–2100 hours) and weekend

**Table 1.** Summary of the article included in review.

Stage of Role Transition	Identified Problem	Interventions	Involved components
The “Doing” stage (1st-3rd months)	<ol style="list-style-type: none"> <li>1. Transition shock</li> <li>2. Emotional fluctuation</li> </ol>	<ol style="list-style-type: none"> <li>1. Warm welcoming event</li> <li>2. Mentor assignment</li> <li>3. Buddies regularly meeting</li> </ol>	<ol style="list-style-type: none"> <li>1. Workplace environment</li> <li>2. Mentorship</li> <li>3. Peer support</li> </ol>
The “Being” stage (4th-8th months)	<ol style="list-style-type: none"> <li>1. Transition crisis in confidence</li> </ol>	<ol style="list-style-type: none"> <li>1. Reflexivity group</li> <li>2. Simulation program</li> </ol>	<ol style="list-style-type: none"> <li>1. Mentoship &amp; Peer support</li> <li>2. Mentorship</li> </ol>
The “Knowing” stage (9th-12th months)	<ol style="list-style-type: none"> <li>1. Incomplete recovery</li> <li>2. Exploration and criticism</li> <li>3. Separateness</li> </ol>	<ol style="list-style-type: none"> <li>1. Guidance to explore the professional landscape</li> <li>2. Evaluation of the transition progress</li> </ol>	<ol style="list-style-type: none"> <li>1. Mentorship</li> </ol>

**Table 2.** Summary of the Modified Role Transition Program for New Graduated Nurses

## Discussion

To design the modified role transition program for new graduate nursing students in overcoming transition difficulties, promoting steady adjustment and becoming a professional nurse, the above analysis of the essential transition components is incorporated

into Duchscher's three stages of transition as a framework which are doing, being and doing for role transition explanation and its corresponding interventions.

## **The modified role transition program**

The new modified role transition program is a 12-month transition practice initiates since their first orientation day. The target of the program is the novice registered nurses who are newly graduated from school with limited nursing experience.

The novice nurses will be assessed for their competency level on four domains which are (1) professional, legal and ethical nursing practice, (2) management of care, (3) leadership & nursing management and (4) professional development [21]. It provides a baseline for later stages' comparison. A brief talk will be followed to collect opinions of new graduates' expectation on the programme and what kinds of support they needed.

The novice nurses will undergo three stages of the transition programme. They are provided with specialized transition interventions which fit their stages' needs. At the end of each stage, evaluation is needed to assess for any attainment or improvement of whether the novice nurses have successfully accomplished the present stage and can move to the next.

## **The 'Doing' stage of the role transition and its intervention**

The initial stage of transition to professional role starts from the first 3-4 months of clinical practice. Transition shock emerges as there is a significant deviation from the expectation of the NGs to the unfamiliar clinical context that they are entering, leading to the fluctuating states of emotional, sociocultural, intellectual, and physical wellbeing [22].

As Duchscher [23] stated, the NGs go through "the process of discovering, learning, performing, concealing and accommodating". During this stage, the NGs may discover that they are not well prepared to handle the role and responsibilities of professional practitioner due to their deficiency on knowledge and clinical experience. They are also shocked by the overwhelmingly heavy workload and unpredictable challenges in the clinical work environment which are out of their expectation.

The lack of competency for professional nursing practice also induces the emotional fluctuation during this stage. Those NGs feel stressed "about absolutely everything" [23] as they feel worried about their clinical performance such as missing some tasks to perform, making mistakes which may be harmful to their patients and making wrong clinical judgements. Chastisement from the senior coworkers also frustrates those new graduates, resulting in having a consistent feeling of self-doubt and self-deprecating in the initial period of their transition [24]. With regard to the uncertainty of whom they could trust and the drive of being accepted by the senior colleagues, the NGs tend to disguise their emotions and feelings of inadequacy from those senior colleagues, resulting in the difficulty on fitting in the workplace culture.

Moreover, Duchscher and Windey (2018) described that the learning curve of the new nursing professionals is the steepest in this stage as there are various things that they have never encountered in the complex clinical context. They go through the process of learning and performing new nursing practices every day in this initial period of clinical practice [24].

## **Warm welcoming event**

A ward-based warm welcoming event could be held as a casual gathering of ward staff, for instance, a dinner gathering or welcome tea party. Organising a ward-based warm welcoming

event to the NGs can provide an opportunity for the NGs and the staff in the ward to getting familiar with each other, facilitating them to build up the bond between the NGs and the coworkers. NGs also could feel welcomed as part of the team.

Moreover, the staff in the ward also need to be mentally prepared for the joining of the NGs with limited clinical experience with appropriate expectation on them, having an understanding that it is normal for the NGs to having a need on adequate time and support from them to adopt this challenging period of adjustment smoothly. When they have a good relationship with their senior coworkers and receive the feeling of being supported by seniors, they do not need to conceal their emotion and their incompetence and more willing to ask for help. The warm welcoming event with a healthy workplace environment would definitely bring a positive impact on the NGs' emotion and their psychological health.

## **Mentor assignment**

As one of the focus in the modified program, the mentoring component should be provided for the whole program giving specific support to the NGs in each stage of professional role transition. Assigning a seasoned nurse can serve as a mentor to the newly graduated nurse. In the initial 3-4 months, the NGs have the same duty roster with their mentors. They would be given the allowance for a reduced workload as they can handle the clinical cases with their mentors. Debriefing session would be made after the duty that the mentees would be given the feedback from mentors regarding their clinical performance.

One-on-one mentoring provides those NGs consistent support and feedback from mentors based on their performance progression for making improvement. Since the NGs have little clinical experience at the beginning of the role transition, having same duty with their mentor not only can let NGs gaining the constant support from the mentors when they get into trouble or have any inquiry in the duty, but also provide them with a chance to learning the clinical knowledge from their mentor such as decision-making skills. The probability of making serious medical incidents is relatively low under relatively consistent supervision from the mentor.

This modified program would not provide any extra training lessons to the NGs since they probably feel overwhelmed by the adaptation to new environment and the challenges from daily work. Extra knowledge enhancement may make them feel more stressed and reduce their limited resting time for recovering from the demanding shift duty.

## **Regular buddy caring meeting**

The third intervention is to hold a regular buddy caring meeting to union all NGs in the health institution together. In the meeting, they could feel free to meet other NGs from different wards. This would be a great chance to share their clinical experiences and feelings with each other. Besides, those NGs have similar experiences and feeling, so that they are more likely to understand the feelings from each other.

The meeting could also hold by social workers in some of the sessions in order to provide the relaxation techniques for them. This intervention aims to facilitate them to build up the peer support from the social interaction with other NGs, and gain the stress relaxation strategies from social workers. Since they lost the support from the educators and classmates after they left

school and get into the new stage of career workplace. They could not get support when they have difficulties as the old days. However, this modified program provides the opportunities to build up the social support, helping them to adjust the exhausting stages of role transition smoothly as they can gain knowledge from sharing the working experience to each other.

### **The ‘Being’ stage of the role transition and its intervention**

The second stage of role transition, “Being” stage, was characterized by a consistent and rapid advancement of the thinking, knowledge level and skill competency. It occurs in the next 4-5 months of the NGs’ post-orientation period [24].

In the first half of the “Being” stage, the NGs become comfortable with their roles and responsibilities of a nurse gradually by allowing them to start a concerted examination of the underlying rationale for nursing and medical interventions as well as critiquing of the appropriateness and effectiveness of the healthcare system [24].

The cognitive status of NG in the second stage was tentative. They required fewer direct instruction compared to the initial stage of transition. They would benefit from clarification and confirmation of their own thoughts and actions.

There would be a transition crisis in confidence presented throughout the stage [24]. During the first half of the “being stage”, some NGs reflected why they would be placed themselves in the daily responsibility which might be easily criticized and discouraged by others after leaving the comforting school routine. This made them feel permanently incompetent, inadequate, exhausted, disappointed, devalued, frustrated, and powerless [24]. It justified the transition crisis in confidence of the NGs in the first half of the “being stage”.

During the 5 to 7 months of the “being stage”, the transition crisis in confidence would be at the peak level. The moderate anxiety represented the sense of insecurities regarding the NGs’ practice competency and their fear of failing their patients, colleagues, and themselves. Although the managers and practice leaders would encourage the NGs’ progress, NG might still believe their decisions in practice were remained professionally immature in positions of leadership or handling highly complex patients [24]. They preferred to reject those requests from higher authority as they felt ill-prepared but at the same time, it could be a statement of confidence with their abilities due to the requests from higher authority [24].

### **Group reflexivity**

For the solution of the transition crisis during the initial half of “being stage”, the reflexivity originated by themselves could provide motivation of protective withdrawal from their surroundings as they attempt to recover a sense of control over their lives. Most of the NGs were searching for means to be surrounded by familiarity, consistency, and predictability by escaping the barrier of learning, growing, and changing [24]. Group reflexivity could be applied to this condition. Reflexivity was a personal activity originally, but if the reflexivity was undergoing in the form of group, important conversation between nurses about what they had learnt could affect the shared meaning in the group [37]. It could allow the NGs with the development of unspoken knowledge as well as its articulation by experienced nurses [37]. Therefore, the group could be formed from a small group of 5-6 people, with 4 NGs (peer support) and

2 experienced nurses (mentorship), so that the reflection of the day or the week could enhance their knowledge, experience and cognitive aspects in daily practice as mentioned above. They could be familiarized, consistent and predictable to the nursing practice through sharing of those beneficial dialogues. Most importantly it was feasible as it could merely take 15-20 minutes before the nursing shift ended.

### **Simulation program**

During the 5 to 7 months of the “being stage”, which was the peak of transition crisis. This crisis motivates a renewed commitment to maturing their practice that often extends through the next several months usually [24]. Hence, NGs would be busy reacquainting themselves with personal aspirations that might have been subverted as they focused more on their professional growth. Simulation program was a graduated nurse program to improve the confidence level of practitioners in an emergency and to establish leadership skills [25]. The simulation experiences would be focused on different aspects such as advanced life support after cardiac measures or the delivery of anesthesia by anesthetic nurse [25]. Presence of the evidence showed that development of knowledge for practice through simulation was more beneficial than directly rote knowledge [25]. Most importantly, it could solve the transition crisis in confidence by assisting NGs to gain confidence. The simulation could be divided into two aspects, one aspect was the experienced nurses leading the NGs and another aspect was the NGs leading the undergraduate student nurses. Experienced nurses (Mentorship) could lead the NGs to demonstrate in some emergency such as advanced life support for patients to enhance their knowledge level through simulation and gain confidence. For another aspect, the NG could lead 3 to 4 undergraduate student nurses to demonstrate cardiac advanced life support scenario [25]. Leadership responsibility of NG was trained through assessment, management, and evaluation while the undergraduate learners followed the instruction from the NG. Therefore, knowledge, management and confidence could be enhanced through the simulation program [25].

### **The ‘Knowing’ stage of the role transition and its intervention**

The final stage of the evolution for the NG, ‘knowing’, is characterized by recovery, exploration and criticism, and separateness [24].

This stage focused on the continuous recovery that the NGs had started during their second stage. With an increase in both familiarity and comfort in their nursing roles, the intimate relationship built with the coworkers and the nursing colleagues, and the professional responsibilities become more concretized [24].

Much time and energy are vacated for them to explore their new professional landscape. They began to be criticized for the socio-cultural and political aspects leading to a temporary destabilization of professional identity structured in previous stages. The stress transformed from the coping with the new role and responsibilities to the dealing with these two macroscopic aspects and the working environment macroscopically. The professional fulfillment of NGs was greatly struck by the perceptions of nurses being at the bottom of the hierarchy of

authority and power and the powerlessness to make change within their working environment [24].

The remaining focus of this stage was achieving a separateness that distinguished them from the established nurses around them. The distinction was expected to motivate them to make sustainable progress within the bureaucratic nursing system and their nursing career [24].

### **Guidance to explore the professional landscape**

It is found that the nurses' perception of themselves is important for their willingness and capacity to maintain quality nursing standards [26]. If the NGs continued their thought the powerlessness of being a nurse, it may greatly impede their quality nursing care and retention. Although the formation of the professional identity of a nurse has been started since nursing education, the values, and beliefs that they hold may not be a true reflection of the discipline. The sharing by the mentors concerning their previous clinical experience as beginning nurses facilitates the NGs to generate new perspectives and professional meaning [27]. It not only assists the NGs to gain confidence in professional nursing development, but also to nurture a sense of professional identity [28].

### **Evaluation of the transition progress**

It is believed that new NG mentors play a critical role in supporting them and often influencing them to stay in nursing [29]. When it comes to the final stage of the evolution of NGs, the major role of mentor changed from a supporter to an assessor [30]. Sufficient time should be vacated for the 'assessors' to evaluate the NGs' performance in the working hours. Standards and criteria for rating whether their transition process has accomplished and evaluated should be clearly stated in the evaluation forms to facilitate a consistent comparison from the initial stage to the final stage [31]. Apart from assessing whether they have provided up-to-standard care, effective communication with patients, including active listening and providing information, and other disciplinary colleagues should also be evaluated [32]. The progress of GNs is characterized by having extra time and energy to assist others with their work and being able to answer questions [24]. Comments given by the mentors can strongly inspire the GNs to have sustainable improvement [33]. Table 2 summarizes the role transition program for new graduated nurses (Table 2).

### **Implication**

New graduate nurses (NGs) are facing the challenges from being a student to staff nurse, including heavy workload, change of role, insufficient knowledge, difficulties in communicating with different parties, higher expectations from self and others, and the complaint culture [34]. Globally, there is an insufficient healthcare staff and heavy workload will be the most challenging and it can directly affect nurses' emotion. Wong et al. (2018) mentioned that due to the change of role, staffed nurses' responsibility is heavier than student nurses. They needed to be obliged for their behaviors and decisions. With insufficient knowledge and clinical experiences, this may increase NGs' stressful feelings after newly graduated. NGs have high expectation on desirable performance in the new working environment, but a bad working atmosphere will be an obstacle for them to build up a communication with different parties.

Under a complaint culture, it is easily to be blamed by the staff or patients. NGs hesitate to ask questions to the seniors with low confidence and stress.

Based on the above phenomenon, it proved that most of the NGs are facing various problems at the three stages of role transition. The modified role transition program is suitable for all the NGs to overcome the challenges and stressors and be prepared to become a professional staff effectively. A working environment has a positive relationship with job satisfaction [35]. Building up a good working atmosphere can be effective to establish a good working relationship between NGs and different parties. And arranging a one-on-one mentor can guide them working in clinical setting and building up their self-confidence. Besides, the simulation program can help to facilitate them to adapt in work and benefit for improving skills and knowledge [36]. Therefore, the modified role transition program is essential and successful for NGs to minimize the facing difficulties in clinical settings.

### **Limitation**

This systematic review relied on the electronic source and published articles, which may miss some relevant studies published in other kinds of channel. Moreover, we adopted the integrative review by Kathy et al. (2011) as the summary of those studies before year of 2011. These may induce a publication bias and affect the generalizability of this review.

### **Conclusions**

There were many studies studying the effectiveness of transition program to the new graduate nurses, but few of them had complied with standardized protocol or contained the details of their intervention. Therefore, this review had searched for the articles with a clear inclusion and exclusion criteria and examined the article for the past 10 years of the transition program and six major themes were identified: mentorship, orientation, rotation, study days, peer support and working environment. Thus, a one-year modified role transition program was designed based on the above major themes and their stage of role transition, which aimed to help new graduate nurse to pass through the tough process. Finally, it was recommended that related organizations could consider this role transition program as it could be beneficial for new graduates to adopt the role transition and a further study on the effectiveness on this modified role transition may be needed.

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