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Advanced-Beginner Registered Nurses' Perceptions on Growth From Entry Level

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2019

Abstract

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by

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MSN, Walden University, 2011

BSN, University of the Incarnate Word, 2008

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

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Abstract

Many entry-level nurses are not prepared to handle medical emergencies. Although responsible for managing the care of individuals with complex medical conditions, many of these nurses compromise the safety of patients due to a lack of experience and an inability to apply clinical judgment. The purpose of this study was to explore the perceptions of registered nurses about their transition from entry-level to advanced beginner. Bandura's social cognitive theory, along with Colaizzi's descriptive method of data analysis, provided a basis for this phenomenological study. Research questions focused on challenges that entry-level nurses have experienced with problem-solving and complex patient care that requires advanced critical thinking and the application of clinical judgment. Criterion sampling facilitated recruitment of advanced-beginner RNs, with data collected through semistructured, one-on-one interviews. Data analysis occurred in a series of steps, including extracting and developing meanings from interview transcripts, clustering meanings into description lists, and eliminating outliers. Data analysis revealed 12 major themes aligned with behavior, clinical environment, and personal/cognitive factors. Among the findings were that nurses often felt unsupported, unable to manage conflict, unprepared, unseasoned, inefficient, and unable to lead others effectively. This study was necessary because its findings may provide insights leaders in health services can use to develop strategies to better prepare entry-level nurses to care for individuals with complex medical conditions. Among the implications for positive social change are developing a better tool for the training and advancement of entry-level nurses, consequently improving patient safety and reducing health care costs.

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Dedication

I dedicate my dissertation to my mother, Joyce Williams, my biggest cheerleader, for the encouragement and support throughout the entire process. In addition, I dedicate my research to the National League for Nursing (NLN), The International Nursing Association for Clinical Simulation (INACSL), the National Institute of Higher Education Research Science and Technology (NIHERST), and the National Student Nurses Association (NSNA). These organizations continue to offer support for the improvement and enhancement of nursing education.

Acknowledgments

I first must give God the glory for His continual walk with me throughout this journey. I must acknowledge my supervisory committee—Dr. Kimberly Dixon-Lawson, chair and methodologist expert; Dr. Earla White; and Dr. Magdeline Celia Aagard, university research reviewer—for their support and encouragement during my dissertation journey. To my mentor and friend, Mrs. Marilyn Lynch-Goddard, thank you for your support, encouragement, and prayers. Prayer works! To my family: my husband, Keith Anderson Mason, my daughters, Tenielle Olivia Mason and Ariel Gianna Mason, and my son, Aaron William Mason. Thank you all for your love and motivation to see me complete my dissertation and achieve my goal. Thank you, Dr. Steven Tompa, for your coaching, support, motivation, and push to complete the task. Thank you. I am forever grateful.

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Chapter 1: Introduction to the Study

Introduction

Lack of experience, critical thinking, and clinical judgment among entry-level registered nurses (RNs) affect their ability to care for patients who have complex medical diagnoses. Most health care facilities offer entry-level RNs mentorship and preceptorship programs (Rush, Adamack, Gordon, Janke, & Ghement, 2015); however, RNs often lack the skills required for problem solving and complicated patient care situations during the period of growth from entry level to advanced beginner (Missen, McKenna, & Beauchamp, 2016). An advanced beginner is an individual with slightly less than 1 year of entry-level, practical experience with hands-on patient care who only requires supportive cueing from a preceptor (St-Martin, Harripaul, Antonacci, Laframboise, & Purden, 2015). Exploring the perceptions of advanced-beginner RNs from their preceptorship period may enable health services leaders to identify areas for strengthening education programs.

Health care organizations hire RNs in entry-level positions after they graduate from nursing school and pass their board exams. However, a gap exists between the preparation of entry-level RNs and their ability to practice on the floor (Hickerson, Taylor, & Terhaar, 2016). This gap in work performance places patients at risk for substandard care (Theisen & Sandau, 2013). The future of nursing is leadership and advancement of health through change, experience, and education (Ferguson, 2015). The present study was necessary because it may offer insight from RNs regarding their growth from entry-level to advanced-beginner status that could improve preparation and

experience of entry-level RNs for better skills and abilities to practice nursing as advanced beginners.

The potential social change implications of this study include obtaining insights health care administrators could use to decrease medication errors and increase safety measures. Numerous instances have occurred in which RNs have administered incorrect dosages of medication due to errors in mathematical computations (Cohen, 2015). Similarly, patient falls and accidents have occurred because entry-level RNs lack the necessary training for bedside safety and fall risk procedures (Moller & Magalhaes, 2015). Investigating advanced-beginner RNs' perspectives may inform strategies to improve overall operational management within the health care industry.

In addition to a discussion of social change implications, Chapter 1 includes the background, problem statement, purpose of the study, research questions, theoretical framework, nature of the study, definition of terms, assumptions, scope, delimitations, limitations, and significance of the study.

Background

Entry-level RNs may enter internships or preceptorship programs, sometimes called residency programs, to prepare for RN roles and responsibilities. The intent of internship programs is to bridge the gap from student to novice nurse (Guthrie, Tyrna, & Giannuzzi, 2013; Theisen & Sandau, 2013). Although there is a period of training and preparation (Al-Dossary, Kitsantas, & Maddox, 2014), traditional residency programs do not prepare entry-level RNs for transitional roles (Strauss, Ovnat, Gonen, Lev-Ari, & Mizrahi, 2015). The gap in nursing knowledge that I addressed in this study was the lack

of insight from RNs during transition from entry level to advanced beginner. This study is significant because it may provide insight for health care leaders to develop strategies to better prepare entry-level nurses to care for individuals with complex medical conditions.

Problem Statement

The problem that I addressed in this study is that lack of experience, critical thinking, and clinical judgment in RNs compromises patient safety during the RN's transition from entry level to advanced beginner. Health care managers must quickly produce competent RNs due to the workplace demand for more RNs and an increased rate of RN retirement (Sayers & Cleary, 2016). Supervisors assign entry-level RNs to manage the care of patients with complex medical diagnoses, despite their lack of experience, critical thinking, and clinical judgment (Sayers, & Cleary, 2016; van Graan, Williams, & Koen, 2016).

Although literature exists in the field of nursing related to research studies for internships (Guthrie et al., 2013), training (Al-Dossary et al., 2014), and transitional roles (Strauss et al., 2015), extant research had not yet highlighted perspectives of advanced-beginner RNs regarding their growth from entry-level practitioners. Perceptions of advanced-beginner RNs might allow nurse educators and program developers to identify areas for improvement within educational curricula for entry-level RNs.

Purpose of the Study

I selected a qualitative phenomenological methodology as the research paradigm for this study to explore the perceptions of advanced-beginner RNs. My intent in this

study was to delve into the lived experiences of advanced-beginner RNs during transitional encounters throughout the entry-level stages in health care. My purpose in this qualitative study was to elaborate and elucidate actual work life experiences within the nursing and health care fields (Sandelwoski, 2009). Qualitative methodology enables researchers to acquire rich, thick, and in-depth descriptions of a topic to apply to actual nursing health care scenarios (Sandelwoski & Leeman, 2012). A phenomenological approach allows researchers to address participants' lived experiences and gain a better understanding of the topic (Chan, Fung, & Chien, 2013). The phenomenon of interest in this study was the experiences of RNs during their growth from entry level to advanced beginner.

Research Questions

To understand this phenomenon, three research questions provided the primary focus for this study. I drafted these questions from the problem statement and purpose of this study to describe RNs' perspectives on their growth from entry level to advanced beginner.

RQ1: What do advanced-beginner RNs recommend to improve entry-level RNs' experience during the preceptorship period?

RQ2: What challenges, if any, do advanced-beginner RNs experience during the preceptorship period with problem solving and complex patient care situations?

RQ3: What scenarios, if any, do advanced-beginner RNs experience during their preceptorship with patient care where they perceive lack of proper clinical judgment?

These three questions formulated the framework to examine advanced-beginner RNs' perceptions during their preceptorship programs.

Theoretical Framework

I based the theoretical framework for the present study on Bandura's (1977) social cognitive theory (SCT), which offers an interactive approach to learning that incorporates intent, reflection, and reaction (Young, Plotnikoff, Collins, Callister, & Morgan, 2014). The major theoretical proposition was that the experiences and viewpoints of RNs influence patients, family members, and other health care professionals. Figure 1 illustrates the use of the SCT framework for this phenomenological qualitative study, which included open-ended interviews with 15 advanced-beginner RN participants that explored their perspectives on practical experience, clinical judgment, and critical thinking during growth from entry-level to advanced-beginner status.

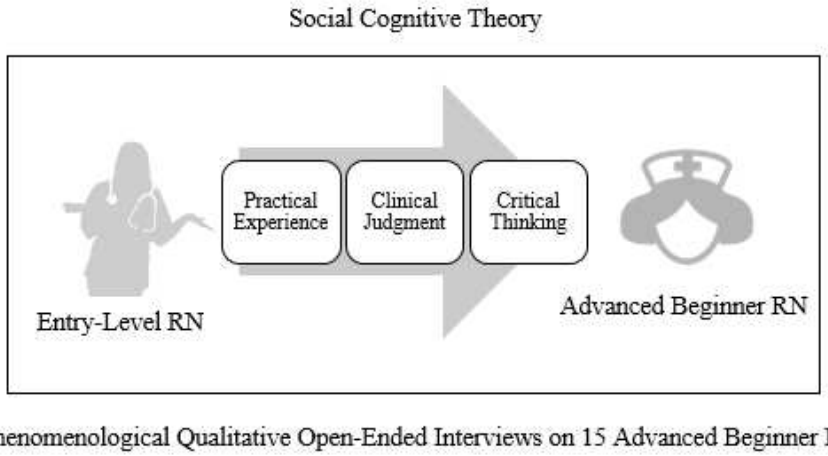

Figure 1. Framework of the study.

Behaviors, the environment, and personal or cognitive factors influence self-efficacy and are constructs that explain reciprocal determinism. These constructs are influential by and from each other (Bandura, 1982). Modeling or duplication of positive behaviors to become successful, positive feedback, and reinforcement foster the behaviors necessary to achieve one's goals. The application of SCT may be beneficial to organizations because it can be applied to any individual or situation. For example, Mailey and McAuley (2014) observed researchers using SCT in the classroom as a foundation to teach the knowledge and skills necessary for positive behavior change. The same principles can be applied to positive bahavior changes among RNs.

Nature of the Study

The nature of this study involved a qualitative phenomenological approach. The phenomenological approach was appropriate because it allowed for exploration of RNs' lived experiences during their career growth from entry level to advanced beginner. The data collection process involved conducting semistructured interviews among advanced-beginner RNs with more than 1 year of experience in the field. I used open-ended questions validated by a subject matter expert team of RN managers. Semistructured interviews using open-ended questions allowed for better insights into participants' perceptions and viewpoints (Peters & Halcomb, 2015). I used Colaizzi's descriptive approach for data analysis and employed NVivo software. The Colaizzi method offered the opportunity to analyze data using a standardized approach to obtain rich data information while applying rigor to the research.

Definitions

The definitions provided in this section are key terms used throughout this study to identify and describe relevant areas of the topic.

Advanced-beginner nurse: An individual with more than 1 year of nursing experience with the ability to perform duties based on prior experiences in real-life situations. As their knowledge continues to grow, advanced-beginner nurses will need cueing at times, depending on the situation (St-Martin et al., 2015).

Clinical judgment: Knowledge that is specific within the nursing discipline for assessment and assimilation of information affecting patient care (van Graan et al., 2016).

Critical thinking: A process that develops over time, including focus, creativity, confidence, and flexibility in the manner and method of thinking in an effort to obtain necessary results and solutions (Shoulders, Follett, & Eason, 2014).

Entry-level nurse: A nurse with 12 months or fewer of field experience (National Council of State Boards of Nursing [NCSBN], 2014).

Novice nurse: A newly graduated nurse who lacks experience in the area in which he or she performs. A novice nurse may also lack the ability to apply appropriate judgment in a situation, which can compromise patient safety (Brenner, 1984).

Self-efficacy: Individuals' belief in thinking, acting, and behaving with their capability for goal achievement, task attainment, and management challenges in a successful manner (Bandura, 1994).

Assumptions

The assumptions present in this study were that participants were honest in sharing their perceptions and interested in being part of the research to enhance the experience of other entry-level nurses. I based these assumptions on Sousa's (2014) stipulations of limitations regarding research study. These assumptions were necessary to establish a working, unbiased relationship with participants.

Scope and Delimitations

The scope of this study was the perceptions of RNs during their transition from entry level to advanced beginner. Understanding the perceptions of RNs during their initial career growth can help health care managers identify areas within the transition period from novice to advanced beginner in need of further development to ensure RNs are better prepared to provide safe care to patients.

The delimitations of the study were entry-level RNs with either an associate degree or a bachelor's degree in nursing; there were no delimitations related to age, gender, nursing specialty, or ethnic background. I recruited 15 participants and conducted open-ended interviews. My rationale for selecting 15 participants for the study was based upon the recommendation by Cleary, Horsfall, and Hayter (2014) that 15 participants is a significant sample size for population representation in qualitative studies. In the event saturation in attaining new or relevant data would have occurred, I was prepared to minimize the number of participants as recommended by Marshall, Cardon, Poddar, and Fontenot (2013). To ensure transferability, my discussion of results includes the number

of participants, length of time for data collection, data analysis strategies, and ethical issues.

Limitations

Limitations of this qualitative study included the constraint of time and maintaining a sample size of 15. Another limitation to the study was the accuracy of information received from participants, as participants' selective memory or tendency to remember only positive or negative experiences may have altered information. I used reasonable measures to address limitations, including taking the information received from participants at face value. Participation, time devotion, and commitment were voluntary, and I made participants aware they had the option of removing themselves from the study without any repercussions at any time. Although a sample size of 15 by no means represents the entire population of entry-level RNs, Aguinis and Edwards (2014) stipulated 15 participants is an adequate number for qualitative research.

Biases included my experience as an entry-level RN, as well as my perceptions on the effectiveness of residency programs for entry-level RNs. To mitigate bias, I documented any personal experiences from my nursing in a scholarly journal, which I kept separate from the data collected from the participants in this study, following Maciejewski's (2013) recommendation for identifying and managing personal bias. I reported the results in this study based on data collected from the interviews, which reflect the practices and experiences of the advanced-beginner RN participants of this study.

Significance

The potential significance of this study is that it offers insights from RNs regarding their growth from entry-level to advanced-beginner status that could improve experience, critical thinking, and clinical judgment. Study findings may also offer additional insights for health care administrators on safety measures at the bedside (Chubbs, 2014; Fraser, 2014). Potential implications for positive social change include developing a better training tool for the advancement of novice nurses to improve patient safety. With lack of experience, critical thinking, and clinical judgment, entry-level nurses may need additional assistance in terms of professional development (Miraglia & Asselin, 2015). Potential contributions of the study that may advance the practice of nursing include providing insight to health care leaders to cultivate and develop a culture of patient safety, promoting positive outcomes for patients, identifying areas that place patients at risk when under the care of entry-level nurses, and developing and implementing strategies to contribute to positive patient outcomes.

Summary

My focus in this study was the lack of experience, critical thinking, and clinical judgment among RNs, which affects their ability to care for patients with complex medical diagnoses during their transition from entry-level nurse or novice nurse to advanced-beginner status. My purpose in this study was to explore the perceptions of RNs during their transition from entry level to advanced beginner. I used three research questions as a framework to examine advanced-beginner RNs' perceptions during their preceptorship programs.

The nature of the study was a qualitative phenomenological approach using the SCT framework to explore the perspectives of 15 RN participants during their transition from entry level to advanced beginner. The lived experiences of RNs may facilitate educational changes that could improve patient outcomes. The significance of this study is that it may assist with improving quality of care, standards of care, and patient outcomes, and increasing overall satisfaction among nurses and patients.

Chapter 2 includes a detailed literature review in relation to the research problem, as well as a discussion of the theoretical framework, including rationale and supporting evidence.

Chapter 2: Literature Review

Introduction

The problem that I addressed in this study is that lack of experience, critical thinking, and clinical judgment among RNs can compromise patient safety during their progression from entry-level nurse to advanced-beginner status. High demand for more RNs and increasing rates of retirement have placed pressure on health care managers to produce competent RNs quickly (Auerbach, Buerhaus, & Staiger, 2015). My purpose in this study was to explore RNs' perceptions of their development from entry-level to advanced-beginner status. Understanding the lived experience of RNs may lend insight into some of the challenges and obstacles RNs face during their professional growth. These findings may also provide useful information that can lead to positive social change in suggesting avenues to improve lack of experience, critical thinking, and clinical judgment, which may consequently have a positive influence on patient safety.

The lack of experience and the challenges RNs experience during their professional growth can greatly impact patient risk and quality of care (Duthie, 2014; Stayt, Merriman, Ricketts, Morton, & Simpson, 2015). This chapter includes a discussion of the search strategy that I used to obtain literature related to the current study, a description of Bandura's SCT as the study's theoretical framework, and a literature review concerning the importance of experience, critical thinking, and clinical judgment to keeping patients safe and decreasing the risk of harm. I reviewed recent literature on RNs' readiness to manage patient care right after leaving nursing school, their ability to think critically and apply clinical judgment, challenges affecting professional growth, and

strategies currently implemented to assist with the development of critical thinking and clinical judgment. Finally, I critiqued extant literature to identify areas for further study.

Literature Search Strategy

Sources for the literature review included the Health Sciences, Human Services, and Nursing databases available through the Walden University library. Other sources I used to identify relevant sources included CINAHL, MEDLINE, Science Direct, ProQuest, Nursing & Allied Health, Ovid Nursing Full Text, Crossref, and Google Scholar. Peer-reviewed articles cited appeared in peer-reviewed publications, including *Journal of Professional Nursing, Academy of Management Learning and Education, Journal of Nursing Education*, and other academic journals.

I used key search terms and combinations of words, including *novice nurse*, *novice to expert theory*, *critical thinking*, *bridging the gap in nursing education*, *new employees' orientation*, *new graduate nurses and clinical judgment*, *new graduate nurses and critical thinking*, *what is critical thinking*, *professional growth of RNs*, and *clinical judgment and self-efficacy*. Combinations of keywords—such as *clinical judgment* and *novice nurse*, *registered nurses* and *clinical judgment*, and *graduate nurses* and *critical thinking*—were also useful in obtaining results.

I used database filters to limit results to peer-reviewed articles published in the last five years. Relevant peer-reviewed articles provided additional explanation of the transition from novice to expert nurse. Understanding the key terms *novice nurse* and *advanced beginner* allowed for a clearer understanding of the different stages of professional growth in the nursing profession.

Theoretical Framework

Origin of Framework

The theoretical framework that I used in this study was SCT, the seminal development concept of which is that a person can learn from watching others and, at times, by imitating a situation, otherwise known as modeling (Bandura, 1977). Much of what individuals learn is linked to self-efficacy, which is the belief in oneself for successful completion of difficult tasks, a strong commitment to completing challenging tasks, as well as the ability to maintain control in a threatening situation (Bandura, 1982). SCT supports individual learning in an interactive environment (Young et al., 2014). SCT is appropriate for this study because of its previous applications to research concerned with behavior changes for health benefits and as a theoretical framework in studies with behavior changes that affect learning outcomes.

Propositions

Behaviors, the environment, and personal or cognitive factors are three major propositions that influence self-efficacy (Bandura, 1982). Self-efficacy is reflective of SCT. To develop or improve self-efficacy, Bandura suggested individuals apply certain skills for success. Individuals develop these skills through the application of modeling—or the duplication of positive behaviors to become successful—positive feedback, and reinforcement, which foster behaviors necessary to achieve one's goals (Bandura, 1982). Learning such skills can seem effortless with exposure to a positive environment.

Applied Previously

Researchers have used SCT in several studies related to learning, including creating a simulated event to promote critical thinking (Young et al., 2014); modeling behaviors and allowing positive feedback (Erlam, Smythe, & Wright, 2016); creating an environment that encourages interaction to promote learning (Flott & Linden, 2016); and evaluating self-efficacy before and after a simulated event (Franklin, & Lee, 2014; Kimhi et al., 2016; Roh, 2014; Rowbotham & Owen, 2015). Owen and Ward-Smith (2014) applied all three elements of SCT: behavior, environment, and cognitive abilities. The application of SCT in these studies came from the premise that individuals learn from a positive environment and can interact in the environment to duplicate and adopt behaviors.

Rationale

I selected SCT as the theoretical framework for this study because its three domains reflect learning outcomes, as shown in Figure 2. The three domains are reciprocal determination, environmental factors, and personal or cognition factors that affect change in behavior (Lin, 2015). Insight from SCT was useful in answering the three research questions. To transition from entry-level RNs to advanced beginners, nurses must interact with the environment to gain experience. Interaction with individuals and the environment influences learning in terms of observing and modeling behavior. To answer RQ1, RQ2, and RQ3, I addressed the RNs' experience gained, learning outcomes presented, and challenges experienced regarding developing critical thinking skills and clinical judgment during this transition period in relation to SCT.

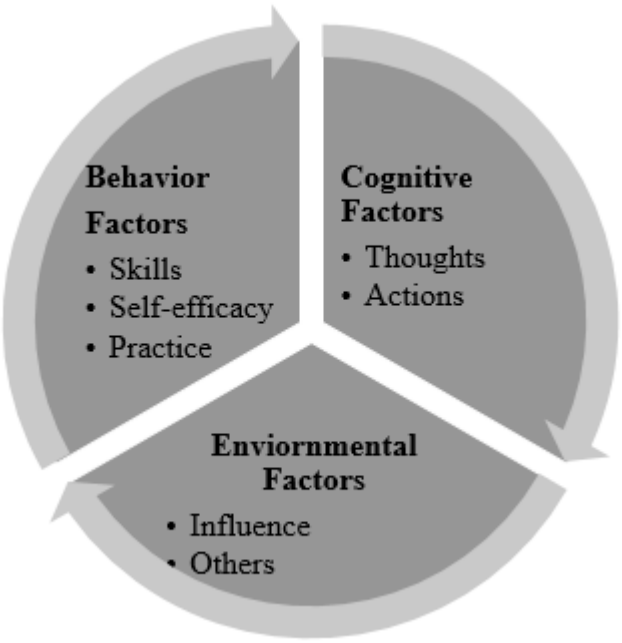

Figure 2. Components of social cognitive theory.

Relation to Present Study

The SCT constructs of self-efficacy and environment relate to advanced-beginner RNs' perceptions during their transition from entry level. Self-efficacy refers to the inner motivation or self-reliance allowing an individual to accomplish a task (Sandborgh, Johansson, & Söderlund, 2016). Inner reliance drives the need to achieve goals and accomplish tasks (Bandura, 1977; Bandura & Adams, 1977). Self-efficacy varies depending on the situation and the degree to which goals need to be accomplished (Porter, 2014). Applying the SCT construct to my study was useful because the advanced-beginner nurse learns from an assigned preceptor or mentor, who is part of the environment. Learning takes place when advanced-beginner nurses either duplicate

behaviors or accept feedback from the preceptor. The degree to which RNs achieve their personal goals depends in part on their desire to achieve those goals.

Another construct of SCT is the environment (Porter, 2014), as individuals learn from interaction in their environment (Bandura, 1977). Learning takes place through observation, duplicating tasks, and receiving constructive feedback (Bandura & Adams, 1977). As RNs interact within their environment by taking care of patients and receiving exposure to new situations and information, learning takes place. Some elements obtained through learning include clinical skills, communication skills, the development of critical thinking, and the application of clinical judgment to situations (Baraz, Memarian, & Vanaki, 2015; Maguire, 2013). As RNs receive exposure to this environment through feedback from preceptors and mentors, along with support from fellow colleagues and nursing leadership, RNs should be able to develop skills that support their growth in the nursing profession. Exploring RNs' perceptions of these experiences may provide insight on improvements to nursing transitions throughout the career.

Literature Review Related to Key Concepts

Entry-Level RNs

Patients under the care of entry-level RNs may face health status deterioration because of the RNs' failure to respond to changes in patient condition (Duthie, 2014). Entry-level nurses may lack the ability to apply appropriate clinical judgment because of their lack of experience (Schuelke & Barnason, 2017; van Graan et al., 2016). In addition, Kass et al. (2018) suggested lack of experience among entry-level nurses may

contribute to their failure to recognize changes in patient condition, perform independent nursing interventions, anticipate orders, and prioritize care to keep patients safe.

The complexities of nursing care and the responsibilities of RNs are continually evolving. RNs are responsible for caring for patients with complex medical conditions. To overcome some of the challenges entry-level nurses face when transitioning from nursing schools to the bedside, nurses should receive orientation through an accredited residency program (Chappell, 2014; Hickerson et al., 2016). To prevent risks and maintain safe environments for patients, nurses must have experience, critical thinking, and clinical judgment skills.

Bridging the gap in nursing from theory to practice is crucial in the development of clinical judgment and critical thinking. Therefore, there is a need to establish standardized residency and preceptorship programs to meet the needs of entry-level nurses (Hickerson et al., 2016). RNs acquire the level of experience, critical thinking skills, and clinical judgment necessary to adequately complete their responsibilities as they progress in their professional growth from novice to expert (Hooper, 2014; Hung, Huang, Cheng, Wei, & Lin, 2014; Soong, 2014). Experience gained between nursing school graduation and attainment of advanced-beginner status is crucial. The lack of standardization and variation may not adequately meet the needs of the entry-level nurse.

The retirement of nurses coupled with the increase in the number of nurses leaving the profession altogether have created a need for additional nurses to provide direct patient care. Researchers have identified new replacement nurses are not properly oriented as RNs, and therefore ill prepared for the pressure associated with job

performance (Sedgwick & Pijl-Zieber, 2015). In addition, new nurses lack the ability to self-reflect on clinical practice using critical thinking (Siles-González & Solano-Ruiz, 2016). The need for new nurses within the profession has created a need to address the gap identified between the theoretical aspect of nursing and clinical practice among entry-level nurses.

This literature review included several studies in which nurse leaders researched ways to bridge this gap. Some successful strategies have included reflection (Fowler, 2014; Kitson, 2014), simulation (Makransky et al., 2016), and the use of an avatar in case studies (Flood & Commendador, 2016). Such strategies for bridging the gap between nursing knowledge and clinical practice help prepare new nurses to provide safer care.

Preceptorships

Many health care facilities offer preceptorship residency programs to entry-level nurses. Hospitals without a residency program usually provide an extensive orientation period with an assigned preceptor or mentor (Spector et al., 2015). Residency programs in different health care facilities are variously focused with regard to training nurses. RN training may include developing basic skills, such as medication administration and wound care, learning the routine of a specific unit, and adjusting to the workload associated with direct patient care (Glynn & Silva, 2013). Nursing administrators are realizing orientation should cover more than just learning unit-specific skills and facility policies, but must also develop inexperienced nurses' critical thinking abilities to apply accurate clinical judgment (Theisen & Sandau, 2013). Inclusion of critical thinking and

clinical judgment in the nurse education curriculum may better prepare nurses to provide safer care.

Preceptors are one of the most valuable assets for entry-level RNs, offering valuable guidance and support to entry-level nurses as they transition from nursing school to clinical practice (Thomas, Betram, & Allen, 2012). Exploring the perceptions of 11 entry-level RNs during their first year of nursing, Thomas et al. (2012) found these new professionals felt stress, frustration, loneliness, and lack of support. Whereas Thomas et al. focused on the experiences of RNs' first year in transition to practice, I addressed RNs' possible challenges with critical thinking and obstacles with clinical judgment during their growth from entry-level to advanced-beginner status.

Entry-level RNs rely on their preceptors for coaching, guidance, and assistance. These new employees must provide care, identify risk, and keep patients safe while collecting information to improve quality of care; however, many entry-level RNs require more preparation to be a part of quality improvement initiatives that directly affect patient safety and quality of care (Flores, Hickenlooper, & Saxton, 2013). Entry-level RNs may feel overwhelmed when trying to meet the expectations of clinical practice (Ebrahimi, Hassankhani, Negarandeh, Azizi, & Gillespie, 2016; McKenna, Brooks, & Vanderheide, 2017; Ortiz, 2016; Sönmez & Yıldırım, 2015). Preceptors are integral to the process of enabling new RNs to become safe practitioners and achieve excellence (Dowdle-Simmons, 2013). The results of this study may provide entry-level RNs with better strategies to develop rapport with their preceptors during their early years in the profession.

Nurse educators play an important role in creating an environment conducive to learning, thus facilitating the transition period of entry-level RNs from nursing school to bedside. Providing support includes having enough preceptors to meet the needs of new RNs, serve as a resource, and offer support (Ebrahimi et al., 2016; Hilli, Melender, Salmu, & Jonsén, 2014; Rush et al., 2015; Whitehead, 2014). Preceptors are responsible for assisting entry-level RNs to connect theories learned in school with practical experience and clinical practice (Nielsen, Lasater, & Stock, 2016). Establishing a standardized orientation program with one-to-one preceptor-nurse ratios will ensure better prepared entry-level RNs to provide safer patient care (Strauss et al., 2015). Although the literature reviewed supports the role of preceptors for entry-level RNs, a gap exists with regard to the perceptions of advanced-beginner RNs, knowledge that may contribute to strategies for entry-level nurses to better succeed through practical experience, clinical judgment, and critical thinking.

Practical Experience

Nurses with less than one year of clinical experience require additional support from expert nurses to ensure patients receive safe care (Goode, 2016). To date, researchers have not yet addressed the experience of advanced-beginner nurses during their initial stage of professional growth (Hooper, Browne, & O'Brien, 2016; Ortiz, 2016; Parker, Giles, Lantry, & McMillan, 2014). Strong mentorship programs are key components of the experience nurses obtain during their transition from novice (Ammouri, Tailakh, Muliira, Geethakrishnan, & Al Kindi, 2013; Kalischuk, Vandenberg,

& Awosoga, 2013). I sought to explore the lived experience of advanced-beginner RNs to highlight areas within mentorship programs that need improvement.

In addition to practical experience, advanced beginners must develop critical thinking abilities. Critical thinking is the ability to mentally work through a situation, by considering varying perspectives and analyzing data, to ultimately make a clinical judgment based on clinical reasoning (Facione & Facione, 2013; Lovelace, Eggers, & Dyck, 2016). At the advanced-beginner stage, the nurse relies on a preceptor or mentor and past experiences to assist in any decision-making processes (Ke, 2014). An environment supportive of learning facilitates the development of critical thinking (Facione & Facione, 2013). Understanding nurses' perceptions of their environments could inspire ways to better prepare RNs for their professional growth.

Upon graduation from nursing school, RNs become responsible for their clinical practice with minimal practical and clinical exposure. To prepare entry-level RNs for clinical practice, nursing professors utilize simulation (Hayden, Smiley, Alexander, Kardong-Edgren, & Jeffries, 2014). RNs should receive ongoing training to improve their awareness and understanding of medication errors and ways to prevent them (Boamah & Laschinger, 2015). Nurses' lack of experience in the clinical setting puts patients at risk for harm.

One of the more serious medical errors in health care comes with medication administration. New nurses are not exempt from the responsibility of administering medication, despite their lack of experience with certain drugs. Each year, 7,000 deaths related to medication errors occur within hospital settings (da Silva & Krishnamurthy,

2016; Ferner & Mcdowell, 2014). As entry-level RNs transition into practical settings, they may not be fully aware of the complexity of medication administration within the context of organizational processes in place (Bourbonnais & Caswell, 2014). The focus in health care is to keep patients safe from harm and prevent errors in care.

Current mentorship processes in health care organizations are not standardized, formalized, or accredited. Despite this, Edwards, Hawker, Carrier, and Rees (2015) deemed the process helpful to ease new nurses into practice, decreasing the stress that may have an adverse effect on patients. Health care leaders must take ownership in providing support and guidance to assist entry-level nurses with transitioning into their new professional roles while providing safe patient care (Parand, Dopson, Renz, & Vincent, 2014). New RNs as well as seasoned nurses need to identify causes of medication errors, and subsequently develop and implement a plan to prevent or decrease such occurrences (Morrell & Ridgway, 2014). Nurses must adjust to their new roles, which at times are chaotic and challenging because of their limited practical experience, clinical judgment, critical thinking, and ability to organize tasks.

The gap between theory and practical experience contributes to a lack of professional confidence. This lack of confidence produces high levels of stress, which can greatly impact quality of care, produce negative outcomes for patients, and increase nurse turnover (Chesser-Smyth & Long, 2013; NCSBN, 2014; Ortiz, 2016). Although the literature reviewed comprised research on entry-level practical experience, I identified a need for advanced-beginner RN viewpoints on practical experience and growth from entry-level RN status.

Critical Thinking

The development of critical thinking is a difficult task that does not occur overnight. Critical thinking is the mental ability to solve situations, considering varying perspectives, analyzing data, and arriving at a decision based on clinical judgment and reasoning (Facione & Facione, 2013; Lovelace et al., 2016). An environment that supports learning facilitates the development of critical thinking (Facione & Facione, 2013). Critical thinking is an important factor in nursing, and now one of the learning outcome expectations of all nursing schools (Nair & Stamler, 2013). Demonstrating critical thinking is an essential part of responsibility and accountability in nursing practice (Raterink, 2016).

Critical thinking is a fundamental construct for RNs' success. Ongoing development of critical thinking skills is necessary for both novice and experienced nurses to avoid placing patients at risk of practitioner errors (Turkel, 2016). Critical thinking correlates with a nurse's level of competence (Chan, 2013; Weatherspoon, Philips, & Wyatt, 2015). When caring for patients with complex medical conditions, nurses must apply critical thinking skills to readily identify changes in patients' conditions and intervene appropriately (Shoulders et al., 2014). Critical thinking is a process to master over time (Schuelke & Barnason, 2017). Use of technology, the complexity of patient care, and effective communication are all factors that influence critical thinking and practice (Missen et al., 2016). While extant literature supports the importance of critical thinking in the nursing workforce, previous researchers have not

yet addressed advanced-beginner RN perspectives on critical thinking during the transition from entry-level positions.

Nursing school curricula utilize simulation as a means of preparing new nurses to think critically and apply clinical judgment. Simulation is problem-based learning that caters to the needs of the learner at varying education levels and professional growth stages (Jeffries, Rodgers, & Adamson, 2015). According to the simulation theory, simulation should be learner-centered with clear learning outcomes and led by a well-trained, knowledgeable facilitator using specific educational strategies (Jeffries, 2015). In addition, the learning environment should be interactive, collaborative, experiential, and characterized by trust (Jeffries, 2016). Discussing the use of simulation, as well as its importance in relation to this study, is essential because simulation involves the achievement of learning objectives through observation, modeling behaviors, and feedback (Jeffries et al., 2015). Simulation supports SCT, as the use of simulation in nursing schools as well as broader health care settings creates an environment in which learning can take place.

Nursing schools are incorporating strategies to help students develop critical thinking skills, which directly impacts their ability to make sound clinical judgments. However, entry-level nurses must quickly function as experienced nurses, making clinical judgments using a wide range of strategies to identify changes in patient condition. Shoulders et al. (2014) stipulated a critical thinker with the ability to apply accurate clinical judgment in any situation displays certain habits, including flexibility, creative

thinking, confidence, and a contextual perspective. Nurses develop these habits over time, along with the progression of overall competency (Shoulders et al., 2014).

The Delphi Report on critical thinking was derived from a group of nursing experts. The Delphi Report directly linked critical thinking to nursing accountability and standard of care, which directly affect patient outcomes (Shoulders et al., 2014). After two years of research, (Paul, 2014) noted the Delphi Report determined an ideal definition of critical thinking, identifying six core skills: interpretation, analysis, inference, explanation, evaluation, and self-regulation. Critical thinking and clinical judgment correlate with patient outcomes; however, further studies are necessary to determine the specific strategies needed to enhance critical thinking and improve clinical judgment (Shoulders et al., 2014). I conducted the present study on advanced-beginner RNs' perspectives on their growth from entry level to help fill the gap in extant literature.

Clinical Judgment

Clinical reasoning allows nurses to review key areas related to a patient and develop a plan of care based on clinical judgment. The advanced beginner must rely on patient knowledge, clinical reasoning, factual information, and past experiences to apply clinical judgment (Victor-Chmil, 2013). Clinical judgment can be learned; however, various scholars have addressed the lack of clinical judgment in nurses with up to three years of practical experience (Cappelletti, Engel, & Prentice, 2014; Lasater, Nielsen, Stock, & Ostrogorsky, 2016). Developing clinical judgment is an important part of nurses' professional growth.

The literature reviewed supports clinical judgment as a major factor in the progression from entry-level to advanced-beginner RN. Entry-level nurses' ability to apply clinical judgment is one important measure of their readiness to practice direct patient care (Victor-Chmil & Larew, 2013). Entry-level nurses lack the ability to apply appropriate clinical judgment because of their lack of experience (Pearson, 2014. Critical judgment is dependent upon the transition to advanced-beginner status.

Novice RNs are in the process of developing clinical judgment. Coram (2016) found novice student nurses' clinical judgment scores increased after exposure to the role modeling of an expert nurse. While the role of experience in the clinical judgment application is not yet clear, influences include the situation and how well the nurse knows the patient (Cappelletti et al., 2014). Following a study of bachelor's-level nursing students, Weatherspoon, Phillips, and Wyatt (2015) concluded electronic interactive simulation produced better results in improving clinical judgment skills with the use of experiential learning. This results of this study on advanced-beginner RNs' perpectives on critical judgment may contribute to educating RNs from entry level to expert status.

Limited researchers have addressed using a standardized rubric to evaluate clinical judgment post-academia. However, the use of a standardized evaluation tool to assess clinical judgment is necessary to monitor nurses' competencies and skills performance, and to provide a means to continue with the development of clinical judgment as the nurse grows professionally (Oh, 2016). Health care depends on the clinical judgment of nurses to maintain a high quality of care within the health care system, which directly affects patient outcomes. All nurses place patients at risk for harm

if they do not apply proper clinical judgment (Thompson, Aitken, Doran, & Dowding, 2013). Although extant literature supports critical judgment as a major factor for growth toward advanced-beginner status, very little information is available on the perceptions of advanced-beginner RNs toward growth from entry level.

Advanced-Beginner RNs

Advanced-beginner RNs move up the clinical ladder in their professional growth, developing key skills and competence in critical thinking and clinical judgment based on experience gained at entry level. Nurses may experience challenges and barriers associated with professional growth, including having to work in a hostile environment with no support from seasoned nurses and lack of a formal mentorship program within organizations (Egues, 2013). New nurses have to find their own mentors without any specific guidance or support from the organization (Dale, Leland, & Dale, 2013; Phillips, Kenny, Esterman, & Smith, 2014). The lack of an organized mentorship program, stress, and work schedule can affect nurses' overall job satisfaction, increase turnover rates, and negatively impact patient outcomes (Asegid, Belachew, & Yimam, 2014). Tuckett, Winters-Chang, Bogossian, and Wood (2014) also noted a lack of guidance with regard to professional growth. Nurse leaders must identify areas where changes can be made to improve residency and mentorship programs for nurses, thus improving the overall experiences and development in the field of nursing while simultaneously creating a safer environment for patients.

Developing a culture of safety hinges in part on the experience, critical thinking ability, and clinical judgment skills that develop during the advanced-beginner RN's

professional growth process. Patient safety became a primary focus of the health care industry after the high number of errors occurring in hospitals became public. Medication administration accounts for one-third of medication errors, causing harm to patients (Cloete, 2015). In addition, medication errors can be fatal and costly to patients as well as health care organizations (Lall, 2018). Some nurses lack the knowledge and drug calculation skills which contribute to medication errors, these errors contribute to the mortality and morbidity in hospitalized patients and cause great emotional stress for the nurses involved (Sneck, Isola, & Saarnio, 2015). Treiber and Jones, (2018) noted that inexperience, complex care of patients, lack of time and staffing contributed to medication error.

An additional challenge in health care that can affect patient safety is the increasing number of retiring nurses (Auerbach et al., 2015; Auerbach, Staiger, Muench, & Buerhaus, 2013). Growing retirement rates have created a need for hiring additional nurses to provide direct patient care (Auerbach et al., 2013). Students are graduating from nursing school in rising numbers and at a faster pace than in previous years, with some colleges offering accelerated programs to overcome inadequate nursing resources (Bowie & Carr, 2013). The high number of entry-level nurses creates many nursing units with novice nurses (Beogo, Liu, Dlamini, & Gagnon, 2015). Nurse managers encounter high rates of turnover among entry-level nurses, while nurses themselves must deal with scheduling conflicts, adjusting to unit routines, the inability to ensure patient safety, and a lack of satisfaction (Kass et al., 2018; Stayt et al., 2015). The need for safety initiatives is

ongoing; therefore, identifying areas that may enhance the professional growth and clinical skills development for nurses will contribute to positive outcomes for patients.

Workforce

The call for more experienced nurses entering the workforce has caused a shift in the level of education required for hospital nurses. Hospital administrators prefer to hire nurses with at least a bachelor degree, often employing those with an associate degree with the expectation they will obtain their bachelor's within a certain period (Kutney-Lee, Sloane, & Aiken, 2013). This has caused fewer employment opportunities for entry-level nurses with associate degrees (Browning, & Clark, 2015). Entry-level nurses with bachelor's degrees are preferred because of better patient outcomes (Kutney-Lee et al., 2013) and the ability to apply scientific research to nursing practice (Browning & Clark, 2015; Wilson et al., 2015). This trend leads new nurses to further their education early in their careers.

The increased need to manage patients with complex diagnoses and comorbidities requires a change in nursing education (Weatherspoon et al., 2015). Competency-based education (CBE) is a growing trend in which nursing education now serves to increase the competencies of new nurses (Gravina, 2016; Harrison, 2017; Nodine, 2016). CBE is a method for delivering focus-based competencies and skills specific to the work environment to better prepare new hires for the job (Tisch et al., 2013). Implementing CBE will further strengthen entry-level nurses' ability to practice safe patient care.

Another trend is supplementing education and nursing practice with the use of simulation. The field of nursing education faces the challenge of adequately preparing

students to transition into the workforce (Weatherspoon et al., 2015). Simulation is a technique for nursing education and practice. Some of the benefits of adopting simulation into nursing education programs include offering simulation as a partial substitute for clinical practice for nursing students (Fawaz & Hamdan-Mansour, 2016), teaching accountability to nursing students (Bussard, 2015), and assisting with the development of clinical judgment among entry-level nurses as they transition from the classroom (Yuan, Williams, & Man, 2014). The use of simulation in nursing education and nursing practice receives continued study to identify additional benefits for the nursing profession.

The increased use of technology in health care requires nurses to be comfortable with the use of computers and other equipment, such as electronic charting with computers and tablets, smartphones, and smart pumps (Skiba, 2014). In addition, the use of nursing informatics can assist with patient education, patient safety, cost containment, and positive patient outcomes (Brennan, 2014; Lowe, 2014). It is necessary to incorporate nursing informatics into nursing education so that entry-level nurses can have a strong foundation of technology to use as they transition into the workforce.

Complexity of Care

An increasing number of individuals with chronic conditions and several comorbidities are seeking health care. The increasing need for care places a higher demand on nurses to care for individuals with complex medical conditions (Hofler & Thomas, 2016). To decrease RN stress and anxiety and patient risk, nurses need adequate preparation to provide bedside care when they transition from the classroom (Gordon et

al., 2014). Decreasing nurses'anxiety by better preparing them to manage complex cases will produce more positive patient outcomes.

Americans are living increasingly longer, which means ailments associated with aging are becoming more prevalent. In addition to the normal changes associated with age, many older adults endure a combination of chronic illnesses (Dall et al., 2013; Gorney, Bergheim, Marrone, & Vahia, 2013). Nurses play a key role in providing care for these patients while creating a balance between heavy health care costs and quality care (Friedberg, Schneider, Rosenthal, Volpp, & Werner, 2014; Nelson et al., 2014). Caring for patients with complex medical diagnoses, along with the trend to shorten patients' hospital stays, have led to the need for complex nursing care (Zhu, Liu, Hu, & Wang, 2015). Management of care requires intensive nursing care along with collaboration among health professionals to ensure quality treatment, positive outcomes, and decreased readmission rates (Kleinknecht-Dolf et al., 2015). Nurses must be adequately prepared to meet the needs of patients with complex medical conditions.

Our health care system offers a variety of health services to meet the needs of patients. The impact of health care needs, coupled with patients' increasing knowledge regarding their health, demands new nurses be equipped with the skill sets and cognitive abilities required to manage patients efficiently (McClure & Black, 2013). At times, a disconnect of services may affect patient outcomes. Complex care can serve an integrated purpose to meet patients' needs by improving how services are utilized, creating an environment that supports collaborative care, and preparing nurses for the magnitude of care (Wakefield & Wilson, 2014). Offering care to patients with complex diagnoses

involves providing support to new nurses and teaching them to develop critical thinking skills to identify and meet the needs of patients.

Nursing care is always evolving, with further change predicted. To provide diverse nursing care, nurses must receive adequate training. To encourage professional growth and bedside competency, nurses must have support from colleagues, managers, and the organization (Coleman et al., 2016; Tuckett et al., 2014). This support can prevent undue stress and anxiety among new nurses during their six- to nine-month transition period (Roche, Schoen, & Kruzel, 2013), encouraging nurses to improve their skills, facilitating career growth, and supporting positive patient outcomes.

Nursing care caters to the whole person and can include changing dressings, administering medication, keeping patients safe, improving quality of life, and managing patients undergoing any surgery or medical procedure requiring the expertise of a nurse (Kieft, de Brouwer, Francke, & Delnoij, 2014). Nurses play an important role when caring for patients after a medical procedure, from keeping them alive to preventing unnecessary health care costs (Christopher, 2014). To manage patient care effectively, new nurses must develop a variety of skills. Lea and Cruickshank (2015) noted that, depending on the geographical area, many new nurses lack the clinical support and experience necessary to manage the care of a diverse patient population. Nurse expertise, compassion, and knowledge of procedures and healing processes all contribute to patients' recovery. More than ever, nurse managers bear the responsibility of providing support in an environment that makes learning accessible to new nurses.

Integral to patients' decision-making processes, nurses are involved in a collaborative team effort to discuss the clinical challenges of patients as well as offer suggestions, which can drive the plan of care (Tariman & Szubski, 2015). Specific care plans are mandatory for all patients who need nursing care. The implementation of nursing diagnoses and a collaborative plan of care using a health care team approach play a key part in patient outcomes during a critical illness, both physically and mentally (Castellan, Sluga, Spina, & Sanson, 2016; Whitebird et al., 2016). Critical thinking and clinical judgment are necessary for caregivers to identify and implement a plan of care. Nurse leaders must therefore encourage continued professional growth in their RNs to support positive patient outcomes.

Medical Errors

While the rate of medication errors has decreased in recent years (Semiz Aydın, Akın, & Işıl, 2017; Top & Cam, 2016), the use of advanced technology has not fully eliminated mistakes that can cause serious harm to patients (Top & Cam, 2016). Prakash et al. (2014) identified increased numbers of medication errors committed by nurses in areas such as incorrectly programming infusion pumps and missing dosages. Medication errors are highest in the following categories: error during intravenous administration, wrong preparation, wrong timing, wrong dose, outright omission, and nurse exhaustion and distraction (Cottney & Innes, 2015; Keers, Williams, Cooke, & Ashcroft, 2013; Patel, Desai, Shah, Patel, & Gandhi, 2016; Top & Cam, 2016). While specific skill sets are important, the ability to think critically, manage time, and anticipate risks are attributes all nurses must develop to ensure safe practice.

Medication errors are among the most common causes of preventable harm to patients and impose a financial burden of billions of dollars on the U.S. economy (Walsh et al., 2017). Over 46.4% of practice nurses reported that medication errors occured for a third of their patient assignments (Prakash, 2014). Work experience, number of patients, and shift work rank as important factors contributing to medication errors (Toode, Routasalo, Helminen, & Suominen, 2015). Identifying the underlying causes of medication mistakes will help bring about an understanding of how to manage the issue. Clinical errors have recently garnered the public spotlight; subsequently, understanding the mechanisms and adverse events related to such errors is improving. While actual frequency is unknown, wrong decisions are more common than previously thought, with the rate of clinical errors estimated to be at least 25% (Cottney & Innes, 2015). Reviewers of medical practice conducted in the United States noted a great number of nurses do not follow guidelines; for example, 54.6% of nurses did not follow safety measures when administering medication (Kim & Bates, 2013).

Patient Care

Nurses face the challenge of caring for individuals across the lifespan. These responsibilities may cause undue stress and anxiety if nurses are unprepared for the task, lack the necessary support, or have difficulty transitioning into their role. A trusting, supportive relationship among preceptors and colleagues during the transition phase as nurses care for patients can improve self-recognition and facilitate a manageable workload that allows time for reflection, and is vital to the growth in the nursing profession (Guerrero, Chênevert, & Kilroy, 2017; Ratta, 2016). In addition, Pearson

(2014) found new nurses need assistance as they adapt to their new professional roles. Lack of support or resources and fear of repercussions can increase the stress levels of new nurses, which may affect patient care.

Patient-centered care puts the patient in charge of his or her own health care (Balbale, Turcios, & LaVela, 2015). Targets include keeping patients informed with a continual flow of information, ensuring they feel respected and supported (Newell & Jordan, 2015). Nurses' responsibilities center on the patient, not their own tasks and duties (Balbale et al., 2015). Competence in patient care develops through a continuum of practice, experience, and cognitive care (Lima, Newall, Kinney, Jordan, & Hamilton, 2014). Sometimes, practice involves complex tasks; other times, it requires simple tasks and duties, including admitting a patient, obtaining vital signs, completing a comprehensive assessment, administering medications, and starting intravenous fluids (Morris, Matthews, & Scott, 2014). Cognitive care requires the application of critical thinking and clinical judgment (Mahmoud & Mohamed, 2017). Nurse leaders who fail to understand nurses' decision-making processes creates dissatisfaction, stress, and high turnover, which affects patient care and outcomes (Lima et al., 2014).

Stacking is a process of implementing strategies for providing care, planning, being proactive to the needs of the patients, using cognitive processing to delegate and prioritize care, and reorganizing care (Kohtz, 2017). Nurses use clinical judgment to effectively implement stacking to deliver safe care, identify risk, prevent complications, and minimize patient morbidity (Kohtz, 2017). It is important to provide appropriate

support to entry-level nurses as they transition to providing patient care, which directly affects patient safety and the quality of care provided (Ebrahimi et al., 2016).

Nurses administer care in an interactive, continually changing, chaotic environment, which produces unpredictable outcomes (Hast, DiGioia, Thompson, & Wolf, 2013). Managing patient care in this complex environment requires critical thinking and clinical judgment to make sound decisions. Nurses provide patient care in a complex environment, and therefore must be mindful that each element in the environment can be a potential cause of medical error. Because nurses handle various forms of patient complexities, they must have the ability to think critically, as well as manage all elements in the environment directly associated with the patient. Improving the environment in which nurses function enables them to offer higher-quality patient care, resulting in better patient outcomes (You et al., 2013).

Entry-level nurses must learn to provide care within the social framework of care associated with nursing. To facilitate this, nursing managers should encourage RNs to reflect on their knowledge and clinical practice, as well as develop self-efficacy to excel in patient care. Reflection and self-efficacy facilitate safer nursing care, decreasing stress and frustration during the transition from nursing school to practice (Numminen, Leino-Kilpi, Isoaho, & Meretoja, 2015).

Nursing care, especially in the hospital environment, contributes to setting the standard for quality of care and patient safety. Health care administrators measure these standards in relation to nurse competency (Schumacher, Englander, Hicks, Carraccio, & Guralnick, 2014). To provide a high level of patient care, nurses must have both intrinsic

and extrinsic motivating factors (Dill, Erickson, & Diefendorff, 2016; Toode et al., 2015). Motivation allows nurses to gain ownership of their practice (Toode, Routasalo, Helminen, & Suominen, 2014). As entry-level nurses transition to practice, motivation and support lead to quality care (Kantek, Yildirim, & Kavla, 2015; Toode et al., 2014).

Injuries from falls account for 5% to 10% of the serious injuries experienced in hospitals by persons who are elderly; two-thirds of these falls result in death (Goldsack, Bergey, Mascioli, & Cunningham, 2015). In addition to concerns such as fractures, individuals experiencing a fall may otherwise suffer from decreased self-confidence and independence, social isolation, and depression (Clancy, Balteskard, Perander, & Mahler, 2015). Nurses caring for individuals at risk of falls should attend training to learn the effects, financial costs, and psychological effects on patients after a fall (Lindus, 2012). Teamwork and a culture of safety continue to improve as health care professionals anticipate and manage patients with increased risk for falls (Berry et al., 2016; Jia, Zhang, Mao, & Zhang, 2014). The culture of safety is significant for keeping patients safe and preventing injuries.

Summary and Conclusions

The prominent themes of the extant literature concerning entry-level RNs include preceptorship, practical experience, critical thinking, clinical judgment, advanced-beginner nurses, patient care, and complex medical conditions. Previous researchers have indicated entry-level RNs' lack of experience, critical thinking, and clinical judgment affects patient outcomes. I identified a gap in knowledge concerning the experience of advanced-beginner RNs during their professional growth from entry level.

In Chapter 3, I provide an explanation of the research methods, research design, and rationale for the present study, as well as my role as the researcher and issues concerning ethics and trustworthiness.

Chapter 3: Research Methods

Introduction

My purpose in this study was to explore the lived experiences of advanced-beginner RNs during their growth from the entry-level stage of nursing. In this chapter, I address the methodology, research design, and rationale, as well as my role as the researcher. Chapter 3 also includes discussions of inclusion criteria, sample size, data analysis, transferability, dependability, confirmability, trustworthiness, and transferability. I conclude the chapter by outlining ethical procedures and concerns, as well as providing a summary of the main topics discussed.

Research Design and Rationale

This study was qualitative in nature and replicated the seminal Colaizzi data analysis techniques by Abalos, Rivera, Locsin, and Schoenhofer (2016). This approach allowed participants the opportunity to share perceptions during their growth from entry-level to advanced-beginner nursing status. Further, this method enabled participants to describe events and share lived experiences and opinions. A phenomenological approach allows the researcher to investigate and document findings without bias (Lewis, 2015). My replication of Abalos et al.'s data analysis approach included the following steps: (a) analyzing the data to identify major themes; (b) grouping together similar themes; (c) categorizing similar themes; (d) completing an exhaustive description of the information received; (e) clarifying with participants any information that was not clear; and (f) validating extensive analysis of all data received. The three research questions that I used were:

RQ1: What do advanced-beginner RNs recommend to improve entry-level RNs' experience during the preceptorship period?

RQ2: What challenges, if any, do advanced-beginner RNs experience during the preceptorship period with problem solving and complex patient care situations?

RQ3: What scenarios, if any, do advanced-beginner RNs experience during their preceptorship with patient care in which they perceive lack of proper clinical judgment?

These three questions provided the framework to examine advanced-beginner RNs' perceptions during their preceptorship programs.

My main focus in this study was to explore the perceptions of new RNs during their transition period from entry-level to advanced-beginner status. The key concepts included gathering opinions and experiences of entry-level RNs while caring for patients and identifying any possible risk of harm associated with patient care. Newly licensed nurses can cause harm to patients because of a lack of experience identifying and responding to changes in patient condition (Kass et al., 2018). Newly licensed RNs often lack the ability to apply critical thinking to formulate clinical judgment for appropriate care for patients, especially those with complex medical cases (Nielsen et al., 2016); therefore, these new health care professionals require additional support from expert nurses to ensure their ability to provide safe patient care (Parand, Dopson, Renz, & Vincent, 2014). Exploring these experiences will improve understanding of situations encountered by entry-level RNs.

For the purpose of this qualitative study, I used a phenomenological approach using Colaizzi's data analysis techniques. I obtained data through open-ended interview

questions designed to answer the three research questions. This approach provided participants an opportunity to share perceptions of their transitional period from entry level to advanced beginner, describe events, and share their feelings and opinions about events. It also allowed me to investigate and document findings without bias (Lewis, 2015).

Role of the Researcher

My role as a researcher involved collecting data through open-ended questions and analyzing information received from 15 participants. I had no professional or personal relationships with participants that could influence perceptions or viewpoints. I used several techniques to manage bias, including bracketing data and arranging themes, clusters, and trends. Bracketing has varying roles in interpretive and descriptive phenomenology studies (Sorsa, Kiikkala, & Åstedt-Kurki, 2015). In descriptive studies, bracketing allows the researcher to view phenomena as they occur, set aside prior topic knowledge and perceptions, and avoid influencing participants (Sorsa et al., 2015). Self-examination on the part of the researcher, as well as continuous review of the methods involved in bracketing, facilitate study validity (Sorsa et al., 2015).

Methodology and Participant Selection Logic

I recruited 15 advanced-beginner RNs to participate in this study: nurses with more than one year and no more than two years of nursing experience. Choosing a sampling strategy in relation to the type of study is important (Robinson, 2014). To identify specific lived experiences shared by participants, I used criterion sampling, often recommended when researching issues of quality assurance with participants who are

experts in the topic under investigation (Palinkas et al., 2015). I selected RNs to participate in the study based on the following criteria: either an associate degree or bachelor's degree in nursing, between 1 and 2 years of experience as an RN, no prior health care experience, and willingness to share their experiences as an entry-level RN. Individuals excluded from the study were graduates with prior health care experience, those who completed a preceptorship program at another facility, and nurses with less than one year of clinical experience.

I chose 15 as a sample size because my aim in this study was to understand the lived experiences of entry-level RNs. Gathering information-rich data can be time consuming and expensive. Therefore, establishing a practical number of participants allows the researcher to plan in-depth interviews, transcribe data, and achieve saturation within a reasonable period (Boddy, 2016; Galvin, 2015; Hennink, Kaiser, & Marconi, 2016). Selecting 15 participants also allowed sufficient time for data analysis and information extraction to answer the research questions. Recruitment began after receiving approval from Walden University's IRB.

The goal of qualitative research is to obtain information-rich data rather than achieve a large participant size (Palinkas et al., 2015). Although areas such as the purpose of the study and the experience of the researcher play an important part in sampling, saturation is a guideline to establish appropriate sample size (Hennink et al., 2016; Morse, 2015). In some studies, researchers evaluate the adequacy of the sample based on data saturation; however, saturation can have more than one meaning when applying different approaches to a study (Hammarberg, Kirkman, & de Lacey, 2016; Saunders et

al., 2017). If data saturation were to have occurred, I intended to minimize the number of participants, as recommended by Marshall et al. (2013).

Published Data Collection Instrumentation

The instrument for this study was an open-ended interview questionnaire, with questions (Appendix C) validated by a team of RN subject matter experts. The team of subject matters consisted of RNs working in academia with 10 years or more nursing experience, with a wide range of clinical and teaching experience.

Table 1 shows the interview questions and their alignment with the research questions.

Table 1

Alignment of the Interview Questions

Interview question (IQ)	Research question (RQ)	Concept
IQ1	RQ1	Practical experience
IQ2	RQ2	Practical experience
IQ3	RQ3	Critical thinking
IQ4	RQ4	Critical thinking
IQ5	RQ5	Clinical judgment
IQ6	RQ6	Clinical judgment

Using a developed tool allows researchers to evaluate subject matter in a uniform way. The three research questions provided the foundation to develop this interview

questionnaire for this study. Lewis, (2015), Shim and Shin (2015), and Victor-Chmil and Larew (2013) noted that credibility of an instrument used in a qualitative study allows other researchers to apply the tool to future studies with confidence in the outcome.

Instrument Development

As illustrated in Figure 3, the instrument used in this study consisted of six open-ended questions developed to answer the three research questions. A nurse educator team of subject matter experts validated the interview questions.

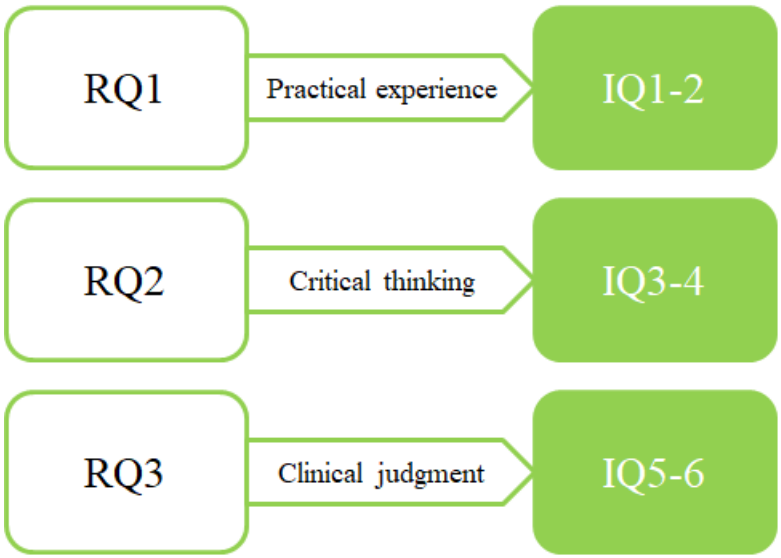

Figure 3. Instrument development.

I identified several potential assessment tools during the literature review process; however, no instrument existed that could answer the research questions specific to this study. I therefore created an instrument consisting of six open-ended questions to answer the three research questions. Accurate and thorough development of open-ended

questions is necessary to provide researchers with deep, rich information to satisfy the research questions (Williams, 2014). In developing the questionnaire, I identified the target audience and its level of education to gain a better understanding of the information I would obtain. I measured participant perceptions against the main themes of the study: clinical experience, critical thinking, and clinical judgment (Friborg & Rosenvinge, 2013). Questions I created were consistent in formatting, printed in an easy-to-read font and size, and sequenced in an open-ended format to facilitate information flow.

To establish validity of the questionnaire, I asked experienced nurse educators to review the research questions. These subject matter experts critiqued the questions for vagueness, clarity, and precision (Mohamad, Sulaiman, Sern, & Salleh, 2015), and determined whether the questions were sufficient to consistently answer the main study constructs (Noble & Smith, 2015). Nurse experts evaluated the questionnaire to determine the appropriateness of the population under study and whether the interview questions would elicit responses to answer the research questions (Bolarinwa, 2015). Allowing nurse experts to review the questionnaire ensured content appropriateness prior to the actual study.

Procedures for Recruitment, Participation, and Data Collection

Once Walden University IRB provided approval, recruitment was done in the South West region of Texas. Recruiting included posting flyers in coffee shops and public libraries near local hospitals, clinics, and long-term care facilities. Recruitment flyers were posted until 15 RNs agreed to participate in the study. Data was obtained

from face-to-face and telephone interviews. Each participant was reminded of their ability to withdraw from the interview at any time.

In addition to the open-ended questionnaire, a demographic questionnaire was developed to obtain basic information on potential participants. A follow-up interview with each interested participant was done to clarify any confusing data. To ensure data validity, different data sources were used to obtain information regarding participants' levels of clinical judgment. After acquiring detailed responses to each interview question, two peers were asked to review the data, and then executed member checking by allowing participants to review and comment on the completed results. The final data was analyzed to provide a detailed description of the results.

Data Analysis Plan

To analyze data, I used the first six steps of Colaizzi's seven-step strategy:

1. I transcribed interview recordings, read each transcript thoroughly, and then reread it to identify any emerging themes. As I read, I documented any personal thoughts or feelings I experienced.
2. I extracted significant comments and statements from each transcript regarding the first-year nurse's experiences. I documented these phrases and sentences on a separate paper, identifying them using numbered transcripts and pages.
3. I developed meaning from significant statements and comments, subsequently coding the meaning into categories and compiling an extensive list of descriptions.

4. I grouped meanings into categories reflecting specific clusters of themes. I then coded each theme depending on the meaning.
5. I merged themes into an extensive description list to extract meaning and understand RNs' perceptions of their transition from entry level to advanced beginner.
6. I eliminated reoccurring, repetitive descriptions and ambiguous statements. This step was crucial to help establish a clear relationship between themes and clusters (Drisko & Maschi, 2015).

I did not use Colaizzi's final step to avoid causing a burden to participants, instead making it my responsibility to validate findings. This facilitated checking the results of the study and rereviewing the questions and raw data for clarification, as necessary for validation (Drisko & Maschi, 2015; Elo et al., 2014). To organize collected data into major themes, I used NVivo 11 to assist with identifying trends and capturing major concepts. I managed discrepancies after analyzing data, as needed.

Issues of Trustworthiness

Credibility

To achieve credibility, I followed the approved data collection guidelines as outlined by Walden University's IRB and maintained a professional relationship with participants throughout the study, allowing participants 30 to 45 min to answer each question thoughtfully and thoroughly. In addition, I limited the sample size to 15 to facilitate thorough data analysis and ensure a point of saturation. Participants had the opportunity to review their answers and provide clarification, as needed (Boddy, 2016;

Galvin, 2015). Finally, I completed training provided by the National Institute of Health Office of Extramural Research, which ensured my understanding of trustworthiness and protecting human research participants (Appendix J).

Transferability

To establish transferability, I recorded a step-by-step explanation of my process of obtaining results. This will allow readers to easily follow the analysis and steps leading to my conclusion (Cope, 2014; Kornbluh, 2015). Additionally, I conducted a random search to select participants with over one year of professional experience, but no more than two years. Participants included female graduates from different nursing schools with either associate or bachelor's degrees. Through semistructured interview responses, these RNs provided an in-depth explanation of the experiences gained during their transition from entry-level to advanced-beginner status.

Dependability

To establish dependability, I reviewed and documented my process, including the first six steps of Colaizzi's strategy, which I performed. Documentation will not only enable future researchers to duplicate this study, but to identify any errors with regard to conceptualizing the study, collecting data, interpreting findings, or reporting results (Cope, 2014; Elo et al., 2014; Kornbluh, 2015).

Confirmability

I employed several strategies to establish confirmability. I documented all procedures implemented for checking and rechecking collected data, asked peer reviewers to objectively assess the study and record their findings, and had an external

auditor assess collected data, analysis, and documentation to identify any existing or potential biases (Cope, 2014; Elo et al., 2014; Kornbluh, 2015). Additionally, my dissertation committee audited the process by providing feedback on questionnaire coding and data analysis steps.

Ethical Procedures

I submitted a proposal to Walden University's IRB for review and permission before beginning any participant recruitment or research. No ethical issues regarding recruitment materials and processes exist. After receiving IRB approval, I posted recruitment flyers in community coffee shops and public areas near hospitals of advanced-beginner RNs (Appendix A). Participants had the opportunity to review detailed information on the study along with their rights via the informed consent form (Appendix B). I established and maintained a professional relationship with participants throughout the study. I kept secure the identities and information collected from participants by replacing names with numbers (A1 through A15). In addition, I reassured participants all information would be secure on my personal computer, which requires a password for access, until destruction five years later. The only other access to this information belongs to members of my dissertation committee.

There were no ethical concerns related to recruitment materials or data collection. Participants spent approximately 20 to 40 min answering interview questions, with an option to discontinue at any time. Participants were able to use the free counseling resource list (Appendix E) in the event of experiencing emotional distress. To ensure participants' privacy, I analyzed data in my home rather than in my work environment. I

did not use any participants from places of my employment or with whom I had a previous professional relationship.

Summary

In Chapter 3, I outlined the role of the researcher, research design and rationale, and methodology of the study. Additionally, the chapter included a discussion of the steps involved in participant recruitment, instrument development and implementation, details of the pilot study procedures, and information on data collection, data analysis, management of issues of trustworthiness, and ethical procedures. In Chapter 4, I present information on data collection and analysis, settings, and study results.

Chapter 4: Results

Introduction

My purpose in this study was to address the lived experiences of advanced-beginner RNs in transitional encounters during the entry-level stages of their career. The research is qualitative in nature, with a phenomenological approach to explore participants' lived experiences. The qualitative approach allowed me to elaborate on actual experiences within the nursing profession—more specifically, the lived experiences of nurses during their first year as an RN. To understand this phenomenon, I developed three research questions:

RQ1: What do advanced-beginner RNs recommend to improve entry-level RNs' experience during the preceptorship period?

RQ2: What challenges, if any, do advanced-beginner RNs experience during the preceptorship period with problem solving and complex patient care situations?

RQ3: What scenarios, if any, do advanced-beginner RNs experience during their preceptorship with patient care in which they perceive lack of proper clinical judgment?

The three questions formed the framework to examine advanced-beginner RNs' perceptions of their preceptorship programs.

This chapter includes a discussion of recruitment, conditions affecting participant responses, participant demographics, information on data collection and analysis, and a detailed account of the results. I present evidence of trustworthiness, which includes discussions of credibility, transferability, dependability, and confirmability. Chapter 4

also includes a descriptive account of the results based on each research question, as well as summarized responses to the research questions.

Setting

The study entailed interviewing 15 advanced-beginner nurses, five face-to-face and 10 by telephone. Prior to the start of each interview, participants received an informed consent form to review and sign with a reminder they could withdraw from the study at any time without penalty. I used my private home office and a private conference room at the public library as interview locations to maintain confidentiality throughout the interview process. For each interview at the library, I placed an "occupied" sign outside the door; when I was conducting interviews by telephone from my home, I kept the door closed during the call.

To further ensure privacy, I assigned participants unique codes by which to identify them during data collection, attributing interview transcripts to participants A1 through A15, as applicable, to mask their identity and maintain confidentiality. Assigning each participant a pseudonym, A1 through A15, helped prevent bias during data analysis and interpretation. Information collected from participants included their length of time as an RN, whether they had an associate's or bachelor's degree, their age, and their gender; I did not obtain any personal information. No personal or organizational conditions affected data collection or analysis.

Demographics

Participants interviewed in the study were females between the ages of 26 and 52 years old; 13 held an associate degree in nursing, with the remaining two earning a

bachelor's degree. Three participants identified as African-American, five as Caucasian, one as African, and six as Mexican-American. I did not collect demographics such as income and socioeconomic status, as they were not relevant to the study.

Table 2

Demographic Information

Participant identifier	Age (years)	Gender	Race	Educational background
A1	26	F	African-American	ADN
A2	26	F	Caucasian	ADN
A3	34	F	Mexican-American	BSN
A4	32	F	Caucasian	ADN
A5	40	F	African-American	ADN
A6	32	F	Caucasian	ADN
A7	31	F	Mexican-American	ADN
A8	30	F	African-American	ADN
A9	44	F	Caucasian	ADN
A10	45	F	Mexican-American	ADN
A11	48	F	Caucasian	ADN
A12	28	F	Mexican-American	ADN
A13	26	F	Nigerian	ADN
A14	32	F	Mexican-American	BSN
A15	34	F	Mexican-American	ADN

Data Collection

Instead of conducting only face-to-face interviews, participants had the option of interviewing via telephone. Five elected to answer questions face-to-face in a private conference room at the local library, and I conducted the remaining 10 interviews by phone from my private home office. Both the library and home office provided the privacy required to maintain participant confidentiality. Each interview consisted of six open-ended questions and lasted approximately 20 minutes, which allowed participants time to think about each question prior to responding. I transcribed responses in their entirety, which I then read back to participants to ensure clarity and accuracy, a tool known as member checking. I did not use any digital or electronic means of recording responses. Upon documenting each response, I reflected on the RNs' words and journaled any thoughts regarding each question and response. The journaling process helped me to identify any personal feelings or perceptions that could affect the results. No unusual circumstances arose during data collection.

Journaling

To avoid bias when interpreting data, I used bracketing to identify my own feelings toward the topic of discussion. Bracketing involves setting aside any preconceived thoughts, knowledge, or perceptions (Bresler, & Andrews, 2014; Sorsa et al., 2015). While reading the transcripts, I reflected on my experiences during my own transition to practice and made notes regarding my feelings on what participants were saying. Journaling my feelings allowed me to be cognizant of my own beliefs and keep an open mind (Sorsa et al., 2015). I was able to separate how I felt about my experience

during my transition to practice, so that the data analysis process would include only the thoughts of the participants.

Data Management

Upon collection of data, I labeled individual responses with pseudonyms A1 through A15 and placed all files in a locked cabinet in my home office. I further maintained confidentiality in reading and analyzing transcripts, utilizing NVivo on my personal computer, which I secured with password protection and facial recognition.

Data Analysis

Colaizzi's data analysis strategy was ideal for data analysis. This process included transcribing, extracting, interpreting, categorizing, narrating, conceptualizing, and validating data. Allowing for a deeper understanding of participants' experiences, Colaizzi's process is a rigorous form of data analysis that ensures the credibility and reliability of results (Wirihana et al., 2018). Prior to beginning analysis, I refamiliarized myself with the data by reading through all background information. Next, I reread the transcripts to develop preliminary coding categories, and then conducted open coding using line by line and sentence-level analysis. Journaling reflective thoughts during this time helped prevent any bias in terms of the results. In line with the three research questions, I generated categories based on the participants' responses. The open coding process generated six main categories: (a) experiences of analyzing problems, (b) first year challenges that impact practice, (c) first year support for developing clinical judgment, (d) first year support for professional growth, (e) identification of areas of improvement in decision-making, and (f) recommendations to improve the preceptorship

period. Once I typed all responses and identified major themes, I imported the transcripts into NVivo 11 to organize themes and identify trends. The NVivo 11 software coding process generated 72 second-level codes from the initial six categories, with 78 primary and secondary codes in total. NVivo also enabled the review and grouping of codes according to similarities.

Axial coding facilitated assigning and linking the categories and subcategories of codes according to their properties and dimensions. Decontextualization of data from each transcript revealed the development of patterns and sequences in the data. Critical thinking allowed me to draw causal relationships between the categories of coded data and explain the phenomena. Patterns emerged from the data to describe the interviewees' lived experiences as advanced-beginner RNs. In addition to sharing their experiences, participants made recommendations to improve the preceptorship period, RNs' experiences with problem solving in relation to patient care, and clinical judgment. I identified 12 themes, four per research question.

Evidence of Trustworthiness

Credibility

I achieved credibility by following the guidelines established in Chapter 3. Participant recruitment came from the use of flyers and social media, as stated in IRB approval documentation. Prior to the interviews, I informed participants of the purpose of the study, asked them to sign an informed consent form, and reminded them they had the option to refuse or stop the interview at their own free will. I limited the sample size to 15 to facilitate thorough data analysis to the point of saturation. To ensure confidentiality, I

conducted interviews in person and by phone from a private, secured room. I asked and then repeated each interview question to ensure participants' understanding. Each interviewee had time to reflect on the question prior to answering. To determinate accuracy of the data collected from telephone interviews, I transcribed and then read back participants' own responses. For participants who opted for a face-to-face interview, I provided an opportunity for them to review their responses (Boddy, 2016; Eloe, 2014; Galvin, 2015).

Transferability

Fifteen participants were recruited in the southwest region of Texas for the study. Recruitment was done by placing flyers in local area libraries, colleges and coffee shops. Participants who indicated an interest in the study had to verify the length of their nursing experience to ensure criteria were met for the study. To meet criteria, participants had to have more than 1 year of nursing experience but no more than two years. Consents were obtained prior to the start of each interview. A total of 15 individuals were interviewed, all female graduates from different nursing schools with either associate or bachelor's degrees in nursing. The interviews were completed either over the telephone in my home private office or at a private conference room at the local library. Each interview consisted of 12 open-ended questions and lasted approximately 20 minutes. Through semi-structured interview responses, these RNs provided an in-depth explanation of the experiences gained during their transition from entry-level to advanced-beginner status. A step-by-step explanation of the process of analyzing and obtaining results was completed to allow readers to easily follow the analysis and steps leading to my

conclusion (Cope, 2014; Kornbluh, 2015). All data received was read and reread. Bracketing was done to eliminate personal biases (Peters, & Halcomb, 2015; Sorsa et al., 2015). Themes were identified, grouped together and analyzed using NVivo 11. No ethical issues were identified during recruitment, interviewing or analyzing of data.

Dependability

To establish the study's quality and dependability, the first six steps outlined by Colaizzi was applied. After interviewing all 15 participants, each transcript was read in its entirety to obtain a general idea of how each participant responded to each question. The three research questions were reviewed, and the transcripts reread, highlighting any statement, word choice, or sentence fragment that indicated a connection between participants' experiences and the research questions, noting these on a separate piece of paper. Data was collected, read, and organized in a manner that can be easily understood (Emmel, 2013). From the statements obtained, I identified meanings in relation to the research questions to form six main categories. In addition, I used NVivo software to assist in identifying trends and organizing information, ultimately recognizing six major categories and 72 subcategories, which I again grouped in relation to the research questions.

Confirmability

To establish confirmability, I read each transcript in its entirety, and then reread it line by line to identify fragments of statements that aligned with the research questions. From the fragmented statements, I developed the major themes, reviewed the major themes, and grouped similar words and phrases together to form codes. I solicited two

peer researchers to objectively review the study to identify any biases (Cope, 2014; Elo et al., 2014; Kornbluh, 2015).

Results

I based this study on the theoretical framework of Bandura's SCT, the three constructs of which—behaviors, the environment, and personal or cognitive factors—influence self-efficacy (Bandura, 1982). The three constructs appear in the major themes identified in this study. The first construct, behavior, is present in the actions and reactions of nurse preceptors, staff, and participants. To foster achievement behaviors, Bandura identified the need for modeling, positive feedback, and reinforcement. According to the second construct, whether positive or negative, environment influences the experiences of nurses transitioning from nursing school to bedside nursing. The third construct, cognitive or personal factors—such as self-perception, self-confidence, and self-esteem—also affects individuals' experiences. Because the three constructs are intertwined, individuals must be able to experience all three constructs to learn from and master new experiences. I identified 12 major themes in relation to behaviors, the environment, and personal or cognitive factors, four for each of the three research questions.

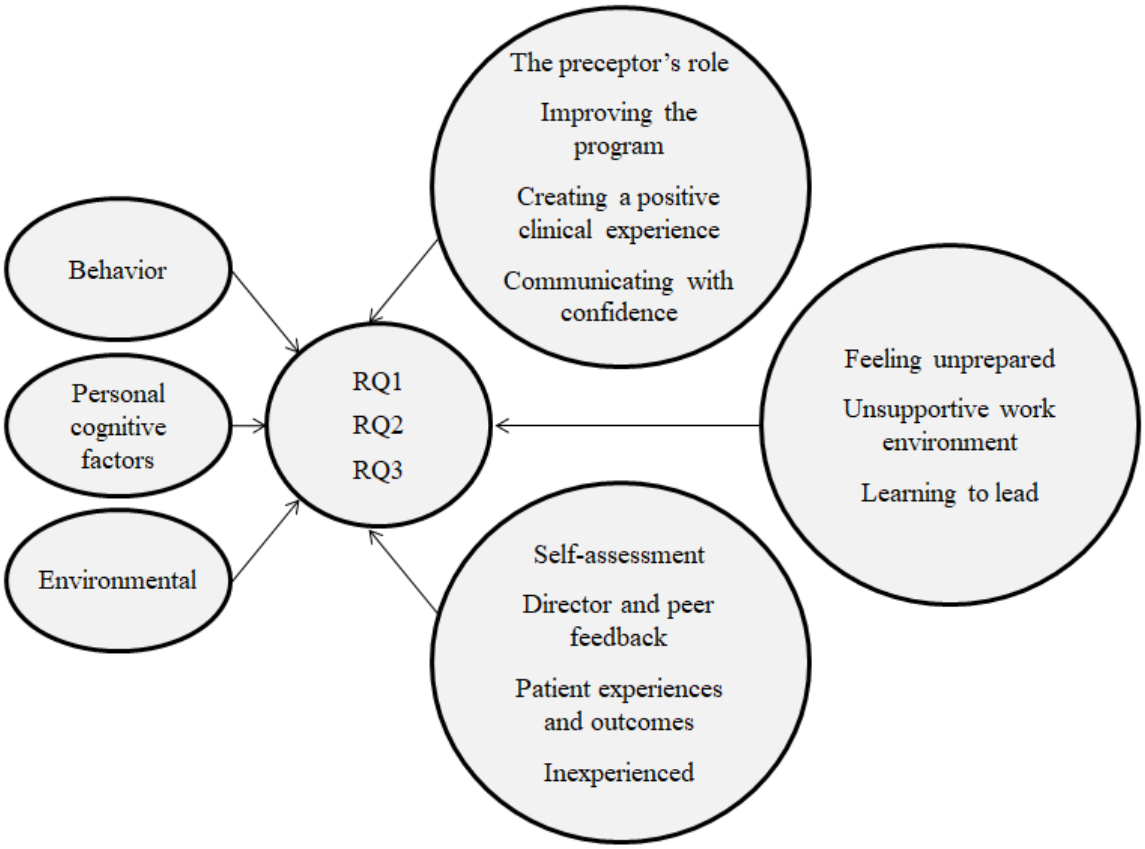

Figure 4. Results of the study.

Major Themes

Theme 1: Preceptors' role. To answer RQ1—"What do advanced-beginner RNs recommend to improve entry-level RNs' experience during the preceptorship period?"—I identified four themes: the preceptors' role, improving the program, creating a positive clinical environment, and communication and confidence. Five participants specifically commented that the role and responsibilities of the preceptor should be influenced by their experiences. Participants addressed the need for adequately trained, competent preceptors with limited roles and responsibilities, giving them time to focus on the new

nurse and provide one-on-one training, guidance, skill building, and effective teaching without distractions. Participants also spoke about the need to have a preceptor who is willing to work with new nurses without having to fulfill the role of charge nurse or a full patient load. Participant A3 claimed "a preceptor can make or break you," meaning the preceptor plays a key role in the successful transition of new RNs from nursing school to the bedside. Participant A3 also stated:

> My mentor helped me develop my own clinical judgment by not answering questions right away, but by asking me what I thought and why. Once I explained my own rationales, she would then give feedback if my thoughts were correct or give explanation as to why something else would be better.

Participant A6 also related positive experiences with her preceptor. She responded:

> Preceptorship should cover those things, for example, beginning and discontinuing an IV. Teach the brand of pumps, beds, and other equipment used in that hospital, because again, they are not all the same. Be sure they are familiar with where all supplies and necessities are located, and codes for entering those areas. Cover these simple basics. I had an amazing preceptor, she pushed me, but just enough to enable my growth and develop my confidence. She allowed me to watch one, do one, and teach one. She was always willing to help and answer any questions I had. She also dedicated others to help me in her absence. She explained how everything from the ice machine to Pixus worked prior to engaging me. She challenged me to grow as a nurse and develop my on-time management

> style that worked for me. Each morning before we would leave, she would ask me if I had any questions or needed to review anything. Always understanding and never expected me to know everything.

Participant A9 identified positive preceptor qualities, as well:

> What would help is to have a preceptor with some clinical experience. Having a preceptor with little or no experience will give little insight into the care being provided and will not help a new nurse develop critical thinking . . . Having a good preceptor who has the critical thinking skills to help me develop mine, and a preceptor with experience. Also, good resources and the day-to-day experiences on the unit.

Asked what she thought would improve new nurses' experiences from newly hired to advanced beginner, Participant A10 suggested:

> Well, I think having people that are trained to train the trainers. The person doing the training should be competent all around, so they can assist the new nurse with transitioning into patient care as well as dealing with the computerized charting. There should be classes for the preceptors to help them be prepared to assist new graduates, to be in tune to the new hires' needs. When preceptors are not properly prepared to assist new graduates, it sets the new graduates up for failure.

Participant A15 outlined some characteristics she would like to see in future RN preceptors:

> A preceptor should not just be a preceptor; one should be a mentor, someone of good character and someone with a good attitude. When we all hear of nurses

> eating their young, it's true, and it's mostly preceptors who eat their young. Preceptors should be educated and made aware that they are going to precept young nurses straight from school, ready to learn as much as possible and ready to be guided in the right way. I have seen the preceptors expecting young nurses straight out of school to be able to do everything, and when they can't and are ready to learn, I have seen preceptors who roll their eyes, or go out there and tell other nurses how the new nurse was not able to insert an NG tube. It's so sad and I think it should change. Preceptors should be able to show new nurses that they are getting into a career that, even though everything is not black and white, it's a career that we work as a team and we encourage each other sometimes, and it's all for our patients, not us.

Theme 2: Improving the nursing program. Some participants commented on the need for nursing schools to improve program offerings to better prepare new RNs for the transition to bedside care. Most participants who commented on programs felt nursing schools did not adequately prepare them for the transition. Participant A4 stated:

> It was a different reality after nursing school. Improvement can be in the form of collaboration between nursing schools and hospitals, better organization of nursing programs, having a universal checklist to complete during the transition period, with longer period orientation period. As I mentioned earlier, more training was needed. I felt I was not ready to make certain decisions on my own and staffing, which always seem to be an issue, needed to be improved.

In considering ways to improve new nurses' onboarding and training, Participant A6 had some suggestions.

> Increase the length of preceptorship and have a dedicated checklist that is universal for all first-year graduates. I believe this would ensure comfortability and therefore increase retention rates of young nurses. Not all schools are created equally, and there are certain things all schools do not include.

Noting the difficulty in finding a preceptor upon graduation, Participant A7 revealed, "In my first year of nursing, I had a difficult time finding a hospital that offered a preceptorship to associate's-prepared nurses. I believe that having a partnership between the school and the local hospitals would help tremendously."

Theme 3: Creating a positive clinical environment. Another major theme that emerged from RQ1 was the need for creating a positive clinical environment. Some participants suggested there should be better treatment of new nurses, including offering encouragement, especially when they seem overwhelmed. Another participant felt is important to motivate, offer coaching, and give feedback so new nurses know whether they are meeting expectations. Participant A6 illustrated as much in saying, "The feedback from my director and from my patients made me realize I was doing a good job." Introducing new nurses to others in the profession and other interdisciplinary team members enables them to make new connections, which helps them feel welcome, encourages engagement, and prevents isolation.

Participant A3 illustrated how these attributes had helped her:

> I also was supported by being called when a new skill would come up that I had never actually done. I was allowed to go with a RN to learn hands on how to perform whatever skill it was. Practicing the skills myself and the willingness of others to assist me is how I learned to develop my clinical judgment.

Participant A7 stated:

> I work with a group of nurses who have more than 10 years of experience in this field. Having them available to me daily for questions really helps me see if I am on the right track to helping our patients. Oftentimes, I am thinking of a solution or a plan for a patient that I can implement of my own but running it by a more experienced nurse solidifies the clinical judgment I've made on my own.

Participant A9 felt "having support from your manager, preceptor, educator helps. Information on classes, in-services, and information on nursing organizations helped." Similarly, Participant A10 revealed, "After the third nursing home, I found the support I needed to help with my transition. I got assistance with clerical issues and tasks I was not sure of. The support I got was from the director and manager."

Participant A15 also revealed positive training experiences:

> I was lucky enough during my preceptorship that my preceptor was aware that I was a new nurse straight from school. He was such a good preceptor that I was so ready to go to work every morning to learn some more and be ready to spread my own wings and work by myself. He was so kind, very knowledgeable, had a good attitude, and very understandable. He was a preceptor who wanted to see that I learned something every day. He was a kind of preceptor who would want you to

> take the lead but would be quick to help and correct you when I needed help and not quick to get angry because I needed help. I was so ready to try everything by myself because I always knew that I had someone by my side to cheer me up when I do it successful, or ready to show me the correct way whenever I missed any step.

Theme 4: Communication and confidence. Some participants identified effective communication and confidence among new nurses as necessary but lacking. Participant A4 related:

> I was clueless when it came to speaking to a doctor over the telephone. I did not know what to ask for or what was expected of me. However, after experiencing having to call the doctor several times, I started feeling confident with my communication skills.

Participant A11 noted valuable learning experiences are key to developing critical thinking and effective communication. She defined a valuable learning experience as one in which "your preceptor debriefs with you to help process situations and events surrounding patient care." Participant A10 felt new nurses should be encouraged to ask questions but should also take the initiative to seek answers and conduct their own research if unsure of anything.

Theme 5: Feeling unprepared. To answer RQ2—"What challenges, if any, do advanced-beginner RNs experience during the preceptorship period with problem solving and complex patient care situations?"—I identified four themes: feeling unprepared, unsupportive work environment, managing conflict, and learning to lead. Some

participants stated they felt overwhelmed, vulnerable, anxious, or uncertain, and identified a significant gap between theory and practice. Participant A5 identified "a major challenge experienced was feeling unprepared and inexperienced when dealing with unfamiliar clinical situations. The challenges included managing patients' care as well as the physician preferences." Similarly, she noted that "certain doctors preferred intravenous (IV) infusion catheter located in certain places in the arms. The physician would then request the IV be moved to his preferred location." Participant A5 recalled "unexpected high patient loads, with the expectations that I should know to perform certain procedures as advanced-beginner RNs; these expectations made me feel overwhelmed and unprepared."

Theme 6: Unsupportive work environment. A common thread among participant responses was feeling unappreciated or unsupported as a new nurse in the workplace. Participant A3 stated, "Tenured nurses were a challenge, being that they seemed to thrive when a mistake was made or a question had to be reasked." Participant A6 noted, "Dealing with veteran nurses who like to 'eat their young' and *expected* you to already know this or that was difficult." Similarly, Participant A8 identified a lack of support from experienced nurses, saying, "Older nurses were not receptive of me because I am younger and there was not much nurturing of younger nurses. I would recommend more nurturing of the inexperienced nurses to help with their development."

Participant A10 concurred. "For the first eight months after I became a registered nurse, I moved around a lot partly because I was not getting the support I needed, especially with completing tasks on the computer. The computerized charting was a

challenge. It was a whirlwind for me." Although she also experienced some problems, Participant A13 was upbeat in reporting, "I will say there are some nurses/staff who can be very unfriendly, but I think over time they just need to warm up to a new face and know that they can count on you."

Theme 7: Managing conflict. Some participants reported that learning cultural competence, along with developing effective communication skills, helped with conflict resolution and managing issues with patients and their families. Although all participants had completed online modules on cultural competency, ParticipantA9 noted that "having to put it into practice was difficult." With regard to conflict, ParticipantA3 elaborated:

> Dealing with upset family members or patients was another challenge that I had to learn to master during my first year. In my first few months, it was almost terrifying having a family member or a patient go off on you simply because they are upset. I had to learn with time to not immediately start talking or explaining but to simply listen thoroughly before responding. I must admit it took me a while to get that part down.

Participant A8 also expressed difficulty with conflict management. As she identified, "Some of the challenges include managing conflict, interpersonal skills, disciplining staff, all of which I was not accustom doing and I felt uncomfortable at first."

Theme 8: Learning to lead. Some participants stated they experienced challenges functioning in a leadership role. As Participant A1 shared, "When I first started, a challenge I had was getting the doctor to trust my work." However, she said, "once the doctor started working with me, they started to trust that I can perform my

duties." Participant A5 also spoke about the connection between learning the job and leading patient care:

> Some of my challenges were being confident in what I do in my decision-making process and I was very reluctant about delegating. I made decisions and didn't feel confident, and after a few of those realized that I should stand on the decision and take my feelings out of the equation. One example was I had to report a certified nursing assistant (CNA) because she did not carry out a task I delegated to her. I was not comfortable, but it had to be done.

Participant A8 reported that, after 10 months on her unit, she started taking shifts as the charge nurse. In relation to this experience, she said, "I was still finding my way. I also had to deal with delegating duties to unlicensed staff." Participant A8 also noted she "felt uncomfortable and second guessed myself, but in the end, I just trust the process because it was part of my transition, growth, mastery, and responsibility as an RN." She continued, "Another area that needed improving, I realized, was my interpersonal skills. I was uncomfortable having difficult conversations with the staff, but as I developed in my role, it became easier."

Theme 9: Self-assessment. To answer RQ3—"What scenarios, if any, do advanced-beginner RNs experience during their preceptorship with patient care where they perceive lack of proper clinical judgment?"—I identified four themes: self-assessment, director and peer feedback, patient experiences and outcomes, and inexperience. To help improve their clinical judgment and identify areas needing improvement, some participants performed extensive self-assessment, including self-

determination, self-evaluation, self-rating, self-improvement, and discernment. Participant A1 stated, "Self-reflection helped me identify areas I needed to work on at a personal level." As Participant A2 revealed, "I had to do constant assessment, reassessment, and reflection on myself, what I did, and how I handled certain situations because it was the only way I could get better. I knew I was weak in certain areas."

Participant A15 also mentioned self-assessment and self-improvement as important skills gained during her first year of nursing.

> The only way that I identified areas in the decision- making process that needed improvement was just looking back at how every day went and see how I made it and how I should have made it better. It was always looking back at how everything went and see what took most of my time and see how I would have done better, and that was the only way I was able to identify my decision-making process that needed improvement, and this applied to all decision making that I had to encounter throughout my first year as a registered nurse.

Theme 10: Director and peer feedback. Many patients highlighted the importance of receiving constructive feedback from their preceptors, program directors, and patients to grow their self-confidence and abilities. Participant A3 reported that "receiving feedback from my director and patients' comments helped with building my confidence and develop my critical thinking," and "the support that helped me the most was the belief that I could do it and implanting everything that was taught to me." Participant A11 noted, "My nurse manager pointed out areas I needed to work on." Similarly, Participant A12 stated, "Peer critique was another one; I listened and took

advice so I can grow. My director also gave me feedback on areas I needed to work on, and of course I needed to learn my medications."

Theme 11: Patient experiences and outcomes. In the health care field, standard of care measurement is in part by patient outcomes. Acknowledging this truth, Participant A2 revealed that "realizing the responsibilities and accountability as an RN was frightening. I know I had a responsibility to prevent harm from coming to the patient." Participant A5 had similar experiences, stating:

> Learning to prioritize and put my feelings aside and make the decision that's best for the patient was my responsibility only I can do. I made decisions and didn't feel confident, but after a few of those, I realized that I should stand on the decision and take my feelings out of the equation because it was best decision for the patient.

Participant A6 was adamant about taking personal responsibility for patient outcomes, saying, "*Do not* ever trust someone else's report or hand-off. You must lay eyes on your patient so that you will be the first to notice any changes from your set baseline." Participant A7 provided an example of how she ensured quality care:

> Another way I learned if I was making the right choices in patient care was seeing the outcome the patient had. If the patient was able to make some lifestyle changes by the next appointment after being counseled, then I knew that the session was effective and my decision on the subjects to teach in the style it was taught was effective.

Participant A14 revealed one particularly harrowing experience in assuming responsibility for her patient's well-being:

> For example, I had a patient on what is known as the Houston Cocktail. I was able to review the medications, identify the lethal combination, and have our team work together to resolve the issue so as to avoid harm to the patient. My investigation of the patient's medication list allowed me to analyze the situation and identify a potential deadly problem. This experience helped me boost my confidence.

Theme 12: Inexperience. Participants who discussed being inexperienced and uncertain in performing administrative duties and clinical procedures illuminated areas they needed to strengthen during their first year as an advanced-beginner RN. Participant A2 revealed:

> I was grateful, because the more seasoned nurses took me under their wings, doctors would also take the time to give examples of a situation, which helped as well. Also, the verbal support from some of the nurses helped. Also, making rounds with the doctors—I would hear the questions they would ask the patients and I would learn from that.

She revealed the importance of learning and assistance as an inexperienced new nurse:

> I also realized I needed improvement on my basic skills. I never placed a Foley catheter in a real patient before. Even identifying what's going on with a patient. I would see some symptoms and the patient would say what they are experiencing, but I realized I was not sure how to identify what was going on with the patient

> and what nursing intervention to do. I realized I needed assistance to make a clinical judgment of what is happening with the patient, because of my lack of experience to put the pieces of information I had together.

As Participant A3 noted, "It took a while to learn the variety of ways doctors like things done, not to mention there were a lot of skills that I still needed to learn hands on." Similarly, Participant A2 stated:

> I learned quickly, I took the information and skills that were taught, and I implemented everything I learned into my daily work. Within six months, I was promoted to a case manager; a few months later, I was promoted to an admissions nurse. Time seems to have flown by quickly. From an admissions nurse, I became a clinical team lead and then to the job that I have now, an RN Administrator of our ADS site.

Beyond needing someone to supervise and teach new nurses, it is also imperative for newly hired health care professionals to recognize their limitations and ask questions so they can learn. As Participant A6 reported:

> It is hard to make a decision if you don't fully understand what you are dealing with. I found out very quickly the areas I needed the most study in: ABGs and EKGs. I sought out teaching at the hospital I worked in and also discovered I was not the only nurse who needed these classes; even long-time nurses needed them to better help our patients. Studying the pathophysiology of each disease I came in contact with also helped me to better understand what may be going on as a whole with each patient.

In addition to being an inexperienced new hire, Participant A7 struggled to gain respect given how young she looked:

> At the beginning, it was difficult to assume the role because I would second-guess my knowledge. Another challenge was coworkers or even some patients taking me serious due to my age. I look younger and am on the younger side of the spectrum when it comes to nursing, and specifically again to being a health educator. I had many people who doubted my knowledge, but over time, I have become a point of reference for many of our staff.

For Participant A12, inexperience and unfamiliarity created their own challenges, such as:

> Dealing with unfamiliar situations, needing more time to connect the dots, but most times I did not have that extra time. However, as I went through any situation, I learned something from it and that helped me grow and develop as a nurse.

Participant A13 learned from her inexperience, saying, “I think being able to work with a wide variety of patients with many different needs helps me every day to learn and trust myself. Also, being able to work with very experienced nurses and see them work is also very helpful.” In relating her struggles, Participant A15 stated, “I felt like I didn’t have a demeanor to stand the challenges because I was a still new nurse and I hadn’t encountered a lot of challenges or ways to solve them.” Similarly, Participant A13 reported she “felt alone and overwhelmed at times” when her patient load increased and

she still had not mastered some of the basic, need-to-know unit information. With time, however, “It got better, although there are still some things I am not sure about.”

Summary

The purpose of this study was to learn about the lived experiences of advanced-beginner RNs during transitional encounters in the entry-level stages of their health care careers. I created three research questions to solicit information and enhance understanding of the clinical experience, ability to think critically, and application of clinical judgment during the transition period. Some of the major findings included nurses feeling unsupported within the clinical environment, unprepared, unable to lead others effectively or manage conflict, unseasoned, and inefficient. These feelings and experiences are in alignment with the three constructs of SCT: behaviors, the environment, and personal or cognitive factors. The major themes overlapped in some areas; for example, several participants focused on the same topic of the preceptor’s role. The environment, behaviors in the environment, and participants’ personal and cognitive factors all played a major part in the participants’ experiences.

In Chapter 5, I provide the interpretation of results, conclusion of the study, and recommendations for further research.

Chapter 5: Discussion, Conclusion, and Recommendations

Introduction

My purpose in this study was to explore the lived experiences of RNs during their first year working as a RN. The study design was qualitative in nature, and I used a descriptive phenomenological approach. The literature review enabled me to identify a gap between knowledge and application of knowledge in relation to safety issues for novice nurses managing the care of complex patients. One such concern is the lack of problem-solving skills necessary for managing the care of patients with complicated situations during RNs' growth from entry-level to advanced-beginner nursing status (Missen et al., 2016). In addition, there is a gap between preparation to practice nursing and ability to practice nursing, placing patients at risk for substandard care (Theisen & Sandau, 2013). Exploring the perceptions of advanced-beginner RNs during their first year of clinical experience facilitated the identification of areas to strengthen in terms of education programs and ways to bridge the gap in the transition period during the first year of practicing as an RN.

I interviewed participants using six open-ended questions and then analyzed the data using Colaizzi's method. I identified key findings from the three research questions exploring clinical experiences, clinical judgment, and critical thinking. The descriptive approach of the study allowed enhanced interpretation and understanding of RNs' clinical experiences during their first year of nursing experience. To prevent personal bias, I suspended my judgment, identified my present beliefs, and put aside my personal feelings from past experiences through reflective journaling (Padilla-Diaz, 2015). Increasingly,

nurses are responsible for caring for patients with complex diagnoses; however, many nurses lack the skills required to manage this type of complex care (Missen et al., 2016). To address this concern, I collected data from advanced-beginner nurses on their experiences during their first year of clinical practice. I deemed this method appropriate for this study based on Brenner's (1984) novice to expert model.

The 15 participants interviewed identified having a strong, knowledgeable preceptor as one of the key factors that helped with the transition into nursing practice. The need to create a positive clinical environment, develop effective communication, learn to lead, and develop the ability to manage conflict are necessary for a smooth transition, but are lacking in nursing education. Participants also verbalized feeling unprepared, experiencing lack of support in the clinical setting, feeling inexperienced, and having difficulty managing their time. In addition, some felt unprepared to practice.

Interpretation of the Findings

I developed six interview questions to understand key topics, as discussed in Chapter 2. From participants' responses, I identified 12 main themes and grouped them together in relation to each research question. The theoretical framework used in the study was SCT, which is an interactive approach to learning (Young et al., 2014). SCT is based on three constructs, which are directly applicable to the behaviors and experiences of the participants during the transition period. The first construct, behavior, is prevalent in the experiences shared by participants. The modeling of behavior appeared in some of the participants' responses in relation to duplicating tasks, skills, routines, and behaviors

when managing certain situations. Participants reported that certain skills had to be adjusted based on time, type of patient, and expected outcomes.

The time spent with preceptors was valuable for most of the participants; however, there were participants who were not able to experience that quality time with a preceptor. Some participants were able to experience a live scenario with the opportunity to debrief and found this experience very meaningful to their growth. The debriefing process helped with the development of critical thinking and clinical judgment.

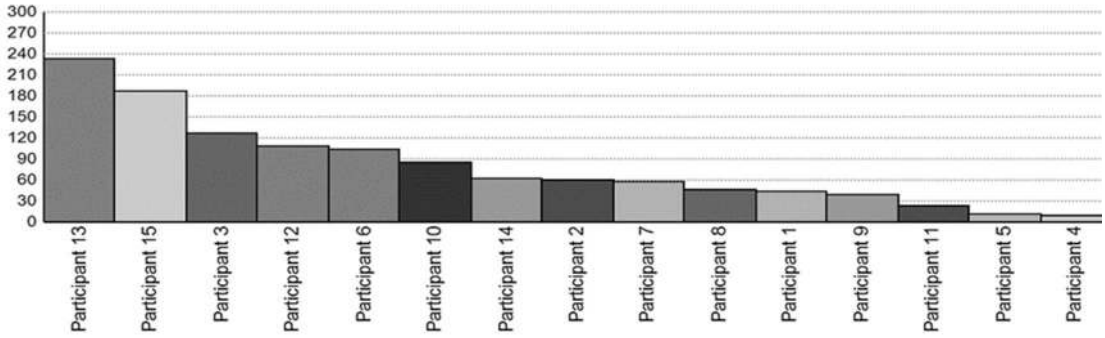

Figure 5. Recommendations to improve the preceptorship period.

Figure 5 illustrates which participants discussed the importance of having a preceptor to assist in their transition period. The numbers on the y-axis show how many words I coded to generate the graph, reflecting the discussion of the preceptorship period. Some participants expressed a need for improving the preceptorship period. Participants who commented on this need for change suggested lengthening the time spent with preceptors, having preceptors who are trained to specifically assist with the transition

period of new RNs, and having preceptors who are willing and able to dedicate their time during the shift to focus only on the new RN. These findings coincide with those of Dowdle-Simmons (2013), who stated that preceptors are necessary to nurture new RNs to become safe practitioners. Similarly, Ebrahimi et al. (2016), Rush et al. (2015), Hilli et al. (2014), and Whitehead (2014) suggested that preceptors are resourceful and offer support.

Participants also commented that preceptors should encourage creating a positive atmosphere, attitudes, and interactions by networking with new RNs, which can positively impact their experience. Another suggestion for improving the transition process is having a structured, systematic process between schools or nursing and health care organizations. Some participants stated that preceptors should function as both a role model and a coach, have time for the preceptee, communicate clearly, share their expertise and knowledge, and provide structure. These areas all play a major role in developing nurses in the profession (Cardillo, 2019; Staykova, Huson & Pennington, 2013). Based on the critical role preceptors play in the transition of new RNs, it is important to offer specific training to prepare nurses who are willing to be trained in the role of the preceptor, so new RNs receive appropriate support (Cloete & Jeggels, 2014). The experiences shared by participants in the present study solidify the fact that preceptors are integral to the transition period of new RNs, should receive proper training for the task, and must be willing to take on the task and not forced to precept by default.

The results of the interview question on preceptorship support the need for appropriately prepared preceptors, as discussed in Chapter 2. Neilsen et al. (2016) stated

that preceptors are crucial because they have the responsibility for helping new RNs bridge the gap between theory and practice. In addition, the participants' views strongly support those of Whitehead (2014) that preceptors are resourceful and can offer valuable guidance and support to entry-level nurses.

In addition to having designated preceptors qualified to offer focused guidance and orientation, some participants suggested the orientation process should be longer and entail a higher level of support. They felt this support should include providing feedback to preceptees, offering words of kindness, taking entry-level RNs under their wings, and making themselves available to assist the new RN by answering a question or demonstrating a required skill. Such support is necessary to prevent feelings of loneliness, stress, lack of support, and frustration in new nurses, finding that support the views of Whitehead (2014) as discussed in Chapter 2.

Any support offered to new RNs helps create a positive environment, which facilitates learning, adaptation, and overall job satisfaction. Figure 6 depicts participants' perspectives on the support which contributed to their professional growth. The y-axis represents how many words were coded when participants discussed professional growth.

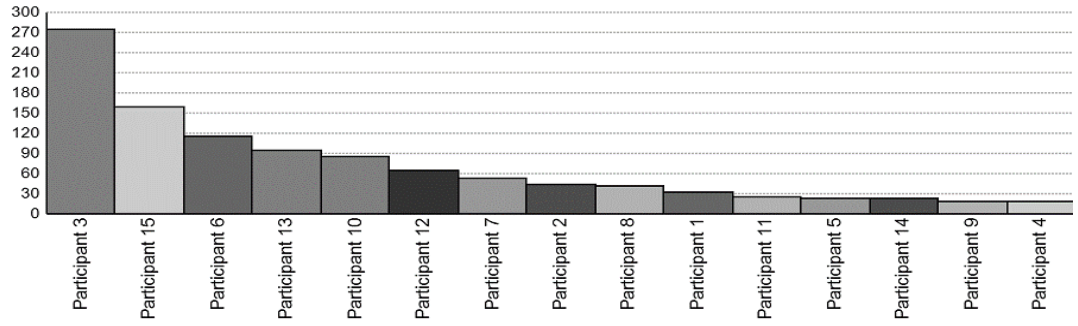

Figure 6. First-year support that contributed to professional growth.

The second construct in SCT is the environment, which is where experiences take place, clinical confidence develops, and professional growth occurs. Figure 6 shows the importance of professional growth for some participants.

The more interactions occur in the environment, the more entry-level RNs' confidence increases and experiences occur. Some participants shared both positive and negative feedback they received from their clinical environment during their transition period. Negative experiences included lack of assistance from staff nurses, others who are not willing to assist even in answering questions, and preceptors expecting too much from them too soon. Another negative experience in the environment included preceptors who were not fully trained or willing to precept, which directly impacted the clinical environment during the transition to practice. Both the environment and interaction within the environment have a direct effect on job satisfaction, turnover rates, patient satisfaction, patient outcomes, and stress and resilience among nurses (Djukic et al., 2014). Creating and maintaining an environment conducive to learning, support, and mentorship should be an ongoing effort by nurse leaders and staff alike.

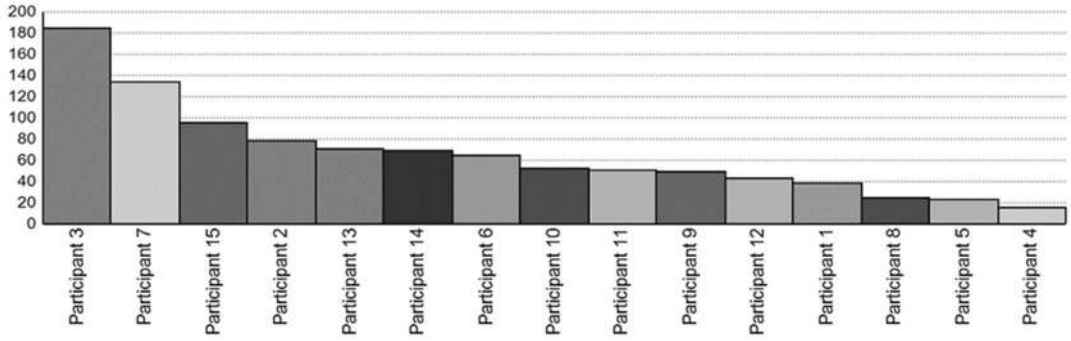

Figure 7. First-year challenges that impacted practice.

The last construct in SCT is the personal or cognitive dimension. Some participants shared that their willingness to overcome their own insecurities and fears, along with the need to succeed in their jobs, was the main driving factor during their transition period. Participants believed not being able to overcome insecurities and fears would mean being a failure, which meant not completing what it means to be an RN and failing at the first job. Participants who discussed the fear of failure stated it was not an option. Figure 7 shows the number of words coded from each participant regarding the challenges that impacted her clinical practice.

Some participants identified areas of deficit within their own practice and worked hard to eliminate those deficits both for the safety of patients and to safeguard their license as an RN. Some of the deficits mentioned included caring for patients with complex medical diagnoses, developing clinical judgment and decision-making processes, and having no self-confidence. These deficits place patients at a higher risk for harm when their nurses lack experience and clinical judgment (Kass et al., 2018; van

Graan et al., 2016). Participants who identified with these stated deficits also reported an inner drive or self-efficacy to succeed, which is directly related to SCT.

Limitations of Study

The limitations of the study, as discussed in Chapter 1, included limited time during which to complete the data collection process and questions concerning the accuracy and potential bias of the participants. It is possible for participants to have focused on all negative or all positive experiences during their transition period, which may have altered the results. Another limitation was interviewing 15 RNs with over 12 months of nursing experience who had earned either an associate or bachelor's degree. Compared to the high number of new RNs graduating every year, 15 is a small number; however, using the detailed, descriptive approach to comprehend participants' lived experiences enhanced my understanding of the transition period into nursing. My personal experience as an entry-level RN and perceptions on the effectiveness of residency programs for entry-level RNs are also limitations. To address these limitations, I accepted the responses of each participant through the words she used. I also documented my personal experiences as an entry-level RN in a professional journal, separate from all data collection, as suggested by Maciejewski (2013).

Recommendations

After completion of the study, I recommend providing a structured orientation period for new RNs. The structured program should include time spent in the clinical setting, working closely with a preceptor while applying knowledge and skills learned in

nursing school. It should also include time spent away from the clinical setting in a structured residency program.

In the residency program, topics should include developing critical thinking and clinical judgment, service recovery, learning various equipment, effective communication skills, interpersonal skills, emotional intelligence, prioritization of care, and managing conflicts. In addition, specific skills and competencies should be addressed and mastered based on specialty areas, including medical-surgical nursing, oncology, physical rehabilitation, behavioral health, telemetry, intensive care, progressive care, pre- and post-op care, cardiovascular units, and the emergency department. Each specialty should offer simulation as a means of assisting with the development of critical thinking, developing interpersonal skills, and clinical judgment.

I also recommend health care organizations offer preceptorship classes for training nurses to appropriately assist with the transition period for new RNs. Classes should be structured and cover topic such as teaching an adult learner, the importance of emotional intelligence, and interpersonal skills as a preceptor. Individuals should be willing preceptors and attend all sessions offered prior to precepting. Further, staffing coordinators should staff units to allow preceptors enough time to spend with the new RN.

I also recommend schools of nursing focus on integrating senior students into clinical settings with a more hands-on, focused clinical approach to help bridge the gap between academics and clinical practice. Further studies on the experiences of preceptors assigned to precept new RNs in clinical practice are necessary.

One area not explored during interviews was the need for nurses to take care of themselves mentally, physically, and spiritually. Starting a new career as an RN is no easy task. Newly licensed nurses should realize the transition to practice can be difficult and stressful, and that personal as well as professional support is necessary. It is important to establish a balance between work and personal life to help alleviate stress and build coping skills (Hofler & Thomas, 2016).

Implications

This study's potential impact for positive social change is that results may be applicable to improving the experiences of new RNs as they transition to the bedside, enabling them to build confidence while providing safe, effective patient care. Another potential implication is that nurse leaders can gain useful insights for developing better training tools for the advancement of novice nurses specific to their specialty area, so as to improve patient safety. Challenging work experiences, such as managing the care of complex patients and shortened orientation periods, contribute to increased anxiety, stress, and job turnover among nurses (Hofler & Thomas, 2016). Increased stress among nurses may affect the safety of patients and patient outcomes.

This study also evidenced the need to create and maintain a working atmosphere that supports learning, a caring team, and the professional and educational growth of experienced nurses willing to attend preceptorship training. The financial cost of training preceptors is an investment for health care organizations; however, the cost is minimal compared to the frequent need to orient staff due to high job turnover (Piccinini, Hudlun, Branam, & Moore, 2018). Health care organizations offering a smooth transition into

practice with willing and qualified preceptors will attract more new RNs. In addition, providing an environment supportive of new staff and newly trained nurses helps with strengthening the team, building positive work relations, and decreasing staff turnover rate. There is a clear gap between nursing education and practice, which makes the transition difficult for new RNs (Piccinini et al., 2018).

The lived experiences shared by new RNs indicated the need for more time during the orientation phase of transitioning to bedside nursing. The results of the study also implied the quality of time spent with preceptors is just as important as the length of time. Having a positive, supportive environment directly affected the experiences of new RNs. New RNs who have a positive, supportive transition period at the beginning of their nursing careers reported increased job satisfaction, which decreases staff turnover and builds a strong team, things that directly affect patient safety and positive outcomes for patients.

The problem I identified in this study was that lack of experience, critical thinking, and clinical judgment among RNs compromises patient safety during the period of transition from entry level to advanced beginner. Having qualified preceptors who can use their time to orient, coach, and mentor new RNs can help with the development of RNs' critical thinking and clinical judgment, which in turn can improve patient safety. In addition, new nurses working in a supportive environment will be able to manage the care of patients with complex diagnoses, feel confident in themselves, and experience less stress and increased job satisfaction.

Conclusion

The intent of this qualitative study was to understand the lived experiences of advanced-beginner RNs during their entry-level stage in the health care profession. The choice of qualitative methodology enabled me to acquire an in-depth description of the topic and apply it to actual nursing health care scenarios (Sandelwoski & Leeman, 2012). The phenomenological approach provided me with a detailed description of new RNs' experiences in the clinical setting as they transitioned from nursing school to the bedside. To understand this phenomenon, I applied detailed answers to the following three research questions from conducting interviews:

RQ1: What do advanced-beginner RNs recommend to improve entry-level RNs' experience during the preceptorship period?

RQ2: What challenges, if any, do advanced-beginner RNs experience during the preceptorship period with problem-solving and complex patient care situations?

RQ3: What scenarios, if any, do advanced-beginner RNs experience during their preceptorship with patient care in which they perceive lack of proper clinical judgment?

By reviewing extant literature, I identified a gap between finishing nursing school and beginning practice, and a need to develop standardized residency and preceptorship programs to meet the needs of entry-level nurses (Hickerson et al., 2016). My literature review also revealed the increasing number of older nurses retiring, with newly trained nurses replacing those who have left. These newly trained nurses often lack critical thinking, clinical judgment, and adequate preparation to deal with the pressure and stress associated with job performance, as well as the problem-solving skills necessary to care

for patients with complex medical diagnoses (Missen et al., 2016; Siles-González & Solano-Ruiz, 2016).

The major findings of this study included the fact that that the preceptor role's and preparation for the role are important in preparing a new RN for clinical practice. Effective communication and a positive clinical environment, which includes support, mentorship, coaching, peer and director feedback, assists with the transition to practice. Starting a new career in an unfamiliar environment creates a feeling of being unprepared, because of inexperience handling roles and responsibilities and managing conflicts.

I employed SCT as the theoretical framework. The results of the study indicated the importance of environmental factors, personal and cognitive factors, and behavior in new RNs' transition to practice. Study results can contribute to positive social change by improving the experiences of new RNs entering the field. Bettering these experiences can develop well-rounded nurses with the ability to think critically and make nursing judgments that will not only keep patients safe, but also produce positive outcomes. The results of the study indicated the need for improvements to the ways in which new RNs transition into the profession.

These findings suggested more effort is required on the part of health care organizations and nursing schools to better prepare students for the transition into practice as RNs. Nurse leaders should consider the cost, time, and effort it takes to orient and train new staff, only to have them transfer or leave the organization altogether as compared to preparing adequately trained nurses who are willing to support and assist new RNs entering the profession. Areas for future research based on the results of this

study include exploring the perception of preceptors regarding new RNs' orientation and transition to practice, the effects of the clinical environment on new RNs, and the self-efficacy of new RNs transitioning to the nursing profession.

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Appendix A: Recruitment Flyer

Seeking: RNs with experience between 12–24 months

Doctoral Research: Advanced-Beginner RNs' Perceptions on Growth from Entry Level

Interview Time: Approximately 30–45 minutes with option to withdraw at any time

Research Approval: 09-07-17-0159130 from Walden University IRB

Researcher

_____, MSN, RN

PhD Candidate in Health Services

Walden University

College of Health Sciences

(555) 555-5555

_____@waldenu.edu

Please contact me if you are interested in being part of this study.

Appendix B: Informed Consent Letter

My name is _____, Ph.D. Candidate at Walden University in the College of Health Services. I am conducting a research study regarding the perception of registered nurses during their transition as a newly registered nurse to an advanced-beginner nurse. The purpose of my study is to explore the experiences of registered nurses with 12–24 months of nursing experience to identify improvement for areas of nursing orientation.

Participation in the study is voluntary, with an option to leave the study at any time. Participants will receive a $5 gift card to Starbucks as well as a thank you note as a token of appreciation for the time spent volunteering toward positive social change. Participants must be a registered nurse with 12–24 months of experience in nursing.

Participants will be interviewed using open-ended questions. In the event any responses are not clear, participants will clarify prior to the transcription and/or analysis process. All participants' identity and information are confidential and stored by password. Only my dissertation supervisory committee members at Walden University and I will view the information obtained.

One of the benefits of this study is that participants are making a valuable contribution toward nursing care given by registered nurses. This contribution may have a positive impact on social change in our health care system, such as identifying areas where nurses need additional assistance such as skills set, analyzing and identifying problems, and communication among health care teams.

Please retain a copy of this letter of consent for your records. If you have any questions or you are interested in participating, please contact me at (555) 555-5555 or

email me at _____@waldenu.edu. If you would like additional information on the rights of a research participant, please contact Dr. Lelani Endicott at (612) 312-1210. The IRB number assigned to this study is 09-07-17-0159130 and it expires on 09/06/18.

Regards,

_____ (c) MSN RN

Appendix C: Interview Questionnaire

Clinical Experience

1. From your experience during your first year as a registered nurse, what are some recommendations you would offer to improve the preceptorship period for new registered nurses?
2. Describe the support you received during the first year of being a registered nurse that has contributed to your professional growth.

Critical Thinking

3. What were some of the challenges, if any, you encountered during the first year as a registered nurse that impacted your practice?
4. What were some of the experiences you had that contributed to the development of analyzing and identifying problems when managing the care of complex patients?

Clinical Judgment

5. Describe in detail what support you had during the first year as a registered nurse that helped you develop clinical judgment.
6. During your first year as a registered nurse, explain in detail how you identified areas in your decision-making process needing improvement.

Appendix D: NIH Certification

Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that [redacted] successfully completed the NIH Web-based training course "Protecting Human Research Participants".

Date of completion: 12/19/2016.

Certification Number: 2258095.

Appendix E: Free Counseling Resource List

Results Incorporated/Ayudamos de Corozon
11311 Sir Winston St., Ste.702
San Antonio, TX 78216
harryblank@sbcglobal.net
Phone: (210) 524-9977
Fax: (210) 524-9977

Abiding Hope Institute of Christian Counseling
19115 FM 2252, Ste. 12
San Antonio, TX 78266
(210) 236-7768

Avalon Social Services
1731 N. Comal St.
San Antonio, TX 78212
(210) 735-7275

Boerne Counseling & Consultant Service
110 Hilltop Dr.
Boerne, TX 78006
(830) 249-7432

Camino Real Community Services (CRCS)
19965 FM 3175 North
Lytle, TX 78052
(800) 491-5201

Appendix F: Walden University IRB Approval

The IRB number assigned to this study is 09-07-17-0159130 and it expires on 09/06/18.