Professional Role Socialization Integration and Education in Pre-Licensure Nursing Programs: Faculty Perceptions

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by

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Dedication

I dedicate this to my children: Samantha and Felicia. You were the inspiration to begin this journey. I never thought this day would be possible, but you are my reasons "why" I have done this. No matter what obstacle life presents to each of you, anything is possible and I know you will continue to strive for the best. Never give up and always pursue your dreams. I love you.

To my mother and father in-law: Mick and Jacki. Your acceptance, words of wisdom, support, and flashes of reality continue to guide the lives of your children, daughters-in-law, and grandchildren in a way you may never realize. Thank you for always being there to encourage me in a way no one else could. Ryan, Darren, Brandon, and Garret: you have taught me to intelligently debate and "enjoy" the debate. Valerie, Michelle, Missy, and Rachel: thank you for being there and always having faith in me. That faith has helped me be who I am today.

Finally yet importantly, I dedicate this to my husband. Matt, without your persistent belief in me, I would not have risked failure to pursue a dream. Through all the years, you have always believed in me and encouraged me to do anything and everything. It is because of you, that my dream became a reality. This journey has not only been my journey, but yours as well and I would have never wanted to be on this journey with anyone else. I am forever grateful for you!

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Abstract

The purpose of this grounded theory research study was to discover nursing faculty perceptions of the integration and education process of professional role socialization (PRS), related to the preparation for transition-to-practice (TTP) in nursing, with pre-licensure students in Bachelor of Science in Nursing (PL-BSN) programs in two private colleges in the Midwestern United States. To date, minimal research has reflected nursing faculty perceptions of the integration or education of PRS concepts taught in the nursing curricula. Research suggested that professional role socialization concepts were crucial and significant for a new nurse's success during their transition-to-practice (Kelly & Ahern, 2008; Lee, Hsu, Li, & Sloan, 2012; Malouf & West, 2011; Mooney, 2007; Moore & Cagle, 2012; Newton & McKenna, 2007; Phillips, Esterman, Smith, & Kenny, 2013; Simpson, 1967). Novice to Expert and Transition Theory did not explain the process occurring in nursing programs nor did they explain what faculty perceptions were of the integration and education process of PRS, related to the preparation for TTP in nursing. Ten faculty were recruited from BSN programs in two private colleges in the Midwestern United States. This study elucidated the process by which faculty integrated PRS within PL-BSN curricula to support BSN students' TTP. A conceptual model was developed to illustrate faculty's PRS processes within the nursing curricula. Results of this study may guide discussions between academia and practice to improve the transition-to-practice and autonomous nursing practice.

Keywords: professional role socialization, transition-to-practice, role socialization, new nurse graduates, nursing transition

Professional Role Socialization Integration and Education in Pre-Licensure Nursing Programs: Faculty Perceptions

Chapter I: Introduction

This grounded theory research study was developed to discover nursing faculty perceptions of the integration and education process of professional role socialization (PRS), related to the preparation for transition-to-practice (TTP) in nursing. Chapter I presents the purpose of the study, provides insight into the background and rationale of the problem, the problem statement, and research questions. It continues with definition of terms and concludes with the assumptions, delimitations, limitations, and conclusions.

Problem Statement

A variety of alarming statistics illustrate that new nurses were vacating their nursing positions within their first few years of professional practice. Roughly 17.5% - 50% of new nurses, who leave their first jobs or the nursing profession altogether within the first three years of practice (Foster, Benavides-Vaello, Katz, & Eide, 2012; MacKusick & Minick, 2010; Robert Wood Johnson Foundation [RWJF], 2014). According to Nursing Solutions, Inc. (2016), 29.2% of all registered nurse (RN) turnover involved nurses with less than one year of experience. The RWJF (2014) reported that one in five new nurses leave within the first year, whereas, one in three leave within the first two years. These statistics illustrate a problem with employers' ability to retain new nurses in nursing roles.

New nurses who stayed in practice endured problems related to socialization into the practice environment (Fielden, 2012; Horsburgh, 1989; Malouf & West, 2011; Moore & Cagle, 2010; Newton & McKenna, 2007; Penprase, 2012; Ross & Clifford, 2002). Problems included learning to fit in (Fielden, 2012; Horsburgh, 1989; Malouf & West, 2011; Moore & Cagle, 2010;

Newton & McKenna, 2007; Penprase, 2012; Ross & Clifford, 2002), "struggling to be an insider" (Lee et al., 2012, p. 792), "trying to settle in" (Ross & Clifford, 2002, p. 551), or being accepted (Christiansen & Bell, 2010) into the professional organizational culture. The nursing literature described new nurses' continued problems with TTP and PRS. PRS remained a problem despite the existence of a large amount of research on PRS. Current literature showed a gap in nursing faculty's perceptions of the integration and education process of PRS, related to the preparation for TTP, within PL-BSN programs. The development of new nursing knowledge, particularly nursing faculty perceptions, is essential to understanding, explaining, and supporting the process, or lack thereof, of the integration and education process of PRS for the preparation of new nurses' TTP.

Background and Rationale

Professional role socialization (PRS), even almost 50 years ago, was noted as a significant process as they transitioned from student to professional (Clark, 2004; Edens, 1987; Melrose, Miller, Gordon, & Janzen, 2012; Mooney, 2007; Lai & Lim, 2012; Simpson, 1967; Zarshenas, Sharif, Molazem, Khayyer, Zare, & Ebadi, 2014). Several gaps existed in the prior research on PRS. First, much of the research on nurses' TTP and PRS occurred during or after nurses' TTP had already occurred. Little research focused on PRS and TTP prior to nurses' graduation from pre-licensure programs. Second, the concept of PRS was often not defined or was inconsistently defined in the nursing literature. Third, few studies focused on the *process* by which PRS was operationalized within pre-licensure nursing curricula. Finally, prior research focused on nurses' perceptions rather than on faculty's perceptions of PRS.

One might wonder if PRS is this one of those issues that is always present in the nursing profession or if there is anything that nursing faculty can do to make PRS related to the TTP a

smoother process? Researching nursing faculty perceptions of the integration and education process of PRS, related to the preparation for TTP in nursing, with pre-licensure Bachelor of Science in Nursing students may assist with understanding current practices in academia.

The transition from student nurse to registered nurse in practice was multifaceted, and complex (Clark & Springer, 2012; Liaw, Palham, Chan, Wong, & Lim, 2015). In terms of PRS, it is difficult to know how to prepare nursing students without understanding current nursing practice. Since the term, PRS, has not always been specifically associated with TTP or nursing student preparation of TTP, it was important to synthesize the literature on PRS for a thorough examination of PRS and related concepts. The following section of Chapter I was developed to review the aspects of TTP and to correlating the literature to PRS. One of the first things to examine was the reasoning of why PRS and TTP were important.

Professional role socialization. According to the literature, professional role socialization (PRS) was a process of learning and gaining internal and external acceptance with the synthesis and development of one's professional identity through behavioral and attitudinal skills, knowledge, interests, values, and patterns to perform in a newly acquired professional role (Edens, 1987; Lai & Lim, 2012; Weidman, Twale, & Stein, 2001; Zarshenas et al., 2014). PRS was identified as a contributing factor for new nurses' success with the transition-to-practice (TTP) in new professional roles (Mooney, 2007; Zarshenas et al., 2014). PRS and related concepts included, but were not limited to, professional socialization, role conflict, socialization, role stress, role ambiguities, socialization processes, role transition, role preparation, and social bonds (Bjerknes & Bjork, 2012; Boychuk Duchsher, 2009; Doody, Tuohy, & Deasy, 2012; Hoffart, Waddell, & Young, 2011; Kelly & Ahern, 2008; Malouf & West, 2011). Researchers of PRS considered many aspects of nursing beyond the activities and skills needed for nursing

(Zarshenas et al., 2014). PRS focused on values, professional norms, barriers, efforts, behaviors, interactions, cultural and structural processes, professional identity and roles, and self-image (Lai & Lim, 2012). At times, professional socialization was specific to the educational preparation for the profession (Clark, 2004). The inconsistencies between terminology, defining factors, and expectations demonstrate the need to narrow the focus from a generic term of socialization, to PRS while being specific to TTP in nursing.

Professional socialization, in a concept analysis related to nurses, has been defined as "a process with attributes of learning, interaction, development, and adaptation" (Dinmohammadi, Peyrovi, & Mehrdad, 2013, p. 28). Consequently, the incongruencies in previous terminology meant that PRS was not one specific concept, but multiple concepts or topics found in the literature. Nevertheless, "a complex, inevitable, diverse, dynamic, continual, and unpredictable process" (Dinmohammadi et al., 2013, p. 32) described professional socialization. It was important to include TTP and PRS within the background and the literature review to illustrate the need for additional research. Even with the variations in terminology, PRS concepts remained a significant indicator for success in transitioning from a nursing student to professional nurse.

New nurses described difficulties with transitioning into practice due to the lack of PRS. Learning to fit in (Fielden, 2012; Horsburgh, 1989; Malouf & West, 2011; Moore & Cagle, 2010; Newton & McKenna, 2007; Penprase, 2012; Ross & Clifford, 2002), "struggling to be an insider" (Lee et al., 2012, p. 792), "trying to settle in" (Ross & Clifford, 2002, p. 551), being accepted (Christiansen & Bell, 2010), and socialization within the new environment directly challenged new nurses. These issues occurred repeatedly in history and remain relevant today. Prior research described typical reactions of nursing graduates, including reality shock (Kramer,

1974) and psychological shifts from unrealistic misconceptions about paperwork, charting, assessments, workload, and medication administration (Bjerknes & Bjork, 2012; Clark & Springer, 2012; Dyess & Sherman, 2009; Phillips et al., 2014). Nursing programs provided the basic education to prepare students for the professional world but did not necessarily provide sufficient PRS to new graduates to support their TTP.

Nursing programs provided fundamental experiences and education for entry-level practice (Amos, 2016; Butler & Hardin-Pierce, 2005; Ross & Clifford, 2002). Entry level practitioners (new nurses) had the basic experience and education necessary to obtain an RN license, but full TTP took place in the first one to two years or more of practice post-licensure (Clark & Springer, 2012; Hoffart, Waddell, & Young, 2011; NCSBN, 2008). New nurses expressed that the reality of nursing differed from their personal expectations (Adamack & Rush, 2014; Boychuk Duchsher, 2009; Dyess & Sherman, 2009; Horsburgh, 1989; Maben, Latter, & Clark, 2006; Romyn, et al., 2009; Schmalenberg & Kramer, 1979). The results may suggest that personal expectations versus nursing practice realities could lead to the alarming rates of nurses leaving the profession. The discrepancy between reality and expectations has existed for decades (Adamack & Rush, 2014; Boychuk Duchsher, 2009; Dyess & Sherman, 2009; Horsburgh, 1989; Maben et al., 2006; Romyn, et al., 2009; Schmalenberg & Kramer, 1979) and remains relevant today. It is likely that unmet expectations contribute to nurses leaving the profession.

A descriptive correlational study with 420 new graduate nurses investigated the impact of job demands (including bullying. workload, job control, practice environments, and personal resources) on work engagement and burnout (including job retention and personal health) (Spence Laschinger, Grau, Finegan, & Wilk, 2012). Results suggested that bullying exposure and heavy workloads strongly correlated with emotional exhaustion. This resulted in increased

nurse burnout and job turnover (Spence Laschinger et al., 2012). The authors recommended that workplaces prevent negative behaviors like bullying, support professional practice, encourage involvement, and practice autonomy to prevent nurse turnover. Additionally, they found that "greater psychological capital is associated with lower emotional exhaustion and greater engagement" (Spence Laschinger et al., 2012, p. 184). Other suggestions included promoting personal resources, psychological capital, self-efficacy, role models, support, and encouragement. This suggests that the psychological impact of PRS was important for the retention of new nurses.

The Health Resources and Services Administration [HRSA] (2014) predicts an overall excess of nurses in the United States by 2025. Although this may be true, some states still expect to experience a shortage based on their geographical location. While this particular study did not indicate the specific factors that affected the supply and demand, it did project that two million nurses will enter the field, while one million will leave the profession (HRSA, 2014). Thus, nurse retention remains a problem when 50% of the profession is anticipated to leave the field. The anticipated shortage of 800,000 nurses by 2020 (Belden, Leafman, Nehrenz, & Miller, 2012) underscores the need for research on the integration and education process of PRS, related to the preparation for TTP, with students in PL-BSN programs to hopefully prevent them from leaving nursing.

Generalized nursing. Nurses need to be prepared to recognize subtle changes in patients' conditions. Yet the critical judgement to recognize subtle changes in patients' conditions was something acquired over time with practice (Del Bueno, 2005; Boychuk Duchscher, 2008). For new nurses, whose practical skills were minimal (Ross & Clifford, 2002), it was imperative that they have support so they can develop this critical judgement to deal with

high acuity patients with multiple complex co-morbidities (Butler & Hardin-Pierce, 2005; Clark & Springer, 2012; Penprase, 2012; Spector & Echternacht, 2010). Prior research suggested that higher acuity patients contributed to new nurses' experiences of being overwhelmed in their first nursing jobs (Boychuk Duchsher, 2009; Christiansen & Bell, 2010; Doody, Tuohy, & Deasy, 2012). It is possible that nurses with more expertise could guide or mentor new nurses in their TTP. Eventually there will be a gap in experience because expert nurses are nearing retirement age (Spector & Echternacht, 2010). Understanding and promoting a successful TTP through PRS could facilitate new nurses' professional development while also enhancing job satisfaction, nurse retention, and patient safety.

New RNs complete two to four years of schooling to achieve an RN license. During their nursing programs, they were taught the minimum skills necessary to pass the national certification exam and to safely practice (Clark & Springer, 2012; Hoffart, Waddell, & Young, 2011; NCSBN, 2008). The transition from student to nurse was described as complex, tumultuous, and challenging (Clark & Springer, 2012; Phillips, Kenny, Esterman, & Smith, 2014; Morrow, 2008). The full achievement of the TTP generally occurs over a 12-month period where practitioners begin to feel confident and knowledgeable in their specific area of practice (Clark & Springer, 2012). During the TTP, many positive and negative feelings occur. The new nurse phenomenon generally only applied to nurses with less than one year of nursing experience (Clark & Springer, 2012; NCSBN, 2008). Increased stress experienced by new nurses contribute to high nurse turnover rates. New nurse expectations of what should take place in the TTP were very different and potentiate reality shock once in practice (Kramer, 1974; Phillips, Kenny, Esterman, & Smith, 2014). Consequently, it may be time to look at the PRS, within TTP, as a way to retain nurses.

The American Organization of Nurse Executives (AONE, 2010) explained the "health care environment is complex and creates demands requiring the professional nurse to be an astute critical thinker, confident and competent when caring for patients and families in multiple health care settings" (p. 1). Safety and quality care were essential components of nursing practice and education (Myers et al., 2010); however, the essential components of practice and education were primarily skills related activities. "Being a nurse is more than just a series of business activities and skills" (Zarshenas et al., 2014, p. 432). TTP, with the proper supports, and customized to nurses' practice areas, promoted competent, confident, skilled, and dedicated nurses (AONE, 2010). Failure to understand the TTP, including PRS, of new nurses may result in incompetent, unsafe, traumatic experiences resulting in costly errors, nurse turnover, and undue stress. Nursing curricula vary according to each college, state requirements, and accrediting bodies. Therefore, the intent of this study was to determine nursing faculty perceptions of the integration and education process of PRS, related to the preparation for TTP, with students in PL-BSN programs.

Purpose of the Study

The purpose of this grounded theory research study was to discover nursing faculty perceptions of the integration and education process of professional role socialization, related to the preparation for transition-to-practice in nursing, with pre-licensure students in Bachelor of Science in Nursing programs in two private colleges in the Midwestern United States.

Research Questions

The main overarching question, that guided sub-questions in determining faculty perceptions of the integration and education process of professional role socialization (PRS), related to the preparation for transition-to-practice (TTP), with students in pre-licensure Bachelor

of Science in nursing (PL-BSN) programs were: what are nursing faculty perceptions of the integration and education process of PRS, related to the preparation for TTP, for students in PL-BSN programs, at private college institutions, in the Midwestern United States? Sub-questions that guided the central phenomenon (Creswell, 2013) included:

1. What do nursing faculty perceive PRS concepts to include, related to students' preparation for TTP?
2. What do nursing faculty perceive are their role and responsibilities for the integration and education of PRS in the nursing curriculum?
3. What teaching strategies, if any, do nursing faculty perceive are necessary to utilize when educating about PRS related to students' preparation for TTP?
4. Where do nursing faculty perceive PRS should be addressed in the curriculum, if at all, for students' preparation for TTP?

Definition of Terms

Curriculum. An evidence-based, multidisciplinary approach that provides learning experiences and activities to promote student abilities that reflect health care issues, topics, trends, practices, and critical thinking for life-long learning for local and global populations (National League for Nursing, 2016).

Education. The process of instructional skills, knowledge, and understanding of concepts and processes (Education, n.d.) specifically related to PRS for the preparation of TTP.

Integration. The process of incorporating information of PRS into the nursing curriculum or courses.

Nursing faculty perceptions. Thoughts, beliefs, and practices from faculty who teach in PL-BSN programs.

Pre-licensure Bachelor of Science in Nursing (PL-BSN) programs. A series of courses and curriculum that have been deliberately set up to meet state and accrediting body requirements allowing students who graduate to test for the National Council Licensure Examination for the Registered Nurse (RN) license.

Professional role socialization (PRS). The process of learning and gaining internal and external acceptance towards professional identity through behavioral and attitudinal skills, knowledge, interests, values, and patterns related to professional nursing practice (Edens, 1987; Lai & Lim, 2012; Weidman, Twale, & Stein, 2001; Zarshenas et al., 2014).

Roles. The self-perceived position, purpose, or duty that nursing faculty are expected to perform (Role, n.d.).

Responsibilities. Responsibilities, related to nursing faculty, are duties (Responsibility, n.d.) necessary to educationally prepare nursing students for professional nursing practice.

Teaching strategies. Methods nursing faculty employ to facilitate student learning.

Preparation for transition-to-practice (TTP). The process or adjustment that occurs through the education and integration of complex skills, facilitated by nursing faculty (Clark & Springer, 2012; Lee, Hsu, & Sloan, 2012; National Council of State Boards of Nursing [NCSBN], 2013; Phillips, et al., 2014).

Assumptions/Limitations/Delimitations

There are a few assumptions, limitations, and delimitations to discuss related to the grounded theory research study. The participants in this study were nursing faculty who teach in a pre-licensure nursing program. The phenomenon being studied was the perceptions of nursing faculty of the integration and education process of PRS, related to the preparation for TTP, with pre-licensure students in a Bachelor of Science in Nursing program. The researcher made the

assumption that the participants were honest and truthful in their responses. The results of this study are utilized to explain the process, or lack thereof, according to nursing faculty perceptions, for the integration and education process of PRS, related to the preparation for TTP with pre-licensure nursing students.

Limitations were similar to most qualitative studies. Grounded theory designs typically require larger sample sizes to reach saturation (Creswell, 2013). Even though the study included a small sample size, saturation of data was the goal. The sample size will come from one generalized region, the Midwestern United States. Additionally, the nursing faculty sample were from PL-BSN programs at private colleges. This eliminated faculty from Practical Nursing programs, Associate of Science in Nursing programs, and public college program faculty. The sample was a convenience and purposeful sample from volunteers who were willing to participate. This limited additional perceptions that could be obtained from other facilities, programs, and geographical areas. Often, with grounded theory designs, it could be difficult to obtain enough information to develop a theory (Creswell, 2013). Transferability may not be obtained due to the limited type of study and the limited sample possibly not being a representative sample of all nursing faculty.

The study was conducted by one individual with special attention towards limiting bias and remaining neutral. Careful reflection to identify potential biases was an ongoing task, particularly related to the role of the researcher (Creswell, 2014) to support the trustworthiness of the study outcomes. The methods of this grounded theory research study were to follow the protocols as set forth in Chapter III for analysis, accuracy, and validity. The researcher used a combination of guidance from Creswell (2013), Cho and Lee (2014), and Glaser and Straus (1967). These areas were discussed in detail in Chapter III.

Data was collected from the participants through interviews. Interviews were conducted in neutral settings instead of in the participants' natural environments (Creswell, 2014). The participants taught in a variety of classes within three or four year programs, which could have led to limitations of perceptions and data. Biases of the researcher could have swayed participant responses and participant articulation in direct interviews varied potentially giving differing perceptions. Regardless, discovering nursing faculty perceptions of the integration and education process for the preparation for professional role socialization, related to the preparation for transition-to-practice in nursing, with pre-licensure students in Bachelor of Science in Nursing programs provided knowledge not contained in previous literature and research.

A delimitation of this study was the researcher's reasoning behind the completion of this grounded theory research study. The researcher wanted to understand the processes of PRS specific to the preparation for TTP as described by current nursing faculty in PL-BSN programs. The researcher included private colleges for a purposeful and convenience sample. Additionally, the researcher was curious about nursing faculty perceptions to determine their definition of PRS, their perceptions of the integration and education process of PRS prior to immersion into professional nursing practice, and their possible teaching strategies, if any, that were or could be implemented for student preparation of PRS for TTP.

Conclusion

The qualitative grounded theory research study was designed to discover nursing faculty perceptions of the integration and education process of PRS, related to the preparation for TTP, for pre-licensure students in Bachelor of Science in Nursing programs at two private college institutions in the Midwestern United States. This research may bring awareness and

understanding of the generalized perceptions of faculty to determine the process of current integration and education process of PRS not currently found in previous research. In addition, this chapter described the purpose of the study, background and rationale, problem statement, and research question with sub-questions. Chapter I concluded with the definition of terms, assumptions, limitations and delimitation of the study.

Chapter II: Literature Review

Chapter II, the literature review, was arranged first in a theoretical approach including two main theories. It began with a broad theoretical framework of Novice to Expert Theory to explain the concepts related to transitioning from student to nurse. Second, Transition Theory processes were described in order to understand how transitioning between levels of nursing practice occurred. Finally, the literature was compiled to present the information related to the educational opportunities within a pre-licensure nursing program, transition-to-practice (TTP), and the concept of professional role socialization (PRS) (Figure 1). Unfortunately, literature was difficult to find to relate to nursing faculty perceptions; therefore, the literature presented was for applicability within the TTP and PRS.

Conceptual Framework

Donovan's Professional Role Socialization Conceptual Framework (Figure 1) was developed to facilitate understanding of the theories and concepts involve with nursing students' as they progress from student to professional. The conceptual framework began with the foundation of pre-licensure Bachelor of Science in Nursing (PL-BSN) programs. During that phase, nursing students and faculty had a specific curriculum to follow for the education and experience needed to obtain a nursing license. Once nursing students completed the required PL-BSN program the next step was to obtain a nursing license. After a nursing license was obtained, the TTP process began, including PRS. For the literature review that follows, there were two theories that were determined to significantly impact the TTP. The theories were "Novice to Expert" (Benner, 1982) and the emerging "Transition Theory" (Meleis, 2010). These theories did not explain nursing faculty perceptions of the integration and education process of

PRS, related to the preparation for TTP in nursing, with pre-licensure students in Bachelor of Science in Nursing programs.

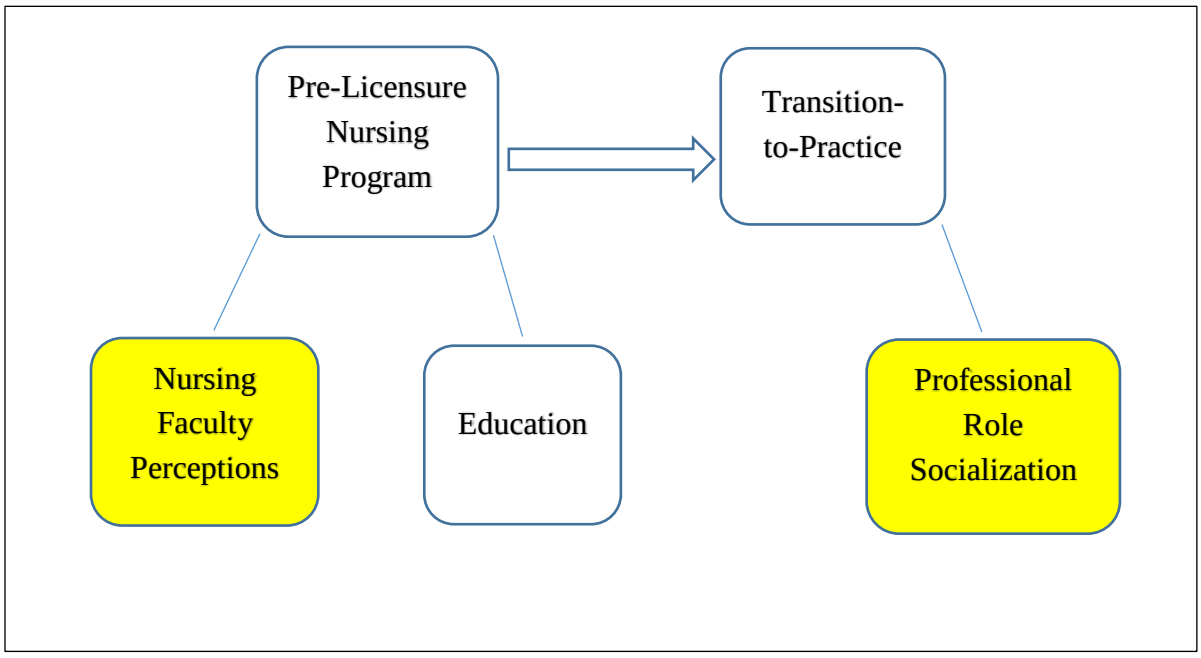

Figure 1. Donovan's Professional Role Socialization Conceptual Framework

Theoretical Framework

Understanding the transition from student nurse to licensed professional nurse required an investment in time and resources from multiple areas. Understanding the complete process of TTP in nursing was necessary to discover how PRS related to TTP. PRS was associated with the retention, satisfaction, confidence, and competence of new nurses during their TTP. Support related to PRS was a key factor for a successful TTP (Dyess & Sherman, 2009; Clark & Springer, 2012; Foster et al., 2012; Phillips et al., 2014; Romyn et al., 2009). Without support, many new nurses changed jobs or abandoned the career altogether within a couple of years (Foster et al., 2012; Spector & Echternacht, 2010). The process of transitioning included the

development of skills and critical thinking. Progression through the process of transitioning was difficult yet necessary for continued safe practice.

A search for current literature was completed through electronic databases (EBSCOhost, ProQuest Nursing and Allied Health Source, OmniFile Full Text Select, Google, Google Scholar, and First Search). Words and phrases were utilized to complete the search. Some of those phrases included, but were not limited to: nursing transition, TTP, transition to nursing, new nurses, new nurse graduates, nurse residency, novice to expert, new nurse challenges, new nurse retention, shift to nursing, education to practice process, nurse transformation, gaps between education and nursing, nurse role socialization, preceptorship, mentors, and TTP challenges.

The majority of studies were completed after the TTP process had been completed or while TTP was in progress. Studies looked at new nurses' challenges with the development of programs, policies, and orientation processes at career institutions. When studies took place during or after the TTP process occurred, they did not explicitly explain faculty's perceptions of the integration and educational processes of PRS related to the preparation of TTP for PL-BSN students.

To identify gaps in knowledge, the following literature review was compiled to understand the new nurse's journey towards his or her TTP with a focus on PRS. The literature review was set up to synthesize current and past literature including how current literature applied to the TTP and how TTP was guided by theoretical perspectives. The literature review also aimed to identify the gap of knowledge related to nursing faculty's perceptions of the integration and educational processes of PRS related to the preparation for TTP with PL-BSN students. Minimal research reflected nursing faculty's perceptions of assisting with the TTP related to the integration or education of PRS. PRS was found to be crucial for new nurses' TTP

(Kelly & Ahern, 2008; Lee, Hsu, Li, & Sloan, 2012; Malouf & West, 2011; Mooney, 2007; Moore & Cagle, 2012; Newton & McKenna, 2007; Phillips, Esterman, Smith, & Kenny, 2013; Simpson, 1967). To understand the TTP process and PRS, the stage that the student or professional nurse is in must be considered.

Novice to Expert Theory. Every nurse goes on a journey transitioning from being a novice to an expert. The journey has been described in Benner's Novice to Expert Theory (Benner, 1982). The theory was developed specific to nursing, although Benner utilized the Dreyfus Model of Skill Acquisition (otherwise known as Dreyfus Five-Stage Model of Adult Skills Acquisition [Dreyfus & Dreyfus, 1980]) and applied it to nursing to illustrate the process of becoming an expert nurse. The Dreyfus Model of Skill Acquisition (Dreyfus & Dreyfus, 1980) described the stages one went through in developing mastery but it was not specific to nursing. The Dreyfus model stages were changed slightly by Benner. The stages were novice, competence, proficiency, expertise, and mastery (Dreyfus & Dreyfus, 1980); whereas, the stages in Benner's Novice to Expert Theory were novice, advanced beginner, competent, proficient, and expert (Benner, 1982). Novice to Expert Theory was a model to explain the professional development process that occurred as nurses become experts in their professional roles. An expert was one who intuitively and proficiently performed skills automatically (Peña, 2010).

In Benner's model, nursing was limited to actual skill development instead of encompassing the complete evolution from nursing student to professional practitioner; however, it remained important to understand the development stages in order to synthesize current knowledge and further explain the necessity of a research study related to PRS integration and education in PL-BSN programs. Understanding the progression from novice to expert was

important so that new nurses gained support from more experienced nurses to facilitate their knowledge, skills acquisition, and professional progression (Benner, 1982; Brykczynski, 2010).

Novice. Stage one, the novice nurse, included the nursing student. The student's knowledge was considered limited with zero previous knowledge or experience in the field of study (Benner, 1982; Benner, 2001; Benner, Tanner, & Chesla, 2009; Brykcznski, 2010). People in this stage had difficulty recognizing and anticipating declining clinical signs or symptoms, prior to or as they occurred (Benner, 1982). In the novice stage, the student nurse learned basic concepts relevant to generalized nursing. Basic concepts included situations related to vital signs, intake and output, and other situations that are objectively measurable related to a patient condition (Benner, 2001). Students needed specific rules to follow for limited tasks that were relatively inflexible (Benner, 2001). The inflexibility of rules taught in nursing school contributed to the success or failure of critical thinking and application in real life scenarios once students achieved their RN licenses and began practicing as professional nurses. Students learned the generalized information of each major medical area or disease in nursing to pass national licensing exams (Clark & Springer, 2012; Hoffart et al., 2011; NCSBN, 2008). Once the exam was passed, the novice nurse, became an advanced beginner nurse in the profession.

***Advanced beginner*.** Immediately upon entry into the workforce, the nurse entered the advanced beginner stage (Benner, 1982; Brykcznski, 2010). In this stage, the nurse was able to function with basic tasks or when a mentor had explained new tasks thoroughly. New nurses could not be expected to work independently with skills or tasks until they experienced them. New nurses needed assistance with setting priorities but showed signs with recognizing health patterns in practice (Benner, 2001). Nurses in the advanced beginner stage were expected to have "marginally acceptable performance" (Benner, 1982, p. 403) "only after the novice has

considerable experience coping with real situations" (Benner et al., 2009, p. 11). They still required support and experience to work independently (Benner, 2001). New nurses treated all aspects, behaviors, and attributes as equal (Benner, 1982). Advanced beginner nurses needed support from competent nurses to prevent significant clinical events from being unnoticed, unidentified, and unaddressed.

Competent. Competent nurses were ones who had two to three years of experience with situations and environments that were similar (Benner, 1982; Benner, 2001; Benner, 2009). During this stage, the nurse was able to recognize relevant facts or information for immediate clinical situations, conditions, and management of the patient (Benner, 2009). The competent nurse demonstrated a mastery feeling that was recognized through organization and proficiency (Benner, 1982). Additionally, the nurse was future oriented, consciously aware, and had the ability to anticipate future care possibilities (Benner, 2009; Benner, 2001). Often the competent nurse stayed in this stage without proceeding through to the proficient or expert stages "because it is perceived as ideal by their supervisors" (Benner, 1982, p. 405).

Proficient. The proficient stage was generated through three to five years of experience (Benner, 2001) in similar environments. Experience allowed the opportunity to anticipate and modify reactions to a response (Benner, 1982). The intuitive response accounted for the entire picture and allowed the perspective to change according to the recognition of normal versus abnormal (Benner, 1982; Benner, 2001; Brykczynski, 2010). Proficient nurses were considered capable of long-term thinking and planning and would recognize patient problems or deterioration prior to initial warning signs (Benner, 2001). Proficient nurses often displayed frustration with continuing education because situations rarely were exactly as described in

theory and there always were exceptions to the rules (Benner, 2001). As proficient nurses gained additional experience, the transition to becoming an expert would occur.

Expert. While many proficient nurses appeared as experts, the expert nurses truly were able to connect understanding because of their extensive experience background (Benner, 1982); however, according to Benner (2001), "not all nurses will be able to become experts" (p. 35). The expert demonstrated the ability to focus on the problem without worrying about the details and had the ability to anticipate the unexpected (Benner, 2001). As experts, it was often difficult for nurses to explain why they believed something. Experience guided their knowledge, and nurses no longer utilized analytical tools to explain their conclusions (Benner, 1982; Benner, 2001). Expert nurses just knew they were right (Benner, 1982) or stated, "because it felt right" (Benner, 2001, p. 32). Therefore, the expert stage was difficult to explain thoroughly.

Although Benner's stages directly reflected skill acquisition, there were more aspects to nursing than technical skills and recognition of biologic, scientific, and psychological patient care. The process for TTP involved the novice and advanced beginner nurse along with input from competent, proficient, and expert nurses. It was important to understand what occurred during the TTP related to PRS and Novice to Expert nursing theory. At the same time, it was equally important to understand what was involved in a transition period. For this reason, Transition Theory is discussed next.

Transition Theory. Transition Theory described and applied to individual lives, relationships, environments, and specific patient transitions (Im, 2010; Meleis, Sawyer, Im, Messias, Schumacher, 2000). Transitions occurred with illness and in other situations that were unfamiliar to the person or organization. Although Transition Theory was intended for patient transitions, it has also been applied for nursing student's during the TTP. Transition patterns

were complex (Im, 2010). Transitioning from student nurse to registered nurse in practice was also multifaceted and difficult (Clark & Springer, 2012; Liaw et al., 2015). The conditions necessary for a successful transition included societal factors, community factors, and personal factors.

The multifaceted process of TTP correlated directly with Transition Theory. Transition Theory assisted in conceptualizing the process of change and the needed supports from facilities and preceptors. There were five vital "properties of transition experience" (Im, 2010, p. 420). They were: "(a) awareness; (b) engagement; (c) change and difference; (d) time span; and (e) critical points and events" (Im, 2010, p. 420). Descriptions of the five properties were needed to understand Transition Theory.

Awareness. Awareness was described as a level of understanding and expected responses about the transition process (Meleis et al., 2000). The new nurse must be aware of and ready for the anticipated change with the ability to recognize manifestations.

Engagement. Engagement was described as "the degree to which a person demonstrates involvement in the processes inherent in the transition" (Meleis et al., 2000, p. 19). That is, engagement is the ability to prepare to seek information (lifelong learning), active participation, role model identification and utilization, and the capability to modify the environment as needed. A new nurse actively participates in the transition, but as identified by Meleis et al. (2000), he or she is aware of the level of engagement as opposed to one who is unaware of his or her own level of engagement.

Change and difference. Change and difference was essential to transitions (Meleis et al., 2000). Change occurred when critical events or issues were disruptive to routines, identities, and perceptions. Difference included misperceptions or differing expectations (Meleis et al., 2000).

Many times, new nurses' expectations were different than reality (Adamack & Rush, 2014; Boychuk Duchsher, 2009; Dyess & Sherman, 2009; Horsburgh, 1989; Maben, Latter, & Clark, 2006; Romyn, et al., 2009; Schmalenberg & Kramer, 1979). This created a disruption in identities, perceptions, and routines (otherwise known as reality shock) (Kramer, 1974). PRS was crucial for the TTP (Mooney, 2007; Zarshenas et al., 2014) and Transition Theory was congruent with TTP. Therefore, topics related to change and difference may be important to include for the preparation of PRS in academia.

Time span. Time span included the beginning point and the anticipated ending point (Meleis et al., 2000). The TTP began in academia with preparation towards independent practice. Time span was specifically described as having an ending point. The beginning was marked with anticipation of change followed by confusion or instability and the ending was characterized as achieving stability (Meleis et al., 2000). In TTP, PRS described the excitement, fear, anxiety (instability), and reality shock for new nurses, but in reality, many nurses progressed through the Novice to Expert stages and were competent, proficient or expert nurses (Benner, 1982). So, Transition Theory was a solid process that described the progression and time span of TTP. Transition Theory did not specifically describe nursing faculty's perceptions of the integration and educational process of PRS.

Critical points and events. Critical points and events were described as the turning point in transitions (Meleis et al., 2000). The critical points or events were as simple or as difficult as a fluctuating levels of awareness, engagement, and/or changes or differences that created a sense of stability. Routines became stabilized and the disruption in reality subsided. The process of transition was the "result in change and are the result of change" (Im, 2010, p. 423). Personal change occurred as a result of change. Change was anticipated as routines became stabilized.

Prior to stabilization, support during the TTP was significant for new nurses. Even though it was important to understand what occurred during a period of a transition, Transition Theory was not specific to nursing. Transition Theory also did not explain the nursing faculty's integration and educational process of PRS related to the preparation for TTP in nursing.

Pre-Licensure Nursing

Educational institutions provide students with the basic knowledge and expose students to practice experiences prior to graduation (Wolff, et al., 2010). Teaching topics and methods include case studies, clinical practice, and theoretical concepts. Educational programs provide students with the basic knowledge to meet state and national standards to pass a national standardized test for licensure (Amos, 2016; Butler et al., 2005; NCSBN, 2008; Ross & Clifford, 2002). PL-BSN programs focus on accreditation and national exams. Eventually, nursing students' learning must be facilitated by being immersed into clinical practice so that they can develop the skills necessary to practice independently (AACN, 2016a). Currently, many educational institutions have limited access to clinical sites where nursing students can practice skills learned and encounter new experiences to supplement their classroom experiences (AACN, 2016b). It is nearly impossible to present nursing students with enough hands-on experiences in the natural setting to gain the skills necessary to meet healthcare institutions' requests or recommendations.

Adamack and Rush (2014) reported that nursing education shifted information and experience heavily towards theoretical concepts that were general in nature rather than practical experience. There was simply not enough time in the classroom or in a clinical environment to give students all the necessary tools and knowledge to be ready for practice immediately upon licensure attainment. Experience within the academic milieu was limited (Wolff et al., 2010)

compared to a time when nurses spent the equivalent to part-time employment in hospitals. Educational institutions attempted to implement active learning to enhance critical thinking based on real-life scenarios in case-studies, simulation or in clinical practice facilitated by nursing faculty.

Nursing faculty. Nursing faculty, through higher educational degrees and experience, learn how to incorporate teaching and learning strategies into curricula to enhance student outcomes. In other words, "the ultimate goal of nursing education is to teach a student to think and act like a nurse" (Mariet, 2016, p. 143). Nursing faculty utilize evidence-based teaching methods or strategies and concepts provided by a variety of organizations including, but not limited to, academic accrediting bodies, professional organizations, and state boards of nursing. Teaching and learning strategies are also acquired through professional development opportunities and individual research. Nursing faculty are responsible for creating "a classroom atmosphere conducive to the development of the professional role of a nurse and clinical reasoning" (McNamara, Roat, & Kemper, 2012, p. 253). If the ultimate goal is to assist with the transition from a student to a professional nurse, then one could argue that the PRS process begins with nursing education.

Nursing education. Nursing education provides the fundamental knowledge and general skills necessary for new nurses to begin practice as a professional nurse. One study in Ireland (Doody, Tuohy, & Deasy, 2012) explored student perceptions of "role transition." (p. 684). Students (N=116) were in their fourth year at one Irish University. Fifty-three percent of students felt that they were "adequately prepared" (Doody et al., 2012, p. 685) for their nursing role; however, only 34% had opportunities to discuss the transition from student to nurse (Doody et al., 2012). The study did not discuss what information was included related to TTP or PRS or

when the information was learned. It was unclear what the students' expectations were of being "adequately prepared" (Doody et al., 2012, p. 685) or who was responsible for providing anticipatory guidance about what to expect in the new nurse's role after graduation. PRS cannot begin if students do not have expectations associated with the anticipated role transition.

Educational institutions provide an assortment of skills for multiple entry-level settings and practice as a novice nurse, but according to Benner's Novice to Expert Theory (Benner, 1982; Brykczynski, 2010), new graduate nurses enter the work force as an advanced beginner. In a British Columbia study (Wolff et al., 2010), no specific competencies or skills were agreed upon between academia and practice. Most of the skills and competencies occurred within the community of practice. Even though the transition from novice to advance beginner happened naturally, Benner's Novice to Expert Theory only explained the process that occurred for skill acquisition (Benner, 1982; Brykczynski, 2010). Novice to Expert Theory does not explain what academia can do, if anything, to make a smoother transition into a professional role. In fact, research only suggested that academic-practice partnerships be formed to assist with bridging the gap between academia and practice (Adamack & Rush, 2014; Baxter, 2007; Boychuk Duchsher, 2009; Doody et al., 2012; Gerrish, 2000; Heslop, et al., 2001; Horsburgh, 1989; Maben et al., 2006; Malouf & West, 2011; Tastan et al., 2013). In reality, clinical experiences were a major part of nursing education that provided some background for what to expect in the practical setting.

Clinical experience. Clinical experience within academia was most important for correlating theoretical knowledge to practical competence (De, Mahadalkar, & Berra, 2016). One qualitative study discussed the journey of transitioning for nursing students (n=25) in their senior year (Newton & McKenna, 2007). Students described the multiple clinical rotations as

detrimental to learning. Rotations were short or changed often and included different health care locations where excessive time was spent learning about the floor in which they worked. Clinical activities within the practice environment enhanced the development of students' skills in the preparation for transitioning to a professional nurse.

A qualitative study with undergraduate nursing students (n=54) identified challenging clinical learning environments (CLE). The challenges were directly related to "the context within which their learning experiences occurred and relationships with others in the CLE" (O'Mara, McDonald, Gillespie, Brown, & Miles, 2014, p. 210). The learning experience challenges were described as stemming from the CLE, the academic program the students were in, and the design and delivery of the curriculum. The professional relationships revolved around the clinical faculty and nurses within the clinical arena. The actions of the clinical faculty and the staff nurses created an environment that negatively influenced learning, that created uncertainty for students, and that increased tension (O'Mara et al., 2014). Students felt afraid or were intimidated to ask questions or to take on additional learning experiences. Students' responses to the challenges included rebuilding or fixing relationships, redirecting their efforts to help, retreating from challenges proactively, and reframing their experiences retroactively into something positive (O'Mara et al., 2014). The most compelling action was that students went to their peers or continued to muddle through the clinical experiences without asking for help. Student responses portrayed their sense of resiliency, as the authors stated, "clinical faculty cannot ensure that students never have negative experiences; however, they can facilitate students' capacities in reflection and to generate ideas for coping and transforming future situations" (O'Mara et al., 2014, p. 212). This study underscores the importance of nursing faculty encouraging positive clinical environments by building relationships between

staff nurses and students to enhance learning. Students' experiences in the clinical environment informed their development of professional identities and PRS after graduation.

Professional nursing identity was described as being facilitated by socialization and belonging to the profession. Ultimately, the development of professional identity and socialization to the profession began within students' clinical rotations (Walker et al., 2014). A qualitative study with a constructivist approach in Australia explained how undergraduate nursing students (N=159) built their identity through clinical placement (Walker et al., 2014). The study concluded that role models were both positive and negative. Positive role models encouraged and enhance learning, while negative role models decreased students' morale and affected their learning outcomes. Feelings of belonging, acceptance, and inclusiveness were crucial to learning. In addition, a qualitative study in Norway (N=7) concluded that it was important for students to feel welcome, valued, and included the necessity to facilitate student confidence, motivation, and self-image (Dale, Leland, & Dale, 2013). It may be unrealistic for nursing faculty to shelter nursing students from negative interactions; however, clinical experiences were significant factors for the development of PRS.

Even when negative clinical experiences occurred, it was how nursing faculty, nurses, and peers reacted or interacted turned negative experiences into positive learning opportunities. For example, minority students in nursing (N=7) in a qualitative portion of the mixed methods study often reported that their sense-of-belonging was compromised. It varied by the day, the clinical rotation, the clinical faculty, and their peers (Sedgwick, Oosterbroek, & Ponomar, 2014); however, the negativity did impact learning their sense of belonging and learning. Feeling connected was noted as being vital to the socialization and learning process.

Feeling connected was vital to socialization and learning; however, a sense-of-belonging may differ for each person. In Canada, a cross-sectional survey was completed with 462 participants (Sedgwick & Kellett, 2015): 7.1% were males. The authors had hypothesized that "male students would experience lower levels of belongingness when compared to their female colleagues" (Sedgwisk & Kellett, 2015, p. 123). There was no statistical significance related to belongingness between females and males; however, males noted that it was less important to be accepted by their colleagues. Thus, the sense of belonging may depend on the characteristics of the students. It is essential to realize the variety of teaching methods deployed to promote learning, encourage clinical skills efficacy, and provide positive PRS experiences for nursing students. One method nursing faculty use to teach nursing students clinical skills is facilitated simulation.

Simulation. Simulation has been used in academia to provide students with a simulated clinical practice environment where they learned and developed their clinical skills without the risk of patient harm. Utilization of simulation provided students hands-on experience in real-life situations. According to a systematic review of 30 studies, simulation-based programs increased knowledge, confidence, competence, and increased retention in the workforce (Edwards, Hawker, Carrier, & Rees, 2015). The concepts taught in an educational nursing program were connected to practice through case-based learning and simulation (Raurell-Torreda et al., 2015).

In terms of case-based learning, a non-randomized control trial with 160 participants utilized case-based learning for undergraduate students and nurses in practice (Aguilera, Patino-Maso, & Baltasar-Bague, 2015). The intervention group utilized case studies and scored significantly higher than the groups without case studies. Critical thinking skills were significantly lower in the control group where case studies were not utilized. Case studies

assisted in learning to connect theory to practice. Case studies were successful in learning concepts related to disease processes, interventions, and evaluation. One quantitative study that included undergraduates (N=101) and licensed nurses (N=59) determined the effectiveness of traditional lecture compared with case-based learning (Raurell-Torreda et al., 2015). Significance was found when utilizing case studies compared to traditional lecture. The traditional lecture classroom scored significantly worse than the case-based learning group in relation to critical thinking skills. The study highlighted the importance of providing meaningful experiences that assisted with knowledge and skill preparation. Utilization of case studies and high- or low-fidelity simulation promoted critical thinking and offered the chance for learning in practice. Some studies found that simulation promoted independence and readiness for the workplace (Newton & McKenna, 2007) through the use of real-life scenarios for experience.

Skills taught within the simulation or skills labs also needed to be synonymous with the clinical practice. Students who learned something differently at the clinical site would use and revert to those skills even if the evidence-based practice (EBP) guidelines did not support the methods used (Houghton et al., 2012). Therefore, preparation for real-life clinical experiences that included simulation activities or case studies could lessen the theory-practice gap. The theory-practice gap may appear to undermine teachings in academia, but may explain or contribute to the reality shock new nurses felt in practice.

Simulation must also mimic the socialization process that occurs in the work environment. A multiple case study with five case sites and 43 participants in Ireland concluded that the student preparation for real-life clinical environments included understanding students' socialization phenomena in the clinical (simulation) setting (Houghton, Casey, Shaw, & Murphy, 2012). Understanding the socialization phenomenon promoted confidence and a positive

learning environment (Houghton et al., 2012). Clinical experience, including simulation, was important for student learning and for assisting in the transference of knowledge in clinical situations. Clinical experience continued to be important within the academic environment to support theoretical concepts but it was not the primary contributing factor for PRS in relation to TTP. One-way academic institutions promoted PRS was through mentors.

Mentors. Mentors are defined as a person who engages in a trusting relationship between a novice practitioner and an experienced practitioner for support during a transition period but may last many years (American Nurses Association Massachusetts, n.d.). Mentors ease and alleviate nursing students' stresses and fears prior to and within the transition period (Kaihlanen, Lakanmaa, & Salminen, 2013). A qualitative study in Finland of 16 final-year students found that when mentors were supportive and encouraging, learning was enhanced. Providing mentors to students in academic programs facilitated students' role changes, increased students' self-confidence, and guided students towards clinical practice autonomy (Kaihlanen et al., 2013). Mentors could be utilized as peer supports for nursing students during their academic career.

An interpretive qualitative design with nursing students (N=54) in the United Kingdom, in their last six months of education, discussed the importance of peer support (Christiansen & Bell, 2010). Peer support came from senior students who shared responsibilities, gave encouragement and support, and assisted with emotional support. A qualitative longitudinal study using naturalistic inquiry with nursing students (N=72) discussed idealistic roles taught in academia as possibly contributing to professional sabotage, organizational sabotage, and reality shock (Maben, Latter, & Clark, 2006). Additionally, mentors and preceptors were key for high quality role modeling. They contributed to minimizing the theory to practice gap. Even though

a qualitative descriptive design study (N=186) found mentoring to be a priority during the transition period, it also described the word, *gap*, as a negative phenomenon rather than a normal part of the transitioning process (Romyn et al., 2009). In general, the TTP period began in academia. The awareness and engagement stages began prior to the actual transition occurring, according to Transition Theory (Im, 2010). Time was constantly in motion with a definitive starting point (Im, 2010) and students began in academia. Mentoring can begin early in the transition process to assist with setting up supports prior to beginning practice, considering mentors enhanced the TTP through positive experience and support. Often times, the word, *mentoring*, coincided with the term, *preceptor*.

Preceptors. The objective of academia is to expose students to as many areas in nursing possible so they gain a basic understanding of safe quality care and where continued learning is possible (Amos, 2016; Butler et al., 2005; NCSBN, 2008; Ross & Clifford, 2002). In order to understand how to prepare students while in the academic environment, it is important to consider what occurred during a preceptorship immediately after becoming a new nurse. Preceptors or mentors assist with the development of competence and confidence in the work environment.

A study (N=41) with newly licensed nurses (n=23) and preceptors (n=18) determined that preceptors did not have the experience and competence necessary to guide new nurses through their TTP (Fater et al., 2014). A qualitative study with new nurses (N=25) described some preceptors as being difficult to approach (Newton & McKenna, 2009); however, the preceptor role was pivotal (Morales, 2014; Newton & McKenna, 2009; Penprase, 2012) for new nurses to learn the organizational culture. It was important to realize that the new nurses described the negative impact on multiple clinical rotations in relation to role ambiguity and

adjustment towards connecting theory to practice (Newton & McKenna, 2009). Connecting theory to practice included socialization into the organizational culture with the use of a preceptor.

A preceptor may be assigned to assist the new nurse in the TTP. A study with six new nurses and seven preceptors described the transition process as complex in nature (Myers et al., 2010). Preceptors were the most basic support system that promoted safety, confidence, and a successful TTP (Penprase, 2012; Phillips et al., 2014). New nurses expressed greater stress if preceptors did not give feedback and reassurance (Myers, et al., 2010). New nurses communicated the importance of receiving reassurance of safe practices. Preceptors were also inadequately prepared to guide new nurses in their transition period (Fater, Weatherford, Ready, Finn, & Tangney, 2014; Ross & Clifford, 2002). A qualitative study with educators (n=4), new graduates (n=48), and nurse leaders (n=69) reported that the lack of standardization in orientation and preceptor programming made it difficult to integrate new nurses (Adamack & Rush, 2014). Many times, it was not one person who was assigned to the new nurse, which left the new nurse feeling confused (Moore & Cagle, 2012; Wieland et al., 2007); however, other nurses preferred to learn in diverse ways and multiple preceptors gave them that variety.

Preceptors and new nurses expressed recommendations for academic assistance with the TTP. For example, preceptorships prior to graduation promoted awareness of the realities of nursing (Penprase, 2012; Wieland et al., 2007). More specifically, learning from preceptors was more difficult, stressful, and even dreaded if more than one preceptor was utilized at a time (Moore & Cagle, 2012; Wieland et al., 2007). Another recommendation was to provide additional clinical practice specifically related to ethical and legal issues, body mechanics and

medication administration (Myers, et al., 2010). Academic clinical experiences and practice was difficult to be inclusive of all areas that may support a new graduate in practice.

Even though the transition process remained difficult, the TTP and PRS process began in academia with program requirements that assured the newly licensed nurse was ready to practice. The preceptor and orientation processes were warranted and desired even though they were not always consistent. Overall, preceptors within the healthcare institution were significant in developing competence and confidence of new nurses. Yet, the preceptors needed to be competent in providing the needed supports (Ross & Clifford, 2002; Zawaduk, Healey-Ogden, Farrell, Lyall, & Taylor, 2014). When preceptors were not competent in practice, newly licensed nurses may make costly errors. This will likely negatively impact their self-confidence and patient safety. As the research has illustrated, it is important to utilize preceptors who assist new nurses in their TTP.

Role transition. Two researchers felt it was important to start early on in an academic program to discuss "role transition" and TTP; however, this study involved transitioning from a Registered Nurse (RN) to an advanced practice nurse (APN). According to Spoelstra and Robbins (2010), their qualitative study was completed with master's level students (N=24) who had previously practiced as a RN in a Midwestern university. The study described main themes relating to the essence of nursing and the core competencies of the APN. One main key concept was the acknowledgement that transitions occurred not only as a RN but also as an APN. Students interviewed other APNs to gain knowledge about transitioning to the APN status. The following topics were acknowledged as being discussed: direct patient care, professional responsibilities, and frameworks for nursing practice, patient outcomes, ethical issues, collaboration, research, and evidence-based-practice. Yet, there was one crucial point

discovered within the study. Educators need to focus on role transitions early in the academic program in order to assist with role adjustment and adaptation. The study illustrated students' anticipations rather than educators' perspectives of the process for implementation of PRS to support the TTP. Even though the study described an APN program, the finding of needing to address PRS early within an academic program to support TTP was significant. This is especially true as educational programs shift from on-the-job training to a theoretically-based academic programs (Wolff, Pesut, & Regan, 2010). Therefore, it was important to include academic programs to assisting with the promotion and preparation for students PRS early within the programs related to TTP to prepare them for the realities of practice.

Realities of practice. Anticipatory guidance about the realities of practice for nursing students is important so that they understand the expectations in their future employment. For example, a study conducted in Singapore with final-year nursing students (N=22) explored the effectiveness of simulation learning activities for students' TTP (Liaw, Palham, Chan, Wong, & Lim, 2015). Students were able to experience, through simulation, real-life situations that assisted students in gaining confidence. Students learned about themselves and their knowledge gaps in clinical skills, workflow management, and interdisciplinary communication. Students learned from senior nurses how to handle real-world expectations. The study discussed anticipated effects of simulation on the TTP as perceived by student nurses. Practice experiences were important for the realities of practice (Wolff et al., 2010). These findings illustrate the importance of real-life situations to help with the TTP; however, this study did not explain how or if the concentration on real-life situations contributed to PRS for the preparation for TTP. The skills practiced in simulation may simply be becoming aware of the variety of proficiencies that may be utilized in nursing practice for skill acquisition.

Healthcare Institutional Perspectives

In order to describe the TTP or PRS of novice to advance beginner nurses, it was important to acknowledge healthcare institutional perspectives. The transition from student to professional nurse occurred directly within the healthcare institutions setting. In general, institutions recognized that new nurses were not "ready for practice" (Romyn et al., 2009, p.1) but continued to place unrealistic expectations that the new nurse would "hit the ground running" (Chernomas, Care, McKenzie, Guse, & Currie, 2010, p. 71) upon receipt of their nursing license. The unrealistic expectations raised questions within one study with new graduates, staff nurses, and educators in Canada (N=186). The study discussed whether an educational or theoretical academic program could actually provide for practical learning (Romyn et al., 2009). The first year of practice was pivotal and significant for successful experience and stage progression.

Many times healthcare institutions wanted academic institutions to initiate TTP concepts within the nursing curriculum (Boychuk Duchsher, 2009; Gerrish, 2000; Hickey, 2009; Newton & McKenna, 2007; Romyn et al., 2009; Ross & Clifford, 2002). For example, a mixed methods study (N=62) indicated that that more than 50% of the participants described a clear view of the educational expectations that were not congruent with the realities of nursing (Hickey, 2009). The educational weakness, as described by experienced nurses, included the categories of a) psychomotor skills, b) assessment skills, c) critical thinking, d) time management, e) communication, and f) teamwork (Hickey, 2009). In addition, the study illustrated that greater than 50% of the participants made a clear statement involving the clinical rotation assignments having far less expectations than what occurred in practice. One proposed solution was to increase the number of patients a student was responsible for to four patients by their final nursing semester. Additionally, it was noted that students had clinical hours that were not

congruent with typical staff hours. This resulted in having less exposure to staff to staff reporting, communication, and teamwork. The study gave specific recommendations through participant quotes, but many studies simply described the need to bridge the gap between education and practice. The most compelling evidence was discovered when researching the TTP to completely understand what occurred after academia.

Transition-to-Practice

Immediately after academia, new nurses took their licensure exam and began practicing as a fully licensed professional nurse. Once fully licensed, the novice nurse became an advanced beginner nurse (Benner, 2001). Each state has its own Nurse Practice Act and Board of Nursing that ensured public health and safe practices (NCSBN, 2016). There were not extra requirements, other than facility competencies, that determined what a nurse with no experience and one with years of experience could or could not do within their licensure scope of practice. It was all the same. Brand new nurses were licensed nurses ready for practice.

New nurses were excited to begin practice, but new nurses' anxieties and fears turned into reality shock when expectations were different from the reality (Adamack & Rush, 2014; Boychuk Duchsher, 2009; Dyess & Sherman, 2009; Horsburgh, 1989; Maben et al., 2006; Romyn et al., 2009; Schmalenberg & Kramer, 1979). The phrase, *reality shock*, was first introduced by Kramer in 1974. Reality shock was not a new concept, but it described the idealistic views from students compared with the realities of nursing practice. Reality shock continues to be relevant in nursing today.

One study with 81 new nurses described excited and scared feelings. Yet new nurses reported feeling confident (Dyess & Sherman, 2009) which seemed contradictory. New nurses described feeling confident in their skills, but in reality, they were scared and hoping institutional

supports were in place for emotional encouragement and collaboration. The expected emotional encouragement and collaboration was directly related to PRS instead of skill acquisition. Additionally, a small quantitative study with new graduates (N=34) explored the level of anxiety that new nurses experienced (Washington, 2012). The study explained that some levels of anxiety helped with performance and a 6-month residency program decreased new nurses' anxiety levels. Due to the small nature of the study, it was difficult to conclude that that the level of anxiety described was an accurate portrayal of larger populations with or without a residency program. Furthermore, anxiety was not the only feeling that new nurses described during the TTP. A literature review synthesized additional feelings (non-skill acquisition related) that new nurses experienced. Feelings included inadequacy, self-doubt, exhaustion, and discouragement (Jewell, 2013). New nurses described many feelings not associated with skill acquisition, but those feelings had a direct impact on skill performance.

A qualitative study in Australia (N=21) concluded that new nurses in a one-year transition program reported feeling underprepared, overwhelmed, abandoned, and needed or wanted clinical supervision (Mellor & Greenhill, 2014). Unfortunately, even with the transition program in place new nurses continued to feel ill prepared. They requested leadership and interprofessional supports to lessen their anxiety and fear to promote confidence and competence for safe practices. In the first few months of transitioning from a novice nurse to an advanced beginner, new nurses realized just how much they did not know and felt ill-prepared. Supporting new nurses in PRS during the TTP was identified as being crucial for success.

Supports were important for successful TTP (Spector & Echternacht, 2010). These supports assisted with skill competencies and the emotional challenges that occurred. At four to five months of experience, according to Jewell (2013), new nurses were in the beginning stage

where they began to feel less overwhelmed and more comfortable within their professional role. Without organizational (community of practice) supports in place, the already complicated and difficult TTP process could have been an end without even beginning. The first year of practice seemed to have guided a new nurses' careers to improve competence and confidence.

A study in Australia, with new nurses (n=11) and stakeholders (n=35), noted new nurses' confidence was low in the beginning (Johnstone, Kanitsaki, & Currie, 2008), but, with positive supports, feedback, and reassurance new nurses were able to build up their competence ultimately leading to increased confidence. Additionally, a quantitative study addressed the competence of new nurses (Lofmark, Smide, & Wikblad, 2006). The participants included student nurses (n=106) and experienced nurses (n=136). Nurses with less experience perceived nursing students as being more competent than nurses with more experience. Fifty percent of the nurses felt students were competent, whereas, 70% of student nurses stated they were competent. Benner illustrated that advanced beginner nurses were only marginally prepared for practice (Benner, 1982; Brykczynski, 2010).

Romyn et al. (2009) conducted a qualitative study (N=186) and it was noted that repeated hands-on experiences improved new nurses' confidence and competence. Meanwhile, a descriptive study with 37 new nurses (Clark & Springer, 2012) determined it took 12 months for new nurses to feel comfortable and confident in practice. Confidence and competence increased when new nurses had the support of preceptors (Moore & Cagle, 2012; Wieland, Altmiller, Dorr, & Wolf, 2007). Support had a positive impact on the confidence of new nurses (Phillips, Esterman, Smith, & Kenny, 2013), but support was not specifically limited to a presence of a preceptor. Confidence and competence directly affected patient safety and patient outcomes. Overall, increasing confidence and competence was important, but many new nurses were

simply trying to survive the first year of practice. Learning how to survive in a new profession additionally raised safety concerns.

Patient safety concerns. Safety continued to be at the forefront of nursing; however, many new nurses had difficulty transitioning from theory to practice. The most frequent patient safety errors were related to "incorrect documentation, medication errors or near misses, delays in patient care delivery, and violence among patients or towards nurses" (Spector & Echternacht, 2010, p. 20). New nurses only had the ability to think in concrete, simplistic terms (Benner, 1982). Looking beyond concrete concepts of how things were in the real world was difficult. The inability of new nurses to understand the entire patient health status adversely affected patient safety and outcomes. Yet, new nurses were expected to function beyond their skill capabilities (Clark & Springer, 2012; Dyess & Sherman, 2009; Phillips et al., 2014; Spector & Echternacht, 2010). When that happened, patient safety, professional safety, and adherence to facility safety protocols were diminished. Patient safety was a result of higher-quality patient care provided by competent interprofessional teams (McVey, Vessey, Kenner, & Pressler, 2014). Although one study with nursing students (n=101) and nurses (n=59) showed no significant difference in patient safety between nurses and students, the undergraduate students actually scored higher than nurses in the area of patient safety (Raurell-Torreda et al., 2015). This was surprising since new nurses depended heavily on the guidance of seasoned nurses during the TTP period, including support for PRS.

Patient safety is a priority within healthcare. A study with 106 student nurses and 136 experienced nurses described the transition process as stressful (Lofmark, et al., 2006). Additionally, stressors during the transition period ultimately affected patient safety. A grounded theory study (N=21) looked at patient safety issues during the transition period (Mellor

& Greenhill, 2014). Safety issues revolved around the lack of support provided within the healthcare institution. The study discussed the need for leadership support, clinical supervision, and interprofessional support networks that were not typically found in orientation programs (Mellor & Greenhill, 2014). Often, supports were promised, not provided, which put patients at risk. Furthermore, support networks directly affected professional competence and confidence within new nurses.

Expectations of new nurses were unrealistic considering patient safety was prioritized as an institutional outcome (Morrow, 2009). There were contradictory research studies on the performance of new nurses and seasoned nurses on patient safety. One can conclude that there remains an academia-to-practice gap related to individual, organizational, and academic perceptions. What literature did not describe was whether patient safety expectations differed between seasoned nurses and new nurses or how safety contributed to the overall PRS and TTP. Healthcare institutions benefitted from providing, encouraging, and supporting the professional role of the new nurse for the purpose of patient or employee safety. Positive experiences often began with strong and extended orientation processes which, in turn, enhanced patient outcomes.

Orientation. Institutions provided orientations to a varying degree, but orientations might not have been in the amount necessary or with the necessary support for new nurses. The Institute of Medicine (IOM) (2010) recommended the implementation of TTP nurse residency programs, not just for newly licensed nurses, but also for nurses transitioning to a new area of practice. The AACN (2015) acknowledged the need for higher quality orientation processes due to the rising acuity of patient care, complex healthcare technologies, staffing shortages, and shorter hospital lengths of stay. Nurse residency programs have since been developed, reaching more than 26,000 participants and showing positive results for improved confidence and

competence (AACN, 2015). Even the World Health Organization [WHO] (2011) recognized that new nurses were often placed in positions inappropriate for their beginning skill level and indicated the need for high quality orientation processes.

Many times orientation processes in healthcare institutions excluded specific PRS topics. New nurses needed and requested longer orientation periods to support their TTP (Dyess & Sherman, 2009; Clark & Springer, 2012; Phillips et al., 2014). Orientation processes or programs did not have set amounts of time or requirements specific for transition conditions. The orientation period ranged from days to months, depending on the facility. Often orientation revolved around skills acquisition and engagement activities specific for disease processes or for application purposes (Fater et al., 2014; Kelly & Ahern, 2008). The new nurse gained employment in specialized fields where basic knowledge and experience was limited during the academic experience. New nurses in specialty fields described increased stress (Phillips et al., 2013) and patient safety was at risk.

A secondary analysis of qualitative data, with 459 new nurses, found that a thorough orientation was imperative for a smooth TTP (Phillips, et al., 2014). Clark and Springer's (2012) study of new nurses (N=37) described the need for a longer transition and orientation period. The importance of an orientation process was verified by new nurses (N=459) when participants responded with feeling their orientation period was insufficient or poor (Phillips et al., 2013). Another quantitative research study with 116 final-year students, found that 75% of participants expressed the expectation of having an orientation process (Doody et al., 2012). Therefore, it may be necessary to provide a longer orientation process and anticipate extended transition periods for the success and retention of new nurses.

A quasi-experimental research study evaluated a program to promote new nurse's socialization. The study included a baseline group of new nurses without the intervention (n=73), nurses after six months (n=237), and another group at 12-months (n=212) (Newhouse, Hoffman, Suflita, & Hairston, 2007). The study concluded that support for socialization during the TTP helped with nurses' skills and knowledge. New nurses' support with professional role adaptations increased nursing retention. A reasonable conclusion was that orientation, including specifics related to PRS, was necessary and requested by new nurses in practice.

New nurse perspectives. The transition process of nursing graduates did not begin until nurses became aware of the transition that was occurring (Im, 2010). Part of that awareness was the concept of a support system. A support system was overwhelmingly determined as a high priority and a need according to prior literature (Clark & Springer, 2012; Dyess & Sherman, 2009; Foster et al., 2012; Phillips et al., 2014; Romyn et al., 2009). Yet, new nurses often did not feel supported (Kelly & Ahern, 2008). Without having supports in place, detrimental and negative effects occurred, including lower retention and satisfaction, lower learning, and an increased risk for major errors. "The feelings of comfort versus discomfort can affect a nurse's level of satisfaction, commitment to an institution, and retention" (Hewitt, Lackey, & Letvak, 2013, p. 330). No matter how much engagement by the new nurse, changes and differences that occurred, and critical points and events that transpired (Im, 2010), the TTP process were disrupted without supports being facilitated by the institution.

The research findings related to the transition process were nothing new. Research findings, when utilized, could lessen the negative impact of the transition process. New nurses who felt the negative impact in their TTP often left nursing. Nurses felt professionally abandoned, overwhelmed, and had many difficulties learning how to function as nurses (Dyess

& Sherman, 2009; Kelly & Ahern, 2008; Lee, et al., 2012; Newton & McKenna, 2007). A cross-sectional study with new graduate nurses (N=234) in Turkey described over 50% of new nurses intended to quit the profession (Tastan et al., 2013). Studies illustrated the global issues related to TTP and PRS. According to Transition Theory, the feelings of being confused and overwhelmed were normal during the transition time span (Im, 2010). Research supported that TTP and the challenges that occurred were not new and continued to exist. Moreover, research supported the inclusion of PRS concepts to improve new nurses' TTP.

Transition Theory suggested that the overwhelmed feelings that occurred at first would subside and stabilize over time (Meleis et al., 2000). In one study with 37 participants, 57% of new nurses felt overwhelmed in their first six months (Clark & Springer, 2012). A plan with built-in supports such as teaching communication skills, responding to horizontal violence responses, promoting dialogue with nursing leaders, psychological shifting to acclimate emotionally, and having only one preceptor per new nurse were shown to ease overwhelming feelings and make the TTP more positive (Dyess & Sherman, 2009). One main discussion among the nursing graduates was the expectations of being supported by a preceptor. For example, a study with third year nursing students (N=105), expected preceptor support and feedback from a supervisor (Heslop, McIntyre, & Ives, 2001). Yet, clear expectations of supports, preceptors, or orientation processes to assist in TTP, including PRS, were suggested but not put in place. A systematic review examined that 11 quantitative studies with new nurses and concluded that supportive transition programs assisted with increased confidence, increased retention, and increased satisfaction (Missen, McKenna, & Beauchamp, 2014). Competence and confidence were often correlated with TTP and PRS.

Competence and confidence. Competence and confidence appeared as a reoccurring theme in prior literature. A quality improvement project was performed with 262 unemployed new nurses to study employability (West et al., 2014). A transition program developed as an academic-to-practice partnership developed strategies to assist new nurses in skill development to increase their employability. Fifty percent of the total participants completed the program. The participants who became employed during the program did not complete the program. The transition program provided new nurses with additional hands-on experience. Participants reported increased confidence, competence, and gained employment. A qualitative case study (N=15) described new nurses feeling increased confidence at six to seven months of practice (Lea & Cruickshank, 2014). Being comfortable with nursing did not occur until eleven to twelve months of practice. One could question whether the extra experiences within the TTP program enhanced confidence and comfort levels or whether that was part of the naturally-occurring temporal transition process and practice period.

A TTP model developed for institutions recommended a standardized process (Foster et al., 2012; Spector & Echternacht, 2010; Hoffart et al., 2011) to assist with professional confidence and competence. Currently, implementation of the TTP model both nationally and internationally was lacking as a standard of practice. Most studies were congruent with supporting new nurses in the TTP which in turn, directly and indirectly influenced a new nurses PRS.

Educational opportunities. Continued education in the institution of employment was needed throughout the TTP period and beyond for sustained competence (Dyess & Sherman, 2009). A descriptive qualitative study previously described illustrated the need for life-long learning to enhance teamwork, professionalism, communication, prioritization, stress

management, assessment skills, and continued improvement of critical thinking skills (Clark & Springer, 2012). Personnel in healthcare institutions should consider generational needs when educating new nurses (Foster et al., 2012). Nursing, as with any field, does not only employ people in one generation but employs people across all generations. When educating multiple generations, one should consider how different generations learn best. The Generative Nursing Model (Foster et al., 2012) described the need to establish integrative learning approaches to collaborate with healthcare facilities and professionals for stress awareness and personal wellness. Understanding how people learned best and integrating a variety of learning strategies strengthened the learning environment, enhanced comprehension, and promoted application of learning for PRS and TTP. Research conducted by healthcare organizations repeatedly recommended collaboration and cooperation between organizations and academic institutions be implemented to assist with role transitioning from student to nurse (Boychuk Duchsher, 2009; Heslop et al., 2001; Newton & McKenna, 2007; Romyn et al., 2009; Wolff et al., 2010). PRS concepts and challenges for the preparation or assistance within the academic institution are important to discuss next.

Professional Role Socialization

PRS was a concept mentioned throughout the literature, although a variety of similar terms have been used. Mariet (2016) described professional socialization as the "process of internalization and development of an occupational identity" (p. 143). This does not necessarily reflect stages of skill acquisition or Novice to Expert Theory. Novice to Expert and Transition theories also did not reflect learning according to comfort, confidence, and skill proficiency in communities of practice, nor did they explain how the new nurse transitioned to the advanced beginner stage through psychological growth or PRS. Prior literature also excluded how to

incorporate PRS within academia; however, it was important to realize that nurse educators had a role in promoting PRS (Mariet, 2016). PRS was one of the first concepts discussed as making a big impact in the success of new nurses' TTP. In any transition, there is a new role to assume. Socialization to a new role is vital to role transition.

New nurse perspectives. New nurses described difficulties with TTP due to multiple challenges related to PRS. Learning to fit in (Fielden, 2012; Horsburgh, 1989; Malouf & West, 2011; Moore & Cagle, 2010; Newton & McKenna, 2007; Penprase, 2012; Ross & Clifford, 2002), "struggling to be an insider" (Lee et al., 2012, p. 792), "trying to settle in" (Ross & Clifford, 2002, p. 551), being accepted (Christiansen & Bell, 2010), and socialization within the new environment directly challenged new nurses. Research documented typical reactions of new nurses. Reactions included reality shock and psychological shifting to deal with unrealistic misconceptions of paperwork, charting, assessments, workload, and medication administration (Bjerknes & Bjork, 2012; Clark & Springer, 2012; Dyess & Sherman, 2009; Phillips et al., 2014). Psychological shifts were both negative and positive, depending on the organizational culture.

Organizational culture. A qualitative ethnographic study with 13 new nurses, in Norway, described the organizational culture as less than supportive. The expected organizational culture was not what was experienced. The amount of responsibility and accountability, organizational politics, role ambiguities, and general lack of support was challenging and lead the new nurses to feel overwhelmed (Bjerknes & Bjork, 2012). New nurses were not prepared for the psychological shifts related to their new roles.

New nurses often were "struggling to become an insider" (Lee et al., 2012, p. 792) and were concerned with simply fitting in (Fielden, 2012; Horsburgh, 1989; Malouf & West, 2011;

Moore & Cagle, 2012; Ross & Clifford, 2002; Penprase, 2012); however, viewing new nurses as vital and valued made a positive impact on TTP (Clark & Springer, 2012). In Australia, a study with new nurses (N=9) described a sense of belonging as being an important factor to successful TTP (Malouf & West, 2011). The principal determinant of succeeding in practice, even prior to skill acquisition in practice, was adapting to the social aspect of the organization. Senior students recognized the need to obtain a social status within the working group in order to be accepted and recognized as part of the team (Newton & McKenna, 2007). In Turkey, as previously mentioned, a cross sectional descriptive study with new nurses (N=234) determined that professional socialization was a significant factor for the TTP process (Tastan et al., 2013). The global issue affecting the success of TTP was PRS. Socialization affected psychological shifts professionally and personally. Regardless of the organizational culture, PRS occurred and resulted in professional and personal psychological shifts.

Psychological shifts. Negative psychological shifts resulted in role conflict, both internally and externally, due to students' expectations not being equivalent to their reality (Kelly & Ahern, 2008). Research showed that the challenges or psychological shifts did not occur until nurses were in practice. One cause of psychological shifts included role stress due to the rapid deployment into the clinical setting (Clark & Springer, 2012; Dyess & Sherman, 2009; Phillips et al., 2014). The need for support was discussed throughout the transition process. Supports were a priority for new nurses' professional role success.

Psychological shifts, professionally and personally, decreased with the assistance of a mentor and a support system, preceptor, or with peers going through the same TTP process. An Irish university study, previously discussed, with 116 final-year nursing students discussed perceptions related to role transition (Doody et al., 2012). Sixty-nine percent of the participating

nursing students believed they would be supported by experienced nurses (Doody et al., 2012). A qualitative study with 21 new nurses reported that they felt under-prepared, abandoned, and overwhelmed, and illustrated the need for continued support (Mellor & Greenhill, 2014). One qualitative study with new nurses (N=7) found that in the first four months of practice a mentor assisted in the promotion of competency, critical thinking skills, clinical skills, and in lessening self-doubt (Moore & Cagle, 2012). Without supports in place, job stress, dissatisfaction, and burnout (Foster et al., 2012) occurred. In other words, continued negative psychological effects resulted.

Even if assigned to a mentor, students were accustomed to the safety net provided in academia and immediately felt a loss of the safety net. This sense of loss created undue stress while the new nurse was attempting to adjust into the new professional environment (Moore & Cagle, 2012). Supports were necessary throughout the TTP period, particularly within the healthcare institution, to assist with positive psychological shifts.

Healthcare institutional perspectives. There were many studies related to healthcare institutions, the TTP process, the needs of new nurses, perceptions of new nurses by peers, and supports provided to new nurses. PRS could be a very positive process as long as institutions recognized, planned, and implemented programs to support new nurses in their new roles. Understanding the transition process was imperative to initiate supports for guiding the TTP (Boychuk Duchsher, 2009) while including PRS. As previously stated, the first six months were determined to be more about learning and surviving. It took approximately 12 months to be comfortable as a nurse (Clark & Springer, 2012). Healthcare institutions cannot expect new nurses to be completely ready for practice. There must be an adjustment period where psychological adjustments, PRS, and the TTP are considered.

Supports provided by senior staff assisted with PRS and TTP. Perceptions and expectations of senior staff led to professional sabotage by expecting new graduates to obey by the rules with minimal or zero support and poor role models (Maben, Latter, & Clark, 2006). The qualitative longitudinal study in the United Kingdom (N=98) identified organizational sabotage (Maben et al., 2006). The authors concluded that high quality supports, mentorship, role models, and preceptorships were key to transitioning from theory to practice.

Even though the previously mentioned study was completed in 2006, professional and organizational sabotage has been an ongoing issue. A phenomenological study, with 16 nurses, described difficulty with hierarchy (Lee et al., 2012) in the organization. If one considers that 85.7% of new nurses believed they were able to work effectively with the interdisciplinary team (Doody et al., 2012), it supports an unrealistic expectation from the start. As described in a small mixed methods study (N=62), practice may always have an "element of 'reality shock,' despite the preparation of graduates" (Hickey, 2009, p. 39). Another qualitative study (N=45), with new nurses (n=11) and key stakeholders (n=34), described a significant part of ultimate success and confidence was primarily dependent on who new nurses worked with (Johnstone et al., 2008). Therefore, informal teachers or preceptors needed organization strategies and support to promote new nurses' needs. Supporting and encouraging the needs of new nurses from within the organization may help lessen professional and organizational sabotage within a community of practice.

Community of practice. A successful TTP was described as dependent on the motivation of the new nurse and a supportive community of practice (Edmonds-Cady & Sosulski, 2012). The term community of practice was described as being utilized even "back when we lived in caves" (Wenger, McDermott, & Snyder, 2002, p. 5). A community of practice has been

described as a learning environment where professional and community relationships promote learning with the cooperation of others and organizational common goals in the natural work environment (Edmonds-Cady & Sosulski, 2012; Gieselman et al., 2000). Cooperation within organizations was necessary to support the TTP and PRS. To explain, in the first year of practice the community of practice included orientation processes and preceptors or mentors, according to organizational policy and procedures within a specific nursing care area. Supports in place gave organizations a systematic and intentional role for success (Wenger et al., 2002) through immersion activities into the practice culture with the collaboration of facility supports (Edmonds-Cady & Sosulski, 2012). The systematic collaborative efforts with gradual decreases in supports could assist with PRS leading to a successful TTP within the community of practice.

Communities of practice have three elements: "a domain of knowledge, which defines a set of issues; a community of people who care about this domain; and the shared practice that they are developing" (Wenger et al., 2002, p. 27). The healthcare institution provides new nurses with an opportunity to practice skills and apply knowledge in real life situations next to practicing professionals who are experts or mentors. Although communities of practice were not typical terms found in nursing, networking and supports were limited to what an organization thought or believed was necessary. Without the network and supports, new nurses were often left to independently develop their own professional identity. This led to an employment "revolving door" due to new nurses being overwhelmed with the professional role demands. Oftentimes, PRS had a negative tone rather than a positive and rewarding one within the community of practice.

Supports are important and significant with any transition in life. Specific to nursing, if communities of practice are fully acknowledged, it may help bridge the current gap between

academia and practice. Learning continues within the natural environment and new nurses' expectations of continued support would be common practice. Ultimately, acknowledging and implementing a community of practice could be a standard of practice where academic and healthcare institutions work together to assist new nurses in their PRS.

Healthcare institutions have a responsibility to support new nurses in their TTP. Communities of practice are an ideal way for new nurses to become immersed into the natural work environment. It is assumed that the goal of hiring is to retain nursing staff and promote positive patient outcomes. According to Romyn et al. (2009), it is the responsibility of all healthcare staff to assist with minimizing the gap between academia and practice. Issues that arose within the TTP were nothing new; however, in the past, the workforce was ready for new nurses. Some argue that is not the case now (Romyn et al., 2009). Unrealistic expectations that the workforce placed on new nurses has been detrimental to the success of new nurses and the safety of patients.

Competence and confidence. Competence and confidence were reoccurring themes throughout the research. A phenomenological study that took place with 13 final semester nursing students, at one month, and at six months of employment described idealistic views of the TTP process (Kelly & Ahern, 2008). Idealistic views included "double reality shock" (Kelly & Ahern, 2008, p. 915) leading to role conflict, feelings of being ill-prepared, and being "thrown in the deep end" (Kelly & Ahern, 2008, p. 915). Throwing someone in the deep end, giving the options to sink or swim have never been conducive to learning, surviving, or growing in a professional role or for PRS.

Surviving. The first six months of new nurses' practices revolved around learning and surviving (Clark & Springer, 2012). Simply surviving the first year of practice made it difficult

to grow and become confident, competent practitioners. It was challenging to expect new nurses to uphold the same expectations as experienced nurses when new nurses were just learning how to survive. Even experienced nurses had difficulties meeting the challenges of patient care (Morrow, 2009). Nonetheless, new nurses learned to adapt to survive the first year, leaving them feeling weak and powerless, and lacking in confidence (Lee, Hsu, Li, & Sloan, 2012). A new nurses' TTP could have been a fascinating and wonderful experience; however, surviving has a negative connotation.

Learning how to survive in a profession should not be the ultimate goal of TTP. It was noted in an ethnography study (N=10) that the reality of nursing was much different than new nurses had expected (Horsburgh, 1989). One hypothesis was that academia was now preparing students to perform in professional nurse roles. Yet, another study (N= 121) with nurse educators (n=4), new nurses (n=48), and front-line nurse leaders (n=69), described continued differences between new nurses' expectations and reality. Those differences had a negative impact on the socialization aspect of learning a new professional role (Adamack & Rush, 2014). Research, practice standards, and evidence-based practice concluded that a supported environment improved outcomes and successes of new nurses rather than merely allowing new nurses to survive.

Surviving the first year of practice had significant effects related to comfort, competence, and confidence. It may be reasonable to expect that healthcare and educational institutions provide opportunities for hands-on experiences, constructive feedback, and academia-to-practice bridges. The literature described the needed supports for the TTP including PRS topics. Research about the process for TTP, while not a new concept, illustrated that it was more successful when coordinated within the healthcare institution and academia.

In contrast, understanding the healthcare institutional perspectives of new nurses during the TTP was important to comprehend how academia could have prepared students for practice. As a new nurse progressed from novice to advanced beginner, many contradictory feelings were reported, and supports were requested. Overall, support requests were generic in nature and did not provide clarification for healthcare institutions or academic institutions to implement specific preparatory courses, suggestions or evidence-based practice recommendations for PRS or the TTP.

Summary

Transitioning to practice, as evidenced by a review of literature, was a complex and challenging process, particularly related to PRS. Understanding the TTP process according to Novice to Expert Theory and Transition theories was important to synthesize the literature using theoretical perspectives. Although neither theory described the integration and education process of PRS, related to the preparation for TTP in PL-BSN programs. Transitions occurred in every aspect of life, but understanding the process specific to novice and advanced beginner nurses was imperative for understanding and describing the current process. It remained important to realize that PRS began within academia and continued through the TTP.

Since role transitioning began in academia, the only way to understand the whole cycle was to discuss the many aspects involved according to the new nurse perspective, healthcare institutional perspectives and academia-to-practice. An extensive orientation process was found to be necessary for a smooth and successful TTP. Knowledgeable and experienced preceptors or mentors were determined as crucial to promote a solid support system for new nurses in academia and the healthcare institution. Supports included preceptors and mentors. Overall, PRS in academia was the most prevalent gap in the literature. PRS issues were global and

present at both the novice and advanced beginner stages. Yet, there was limited research to indicate that PRS was acknowledged or discussed at the academic level. The next logical step to contributing to the body of knowledge is to begin a grounded theory research study to discover nursing faculty perceptions of the integration and education process of PRS, related to the preparation for TTP in nursing.

Chapter III: Methods and Procedures

This grounded theory research study was designed to discover nursing faculty perceptions of the integration and education process of professional role socialization (PRS), related to the preparation for transition-to-practice (TTP) in nursing, with pre-licensure students in Bachelor of Science in Nursing programs in two private colleges in the Midwestern United States. Chapter III discusses the research design, population, sampling, setting, data gathering tools and procedures. It concludes with the data analysis plan, data quality matters, ethical considerations, and the process for permission through the Institutional Review Boards (IRB).

Research Design

The grounded theory research design was used to generate a theory to explain a process (Creswell, 2013). The research study was designed to discover nursing faculty perceptions of the integration and education process of PRS, related to the preparation for TTP in nursing, with pre-licensure students in Bachelor of Science in Nursing programs in two private colleges in the Midwestern United States. The study's intentions were to develop a theory or framework that described the integration and education process of PRS to nursing students prior to transitioning into professional practice. In addition, if the research indicated the inability to integrate or educate about PRS within a nursing program, this research design allowed for a framework for research in the future (Creswell, 2013). The two theoretical frameworks discussed in Chapter II did not fully explain what the process of educating and integrating PRS in a pre-licensure nursing program. Therefore, by completing a grounded theory research study, the study assisted with an explanation of current processes and processes that needed researched further.

Population

The population selected for inclusion in this study consisted of nursing faculty who were currently teaching in a pre-licensure Bachelor of Science in Nursing (BSN) programs at two private colleges in the Midwestern United States. There were not specific exclusion of nursing faculty based on what courses they taught within the pre-licensure nursing curriculum or how long they had taught. Participation was not restricted due to gender, race, religion, or age. It was important to obtain rich and in-depth information and to have the ability to reach theoretical saturation (Creswell, 2013). Theoretical saturation was gained from interviews, once data were repeated and no new categories emerged. Nursing faculty who taught in the pre-licensure nursing programs provided significant in-depth and relevant data to reach theoretical saturation.

Sample

Grounded theory research strived to use theoretical sampling to assist with the development of a theory (Creswell, 2013). The convenience purposeful sampling of 10 participants was obtained. One participant did not complete the second interview. The sample included only participants who currently taught in pre-licensure BSN programs. Two of the 10 participants (20%) had under three years of teaching experience. Two of the 10 participants (20%) had over ten years of experience. Three of the 10 participants (30%) taught for 4-6 years and three of the 10 participants (30%) taught for 6-10 years. Nine (90%) of the participants were female, all (N=10, 100%) were Caucasian and two (20%) had obtained a Doctor of Education (ED) degree. Theoretical sampling for this study included a representation of current faculty who had an understanding of the process, or lack thereof, of PRS integration and education that occurred in pre-licensure BSN programs. Rich information and understanding assisted in

developing a theoretical explanation of the process of PRS integration and education related for TTP with pre-licensure BSN nursing students.

Setting

The setting selected for this grounded theory research study included two private colleges with pre-licensure BSN programs in the Midwestern United States. The institutions of choice were religion-based and offered a BSN programs. One institution was co-educational, while the other one provided an undergraduate degree for women only. The programs were accredited through either the Commission on Collegiate Nursing Education (CCNE) or the Accreditation Commission for Education in Nursing (ACEN). Both programs publicized small class sizes and experienced professors. Each program's curriculum was slightly different in course requirements for degree completion. Neither institution specifically stated within the curriculum course descriptions topics related to the TTP or PRS. Both provided students with either a preceptorship or internship requirement prior to graduation. Although the institutions were similar and prepared for the same degree, they remained different.

The data gathering setting varied based on the preference and convenience of the participants. Data gathering did not take place in the participants' natural environment (the classroom) due to the study being based on nursing faculty perceptions rather than direct observation (Creswell, 2013). Interviews were conducted individually. Then, the data from each interview were analyzed by hand prior to the next interview. Once the initial interviews were completed and analyzed, the second set of interviews were scheduled in the same format as the first. Once the final interviews were completed, the participants were given opportunities to write personal letters by e-mail to the researcher answering one final question in an attempt to obtain information not previously included in the interviews. Throughout the process, memoing,

by the researcher, was completed to assist with the development of the theory. It was imperative to have the ability to research locally available participants to ensure the capability for zigzag face-to-face interviewing (Creswell, 2013). The researcher was in direct face-to-face contact with the participants on two occasions. The locality of the participants and the researcher were a factor for this study.

Data Gathering

Data gathering tools included an in-person audio-recorded interview, interview notes, memoing, and participants' personal letters. The combination of data gathering tools allowed the researcher to capture additional information that interviews alone may not have obtained (Creswell, 2014). The intention was that by utilizing multiple methods, the data obtained would be used for attempts at triangulation and to promote accuracy, validity, reliability, credibility, trustworthiness, and demonstrate authenticity (Creswell, 2014). Interviewing was the main focus for data gathering with supplemental data gathering from the interview notes, memoing, and participants' personal letters.

Data gathering procedures generally began with the same processes. First, permission was obtained from the two private colleges in order to access nursing faculty (Appendix A) and to obtain approval for research through each institution's IRB (Appendix B). Next, nursing faculty were asked to voluntarily participate (Appendix C and D) in two face-to-face interviews and to write an optional personal letter answering one final question. During the consent process (Appendix E), participants were reminded that they may continue to participate or withdraw from the research study at any point (Appendix F). Participants were contacted by phone and/or e-mail to confirm the interview date, time, and location. Prior to the interview date, the demographic questionnaire (Appendix G) was e-mailed to the participants. Each interview

concluded when the questions were answered, and no additional information was obtained or when the interviewee concluded the interview.

The plan was to interview the participants twice. One participant did not complete the second interview after two attempts to contact the participant. The data from the first interview was still incorporated into the data. In addition to the interviews, interview notes and memoing were completed throughout the interview process and data analysis. Participants' personal letters were submitted by e-mail within one week after the final interview. Four personal letters were submitted to the researcher. At the conclusion of the data gathering process, electronic thank you notes were sent to all participants.

Demographic questionnaire. A demographic questionnaire (Appendix G) was distributed via e-mail to the participants who volunteered for the study. The participants were asked to e-mail the form back to the researcher to ensure the inclusion criteria were met prior to scheduling an interview date. The questionnaire asked participants to identify their gender, age range, and ethnicity. Additionally, the researcher asked if the participant currently taught in a pre-licensure BSN program. That question directly addressed the inclusion criteria. Participants needed to be currently teaching in a pre-licensure BSN program. Other information obtained included the participants' years teaching in higher education and the participants' levels of education. The information allowed the researcher to describe the participants.

Interview process. The data gathering tools included an in-person, audio-recorded interview that was transcribed verbatim by the researcher. The interviews were anticipated to last 45-90 minutes; however, the majority lasted about 30 minutes. The interview began with a generalized, semi-structured, open-ended question (Creswell, 2013) intended to discover nursing

faculty perceptions of the integration and education of PRS, related to the preparation for TTP in nursing, with pre-licensure students in their BSN program.

Initial interview answers guided the evolution of follow-up questions during the second interview, after the constant comparison data analysis was completed. The first interviews included determining what faculty perceived to be included in the definition of PRS. The interview continued with basic general questions. Grounded theory research questions included an initial question or series of questions to begin the data collection process (Cohen & Crabtree, 2006). Once the beginning data were collected, future interview guides were developed to focus on any gaps in the data that were obtained. The interview guide for the first interview (Appendix H) included:

1. Tell me what you perceive professional role socialization to include, related to students' preparation for transition-to-practice. Define transition-to-practice.
2. I would like to know more about the influences or conditions that assisted in your professional role socialization originally when you transitioned into practice as a new nurse.
3. Describe how this affects you currently for your role and responsibilities in the nursing curriculum related to the integration and education of professional role socialization related to the preparation for transition-to-practice.

The interview took place according to the date, time, and place collaborated with the interviewee. The semi-structured interviews were audio-recorded, while the researcher took interview notes. The semi-structured interviews allowed for the interview to be guided by pre-developed interview guides for reliable and comparable data (Cohen & Crabtree, 2006), but ultimately the interviewee guided the interviews. Grounded theory research interviews varied

according to the style or formality of the researcher (Cohen & Crabtree, 2006). According to Creswell (2013), the beginning questions were generally related to the process, and were then narrowed based on the information obtained due to the zigzag process that was needed for grounded theory research.

The second interview guide was developed based on questions that arose after the data was analyzed from the first interviews. The second interview provided details of faculty's perceptions of the teaching strategies related to PRS integration and education for the preparation for TTP for nursing students in their pre-licensure BSN programs. The second interview included a script to assist with remembering the topics discussed in the first interview, the research definition of PRS and questions about when faculty perceived PRS should be addressed in the nursing curriculum, if at all. The interview guide questions for the second interview (Appendix I) included:

1. Describe what teaching strategies you perceive are necessary to utilize when educating about professional role socialization related to preparing students for transition-to-practice.
2. Tell me about your specific teaching strategies to assist with student learning about professional role socialization.
3. Describe your perceptions of when professional role socialization, related to when students transition-to-practice, is integrated within the nursing curriculum, if at all.
4. Describe your perceptions of the integration and education process of professional role socialization, related to the preparation for transition-to-practice, for students in your Pre-licensure Bachelor of Science in Nursing program.

Zigzag procedure. The zigzag procedure involved going out into the field, to interview participants on two occasions. Interviews were initially conducted. Then the data were analyzed in a constant comparison method. Lastly, the researcher returned to the field with additional questions based off the previous interview data (Appendix I). The interview process continued until theoretical saturation was obtained (Creswell, 2013; Creswell, 2014), in this study the interview processed concluded after two interviews. In order to continue with the zigzag procedure, constant comparison of data obtain was completed to provide ideas for follow-up interviews.

Constant comparison. Constant comparison data analysis generally was discussed as a data analysis procedure; however, it was important to understand it within the data gathering procedures. Due to the zigzag procedure that was involved with this grounded theory research, the interviews were conducted and analyzed. Memoing was completed, modified, and revised. Data were analyzed immediately and continually after each individual interview. The data were compared to the emerging themes from each interview (Creswell, 2013). The emerging themes and data guided the second interviews. Finally, the participants' personal letters were collected and analyzed with comparisons drawn utilizing the letters, memoing, and interview data.

Interview notes. Interview notes were taken to help develop categories or reoccurring themes during the participant interviews (Creswell, 2014). The interview notes (Appendix J) were taken by the researcher, who was also the interviewer, and were used to note basic significant concepts, generalities as verbalized by the participants, any non-verbal actions or behaviors of the participants, and any additional questions that arose during the interview. The notes were written to provoke thought processes after the interview, while utilizing constant comparison data analysis. Interview notes were a secondary source of data gathering. They

were utilized for an additional method for possible theme reoccurrence or significant perceptions based on participants' answers and reactions during the actual interview process.

Memo. Memoing, as described by Creswell (2013), was recommended to be completed throughout the data collection process. Although this may be true, the researcher in this study began memoing prior to data collection about any preconceived notions, hypotheses, and opinions about this research topic. Memoing was completed after each interview and continued throughout the data collection and analysis process in order to remain neutral and to allow the data obtained to be truthful and without bias.

Memoing about the data collected and analysis assisted with the emerging and evolving theory and any potential relationships. The emerging theory was modified as the data were compared. This was an ongoing process and took place at the same time as the data analysis constant comparison that was completed after each interview. The process was generated through simple concepts and the written recording of ideas and relationships rather than completeness all at the same time. The memoing process was modified as additional information and ideas became apparent from each interview.

Personal letters. Personal letters were another form of data collection for qualitative research (Creswell, 2013) from the participants. After the final face-to-face interview, the researcher asked the participants to write a personal letter through e-mail, to the researcher. The letter was e-mailed by the participants, to the researcher as an opportunity to capture additional information not discussed during the face-to-face interviews (Creswell, 2014); however, writing the letter was optional for the participants. The participants were asked (Appendix K) to write their personal beliefs and opinions of the integration and education process of PRS, related to the

preparation for TTP in nursing, with pre-licensure students in their BSN program. Each data gathering tool used enhanced the information gained during the data gathering procedures.

Planned Data Analysis

The planned data analysis described the sequence of events that occurred to assist with the development of the theory. The theoretical explanation described the process of the integration and education process of PRS, related to TTP, with nursing students, as described by nursing faculty. Figure 2 illustrated the process of theoretical sampling and data analysis specific for this grounded theory research study.

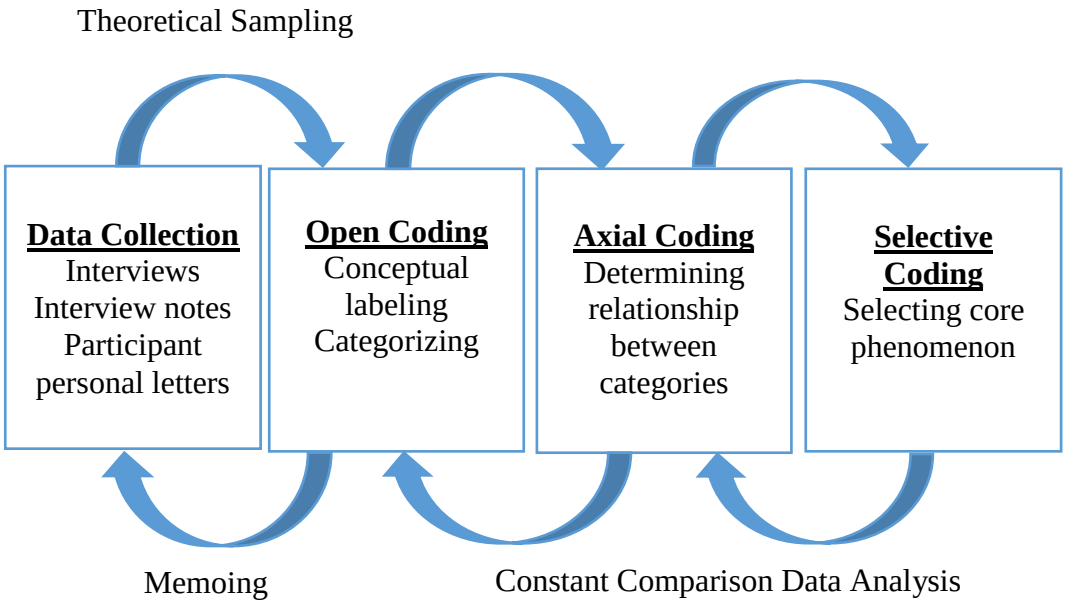

Figure 2. Donovan's Grounded Theory Constant Comparison Data Analysis. Adapted from "Reducing Confusion about Grounded Theory and Qualitative Content Analysis: Similarities and Differences," by J. Y. Cho and E-H. Lee, 2014, *The Qualitative Report 2014, 14*(64), p. 9. Copyright 2014 by J. Y. Cho, E-H. Lee, and Nova Southeastern University.

Constant comparison data analysis. Constant comparison data analysis provides an opportunity to understand the dire need to compare data continuously as a systematic approach (Glaser & Strauss, 1967). Constant comparison data analysis is the process of continual comparison of data immediately after data are collected. The data analysis process compares data for themes (categories) while progressing towards theoretical saturation (Cho & Lee, 2014; Creswell, 2013). According to Glaser & Strauss (1967), there are four stages of constant comparison data analysis. The four stages are "(1) comparing incidents applicable to each category, (2) integrating categories and their properties, (3) delimiting the theory, and (4) writing the theory" (Glaser & Strauss, 1967, p. 105). Each stage is integrated simultaneously throughout the data analysis stages until theoretical saturation is found and data collection ends.

For this study, the data were analyzed by hand using the transcripts from the interviews, interview notes, memoing, and participant personal letters. Due to the coding process for this grounded theory research study, computer data analysis would not extract the necessary data nor develop relationships from the data for theoretical extrapolation (Glaser & Laudel, 2013). Hand data analysis determined themes that emerged with sub-categories of similarities and differences in concepts discovered through constant comparison and the relationships discovered between categories. The data analysis typically resulted with either a propositional or a discussional theory (Glaser & Strauss, 1967), although that was decided after constant comparison data analysis was completed. The data were coded to generate theoretical ideas in an attempt to discover nursing faculty perceptions of the integration and education process of PRS, related to the preparation for TTP in nursing, with pre-licensure students in BSN programs in two private colleges in the Midwestern United States.

Coding. Coding is the process of labelling and categorizing concepts and ideas while looking for similarities or differences in an attempt to discover the central phenomenon (Cho & Lee, 2014; Creswell, 2013). Figure 2 illustrates the coding process through constant comparison data analysis. The researcher was looking for a central overarching category (phenomenon). While discovering each coded category, similar or related concepts were divided into separate sub-categories for the development of themes. For this study, three types of coding occurred: open coding, axial coding, and selective coding.

Open coding. Open coding was the initial step of examining the data for the discovery of categories and sub-categories, also known as properties (Cho & Lee, 2014; Creswell, 2013). Open coding occurred through an interpretive process, by the researcher. Data were analyzed for similarities and differences and the researcher grouped concepts together for categorical development.

Axial coding. Axial coding was used to examine the relationships between the categories and sub-categories (Cho & Lee, 2014). This method allowed the researcher the opportunity to relate the data and test relationships between the categories and sub-categories through zigzag interviewing. The clarification of the relationships then became additional data to analyze to confirm or modify the theorized categories and sub-categories. The process continued with data collection and data analysis (zigzag interviewing) until data collection ended. During axial coding, the researcher developed, modified, and completed a visual representation or coding paradigm that is included as a visual representation. The coding paradigm illustrated the central phenomenon, influencing factors (causal conditions), results from the central phenomenon (strategies), the contextual and intervening conditions, and consequences of the phenomenon (Creswell, 2013) prior to progressing to selective coding.

Selective coding. Selective coding was used for the development of the story (Creswell, 2013). The researcher "select(ed) one or more core categories intended to generate a story that connects the categories" (Cho & Lee, 2014, p. 8). Some types of data analysis, for grounded theory, were concerned with analytic induction to generate and prove "an integrated, limited, precise, universally applicable theory of causes accounting for a specific behavior" (Glaser & Strauss, 1967, p. 104). Although a universal theory was ideal, for the purpose of this study, the researcher was attempting to develop an integrated theory rather than a universal theory (Glaser & Strauss, 1967) to describe the current process of what was occurring in one geographical region in two pre-licensure BSN programs. An integrated theory was developed according to the discovery of nursing faculty perceptions of the integration and education process of PRS, related to the preparation for TTP in nursing, with pre-licensure students in BSN programs in two private colleges in the Midwestern United States.

Theoretical proposition. The final step in data analysis was theoretical propositioning. The developing theory used the core phenomenon, additional categories, and sub-categories that emerged while additionally taking into account the consistent process of memoing. The memoing process, by the researcher, outlined the progression and direction of the theory as data were collected and evaluated. This step was completed after data collection ended and all data were analyzed according to the steps outlined above.

Data Quality Matters

Data quality measures were used as guidelines for this grounded theory research study. The researcher employed multiple methods for data collection and analysis to support credibility and dependability, and to reduce the potential for bias (Cho & Lee, 2014). One method to prevent bias was to address possible preconceived theoretical notions or ideas. This was

important for an analytical theory to emerge from the data (Creswell, 2013). The researcher discussed the potential bias in an attempt to prevent further biases in order to allow the data to develop an unbiased theory.

Researcher bias. The researcher attended nursing school, obtained a registered nursing (RN) license, and was employed as a RN; however, the TTP was difficult. The researcher felt the same stresses and challenges described in prior literature, which in turn, created an interest in the TTP in nursing. The researcher reviewed literature in an attempt to understand the TTP process and to understand what assisted nursing students and new nurses in their TTP. All the difficulties and challenges pointed towards the central phenomenon of PRS in practice. This led to another discovery of minimal literature that illustrated what content and experiences in academia assisted with PRS to prepare students for their TTP. The researcher did not remember topics in education that specifically related to the phenomenon of PRS. When the researcher asked questions of nursing faculty about PRS, the researcher could hypothesize that nursing faculty were unaware of PRS as a phenomenon or concept. There was not any specific literature to support that hypothesis. The researcher decided that rather than assume the hypothesis and generalize an opinion towards other nursing faculty, it would be best to set the assumption aside, research the topic, and have data to support neutral conclusions. In addition, one of the institutions included for participant data collection was the researcher's current employer. The institution was not benefiting from the research or had any direct interest in the research study or outcomes. As discussed previously, participant selection was based solely on convenience, purposeful, and theoretical sampling perspectives.

Rigor of research. Analytical processes of grounded theory involved rigor in the research process and in coding relationships among the concepts, quality and conceptual density,

and significant findings throughout the data (Cho & Lee, 2014). The theoretical concepts were linked together and data collection ceased when theoretical saturation (Creswell, 2013) was met. In this study, data collection ceased after voluntary participants completed both interviews. As stated previously, one participant did not complete the second interview.

Multiple data sources assisted with triangulation and meeting the criteria for overall quality and trustworthiness (Cho & Lee, 2014). In this study, the methods for data collection and analysis revolved around two face-to-face interviews with a zigzag procedure and constant comparison data analysis, interview notes, memoing, and participant personal letters. Triangulation was not completely possible because the majority of grounded theory was heavily dependent on interviews alone (Creswell, 2013). In addition, the strict procedure for data analysis with coding through open coding, axial coding, selective coding, and finally the development of theoretical propositions assisted in supporting validity, reliability, credibility, and trustworthiness of this grounded theory research study. After selective coding was completed (the story was developed), discriminant sampling was attempted to support credibility and accuracy to the findings (Creswell, 2013). The researcher chose people different from those initially participating to determine if the theory was true for those not currently involved in the study to assist with discriminate sampling (Creswell, 2013). Two people different than the ones involved in the study were found and provided feedback. Additionally, the researcher selected a representative sample from original participants to provide reliability and validity to the theory through member checking once the theory was proposed. Unfortunately, only one participant gave feedback on the theory after the study was completed. Then, after member checking was completed and modifications were made, the theory development proceeded to a final theory conclusion.

Ethical Considerations

Researchers must discuss as many ethical considerations as possible for the protection of human rights. Ethical issues arise and are part of the entire research process. As guided by Creswell (2013), the anticipated ethical considerations were discussed. In the event ethical issues arose during the research, they were addressed with the utmost respect and in accordance with the protection of human rights. Prior to beginning research, the researcher obtained the certificate of completion from the National Institutes of Health (NIH) Office of Extramural Research training course for "Protecting Human Research Participants" (Appendix L). In addition, prior to beginning research, the researcher obtained IRB approval from each institution (Appendix A, B and N). Study sites did not have a vested interest in the outcomes (Creswell, 2013). One institution was the institutional affiliation for the doctoral degree requirements of the researcher. The researcher was affiliated with the other institution, but that institution had no interest in the theoretical outcome of the study.

Approval from all institutions and participants were obtained. Participants were contacted for theoretical sampling. Upon volunteering, participants were given the "Participant Informed Consent Form" (Appendix E), and "The Rights of Research Participants" (Appendix F). All participants signed informed consent forms agreeing to participate in the study. The informed consent form (Appendix E) included the IRB and research standards. Participants were informed of the level and type of involvement (zigzag interviewing, with two interviews, and personal letters), risks to participation, confidentiality, withdrawal opportunities at any time, and the researcher's contact information (Creswell, 2013). Participants were informed that any information obtained would be kept confidential.

The audio-recorded interviews, demographic questionnaire, and consent forms were kept in a locked cabinet and/or stored on a password-protected computer. The computer used for data analysis, memoing, and storage of information was password protected. The data obtained was protected and will be kept for seven years as required by the IRB. The researcher had an ethical obligation to present the data obtained as true and accurate as possible to explain the theoretical process and development from the data. This included acknowledging personal experience of the researcher on PRS and the TTP, previous assumptions or hypotheses, and the ability to present only the data involved, including contradictory data, and literature in the research project to promote trustworthiness, reliability, and credibility.

Summary

Chapter III began with explaining the grounded theory research design methodology chosen for this research study. It continued by describing the population and sampling choices, and the setting for research. The researcher then clarified data gathering tools and gathering procedures. It concluded with specific information on the data analysis plan, data quality measures, and ethical considerations for this grounded theory research study.

Chapter IV: Results

This grounded theory research study was conducted to discover nursing faculty perceptions of the integration and education process of professional role socialization (PRS), related to the preparation for transition-to-practice (TTP) in nursing, with pre-licensure students in Bachelor of Science in Nursing (BSN) programs in two private colleges in the Midwestern United States. Data was collected with interviews, memos, and personal letters with a zigzag procedure and constant comparison of data. Chapter IV describes the data analysis, research question themes, summary of analysis, and summary of the results.

Data Analysis

Nursing faculty who taught in a pre-licensure BSN program at two private colleges in the Midwestern United States were recruited to participate in this grounded theory research study. Ten participants volunteered and completed demographic information. All participants (N=10, 100%) were of Caucasian descent. A total of two interviews were conducted with participants. One participant (10%) did not complete the second interview for data collection and analysis. The one participant's data from the first interview was collected, analyzed, and was included in the results. The other nine participants (90%) completed both interviews. Two participants (20%) had one to three years of teaching experience. Three (30%) participants reported four to six years of teaching experience. Three participants (30%) reported six to ten years of teaching experience. Two (20%) reported ten or more years of teaching experience. Two (20%) held Doctorates of Education (EdD), whereas eight (80%) held either BSN or Master of Science in Nursing (MSN) degrees. Participants were between the ages of 25-35 years (n=3, 30%), 36-45 years (n=3, 30%), 46-55 years (n=1, 10%), and 56-65 years (n=3, 30%).

Research Question Categories

Data was collected through two interviews (Appendix H and Appendix I), interview notes (Appendix J), memos, and personal letters. The data was compiled based on categories revolving around the original research question. Collected data was consistent and reached theoretical saturation related to teaching strategies utilized. Inconsistencies and potential gaps were found related to roles and responsibilities and faculty's perceptions for integrating and educating about PRS. The data described faculty's perceptions of PRS concepts with consistency in some areas and inconsistencies in other areas. Each sub-question (SQ) and the main overarching research question (RQ) was addressed individually. In order to understand nursing faculty's perceptions of the integration and educational process of PRS related to the preparation for TTP, it was important to inquire about the concepts nursing faculty perceived PRS to include.

SQ-1: What do nursing faculty perceive professional role socialization concepts to include, related to students' preparation for transition-to-practice? The Interview Guide Part I (Appendix H) was utilized to explore what faculty perceived PRS to include related to students' preparation for TTP and to define TTP. The question was designed to provide participants with an opportunity to reflect on their own perceptions of PRS related to TTP. Analysis of the data revealed substantial and recurring topics that PRS included related to students' preparation for TTP. The data produced five categories: the culture of the profession, personal ownership, communication, relationships, and teamwork. Table 1 provides specific faculty responses of their perceptions of the important PRS concepts outlined according to the emerging categories for SQ-1.

Table 1.

Sub-question-1: What do nursing faculty perceive professional role socialization concepts to include, related to students' preparation for transition-to-practice, including the emerging categories and examples of participants' direct quotes.

Categories	Participants' Direct Quotes
Culture of the Profession	They need to have a hard shell, not take everything personally or emotionally. It isn't a Monday-Friday job, they are going to work holidays and nights. I think that includes just teaching the student what nursing is about. You know, preparing them for the real world. Understanding what it means to be a professional. Understanding how much integrity is involved.
Personal Ownership	They should never guess because they are putting people's lives in their hands. Being accountable for any mistakes or actions you take. The ability to think critically, ask for help, and a student's desire to want to learn their vocation. Nurses who can adapt to changes, handle stresses, and prioritize among many patients.
Communication	A big part of it is communicating well with your co-workers and patients. We have a type of humor, so you have to take things with a grain of salt. We have our own different lingo as well. Socializing into a professional role is learning how to communicate.
Relationships	They need a preceptor or mentor that they feel comfortable with. They need to respect the people that they work with. They are interacting with all the nurses on the unit. Knowing who to go to if you need something. Learning how to connect with others.
Teamwork	Working as a team not only in the classroom but also working with the faculty. Learning the role of the nurse, how to work in an interdisciplinary team, how to practice safety, and how to understand the whole system. Learning to work alongside of others that are involved in the patients care.

Participants identified behavioral and attitudinal skills were identified by participants towards professional identity based on internal and external factors for PRS for students' preparation for TTP. Participants discussed behavioral and attitudinal skills needed for nursing practice. The skills (concepts) participants deemed important for students were related to the culture of the profession. Students needed to understand what was expected in the profession. Participants described the need for professional integrity, accountability, and responsibility. Being responsible and accountable for students' own learning (personal ownership) meant being "prepared to ask questions" and "coming on-time and doing the work that you are supposed to do." These skills were important "in school so they are not blind-sided when they start working as a nurse after they graduate." Other skills identified as PRS concepts included communication, relationships, and teamwork. Participants stated, "a big part of it is communicating well with your co-workers and patients," "learning how to connect with others," and using teamwork to work with other nurses and the different interprofessional team members that were assigned to a specific patient. Specific concepts were more than simply an understanding of the profession because "every unit is a little different" and "it is more than just taking care of the patient."

SQ-2: What do nursing faculty perceive are their role and responsibilities for the integration and education of professional role socialization in nursing curriculum? Once PRS concepts were identified during the first interview, the next question inquired about what faculty perceived their roles and responsibilities were for the integration and education of PRS in the nursing curriculum. Perceived faculty roles and responsibilities included the seriousness of the job, being a cheerleader, positivity, and additional perceptions that were important but did not fit into a specific category. Table 2 highlights specific examples of participants' direct quotes that were revealed during the first interview, sub-question two (SQ-2).

Table 2.

Sub-question-2: What do nursing faculty perceive are their role and responsibilities for the integration and education of professional role socialization in nursing curriculum, including the emerging categories and examples of participants' direct quotes.

Categories	Participants' Direct Quotes
Seriousness of the Job	I want them to take ownership of their education, I am to facilitate their education. I am there to be their advocate in their learning. You have a responsibility to share some of the things you've learned. These students are going to take care of me someday, so they need to know what they are doing. I don't want it to get sloppy or veer off from what nursing is and how we should be presented and people see stuff on TV that's just not true. You are actually working with people and diagnosing people and interacting with people. I don't know if we can ever completely get students to the point where they are ready to go and completely comfortable.
Being a Cheerleader	It takes a lot of support, guidance, and cheerleading to get them to go into the room and interact with the patients. I see many students have a lot of self-doubt that I am just going to be a bother or they will apologize. I try to break them of that habit. I think the extent of the experiences in stories can really help by sharing the trials and tribulations of where I was. If we can focus in on those (soft skills), I think that will help build the foundation so students can transition to practice with a little more ease. Helping to point out their success, point out their growth and progress to get their confidence boosted. I try to give students tips and tricks in hopes they learn to gain that confidence to communicate with their peers and their superiors.
Positivity	I use a lot of stories on ways nurses have positive influences on their patients. I think my role as an educator is to remain positive and to talk about how much I loved my job. Always remain positive and upbeat about the things they are learning. If you have a role model that is jaded then your students are going to take on that jaded approach too.

	There are ways to build people up to get them to the point that you want them to be, without the negativity.
	I try to bring a warm fuzzy environment but with clear boundaries, so they won't be so scared to talk to their co-workers.
	It is not going to be all sunshine and roses for them.
Additional Perceptions	We are educators, we are counselors, we have so many different hats that we wear.
	Role socialization isn't just going to happen when you are a new grad.
	I use examples of personal experiences that not focus only on patient care but also on my feelings, my experiences of that first job out of school.
	I think this would be an area of nursing education that is probably not as much of a priority as maybe it should be.
	I don't think there really are any hard rules or responsibilities, I think it is just as an individual.
	It isn't required of me and are not covered in the curriculum that I am aware of.

Many participants described that their roles and responsibilities within the curriculum were to make sure students knew the seriousness of the job. One participant explained that "they (employers) are paying a lot of money for you to do your job, so do your job." Another reflected upon their own learning and previous experiences in academia stating "that's what my teachers instilled in me, so I want them to do the same." Participants did provide evidence of the seriousness of their own role and responsibility. "You have a responsibility to share some of the things you've learned." In particular, participants described their own role. "I take this very seriously in how I educate my students. I am not out in clinical, but I have to stay current to what is out there so I can tell my students and integrate this into my curriculum." Similarly, participants described skills should be taught including assessments, critical thinking, and professionalism because "if it is not established prior to them leaving, I think the TTP will be much harder." One participant mentioned a gap between academia and practice by stating, "no matter what we do in the classroom, there is still going to be a gap" and continued with "I don't know if we can ever completely get students to the point where they are ready to go and completely comfortable." The seriousness of the job was summed up with one participant stating that the goal was "growing them (students) well" and the faculty's roles and responsibilities were to teach students about the seriousness of the profession students are entering.

Cheerleading was described as another role and responsibility that faculty assumed within the curriculum. Participants described the amount of support that students needed to become as independent or autonomous as possible during their time in academia. One participant described their role that encompassed giving students "support, guidance, and cheerleading to get them to go into the room and interact with the patients." Another stated their

role as “helping them in clinical go from needing a lot of help to being able to function pretty independently.” This was explained through specific teaching strategies of sharing their own “trials and tribulations” because it would help them “transition from student to licensed professional.”

Being a cheerleader for the students encompassed focusing on the “soft skills” in order to build the foundation needed to help the TTP easier. Participants described the “soft skills” to include preventing problems prevention, building confidence, communicating, becoming change agents, and organizing or prioritizing skills. One participant explained that by giving students “tips and tricks” related to organization and prioritization (including being prepared for the “what-ifs”) helped students learn to communicate their needs with their peers and build the confidence needed to deliver patient care. Participants supported being a cheerleader for students with how they reacted to and with students.

Positivity was an emerging category that described how nursing faculty perceived their roles and responsibilities for the integration and education of PRS in the nursing curriculum. The type of role model was described as influencing how nursing students perceived the profession. For example, “if you have a role model that is jaded, then your students are going to take on that jaded approach too.” One tried “to bring a warm fuzzy environment,” yet remain realistic about the expectations of the profession.

There were many additional perceptions that were described during the interviews that did not specifically fit into any other category, but were important to recognize. This included the multiple roles that the participants perceived they assumed as nursing faculty. “We are educators, we are counselors, we have so many different hats that we wear.” One encouraged students to be actively involved, specifically with the Student Nurses Association. The tools

given to students in academia were intended to help students learn independence and active involvement while helping them find facilities that help new graduates' TTP. It was perceived that the "soft skills" may be missed within the curriculum. Also, there may not be "any hard rules or responsibilities" except that each faculty member chooses what to cover in clinical post-conferences based on what they perceived was important to discuss.

SQ 3: What teaching strategies, if any, do nursing faculty perceive are necessary to utilize when educating about professional role socialization related to students' preparation for transition-to-practice? In order to determine how faculty members were integrating or providing education about PRS within the curriculum, it was important to determine faculty's perceptions of what teaching strategies were necessary. This question revealed many perceptions and reflections of what was needed for real-life. Table 3 gave specific examples of evidence that was revealed. Real-life scenarios, examples, and skills were mentioned in each of the following emergent categories: collaborative work, simulation, classroom, clinical and preceptorship, discussion and reflections, role modeling, hypotheticals, and additional perceptions.

Table 3.

Sub-question-3: What teaching strategies, if any, do nursing faculty perceive are necessary to utilize when educating about professional role socialization in nursing curriculum, including the emerging categories and examples of participants' direct quotes.

Categories	Participants' Direct Quotes
Collaborative Work	Service learning forces students to take an active role. Collaborative testing (group work). You always work as a team in a hospital, so they have to learn to work as a team. I think case studies that build on each other are really important, putting them in small groups and having them work through situations.
Simulation	Give them as many real life examples and real life opportunities to practice those skills. Some of the situations you may not be able to give them in clinical when you only have one, maybe two patients. I have seen simulation be a really good tool to help them learn and give them some confidence. The key to good simulation is debriefing.
Classroom	In the classroom that might be role playing, asking questions, in a scenario based discussion. Getting them involved in the class and teaching them that they have to be a part of this class and you have to ask questions. A big thing is professional behavior. I have them start working towards communicating and teaching, like they would teach their parents. We talk a lot about that transition to practice and some of the socialization in there [leadership and management class]. I ask things like, what do you think about it, why do you think that is the right answer, and what would you do in this situation?
Clinical and Preceptorship	Care conferences or care rounds, where they will see various members of the health care team. Having good relationships with the nurses on the floor. I do hold my students to very high standards, which can be a little shocking at times. Allowing them to develop their own skills while I am still there supporting them, kind of that scaffolding approach.

	I quiz them on medications before we give them. I am not sure that everybody does that. I give students handouts that show how their day should flow.
Discussion and Reflections	Reflective journaling where students have to explain what meant the most to them, explain the link between theory and practice using critical thinking, and then being able to relate things in a professional manner. I have them reflect during their preceptorship.
Role modeling	I would identify that [role modeling assessments] as mimicking so that they can mimic what I do and they will incorporate that into their own practice. I think probably the number one teaching strategy is role modeling those behaviors, attitudes, skills even that are important for a professional nurse. I have to make sure I am doing it too and that I am doing the same things that I preach, I've got to do that too otherwise it doesn't mean anything.
Hypotheticals	I think preparing those new graduates with some soft skills with how to work with difficult people would be a good thing. You could have current nurses come in and talk about their experiences. I would like to bring in an actual scenario that happened with the nurse where they didn't use the professional skills they should have. Probably the experience of creating their own preceptorship could help them ask the right questions.
Additional Perceptions	It's something you can teach about where they can practice being professional. We have to build these skills now, so that when you go out into the professional world it is not such a shock. Oh boy, I don't know how to answer this. I do think that professional role socialization is a very broad topic and a very hard thing for students to understand. I don't have a specific assignment that deals with transition to practice. I really only address it as a topic in leadership and management.

Participants elaborated on the teaching strategies used within the classroom and the clinical setting to prepare students for the "professional world" so "it is not such a shock." Collaborative work was described as being needed because in the real-world, nurses work as a team. Simulation was emphasized as important for critical thinking and providing the opportunity to experience situations that may not be possible in the clinical setting while working as a team. Participants described how, within the classroom, it was important to get students involved and to enforce professional behaviors such as being on-time, being respectful, listening, and practicing teaching before being in the clinical setting. Clinical rotations and preceptorships were described as places where students gained hands-on skills and where participants demonstrated "high standards" and "role modeling skills" as necessary to "help develop their confidence so they have an idea of what to expect."

Discussions and reflections were alluded to in multiple categories, therefore it was placed into its own category. Discussions were described as part of reflections to "practice using critical thinking, and then being able to relate things in a professional manner." Discussions were reflected on within role-modeling as well. Role-modeling, as described by one participant may be "my biggest role." Topics included in role-modeling were handling difficult situations, being professional, and respecting others' behaviors, attitudes, and skills, "doing the same things that I preach," and actively engaging with other nurses.

Participants discussed hypothetical situations for teaching strategies to integrate and educate about PRS. One acknowledged that she/he had not "incorporated it into post-conference yet" but did state that "preparing those new graduates with some soft skills….would be a good thing." Another described the possibility of having guest speakers (e.g. current nurses) to describe what they felt or learned during their own TTP. Additional perceptions reflected on the

minimal exposure students received on PRS. One recognized, "I don't know how to answer this." Another stated "PRS is a very broad topic and a very hard thing for students to understand" and elaborated further by stating,

> I don't think they get it most of the time. I know when I was a student and then transitioned to practice, I didn't get it either. It was a little bit shocking in that first job and that's why so many new grads quit their first job.

Another participant stated, "I don't have a specific assignment that deals with TTP. I really only address it as a topic in leadership and management." Teaching strategies varied somewhat according to each specific individual, the courses he or she taught, and his or her perceptions of what PRS entailed.

SQ-4: Where do nursing faculty perceive professional role socialization should be addressed in the curriculum, if at all, for students' preparation for transition-to-practice? Sub-question four was inquired about to determine when or where PRS should be addressed or is addressed within the curriculum to prepare students for their TTP. It was evident that there were discrepancies between current practices and the desired practices. Additionally, participants were asked whether PRS topics should be addressed at all in the nursing curriculum. This question provided other perceptions that were considered as within PRS. Table 4 provides examples of direct quotes from the participants as examples of evidence.

Table 4.

Sub-question-4: Where do nursing faculty perceive professional role socialization should be addressed in the curriculum, if at all, for students' preparation for transition-to-practice?

Categories	Participants' Direct Quotes
Current Practices	I don't know that we do a good job about that.
	I don't know that we put a huge emphasis on it.
	I think it's probably when they are hooked in with a preceptor.
	I think it depends on your class you are taking.
	You know, professional role socialization is such a new term, I don't think that educators have it as their objective.
	I think it definitely is up to each individual instructor on how they are going to do that.
	I think that the only carve out is in leadership and management.
	I am very confident in saying that they start in that very first nurse course.
No Integration	I don't know if it is not addressed.
	I really can't think of a time when it shouldn't be incorporated.
	My strong belief is, start day one, get the students involved on campus.
	I don't think it should ever not be addressed.
Integration Desired	I think it should start right away with the very first nursing class.
	We should be fine tuning things at the third year.
	It is important for them to understand the expectations, not just for them as a student, but them as graduates.
	We do have it in our curriculum and do have objectives related to professional role, but I just don't think it has the emphasis that it should.
	Introducing the topic before (their senior year), they haven't self-identified what type of nurse they want to be or what their role is going to be, which typically happens their junior or senior year.
	I don't know that the first level is the right place to start it. Maybe it should be when they are out in clinical practice where it could begin.
	I think it should be addressed in every year, every time they go to a hospital, doctor's office, or a nursing home.
	Some of us just do it because we know that we need to teach them how to act as a professional.

Other Perceptions	I don't know that I called it socialization. My perception of the role socialization can be best described in the experiences senior level nursing students get. It appears professional role socialization has its place, but it appears there is room for more opportunity to address the issue. We have talked about this is how much we cram into our curriculum now, it is kind of hard. I see a disconnect between the nursing staff and the students.

Current practices within curricula did not specify exact timing of when PRS was addressed. Many participants described not knowing when PRS was addressed or that they did "a good job in that sense." This was evident with the examples in Table-4. One acknowledged that it may be when the students complete the preceptorship, while another stated, "I think it depends on your class you are taking." Yet another described high confidence that it began in the first nursing course. Either way, "it is not clear cut" and it was "up to each individual instructor on how they are going to do that." When asked whether participants perceived whether or not PRS should addressed within nursing curricula, there was a clear answer. Participants felt PRS integration should begin right away.

Many participants suggested that the desired integration of PRS concepts should begin "from day one" and be "introduced before (their senior year)." Not all participants agreed with this, though, and did not believe PRS should start right away. Instead, it should begin when students begin clinical. Another participant wondered about its appropriateness prior to students' senior year. This was also reflected in other participants' perceptions. One participant described the professional role as being integrated into the curriculum, but did not "think it has the emphasis that it should." As explained by one, when programs "cram (so much) into our curriculum now, it is kind-of hard." The difficulties described and the individual perceptions of when or how to integrate PRS within the curriculum was evident throughout the interviews.

Overarching research question: What are nursing faculty perceptions of the integration and education process of professional role socialization, related to the preparation for transition-to-practice in nursing, with pre-licensure students in Bachelor of Science in Nursing programs? The overarching research question was directly asked to participants in the second interview and this question was asked a second time by e-mail where

participants could reflect on the question and write a personal letter back to the researcher data (Table 5). The individual perceptions had quite the range of answers. Gaps in this area were acknowledged, thus making it difficult to describe the exact process that was occurring. One participant described there being "no formalized effort to integrate PRS into the curriculum." There were many assumptions that PRS was integrated into the curriculum for both schools but was "not a priority until the very end." Perceptions included that PRS may be talked about briefly in the beginning classes and that there may also be strands of PRS built into the curricula throughout, "but it is unclear how it is actually put into the classes." The struggle was identified and acknowledged that this may be something that was being worked on as well. PRS topics may be included within the curriculum at some point; however, there was not a specific process of integration of and education about PRS according to individual participant's perceptions.

Table 5.

Overarching Research Question: What are nursing faculty perceptions of the integration and education process of professional role socialization, related to the preparation for transition-to-practice in nursing, with pre-licensure students in Bachelor of Science in Nursing programs?

Participants' Direct Quotes
Right now there isn't anything at the end of our program, but I think there should be.
There is no formalized effort to integrate professional role socialization into the curriculum.
It is up to each individual instructor to integrate professional role concepts.
We have strands with outcomes in each syllabus, but it is unclear how it is actually put into the classes.
I believe the majority of nursing curriculums have the concepts built into the colleges' nursing philosophies pertaining to professional role socialization.
I assume it is happening more at the third level just from the way the students come back and talk about role performance.
I don't think overall we do a good job in that sense.
It is my perception that it is not a priority until the very end and it is not integrated throughout the curriculum.
We are limited by regulations at the state board, regulations at the facilities, so that is difficult.
We may not formally speak to it, but the seed is getting planted.
I think it is something that is being worked on.
We start our students out slowly, getting the basic stuff first. They learn to work together, study together, and learning to learn together.

Additional question: What are the influences or conditions that assisted faculty in their professional role socialization originally when they transitioned into practice as a new nurse? This additional question was asked of participants within the first interview to help reflect upon PRS topics (Table 6). This question revealed the relationships between what participants perceived was important about their roles and responsibilities, current teaching strategies, and perceptions of what should or should not be addressed within the curriculum related to PRS. It helped to explain the independent and varying perceptions that were revealed during the interview process. Many of the concepts disclosed in the SQs and OR question had relationships with the experiences the participants had from their previous work and TTP as shown in Table 6.

Table 6.

What are the influences or conditions that assisted faculty in their professional role socialization originally when they transitioned into practice as a new nurse?

Participants' Direct Quotes
Skills like calling a physician or writing an order I didn't have that in school. I wish someone would have prepared me for that. I try to incorporate those things in my clinical post-conferences.
I think it is just the people you work with. They weren't our friends.
They taught us that you have to know your stuff, you have to come to clinical prepared, and you need to be accountable.
The culture of that school helped us to understand the seriousness of being a nurse.
The nurses, in my first job, were smart, they knew their stuff.
It was a team effort and you want your patients to do well and can hold each other accountable.
I had such a positive experience that I learned what I wanted to do and how I wanted to work as a leader.
They did a really good job of pairing you with somebody who you meshed well with.
I had a preceptor. She helped me with time management, when and how to communicate with providers, and how to work with other interdisciplinaries [sic].
I think it was that warm fuzzy [environment] that helped me to find my role as a nurse. I hope I bring that through to my students, that warm fuzzy, because I think they need that when they are extremely stressed.
I remember one of my instructors saying, just stop for a few minutes and take a few deep breaths and let your mind clear for just a minute and things will come to you.
It was that culture of where I worked, where the stakes were high.
It was the role model and the unit manager that took us all under her wing.
I was assigned to a mentor who showed me the practical aspects of the job: gave me tools to complete my day to day work.
We got paired up with an older more seasoned nurse. Watching how she cared for patients, interacted with physicians, other members of the healthcare team, floor nurses, and watching the charge nurse and how she handled her day, organized things, and the flow.
I think the biggest two things were role models and really good co-workers.
You have a responsibility to share some of the things, personal account of what you've went through so it will help them in getting ready for practice, practice as the nurse.
It is both the faculty that I worked with as a student, but then also those really strong nurses that mentored me in that first six months.
I recognize the importance of clinical and strongly emphasize that the students get out to be with the patients.
You have to have a mentor. I think that is the biggest help when you are transitioning.

I always tell people, I wouldn't be where I am today if it wasn't for her. She had such a love for it and such a passion for it that it just kind of trickles down to the new RN.

Results Summary

The sub-questions and overarching research question revealed evidence of the perceptions of the integration and education process of PRS, related to the preparation for TTP in nursing, with pre-licensure students in BSN programs. The interviews, interview notes, and the personal letters were utilized with a constant comparison data analysis to determine the categories and relationships between categories, described within this chapter. Participants' autonomous perceptions were reflected upon when describing current practices compared to desired practices. Previous experiences may underlie core phenomena that influence the participants' perceptions of integrating and educating about PRS, related to the preparation for TTP in nursing, with pre-licensure students in BSN programs.

Chapter V: Discussion and Summary

The grounded theory research study was designed to discover nursing faculty perceptions of the integration and education process of professional role socialization (PRS), related to the preparation for transition-to-practice (TTP) in nursing, with pre-licensure students in Bachelor of Science in Nursing (BSN) programs in two private colleges in the Midwestern United States. Data collection was completed in accordance with the described research design and methodology through interviews, interview notes, memoing, and participants' personal letters. Data analysis followed the rigor as illustrated in the Donovan Grounded Theory Constant Comparison Data Analysis (Figure 2). Chapter V describes the research questions and interpretations, interpretations with theoretical context, recommendations, implication, limitations, and concluding thoughts.

Research Questions and Interpretations

The research question and sub-questions were provided. Findings relevant to each question were compared to previous research for clarity of similarities and differences. Each question was discussed individually, beginning with the overarching research question followed by the sub-questions. As a result of the research, Donovan's Professional Role Socialization Process in the Nursing Curriculum Model (Figure 3) was developed.

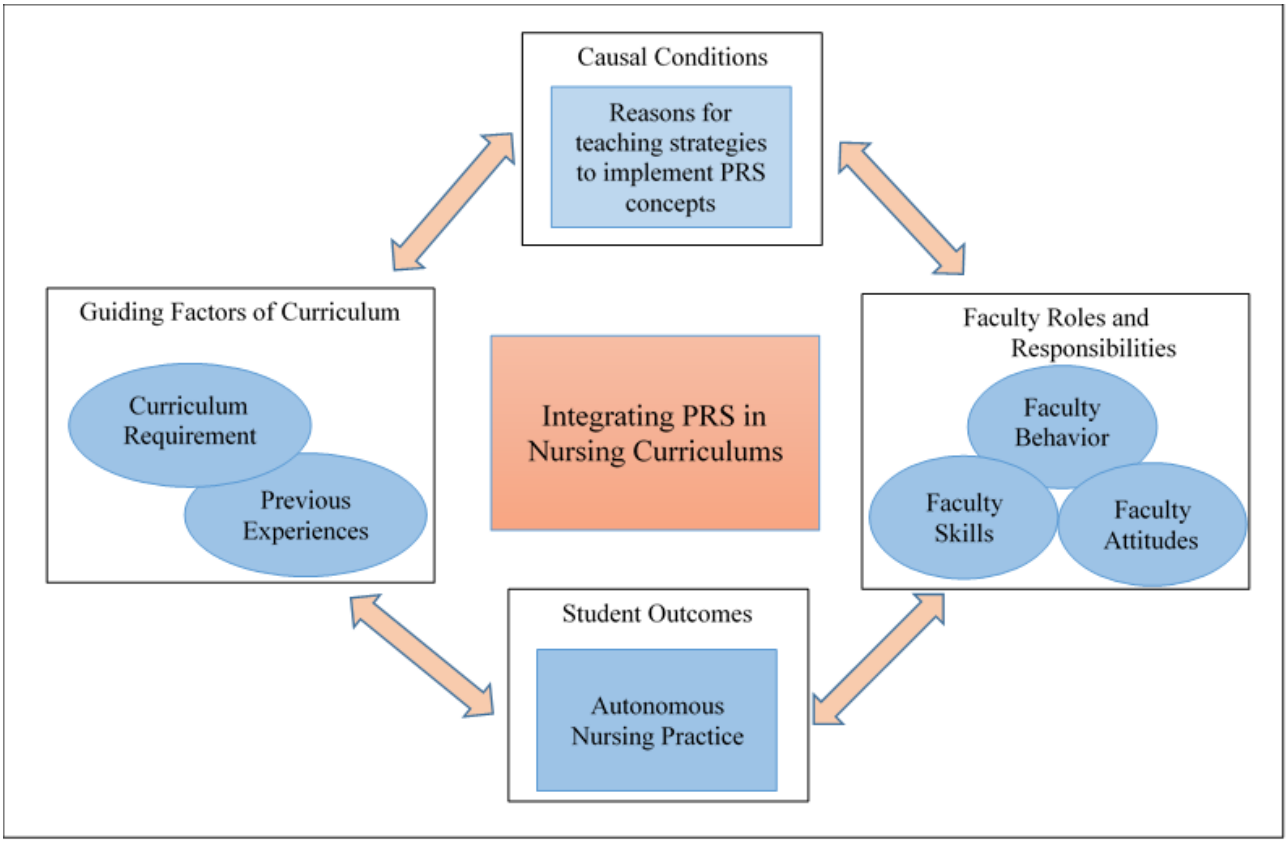

Figure 3. Donovan's Professional Role Socialization Process in Nursing Curriculum Model

Donovan's Professional Role Socialization Process in Nursing Curriculum Model (Figure 3) was developed to describe the processes of integrating and educating PRS in pre-licensure BSN students according to faculty perceptions. The central phenomenon that guided the process was integrating PRS in nursing curricula. The guiding factors of the curricula were related to curricula requirements and previous experiences of nursing faculty. Curricula requirements and previous experiences had a direct impact on the teaching strategies that were implemented related to PRS concepts. In addition, the curricula requirements and previous experiences of faculty ultimately impacted student outcomes and their autonomous nursing practice. Teaching strategies implemented within the curricula and individual courses were directly reflective of the faculty's roles and responsibilities. Faculty's roles and responsibilities involved faculty's

behaviors, skills, and attitudes. In a nursing program, the culmination of the curriculum is student outcomes. In this model, the result of the process is students' autonomous nursing practice. Student outcomes were described as reflective of both the guiding factors of curricula and faculty's roles and responsibilities. Donovan's Professional Role Socialization Process in Nursing Curriculum model (Figure 3) was developed to illustrate the process that was indicated from the data obtained.

Overarching research question: What are nursing faculty perceptions of the integration and education process of professional role socialization, related to the preparation for transition-to-practice in nursing, with pre-licensure students in Bachelor of Science in Nursing programs? The overarching research question was the foundation of this research project. There were gaps in knowledge and application for integrating and educating about PRS within curricula. This was illustrated in Chapter IV (Table 5). The gaps in knowledge and application were discussed based on either faculty being unsure when PRS was addressed, how PRS was addressed, or what PRS concepts were included. The concepts varied based on individual courses being taught. Other than specific courses taught by the participants, faculty were unsure of the progression into or throughout other courses. It was apparent that PRS concepts may have been integrated in various courses throughout the curriculum; however, it was not determined if PRS was integrated throughout the whole curriculum.

The integration of PRS within the curriculum was inconsistent and varied based on individual faculty's experiences and perceptions of concepts they deemed necessary. Each faculty member that participated described similar and differing perceptions when PRS topics should and should not be introduced. This ranged from introducing topics prior to or once students were accepted into the nursing program to introducing topics at the end of the program

right before graduation. This variation in perceptions was based on personal experiences and thoughts about what concepts were included in PRS. The inconsistencies had the potential for both positive and negative impacts on and irregularities in student outcomes and autonomous nursing practice.

SQ-1: What do nursing faculty perceive professional role socialization concepts to include, related to students' preparation for transition-to-practice? Nursing faculty's perceptions of PRS varied based on what faculty members either wished they would have known as a new graduate or what they thought was important to help students in their TTP. Overall, many of the concepts could be thought of as typical job requirements. These included being on time, working with integrity, being responsible and accountable, and learning about an organization (e.g. organizational formal structures, informal structures within a specified unit). Additional job requirements included learning about long shift hours, communicating within inter and intra-professional personnel, building working relationships within a unit, learning how to work as a team, and building the confidence and preparation to ask question rather than guessing. These concepts were consistent with themes related to individual attributes, professional behavior, situational challenges and rewards, from a study with post-graduate students (N=142) enrolled in a university course to assist with TTP (Walton, Lindsay, Hales, & Rook, 2017). Although concepts varied slightly, PRS concepts were similar and included teaching about professional culture, developing personal ownership, learning how to communicate, and building peer relationships and teamwork. Walton and colleagues (2017) discussed a need for more exposure in nursing programs on topics that focused on professional composure and emotional resilience. These concepts were discussed within this sub-question

and were reflected upon when discussing the integration and education of these concepts according to faculty's roles and responsibilities.

SQ-2: What do nursing faculty perceive are their role and responsibilities for the integration and education of professional role socialization in nursing curriculum?

Faculty's roles and responsibilities were described from each participant's individual perception. Faculty wanted nursing students to understand the seriousness of the job including how to make changes occur as the profession changes. While the previous statement was simplistic and generic, according to Mariet (2016) "the ultimate goal of nursing education is to teach a student to think and act like a nurse" (p. 143). Participants equated their roles and responsibilities with how the faculty members would want to be cared for if the student were taking care of them in the future. Thus, the exact roles and responsibilities were left open to interpretation. In order to help shape the next generation of nurses, there was a need to be students' cheerleaders to help eliminate or minimize self-doubts and increase confidence. A qualitative study with 54 undergraduate nursing students illustrated the importance of nursing faculty creating an environment to promote learning, decrease tensions, and create a level of certainty for students (O'Mara et al., 2014). As stated previously, "clinical faculty cannot ensure that students never have negative experiences; however, they can facilitate students' capacities in reflection and to generate ideas for coping and transforming future situations" (O'Mara et al., 2014, p. 212). In addition, it was the faculty's roles and responsibilities to be positive about the profession, share stories with students, and yet remain realistic in order to shape students into professional roles they will be assuming upon their TTP. Walker et al. (2014) described clinical placement as the place was where students began to build their professional identity. Therefore, clinical faculty had many roles and responsibilities within the curriculum for integrating and educating about

PRS. This was done through different teaching strategies within the courses and clinicals the faculty taught.

SQ 3: What teaching strategies, if any, do nursing faculty perceive are necessary to utilize when educating about professional role socialization related to students' preparation for transition-to-practice? Teaching strategies for educating about PRS revolved around real-life or real-world scenarios. The real-life situations in nursing were quite the reality shock when students entered the professional field, thereby illustrating the need for teaching real-life scenarios (Adamack & Rush, 2014; Boychuk Duchsher, 2009; Dyess & Sherman, 2009; Horsburgh, 1989; Maben et al., 2006; Romyn et al., 2009; Schmalenberg & Kramer, 1979). The teaching strategies were used in the classroom and in clinical to help students experience issues and situations that may be encountered in professional practice. The situations and experiences alluded to by the participants were congruent with previous indications that the atmosphere created by faculty needed to be conducive for student learning and the development of their professional role (McNamara et al., 2012). Furthermore, Mellor and Greenhill (2014) described new nurses feeling underprepared, abandoned, and overwhelmed. Preparing students for issues and situations expected in practice may assist with eliminating those feelings through active support to guide new nurses' careers (Spector & Echternacht, 2010). Many of the teaching strategies began with role modeling of preceptors and mentors. The expected behaviors and attitudes that the students would need were discussed in a prior sub-question. Research findings suggested that role modeling was a positive attribute of mentors or preceptors in practice. Role models-increased self-confidence and competence when the mentoring was supportive and encouraging (Christiansen & Bell, 2010; Kaihlanen et al., 2013). If preceptors or mentors (role models) were difficult to approach or were not supportive, it created a negative impact on the

organizational and professional culture (Morales, 2014; Newton & McKenna, 2009; Penprase, 2012) and created a difficult adjustment for new nurses to connect theory to practice (including PRS).

Faculty members discussed the clinical skills or hands-on skills needed (e.g. assessments, simulations, discussion and reflections, and group work) to build confidence in students. The exact concepts of PRS were not identified nor congruent with the research. One of the inconsistencies was the relationship that was formed with the clinical faculty and hospital/institution staff. Relationship development concepts could be part of the positive environment and support provided in academia. Hickey (2009) explained educational weaknesses, according to experienced nurses, that included psychomotor skills, assessment skills, critical thinking, time management, communication, and teamwork. Most of these areas were addressed within this study; however, they were not always consistent across participants.

One of the areas the participants described as a necessary teaching strategy was simulation. In the literature, simulation was imperative to help students understand real-life environments to promote independence, readiness to practice, increased confidence, critical thinking, competence, and adaptation methods for socialization (Aguilera et al., 2015; Edwards et al., 2015; Houghton et al., 2012; Liaw et al., 2015; Newton & McKenna, 2007). Additionally, a randomized control trial (N=116) found that simulation improved communication competence (Walton et al., 2017): an important skill related to PRS.

Collaborative (group) work was relative to the amount of teamwork needed as a professional which gave students practice prior to gaining professional positions as nurses. Collaborative work was congruent with the literature related to communities of practice. For example, communities of practice were described as necessary to support the TTP through

cooperation and collaboration with others to reach a common goal (Edmonds-Cady & Sosulski, 2012; Gieselman et al., 2000). The skills, collaborative work and role modeling, allowed opportunities for in-depth discussions and reflections for critical thought about how things were done in practice or what could be done differently.

Even though faculty discussed the teaching strategies they currently used, this question provoked thought among faculty to assist or expand on the integration and education of PRS. Teaching strategies related to PRS were not specifically related to the concepts described previously. Part of the reasoning may be due to PRS concepts not being identified and being up to individual interpretations. That could lead to the question of whether faculty had clear definitions to describe the specific skills needed to assist with PRS. If faculty had a difficult time understanding what is involved, it would be reasonable to think that implementing teaching strategies would be inconsistently applied. Faculty reflected on the need to expand the "soft skills" related to PRS, yet faculty expressed this as being a difficult and broad topic that was not necessarily implemented consistently.

SQ-4: Where do nursing faculty perceive professional role socialization should be addressed in the curriculum, if at all, for students' preparation for transition-to-practice? Addressing PRS within the curriculum was non-specific regarding the timing of implementation. Faculty understood what topics were discussed within the specific courses they taught, but were unclear on what occurred in other courses or areas within the program. Assumptions varied with some who believed that PRS began in the first course while others believed that PRS was addressed in students' senior year. One study suggested the importance of discussing role transition early in the academic career (Spoelstra & Robbins, 2010). The inconsistencies of when or where PRS was addressed led to additional assumptions by faculty that there was not a

clear integration or educational process throughout nursing curricula. Faculty members had their own ideas of when the integration and education of PRS should or should not be addressed. Depending on the faculty's previous experiences and the curricula requirements PRS was based on what the faculty felt was important to teach at a particular time. Faculty's experiences and curriculum requirements assisted with the integration and education of PRS concepts, but the concepts varied and no standardized process was identified.

Interpretation with Theoretical Context

The variations in the integration and education of PRS within the pre-licensure BSN programs could be interpreted according to the theoretical concepts of Novice to Expert and Transition theories. According to Benner's stages, students were in the novice stage (Benner, 1982). This stage was described as learning the basic concepts for generalized nursing with specific inflexible rules and limited tasks (Benner, 2001). Within the inflexibility of rules and the task-oriented processes, it could be difficult to introduce abstract concepts of PRS at the beginning of pre-licensure programs. Due to the concrete thinking that students were doing in the beginning of their programs, it made sense to introduce more inflexible rules at that time. Teaching about the profession role including professional behaviors, work hours, accountability (e.g. being on time), and teamwork, as described by the participants in the study, seemed to be a poor fit for the beginning of pre-licensure-BSN programs.

For students in the novice stage, faculty had the responsibility of teaching about medical diseases and nursing processes that are required to pass the national competency exam (Clark & Springer, 2012; Hoffart et al., 2011; NCSBN, 2008). After passing the national competency exam, Benner (1982) identified the advanced beginner as the stage that new nurses began after graduating. The advanced beginner stage was not expected to work independently and was still

in need of assistance with priority setting and support (Benner, 2001). This reflected how the participants in the study described cheerleading as one way to give support to students as they learned how to organize their day and prioritize care. By supporting and assisting students with the prioritization of care, organization of the clinical day, and exposure real-life scenarios, faculty's teaching strategies appeared to be congruent with the stages of progression in Benners' theory. The PRS process was not clearly defined across curricula in this study. Instead, there were different skills and expectations based on faculty's perceptions and courses taught. The assumption was that PRS may be better addressed at the end of the curriculum to assist with TTP.

Transition Theory was utilized to assist with describing the transition process of change and the necessary facility and preceptor supports rather than for specific patient transitions (Im, 2010; Meleis et al., 2000). Transition Theory includes five vital "properties of transition experience[s]" (Im, 2010, p. 420). Awareness was described by participants as teaching about the culture of nursing. Specifically this included professionalism, communication with co-workers and patients, and the inclusion of real-life scenarios in teaching strategies. Engagement was interpreted to include working as a team and being active in campus events (e.g. the Student Nurses' Association). Actively participating, role modeling, and maintaining the ability to change based on the needs of the environment were described as important to the transition (Meleis et al., 2000). Change and difference was important to recognize in order to reduce students' reality shock (Adamack & Rush, 2014; Boychuk Duchsher, 2009; Dyess & Sherman, 2009; Horsburgh, 1989; Kramer, 1974; Maben, Latter, & Clark, 2006; Romyn et al., 2009; Schmalenberg & Kramer, 1979). Time span described the process that occurred with a specific ending point (Meleis et al., 2000). In this case, the specific end point was a student's graduation.

The process had a beginning and an end. Critical points and events were the turning points in transitions (Meleis et al., 2000). The critical points and events for this study could have occurred throughout the program or even in individual courses. Each of the points and events within students' academic careers could help with the fluctuating levels of awareness, engagement, and changes that occur during the TTP, but the students' abilities to anticipate the routine after graduating would be nearly impossible. Many of the critical points and events that were deemed significant to participants were included in their teaching strategies. These included professional role topics related to professional behavior, critical thinking, assessments, safety, social media, problem solving, communication, and assisting in guiding the students to be change agents. The exact topics and situations that were anticipated to occur during a new nurse's TTP may not be able to always be covered in the undergraduate programs, but a variety of topics and areas for discussion were revealed throughout the courses and programs.

Recommendations

Recommendations for education. Recommendations for education are important to discuss in order to utilize this study's results. Pre-licensure BSN programs should identify specific PRS concepts that could be required prior to graduation. In addition, the "Process for Integrating and Educating PRS in Pre-licensure Bachelor of Science in Nursing, According to Faculty Perceptions" (Figure 3) can be utilized to understand the current processes occurring. The guiding factors of curriculum should be identified. This includes curriculum requirements and faculty's previous experiences. It would be important for faculty and program directors to identify specific concepts (based on previous experiences and the literature) that PRS encompasses to ensure the courses and program progressions include PRS concepts. Identifying faculty's previous experiences can identify which faculty are best suited to facilitate student

learning of PRS concepts. The identified faculty can also help support other faculty's professional development for PRS teaching. Faculty should learn and understand which PRS topics should be addressed at various points in pre-licensure programs so scaffolding of topics can occur and continue throughout the program.

Once PRS topics are identified and previous experience is known, additional teaching strategies can be discovered in order for the education and implementation of PRS. This may clarify faculty roles and responsibilities regarding PRS. Once the role and responsibilities are understood, faculty behaviors, skills, and attitudes may be more congruent with the outcomes of the program and autonomous nursing practice (student outcomes). Educational representatives also must collaborate with nursing practice representatives in order to fully understand areas where new nurses struggle. This collaboration may assist in narrowing the gap between education and practice.

Recommendations for practice. Recommendations for practice should begin with the collaboration with education representatives. The collaboration can assist in bridging the academia-clinical practice gap, as discussed previously (Boychuk Duchsher, 2009; Heslop et al., 2001; Newton & McKenna, 2007; Romyn et al., 2009; Wolff et al., 2010). It is important for managers, leaders, and any registered nurses in practice to document the struggles new nurses experience when transitioning into practice, specifically related to PRS. Nurses in practice should also document the interventions that may have occurred to help resolve or improve the challenges. The documentation must be communicated to the educational institutions in order to assist with preparing nurses for the realities of practice. The collaboration cannot simply begin once the new nurses are in practice, but must begin prior to practice in academia. In the event

there are specific topics that could be introduced in academia, faculty need to know that information so it can be implemented and incorporated into the curriculum.

The current faculty's PRS process that was identified was based on the curriculum requirements and faculty's previous experiences. If faculty did not experience difficulty with specific current practices, then the topic may not be easily identified as a priority to teach nursing students. Knowledge gained from nurses in clinical practice should be shared with the academic world in order to assist with bridging the academia-clinical practice gap and improving PRS skills that begin in academia.

Recommendations for research. Research needs to continue regarding the integration and education of PRS in pre-licensure nursing students to determine if the conceptual model developed is an accurate representation of the faculty's PRS process for other nursing programs. Research should also include identifying the PRS skills that are needed and expected in practice. A comparison to content and expectations within academia is recommended. The comparison would assist in determining any gaps between education and practice. In addition, it is recommended to complete research including faculty representation from each level, year, and course that is available to assist with a more complete understanding of the faculty's PRS process. Furthermore, research should continue for new graduates' TTP including nurses in practice less than three years in to assist with the retention of nurses and understanding PRS as it progresses and continues throughout the formative first three years of a new graduate nurse's practice. The current study included two private colleges; whereas, it would be important to include private and public colleges' faculty within the nursing programs. Research should continue to include PRS topics in order to broaden the body of knowledge and its impact in academia and practice.

Implications

The implications of this study for academia and practice were the discovery of nursing faculty's perceptions of the integration and educational processes of PRS related to the preparation for students' TTP for pre-licensure-BSN programs. The grounded theory process assisted with understanding the potential gaps in knowledge and areas within programs where PRS was and was not being addressed within the curriculum. In addition, the study identified the variety of guiding factors of the curriculum. The study identified that faculty's previous experiences, along with the curriculum requirements, guided teaching strategies to implement PRS concepts. Faculty's roles and responsibilities resulted in various explanations for their behaviors, skills, and attitudes. These diverse explanations could ultimately lead to congruent and incongruent student outcomes for autonomous nursing practice. Identifying the consistencies and inconsistencies can help identify areas that could directly impact nursing students' experiences and knowledge for their TTP in nursing. More research is needed to thoroughly understand the faculty's PRS process and for transferability of these findings to other nursing programs. Specifically, the faculty's PRS process was identified within two nursing curricula according to nursing faculty's perceptions alone.

The model may assist those in practice, as well as those in academia, to understand how student outcomes and autonomous nursing practice are similar and different. Understanding the integration of PRS in nursing curricula (Figure 3) could guide discussions in practice and academia to improve student outcomes, nursing practice, and ultimately the TTP. Implications for practice and academia could be improved through utilization of the conceptual model to guide discussions to improve the TTP.

Limitations

This grounded theory research study had several limitations that may have affected the data obtained. One main limitation included the relatively small sample size with ten original participants and nine participants who completed the second set of interviews. The sample included only those teaching in nursing programs at two private institutions. Therefore, the data obtained may not be reflective of other private or public institutions or other nursing degrees. Additionally, participants' experiences were not limited to specific years of experience or level of education. The inclusion and exclusion criteria facilitated participant recruitment, but may have limited the rich data from participants who knew or understood the curriculum at the institution where they were employed. Asking participants to reflect upon their own TTP may have led to biased answers related to the integration and educational processes of PRS in preparation for students' TTP in PL-BSN programs. The potential for bias may have continued throughout both interviews; however, since all participants were of varying ages and experience levels, the commonalities of categories and data obtained may indicate the data collection process was truthful and reflective of the faculty members' processes.

Conclusion

The purpose of this grounded theory research study was to discover nursing faculty perceptions of the integration and education process of PRS, related to the preparation for TTP in nursing, with pre-licensure students in BSN programs in two private colleges in the Midwestern United States. In-depth interviews were completed with a constant comparison of data in a zigzag procedure for analysis (Figure 2). The relationship between the categories were found with a core phenomenon illustrated in the conceptual model developed (Figure 3). The conceptual model illustrates the integration and education process of PRS for students prior to

transitioning into professional practice. The knowledge gained may guide discussions in academia and practice, through collaborative efforts, to improve the TTP and autonomous nursing practice.

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Appendix A

Request Letter to Private Colleges

August 2016

To Whom It May Concern:

I am a doctoral student working on my Doctor of Education, with an emphasis in Health Professions Education, at the College of Saint Mary in Omaha, Nebraska. I am currently working on a research study, for my dissertation, entitled "Professional Role Socialization Integration and Education in Pre-Licensure Nursing Programs: Faculty Perceptions". The grounded theory research study is designed to discover nursing faculty perceptions of the integration and education process of professional role socialization, related to the preparation for transition-to-practice in nursing, with pre-licensure students in Bachelor of Science in Nursing programs.

I am interested in conducting research at your institution. I would like to interview nursing faculty who currently teach in the pre-licensure nursing program, with their consent and at their convenience. I will provide complete anonymity for the participants and the institution contributing to the proposed research. In addition, I will provide proof of approval from College of Saint Mary's Institutional Review Board. I am seeking approval from your institution.

I would like to request a meeting, at your convenience, to discuss the proposed study further. I can be reached at (402) 619-9536. I look forward to talking with you.

Sincerely,

Erin Donovan, MSN, RN

Appendix B

University IRB Approval

Faculty Review and Approval of Student IRB Applications

College of Saint Mary students whose research requires Institutional Review Board (IRB) approval must submit this form indicating faculty review and approval of the proposed research design.

Although the IRB is not responsible for assisting students with research design, it is responsible for the review of all research performed at CSM in order to ensure that professional, ethical, and legal standards concerning the use of human participants are being followed. The Standards are those in Title 45 Code of Federal Regulations, Part 46: Protection of Human Participants (45 CFR Part 46) and include the ethical principles of The Belmont Report. In order to approve research covered by this policy, the IRB shall determine that risks to subjects are minimized by using procedures which are consistent with sound research design and which do not unnecessarily expose subjects to risk.

In addition, risks to subjects, if any, must be reasonable in relation to anticipated benefits, and the importance of the knowledge that may reasonably be expected to result (46.111). The CSM Institutional Review Board will not approve research that is deemed more than minimal risk to participants and will not approve any research involving animals.

Research Design and IRB Application Approval by Faculty

Student's Name: Erin Carlene Donovan

Expected Starting Date of Research: April 2017

Degree Sought: Doctor of Education

Research Title: "Professional Role Socialization Integration and Education in Pre-Licensure Nursing Programs: Faculty Perceptions"

Level of Determination: ____Exempt Review __X_ Expedited Review ____Full Review

As research advisor, I have reviewed my student's IRB Application. I find that (check):

__ All required components are present in the following order—in a single document with page numbers (See Directions, Section 2):

a. _X_ Application – APA Style
b. _X_ References – APA Style
c. _X_ Level of Determination checklist (appropriate one for your study)

d. _X_ Consent form(s) on CSM letterhead or waiver of informed consent
e. _X_ Rights of Research Participants form(s)
f. _X_ Recruitment materials-flyers, e-mail invitations, letters, etc. (Section 5)
g. _X_ All data collection instruments (surveys, interview protocols, etc.)
h. _X_ Ethics certificate (See Section 7)
i. _X_ Faculty Review and Approval form

_X_ The research design conforms with discipline standards

_X_ The student is requesting the appropriate review for her/his research

_X_ The format of the IRB proposal is in accord with the CSM Application Guidebook

_X_ There are no substantial misspellings or other APA style errors that mar the work

_X_ The research project to be submitted to the IRB has my full support

Signed (Do not type; please use electronic signature or sign a hard copy and scan so this can be sent electronically):

20

X The format of the IRB proposal is in accord with the CSM Application Guidebook
X There are no substantial misspellings or other APA style errors that mar the work
X The research project to be submitted to the IRB has my full support

Signed (Do not type; please use electronic signature or sign a hard copy and scan so this can be sent electronically):

Dr. Kari Wade — Research Advisor

02/28/17 — Date

Appendix C

Participant Recruitment Letter

Date: 04/27/2017

PROFESSIONAL ROLE SOCIALIZATION INTEGRATION AND EDUCATION IN PRE-LICENSURE NURSING PROGRAMS: FACULTY PERCEPTIONS

IRB # CSM 1701

Dear Nursing Faculty,

You are invited to take part in a research study because you are a full-time nursing faculty member in a Pre-Licensure Bachelor of Science in Nursing program. The purpose of this study is to discover nursing faculty perceptions of the integration and education process of professional role socialization, related to the preparation for transition-to-practice in nursing, with pre-licensure students in Bachelor of Science in Nursing programs. This research study is being conducted as part of the requirements of my Doctor of Education program at College of Saint Mary.

You may receive no direct benefit from participating in this study, but the information gained will be helpful to provide insight into understanding the process of integrating and educating professional role socialization to nursing students for the preparation of transitioning into professional nursing practice and assist with areas needed for future research.

Should you decide to participate you are being asked to complete the following on-line demographic survey which should take approximately five to ten minutes to complete. After completion of the demographic survey, you will be asked to provide information to set up a face-to-face interview at a time and place of your convenience. There will be two interviews. Interviews will involve answering five to eight questions about professional role socialization and will last approximately 45-90 minutes. The second interview will take place approximately one to two months after the first interview. In addition, you will be asked to answer, in-depth, one final question, by e-mail, in the form of a personal letter. The entire research study is expected to last at least six months.

Your participation is strictly voluntary. Furthermore, your response or decision not to respond will not affect your relationship with College of Saint Mary or any other entity. Please note that your responses will be used for research purposes only and will be strictly confidential. No one at College of Saint Mary, or any other entity, will ever associate your individual responses with your name or e-mail address. The information from this study may be published in journals and presented at professional meetings.

Your response to this e-mail will only indicate that you are interested in participating in this study. Your official consent will be given at the time of the interview by written consent and will indicate your informed consent to participate in the study. You may withdraw at any time by informing the researcher. This study does not cost the participant in any way, except the time spent completing the interviews and the personal letter. There is no compensation or known risk associated with participation.

Please read *The Rights of Research Participants* below. If you have questions about your rights as a research participant, you may contact the College of Saint Mary Institutional Review Board, 7000 Mercy Road, Omaha, NE 68144 (402-399-2400).

Thank you sincerely for participating in this important research study. If you have comments, problems or questions about the survey, please contact the researcher(s).

Sincerely,

Erin C. Donovan

(402) 619-9536

edonovan21@csm.edu

Appendix D

Second Request Letter

September 2016

Professional Role Socialization Integration and Education in Pre-Licensure Nursing Programs: Faculty Perceptions

IRB # CSM 1701

Dear Nursing Faculty,

Previously you received a request, by e-mail, to participate in a research study to discover nursing faculty perceptions of the integration and education process of professional role socialization, related to the preparation for transition-to-practice in nursing, with pre-licensure students in Bachelor of Science in Nursing programs. Your input would be extremely beneficial to the study as a faculty member who teaches in the pre-licensure nursing program. I understand you are very busy and your time is valuable. Your participation will take 45-90 minutes of your time, a couple of times, spread out over several months, and will be scheduled at your convenience. In addition, the location of your interview will be at a location of convenience to you.

I hope you will consider being a part of this study.

Thank you,

Erin C. Donovan, MSN, RN
Edonovan21@csm.edu
(402) 619-9536

Appendix E

Participant Informed Consent Form

IRB#: CSM 1701 Approval Date: March 27, 2017
Expiration Date: April 30, 2018

PROFESSIONAL ROLE SOCIALIZATION INTEGRATION AND EDUCATION IN PRE-LICENSURE NURSING PROGRAMS: FACULTY PERCEPTIONS

You are invited to take part in this research study. The information in this form is meant to help you decide whether or not to take part. If you have any questions, please ask.

Why are you being asked to be in this research study?

You are being asked to participate in this study because you are a full-time nursing faculty member teaching in a Pre-Licensure Bachelor of Science in Nursing program.

What is the reason for doing this research study?

Professional role socialization, even almost 50 years ago, was noted as a significant phase for student nurses as they transitioned from practical skills to relationships within the hospital milieu while struggling to attain professional identification and acceptance within a specified culture (Clark, 2003; Edens, 1987; Melrose, Miller, Gordon, & Janzen, 2012; Mooney, 2007; Lai & Lim, 2012; Simpson, 1967; Zarshenas, Sharif, Molazem, Khayyer, Zare, & Ebadi, 2014). The purpose of this grounded theory research study is to discover nursing faculty perceptions of the integration and education of professional role socialization, related to the preparation for transition-to-practice in nursing, with pre-licensure students in Bachelor of Science in Nursing programs. The study will seek to develop a theory or framework as a guide for the integration and education of professional role socialization to nursing students prior to transitioning into professional practice.

Participant Initials _____

ADULT Consent Form - PAGE TWO

What will be done during this research study?

At first, participants will be asked background information through a short online demographic survey. Once the survey is completed, a face-to-face interview will be scheduled at a location and time that is convenient for the participant. Interviews will be audio-recorded for analysis at a later date. Participants will be asked to elaborate on 5-7 questions related to professional role socialization. A 2nd interview will be used to clarify concepts gained from the initial interviews. Additionally, participants will be asked to write a personal letter answering one question after the 2nd interview. The personal letter will be e-mailed back to the researcher.

What are the possible risks of being in this research study?

There are no known risks to you from being in this research study.

What are the possible benefits to you?

You are not expected to get any direct benefit from being in this research study.

What are the possible benefits to other people?

Participants' perceptions have the potential to provide insight into understanding the process of integrating and educating professional role socialization to nursing students for the preparation of transitioning into professional nursing practice and assisting with areas needed for future research.

What are the alternatives to being in this research study?

Instead of being in this research study, you can choose not to participate.

What will being in this research study cost you?

There is no cost to you to be in this research study.

Will you be paid for being in this research study?

You will not be paid or compensated for being in this research study.

What should you do if you have a concern during this research study?

Your well-being is the major focus of every member of the research team. If you have a concern as a direct result of being in this study, you should immediately contact one of the people listed at the end of this consent form.

Participant Initials _____

ADULT Consent Form - PAGE THREE

How will information about you be protected?

Reasonable steps will be taken to protect your privacy and the confidentiality of your study data. Your name, position, and college affiliation will not be associated with any information you provide. You will be identified on the audio-recorded interview, interview notes, and personal letter by code number.

The only persons who will have access to your research records are the study personnel, the Institutional Review Board (IRB), and any other person or agency required by law. The information from this study may be published in scientific journals or presented at scientific meetings but your identity will be kept strictly confidential.

What are your rights as a research participant?

You have rights as a research participant. These rights have been explained in this consent form and in *The Rights of Research Participants* that you have been given. If you have any questions concerning your rights, talk to the investigator or call the Institutional Review Board (IRB), telephone (402) 399-2400.

What will happen if you decide not to be in this research study or decide to stop participating once you start? *Use the following standard clause:*

You can decide not to be in this research study, or you can stop being in this research study ("withdraw") at any time before, during, or after the research begins. Deciding not to be in this research study or deciding to withdraw will not affect your relationship with the investigator, College of Saint Mary, Bryan College of Nursing, or Nebraska Wesleyan University.

If the research team gets any new information during this research study that may affect whether you would want to continue being in the study, you will be informed promptly.

Participant Initials _____

ADULT Consent Form - PAGE FOUR

Documentation of informed consent.

You are freely making a decision whether to be in this research study. Signing this form means that (1) you have read and understood this consent form, (2) you have had the consent form explained to you, (3) you have had your questions answered and (4) you have decided to be in the research study.

If you have any questions during the study, you should talk to one of the investigators listed below. You will be given a copy of this consent form to keep.

If you are 19 years of age or older and agree with the above, please sign below. *Use the following standard clause:*

Signature of Participant:	Date:	Time:

My signature certifies that all the elements of informed consent described on this consent form have been explained fully to the participant. In my judgment, the participant possesses the legal capacity to give informed consent to participate in this research and is voluntarily and knowingly giving informed consent to participate.

Signature of Investigator:	Date:

Authorized Study Personnel. Identify all personnel authorized to document consent as listed in the IRB Application. Use the following subheadings: Principal Investigator, Secondary Investigator(s), and Participating Personnel. Include day phone numbers for all listed individuals.

Principal Investigator: Erin C. Donovan, MSN, RN Phone: (402) 619-9536

Participant Initials _____

Appendix F

The Rights of Research Participants

The Rights of Research participants*

AS A RESEARCH PARTICIPANT AT COLLEGE OF SAINT MARY

YOU HAVE THE RIGHT:

1. TO BE TOLD EVERYTHING YOU NEED TO KNOW ABOUT THE RESEARCH BEFORE YOU ARE ASKED TO DECIDE WHETHER OR NOT TO TAKE PART IN THE RESEARCH STUDY. The research will be explained to you in a way that assures you understand enough to decide whether or not to take part.

2. TO FREELY DECIDE WHETHER OR NOT TO TAKE PART IN THE RESEARCH.

3. TO DECIDE NOT TO BE IN THE RESEARCH, OR TO STOP PARTICIPATING IN THE RESEARCH AT ANY TIME. This will not affect your relationship with the investigator or College of Saint Mary.

4. TO ASK QUESTIONS ABOUT THE RESEARCH AT ANY TIME. The investigator will answer your questions honestly and completely.

5. TO KNOW THAT YOUR SAFETY AND WELFARE WILL ALWAYS COME FIRST. The investigator will display the highest possible degree of skill and care throughout this research. Any risks or discomforts will be minimized as much as possible.

6. TO PRIVACY AND CONFIDENTIALITY. The investigator will treat information about you carefully and will respect your privacy.

7. TO KEEP ALL THE LEGAL RIGHTS THAT YOU HAVE NOW. You are not giving up any of your legal rights by taking part in this research study.

8. TO BE TREATED WITH DIGNITY AND RESPECT AT ALL TIMES.

THE INSTITUTIONAL REVIEW BOARD IS RESPONSIBLE FOR ASSURING THAT YOUR RIGHTS AND WELFARE ARE PROTECTED. IF YOU HAVE ANY QUESTIONS ABOUT YOUR RIGHTS, CONTACT THE

INSTITUTIONAL REVIEW BOARD CHAIR AT (402) 399-2400. *ADAPTED FROM THE UNIVERSITY OF NEBRASKA MEDICAL CENTER, IRB WITH PERMISSION.

Appendix G

Demographic Form for Participants

Welcome Nursing Faculty Member:

Thank you for agreeing to participate in this research study with your valuable input. Please do not write your name on this form. The information obtained on this form will allow for an accurate description of participants.

For the following items, please select *one* response that closely describes you.

Gender: Female_____Male_____

Age: 25-35yrs_____36-45_____46-55_____56-65_____65+_____

Ethnicity:

Asian or Pacific Islander_____ Asian Indian_____

Black/African American (non-Hispanic)_____ Caucasian/White_____

Native American_____ Latino/Hispanic_____ Puerto Rican_____

More than one race (specify)_____

Do you currently teach in a Pre-licensure Bachelor of Science in Nursing Program?

Yes_____ No_____

Years teaching in higher education:

1-3 years_____4-6 years_____6-10 years_____10+ years_____

Degree(s) held (Select all that apply)

BSN/MSN_____ Ed.D._____ Ph.D._____ DNP_____

Appendix H

Interview Guide Part I

1. Tell me what you perceive professional role socialization to include, related to students' preparation for transition-to-practice. Define transition-to-practice.
2. I would like to know more about the influences or conditions that assisted in your professional role socialization originally when you transitioned into practice as a new nurse.
3. Describe how this affects you currently for your role and responsibilities in the nursing curriculum related to the integration and education of professional role socialization related to the preparation for transition-to-practice.

Appendix I

Interview Guide Part II

1. Script:

   Thank you for spending part of your day with me for the 2nd interview. In the first interview we talked about your perceptions of professional role socialization related to the preparation of transition-to-practice and defined transition-to-practice, we talked about the influences and conditions that assisted you with professional role socialization when you originally transitioned into practice, and we closed with your current role and responsibilities for integrating and education of professional role socialization for student's preparation for transition-to-practice. Before we begin with the final questions, I will give you a definition of professional role socialization. It is the process of learning and gaining internal and external acceptance towards professional identity through behavioral and attitudinal skills, knowledge, interests, values, and patterns related to professional nursing practice (Edens, 1987; Lai & Lim, 2012; Weidman, Twale, & Stein, 2001; Zarshenas et al., 2014). I would like you to think about that definition as we continue through today's set of questions.

   1. Describe what teaching strategies you perceive are necessary to utilize when educating about professional role socialization related to preparing students for transition-to-practice.
   2. Tell me about your specific teaching strategies to assist with student learning about professional role socialization.
   3. Describe your perceptions of when professional role socialization, related to when students transition-to-practice, is integrated within the nursing curriculum.

4. Describe your perceptions of the integration and education process of professional role socialization, related to the preparation for transition-to-practice, for students in your Pre-licensure Bachelor of Science in Nursing program.

Appendix J

Interview Notes Blank Form

Interviewee ID	
Name of Researcher	
Interview Date/Time	
Interview Location	
Interview #	
Interview Recorded	__Yes (Interview Record ID)_____ __Yes (Interview Record ID, but partially, (explain why) __No
Any other comments	

Researcher Interview Notes: *(Write notes below)*

Appendix K

“Protecting Human Research Participants” Certificate

Certificate of Completion

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

Date of completion: 07/05/2016.

Certification Number: 2107309.

Appendix L

Author Permission Figure 2

RE: Seeking permission to use Figure 1

Cho, Ji Young [jcho4@kent.edu]

Sent: Saturday, July 09, 2016 11:54 PM

To: Donovan, Erin

Cc: leestellaeun@gmail.com

Dear Erin,

Yes you are welcomed to use with proper citation.

Thanks for interest in our paper.

Best wishes.

-------- Original message --------

From: "Donovan, Erin" <EDonovan21@CSM.edu>

Date: 7/10/2016 5:51 AM (GMT+09:00)

To: "Cho, Ji Young" <jcho4@kent.edu>

Cc: leestellaeun@gmail.com

Subject: Seeking permission to use Figure 1

Dear Ji Young Cho and Eun-Hee Lee,

My name is Erin Donovan. I am a Doctoral student at College of Saint Mary in Omaha, Nebraska. I am currently working on my research proposal and the dissertation process for my Doctorate in Education degree. I have had exposure to basic research designs but I was looking for something to specifically help me understand grounded theory research more thoroughly. In the process, I found your article "Reducing Confusion about Grounded Theory and Qualitative Content Analysis: Similarities and Differences". I want to personally thank you for writing this article. It has already helped increase my level of understanding as I apply this research design. I especially liked Figure 1 (Data analysis procedure of grounded theory method); it illustrates very simply the process of grounded theory. I would like to ask for permission to use the figure in my own dissertation.

Thank you in advance for your prompt response and for writing this easy to read and understandable article, with the visual representations. As you stated in your article, the difference between qualitative and grounded theory

are not always clear in the literature. However, your article assisted in clarity. I believe, Figure 1 will help enhance my dissertation and provide clarity of data analysis, with the utilization of your visual representation.

Again, thank you. Best wishes to you both and God Bless!

Sincerely,
Erin Donovan

Erin Donovan, EdD(c), MSN, RN
402-619-9536 (cell)

Appendix M

Permission for Research

NEBRASKA WESLEYAN UNIVERSITY

Erin Donovan, MSN, RN, EdD (c)
January 31, 2017

Dear Ms. Donovan:

Based on my review of your research proposal, I give permission for you to recruit participants to conduct the study entitled *Professional Role Socialization Integration and Education in Pre-Licensure Nursing Programs: Faculty Perceptions* within the Nursing Program of Nebraska Wesleyan University. As part of this study, I authorize you to invite pre-licensure BSN faculty to participate in the study as research subjects/participants. Their participation will be voluntary and at their own discretion. We reserve the right to withdraw from the study at any time if our circumstances change.

I understand that the data collected will remain entirely confidential and may not be provided to anyone outside of the research team and the College of St. Mary without permission from the Nebraska Wesleyan University IRB. If the study is submitted for journal publication, the participants' identity as well as the identity of Nebraska Wesleyan University will be kept confidential and/or reported as aggregate data.

Best wishes as you undertake this important project.

Sincerely,

Linda Hardy RN, PhD

Linda Hardy, PhD, RN, CNE, CTN-A

Associate Professor and Assistant Dean for Nursing

Office: 402-465-2416; E-mail: lhardy@nebrwesleyan.edu

COLLEGE OF SAINT MARY

March 23rd, 2017

To Whom It May Concern:

This letter serves as my approval for Erin Donovan (doctoral student) to conduct her research "Professional Role Socialization Integration and Education in Pre-Licensure Nursing Programs: Faculty Perceptions," within the Division of Health Professions at the College of Saint Mary. Potential study participants will be nursing faculty currently teaching in the pre-licensure BSN program, whom I believe are appropriate to her study. If you need any additional information, please do not hesitate to contact me.

Kathleen Zajic EdD, MSN, RN
Associate Dean and Professor of Nursing
College of Saint Mary
7000 Mercy Road
Omaha, NE 68106
402-399-2638
kzajic@csm.edu