JONA
Volume 38, Number 7/8, pp 341-348

THE JOURNAL OF NURSING ADMINISTRATION

The Graduate Nurse Experience

Qualitative Residency Program Outcomes

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Graduate nurses experience role conflict and stress as they begin practice in work environments of high complexity, nurse shortages, and expectations to become competent rapidly. The authors report outcomes from a study that evaluated qualitative responses to the Casey-Fink Graduate Nurse Experience Survey administered to graduate nurse residents in the University HealthSystem Consortium/American Association of Colleges of Nursing postbaccalaureate nurse residency program at 12 academic hospital sites. Qualitative analysis provided sufficient evidence to convert specific open-ended questions on the Casey-Fink Graduate Nurse Experience Survey instrument to a quantitative format for ease of administration and analysis.

The transition of graduate nurses from an educational program into the professional practice setting is a long-standing issue and is widely recognized as a period of stress, role adjustment, and reality shock.[1-5] The turnover of graduate nurses as a result of these transitional stresses ranges from 20% to more than 40%, resulting in a personal impact on the graduate nurse and a financial loss for acute care hospitals estimated at $40,000 per graduate nurse who leaves in the first year of practice.[6-9] In this period of significant nursing shortages, developing structured evidence-based residency programs to provide sustained developmental support to graduate nurses is critical for the retention and satisfaction of nurses new to the profession. The experiences of the graduate nurse provide a window into the developmental needs, with both quantitative and qualitative data yielding insights into how graduate nurses perceive their competency, their confidence, and the factors that contribute in strengthening or undermining successful role functioning.

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Funding Source: Qualitative data analysis for this study was funded by a Robert Wood Johnson grant awarded to the American Association of Colleges of Nursing.

Background

One instrument designed to generate data on the experiences of graduate nurses is the Casey-Fink Graduate Nurse Experience Survey. The original research that tested this author-developed instrument studied 270 graduate nurses in 6 metropolitan Denver hospital sites at baseline, 3, 6, and 12 months. It was discovered that graduate nurses experienced high levels of stress during their first 6 months of employment that later declined between 9 and 12 months. These stressors included personal and financial issues; work environment frustrations related primarily to workload; ambivalence associated with the desire to be independent yet still feeling short of confidence in skills and critical thinking to achieve this; and inconsistent support from preceptors, managers, and educators. Graduate nurses also identified a lack of confidence in communicating with physicians, managing and prioritizing patient care needs, caring for dying patients, and delegating to ancillary personnel. An overall lack of comfort and confidence with specific procedures was prevalent and continued after a year's experience.[4]

The Casey-Fink Graduate Nurse Experience Survey was adopted as part of the program of

evaluation by the University HealthSystem Consortium (UHC)/American Association of Colleges of Nursing (AACN) postbaccalaureate graduate nurse residency program,[10-13] generating data since 2002. To date, more than 5,000 graduate nurses enrolled in the UHC/AACN residency program at 37 academic hospital sites have taken the Casey-Fink Graduate Nurse Experience Survey, with documented outcomes that consistently reflect those of the original study. The survey instrument's Cronbach coefficient α is .89 after repeated measures (reliability of the instrument was based on responses of sample respondents measured on several occasions; respondents were not independent of each other). Whereas quantitative data outcomes have been reported,[14] qualitative data have not been analyzed. This article will report on the qualitative data outcomes from the instrument's open-ended questions using the first 2 cohort groups from the UHC/AACN postbaccalaureate residency program.

Purposes of the Study

There were 2 intents for this study:

1. to analyze the qualitative voices of the resident respondents to determine if their comments could further enrich the quantitative data and
2. to determine if analysis of the themes mined from the qualitative data could be used to convert the open-ended questions on the Casey-Fink Graduate Nurse Experience Survey into quantitative questions for ease of test administration and analytic procedures.

Methods

The investigators used data previously collected by survey methods from graduate nurse respondents on their answers to the questions in the Casey-Fink Graduate Nurse Experience Survey; they are residents in the first 12 academic hospital sites in the UHC/AACN postbaccalaureate residency program. The participants took the survey over 3 timed data periods during the first year of transition into practice: on hire, 6 months, and 12 months on completion of the 1-year program. The research was approved by the appropriate institutional review boards. The survey instrument consists of 5 sections: demographic information, skills/procedure performance (3 open-ended questions), comfort/confidence (25 Likert-type items), job satisfaction (9 Likert-type items), and a series of 5 open-ended questions, which permitted the graduate nurse residents to voice their personal experiences about work environment and role transition. The responses to these qualitative items were the focus of this research.

Sample and Data Collection Procedures

The convenience sample consisted of 1,058 graduate nurse residents hired between May 2002 and September 2003 and had fully completed the one year residency program. Participants' data for this study were obtained through the UHC's online confidential residency program evaluation database. Participant anonymity is assured through coding; there is no access to individual resident responses. Graduate nurse residents at all sites were asked to voluntarily complete multiple online surveys, including the Casey-Fink Graduate Nurse Experience instrument. Of the 1,058 total respondents, 434 completed the surveys for all 3 periods, for a response rate of 41%. One academic hospital site was eliminated from this data analysis because of limited survey completion.

Qualitative Data Analysis Procedures

Qualitative data analysis increases the comprehensiveness of a study by providing derived richness, detail in description, explanation, or a more complete understanding of a phenomenon, which is complementary to the quantitative findings.[15] Verbatim comments of graduate nurse residents were categorized by site and period. Key words from respondent narratives were independently identified by 2 investigators (first author [R.F.] and research assistant [B.L.]). Each comment was coded, entered, and tallied into an Excel file by question. Some respondents had more than 1 comment; other respondents had no comments at all. The investigators compared findings, identified cover terms and the common themes across institutions and periods, and validated findings with a team of independent investigators (coauthors M.K., K.C., C.G.). The total number of separate qualitative comments analyzed over the 3 timed data periods was 5,320.

Results

Demographics

The average respondent was a 26-year-old Caucasian woman who held a bachelor of science in nursing degree, as per requirement of the UHC/AACN residency program. Of the resident sample, 90% held a grade point average of 3.0 or higher, and most had previous healthcare experience as unlicensed clinical providers such as nursing assistant. Graduate

nurse residents practiced in a wide variety of clinical areas including critical care, medical/surgical, and specialty services such as oncology, psychiatry, rehabilitation, and women's services. There were no statistical differences in demographic outcomes related to numbers of preceptors, length of orientation, working in the health field before becoming a graduate nurse resident, or area of clinical practice.

Skills/Procedure Performance

Residents were asked to self-identify (by writing) the top 3 skills and procedures that they were uncomfortable of performing independently. None of the respondents believed that they were independent in all skills at baseline. Only 10% of the sample believed that they were independent in performing all skills at 6 months, and only 7% answered the same at 12 months. Most respondents identified greater than 100 different skills/procedures that they were uncomfortable of performing at 12 months. The top 12 skills reported to be most challenging over time are listed in Table 1. It is important to note that that even at 1 year of practice, many skills were repeatedly identified as problematic over time, and others such as giving code response, providing tracheostomy care, and caring for patients at the end of life became more challenging over time. One explanation for these concerns may be the graduate nurses' reliance on the preceptor for assistance with skills and procedures early in their orientation program. As residents move into an independent role, they face the management of increasingly complex patient care situations.

Stressors

The original research results indicated that graduate nurses experienced high personal stress during the first 6 months of transition into practice. In this study, 24% of respondents reported being stressed at baseline, 11% were stressed at 6 months, and 18% were stressed at 12 months. The 3 top stressors during the first 6 months of practice in order of importance included preparing and waiting for the results of National Council Licensure Examination, moving away from home to a more independent lifestyle or out of state, and adjusting to the expectations on the work environment and new registered nurse (RN) role. During the second 6 months of practice, having family responsibilities, becoming newly married and/or pregnant, acquiring a new house or apartment, and entering graduate school were identified as most stressful. Although these types of stressors are not unexpected, their identification gives the management insights into how graduate nurse personal issues can add to work-related stressors, potentially impacting role functioning.

Table 1. *Top 12 Skills/Procedures That Cause Discomfort in Graduate Nurse Residents (N = 434)*

Time 1 (Baseline)		Time 2 (6 Mo)		Time 3 (12 Mo)	
Skill	N	Skill	N	Skill	N
1. IV starts	156	1. IV starts	121	1. Code/emergency response	94
2. Blood draws/venipuncture	58	2. Code/emergency response	76	2. IV starts	82
3. Assessment skills	50	3. Arterial/venous/Swan-Ganz	50	3. Trach/suctioning care	57
4. Trach suctioning and care	49	4. Trach/suctioning care	46	4. Acting as charge	41
5. Dubhoff/NG tube placement	47	5. Dubhoff/NG placement	32	5. Venous/arterial/Swan-Ganz lines	40
6. Arterial/venous lines/Swan-Ganz	41	6. Catheter insertion	27	6. Death/dying/end-of-life care	38
6. Charting/documentation	41	7. Death/dying/end-of-life care	26	7. Dubhoff/NG tube placement	32
6. Code/emergency response	41	8. Assessment skills	25	8. EKG/telemonitoring and interpretation	25
7. Chest tube/pleurovac care	38	9. Chest tube/pleurovac care	24	9. IV drips/meds/insulin/heparin	25
8. Administering blood products	36	10. Care/assessment/unstable	19	10. Care of unstable, high-risk/complex patient	23
8. Prioritizing time management	36	10. EKG/telemetry interpretation	19	11. Vent care management	22
9. Catheter insertion/care	32	11. Administering blood products	17	12. External pacemakers, ventricular assistive devices, pacing and epicardial	21
10. EKG/telemetry interpretation	31	11. Assisting with airway procedures/trach			
11. Administering IV medications	28	11. Circulating in operating room/scrubbing in			
12. IV drips (insulin/heparin)	26	12. Medication administration			
12. Physician communication	26				
12. Wound/dressing change	26				

Abbreviations: EKG, electrocardiogram; IV, intravenous; NG, nasogastric.

Role Transition Difficulties

In response to the question on "what difficulties, if any, are you experiencing with the transition from the 'student role' to the 'RN role,'" 8% of the respondents reported no transition difficulties at baseline, 28% had none at 6 months, and 58% reported none at 12 months. Therefore, 42% of the graduate nurse sample still perceived having transition difficulties at 1 year after being hired. For those graduate nurses who experienced transition difficulties, 5 overall themes were consistently identified across all institutions and all periods. Figure 1 shows a list of these in order of respondent frequency, with the subcategories of role changes, lack of confidence, workload, fears, and orientation issues. Comments by residents included concerns about "feeling alone and overwhelmed" and being "nervous about being the one who is ultimately responsible for my patients." The graduate nurse residents desired to be "respected by more experienced nurses" and found it difficult to "ask nursing assistants who I used to work with to perform tasks for me."

All of these role changes did improve as the first year progressed, but being placed in charge nurse or preceptor roles prematurely added to their stress, particularly if this occurred between 6 and 12 months of the residency program. Concerns related to communication skills surfaced, as shown by a typical comment as follows: "I need to work on my communication and assertiveness with physicians." Many graduate nurse residents expressed feeling overwhelmed with the workload and "nurse to patient ratios." Those commenting verbalized that they felt a lack of organization and prioritization skills, a key barrier to optimal performance in their new role. Graduates described having difficulty in determining a "routine of their own" to make things run smoothly, and they further stated the following: "being disorganized," "not efficient," "too task-focused," "not being able to find time to chart," and "I am worried about not 'catching' some sort of sign that my patient is in danger, also feeling that I am not sure the physician orders are correct." They were concerned with the amount of time it took to complete their patient care assignment and described having difficulty leaving work "on time."

As time progressed, skills in time management and prioritization of patient needs became more proficient; however, they experienced more difficult assignments without the support of a preceptor and wished for an easier transition to increased workloads. These comments reflect the classic advanced beginner characteristics described by Benner's[16] seminal work, Kramer's[1] study on "reality shock," and in Halfer and Graf's[5] more recent qualitative results. During orientation, graduates experienced both excellent and less than supportive preceptors, but comments were generally positive.

Support and Integration Into the Unit

When asked what could be done to help residents feel more supported or integrated into the unit, 24% of respondents at baseline, 34% at 6 months,

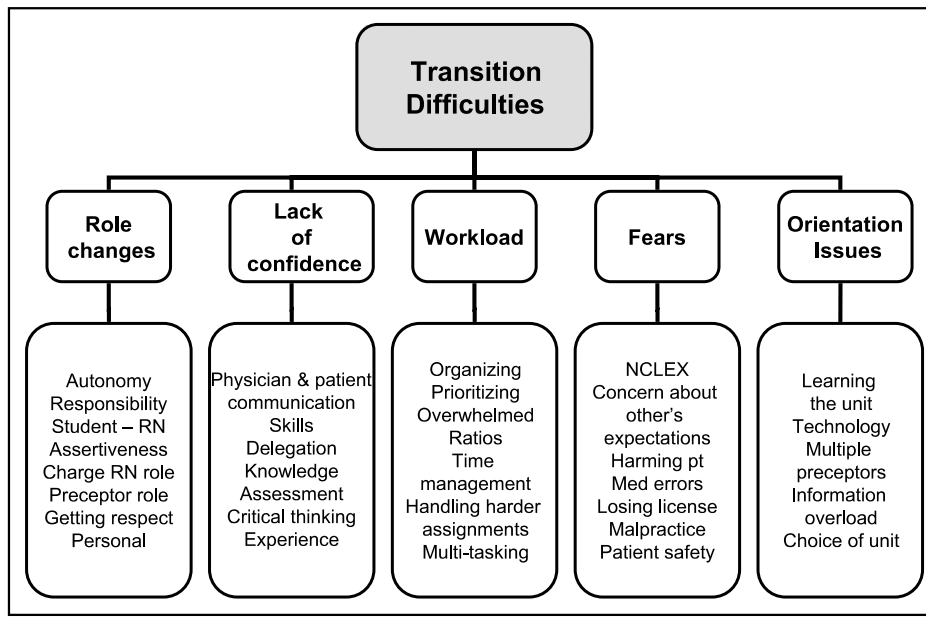

Figure 1. Graduate nurse resident role transition difficulties. NCLEX indicates National Council Licensure Examination; RN, registered nurse.

and 43% at 12 months expressed positive comments, stating that they already felt supported. Figure 2 outlines the types of support and integration that graduate nurses perceived could have improved their transition. Over the 3 timed data periods in the first year of practice, nurse manager support and feedback was identified as one of the top 3 ways in which their transition into practice could have been facilitated, reinforcing the findings of the research into the nurse manager role conducted by Kramer et al[17] and approaches taken by Smith.[18] Some voiced out that "it would be nice for the manager to give the graduate nurse a call between the time of hire and first orientation date which would make me feel more connected to the unit." Many said that they would like to have more feedback, a sense of belongingness, and connection with their manager.

During orientation, some residents stated that having a consistent preceptor would have been helpful, as well as having increased unit skills practice, patient case discussions, and more coaching to improve time management. Postorientation residents identified that it would have been helpful to be assigned a mentor or resource person to answer ongoing questions. The UHC/AACN residency program quantitative data[14] report that resident job satisfaction and other measures dip at 6 months, congruent with these qualitative findings. This period seems critical for graduate nurses as they progress in the transition process.

Providing a resource person or mentor, a "safe" person they can go to for continued questions and issues, could provide a patient safety link between the preceptor and being "alone" on the job after orientation. This strategy is essential to connect knowledge development, enhanced resident self-esteem and confidence, preparation for leadership roles, and professional job satisfaction, thus strengthening the profession.[19] The UHC/AACN program has developed the role of a resident facilitator, who works with residents to examine case studies and solve problems on practice issues. The role could potentially expand to act more purposefully as a patient safety net and provide skill and knowledge development, dependent on how the role is structured across the 37 sites.

The graduate nurse resident respondents, when describing the work environment support, identified additional areas where they could gain further growth. One area was the need to develop skills and confidence when directing assistive personnel. One graduate said, "it gets so complicated getting help I just do it myself." Graduates also expressed desire for a stronger sense of belongingness to their work group. Graduates wanted to feel a part of the unit culture, as evidenced by such comments as follows: "It would have been neat to feel a part of the team from the very beginning" and "I don't like being called the new grad, even months after I am fully oriented and taking a patient load." A simple suggestion, "having a bulletin board with pictures of everyone on the unit would have helped me become more familiar with the people I work with," serves as another example of how graduates want to be more comfortable on the team. This strong need

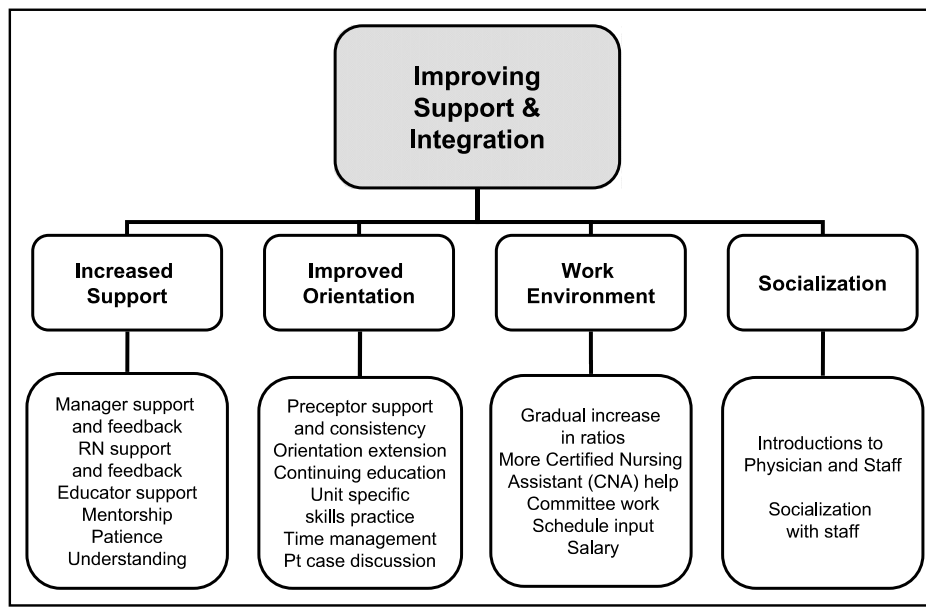

Figure 2. Improving graduate nurse resident support and integration.

for socialization echoes the findings of Winter-Collins and McDaniel's[20] qualitative research on graduate nurses, Newhouse and colleagues'[21] study on residency program, and Schoessler and Waldo's[22] results identified in their work outlining a transition model.

Work Environment Satisfiers

In response to open-ended questions on aspects of the work environment that are most and least satisfying, many themes were identified. The top 3 most satisfying aspects of graduate nurse residents' work environment included as follows: support, camaraderie, and caring for patients (Figure 3). Staff support, teamwork, and sense of belongingness with peers were described by many graduate residents, findings similar to Kovner and colleagues'[23] study on newly licensed RNs. Graduates expressed satisfaction with patient/family interactions, enjoying "listening to patient stories" and experiencing their role as a therapeutic agent by voicing as follows: "when I interact with patients, I feel connected with our meaning as human beings" and "I know that my hard work is making a difference in critical points in patients' lives." Graduate resident respondents expressed high satisfaction with their chosen career as follows: "I enjoy the excitement and challenge;" "I love the autonomy and collaboration in my practice;" "I love my hours, the unit, my coworkers, the pay, and the opportunity to pick up extra shifts for overtime;" and "I love my job." One graduate summed it all up as follows: "Knowing that a patient and family appreciate what you are doing for them, completing the assignment and workload on time, providing good patient care and getting positive feedback. That's what nursing is about." It is interesting to note that autonomy was listed by some graduate nurse resident respondents as both a satisfier and an anxiety or challenge when transitioning from the graduate nurse to professional nurse role. This is a normal phenomenon that may be experienced in tandem and needs to be validated.

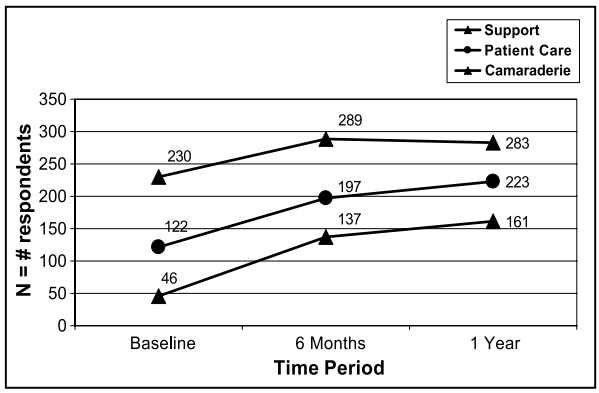

Figure 3. Graduate nurse residents' most satisfying aspects of work environment.

Although there were fewer dissatisfied respondents, residents who commented identified 3 top dimensions that were issues for them.

Frustration With the Nursing Work Environment

This dimension included unrealistic ratios, tough schedule, futility of care in certain patient care situations, and perceived increased workload with decreased support from ancillary personnel. One nurse shared, "The patient population on my unit is usually bound for a nursing home or withdrawal of care. It is very depressing. If the patient makes it, their quality of life is usually not that high." Resident frustration with patient nurse ratios was similar to the outcomes identified by Bowles and Candela,[24] who studied first job experiences of nurses who recently graduated, and they found that perceived unsafe ratios was the most frequent reason for turnover, which was reported in this study as 30% in the first year of practice and 57% in the second year.

Dissatisfaction With the Hospital System

This included such dimensions as outdated facilities and equipment, lack of an aesthetically pleasing place to work, unfamiliarity with unit and other departments, and difficulty with charting using computerized documentation systems.

Interpersonal Relations

This dimension included generational differences within the RN team, lack of respect and recognition from coworkers, gossipy and grumpy staff, and lack of teamwork. These aspects of dissatisfaction are not just characteristic of graduate nurse residents but are related to the leadership of the nurse manager, as outlined by Force[25] in an article summarizing key findings of nurse manager effectiveness and nurse retention.

Residency Comments

When asked to share comments about their perceptions of the graduate nurse residency program, most baseline respondents stated that "they looked forward to getting started and participating" and cited the residency program as one of the reasons why they chose the job opportunity. At 6 and 12 months, they believed that it was a "great program and "liked the positive peer support" and a "longer orientation period." Resident comments reflected how important the interactions were with other new graduates, who offered "moral support." Some representative comments included the following: "I have been very happy with the residency program. It has relieved the great anxiety of coming from a theory-based BSN

program;" "I am a better nurse because of the residency program. I love my job and attribute that in part to this program;" "I feel this position would have been overwhelming had I not had the residency program to help me;" and "I really enjoy hearing from my fellow RNs so I know others share my stresses, fears, and frustrations."

Residents did offer suggestions for improving their orientation, which included fewer formal "classes" at the beginning of the program. Statements such as "the classes were overwhelming and took time away from patient care" showed that they believed they would learn more at the bedside. Although the orientation and specialty classes are separate from the residency program, many graduates perceive it as a unified program. Other comments included as follows: "I feel we need to focus on mastering being independent;" "There are a lot of subjects that are not relevant to my practice area. My time would be better spent on my unit;" "Residents need more time to talk about concerns as a group;" and "There is not enough socialization in the residency program. Becoming a new nurse in a new environment is difficult."

Study Limitations

Although the overall response rate by graduate nurses was high, the numbers of qualitative respondents and comments diminished over the timed data collection periods. Attrition could have potentially impacted study validity. The diversity of study sites, while permitting a broader view of graduate experiences, also meant greater diversity of work environments. Comments such as those on "outdated technology" could not be assumed to be present at all sites.

Research Instrument Revision

The results of this qualitative analysis permitted further revisions of the Casey-Fink Graduate Nurse Experience Survey. Themes identified from data analysis of the 3 top skills difficult to master at each period, and the 5 open-ended questions asked on the original survey, were of sufficient strength to convert these items to multiple-choice format. The one open-ended item that the authors retained was the final survey question that asked residents to comment on their experiences. This continues to be an important way to stay in touch with the voice of the graduate nurse resident completing this survey. The streamlined version of the Casey-Fink Graduate Nurse Experience Survey 2007 is available, along with information about its reliability, validity, and factor analysis, by contacting the primary author.

Implications

The results of this qualitative analysis of graduate nurse experiences continue to add to the body of evidence that nurses new to the profession do perceive stress and significant adjustments in the transition from student to practicing nurse. Whereas most qualitative studies have involved a small sample size, this research is different because its substantive numbers of graduate nurse residents from diverse geographic regions confirm what has been previously found in small groups of residents. This study also uniquely brings depth of qualitative detail to the quantitative study results and confirms through graduate nurses' qualitative voices what they reported in the quantitative data. As the nursing shortage continues to grow over time, graduate nurses are becoming the primary pipeline for meeting nursing workforce needs.[9] When the nursing workforce begins to consist of significant numbers of graduate nurses, the risks become greater in the acute care environment, given the time graduates need to understand the complexity of patient populations, master the technology associated with care, and integrate as a contributing member on the multidisciplinary team. Kalisch[26] conducted an exploratory study on missed nursing care that included repeated omissions of routine nursing care activities that could impact patient outcomes, such as patient falls, pressure ulcer, and failure to rescue. Kalisch found that being novice nurses, coupled with having inconsistent assignments, meant that nurses never knew the patient well enough to exercise intuition about subtle changes in patient condition. New nurses were developmentally unable to exercise these skills; results were consistent with this study. The experiences of the UHC/AACN graduate nurses also reflected the outcomes of the study by Ebright and colleagues,[27] who found that new nurses struggle with articulating the relationship between subtle changes in the patient condition and the larger clinical picture. Ashcroft[28] found that novice nurses, similar to the respondents in this study, lack the pattern recognition needed to recognize clinical problems adequately, as clearly expressed by 1 of our residents, who stated, "I am afraid I am missing something in my patient and will make an error."

Conclusion

Since 1974 and the publication of Kramer's seminal work on how graduate nurses experience reality shock, the nursing profession has known the gap between graduate nurse comfort level, confidence,

and skill proficiency and the ability to deliver safe, competent clinical care. The outcomes of this qualitative graduate nurse analysis reflect the challenges they experienced during transition into practice, with fear, lack of confidence, and concerns of harming patients continuing through the first year of practice. A formal residency program; the visibility and support of the nurse manager, educators, or resident facilitators to consistently coach skills mastery through the second 6 months of practice; and the support to integrate into the unit and team culture are key findings in this qualitative research. In addition, these graduate nurses clearly expressed the desire to have a resource person or mentor available during the second 6 months of practice, to continue to strengthen their professional development from basic skill acquisition to the achievement of confidence and competence in their clinical practice. The voices of the graduate nurse residents in this study provide details enriching the quantitative findings and point the way for further research into the role of the nurse manager and unit culture as influences on graduate nurse success during the first year of practice.

Acknowledgments

The authors thank the following individuals for study support: Geraldine D. Bednash, PhD, RN, FAAN, executive director of the American Association of Colleges of Nursing; Cathleen A. Krsek, MSN, MBA, RN, director, Operational Benchmarking and Nursing Leadership, University HealthSystem Consortium; and Bronwyn Long, RN, DNP (research assistant and DNP student at the time of qualitative data analysis).

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