NEW GRADUATE REGISTERED NURSES' PERCEPTIONS OF TRANSITIONING TO
PROFESSIONAL PRACTICE AFTER COMPLETION OF THE NEW GRADUATE
GUARANTEE ORIENTATION PROGRAM

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Authors Declaration

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Master of Nursing Degree, 2013

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Abstract

In Canada, the projected shortage of Registered Nurses (RNs) by 2022 is 60,000. This shortage is accentuated as Canadian New Graduate Registered Nurses (NGRNs) experience difficulties transitioning to professional practice. This study sought to explore NGRNs' transition experiences in the 12 months post New Graduate Guarantee (NGG) orientation informed by Charmaz's grounded theory methodology. Semi-structured interviews were conducted with ten NGRNs working in one urban, academic hospital in Ontario. The theory's overarching category Discovering Professional Self highlights the NGRNs' transition experiences as a progressive process with transitory setbacks. The early part of the process, described as Surviving without a Safety Net, involved Experiencing Fear, Figuring it Out, and Learning on the Job. In the later part of the process, the NGRNs' experienced a Turning of the Tables as they described Being Trusted, Gaining Confidence, and Feeling Comfortable in their professional role. Recommendations focus on strategies to enhance NGRNs' transition experiences.

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Dedication

This thesis is dedicated to my husband, Dennis, and my children, Stephen and Meagan,
for enduring this long process with me always offering love and support

and

In loving memory of my mother, Maree Neale, who mentored me and many other new
graduate nurses during her 40 year nursing career.

Table of Contents

Authors Declaration	ii
Abstract	iii
Acknowledgments.....	iv
Dedication	v
Table of Contents.....	vi
List of Appendices	x
Chapter One: Background.....	1
Chapter Two: Literature Review	5
Literature Search Strategy	5
NGRNs' Transition Experiences.....	6
Structured Orientation/Preceptor Programs Specifically for NGRNs.....	9
Standardized Orientation/Preceptor Programs	11
Ontario's New Graduate Guarantee	12
Research Relevant to Ontario's New Graduate Guarantee	13
Summary and Critique of Literature	15
Conclusion.....	17
Chapter Three: Theory	18
Functions of Theory in Qualitative Research.....	18
The Conceptualization of Transition.....	19
Novice to Expert Theory	21
Professional Role Transition Theory	23
Application of Theory	25
Conclusion.....	26
Chapter Four: Methodology.....	27
Reasons for Methodological Choice	27
Researcher Orientation.....	29
History and Philosophical Underpinnings of Grounded Theory.....	30
Charmaz's Constructivist Grounded Theory Methodology	31
Initial memo writing.	34

Gathering rich data.	35
Initial recruitment strategy.	36
Initial sampling strategy.	38
Inclusion criteria.	39
Participants.	39
Data collection strategy.	40
Charmaz’s data analysis process.	41
Simultaneous data collection and analysis.	42
Constant comparative method.	42
Grounded theory coding.	43
Initial coding.	44
Focused coding.	45
Ongoing memo writing.	46
Conceptual categorization.	48
Theoretical sampling, saturation and sorting.	50
Theoretical sampling.	50
Theoretical saturation.	51
Theoretical sorting.	52
Researcher engagement.	53
Theoretical sensitivity.	54
Establishing Rigour.	55
Credibility.	56
Originality.	56
Resonance.	57
Usefulness.	57
Ethical Considerations.	58
Informed consent, voluntary participation, and withdrawal.	58
Confidentiality.	59
Potential risks or discomforts.	61
Potential benefits to participants and/or society.	61
Conclusion.	62

Chapter Five: Findings.....	63
Discovering Professional Self	63
Surviving Without a Safety Net	64
Experiencing fear.....	65
Figuring it out.	68
Learning on the job.....	71
Turning of the Tables	73
Being trusted.....	75
Gaining confidence.....	76
Feeling comfortable.....	78
Summary of the Process of Discovering Professional Self.....	80
Conclusion.....	82
Chapter Six: Discussion and Recommendations	83
The Process of Discovering Professional Self	83
Surviving without a safety net.	86
Contributing factors.	87
Turning of the tables.....	90
Conceptual Model of Discovering Professional Self	92
Summary of Discussion	92
Recommendations	95
Practice recommendations.	95
Education recommendations.....	97
Policy recommendations.....	98
Research recommendations	98
Limitations	99
Appendix A.....	103
Appendix B	104
Appendix C	105
Appendix D.....	107
Appendix E	108
Appendix F.....	110

Appendix G.....	116
Appendix H.....	117
Appendix I	118
References.....	119

List of Appendices

- Appendix A: Letter of Introduction for New Graduate Registered Nurses Co-ordinator
- Appendix B: Sample Selection Criteria
- Appendix C: Letter of Introduction for New Graduate Registered Nurses
- Appendix D: One Page Summary of Recruitment Letter
- Appendix E: Interview Guide
- Appendix F: Consent Form
- Appendix G: Discovering Professional Self: A Progressive Process with Transitory Setbacks
- Appendix H: Thank You Letter
- Appendix I: Letter for Hospital Research Board

Chapter One: Background

This grounded theory study resulted in a substantive theory describing New Graduate Registered Nurses' (NGRN) perceptions of transitioning to professional practice after completion of Ontario's New Graduate Guarantee (NGG) orientation program. This chapter outlines the background information that inspired this thesis. In addition, the study's purpose is introduced. Finally, the research question is stated.

An adequate Registered Nurse (RN) workforce is essential to ensuring clients' health and safety (Aiken, Clarke, Sloane, Lake, & Cheney, 2008). Clients' health and safety is threatened, however, as the worldwide shortage of RNs continues to escalate with no relief in the foreseeable future (Aiken, et al., 2008; Buchan & Aiken, 2008; Canadian Nurses Association [CNA], 2009; O'Brien-Pallas, Tomblin Murphy, & Shamian, 2008). In Canada, the projected shortage of RNs by 2022 is 60,000 (CNA, 2009). This projected RN shortage is accentuated as many Canadian NGRNs (Boychuck Duchscher, 2008; College of Registered Nurses of Nova Scotia, 2011; Lavoie-Trembley, O'Brien-Pallas, Gélinas, Desforges, & Marchionni, 2008; Rhéaume, Clément, LeBel, & Robichaud, 2011), including those in Ontario (Cho, Laschinger, & Wong, 2006; Spence Laschinger, Finegan & Wilk, 2009), experience difficulties transitioning to the clinical practice environment adversely impacting RN retention.

In Ontario, NGRNs struggle transitioning to the clinical practice environment (Cho, et al., 2006; Spence Laschinger, et al., 2009). These transition difficulties result as the NGRNs are ill-prepared to practice in the clinical setting (Boychuk Duchscher, 2012). In addition, Ontario NGRNs have to contend with unfavourable workplace conditions (Cho, et al., 2006; Spence Laschinger, et al., 2009; Spence Laschinger, 2012) and increased client acuity brought on by budget cuts, early discharge protocols, and an ageing population (Registered Nurses Association

of Ontario [RNAO], 2012). As a result, NGRNs' transition difficulties are accentuated by increased client complexity, unfair patient allocation, heavy workloads, long hours, and an unsupportive work environment (Spence Laschinger, et al., 2009). Survival in the clinical practice environment is difficult and therefore many Ontario NGRNs experience severe burnout (Cho, et al., 2006; Spence Laschinger, et al., 2009; Spence Laschinger, 2012). Review of Ontario statistics indicates that 62% (Spence Laschinger, et al., 2009) to 66% (Cho, et al., 2006) of Ontario NGRNs experience severe burnout due to the difficulties transitioning to the clinical practice environment. These high burnout statistics negatively impact Ontario's NGRN retention rates (Cho, et al., 2006; Spence Laschinger, et al., 2009; Spence Laschinger, 2012). Improving Ontario's NGRNs' transition experiences can increase retention rates and help alleviate the projected RN shortage (Cho, et al., 2006; Spence Laschinger, et al., 2009).

Historically, NGRNs have faced multiple difficulties transitioning to the clinical practice environment (Kramer, 1974). These difficulties surfaced in the early 1970s as the hospital based apprenticeship model of RN training was replaced by the more theoretical based programs offered in colleges and universities (Kramer, 1974). According to Kramer (1974), this learning model change resulted in many NGRNs experiencing "reality shock" (p. 4) as they encountered multiple stresses and challenges adjusting to the unfamiliar clinical practice environment. As a result, many NGRNs left the profession altogether (Kramer, 1974).

Boychuk Duchscher (2012) states little has changed in 35 years as Canadian NGRNs' transition experiences to professional practice are extremely stressful and challenging in the first 12 months post-orientation. Boychuk Duchscher's (2012) Professional Role Transition Theory indicates that transition is difficult because NGRNs' current theory based education, which offers very limited real-life practical nursing experience, ill-prepares them to function in a

culturalized, hectic, clinical practice environment (Boychuk Duchscher, 2012). According to Boychuk Duchscher, during orientation the NGRN is protected by the preceptor/new graduate relationship. As a result, the reality of the clinical practice environment's unique culture remains a foreign entity to the NGRN until post-orientation. Post-orientation, NGRNs' experience multiple stresses and challenges as they are unaccustomed to surviving independently in this unfamiliar and often chaotic clinical practice environment (Boychuk Duchscher, 2012). Boychuk Duchscher's (2012) theory, however, was conducted in a different province and predates the implementation of Ontario's NGG.

In 2007, the Ontario government implemented the New Graduate Guarantee (NGG). Ontario's NGG aims to ease NGRNs' difficult transition experiences to professional practice and improve retention (Baumann, Hunsberger, Crea-Arsenio, & Idriss-Wheeler, 2012; Ministry of Health and Long-Term Care [MOHLTC], 2011). In order to achieve this goal, the provincial government offers funding to healthcare facilities for extended orientation/preceptor periods. In addition, the program facilitates securing the NGRNs full-time positions on completion of the orientation/preceptor period (Baumann, Hunsberger, Idriss-Wheeler, & Crea-Arsenio, 2009). The government anticipates that an extended orientation/preceptor period and full-time employment post-orientation will provide NGRNs with the support and continuity of practice required to successfully transition to professional practice (Health Force Ontario [HFO], 2011; MOHLTC, 2011).

Since commencement of Ontario's NGG, the Nursing Health Services Research Unit (NHSRU), an Ontario government funded organization, has conducted an annual assessment of the NGG program (Baumann, et al., 2009; Baumann, Hunsberger, & Crea-Arsenio, 2011; Baumann, et al., 2012). These NHSRU's studies' results indicate that NGRNs' experiences of

the orientation/preceptor portion of the program have been positive. These studies, however, were conducted during the period of time when the NGRNs were still working with their preceptor (Baumann, et al., 2009; Baumann, et al., 2011; Baumann, et al., 2012). These studies did not explore experiences of the NGRN during post-orientation and therefore we do not know the NGRNs' transition experiences when they are no longer practicing under their preceptors' guidance.

This current study focuses on the NGRNs' perceptions of their transition experiences, specifically in the first 12 months post NGG orientation, that is, the first 12 months when the NGRNs are no longer paired with a preceptor. Boychuk Duchscher's (2012) NGRNs' Professional Role Transition Theory, although relevant, was developed from research conducted in a different province and prior to the implementation of Ontario's NGG orientation program. No studies, relevant to Ontario's NGG and focusing on the first 12 months post-orientation were retrieved in the literature search.

Study Purpose and Research Question

The purpose of this grounded theory study is to describe NGRNs' perceptions of the transition experience in the first 12 months after completion of the orientation/preceptor portion of Ontario's NGG program. Grounded Theory methodology will inform the construction of a substantive theory to describe the NGRNs' perceptions of the transition experience up to one year after the completion of the formal preceptorship period. The research question guiding this study is "What are NGRNs' perceptions of the transition process during the 12 months post NGG orientation program?"

Chapter Two: Literature Review

Charmaz (2006) indicates that after the theory is constructed a literature review should be conducted to show where and how other research studies and theories illuminate the new theoretical framework. Furthermore, the literature review informs how the new theory “extends, transcends, or challenges dominant ideas in the field” (Charmaz, 2006, p. 165) According to Charmaz (2006), the literature review and the newly constructed theoretical framework become “ideological sites” (p. 163) in which the researcher can “claim, locate, evaluate, and define” (p. 163) their theoretical position. For this research study, a cursory literature review was included in the research protocol submitted to the Research Ethics Board. In addition, a focused literature review was conducted after completion of data analysis.

Literature Search Strategy

A literature review was completed by accessing electronic databases through the university library. The nursing electronic data bases and search engines accessed were Cumulative Index for Nursing and Allied Health (CINAHL), OVID, and Proquest Nursing. The Boolean search strategy was used to retrieve relevant articles and key search words included: “new graduate registered nurses,” “newly licenced registered nurses,” and “novice nurses” joined by OR. These terms were searched alone and in combination with “work experiences” AND/OR “transition experiences,” AND “orientation.” The initial searches were further refined to include English language, peer-reviewed, and full-text articles published from 2003-2013. Duplicates were removed and articles were reviewed. In addition, the key search words “Ontario’s New Graduate Guarantee” and “Ontario’s New Graduate Initiative” were entered to retrieve articles specifically focused on this program. Internet searches for government and professional websites also provided references.

Literature was chosen according to its relevance to the phenomenon being investigated. Hand searches were also implemented to retrieve desired articles found in reference lists of relevant journal articles. Approximately 45 articles were reviewed for relevance to this current study. Seventeen scholarly articles and seven grey literature references were included in this literature review.

NGRNs' Transition Experiences

In 2012, Judy Boychuck Duchscher published her book *From Surviving to Thriving: Navigating the first year of Professional Nursing Practice* (Boychuk Duchscher, 2012). In this book, Boychuck Duchscher (2012) presents the results of her 10 year Canadian study which developed a theoretical framework to explain NGRNs' transition experiences to professional practice. This theory was developed from research studies conducted outside of Ontario and predates the implementation of Ontario's NGG.

Boychuk Duchscher's theory indicates that many NGRNs experience difficulties transitioning from the theory based educational institutions to the clinical practice environment (Boychuk Duchscher, 2012). According to Boychuk Duchscher (2012), NGRNs' initial transition process post-orientation is extremely stressful and challenging and is termed "transition shock" (p. 13). Boychuck Duchscher (2012) indicates NGRNs' theory based education ill-prepares them to function in the clinical practice environment. In addition, Boychuck Duchscher (2012) indicates ineffective orientation programs, lack of clinical skills competencies, unfamiliar organizational/professional culture, and unsupportive work environments accentuate the NGRNs' challenges.

Boychuk Duchscher (2012) describes the concept of transition as a "journey from what was to what is" (p. 2). According to Boychuk Duchscher, NGRNs experience a professional role

change as they embark on a career as an independent practitioner. This professional role change encompasses “different pressures, expectations, and challenges” (Boychuk Duchscher, 2012, p. 7). Boychuk Duchscher indicates the influencing conditions that impact the NGRNs’ transition experiences include; the hectic pace of the acute care environment, the clients’ complex conditions, lack of available care resources, NGRNs’ limited experience working in teams, the units’ unrealistic expectations, the education/practice-gap, the unfamiliar socio-cultural environment, and power relations. In addition, the NGRNs’ abilities to endure these conditions are influenced by their familiarization with the clinical practice setting, availability of support, level of maturity, and previous clinical practice experience (Boychuk Duchscher, 2012). Furthermore, Boychuk Duchscher (2012) notes that during this challenging transition period the presence of “familiarity, consistency, predictability, and stability” (p. 59) can enhance NGRNs’ transition experiences. Finally, comprehensive orientation/preceptor programs and quality work environments are identified as prerequisites to NGRNs’ successful transition (Boychuk Duchscher, 2012).

Boychuk Duchscher’s (2012) research findings are confirmed by two other qualitative Canadian studies (Maddalena, Kearney & Adams., 2012; Rhéaume, et al., 2011). Rhéaume, Clément, LeBel, and Robichaud (2011) in their New Brunswick study, interviewed 23 NGRNs in their first year of practice and reported the first year post-graduation continues to be difficult for NGRNs, despite the introduction of orientation/preceptor programs. All participants in Rhéaume et al.’s study described their first year as intense and stressful. The predisposing factors to these elevated stress levels were identified as difficult work schedules, heavy client loads, and challenges with client care due to the high paced work environment (Rhéaume et al., 2011). In addition, Maddalena, Kearney, and Adams (2012) conducted a study in Newfoundland and

Labrador to identify the factors influencing quality of work life for novice nurses. This study, which consisted of ten NGRN interviews, identified that although the NGRNs commenced clinical practice highly motivated, stress levels quickly became elevated as they had to deal with difficult personalities, inadequate orientation, episodes of horizontal violence, inadequate staffing, and heavy workloads (Maddalena, et al., 2012).

Three Canadian quantitative studies relevant to NGRNs' transition experiences (Cho, et al., 2006; Lavoie-Trembley, Wright, et al., 2008; Spence Laschinger, et al., 2009) were retrieved in the literature search. A large Ontario study conducted by Spence Laschinger, Finegan, and Wilk (2009), which does not specify the type of orientation program completed by the NGRNs, indicated that 62% of the 3,180 NGRNs surveyed were experiencing severe burnout due to negative workplace conditions. In addition, a smaller Ontario study conducted by Cho, et al., (2006), which predates the implementation of Ontario's NGG, surveyed 226 NGRNs in their first two years post-graduation, and indicated that 66% of these NGRNs were also experiencing severe burnout due to negative workplace conditions. Finally, a study conducted in Quebec by Lavoie-Trembley, Wright, et al., (2008) which surveyed 309 NGRNs revealed that 43.4% of the participants indicated they were experiencing high levels of psychological distress due to their work experience.

In summary, Canadian NGRNs continue to find the first year of clinical practice stressful despite the introduction of hospital based orientation programs (Boyчук Duchscher, 2012; Maddalena, et al., 2012; Rhéaume et al., 2011). Review of the literature indicates that 62% (Spence Laschinger, et al., 2009) to 66% (Cho, et al., 2006) of Ontario NGRNs experience severe burnout due to the difficulties transitioning to the clinical practice environment.

Improving Canadian NGRNs' transition experiences can increase retention rates and help alleviate the projected RN shortage (Cho, et al., 2006; Spence Laschinger, et al., 2009).

Structured Orientation/Preceptor Programs Specifically for NGRNs

A review of the scholarly literature relevant to orientation/preceptor programs revealed some orientation programs in the United States (U.S.) have improved NGRNs' transition experiences and retention (Altier & Krsek, 2006; Halfer, Graf, & Sullivan, 2008; Kramer, Maguire, Halfer, Brewer, & Schmalenberg, 2011; Krugman et al., 2006; Park & Jones, 2010). Park and Jones (2010) conducted an integrative review of 17 published research studies to determine the effects of hospital based orientation programs on NGRNs' confidence, competency, and retention. The review, which included NGRNs' internship, residencies, and structured orientation programs concluded that structured, innovative orientation programs, which include qualified preceptors and good support systems, can facilitate NGRNs' transition to professional practice and improve retention. Although, the review was unable to pinpoint recommended time durations for orientation/preceptor programs or specific factors which positively influenced the NGRNs' experiences, the findings indicated that structured, comprehensive, year-long NGRN focused orientation programs revealed the most promising results (Park & Jones, 2010).

Several U.S. primary studies were also reviewed (Altier & Krsek, 2006; Halfer, et al., 2008; Kramer, et al., 2011; Krugman, et al., 2006). Kramer, Maguire, Halfer, Brewer, and Schmalenberg (2011) completed a mixed methods study. The quantitative portion of the study surveyed facilitators in 34 Magnet hospitals and the qualitative portion interviewed 907 nursing professionals working in 20 Magnet hospitals (Kramer, et al., 2011). Magnet hospitals acquire their designation because of their ability to attract and retain professional nurses (Kramer et al.,

2011). Kramer et al.'s. (2011) study aimed to identify what components of nurse residency programs are most effective in promoting professional socialization of the new graduate. The study results indicated that components most instrumental to successful professional socialization included: preceptored experience, reflective seminars and practice sessions, skill acquisition, and clinical coaching-mentoring sessions (Kramer, et al., 2011). In addition, several smaller studies (Altier & Krsek, 2006; Halfer, et al., 2008; Krugman, et al., 2006) evaluated structured year-long NGRN orientation/preceptor programs. These studies' findings indicate extended year-long comprehensive orientation/preceptor/mentor programs can improve NGRNs' retention rates, increase professional competency (Krugman, et al., 2006), improve professional socialization, and increase levels of job satisfaction (Altier & Krsek, 2006; Halfer, et al., 2008; Krugman, et al., 2006).

The literature review relevant to how U.S. NGRN focused orientation/preceptor programs influence the NGRNs' transition process indicates that structured year-long comprehensive programs have effectively eased NGRNs' transition experiences to professional practice and improved retention (Altier & Krsek, 2006; Halfer, et al., 2008; Kramer, et al., 2011; Krugman, et al., 2006; Park & Jones, 2010). Krugman et al. (2006), however, emphasizes the importance of assessing each orientation/preceptor program individually to assess how the specific program influences NGRNs' workplace integration. Despite this, the reviewed literature indicates that optimal workplace conditions and comprehensive orientation/preceptor programs may be prerequisites to NGRNs' successful transition to the professional practice environment (Altier & Krsek, 2006; Halfer, et al., 2008; Kramer, et al., 2011; Krugman, et al., 2006; Park & Jones, 2010).

Standardized Orientation/Preceptor Programs

U.S. studies by Hofler (2008) and Spector and Echternacht (2010) highlight the importance of NGRNs' orientation/preceptor programs as both studies recommend the implementation of a national, mandated, standardized NGRN transition/residency program. These two studies contend that non-standardized programs are diverse and effectiveness varies and many NGRNs are not afforded the opportunity to successfully transition to the professional practice environment (Hofler, 2008; Spector & Echternacht, 2010). As a result, the U.S. National Council of State Boards of Nursing (NCSBN) is currently establishing a national, standardized orientation/preceptor program for NGRNs. The NCSBN anticipates standardization will ensure all NGRNs are given the opportunity to successfully transition into the professional practice environment (Spector & Echternacht, 2010; Spector & Li, 2007).

In Canada, Boychuck Duchscher (2012) indicates that while stresses and challenges associated with transitioning to the clinical practice environment are inevitable, comprehensive NGRN focused orientation/preceptor/mentorship programs may alleviate some transition difficulties. In addition, Canadian professional nursing organizations (Association of Registered Nurses of Newfoundland and Labrador, 2003; College of Nurses of Ontario (CNO) (2008); College of Registered Nurses of Nova Scotia, 2011) recognize that NGRNs require time to transition into the professional practice environment. These organizations, promote the use of comprehensive orientation/preceptor/mentorship programs and supportive work environments to help with this transition period (Association of Registered Nurses of Newfoundland and Labrador, 2003; CNO, 2008; College of Registered Nurses of Nova Scotia, 2011). The College of Nurses of Ontario (2008) maintains that governments, employers, nurses, nursing

organizations, and educational facilities all share the responsibility to ensure NGRNs are afforded the opportunity to successfully transition into the professional practice environment.

Ontario's New Graduate Guarantee

In 2007, the Ontario Government initiated funding for a new graduate nurses' orientation/preceptorship program, the New Graduate Guarantee (NGG) (Baumann, et al., 2012). Ontario's NGG, initially called the New Graduate Initiative Program, was implemented in response to a lack of full-time job opportunities for new graduate nurses and to facilitate Ontario educated new graduate nurses to transition to professional practice (Baumann, et al., 2012). In May, 2013, Ontario's Minister of Health, Ms. Deb Matthews announced expansion of the NGG program to include new graduate nurses from out of province as well as internationally educated nurses (Andreatta, 2013).

The NGG program aims to improve recruitment of NGRNs by offering them the opportunity for full-time employment immediately post-graduation (Baumann, et al., 2011). The program provides healthcare facilities with funds to offer NGRNs full-time preceptored positions. This preceptored position forms part of a hospital based orientation program. The NGG program funds NGRNs full-time, supernumerary employment for a minimum of 12 weeks, with the option for extensions of up to 30 weeks, if a full-time position is not available in the interim (Baumann, et al., 2012; Burkoski, Tepper, & Matthews, 2011). The term supernumerary means that the NGRN works as an extra member of staff under the direct supervision of a preceptor (Baumann, et al., 2009). The advantage of this program for NGRNs is that they will have an extended period of full-time, supervised clinical practice with a preceptor. In addition, post-orientation they will be offered full-time employment, thereby ensuring continuity in the clinical practice environment. The program aims to provide time for NGRNs to develop clinical

practice skills, and to assimilate into the organizational and professional culture of the clinical environment under full supervision of a preceptor (Baumann, et al., 2012; HFO, 2011; MOHLTC, 2011).

The NGG offers incentives not only to the NGRN but also to the employers willing to participate in the program (Baumann et al., 2011). According to Baumann et al. (2011), the Ministry of Health and Long-Term Care (MOHLTC) provide each employer with \$33,000.00 per NGRN hired to participate in the program. This money finances the NGRN's salary for the temporary six months full-time employment which also includes a benefits package. In addition, Baumann et al. (2011) explains that if a full-time position is offered to the NGRN after the minimum three month orientation, and prior to the six month completion date, the employers can retain the remaining funds and reinvest these funds for other educational nursing initiatives. However, if full-time employment is still unavailable to the NGRN after six months then the employer must offer the NGRN an extra six weeks employment at their own cost to give the NGRN time to find alternative employment (Baumann et al., 2011). The government anticipates this financial support will encourage employers to recruit NGRNs and provide substantial orientation programs that will assist the NGRNs to successfully transition to professional practice (Baumann et al., 2009). In addition, the government provides incentive for employers to secure NGRNs' full-time positions as soon as possible after the minimum post-orientation time period, as the remaining funds can then be used toward other educational nursing initiatives (Baumann et al., 2009).

Research Relevant to Ontario's New Graduate Guarantee

The Nursing Health Services Research Unit (NHSRU), an Ontario government funded research organization, has conducted annual assessments of the NGG program since the program

began in 2007 (Baumann, et al., 2012). In 2008-2009, NHSRU conducted a mixed methods study to evaluate the NGG program (Baumann et al., 2009). The study results revealed that 95.7% of employers rated the provision of mentoring as good, and 82.8% of new graduates indicated the preceptor experience and support for new graduates was good or better than good. However, 4.75% of new graduates felt the preceptor experience was poor and 12.5% rated the experience as fair, therefore, approximately 17%, or 109 NGRNs, were unhappy with the preceptorship experience. The study's findings indicated the poor ratings resulted as some NGRNs found that managerial support was lacking and they also disliked constantly being transferred to different units (Baumann et al., 2009). According to Baumann, Hunsberger, Idriss-Wheeler, and Crea-Arsenio (2009), however, the majority of NGRNs reported they had good learning experiences during their supernumerary position.

Baumann, Hunsberger, and Crea-Arsenio (2011) of NHSRU present an analysis of three years of evaluation results of the NGG program. Baumann et al. (2011) aimed to assess the impact of the NGG on NGRNs' full-time employment status and workforce integration. According to Baumann et al. (2011), the definition of workforce integration is "the process by which new graduates enter the workforce efficiently, effectively, and with productive employment, it includes the opportunity for full-time employment, being prepared for independent practice (skills and knowledge), adapting to the culture of an organization and integrating into the organizational system" (p. 48). An objective of the study was to "evaluate the impact of mentorship on the transition of new graduates to the workforce" (Baumann et al., 2011, p. 48). These researchers conducted a mixed method study that included surveys, focus groups, and interviews with new graduates, nurse mentors, employers, and union representatives. The analysis indicated that the majority of NGRNs and healthcare sector employers believe the

NGG is a major advantage and benefits the NGRNs' transition from school to the workplace environment (Baumann et al., 2011).

Baumann, Hunsberger, Idriss-Wheeler, and Crea-Arsenio (2012), provide the NHSRU's most current evaluation of the program, which continues to be positive. According to Baumann et al. (2012) the NGG program "is vital to the successful integration of NGNs [new graduate nurses] into Ontario's healthcare system" (p. 6). The report indicates that since commencement of the NGG in 2007 there has been a 14% increase in full-time employment for NGRNs. The report, however, recommends further research is required to determine the NGG's long-term impact on NGRNs' job satisfaction, quality of care, and the effective length of time for the extended mentorship/orientation program to ensure NGRNs do effectively transition to the clinical practice environment (Baumann, et al. 2012). Overall, the NHSRU's studies' (Baumann, et al., 2009; Baumann, et al., 2011; Baumann, et al., 2012) results indicate that NGRNs' experiences of the orientation/preceptor portion of the program have been positive but that further research is required.

These studies (Baumann, et al., 2009; Baumann, et al., 2011; Baumann, et al., 2012;) were conducted during the period of time when the NGRNs were still working in supernumerary positions, that is, the NGRNs were still under the direct supervision of their preceptors. No studies relevant to the NGG in the 12 month post-orientation, when the NGRN is no longer practicing under the preceptor's guidance, were retrieved during the literature review.

Summary and Critique of Literature

The synthesis of Canadian literature relevant to the NGRNs' transition experiences to professional practice (Boychuck Duchscher, 2012; Cho, et al., 2006; Spence Laschinger, et al., 2009; Lavoie-Trembley, Wright, et al., 2008; Maddalena, et al., 2012; Rhéaume, et al., 2011)

indicates that NGRNs continue to experience high levels of stress and encounter multiple challenges as they transition to the professional practice environment. According to the literature (Cho, et al., 2006; Spence Laschinger, et al., 2009) approximately 65% of Ontario NGRNs experience severe burnout due to the difficulties of transitioning. Severe burnout results as the NGRNs have to endure less than optimal workplace conditions (Cho, et al., 2006; Spence Laschinger, et al., 2009). In addition, Boychuck Duchscher (2012) indicates these stresses and challenges can take up to 12 months to subside. Furthermore, the literature (Boychuk Duchscher, 2012; Maddalena, et al., 2012; Rhéaume et al., 2011) indicates these stresses and challenges continue despite the introduction of NGRN orientation/preceptor programs.

In the U.S., literature relevant to structured orientation/preceptor programs specifically for NGRNs (Altier & Krsek, 2006; Krugman et al., 2006; Park & Jones, 2010), strongly indicates that year-long programs can be effective in improving confidence, competency, and retention of NGRNs. However, Krugman et al. (2006) indicates the programs' length is not as important as the programs' content and suggests each program should be individually evaluated.

Boychuck Duchscher's (2012) findings, from her Canadian study, resulted in a theory to explain NGRNs' transition processes to professional practice in the first 12 months post-orientation. This study, however, pre-dates the implementation of the NGG, and was conducted outside of Ontario.

Boychuk Duchscher (2008) indicates that NGRNs experience difficulties transitioning to the professional practice environment after withdrawal of the preceptor. Furthermore, the first 12 months of practice without a preceptor is stressful and challenging for these new nurses (Boychuk Duchscher, 2008). Although the reviewed literature (Baumann et al., 2009; Baumann et al., 2011; Baumann et al., 2012) relevant to the NGG program indicated the program was

helping NGRNs integrate into the workplace environment, these studies were conducted when the NGRNs were still in supernumerary positions and under their preceptor's guidance.

Conclusion

This current study focuses on the NGRNs' transition experience, specifically, in the first 12 months post NGG orientation, that is, the first 12 months after withdrawal of the preceptor. The literature review reveals no Canadian studies describe Ontario's NGRNs' transition experiences to professional practice in the 12 months after completion of Ontario's NGG orientation/preceptor program. Therefore, this current study will inform the identified gap in the literature relevant to this phenomenon.

Chapter Three: Theory

This chapter describes the purpose of theory in qualitative research. In addition, three theories are discussed in detail. The theories include: Schumacher and Meleis's (1994) Conceptualization of Transition Theory, Benner's (2001) Novice to Expert Theory, and Boychuk Duchscher's (2012) NGRNs' Professional Role Transition Theory.

Functions of Theory in Qualitative Research

Qualitative researchers use theory in different ways to guide their studies (Sandelowski, 1993). How theory is used affects its placement in a qualitative study (Sandelowski, 1993). According to Sandelowski (1993), understanding the different roles of theory in qualitative research informs where theory is situated within the research process. Theory can be used early on in a qualitative study as an orienting world view or theoretical lens and/or to acknowledge a way of inquiring about human nature (Sandelowski, 1993). In addition, theory can also be used as theoretical guidance when it is used during the study for organizational or interpretive purposes, that is, as an organizational framework for the interpretation and reporting of data (Sandelowski, 1993). Finally, theory can be the end product of the analysis as in a Grounded Theory study (Sandelowski, 1993).

The Grounded Theory approach is a qualitative research method that results in theory construction (Charmaz, 2006). Charmaz (2006) identifies the constant comparative method continues to be important even after data analysis is complete. According to Charmaz (2006), by comparing other researcher's evidence and theories with the new theory the researcher can "show where and how their ideas illuminate theoretical categories and how your theory extends, transcends, or challenges dominant ideas in the field" (p. 165). This chapter presents three substantive theories relevant to NGRNs' transition experiences.

The Conceptualization of Transition

Schumacher and Meleis (1994) present a nursing model of transitions. A transition is defined as “a passage or movement from one state, condition, or place to another” (Chick & Meleis, 1986, p. 38). Transitions are also identified as processes that occur over time and constitute a change (Schumacher & Meleis, 1994). In addition, Schumacher and Meleis (1994), indicate that the quality and consequence of these transitions are influenced by six important influencing conditions. These influencing conditions include: meanings, expectations, levels of knowledge/skill, environment, level of planning, and emotional and physical well-being (Schumacher & Meleis, 1994). Schumacher and Meleis (1994) provide details of how these influencing conditions affect the transition experience.

1. Meanings: The meaning an individual imparts on the transition, that is, an individual’s personal opinion of the anticipated or experienced transition and their evaluation of how the transition will impact their future, will influence how the transition is experienced. Schumacher and Meleis (1994) indicate that the “inclusion of meanings in a theory of transition draws attention to the importance of understanding a transition from the perspective of those experiencing it” (p.42).

2. Expectations: The individual’s expectations of the transition will influence how the process is experienced. For example, if the individual has realistic expectations of how the transition process will transpire, some of the stress associated with the transition may be alleviated. In addition, if managers’ and/or colleagues’ unrealistic expectations are stipulated as requisites, the transition process could be adversely affected.

3. Level of knowledge/skill: The knowledge and skills requisites of a successful transition can cause the individual distress. For example, the individual's uncertainty as to their ability to achieve goals may cause undue stress and therefore inhibit a smooth transition.

4. Environment: The environment, which includes the availability of resources and social supports, also affects the transition process. Supportive relationships from friends, family, colleagues, preceptors, and mentors positively impact the transition process as these social supports can smooth a transition by serving as guides, role models, and confidants. In addition, amicable communication and collaboration with others involved in the individual's transition, for example, managers and healthcare personnel can facilitate the transition process. Finally, the socio-cultural environment which includes the availability of resources and workplace conditions also directly impacts the transition process.

5. Level of planning: Extensive planning, before and during a transition, can help to create a smooth and successful transition. Effective planning requires the comprehensive identification of problems, issues, and needs which may arise during a transition.

6. Emotional and Physical Well-being: Transitions can be stressful and emotionally exhausting. Emotional and physical well-being, therefore, are important influencing conditions, as the absence of these conditions may adversely impact the transition process.

The ultimate outcome of the transition experience is a healthy transition (Schumacher & Meleis, 1994). According to Schumacher and Meleis (1994), a healthy transition is recognized by the presence of subjective well-being, role mastery, and well-being of interpersonal relationships. Subjective well-being is best described as the period of time when feelings of distress are replaced by a sense of well-being (Schumacher & Meleis, 1994). The characteristics of subjective well-being include: effective coping, managing of one's emotions, personal

integrity and a sense of dignity, self-esteem, growth, empowerment, liberation, and quality of life (Schumacher & Meleis, 1994). Role mastery describes the individual's ability to perform tasks and their comfort with the required behavior expected of the new role (Schumacher & Meleis, 1994). Well-being of interpersonal relationships involves the individual integrating into the new role and environment (Schumacher & Meleis, 1994). Conversely, indications of an undesirable transition include: lack of cohesiveness, increased absenteeism and turnover, hostility, a decrease in cooperation, resignations, and failure to recruit and retain staff (Schumacher & Meleis, 1994).

Novice to Expert Theory

Patricia Benner developed the Novice to Expert Theory (Benner, 2001). This theory is based on the Dreyfus Skills Acquisition Model (Benner, 2001). Benner's research identifies that "practices grow through experiential learning and through transmitting that learning in practical settings" (Benner, 2001, p. vi of preface). Benner conducted an interpretive phenomenological study that aimed to understand the differences in clinical performance in each stage of a nurse's career development. Benner's theory maps the progress of the novice nurse's transition to an expert clinician and identifies five stages that explain how a novice nurse develops clinical expertise. According to Benner, each nurse begins as a novice and transitions through different levels of expertise to the ultimate level, that of an expert. The theory's stages are novice, advanced beginner, competent, proficient, and expert (Benner, 2001).

Benner's (2001) definition of a Novice includes nursing students, or any nurse, even the most seasoned nurse, who practices in a specialty area in which the nurse has no prior experience with the patient population. The Advanced Beginner nurse is described by Benner (2001) as a nurse who is in the first two years post-graduation. According to Benner (2001), a nurse in her/his first two years post-graduation can demonstrate marginally acceptable performance.

However, this performance can only be achieved if the actual situation has been previously experienced (Benner, 2001). Many NGRNs, including those who are still working with preceptors, fall into this category (Benner, 2001). Benner (2001) stipulates that advanced beginners still require a supportive environment as they struggle to set priorities and require affirmation that they have made good clinical decisions.

Benner's (2001) research indicates that NGRNs are considered novice or advanced beginners depending on where they are practicing and how they are adjusting to their new role. Regardless of how the NGRN is categorized, Benner's (2001) theory indicates that many novice and advanced beginners lack or have very limited "discretionary judgement" (p. xxiii of preface). According to Benner, the term discretionary judgement can be explained as "a more skilled, advanced understanding of the situation [which results in] orderly behaviour without ridged rule following" (Benner, 2001, p. xxiii of preface). Benner (2001) explains that the NGRN has the theoretical knowledge but lacks the required discretionary judgement to make an expert clinical decision. In addition, Benner's research indicated that discretionary judgement can only be clinically acquired through extensive clinical practice with the same patient population (Benner, 2001).

Benner (2001) identifies that in addition to lacking discretionary judgement, NGRNs also commence clinical practice with a limited ability to perform the necessary skills required to function competently in the clinical practice setting. Benner indicates that mastery of these skills can only be achieved through practice, and that NGRNs are not afforded enough opportunities during their education preparation to effectively and competently produce the required skills and expertise expected of them when they first enter the clinical practice environment. Consequently, the NGRNs' realization that they are unable to proficiently and quickly perform these required

skills, and cannot live up to the high expectations of the unit staff, increases their already high stress levels (Benner, 2001).

Professional Role Transition Theory

Boychuk Duchscher (2012) added to Kramer's (1974) and Benner's (2001) seminal work by identifying that NGRNs' continue to experience stress and multiple challenges as they transition to clinical practice in the acute care setting. In 2012, Boychuk Duchscher published her book *From Surviving to Thriving: Navigating the First Year of Professional Nursing Practice*. In this book, Boychuk Duchscher summarizes the findings of her 10 years of phenomenological studies conducted with Canadian NGRNs and presents her Professional Role Transition Theory specifically for NGRNs (Boychuk Duchscher, 2012).

Boychuk Duchscher explored the lived experience of NGRNs in the acute care setting and explained their transition process to professional practice during the first year of clinical practice post-orientation (Boychuk Duchscher, 2012). She used a modified grounded theory approach to develop her NGRNs' transition theory. This theory describes NGRNs' first 12 months of professional practice post-orientation as a process or journey of becoming, that is, both professionally and personally (Boychuk Duchscher, 2012). In addition, this process is described as a combination of transition shock, transition crisis, and a recovery phase (Boychuk Duchscher, 2012). Boychuk Duchscher's (2008) published research indicates that the NGRNs' transition process begins with the NGRN's initial overwhelming disillusionment of working independently in the clinical environment and continues through three stages to finally describe the NGRN's "evolutionary and ultimately transformative" achievement of being a professional practitioner (Boychuk Duchscher, 2008, p. 441).

Boychuk Duchscher's (2012) explains that the theory is divided into three stages; the Doing, Being, and Knowing Stages. The Doing Stage, which incorporates the Transition Shock phase, is described as a period of "learning, performing, concealing, adjusting, and accommodating" (Boychuk Duchscher, 2012, p. 62). This stage describes the overwhelming shock and disillusionment experienced by NGRNs in the first four months of independent practice (Boychuk Duchscher, 2012). Boychuk Duchscher's (2012) research indicated that NGRNs' first one to two months of clinical practice post-orientation is described as a period of transition shock. This definition of NGRNs' first two months of independent practice was developed by appreciating that the NGRNs' experience socio-developmental, emotional, intellectual, and physical stresses and challenges as they transition to the acute care setting's unfamiliar environment (Boychuk Duchscher, 2012). Some of the stresses and challenges noted by Boychuk Duchscher (2012) include, inadequate guidance/assistance, inadequate education preparation, role uncertainty, professional and organizational culture naiveté, unreasonable workload expectations, oppressive hierarchical work structure, lack of support, lack of positive reinforcement, fear of failure or incompetence, sleeplessness, theory-practice incongruence, witnessed practice improprieties, and limited decision making and clinical judgement capacity. These multiple challenges occur as NGRNs adjust to new roles, responsibilities, relationships, and knowledge, all of which are required to function competently in the clinical environment (Boychuk Duchscher, 2012).

The Being Stage, also termed Transition Crisis phase, includes the NGRNs next four to nine months of independent practice (Boychuk Duchscher, 2012). This stage is described as a period of "searching, examining, doubting, questioning, and revealing" (Boychuk Duchscher, 2012, p. 86). During this stage the disillusionment and stress continues, although at a reduced

level (Boychuk Duchscher, 2012). Furthermore, this stage is a time of increased thinking, knowledge level, and skill competency (Boychuk Duchscher, 2012). NGRNs in this stage, however, are constantly plagued by self-doubt, and struggle with professional identity as multiple institutional and educational discrepancies are recognized (Boychuk Duchscher, 2012). For example, NGRNs realize that institutional expectations are disproportionate to their actual capacities, and that discrepancies exist between theory and practice (Boychuk Duchscher, 2012). These discrepancies cause disillusionment resulting in NGRNs questioning their career choice (Boychuk Duchscher, 2012).

Boychuk Duchscher's (2012) final transition stage, the Knowing Stage, occurs nine to twelve months post-orientation and is described as a period of "separating, recovering, exploring, critiquing, and accepting" (p. 118). Although during this stage disillusionment with professional cultural and organization socialization issues continue the NGRN is better able to accept the roles and responsibilities required of the professional role (Boychuk Duchscher, 2012). In addition, they experience a sense of relief and achievement as the difficult transition process to professional practice is nearing completion (Boychuk Duchscher, 2012).

Application of Theory

The three theories (Benner, 2001; Boychuk Duchscher, 2012; Schumacher & Meleis, 1994) informed this study's findings. Schumacher and Meleis's (1994) Conceptualization of Transition provides an understanding of the subjective nature of each transition process and identified influencing factors that may impact the quality and consequence of a transition. Finally, the framework identifies indicators of a successful/unsuccessful transition. In addition, Benner's (2001) theory was chosen as it is considered seminal in the field. Finally, Boychuk Duchscher's (2012) NGRNs' transition theory was chosen to inform the current study's findings

as it is Canadian and current, however, this research was conducted in Eastern Canada and therefore none of the participants were afforded the opportunity to complete Ontario's NGG orientation program. All three theories (Benner, 2001; Boychuk Duchscher, 2012; Schumacher & Meleis, 1994) illuminated the study's findings by providing insight into how the NGRNs' transition process may have been influenced by circumstance. In addition, this knowledge allowed the new theory to be situated with the existing literature and therefore indicating how the new theory added to or extended prior research and theory. Finally, this understanding provided clarity and informed recommendations to enhance NGRNs' transition experiences.

Conclusion

Schumacher and Meleis (1994) indicate a transition constitutes a process that occurs overtime and results in a change (Schumacher & Meleis, 1994). The conceptualization of the concept transition (Schumacher & Meleis, 1994) provides a definition of transition, identifies influencing factors of a transition process, and provides indicators to identify when a transition can be considered healthy or successful. The review of Benner, (2001) and Boychuk Duchscher (2012) theories provided valuable knowledge by explaining how NGRNs have previously transitioned to the professional practice environment. Understanding these theories enabled identification of how the new theory adds, extends, or challenges these existing theories.

Chapter Four: Methodology

Charmaz's constructivist grounded theory methodology, an adaption of Glaser and Strauss' original version, the Classic Glaserian Approach, guided this research study (Charmaz, 2006). Grounded theory, first developed in 1967 by Glaser and Strauss, is an iterative, qualitative approach to research that aims to discover a theory from data systematically collected through research (Glaser & Strauss, 1967). This approach when implemented generates a new theory, a Grounded Theory, to explain the meaning of the human social process investigated (Charmaz, 2006; Glaser & Strauss, 1967). The resultant Grounded Theory is described as a substantive theory (Charmaz, 2006). A substantive theory is a mid-range theory that is only applicable to the particular area being studied (Polit, Beck, Loisel, Profetto-McGrath, 2007). Charmaz's methodology retains many of the original grounded theory practices, however, due to her divergent philosophical perspective she has adjusted the original grounded theory method for her constructivist worldview (Charmaz, 2006).

This chapter outlines the reasons for my methodological choice and the researcher's orientation. Next, the historical and philosophical underpinnings of Grounded Theory methodology are discussed. In addition, Charmaz's constructivist grounded theory approach; the approach used to plan and conduct this study, is introduced and described in detail. Finally, the establishment of the study's rigour and ethical considerations are provided.

Reasons for Methodological Choice

Charmaz's (2006) constructivist grounded theory approach was chosen to guide this study as her constructivist perspective most closely aligns with my philosophical worldview and my belief of how knowledge of reality is understood. Charmaz's methodological preferences stem from a naturalistic/holistic and constructivist philosophical worldview (Creswell, 2007).

This worldview denotes that there is no single reality because reality is based on individual perceptions and these perceptions are distinct to a given situation, time, and place (Charmaz, 2006). In addition, the perspective identifies that perceptions are personal interpretations of a phenomenon which are contingent on the individual's past and present history of life experiences, knowledge, and culture (Creswell, 2007). According to Charmaz (2006), the constructivist approach identifies that individuals' experiences are multifaceted and that multiple realities of a single phenomenon exist. Identification of these multiple realities are a direct result of the participants' and the researcher's interpretive explanation of the phenomenon being studied (Charmaz, 2006). Hence, this research approach allows the multiple realities of life's experiences to be investigated. In addition, this research approach produces rich, in-depth information which provides an understanding of the multiple realities of the studied phenomenon through the combined eyes of both the researcher and the participants (Charmaz, 2006).

My philosophical perspective has evolved over thirty years of acute care nursing. In these years of practice, I have recognized the complexity of each client and that each client experiences life's circumstances differently. I acknowledge that client care must be individualized to meet each client's unique needs. As a result, my philosophy of care recognizes the importance of caring for the person as a whole entity and that simply treating the injured part is inadequate. In addition, I believe knowledge acquisition is interpretive and dependent on individual views and perceptions of the surrounding world. Therefore there is no one truth but instead multiple realities. Finally, I believe that the interpretive nature of qualitative data analysis denotes the importance of the researcher in the research process and that total objectivity is not possible.

In light of the above, it is recognized that just as clients are individual and require unique, holistic care, so too NGRNs are unique and therefore their transition to professional practice after completion of the NGG may differ. The NGRNs' perspectives, therefore, will be multifaceted and may differ according to unique perspectives and the context in which this process is experienced. Furthermore, their experiences are dependent on unique past and present life encounters and the differing internal and external environmental factors that influence these encounters. Finally, I recognize that total objectivity of the researcher cannot be attained and that throughout the analysis my personal interpretation of the data will directly impact future data collection strategies and the construction of the resultant theory. The appreciation for the existence of multiple realities, individualization, holistic care, and the interpretive nature of Grounded Theory fueled my appreciation for the strengths of Charmaz's (2006) methodology and led to the choice of this particular Grounded Theory methodology for this research study.

This approach has been shown to illuminate and explain human social processes experienced as a consequence of life circumstances (Charmaz, 2006; Glaser & Strauss, 1976). The purpose of this study is to explore one such social process, the NGRNs' perceptions of the transition process to professional practice after completion of Ontario's NGG. In addition, Corbin and Strauss (2008) indicate the choice of the grounded theory methodology is most appropriate when little is known about the area to be studied. They also add that the information gathered can be used to improve understanding of how groups experience major life events (Corbin & Strauss, 2008).

Researcher Orientation

Thirty years of acute care nursing has orientated me to the difficulties and challenges encountered by the NGRNs as they embark on their professional career. I have preceptored many

NGRNs over the years, and have personally witnessed their struggles. Initially, I was drawn more to the challenges of the transition experience, rather than the strengths that were evident in the data. Early in the data analysis process, my thesis supervisor made me aware of this practice. As a result, I retraced my initial analysis to ensure I remained true to the data. Throughout the data analysis, I continued to keep my personal assumptions in check and focused on discovering the transition experience of the participants. My committee members with PhD's are both faculty in a School of Nursing and therefore their educational perspective also proved valuable in this study.

History and Philosophical Underpinnings of Grounded Theory

Over the years, Grounded Theorists have taken various philosophical and methodological stances (Birks & Mills, 2011). Thus, the Theorist's philosophical and methodological beliefs determine and shape the research approach (Birks & Mills, 2011). The theorist's philosophical viewpoint is important as this belief determines the Grounded Theory method and hence influences the production of the final theory (Birks & Mills, 2011).

Grounded Theory's philosophical underpinnings are primarily derived from Symbolic Interactionism Theory (Annells, 1997). Symbolic Interactionism is a theoretical perspective derived from pragmatism which interprets each person's uniqueness as having been constructed through their social interaction with other persons and/or life experiences (Charmaz, 2006). According to Charmaz (2006), "because this perspective centres on dynamic relationships between meaning and actions, it addresses the active processes through which people create and mediate meanings" (p. 189). Charmaz (2006) continues by stating, these "meanings arise out of actions and in turn influence actions" (p. 189). This perspective also recognizes that despite an

individual's inherent uniqueness, an individual's experiences may share some commonalities with other persons (Annells, 1996; Moore, 2009).

In 1967, Strauss and Glaser developed grounded theory's original methodology, the classic Glaserian approach (Streubert & Carpenter, 2011). This methodology melded several philosophical beliefs which were positivism, pragmatism, and symbolic interactionism (Annells, 1997; Bryant & Charmaz, 2007; Streubert & Carpenter, 2011). In 1990, Strauss and Glaser's differing philosophical perspectives (Annells, 1997; McCann & Clark, 2003) and methodological preferences (Heath & Crowley, 2004; Kendall, 1999; Walker & Myrick, 2006) caused a rift between the two theorists, consequently Strauss joined with Corbin to produce the Straussian approach to grounded theory (Bryant & Charmaz, 2007; Hutchinson & Wilson, 2001; Streubert & Carpenter, 2011).

Since Glaser and Strauss's highly publicized split several other second generation grounded theorists have surfaced (Birks & Mills, 2011). These modern grounded theorists' philosophical perspectives have resulted in adjustments to the original classic Glaserian approach resulting in the development of divergent methodologies (Birks & Mills, 2011). Charmaz's constructivist grounded theory methodology is one such contemporary, divergent methodology (Birks & Mills, 2011; Charmaz, 2005; Charmaz, 2006).

Charmaz's Constructivist Grounded Theory Methodology

Charmaz's grounded theory methodology, with constructivist philosophical underpinnings, incorporates Strauss's pragmatist philosophical stance and Symbolic Interactionism Theory with a constructivist viewpoint (Charmaz, 2009). Charmaz incorporates Glaser and Strauss's original methodology "with 21st century methodological assumptions"

(Charmaz, 2006, p. 9). Charmaz (2006) developed a more flexible, and researcher integrated grounded theory methodology.

Charmaz's (2006) methodology preserves much of the classic Glaserian approach, but Charmaz's approach also differs from the historic version. First, Charmaz's approach does not subscribe to Glaser's objectivist, positivist assumptions (Charmaz, 2006). Charmaz's (2006) approach assumes any theoretical interpretations are merely an interpretive portrayal of the phenomenon being studied, not an exact depiction of it. Second, this methodology highlights the importance of an iterative and flexible research design (Charmaz, 2006). Third, Charmaz's (2006) approach delves deeper into the phenomenon to extract meanings of the experience, while identifying that these experiences are merely the participants' interpretations of the phenomenon in question. Therefore, it is acknowledged that multiple interpretations could potentially exist for the same phenomenon (Charmaz, 2004; Charmaz, 2006). Finally, Charmaz indicates researcher engagement is an added essential principle of her constructivist grounded theory approach (Charmaz, 2006). Charmaz's approach, unlike the historical versions, does not minimize the role of the researcher, as it is the researcher who discovers the categories, questions the data, and advances personal values, experiences, and priorities to construct the final theory (Charmaz, 2004; Charmaz, 2006). Charmaz's methodology identifies that the new theory is co-constructed by both the researcher and the participants (Charmaz, 2006; Charmaz, 2009; Mills, Bonner, & Francis, 2006).

Charmaz's methodology allows the researcher to construct the theory by interpreting the participants' implicit meanings and experiential views of the phenomenon (Charmaz, 2004). The data analysis, therefore, relates to the time, culture, and context of the social process under investigation and reflects both the researcher's and the participants' interpretations (Charmaz,

2006). Charmaz (2009) states, “constructivist grounded theory aims to position the research relative to the social circumstances impinging on it” (p. 134). Charmaz (2006), therefore, indicates that any conclusions developed by grounded theorists are circumstantial and incomplete as social processes evolve and change accordingly.

Charmaz’s philosophical underpinning has resulted in a research approach which diverges from the historic versions however many of the historic grounded theory guidelines that define the grounded theory method have been maintained (Charmaz, 2004; Charmaz, 2006; Charmaz, 2009). Charmaz (2006) contends that basic grounded theory practices can be used “with twenty-first century methodological assumptions and approaches” (p. 9). Charmaz indicates that these guidelines are flexible and can be adopted and adapted to conduct diverse studies (Charmaz, 2006).

Charmaz (2006) incorporates many of grounded theory’s guidelines, noted by Birks and Mills (2011) as essential components of grounded theory methodologies, into her research design (Charmaz, 2006). According to Birks and Mills (2011), the grounded theory method includes several essential components. These essential components are coding, categorization, and theoretical integration of data; simultaneous data collection and analysis; constant comparative analysis; memo writing; theoretical sensitivity; theoretical saturation; and theoretical sampling (Birks & Mills, 2011). Charmaz (2006), however, prefers to view grounded theory methods “as a set of principles or practices, not as prescriptions or packages” (p. 9). In addition, Charmaz emphasizes that these practices are “flexible guidelines, not methodological rules, recipes, and requirements” (p. 9). Charmaz (2006) adds an additional practice unique to the constructivist viewpoint, namely, researcher engagement. Finally, Charmaz indicates that the constant

comparative method and researcher engagement are the core practices of constructivist grounded theory methodology (Charmaz, 2006).

Charmaz (2006) views her research process as a set of several iterative, flexible practices that direct the study. These practices include initial memo writing; gathering rich data; simultaneous data collection and analysis; constant comparative method; grounded theory coding; memo writing; categorical coding; theoretical sampling, saturation, and sorting; reconstructing theory; researcher engagement; and theoretical sensitivity (Charmaz, 2006). However, Charmaz (2006) indicates that the nature of grounded theory methodology requires that these practices are repeated consistently throughout the research study.

Initial memo writing. Initial memo writing entails that the researcher record personal critical reflections of her/his presuppositions that is, assumptions, preferences, and biases relevant to the phenomenon under investigation prior to commencement of gathering data (Charmaz, 2006). These memos are transcriptions of the researcher's reflexivity (Charmaz, 2006). Reflexivity is a practice encouraged in qualitative research that necessitates the researcher to reflect on personal presuppositions in order to gauge if or how these opinions influenced the research findings (Polit et al., 2007).

Grounded theorists continue to view the value of reflexivity differently (Birks & Mills, 2011). Glaser (2001) notes the researcher must ensure all these insights remain in check, as total researcher objectivity is paramount to ensuring accurate theory development. In constructivist grounded theory, however, reflexivity plays an integral role in the research process (Charmaz, 2009). Constructivists acknowledge that the researcher cannot maintain an objective stance as the researcher's subjectivity directly influences the research process (Charmaz, 2009). According to Charmaz (2006) constructivists acknowledge that the analysis is "contextually situated in

time, place, culture, and situation” (p. 131), therefore the researcher must identify how their presuppositions influenced the study’s findings. Charmaz (2006) notes the researcher must “foster researchers’ reflexivity about their own interpretations as well as those of their research participants” (p. 131). Records of the researcher’s personal assumptions, biases, and preferences in the initial and subsequent memos provide an audit trail of the research process (Charmaz, 2006).

The initial and successive memos provide a written account of the researcher’s thinking and critical analysis of the data, thereby creating a trail of accountability for the researcher’s actions and decisions throughout the research process (Charmaz, 2006). Charmaz (2006) notes this is an important practice as reflexive writings “assess how and to what extent the researcher’s interests, positions, and assumptions influenced the inquiry” (p. 188). In addition, knowledge of the researcher’s reflexive stance informs why the research process was strategically implemented by identifying what factors influenced the decision to implement the research process in the chosen format (Charmaz, 2006).

Memo writing was initiated prior to commencement of data collection. The initial memo, included transcriptions of personal assumptions and beliefs as to NGRNs’ transition experiences to professional practice during the 12 months post NGG orientation program and the factors believed to influence this transition process. This written perspective was a reminder of personal assumptions and biases and enabled me to feel confident that these perspectives have not influenced the data analysis. This initial memo also forms part of the audit trail which will be used, in part, to determine the study’s credibility.

Gathering rich data. Gathering rich, suitable, and sufficient amounts of data enhances the quality and the credibility of the study (Charmaz, 2006). Charmaz (2006) stipulates that rich data

must be gathered as it is the data that provides the “solid material for building a significant analysis” (p.14). In addition, suitability and sufficiency of data is a prerequisite to a quality grounded theory study (Charmaz, 2006). As the grounded theory approach evolves and changes throughout the research process (Charmaz, 2006), the data collection strategies were adjusted as the current study progressed by theoretically sampling and modifying interview questions.

Initial recruitment strategy. The NGRNs were recruited from an urban academic hospital in Ontario. The recruitment strategy entailed contacting the recruitment site’s New Graduate Coordinator who had agreed in advance to act as an intermediary and assist with participant recruitment. The coordinator was chosen as she had access to the information required to assess which new graduates were eligible to partake in the study. At an arranged meeting with the coordinator, I introduced the research study and requested her assistance with recruitment. In addition, I supplied her with a copy of the Letter of Introduction/Research Information for the NGRNs’ Coordinator (see Appendix A) and Sample Selection Criteria (see Appendix B). After her agreement to assist me with recruitment, I supplied her with hard copies of the New Graduate Registered Nurses Research Information Letter (see Appendix C) and she distributed this letter in the mail boxes of NGRNs who met the selection criteria. One week later, an electronic copy of this letter was forwarded to her by me. I requested that she e-mail these same participants the electronic copy of the letter to remind them of the study and as a back-up procedure in case they had not accessed their mail boxes in the interim. The participants who agreed to be part of the study were known only to me; neither nurse managers nor the coordinator had access to this information.

Recruitment was more difficult than anticipated. Four weeks after the initial recruitment strategy, only four eligible participants had been recruited. Interview dates were scheduled with

these respondents. The New Graduate Coordinator was contacted and requested she again send out a bulk e-mail to prospective participants, however, there was no response from prospective NGRNs. Snowballing was then implemented. The snowballing recruitment method entails requesting the already recruited participants to provide the study information and my contact details to other potential participants (Creswell, 2007). After each interview, I encouraged the participant to forward my e-mail details to colleagues who fit the eligibility criteria in anticipation their encouragement would increase the participation rate. In addition, I regularly contacted the New Graduate Coordinator and requested her to send out repetitive bulk e-mails to all eligible participants. In addition, I supplied her with more recruitment packages to distribute. Recruitment, however, failed to increase.

After consultation with my thesis supervisor, I reinitiated recruitment with a minor modification to the original recruitment plan. University ethics board approval for these minor modifications was received. The modification included summarizing the New Graduate Registered Nurses Research Information Letter into a more concise form, that is, a one page summary (see Appendix D). I hoped this one page summary would attract the NGRNs' attention more effectively. This summary, with the original New Graduate Registered Nurses Research Information Letter, was then dispensed by the New Graduate Coordinator in hardcopy form to potential participants' hospital mail boxes. One week later, I again e-mailed the New Graduate Coordinator and requested she electronically forward the information to those NGRNs she had supplied hardcopies to as a reminder of my study. Two weeks after this recruitment strategy, I still had not recruited any more participants. I, therefore, met with the New Graduate Coordinator and we discussed how we could potentially increase recruitment. The coordinator shared that she had mainly been focusing on NGRNs who had just completed orientation in

preference to also recruiting those who had completed the program up to 12 months ago. The coordinator also suggested she would change her e-mail strategy from mass e-mail to personal e-mail in anticipation the mass e-mail may have been ignored. This strategy proved successful. Six more NGRNs were recruited to make a total ten participants.

Initial sampling strategy. Grounded Theory methodology begins with purposeful sampling and then proceeds to theoretical sampling (Charmaz, 2006). Purposeful/criterion sampling, a sampling method which incorporates deliberate selection of participants who meet a predetermined criterion of importance (Polit, et al., 2007), was initially used to recruit eligible participants. NGRN who had completed the Ontario NGG in the last 12 months were recruited as this timeframe was noted to be most difficult for the NGRNs (Boychuk Duchscher, 2012) and not been studied previously. After data analysis commenced, theoretical sampling was instituted to substantiate and saturate provisional categories and subcategories.

According to Wuest (2012) the number of participants required to conduct a Grounded Theory study depends on when theoretical saturation is reached. Theoretical saturation refers to the point at which gathering more data about a theoretical category reveals no new information about the emerging theory (Charmaz, 2006). However, Wuest (2012) indicates for the purpose of a Master's Thesis, if the study has a narrow focus, interviews from 10-15 participants are acceptable.

Theoretical saturation in grounded theory supports that when emerging categories are saturated only then can the researcher conclude that a sufficient sample size has been achieved (Charmaz, 2006; Glaser & Strauss, 1967; Strauss & Corbin, 1990). According to Charmaz (2006), theoretical saturation “refers to the point at which gathering more data about a theoretical category reveals no new properties nor yields any further theoretical insights about the emerging

grounded theory” (Charmaz, 2006, p. 109). Charmaz specifies that the sample size is adequate only when sufficient data is collected to ensure the categories completely explain the process under investigation (Charmaz, 2006). For the purpose of this study, sampling continued until data saturation of the categories was reached, that is, until no new properties of the developed categories were retrieved.

Inclusion criteria. Eligible participants were NGRNs who experienced the transition to professional practice within the last 12 months, after completion of the Ontario NGG.

Participants were also required to be able to speak, understand, and read English and were required to be employed at the recruitment site. There was no exclusion criteria stipulated (see Appendix B for Sample Selection Criterion).

Participants. Ten NGRNs, three males and seven females, were interviewed over a period of three months. All NGRNs had completed the NGG orientation program within the 12 months prior to the interview. Four participants were 1-5 months post-orientation and six participants were 6-12 months post-orientation. In addition, all participants worked full time in one urban, academic hospital in Ontario. Participant’s ethnicities included Caucasian, Asian, and Indian. Seven participants were between the ages of 20-25 years, two between the ages of 25-30 and one in the 30-35 age bracket.

Nine NGRNs worked on the Nursing Resource Team (NRT) and one participant, worked on the NRT for three months and then acquired a permanent position on a specialty unit, nine months prior to the interview. Five of the participants working on the NRT rotated through specialty units. The other four participants rotated primarily through medical and/or surgical units. Four participants had previous experience working as a healthcare worker, prior to completing their degree. Previous healthcare experiences included patient observer, personal

support worker, medic, and Registered Practical Nurse (RPN). The chart below provides the participants' demographics.

Participants' Demographics

NGRN	Gender	Age	Ethnicity	Time post NGG (months)	Unit	Previous Healthcare Experience
1	Female	20-25	Asian	3	Surgical NRT	No
2	Female	25-30	Asian	4	Medical NRT	No
3	Female	20-25	Indian	2	Medical NRT	No
4	Female	20-25	Indian	3	Med/Surg NRT	No
5	Female	20-25	Asian	12	Med/Surg NRT	No
6	Male	25-30	Asian	12	Permanent unit after 3 mths NRT	No
7	Male	30-35	Caucasian	12	Specialty NRT	Yes
8	Female	20-25	Asian	6	Specialty NRT	Yes
9	Female	20-25	Asian	6	Med/Surg NRT	Yes
10	Male	20-25	Asian	6	Specialty NRT	Yes

Data collection strategy. The aim of grounded theory studies is to gather rich data to establish a range of theoretical possibilities to answer the research question (Charmaz, 2009). According to Charmaz (2009), “grounded theory studies shine when researchers gather rich data, offer original ideas about this data, establish solid evidence for their ideas, and recognize the range and limits of these ideas” (p. 244). Charmaz (2006) further notes that rich data collection involves ensuring the implicit meanings of the participants' perspectives are explored and revealed in their entirety. Therefore, in-depth interviews are the most common form of data collection used in a grounded theory study as obtaining rich interview data is considered to be crucial for developing robust theories (Charmaz, 2009).

Rich data was gathered by conducting individual (semi-structured) interviews with ten participants. These interviews were audio recorded using a digital recorder and were later transcribed verbatim. Only one interview per participant was conducted. In addition, memos

were written describing the participants' non-verbal and emotional responses. According to Charmaz (2006), this additional strategy enables the researcher to interpret the participants' emotional status, therefore, adding depth and richness to the gathered data. This strategy helped to achieve a comprehensive and accurate description of those aspects of the interview that could not be perceived from the transcript of the audio recording (Charmaz, 2006). The interviews took approximately one hour and were conducted at the participants' convenience outside of the hospital. An interview room located in a university library offered aural and visual privacy.

The interview was aided by an interview guide depicting broad and open-ended questions. Clarifying questions or probes were used to invite a detailed discussion of the topic (see Appendix E for Interview Questions). The interview guide assisted me, a novice, to focus questions that would inform the research question. In addition, the guide provided focus so I did not ask questions which could potentially lead to a preferred answer (Charmaz, 2006).

During the interviews, I conscientiously aimed to build a rapport with the participants. I did this by introducing myself and sharing with them my nursing history and how I became interested in this study. They in turn shared with me some of their history. Therefore, I ensured we built a congenial rapport prior to commencing the official interview. This strategy is recommended by Charmaz (2006) as she indicates that in order to construct a theory the researcher must try to see the world through the participants' eyes in order to identify not only their explicit but also their implicit meanings of their words and situations.

Charmaz's data analysis process. Data analysis was conducted after each interview. Grounded theory's data analysis involves identifying concepts and the theoretical connections of these concepts present in the studied social process (Glaser & Strauss, 1967). Charmaz (2006) states "grounded theory coding generates the bones of your analysis" (p. 45) and that "theoretical

integration will assemble these bones into a working skeleton” (p. 45). Charmaz’s data analysis process consists of simultaneous collection of data and analysis; constant comparative method; grounded theory coding; extensive memo writing; conceptual categorization; theoretical sampling, saturation, and sorting; and theoretical coding (Charmaz, 2006).

Simultaneous data collection and analysis. The grounded theory approach indicates the importance of concurrent data collection and analysis (Glaser & Strauss, 1967). Analysis of data commences after the first episode of data collection and continues concurrently throughout the research process (Glaser & Strauss, 1967). Charmaz (2006) indicates that in order to ensure rich data is gathered concurrent data collection and analysis practices must be conducted, as it is the data analysis that reveals from where, and by which method, subsequent suitable data can be collected (Charmaz, 2006). In addition, the on-going data analyses indicate when data collection is sufficient and therefore complete (Charmaz, 2006). Throughout the research process, data was concurrently collected and analysed which supports the constant comparative method of the grounded theory approach.

Constant comparative method. The constant comparative method, also called constant comparative analysis, is a core practice of constructivist grounded theory methodology (Charmaz, 2006). A key component of this method is the simultaneous data collection and analysis (Charmaz, 2006). This analysis method engages the researcher to constantly compare new data with previously collected and analysed data (Charmaz, 2006). The quality and the credibility of the research study is contingent on this core practice as it is this procedure that ensures relevant, sufficient, and substantial data is gathered (Charmaz, 2006).

Charmaz (2006) indicates that constant comparative analysis generates successively more abstract concepts and theories by comparing data with data and data with codes and codes with

categories. Coding, therefore, informs future data collection methods (Charmaz, 2006). Consequently, the researcher returns to the field to retrieve subsequent relevant data which in turn is compared with the previously analysed data. This practise enables codes to emerge from the data, categories to be established, and inter-relationships between the categories to be revealed (Charmaz, 2006). Constant comparative analysis and simultaneous collection of data and analysis continue until theoretically relevant categories are refined and a grounded theory is constructed (Charmaz, 2006; Glaser & Strauss, 1967).

The constant comparative method was employed throughout the research process. This practice identified important codes and categories which then indicated how the research process should proceed, or be adjusted, to ensure rich data was subsequently gathered (Charmaz, 2006). Grounded theory methodology evolves and changes according to the constant comparative analysis of data (Charmaz, 2006). The interview questions were modified (See Appendix E) to address the results of the coding and to clarify the emerging categories. Modifying the interview questions enhanced subsequent responses and facilitated collection of rich data to substantiate the identified categories and subcategories (Charmaz, 2006).

Grounded theory coding. Grounded theory coding requires the researcher to ask analytic questions of the data to not only increase understanding of the phenomenon being investigated but to determine future data collection methods so the emerging categories can be further refined and illuminated (Charmaz, 2006). Charmaz (2006) explains that “coding means naming segments of data with labels that simultaneously categorizes, summarizes, and accounts for each piece of data” (p. 43). According to Charmaz (2006), grounded theory coding consists of at least two phases; initial coding and focused coding. Initial and focused coding enables analytic interpretations of the data which in turn explain the studied phenomenon (Charmaz, 2006).

Initial coding. Initial coding defines what the data is saying and requires the researcher to remain open to all theoretical possibilities that may be revealed in the data (Charmaz, 2006; Charmaz & Belgrave, 2012). Charmaz (2006) notes “initial codes are provisional, comparative, and grounded in the data.” (p. 48). Initial coding requires the researcher to scrutinize the data line by line and to name or code each word, line, or segment. These codes should derive from the data and *in vivo* codes, that is, direct quotes from the participants can be incorporated to verify how the concept or category was established (Charmaz, 2006). In addition, Charmaz (2006) and Glaser (1978) recommend coding with gerunds, that is, with words that reflect action, as this coding method indicates the presence of a process and therefore aids in theory development. In addition, Charmaz (2006) stipulates the importance of coding data with gerunds, action words, as this practice deters researchers from theorizing prematurely and forcing pre-existing categories into the new data. Initial coding requires the researcher to become immersed in the data and it is this in-depth familiarization of the data that aids further data collection and analysis (Charmaz, 2006; Charmaz & Belgrave, 2012).

The data analysis of the collected data, retrieved from the individual interviews and records of observations made during the interviews, commenced with the initial coding phase. As advised by Charmaz (2006), the transcriptions of the first, and then subsequent interviews, were coded line by line and each segment was coded using gerunds, that is, “ing” words. This strategy ensured the codes were generated directly from the data and implied a process. Quoting *in vivo* codes was also used as an analysis strategy to verify the origin of a particular code. This strategy provided reassurance that the focus was on the participants’ words, in preference to forcing the data into preconceived categories (Charmaz, 2006).

The initial coding phase had several advantages. This coding method revealed the participants' experiences of their transition process. In addition, the method revealed potential categories and provided guidance in order to modify the questionnaire and data collection strategy so future data collection focused on the emerging categories and theory development. Through the constant comparative method, codes from each interview were constantly compared with previously identified codes. This enabled similarities and differences between the interviews to be recognized. Charmaz (2006) indicates that this coding phase allows the researcher to see the investigated phenomenon through the participants' eyes and to gain an understanding of their experience.

Focused coding. Charmaz (2006) states focused coding is a “selective phase that uses the most significant or frequent initial codes to sort, synthesize, integrate, and organize large amounts of data” (p. 46). Focused coding tells a story by condensing the data and connecting the categories. The end result of this phase is a broad set of theoretical propositions, also termed categories (Charmaz, 2006). This coding method pinpoints and develops significant and/or frequent categories from larger segments of data (Charmaz, 2006; Charmaz & Belgrave, 2012). Charmaz (2006) states “focused coding requires decisions about which initial codes make the most analytic sense to categorize your data incisively and completely” (p. 58). During focused coding, Charmaz (2006) again recommends using gerunds to keep the codes active and close to the data. Focused coding allows the researcher to consider all the data and to “compare participants' experiences, actions, and interpretations” (Charmaz, 2006, p. 59) of the studied phenomenon. Through focused coding, categories are identified and interrelationships between these categories begin to emerge through memo writing. Memo writing raises these focused

codes to conceptual categories as it is through writing that the story becomes clearer (Charmaz, 2006).

In the current study, focused coding was used to analyse the data further after initial codes were identified. Focused coding required a return to the raw data to determine the adequacy of the initial codes and required the selection of an initial code to describe large amounts of the data. Focused coding elevates initial codes to more conceptual codes (Charmaz, 2006). By using the constant comparative method the most significant and/or frequent initial codes were sorted, synthesized, integrated, and organized to develop categories and subcategories using gerunds to keep the codes active and close to the data. In addition, this analysis method elucidated the interrelationship between the categories and subcategories. Initial and focused coding enables construction of a substantive theory to describe NGRNs' perceptions of transitioning in the 12 months, after completion of Ontario's NGG.

Ongoing memo writing. Memo writing, an ongoing activity throughout the data analysis process, provides an explanatory transcription of the researcher's data analysis and a record of how the theory was developed (Charmaz, 2006). Memos record the researcher's ideas, assumptions, and questions which arise during the research process (Charmaz, 2006). The procedure ensures the researcher is actively involved in the data and reveals new ideas and insights which determine the progression of the research process (Charmaz, 2006). In addition, memo writing enables the researcher to lift the emerging concepts to conceptual categories and to identify how these categories are interrelated. Memos, therefore, provide a record of the research, become part of the grounded theory findings, and are used as an audit tool to substantiate how the researcher developed the resultant theory (Charmaz, 2006).

Memo writing was extensive and constant throughout the research process. These memos describe in detail how the initial and focused codes were developed, and how the categorical conclusions were formulated. Memos were written after each interview and again after each transcript was analysed. The memos detailed a summary of findings from individual interviews and the on-going comparative analysis to date. It was through writing memos that new ideas and insights were discovered and therefore these memos informed future interview questions. The memos were reread frequently throughout the data analysis process to identify commonalities and differences and therefore resulted in identification of categories, subcategories, and their interrelationships. Memos also ensured the results were derived directly from the data. In addition, memoing enabled theoretical sorting of the developed categories and subcategories. Theoretically sorting, diagraming, and integrating the categories through memo writing determined how these categories fit together. Finally, memo writing clarified why certain methodological decisions were made and subsequent data collection methods and sample choices were implemented. For example, after the first four interviews I recorded the following memo;

These four participants all completed the preceptored orientation program within the last four months. They describe this first four months as challenging. They all seem scared in this new role. They provided several situations when this scared feeling was even worse. They appear to just be relieved to have survived the shift. They describe sleepless nights and lack of social life. I wonder if this experience changes over time. Does it improve?

This memo prompted me to recruit NGRNs further along in their transition process to gain insight into how and if the experience changes. The following memo describes the NGRNs' transition experiences later in the process.

Later in the transition process, the NGRNs describe a change in the process. The fear initially experienced appears to be less apparent as the NGRNs describe feeling more comfortable in their professional role. They describe gaining confidence in their professional performance. They are sleeping better, have re-established their social life and are now participating in extracurricular and social activities.

Memoing also prompted me to add additional focused interview questions to explore initial concepts, such as Experiencing Fear. The more focused questions garnered a deeper understanding of when this feeling was experienced. The answer to the question led to further development of this subcategory. For example, I added the question “You described being scared and experiencing fear. What situations caused you to be scared and afraid?” By having the NGRNs answer this question the subcategory Experiencing Fear was further developed. For example:

The NGRNs indicate that the situations which provoke fear include: initially having to work without their preceptor’s guidance, when caring for critically-ill or dying patients, when overwhelmed by workload, and when communicating with other healthcare professionals. Furthermore, these fears were also experienced when working on unfamiliar units, with unfamiliar staff, and with unfamiliar patient populations.

It was through this memoing, that the categories were developed. These memos provide an audit trail to show how the research process proceeded and how the constructed substantive theory emerged from the data.

Conceptual categorization. Forming conceptual categories from the developed focused codes is the next step in the data analysis process (Charmaz, 2006). This practice is achieved through extensive memo writing. Memo writing will identify the focused codes that best describe

what is happening in the data. Well-developed focused codes can be treated as potential categories as these codes precisely describe what the data reveals about what the participants are doing or what is happening in the explored situation (Charmaz, 2006).

Categories explain ideas, events, or processes revealed in the data. In addition, a category may include common themes and patterns evident in several codes (Charmaz, 2006). Charmaz (2006) notes it is important to make categories as conceptual as possible, “with abstract power, general reach, analytic direction, and precise wording” (p.91). Charmaz, however, stipulates the importance of ensuring the categories remain consistent with the data (Charmaz, 2006). For example, the *in vivo* code “figure it out” consistently kept coming up in the transcripts. This *in vivo* code was elevated to a sub-category as the NGRNs used this term when I enquired how they felt now they no longer had their preceptor’s help. NGRN 5 shared “It’s time to kind of figure it out for yourself.” It became clear to me by comparing memos and interviews that part of the NGRNs process was that they had to figure out how to practice independently.

Through memo writing the researcher can raise specific focused codes to conceptual categories by defining them conceptually (Charmaz, 2006). Establishing category criteria in the memos enables further comparisons among data (Charmaz, 2006). Charmaz (2006) indicates that the narrative in the memo should include the certain criteria in order to ensure a precise conceptualization is explained. This criteria includes; define the category, explicate the properties of the category, specify the conditions under which the categories arises, is maintained, and changes, describe its consequences, and show how this category relates to other categories. In the Findings Chapter, each category’s properties are clearly defined and explicated. In addition, describing the circumstances in which the category is revealed and how

the categories are interrelated is also presented. In addition, *in vivo* codes and quotes were presented to substantiate how the categories were developed.

Categories may consist of *in vivo* codes that are taken directly from the respondents' interview or they may represent the identified theoretical or substantive definitions of what is happening in the data (Charmaz, 2006). In addition, categories can represent theoretical definitions of actions or events (Charmaz, 2006). Charmaz (2006) notes determining how the categories all fit together forces the researcher to think theoretically. Generating categories from focused codes requires the researcher to compare data, incidents, contexts, and categories. The comparisons are revealed through thoughtful and detailed memo writing (Charmaz, 2006).

Through memo writing the core category of the grounded theory will be realized, as this category will repeatedly resurface throughout the transcript (Charmaz, 2006). Coding categorization further conceptualizes the focused codes and theoretical integration explains how these codes are interrelated. These two data analysis practices continue through all subsequent analytic steps (Charmaz, 2006; Charmaz & Belgrave, 2012).

Theoretical sampling, saturation and sorting. According to Charmaz (2006), theoretical sampling, saturation, and sorting are also important practices of the data analysis process. Although these practices are discussed separately, all three practices are intertwined and are accomplished repetitively throughout the analysis process.

Theoretical sampling. Theoretical sampling is unique to Grounded theory and refers to a sampling method instituted by the researcher during the research process to enhance grounded theory construction (Charmaz, 2006; Creswell, 2007). This sampling method ensures pertinent data is collected to elaborate or refine emerging themes or theoretical categories (Charmaz, 2006; Polit et al., 2007). Charmaz (2006) defines the theoretical sampling method as a process that is

instigated as a result of the constant comparative method that enables identified categories to be further investigated to identify their significance in the theory development. Participant selection and different data collection strategies, therefore, are based on the researcher's perceptions of how this individual or data will add to the development of the theory (Charmaz, 2006).

In the current study, the data analysis informed theoretical sampling. The first four participants had completed the NGG orientation program within the 1- 5 months before the interview. Analysis of these interviews suggested NGRNs further along in the process, that is, 5 - 12 months post-orientation, may provide further insight as to how the NGRNs' transition experiences transpire. Three additional interviews were conducted with NGRNs who had completed the NGG orientation program approximately 12 months prior to the interview. One of the NGRNs had secured a position on a permanent unit after 3 months working on NRT. As the analysis continued questions arose as to whether NGRNs who had previous healthcare experience and who worked on specialty units would describe similar transition experiences. In follow-up, three NGRNs with previous health care experience and two NGRNs who worked on specialty NRT units were recruited. Theoretical sampling provided a variety of NGRNs' transition experiences throughout the 12 month post-orientation timeframe.

Theoretical saturation. Theoretical saturation “refers to the point at which gathering more data about a theoretical category reveals no new properties nor yields any further theoretical insights about the emerging grounded theory” (Charmaz, 2006, p. 109). If this criterion is followed the researcher continues to theoretically sample until sufficient data is gathered to completely explain the process under investigation (Charmaz, 2006).

Theoretical saturation is one of grounded theory's controversial practices. Disagreements exist among theorists as to the meaning of the term and how theoretical saturation of categories

can be proven. Dey (1999) notes theoretical saturation cannot be measured, so cannot be proven, and that the term is used entirely on the researcher's subjective conjecture. Dey (1999) claims this subjectively used terminology can result in researchers completing the study prior to collecting all the data. In addition, Dey (1999) indicates that in preference to using the term theoretical saturation, the term "theoretical sufficiency" (p. 257) would more aptly fit grounded theory methods. Charmaz (2006) notes her view of theoretical saturation is closely aligned with Dey's (1999) assertions. Charmaz (2006) recognizes that declaring theoretical saturation too early can result in superficial analysis and poor quality studies. Charmaz (2006), therefore, suggests that the researcher should delve deeply into the data and consistently look for new leads to ensure rich data is gathered. According to Charmaz (2006) this practice will ultimately reveal when sufficient data has been gathered. Theoretical saturation was achieved for this current study. After completion of the analysis of the 10 participants' transition experiences, data saturation appeared to be complete as the last two interviews had failed to retrieve any new information.

Theoretical sorting. Theoretical sorting is accomplished through memo writing (Charmaz, 2006). By writing memos the researcher is able to sort through the data and identify and refine theoretical links between the identified categories (Charmaz, 2006). Theorizing how the developed categories all fit together, therefore, involves sorting, diagramming, and integrating (Charmaz, 2006). In the current study, sorting, diagramming, and integrating are intertwined practices that are implemented jointly throughout the analysis process. Extensive memoing enabled this process (Charmaz, 2006).

The initial focused codes were written on post-it notes and sorted on a large poster board to identify significant categories and to facilitate the sorting process. Similar codes were grouped

together and significant categories were named by identifying wording from the data that best described each group of codes. In this way subcategories and categories were named and the interrelationship between these subcategories and categories was determined. By using gerunds, “doing” words, to depict process and referring back to the original data I was able to organize and isolate categories and subcategories. Diagramming also helped with this process. For example, it became clear to me that it was only after the NGRNs were Being Trusted and Gaining Confidence that they were able to experience Feeling Comfortable.

Data analysis in grounded theory is complex and consists of several intrinsic, yet flexible, practices. Through initial and focused coding and extensive memo writing, conceptual categories are developed (Charmaz, 2006). These developed categories are continually sorted and integrated, sometimes with the assistance of diagrams (Charmaz, 2006). Sorting, diagramming, and integrating these categories forces the researcher to consider how the categories are theoretically linked (Charmaz, 2006). Identification of theoretical linkages leads to the development of a theory that explains the social process being investigated (Charmaz, 2006).

Charmaz’s data analysis process informed analytic interpretations of the data and resulted in the emergence of a substantive theory to describe the NGRNs’ perceptions of transitioning to professional practice after completion of the NGG orientation program. The data analysis process continued until sufficient rich data was gathered to saturate the categories.

Researcher engagement. Charmaz (2006) indicates that researcher engagement is an added practice of her constructivist grounded theory methodology. Charmaz’s methodology denotes the importance of the researcher within the research process by declaring how the researcher’s and the participants’ views, beliefs, and previous experience directly influence the development of the grounded theory (Charmaz, 2006; Charmaz, 2009). Charmaz’s methodology

identifies that the new theory is co-constructed by both the researcher and the participants (Charmaz, 2006; Charmaz, 2009; Mills, et al., 2006).

Researcher engagement included extensive memo writings. These memo writings commenced with the initial memo which transcribed personal assumptions, biases, and preferences relevant to the NGRNs' transition process and continued throughout the research process. In addition, interviews were transcribed by me. The personal transcriptions of the interviews allowed in-depth familiarization with the data, although not a requirement of the methodology. Finally, theoretical sensitivity of the investigated phenomenon heightened my ability to be totally engaged in the data, enhanced theoretical insight, and assisted construction the substantive theory.

Theoretical sensitivity. Theoretical sensitivity is defined by Birks and Mills (2011) as the researcher's "ability to recognize and extract from the data elements that have relevance for the emerging theory" (p. 59). Theoretical sensitivity, therefore, is influenced by the researcher's personal, professional and experiential history as these experiences influence the researcher's interpretation of the gathered data (Birks & Mills, 2011). Furthermore, theoretical sensitivity enhances the researcher's ability to "see possibilities, establish connections, and ask questions" about the emerging theory (Charmaz, 2006, p. 135). Theoretical sensitivity enables the researcher to determine what is meaningful and important in the gathered data (Strauss & Corbin, 1990). Charmaz (2006) maintains that theoretical sensitivity is an important practice of constructivist grounded theory methodology as it is the researcher's theoretical sensitivity which ultimately assists the researcher to conceptualize and develop the grounded theory.

Theoretical sensitivity can be enhanced by various techniques and strategies (Birks & Mills, 2011). Charmaz (2006) notes that acquiring theoretical sensitivity requires the researcher

to look at the phenomenon from “multiple vantage points, make comparisons, follow leads, and build on ideas” (p. 135). Charmaz (2006) continues by explaining that the researcher’s theoretical sensitivity is developed through theorizing, that is, “stopping, pondering, and rethinking” (p. 135) all possible realities that could influence the investigated phenomenon. Charmaz notes that using gerunds also promotes theoretical sensitivity as these action words force the researcher to theorize about the process in preference to focusing on a static subject (Charmaz, 2006).

Charmaz (2006) indicates the researcher’s previous and acquired knowledge of the investigated phenomenon, irrespective of where the knowledge was obtained, becomes an integral part of the theory development process. According to Charmaz (2006), researcher’s engagement and theoretical sensitivity are important aspects of grounded theory development.

My theoretical sensitivity to the NGRNs’ transition experience to professional practice was enhanced by personal experience of working with NGRNs in the acute care environment and by acquiring background information on the topic through scholarly and grey literature. This theoretical sensitivity enhanced the analysis as familiarization of the culture and insight into how the environment can influence the transition enabled understanding as to why the NGRNs sometimes struggled during this transition period. Theoretical sensitivity, therefore, was an integral part of the analysis and theory development process.

Establishing Rigour

Charmaz (2006) discusses four criteria used to establish the rigour of a Grounded Theory study and resultant theory. These criteria include credibility, originality, resonance, and usefulness (Charmaz, 2006). Charmaz (2006) stipulates that the presence of these criteria improves the quality of the final theory.

Credibility. In order for research credibility to be established, four methodological requisites need to be adhered to throughout the research process (Charmaz, 2006). The four methodological requisites are the methodology must be employed precisely; rich, suitable, and sufficient data must be collected; strict memoing must provide an audit trail; and frequent quotes from interviewees should be available (Charmaz, 2006).

First, to enhance the study's credibility, Charmaz's (2006) methodological practices were followed. Second, rich, suitable, and sufficient data was collected to substantiate theoretical claims. Third, strict memo keeping was employed prior to the commencement of and throughout this current study. In addition, the detailed memos provide ample evidence to justify theoretical decisions and provide an audit trail to verify the theory construction. Finally, the Findings Chapter presents in vivo quotes from participants to depict how theoretical concepts and categories were established.

Charmaz's (2006) criterion to establish research credibility also involves consultation with an independent assessor to verify the finished analysis. Research procedures including data analysis were constantly reviewed by the members of my thesis committee. The committee members' expertise guided the research process and assisted with the construction of a substantive theory to describe the NGRNs' transition processes. Thus, this study fulfilled the criterion noted by Charmaz (2006) to enhance credibility.

Originality. According to Charmaz (2006), the study's originality is established if the constructed theory offers new and deeper insights of the participants' experiences and provides some social and theoretical significance. In addition, the study results should provide new insights by extending, challenging, or refining previously conducted research (Charmaz, 2006). Originality was substantiated by reviewing previous relevant literature. Research in the chosen

context, that is, NGRNs' transition process to professional practice, after completion of Ontario's NGG, was original, as the literature search failed to find any previous studies that explained this particular phenomenon. In addition, the study's originality was substantiated by situating the findings with the findings of previously conducted studies.

Resonance. The study's resonance refers to the emergent theory's ability to portray the fullness of the studied experience (Charmaz, 2006). Charmaz (2006) notes that the constructed theory should make sense to the participants and that the analysis should offer deeper insights about the participants' experience of the studied phenomenon. Resonance has not yet been established for this study as member checking was not used. Charmaz (2006), however, indicates that "a strong combination of originality and credibility increases resonance, usefulness and the subsequent value of the contribution" (p. 183).

Usefulness. The study's usefulness refers to how the developed theory can be used in the everyday world and whether the theory contributes to existing knowledge or provokes further research (Charmaz, 2006). This current study's findings informs practice, education, policy, and research by identifying potential strategies to enhance NGRNs transition experiences to professional practice and informing the requirement for future research to further develop this theory.

A substantive theory to explain NGRNs' transition experience to professional practice, after completion of the NGG, was developed by using Charmaz's (2006) grounded theory methodology. Rigour was established by ensuring the theory was credible, original, useful, and meaningful to the substantive area investigated.

Ethical Considerations

Ethics approval was obtained from the university Research Ethics Board. Ethics application at the hospital recruitment site was submitted, however, the interim adjudication determined that ethics board approval was not required as the sampling strategy included interviewing health care professionals off-site. The hospital recruitment site did stipulate that ethics approval from the applicable university be obtained.

The Tri-Council Policy Statement: Ethical Conduct for Research Involving Human Subjects identifies three core principles which must be adhered to when research involves human subjects. These core principles include: respect for persons, concern for welfare, and justice (Canadian Institute of Health Research, 2010). These principles were upheld throughout the current study. All participants provided informed consent, voluntarily participated, and were given the option to withdraw from the study at any time without consequences. Finally, confidentiality was maintained as required by the Research Ethics Board.

Informed consent, voluntary participation, and withdrawal. The participants' right to self-determination was upheld, opinions were respected, and the study was devoid of coercion and deception. Participation was voluntary and full disclosure and informed, signed consent was obtained (see Appendix F). The NGRNs were informed that they could withdraw their consent and discontinue participation at any time. They were also informed that they could stop the interview at any time, or refuse to answer any questions they do not wish to answer yet remain in the study. I notified the NGRNs that if they did decide to withdraw from the study, I would respect their choice as to whether or not his/her data remains part of the study.

Interested participants were requested to contact me via my private e-mail that only I have access to. This information was available in the circulated Letter of Introduction/ Research

Information for New Graduate Registered Nurses (see Appendix C). Participants, who expressed interest in the study, by emailing me, were contacted by me to build rapport, to offer an opportunity to ask questions, and to give detailed information of the study's purpose, chosen methodology, potential risks and benefits, and requirements for participation. If the potential participant continued to express interest in the study a copy of the Consent Form (see Appendix G) was electronically forwarded to them allowing time for them to privately contemplate their decision to participate.

The participant signed two copies of the consent form, in my presence, prior to the start of the interview and after an additional opportunity was offered to answer any further questions. Participants retained a copy of the signed consent form. The other copy was securely locked in a filing cabinet draw in a locked office at the university. My supervisor and I have access to this cabinet drawer.

Remuneration for research-related expenses was given to participants in the form of a \$10 Tim Horton's card. This remuneration is a token of appreciation for participants' time. In addition, participants were entered into a draw for a \$100 shopping centre gift card which was won by one participant. I was solely in charge of the draw and only the participant winning the shopping centre gift card was notified by me.

Confidentiality. Every effort was made to protect the participants' identity. However, due to the nature of qualitative research anonymity from the investigator could not be offered as I was conducting the interviews. Instead, any information obtained in connection with this study which identifies the participants remained confidential to myself and participants were reassured this information would only be disclosed with the participant's permission or as required by law. I included a statement of commitment, in the consent form, to maintain confidentiality. In

addition, code numbers were used for audio recordings and transcriptions. Neither the participants' names nor identifying information appeared in any written or verbal reports associated with the study, in transcripts, fieldnotes, in this thesis, or in any published articles. Participants were reassured that only I would know who agreed or not to participate in this study. The participants' places of employment were also unidentifiable. If names of individuals or place of employment were accidentally used during the interviews, these references were erased from the audio recordings. Participants were informed that a transcriptionist may be employed to transcribe the audio recordings but that confidentiality would be respected as only code numbers would be used and any identifying information would be erased prior to review by a transcriptionist. In addition, the transcriptionist was required to sign a confidentiality agreement. However, a transcriptionist was not required.

Qualitative research rigour requirements necessitates the information gathered be shared with another researcher so analysis can be confirmed (Charmaz, 2006). This strategy enhances credibility of the findings (Charmaz, 2006). For this purpose, with the participants' permission, I shared information with my thesis committee members but only for data analysis purposes. Participants' identities and places of employment were kept confidential. I used excerpts from the interviews in the thesis to better describe the experience of the NGRNs as they transition to professional practice. Although the participant may recognize a quote as hers/his, care was taken so that it is unlikely anyone else would be able to do so.

Audio recordings, fieldnotes, and transcripts, are stored in a locked draw in a locked office at the university. In addition, transcriptions and some memos are stored on an encrypted USB memory stick. This information is password protected. Audio recordings were erased after

transcription. All data and consent forms will be securely stored for seven years and then destroyed.

The list of the research code numbers with the corresponding participant identifying information and participants' contact information is stored separately from the data in a second locked draw in a locked office at the university. Participants were given the option to have their phone number destroyed after their interviews or to allow me to retain the number to notify them if they win the shopping gift card, after which time all contact information was destroyed.

Potential risks or discomforts. Participants have a right to fair treatment and protection from discomfort and harm to uphold the principle of justice and beneficence (Canadian Institute of Health Research, 2010). As per the university REB approval, the study was considered minimal-risk. However, there is the potential for psychological risk as temporary psychological discomfort may be experienced by participants as they will be requested to share personal experiences. To overcome the risk of psychological discomfort every effort was taken to make participants feel comfortable by ensuring confidentiality, reiterating that full disclosure is voluntary, and reminding them that withdrawal is optional without consequences of any kind.

Potential benefits to participants and/or society. The researcher cannot guarantee any direct benefit to participants. However, the participants may find it beneficial to talk about their experiences. It may raise their awareness of what they experienced and result in reflection that may not have occurred outside of the research study. Providing NGRNs with the opportunity to share personal experiences may afford them the chance to discuss their experiences, reflect on the process, and perhaps identify contributing elements which influenced the process.

Conclusion

Charmaz's (2006) Grounded Theory methodology provided an in-depth understanding of the transition process as experienced by NGRNs in the 12 months post Ontario NGG orientation program. Rigour and ethical considerations were established and the research process was adjusted accordingly to ensure adherence. The product of this inquiry, a substantive theory, adds to existing knowledge and provides new insights into NGRNs' transition process to professional practice after completion of Ontario's NGG.

Chapter Five: Findings

Charmaz's (2006) constructivist methodological approach recognizes that social processes are subjective and multiple realities of the same phenomenon exist. The findings presented in this chapter are the researcher's and the participants' insights of the social process being investigated, namely, the NGRNs' transition experiences. This chapter presents a substantive theory of the NGRNs' perceptions of transitioning to professional practice in the 12 months post completion of Ontario's NGG orientation program. The theory's overarching category Discovering Professional Self is described. In addition, the two categories that informed the overarching category and each category's subcategories are discussed in detail. Finally, a brief summary of the substantive theory is provided.

Discovering Professional Self

Discovering Professional Self is identified as the overarching category. This overarching category summarizes the NGRNs' perceptions of their transition experiences from completion of Ontario's NGG orientation program to 12 months post-orientation. Discovering Professional Self incorporates two interrelated categories; Surviving without a Safety Net and Turning of the Tables. The first category, Surviving without a Safety Net is composed of three sub-categories; Experiencing Fear, Figuring It Out, and Learning on the Job. The second category, Turning of the Tables is also composed of three sub-categories; Being Trusted, Gaining Confidence, and Feeling Comfortable.

The new substantive theory indicates the NGRNs' perceptions of their transition experiences are a process of Discovering Professional Self. This process is subjective and progressive with transitory setbacks. As one NGRN commented "I spent one year focusing on nursing, discovering who I am as a RN, who I am as a professional nurse" (NGRN 6).

Surviving Without a Safety Net

Surviving without a Safety Net emerged as a category describing the NGRNs' perceptions of the transition process. Discovering Professional Self is a process with the NGRNs beginning to work independently, without the safety net of the preceptor. In contrast, the NGRNs describe how working with the preceptor, during orientation, provides a sense of security and acts as a type of safety net. As one NGRN found:

I mean as much as you practice being on your own you're in a bubble so to speak during your preceptorship. You still have that safety net that the preceptor will stop you if something isn't the right choice or something you are about to do isn't the right answer (NGRN 3).

Early in the transition process the NGRNs realized the necessity of relinquishing dependency on their preceptor. They suggested that working independently is necessary in order to transition to professional practice as during orientation the preceptor "can become a crutch" (NGRN 7). NGRN 7 went on to say that "at some point you have to lose the crutch". Another NGRN explained that "orientation is just not the same as working on your own because you are following your preceptor and ...you can call on her all the time" (NGRN 4). Although the NGRNs talked about the importance of practicing independently, they perceived this new independent practice role as an issue of survival. This is demonstrated in the following excerpts "[I have] the Hardiness! ... I have that strength. I'm going to survive" (NGRN 1). Another NGRN stated "All I wanted to do was to get through the first day on my own and I survived, at the end of the day, I survived" (NGRN 4).

Although an issue of survival for them, the NGRNs acknowledge that working without a safety net is necessary to discover their professional self. As well, they speak of the

responsibility that comes with practicing independently. As one NGRN summed up “When I started working alone, I realized these are my patients now. No one is there to help me out. ...It’s my responsibility, I am accountable. That’s me being a nurse” (NGRN 1).

The NGRNs consistently describe similar experiences as they practice independently. These experiences emerged early in the transition process as subcategories of Surviving without a Safety Net. Three subcategories; Experiencing Fear, Figuring it Out, and Learning on the Job informed the category Surviving without a Safety Net.

Experiencing fear. The NGRNs describe Experiencing Fear when practicing without their preceptor’s guidance. One NGRN shared her experience “Fear, the fear is there every day that we go to work...” (NGRN 3). Another NGRN shared similar feelings: “It was just scary. I felt like...I don’t know if I can do this” (NGRN 6). Similarly, NGRN 4 shared “You have days when you just can’t cope, you can’t deal [with the stress] and that comes with fear and that’s where fear plays in.” The NGRNs described Experiencing Fear as a part of their early transition process.

The NGRNs fear making mistakes, particularly when caring for critically-ill clients, overwhelmed by workload, caring for unfamiliar patient populations, and working in unsupportive environments. The NGRNs, therefore, fear for their clients’ safety and wellbeing. In addition, the NGRNs describe experiencing fear when they encounter unfamiliarity, that is, unfamiliar units, patient populations, and staff. Finally, initially, the NGRNs also fear criticism and they experience fear when seeking help and/or advice from other healthcare professionals.

The NGRNs fear making a mistake that will impact their clients’ wellbeing. The NGRNs’ experience fears as they question their capacity to make good clinical decisions. In addition, they

fear their inexperience will result in mistakes. One NGRN's comments summed up the fear experienced by all the NGRNs.

I didn't want to make a mistake; I didn't want to miss something. I didn't want not to see an order, not check on my patient, not notice that his temperature was going up, and not notice that his heart rate was high. All those things that I should notice. So I was scared and stressed and in fear (NGRN 3).

In addition, the NGRNs describe experiencing fear when required to provide care for critically-ill patients. They experience fear as they question their ability to provide safe care. One NGRN expressed her concerns: "I am not prepared to be practicing and providing care for patients that are so acute. I question, 'Is it safe for me?' 'Will I pick up on things that someone else who has worked 30 years would pick up on'" (NGRN 3)? As well, the NGRNs describe experiencing fear when overwhelmed by workload. The NGRNs explain that often workload expectations leave them feeling frightened and overwhelmed. One NGRN shared her concerns "I was kind of scared...I have to give the meds and then you have orders and then you have to check the computer orders and the paper orders. It just felt really overwhelming" (NGRN 5).

The NGRNs describe Experiencing Fear when they encounter unfamiliarity, that is, units, patient populations, and staff, which are new to them. The NGRNs on the Nursing Resource Team (NRT) work on units where they have not been orientated. All the NGRNs expressed similar sentiments to this NGRN's comment "You will still walk out feeling scared and afraid ...I can only speak for NRT, because we go to so many different units. It's harder for us" (NGRN 3). These fears are experienced as the NGRNs do not know the patient population, staff, routines, computer programs, access codes, protocols, where to find equipment, and how to use the equipment once they find it. One NGRN commented "Every time I am on a new unit it is like

anxious...I don't know the patient population, I don't know the equipment, and I don't know the staff" (NGRN 10). In addition to these fears, the NGRNs have to contend with the fear of criticism from other healthcare professionals.

The NGRNs fear criticism when seeking help and/or advice from other healthcare professionals, particularly doctors. One NGRN confided: "I didn't want to sound stupid ...I didn't want someone to say 'Oh you should know that, why are you asking me that kind of question'" (NGRN 5). Another NGRN shared "I had issues with my confidence...talking to doctors, paging them...So I was really scared" (NGRN 1).

Finally, all the NGRNs indicated that their fears impacted their physical and psychological health. The health effects included; sleepless nights, lack of social life, reluctance to return to work, and constantly worrying about work when off duty. For example, one NGRN shared:

Every night that fear would be there every night. Getting up in the morning to get ready for work I'd have that fear, I couldn't think of doing anything because it was just that fear...I had dreams for weeks about stuff that happened in the hospital ... I would just be so traumatised...I was having anxiety attacks (NGRN 3).

In summary, Experiencing Fear is part of the process of Surviving without a Safety Net. The NGRNs fear making a mistake. In addition, they fear unfamiliarity and criticism. The NGRNs experience fear as they try to make correct decisions while constantly questioning their capacity to do so. Finally, Experiencing Fear impacts the NGRNs physical and psychological health. However, surviving these experiences allows the NGRNs to continue on the path to discovering who they are as professional RNs.

Figuring it out. Figuring it Out is the second subcategory of Surviving without a Safety Net. Figuring it Out describes how the NGRNs problem solve and identify strategies to mitigate their fear now that they are not working with their preceptor's guidance. As one NGRN explained "You have to make your own decisions and critically think on your own...It's time to figure it out for yourself" (NGRN 5).

The NGRNs perceive that moving forward on the path to Discovering Professional Self requires them to figure out how to survive without a safety net, how to relinquish the fear, and how to move towards being a professional RN. Figuring it Out necessitates that the NGRNs use a variety of strategies to promote survival. Some of these strategies included; securing a permanent position on one unit, requesting/choosing a support nurse, starting the shift early, building theoretical knowledge, to being aware of and responding to their emotions, and seeking and receiving emotional support. Implementation of strategies differed according to the NGRNs' unique needs.

Some strategies were learned while on NGG orientation, while other strategies were individually devised to promote survival. One NGRN acknowledged that the orientation program provided her with the "tools" (NGRN 3) to "figure it out" (NGRN 3). This NGRN shared:

I knew I didn't need a preceptor anymore, that I could figure it out. I didn't know all the answers but I could figure it out. What tools to use, checking in with my team, calling or looking up things or whatever. But I knew I could approach it from different pathways which I didn't know at the beginning of orientation (NGRN 3).

Other strategies were individually devised by the NGRN as the circumstance necessitated. For example, NGRN 6 admitted to experiencing emotional distress when working on unfamiliar units, in contrast, to when he secured a permanent position on one unit. "Experiencing the

uncertainty made me a lot more anxious. I had more difficulty sleeping. I wasn't going out much. I knew it wasn't a good path for me to continue because I almost felt burnt out....It is nice to have a home unit" (NGRN 6). In this instance, the NGRN alleviated the fear of unfamiliarity by securing a permanent position on one unit. The NGRNs figure out what works best for them and implement strategies accordingly.

The NGRNs seek out supports and resources to facilitate their transition and to alleviate some of the fears associated with practicing independently. One strategy used by the NGRNs was to attain a clinical support RN. Securing access to a clinical support RN provided the NGRN with the reassurance that assistance was available if and/or when it was required. For example, one NGRN shared "I asked the NRT manager to assign me a resource nurse...that is how I dealt with the anxiety" (NGRN 4). Another strategy used by the NGRNs was to choose a nurse, from the team, whom they believed would be open to helping them. As one NGRN explained

I figured it out by finding people who were sympathetic. Maybe recent graduates themselves or those new to the hospital. You just get a sense that they are going to be more open to you by answering your questions than others (NGRN 2).

Knowing they have someone to turn to if they require help alleviates the fear. NGRN 3 shared "Sometimes I don't have the fear at all because I know that the team I am with will have my back." The NGRNs realize that to mitigate their fear of practicing independently they must ensure they have the clinical support required to promote success.

Another strategy used by the NGRNs to promote Surviving without a Safety Net is to start the shift early. All NGRNs admit they always start the shift early to get a head start on the day and to get to know the unit and patient population. The NGRNs acknowledge this strategy is useful to alleviating some of the stresses associated with practicing independently. One NGRN

shared “If I am really anxious about a shift I will end up going there an hour early just to organize myself. Even the floors I am familiar with, I go there half an hour early just to organize myself” (NGRN 4). NGRN 4 continued and explained “these are some of the things you have to do when you are new because you are so anxious.” The NGRNs use this strategy to help them figure out how to survive the challenges of practicing independently.

The NGRNs also prepared for work by studying, on their own time, outside of work. One NGRN shared “I did a lot of reading on my own outside work...so I did feel more prepared when I did go to work” (NGRN 2). In addition, another strategy implemented by the NGRNs is to pay attention and respond to their emotions. One NGRN shared: “The way I cope is to stay calm...I don’t really have a method...There were a few times I would go to a quiet room and just kind of relax” (NGRN 10).

The final strategy implemented by the NGRNs was to seek necessary emotional support. The NGRNs realize that to survive without a safety net they not only need clinical support but also emotional support. Some NGRNs struggle to find the emotional support they need. One NGRN shared “You go home and you are surrounded by people who don’t deal with what you deal with...I feel like I can’t talk to anyone about it” (NGRN 3). Many of the NGRNs feel that family and friends lack an understanding of the demands of their new role and therefore they have difficulty sharing their fears and concerns. As a result, they find solace by confiding in other NGRNs, other NRT nurses, and even their NRT manager. One NGRN shared:

I confided in my manger...I would tell her something...and she would listen. And I think just talking to other NGRNs to see how they felt and talking to other NRT nurses. We would just kind of talk about our problems and how we dealt with it (NGRN 5).

Conversely, some NGRNs whose family or friends are healthcare professionals confided that their family and friends provide the emotional support they require. One NGRN shared “My mom she is a nurse as well so I kind of vent to her....that helps me” (NGRN 9).

Figuring it Out is part of the NGRNs transition process, specifically figuring out strategies to promote Surviving without a Safety Net. The NGRNs survive by taking initiative and implementing a combination of strategies to ensure they stay afloat and do not sink under the pressures they are experiencing as independent practitioners. Ensuring they have clinical and emotional support, starting shift early, building knowledge, and being aware and responding to personal emotions were identified by the NGRNs as important strategies to help them survive without a safety net. Along with Figuring it Out, Learning on the Job was also identified by the NGRNs as an important aspect of Surviving without a Safety Net enabling them to continue on the path to Discovering Professional Self.

Learning on the job. Learning on the Job is the third sub-category of Surviving without a Safety Net. The NGRNs perceive that Surviving without a Safety Net requires them to learn on the job as each new environment presents its own challenges. Learning on the Job allows the NGRNs to become accustomed to units’ cultures, develop skills, gain knowledge, and learn to complete tasks confidently and in a timely manner. One NGRN indicated that Learning on the Job is part of the transition process. “I have lots to learn and lots to experience...There are things we learn every day and we’re still learning.... I still continue to learn every day” (NGRN 3).

The NGRNs’ perceive Learning on the Job is part of the process of Discovering Professional Self. The NGRNs appreciate the opportunity to practice independently as they acknowledge that Learning on the Job as an independent practitioner is a prerequisite to Discovering Professional Self. One NGRN commented “I like the independence. Independence

actually made me more confident in what I do. I get to choose my own way of doing things and I know that helps me ...develop my own way of doing things” (NGRN 10).

Learning on the Job facilitates familiarization. The NGRNs describe feeling less anxious when working in familiar environments. NGRN 4 shared “I feel like I am less anxious now when I go to units that I am familiar with.” In addition, Learning on the Job provides an opportunity for the NGRNs to develop confidence. One NGRN shared “[Practicing independently] actually changes you....It’s like growing up in a way. Learning how to communicate with people, learning how to be more assertive, growing your adaptability skills, and your communication skills, and your knowledge, definitely your knowledge!” (NGRN 1). Another NGRN acknowledged different advantages to Learning on the Job. “I am getting to set my own pace and my own priorities....I’m developing better time management skills....With my preceptors, I kind of felt tied to how they did things...It has been really positive since being on my own” (NGRN 2).

The NGRNs recognize that Learning on the Job is challenging because they are on the NRT and are required to regularly work on unfamiliar units. NGRN 6 explains the difference between working on a familiar and an unfamiliar unit:

When I went back to a unit I had been on during orientation it was routine again...It was familiar ground. I knew, I knew what to do. When I went to a different floor, that’s when you feel totally unprepared. The environment, the people, the routines, you don’t know....You’re not prepared for the floors you haven’t been on.

The NGRNs appreciate that Learning on the Job is an on-going process as each unit is different and while challenges are experienced, new learning opportunities arise. NGRN 5 shared “I got so much experience working on different floors.” The NGRNs, however, due to their inexperience question their ability to adapt appropriately to these diverse environments. One

NGRN shared “Its stressful, trying to adapt to the unit and just learning new things because each floor just does things differently...like the spinal unit you have to do all the neurology vitals and ...I don’t have experience with that” (NGRN 4). As a result each time the NGRN is assigned to an unfamiliar environment the fear returns. NGRN 4’s comment sums up the other NGRNs sentiments “I am really anxious about tomorrow as I have never been to the unit before, so it’s the same amount of anxiety as when I first started.” The same NGRN explains that this fear remains until they successfully figure out how to practice in this new environment by learning on the job. “I feel I am less anxious now when I go to units I am familiar with” (NGRN 4).

Learning on the Job, although sometimes difficult and frightening, is perceived by the NGRNs to be part of their transition process. Each shift further enhances the NGRNs ability to survive without a safety net as they become further equated with the unit’s culture, develop their autonomy, communication skills, and clinical skills. Learning on the Job is a pre-requisite to Surviving without a Safety Net and continuing on the path to Discovering Professional Self.

Experiencing Fear, Figuring it out, and Learning on the job, therefore, are perceived by the NGRNs to be part of the process of Surviving without a Safety Net. Surviving without a Safety Net moves the NGRN along the pathway of Discovering Professional Self towards Turning of the Tables.

Turning of the Tables

Turning of the Tables describes the NGRNs’ perceptions of their transition processes after Surviving without a Safety Net. Three subcategories informed this category; Being Trusted, Gaining Confidence, and Feeling Comfortable. These subcategories inform the process of Discovery Professional Self.

After Surviving without a Safety Net which involved Experiencing Fear, Figuring it Out, and Learning on the Job, the NGRNs describe experiencing a Turning of the Tables.

Transitioning to Turning of the Tables, which the data suggests occurs later in the transition process, suggests the NGRNs are working through the fears associated with practicing independently, are Figuring it Out by identifying and implementing strategies, and are Learning on the Job. Turning of the Tables indicates that the NGRNs are experiencing a change, a revelation, as they feel that they are now Being Trusted, Gaining Confidence, and Feeling Comfortable in their professional role.

Turning of the Tables indicates the NGRNs feel trusted by other healthcare professionals and their clients. Furthermore, the NGRNs are gaining confidence in their ability to provide optimal care and are feeling more comfortable in their professional role. One NGRN summed up the experience described by all the NGRNs in the following quote:

It's the change... a change in mindsets. It's a turning of the tables. People now trust me. I think... Oh my gosh! You're asking me to do this for you and now I'm able to provide help....I didn't know I could be this kind of nurse. I am really happy to be where I am (NGRN 6).

In this excerpt, the NGRN appears to describe a revelation and seems surprised at how the circumstances flipped to his advantage. The NGRNs who previously were dependent on other healthcare professionals' assistance and guidance are now Being Trusted and approached by those same or other healthcare professionals for help.

The NGRNs have experienced a Turning of the Tables and describe feeling proud of their professional role transition. One NGRN shared "I am quite proud of what I have accomplished and where I sit now in my profession. I think that I am making my mark on the units that I have

been to” (NGRN 7). Another NGRN acknowledges a personal attitude change: “Definitely an attitude change....[I was] timid, totally naïve when I first started independent practice. I did not know what to know. Now I have expanded obviously through experience....The biggest thing is [that being an RN] became part of my identity” (NGRN10).

Turning of the Tables is perceived by the NGRNs to be a change in personal mindset, in other healthcare professionals’ attitudes, in their professional performance, and in their physical and psychological health. The NGRNs consistently describe similar experiences when they transition to Turning of the Tables. These experiences emerged as subcategories. These three subcategories; Being Trusted, Gaining Confidence, and Feeling Comfortable inform Turning of the Tables.

Being trusted. Later in the transition process, the NGRNs describe a Turning of the Tables as many suggest they are experiencing Being Trusted by both their clients and other healthcare professionals. This change in attitude results in the NGRNs feeling that they are a valued team member. One NGRN shared “People are now trusting me ...and now I’m able to provide help” (NGRN 6).

The NGRNs are experiencing Being Trusted in several different ways. The NGRNs’ opinions are valued. One NGRN describes the doctors’ attitude changes in the following excerpt: “When I first started ...the doctors, they wouldn’t listen to you especially because you are a young nurse, you had just started...I’m only 22 and [now] a doctor is already listening to me!” (NGRN 9). In addition, the NGRNs clinical skills have improved and other staff members now call on them for help. NGRN 6 shared his experience: “I got better and better [at starting an intravenous line]....One [RN]...she’s been nursing for like 30-40 years was like ‘I tried four times on this person. I can’t do it, you go ahead’ ...and the first time I got it!” Furthermore, the

NGRNs are being provided with and are accepting leadership roles enhancing their feelings of Being Trusted, such as being lead on the unit, completing preceptor courses, and precepting new nurses and nursing students. NGRN 5 states “I do like being a preceptor...and teaching nursing students.” In addition, one NGRN who has been on a permanent unit for approximately nine months shared: “[Managers] give you the opportunity to be the lead....I feel like my leadership has increased, I am more autonomous...and I have better critical thinking than I did before” (NGRN 6). Finally, the NGRNs feel trusted and appreciated by their clients. NGRN 7 shared “I think that I am making my mark on the units... I have gotten good letters from patients and good feedback from the staff.”

Earlier in the transition process, the NGRNs did not describe Being Trusted by others and they did not trust themselves as they constantly questioned their ability to provide appropriate client care. Later in the transition process, the NGRNs describe a change in the attitude of others as they experiencing Being Trusted by both their clients and other healthcare professionals. The NGRNs are now feeling valued members of the team. The NGRNs also describe Gaining Confidence as an experience during this transition period.

Gaining confidence. In the later part of the transition process, the NGRNs are also Gaining Confidence; this is another example of change, a Turning of the Tables. The NGRNs describe Gaining Confidence in their abilities to provide client care, to find answers to their questions, to perform skills, and to advocate for their clients. Gaining Confidence relates to the NGRNs physical capacities, that is, their clinical skills and knowledge acquisition.

Gaining Confidence does not mean the NGRNs have all the answers and have become experts in their role. As one NGRN explains “I am in an OK place. I wouldn’t say I am an expert. I’m at a place where I think I am ok. I feel like I know how to deal with stressful

situations, so more confident than I was when I started” (NGRN 5). Similarly, another NGRN states “The biggest thing is I went from anxiety to confident” (NGRN 6). The NGRNs also describe “a steady gain in confidence” (NGRN 7). One NGRN shares “I can actually think on my feet, and I don’t actually just freeze....It feels like I am more experienced. I know stuff now” (NGRN 5).

The NGRNs are Gaining Confidence in several respects. They no longer hesitate to seek answers to their questions. The NGRNs have overcome their shyness and no longer fear criticism. They confidently seek answers to ensure their clients receive optimal care. As one NGRN shares:

[I am] not afraid to ask for help....I was shy before. I feel like I am not anymore....I now really know how to talk to doctors... I’m now talking to other health care professionals making sure I advocate for my patient....[I] take more action, more initiative (NGRN 8).

In addition, the NGRNs describe feeling more confident in their skills as their journey of Discovering Professional Self continues to unfold. One NGRN shares: “I actually feel pretty good now....Before I was actually stressed out... I’m more confident with my skills” (NGRN 8). Finally, the NGRNs are more confident to advocate for their clients to doctors and other staff. One NGRN shared how her confidence has grown.

I speak my mind.... I will speak up for my patients.... I will speak up with doctors and also with other nurses too. I didn’t do that so much when I first started on my own. My confidence has grown a lot since I first started (NGRN 9).

Gaining Confidence is a Turning of the Tables for the NGRNs. The NGRNs who experienced fear and questioned their ability to provide optimal client care describe experiencing a Turning of the Tables as they are Gaining Confidence in their abilities to provide client care, to

find answers to their questions, to perform skills, and to advocate for their clients. Experiencing Being Trusted and Gaining Confidence has helped the NGRNs to experience Feeling Comfortable in their professional role and to continue toward Discovering Professional Self.

Feeling comfortable. In the later part of the process, the NGRNs also describe experiencing Feeling Comfortable in their professional role. Feeling Comfortable is a change, a Turning of the Tables. Feeling Comfortable differs from Gaining Confidence as Feeling Comfortable is perceived in a broader, intrinsic context. The NGRNs are emotionally Feeling Comfortable in their nursing role. NGRN 5's comment shares the sentiments of the NGRNs, "Now it just feels really comfortable. I don't get worked up about anything...I like just experiencing things". In addition, NGRN 6 commented "I feel more settled....I can smile and share stories."

The NGRNs descriptions of Feeling Comfortable include; feeling a sense of well-being, less stressed, more assertive, better able to navigate the role, and more comfortable working on different units. In addition, the NGRNs describe they are Feeling Comfortable about their physical and psychological health.

The NGRNs describe that they are now feeling less stressed and better able to navigate the role. NGRN 5 shared: "Now....I'll talk to the head nurse about any issue. I am very comfortable voicing my opinions....[and] more comfortable asking questions now." NGRN 10 stated "I am definitely more comfortable. It takes more for me to get stressed out because now I know things for sure and how to deal with things" (NGRN 10). In addition, the NGRNs also describe they are Feeling Comfortable working on different units. One NGRN shared:

It has definitely gotten easier....What I know on one unit, I can easily transfer to another unit...I like floating [working on different units]. All those challenges I mentioned

earlier, they don't really faze me that much anymore....So floating [rotating to different units] got more comfortable" (NGRN 10).

Similarly another NGRN stated: "I now feel really comfortable going to different floors and having a different assignment every day" (NGRN 5).

The NGRNs also experienced a Turning of the Tables, a change, in respect to their physical and psychological health. The NGRNs describe they are now Feeling Comfortable about their physical and psychological health. The NGRNs describe, contrary to earlier in the transition process, that normalcy has now returned to their lives. The NGRNs explain they are now able to balance their personal and professional lives. NGRN 8 shared "I look at life totally differently now, I felt like before it was just work.... Right now, I'm balancing my life. I am happier than I was before. I now do other things besides nursing". They are socializing again, partaking in extracurricular activities, and sleeping better. For example, NGRN 5 exclaimed "I don't feel worried or anything. I can sleep well." NGRN 6 explains "I did spend a year not getting into extra-curricular stuff...I think now it's time. I can start getting involved in stuff."

The NGRNs experience a Turning of the Tables in the later part of the transition process. Turning of the Tables is a process perceived by the NGRNs to be a change in personal mindset, in other healthcare professionals' attitudes, in their professional performance, and in their physical and psychological health. The NGRNs describe experiencing a personal attitude change brought on by Being Trusted, Gaining Confidence, and Feeling Comfortable in their professional roles. In addition, The NGRNs describe an attitude change of others as they are Being Trusted by other healthcare professionals and their clients. Finally, the NGRNs imply they are now Feeling Comfortable emotionally and physically with their professional role. Experiencing a Turning of the Tables continues to move the NGRNs toward Discovering Professional Self.

Summary of the Process of Discovering Professional Self

The NGRNs perceive their transition experiences to be a process of Discovering Professional Self. The new substantive theory describes the NGRNs' perceptions of transitioning to professional practice, after completion of the NGG orientation program. The NGRNs' processes involve trying to discover how to be and who they are as professional RNs. The NGRNs' transition process is progressive and evolves according to circumstances, but ultimately, the NGRNs are progressing toward Discovering Professional Self.

Discovering Professional Self emerged as the overarching category and incorporates two interrelated categories; Surviving without a Safety Net and Turning of the Tables. The first category, Surviving without a Safety Net is composed of three sub-categories; Experiencing Fear, Figuring It Out, and Learning on the Job. The second category, Turning of the Tables is also composed of three sub-categories; Being Trusted, Gaining Confidence, and Feeling Comfortable.

The NGRNs realize their new professional role comes with responsibility and accountability for the client's wellbeing. Acceptance of this professional role involves the NGRNs Surviving without a Safety Net. The NGRNs describe Experiencing Fear when practicing without their preceptor's guidance. The NGRNs experience fear as they desperately try to make good clinical decisions while constantly questioning their capacity to do so. The NGRNs describe being particularly fearful when caring for critically-ill clients, overwhelmed by workload, caring for unfamiliar patient populations, working on unfamiliar units, and working in unsupportive environments. In addition, the NGRNs fear criticism when seeking advice and/or help from other healthcare professionals. Figuring it Out is the process which involves the NGRNs identifying and implementing strategies to alleviate their fears to enable them to

continue Surviving without a Safety Net. These strategies include; ensuring they have clinical and emotional support, starting shift early, building knowledge, and being aware and responding to personal emotions. The NGRNs also survive the challenges and fears they encounter by Learning on the Job. Learning on the Job enables the NGRNs to become accustomed to units' cultures, develop skills, gain knowledge, and learn to complete tasks confidently and in a timely manner. The NGRNs perceive that Experiencing Fear, Figuring it Out, and Learning on the Job are part of the process of Surviving without a Safety Net. These processes are necessary in order to gain the knowledge and expertise required to experience a Turning of the Tables and to continue the journey toward Discovering Professional Self.

Turning of the Tables describes the later part of the process. The NGRNs experience Turning of the Tables after experiencing Surviving without a Safety Net. The NGRNs who previously experienced fear, questioned their ability to provide client care, and were dependent on other healthcare professionals' assistance and guidance are now experiencing Being Trusted, Gaining Confidence, and Feeling Comfortable in their professional role. The NGRNs now describe feeling proud of their professional status.

Turning of the Tables is perceived by the NGRNs to be a change in personal mindset, in other healthcare professionals' attitudes, in their professional performance, and in their physical and psychological health. Turning of the Tables is a process whereby the NGRNs are beginning to trust themselves and are experiencing Being Trusted by other healthcare professionals and their clients. In addition, the NGRNs are Gaining Confidence as they no longer hesitate to seek answers to their questions and they no longer fear criticism. Furthermore, the NGRNs describe feeling more confident in their skills and knowledge, and they now confidently advocate for their clients to doctors and other staff. Being Trusted and Gaining Confidence have resulted in the

NGRNs Feeling Comfortable in their professional role. Feeling Comfortable indicated that the NGRNs are less stressed, more assertive, better equipped to deal with issues, and more comfortable working on different units. In addition, they are experiencing feeling Comfortable in their physical and psychological health. The NGRNs after Surviving without a Safety Net transition to Turning of the Tables as they continue on the path to Discovering Professional Self.

Conclusion

The substantive theory presented describes the NGRNs perceptions of transitioning to professional practice in the 12 months after completion of Ontario's NGG program as a process of Discovering Professional Self. The NGRNs perceive the process of Discovering Professional Self as a process of Surviving without a Safety Net and Turning of the Tables. This process is described as progressive with transitory setbacks when unfamiliarity is encountered.

Chapter Six: Discussion and Recommendations

Charmaz (2006) identifies the constant comparative method continues to be important even after data analysis is complete. According to Charmaz (2006), by comparing other researcher's evidence and theories with the new theory the researcher can "show where and how their ideas illuminate theoretical categories and how [the] theory extends, transcends, or challenges dominant ideas in the field" (p. 165). The overarching category, Discovering Professional Self, the two categories, Surviving without a Safety Net and Turning of the Tables, and their respective subcategories are discussed in relation to existing research and theories. Next, a summary of the discussion is provided. Then, recommendations for practice, education, and research and the study's limitations are outlined. Finally, a thesis conclusion is provided.

The Process of Discovering Professional Self

The theory offers insights into the NGRNs' perceptions of transitioning to the professional practice environment. The NGRNs, in the current study, all completed Ontario's NGG orientation program for a period of 12 weeks. The NGG supplies healthcare facilities with funding to offer full-time hospital based preceptored orientation programs to NGRNs. An aim of this funding program is that this financial incentive will encourage hospitals to provide orientation programs to ease new graduate nurses' transition process to professional practice (MOHLTC, 2011). Post-orientation, the NGRNs acquired full-time positions on the NRT in the same urban, academic hospital in Ontario.

The theory describes the NGRNs' perceptions of their transition experiences to professional practice in the first 12 months post completion of Ontario's NGG orientation program. The theory describes the NGRNs' transition experiences as a pathway of discovery, a process of Discovering Professional Self. This transition process is described by the NGRNs as

progressive, with transitory setbacks. The NGRNs progress along the pathway of discovery as they discover how to be and who they are as professional RNs.

The theory describes the NGRNs' perceptions of their experiences as a transition, a process of Discovering Professional Self. This theory clearly describes the NGRNs experiencing a change over time. According to Schumacher and Meleis (1994), a transition is defined as a process that occurs overtime and constitutes a change. Similarly, Boychuk Duchscher (2012) defines a transition as "a journey from what was to what is" (p. 2). The theory clearly describes the NGRNs experiencing a change from Surviving without a Safety Net to Turning of the Tables and continuing their journey toward Discovering Professional Self. Turning of the Tables is described by the NGRNs as a process that sees them experiencing a change in personal mindset, in other healthcare professionals' attitudes toward them, in their professional performance, and in their physical and psychological health. The NGRNs describe that they are now, contrary to before, experiencing Being Trusted, Gaining Confidence, and Feeling Comfortable in their new role. Turning of the Tables moves the NGRNs towards Discovering Professional Self.

Discovering Professional Self is described by the NGRNs as a progressive process with transitory setbacks as unfamiliar encounters result in a reoccurrence of Surviving without a Safety Net. The NGRNs describe that even after progressing to Turning of the Tables, on occasions when unfamiliar situations/circumstances are encountered, their initial fears resurface and they experience again the earlier process of Surviving without a Safety Net. The situations/circumstances include; when caring for critically-ill and dying clients, being overwhelmed by excess workloads, working with unfamiliar client populations, and working on unfamiliar units. It is not until the NGRNs become familiar with the new environment that they experience the process of Turning of the Tables again. Discovering Professional Self is a

subjective process, therefore, the size, extent, and number of times the transitory setbacks occur is individual and is beyond the scope of this study.

Boychuk Duchscher's (2012) NGRNs' transition theory provides insight into why the NGRNs, in the current study, experience transitory setbacks. Boychuk Duchscher (2008) indicates that when NGRNs encounter "new events, relational circumstances, and unfamiliar or complex practice situations" (p. 444), they experience transient regressions. In addition, Boychuk Duchscher (2012) indicates that transient regressions are more likely to result when the environment in which the NGRNs are working lack "consistency, predictability, familiarization, and stability" (p. 91). Boychuk Duchscher (2012) identifies that NGRNs should "seek a practice environment that provides consistent colleagues and care demographics, predictable work expectations, some familiarity with the work expected, and a stable practice context" (p. 91), in order to minimize delay in the transition process. As a result, Boychuk Duchscher's (2012) study's findings indicate that NGRNs who work in floating positions (rotate to different units) may experience extended, intensified, or delayed progress of their transition process.

Boychuk Duchscher (2012) reiterates throughout her theory that the presence of "consistency, predictability, familiarity, and stability" (p. 91) positively influences how the transition process will progress. In the current study, the NGRNs because of their NRT status, lack these influencing factors. Boychuk Duchscher's theory suggests that the NGRNs in the current study because they are NRT staff are at risk of having a more intensified and extended transition experience when compared with NGRNs who are afforded these factors.

Benner's (2001) Novice to Expert Theory also provides further insight as to why the NGRNs, in the current study, perceive their transition process as progressive with transitory setbacks. Benner's theory describes NGRNs as either Novice or Advanced Beginners depending

on the circumstance. Benner indicates that the majority of NGRNs are Advanced Beginners, that is, nurses who can demonstrate marginally acceptable performance. However, she explains that marginally acceptable performance can only be achieved if the actual situation has previously been experienced (Benner, 2001). Benner (2001) points out that when any nurse, even a most seasoned nurse, is sent to work on a unit that serves a client population which is totally unfamiliar to them; they revert back to novice status. Furthermore, according to Benner (2001), discretionary judgement, “a more skilled, advanced understanding of the situation” (p. xxiii of preface), can only be clinically acquired through extensive clinical practice with the same client population. Benner’s theory indicates that familiarization and continuity of practice with the same patient population is conducive to obtaining clinical expertise. The NGRNs, in the current study, due to their NRT status, may have had fewer opportunities to develop marginally acceptable performance and discretionary judgement. Benner’s theory provides insight as to why the NGRNs, describe experiencing transitory setbacks each time they encounter unfamiliarity (Benner, 2001).

Surviving without a safety net. Discovering Professional Self describes the NGRNs’ perceptions of transitioning to professional practice as a progressive process of discovery, with transitory setbacks. The NGRNs’ process involves Experiencing Fears and with each new experience they are left Figuring it Out and Learning on the Job so they can move to Turning of the Tables and toward Discovering Professional Self. Experiencing Fear, Figuring it Out, and Learning on the Job could map the “twists, turns, detours, and occasional potholes” (Boychuk Duchscher, 2012, p. 57) experienced by the NGRNs in Boychuk Duchscher’s (2012) NGRNs’ transition theory. Boychuk Duchscher (2012) uses this metaphor to describe the multiple stresses and challenges encountered by the NGRNs as they continue on their transition process.

Similarly, participants in this study described their stresses and challenges as Experiencing Fear as they struggle to survive without the preceptor's guidance. In addition, these fears resurface on multiple occasions throughout the transition process of Discovering Professional Self, particularly when the NGRNs encounter unfamiliarity.

The data suggests the NGRNs perceive the early months of the transition process as the most challenging. Surviving without a Safety Net encompasses the process of Experiencing Fear. The NGRNs fear making mistakes particularly when caring for critically-ill clients, feeling overwhelmed by workload, caring for unfamiliar patient populations, working in unsupportive environments, and working on unfamiliar units. In addition, they fear criticism when communicating with other healthcare professionals. In contrast, Boychuk Duchscher's (2012) theory indicates that the NGRNs' early transition experiences are described as "Transition Shock" (p. 13). In addition, Boychuk Duchscher (2009) noted that the NGRNs used phrases such as "terrified" and "scared to death" (p. 1106) to describe their early transition experiences. Boychuk Duchscher's (2012) theory similar to Kramer's (1974) seminal research describes the NGRNs' transition experiences as "Transition Shock" (p. 13). Interestingly, the NGRNs, in the current study, do not describe feeling shocked, although they still found the early part of the transition process challenging as they described being constantly in fear.

Contributing factors. A number of factors may contribute to these findings including the NGRNs' realistic expectations and their participation in the NGG. In the current study, the NGRNs indicate they are aware of the difficulties associated with practicing independently. For example, several NGRNs referenced the reality shock theory learned either during their nursing education or orientation. In contrast, Boychuk Duchscher (2012) indicated that the element of surprise was an important influencing factor that contributed to the NGRN transition shock, as

the NGRNs' who participated in her study had "more idealistic than realistic" (p. 444) expectations of practicing independently. The literature (Schumacher & Meleis, 1994) also indicates that realistic expectations of the transition experience may reduce some of the stresses associated with the transition process. In addition, according to Boychuck Duchscher, (2012) educating NGRNs in advance regarding the multiple challenges they will inevitably encounter as they begin independent practice may reduce their transition shock. In the current study, the NGRNs' realistic expectations may account for why they described Experiencing Fear, and not shock as was described in the other theories by Boychuk Duchscher (2012) and Kramer (1974).

The NGRNs, in the current study, completed Ontario's NGG program. This program provides financial incentives to healthcare facilities in anticipation the healthcare facility will provide preceptored orientation programs to effectively ease NGRNs transition to professional practice (Baumann et al., 2012; HFO, 2011; MOHLTC, 2011). The NGRNs, in the current study, all completed three months preceptored orientation. Interestingly, the majority of the NGRNs acknowledge that their orientation helped to prepare them for independent practice. One NGRN shared "By the end of orientation I was feeling ready" (NGRN 2). Another NGRN confidently shared "I was ready.... I knew how to approach it [independent practice] from different pathways that I didn't know at the beginning of orientation" (NGRN 3). Conversely, other NGRNs, particularly those who work on specialty NRTs (NGRNs who are orientated to rotate to specialty units) indicated longer preceptored orientation would have been appreciated. In light of the NGRNs' descriptions, the NGG orientation program may have assisted many of the NGRNs to feel prepared for independent practice. The literature review relevant to NGRN focused orientation/preceptor programs indicates that structured comprehensive programs, which include qualified preceptors and good support systems, have effectively eased NGRNs' transition

experiences to professional practice (Altier & Krsek, 2006; Halfer, et al., 2008; Kramer, et al., 2011; Krugman, et al., 2006; Park & Jones, 2010).

In the current study, the NGRNs indicate that Experiencing Fear has adverse emotional and physical consequences. These consequences include; sleepless nights, lack of social life, reluctance to return to work, and constantly worrying about work when off duty. Similarly, the literature (Boychuck Duchscher, 2012; Cho, et al., 2006; Spence Laschinger, et al., 2009; Lavoie-Trembley, Wright, et al., 2008; Maddalena, et al., 2012; Rhéaume, et al., 2011) indicates that NGRNs' in earlier studies transition experiences are emotionally and physically exhausting and several reasons are identified, these include; ineffective orientation programs, high paced work environments (Boychuk Duchscher, 2012; Maddalena, et al., 2012; Rhéaume, et al., 2011), lack of skills competencies, unfamiliar organizational/professional culture, education practice-gap (Boychuk Duchscher, 2012), unsupportive work environments (Boychuck Duchscher, 2012; Maddalena, et al., 2012), and poor workplace conditions (Boychuck Duchscher, 2012; Cho, et al., 2006; Spence Laschinger, et al., 2009; Lavoie-Trembley, Wright, et al., 2008; Maddalena, et al., 2012; Rhéaume, et al., 2011).

Figuring it Out is an important part of the NGRNs' transition process as they try to mitigate their fears and regain their physical and emotional well-being. Figuring it Out is a process which involves the NGRNs problem solving as they identify and implement strategies to promote their survival now they no longer have a preceptor to guide them. Some of these strategies include; securing a permanent position on one unit, requesting or choosing a support nurse, starting the shift early, building theoretical knowledge, being aware of and responding to their emotions, and seeking and receiving emotional support. The NGRNs indicate that some of the strategies were learned while on orientation while other strategies were individually devised

to promote survival. Many of the NGRNs indicate that the orientation program provided them with the “tools” (NGRN 3) to “figure it out” (NGRN 3).

The NGRNs also perceive that Surviving without a Safety Net includes the process of Learning on the Job as each new environment presents its own challenges. Learning on the Job provides an opportunity for the NGRNs to become accustomed to units’ cultures, develop skills, gain knowledge, and learn to complete tasks confidently and in a timely manner. Similarly, Boychuk Duchscher (2012) indicates that her NGRNs’ transition theory sees the NGRNs working through the processes of learning and performing. According to Boychuk Duchscher (2012) and Benner (2001) continuity of practice with the same client population promotes skills proficiency, discretionary judgement, and confidence building. In the current study, the NGRNs describe the process of Learning on the Job as challenging because they lack continuity of practice with the same population due to working on unfamiliar units. The NGRNs, in the current study, appear to accept that “unfamiliar” is part of their job description. The NGRNs appreciate that Learning on the Job is an on-going process as each unit is different and while challenges are experienced, new learning opportunities arise. Learning on the Job, although sometimes difficult and fear provoking, is perceived by the NGRNs to be a necessary part of their transition process.

Turning of the tables. The NGRNs, in the later part of the transition process, experience a change; a Turning of the Tables. They describe that much of their initial fears and uncertainties are replaced by Being Trusted, Gaining Confidence, and Feeling Comfortable in their new role. They describe Being Trusted by their clients and other healthcare professionals. In addition, the NGRNs describe Gaining Confidence in their abilities to provide client care, to find answers to their questions, to perform skills, and to advocate for their clients. The NGRNs describe feeling

valued as a team member as they are now being approached by colleagues, even senior staff, to help with skills.

Turning of the Tables also involves the NGRNs' experiencing Feeling Comfortable in their professional role. The NGRNs describe they are now Being Trusted and Gaining Confidence, and their overall response is one of Feeling Comfortable. The NGRNs' descriptions of Feeling Comfortable include: feeling a sense of well-being, less stressed, more assertive, better able to navigate the role, and more comfortable working on different units. Finally, the NGRNs describe they are feeling more comfortable about their physical and psychological health. They suggest that over time they have grown professionally, have become proud of their accomplishments, and that they now have time for family, friends, and extracurricular activities. According to Schumacher and Meleis (1994), factors indicating a positive transition outcome are "subjective well-being, mastery of new behaviours, and well-being of interpersonal relationships" (p.125). The majority of the NGRNs, in the current study, describe a healthy transition outcome. Similarly, Boychuk Duchscher (2008) describes the NGRNs' transition process was "evolutionary and ultimately transformative for all participants" (p. 441) as the NGRNs describe their transition process as moving from surviving to thriving.

The NGRNs' transition process is described as progressive with transitory setbacks as many of the NGRNs describe experiencing Surviving without a Safety Net and transitioning to Turning of the Tables multiple times. These transitory setbacks are induced by unfamiliarity. These episodes are challenging for the NGRNs as with each reoccurrence their fears return, and they have to Figure it Out again by Learning on the Job. It is not until familiarity is reinstated that the NGRNs can experience again a Turning of the Tables and move toward Discovering Professional Self.

Conceptual Model of Discovering Professional Self

The NGRNs' transition process is progressive with transitory setbacks. Several iterations of the present model were constructed in keeping with developing the theory. The conceptual model of Discovering Professional Self highlights the progressive nature of the process and also indicates that transitory setbacks were experienced.

The NGRNs' transition process is progressive with transitory setbacks. The core category of Discovering Professional Self is represented by the large arrow which surrounds the entire model. Surviving without a Safety Net and Turning of the Tables are housed within the large arrow indicating categories of the transition process. The progressive nature of the process is depicted by the fading arrows moving forward. The smaller arrows at the top and the bottom of the model indicate the movement that occurs when familiarity and unfamiliarity are encountered. These arrows move forward toward Turning of the Tables, in the transition process, indicating progression with familiarity. The NGRNs' transitory setbacks, induced by unfamiliarity, are depicted by the smaller arrows moving toward Surviving without a Safety Net. Familiarity again sees the NGRNs' return to Turning of the Tables. Each time they return to this later phase, the NGRNs' advanced further. In addition, the model shows how with each setback the NGRNs do not necessarily move back to where they first commenced. The progressive nature of the process sees the NGRN still moving forward despite the transitory setbacks. The NGRNs describe the transitory setbacks as part of the process of progressing toward Discovering Professional Self (see Appendix G).

Summary of Discussion

Discovering Professional Self describes the NGRNs' perceptions of transitioning to professional practice as a progressive process with transitory setbacks. The process Discovering

Professional Self describes the NGRNs' transition experiences as Surviving without a Safety Net and ultimately experiencing a Turning of the Tables. Early in the transition process, the NGRNs describe Experiencing Fear, are challenged Figuring it Out, and realize the necessity of Learning on the Job. In addition, even after transitioning to Turning of the Tables, the NGRNs' fears resurface on multiple occasions, particularly when they encounter unfamiliar situations/circumstances. Each unfamiliar encounter results in the NGRNs' experiencing transitory setbacks and it is not until familiarity is re-established that they continue to progress toward Discovering Professional Self. Discovering Professional Self adds to existing literature by describing the NGRNs' transition experiences in the 12 months post Ontario's NGG orientation program.

A comparison of Discovering Professional Self with Boychuk Duchscher's (2009) theory, a dominant theory in the field, revealed several differences. First, in the current study, the NGRNs' descriptions of Experiencing Fear is different from Boychuk Duchscher's (2009) theory which indicates the NGRNs describe being "terrified" and "scared to death" (p. 1106). Boychuk Duchscher's (2009) theory also highlights "transition shock" (p.1103) as being central to the NGRNs' transition experiences. In contrast, the NGRNs, in the current study, did not describe these feelings of shock. The NGRNs in the current study describe that although they experience transitory setbacks, these setbacks are a necessary part of the transition process toward Discovering Professional Self. Conversely, Boychuk Duchscher (2012) suggests that the NGRNs experience regression when unfamiliar situations/circumstances are encountered. Finally, the NGRNs in the current study had realistic practice expectations and felt well prepared for independent practice, whereas, Boychuk Duchscher's (2012) theory indicates that the NGRNs' stresses and challenges were partly attributed to the fact that they had idealistic practice

expectations and were ill-prepared to practice in the clinical environment. The comparative chart below highlights the differences in the experiences of NGRNs in Boychuk Duchscher's theory and in the substantive theory of Discovering Professional Self.

<u>Boychuk Duchscher's Theory</u>	<u>Process of Discovering Professional Self</u>
Regression	Progressive with transitory setbacks
Transition shock	Experiencing fear
NGRNs had idealistic expectations	NGRNs had realistic expectations
NGRNs were ill-prepared for independent practice	Some NGRNs described readiness for independent practice
Shock - thrive	Fear - healthy transition

In the current study, the NGRNs' realistic expectations of the transition process may have influenced their transition experience. Furthermore, the NGRNs suggest the NGG orientation program provided them with tools to help them figure out how to survive without their preceptor's guidance. Thus, the analysis reveals the NGRNs' realistic expectations and the NGG orientation program may have enhanced the NGRNs' transition experiences.

The NGRNs, in the current study, did find the transition process challenging describing adverse health consequences early in the transition process. The NGRNs, however, do experience a Turning of the Tables and describe Being Trusted, Gaining Confidence, and Feeling Comfortable in their professional role, until transitory setbacks are incurred. The transitory setbacks are perceived by the NGRNs to be a necessary part of the process toward Discovering Professional Self. Interestingly, the majority of the NGRNs, in the current study, describe a healthy transition outcome.

Discovering Professional Self was informed by theories (Benner, 2001; Boychuk Duchscher, 2012). Boychuk Duchscher's (2012) theory indicates that NGRNs can experience more intensive and extended transition processes if they are not afforded the opportunity of "consistency, predictability, familiarization, and stability" (p. 91). Benner's (2001) theory also

indicates that familiarization and continuity of practice with the same patient population is conducive to obtaining clinical expertise. These theories illuminate the category of Surviving without a Safety Net as they explain how working as NRT staff may have influenced the NGRNs' transition experiences. The process of Discovering Professional Self is a substantive theory which describes the NGRNs' perceptions of transitioning to professional practice, in the 12 months after completion of Ontario's NGG orientation program.

Recommendations

A number of recommendations for practice, education, policy, and research arise from this study's findings. These recommendations focus on strategies to enhance the NGRNs' transition experiences to professional practice.

Practice recommendations. Recommendations for practice focus on strategies to alleviate the fears experienced by the NGRNs during their transition process. Recommendations for practice at the macro, meso, and micro levels are outlined.

Continuity of Ontario's NGG is recommended as the NGRNs acknowledge that the orientation program helped prepare them for independent practice. The hospital's policy, however, of only offering three months preceptorship could be reassessed as an extension of the preceptorship program may further enhance the NGRNs' transition experiences. The Ontario government, through the NGG program, funds NGRNs' full-time, supernumerary employment for a maximum of six months (Baumann, et al., 2012; Burkoski, et al., 2011). However, the NGRNs who participated in this study were only provided supernumerary positions for the minimum three months. In addition, nurse management, staff nurses, and NGRNs could lobby the Ontario government to extend the NGG to a minimum of at least six months or longer as the NGRNs are challenged and describe experiencing fear as they begin independent practice.

Interestingly, in the U.S., the most effective orientation programs to smooth NGRNs' transition experiences were of a one year duration (Altier & Krsek, 2006; Halfer, et al., 2008; Park & Jones, 2010; Kramer, et al., 2011; Krugman, et al., 2006).

NRT NGRNs' transition processes may be more challenging and longer than those who are assigned permanent units (Boychuk Duchscher, 2012). This study's findings, therefore, support Boychuk Duchscher's (2012) recommendation that permanent unit placements should be offered when possible, in the first 12 months post-orientation and in the event that this is not an option, unit rotation should be limited to only 2-3 units.

The NGRNs indicate that Resource Nurses are a valued resource, and their continued presence would be helpful should the NGRN feel a need for further support. In the event a Resource Nurse is not available, a staff nurse on shift could be identified as a resource for the NGRN. The NGRNs struggled with unfamiliarity and therefore offering them a minimum of two orientation shifts on all unfamiliar units may alleviate some of the fear associated with unfamiliar units. The orientation shifts would allow them to become familiar with the unit's staff, protocols, routines, skills, and client populations, prior to practicing independently.

The NGRNs also expressed a struggle to find emotional support during this challenging period and many turned to their NRT manager, other NGRNs, and NRT staff for emotional support. Formal and/or informal weekly drop-in support sessions for NGRNs at the beginning or end of shift could help provide this needed support. These sessions ideally could include a manager, other more senior NRT nurses, and NGRNs. Finally, encouraging the NGRN to choose a mentor, a confidant, post-orientation for clinical and emotional support is recommended.

Management, nurse educators, preceptors, resource nurses, and staff nurses should be made aware of the times when NGRNs' experience fear, that is, when they first commence

independent practice, when caring for critically-ill clients, feeling overwhelmed by workload, caring for unfamiliar client populations, working in unsupportive environments, communicating with doctors, and when working on unfamiliar units. This communication could be in the form of a simple memo or a more formalized information session. This increased awareness may promote practice change and result in creating a more supportive environment.

Standardization of hospital wide protocols, policies, and procedures is a recommendation put forward by the NGRNs as lack of standardization causes them confusion and frustration. One NGRN shared “Some things I can do on one unit and some things I can’t do on other units....or one unit has taped report and the other has verbal report” (NGRN 7). In addition, it is recommended that resources could be readily available in summarized form on every unit to help NGRNs quickly become familiar with the units’ policies and protocols. Finally, supplying NGRNs with a unit specific information package is also recommended.

Education recommendations. The NGRNs’ experience fear when they begin independent practice. Enhancing managements’, nurse educators’, and staff nurses’ awareness of the fears experienced by NGRNs and the specific situations and circumstances when these fears arise may lead to more clinical and emotional support. In addition, informing all NGRNs of the current study’s findings may better prepare them for the transition experience and may provide them with potential strategies to help them succeed. Ideally, informing student nurses in their final year of their BScN programs would ensure all NGRNs would have received this important information prior to embarking on independent practice. The information could be disseminated to the NGRNs in the form of a short seminar or by supplying a summarized copy of the study’s findings to them. In addition, iterating the importance of entering the professional practice

environment with realistic expectations and identifying strategies to ease their transition process would be beneficial.

The NGRNs also put forward some recommendations. The specialty NRT NGRNs suggest increasing clinical practice time and decreasing classroom time during the three month orientation period, as they felt the preceptored orientation was insufficient. In addition, the NGRNs suggested continuing education sessions post-orientation; one NGRN suggested conflict resolution as a topic. Interprofessional relationships may also be an appropriate topic as the NGRNs experienced fear when communicating with other healthcare professionals, early in the transition process. These continuing education sessions could be offered monthly on a unit or hospital wide level and could specifically target the NGRNs in the early part of the transition process as they appear to require more support.

Policy recommendations. The study findings add to the current research investigating Ontario's NGG (Baumann, et al., 2009; Baumann, et al., 2011; Baumann, et al., 2012). These studies recommend continuation of Ontario's NGG. The current study's findings also suggest that Ontario's NGG program may have enhanced the NGRNs' transition experiences. The NGRNs, however, still experience fear and suffer physical and psychological consequences. Therefore continuation and extension of the NGG orientation program to the maximum allowable six months is recommended. Continuation and extension of the program to a maximum of six months may further enhance NGRNs' transition experiences.

Research recommendations. Future research studies, are warranted as it is only through further research that this theory can be further developed. Qualitative and quantitative studies relevant to Ontario's NGG orientation program and NGRNs' transition experiences are indicated. A grounded theory study, exploring how NGRNs on permanent units transition to professional

practice post Ontario's NGG orientation program, would add to and further inform these findings. In addition, a grounded theory study focused on NGRNs who were provided the opportunity to complete six months preceptored orientation would also add to this study's findings. Conducting grounded theory studies across multiple sites, in community hospitals, and with larger numbers would further inform the new theory. Interpretive phenomenological studies to gain an in-depth understanding of the meaning of the lived experience of NGRN/NRT NGRNs who have completed the NGG program may deepen our understanding of this transition experience. In addition, the NGG program has just this year been expanded to include out of province new graduate registered nurses. Studies exploring the transition experiences of these nurses would also continue to inform the new theory.

Developing the theory further could also inform the development of surveys for non-experimental quantitative studies examining the NGRNs' transition experience. Descriptive studies to identify strategies that are most beneficial to helping NGRNs' transition to professional practice after completion of the NGG program could also further inform these study's findings. Conducting a quasi-experimental study to compare two groups of NGRNs' transition experiences; one group having completed Ontario's NGG and the other group not having completed the program may further add to our understanding of the NGRN transition experience. NGRNs' transition experiences after completion of Ontario's NGG is a new area of research and therefore there are multiple research possibilities that would further develop this theory.

Limitations

The risk of researcher bias is possible due to the subjective and interpretive nature of qualitative research (Creswell, 2007). According to Charmaz, (2006), however, constructivists

believe that the theory is a result of the researcher's and the participants' interpretations of the data. The researcher used strategies to compensate for the risk of researcher bias. First, all prior assumptions and beliefs relevant to the investigated phenomenon were acknowledged in initial memoing. In addition, strict memo keeping provides an audit trail of how the categories were developed from the data. Finally, as this thesis was completed as part of a Master of Nursing Degree, the relevant perspectives of two PhD prepared committee members supported the development and completion of this work.

Another potential limitation is the sample size (Creswell, 2007). Creswell (2007) suggests a minimum of 20 participants for grounded theory studies. Wuest (2012), however, indicates that for the purpose of a Master's Thesis, 10-15 participants are an adequate number. Furthermore, theoretical saturation determined the sample size as recruitment continued until all emerging categories were sufficiently developed to construct the theory. Theoretical sampling continued until no new data was retrieved. Data saturation was achieved after interviewing eight participants and the theoretical sample was completed after 10 participants and the categories were sufficiently developed to construct the theory as no new properties of the categories were revealed in the last two interviews. Furthermore, the categories were consistent across all three investigators and consistent categories were found confirming prior data.

Participants were recruited from one hospital site which could be considered a limitation. In addition, sampling did not include Nurse Managers, Resource Nurses, Nurse Educators, and/or staff nurses. Recruiting from more than one hospital and interviewing other staff members may have added an additional dimension of understanding to the process of transition and a deeper insight into the challenges that NGRNs encounter. The researcher recognizes that this option

could be pursued as a future research project to further inform this study's findings and to further develop the theory.

Member checking did not take place to avoid burdening the NGRNs who found the initial interview difficult to schedule. In addition, the university REB did not encourage second interviews for this reason. Charmaz (2006), however, indicates that the grounded theory approach in itself is a source of verification of conceptual categories and therefore states that member checking is unnecessary. Furthermore, the study's findings were reviewed by two independent assessors, the research supervisor and the committee member, both experienced researchers.

Conclusion

The purpose of this research study was to describe NGRNs' perceptions of transitioning to professional practice in the 12 months post NGG orientation program. Charmaz's (2006) constructivist grounded theory approach informed the research design and data analysis process. The study findings resulted in a substantive theory which describes NGRNs' transition experiences in the 12 months post NGG orientation program as a process of Discovering Professional Self. Discovering Professional Self emerged as the overarching category. Surviving without a Safety Net, which involves Experiencing Fear, Figuring it Out, and Learning on the Job, is the process which describes the early part of NGRNs' transition experiences. In the later part of the transition process, the NGRNs ultimately experience a Turning of the Tables as they are Being Trusted, Gaining Confidence, and Feeling Comfortable in their professional role. This process is described by the NGRNs as progressive, with transitory setbacks which occur when the NGRNs encounter unfamiliarity. Familiarity results in the NGRNs transitioning again to Turning of the tables. The transitory setbacks are subjective and occur multiple times throughout

the transition process. These transitory setbacks, although challenging, are considered to be a necessary part of the process of Discovering Professional Self, as the majority of the NGRNs worked on the NRT. A conceptual model of the NGRNs' transition process was also presented. The theory illuminates several recommendations for practice, education, and policy. In addition, further research is required to further develop this theoretical framework and to gain a better understanding of how and why NGRNs experience such a challenging transition process.

Appendix A

Letter of Introduction/Research Information for NGRNs' Coordinator

Dear,

My name is Jo'Anne Guay and I am a Master of Nursing student in the Daphne Cockwell School of Nursing at Ryerson University, Toronto, Canada. As a requirement of the program, I am planning a research study under the supervision of Dr. Susan E. Bishop, RN, PhD, Associate Professor, at Ryerson University. The title of my study is: "New Graduate Registered Nurses' Experiences of Transition to Professional Practice after Completion of The Ontario New Graduate Guarantee Program." The Ryerson University Research Ethic Board and the Research Ethic Board at your hospital have both approved my study.

This study's purpose is to explore the experiences of new graduate registered nurses' transition process to professional practice after completing the New Graduate Guarantee Program. Information learned from this study may further contribute to research and knowledge with regard to how NGRNs experience the transition process to professional practice after completion of the NGG. An understanding of these experiences will add to existing knowledge as to the program's effectiveness and may implicate the requirement for future adjustments or changes.

Eligible participants will be new graduate registered nurses (NGRNs) who have completed the New Graduate Guarantee (NGG) and have recently commenced independent practice in this hospital setting. Please see attached the Sample Selection Criteria (see Appendix A). Your assistance to contact eligible participants would be very much appreciated. I would like to drop off to you at a convenient time and place hard copies of a Letter of Introduction/Research Information Letter for New Graduate Registered Nurses (see Appendix B). Please distribute these letters via internal mail service to those new graduate registered nurses who fit the eligibility criteria. In addition, please e-mail the same letter to the same eligible participants one week later to remind them of the study (an email attachment will be sent to you). Finally the email recruitment notice states clearly that participation is completely voluntary and that any questions about the research should be directed towards me and that participation or non-participation will not be known to yourself, nurse managers or administrators.

If you require any further information or have any questions regarding this study please contact me at joanne.guay@ryerson.ca. In advance, thank you for your assistance.
Sincerely,

Jo'Anne Guay, RN, BScN, MN (Student)

Appendix B

Sample Selection Criteria

The criteria for sample selection will be New Graduate Registered Nurses who have experienced the transition to professional practice after completion of the Ontario NGG.

Inclusion Criteria:

- (a) All New Graduate Registered Nurses who have recently completed the New Graduate Guarantee Program in the last 12 months,
- (b) Able to speak, understand, and read English, and
- (c) Employed at the hospital setting

Exclusion Criteria:

- No exclusion criteria, such as age and gender will be included.

However, once the required number of participants has been recruited, the remaining new graduates who offer to partake in the study will be informed that no further participants are required and they will be thanked for their interest in the research study.

Appendix C

Letter of Introduction/Research Information for New Graduate Registered Nurses

Dear New Nursing Graduate,

My name is Jo'Anne Guay and I am a Master of Nursing student in the Daphne Cockwell School of Nursing at Ryerson University, Toronto. As a requirement of the program, I am planning a research study under the supervision of Dr. Susan E. Bishop, RN, PhD, Associate Professor, at Ryerson University. This research study has been reviewed and approved by all required Research Ethics Boards. You are invited to participate in my research study entitled: "New Graduate Registered Nurses' Experiences of Transition to Professional Practice After Completion of The Ontario New Graduate Guarantee Program." You are eligible to participate in this study because you have recently embarked into clinical practice as a new graduate registered nurse and have completed the New Graduate Guarantee (NGG) program.

The purpose of this study is to explore the experiences of new graduate registered nurses' (NGRN) transition process to professional practice after completing the New Graduate Guarantee Program. Information learned from this study may further contribute to research and knowledge with regard to how NGRNs experience the transition process to professional practice after completion of the NGG. An understanding of these experiences will add to existing knowledge as to the program's effectiveness and may implicate the requirement for future adjustments or changes.

Your participation in this study is voluntary. If you agree to participate you will be asked to sign a consent form. Your participation will include a one-to-one audio interview, with me, at a convenient time and location of your choice. You will not be asked to provide any information that is sensitive in nature or that which is in contradiction of your government/ministry oath of confidentiality required by your employer. The interview is completely voluntary and confidential. The initial interview will take approximately 60-75 minutes. A second optional telephone interview to confirm data analysis or to clarify information may be requested.

If you decide to participate in this study hospital management and work colleagues will not be notified of your participation and a pseudonym, instead of your real name, will be used for audio recordings and transcriptions. A transcriptionist may be employed to transcribe the interviews but confidentiality will be respected as no identifying information will be used and the transcriptionist will be required to sign a confidentiality agreement. The data, with no identifying

information, will be shared with my thesis committee members to assist me with data analysis. The master list of participants' names, contact information and pseudonyms will be stored in a locked drawer in a locked office at Ryerson University, separate from the study data. Only I will have access to this drawer. Data will be stored on an encrypted USB and information will be password protected. The study's data and consent forms will be securely stored for seven years and then destroyed.

Remuneration for research-related expenses will be offered to participants. A \$10 Tim Horton's card will be given to participants. This remuneration is a token of appreciation for your time. In addition, participants will be entered into a draw for a \$100 shopping centre gift card which will be won by one participant. I will be solely in charge of the draw and only the participant winning the shopping centre gift card will be notified by me.

Please e-mail if you have any questions, are interested in hearing more about my study, or if you are interested in participating. I can be reached at: joanne.guay@ryerson.ca or you can phone me at 416-9795000 ext. 2565 and I will return your call as soon as possible. Thank you for considering participating in my study.

Sincerely,

Jo'Anne Guay, RN, BScN, MN (Student)

Appendix D

How Do New Graduate Registered Nurses Experience the Transition to Professional Practice After Completion of the Ontario New Graduate Guarantee Program?

The Purpose of this study is to explain the experiences of the New Graduate Registered Nurses” (NGRN’s) transition process to professional practice after completion of the Ontario New Graduate Guarantee Program (NGG).

You can participate if you:

- **Are a NGRN who has completed the NGG within the last 12 months, and**
- **Are employed at the University Health Network**

To participate in this Study:

- You will be asked to discuss how you have experienced the transition to professional practice after completing the NGG program.
- You will be interviewed for approximately one hour. If you agree, the interview will be audio-recorded. You and the researcher will jointly decide on a convenient time and an appropriate place to meet. The place chosen should be somewhere private and free from interruptions. A study room in a library has proven to be suitable for the interviews.

As a token of appreciation for your time, I will offer you a

\$10 Tim Horton’s gift card and an opportunity to win a \$100 gift card for the Eaton’s Centre.

If you have any questions about the study or would like to participate in this study: Please contact Jo’Anne Guay by phone at 416-979-5000 ext. 2565 (Private and confidential Ryerson University voicemail box) or e-mail: joanne.guay@ryerson.ca

Please refer to the accompanying Letter of Introduction for further information

This study has been reviewed and approved by the Ryerson Ethics Research Board, Ryerson University

Appendix E

Interview Questions

The initial questions will be:

“Tell me about your work experience since completion of the NGG?”

“How has your experience changed over the last few months?”

“Tell me about any issues you have encountered that have influenced your transition process?”

“How do you feel the process is going?”

“What positive and negative influences have you noted?”

“Describe for me your definition of professional practice?”

Subsequent prompting statements would include:

Tell me more about that

“Can you give me an example?”

“How did you feel about that?”

“What was that like?” or “In what Way?”

Examples of Modified Questions According to Data Analysis

“Other NGRNs have told me..... Did you ever feel that way?”

“Some participants have experienced..... Have you experienced an event such as this?”

How did you get through the shift? How did you deal with unfamiliarity?

How do you feel when you go home?

How do you feel when you go to new units?

On a more personal note, tell me how you would describe yourself when you first completed orientation and compare that to how you describe yourself today.

You described being scared and anxious tell me how you overcome these feeling and what situations provoke fear?”

Appendix F

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Title: “New Graduate Registered Nurses’ Experiences of Transition to Professional Practice After Completion of The Ontario New Graduate Guarantee Program.”

Investigator Jo’Anne Guay, RN, BScN, MN (Student)
Phone: 416-9795000 ext. 2565

Research Supervisor: Dr. Susan Bishop, RN, PhD
Phone: 416-979-5000 x 7842

Research Committee: Dr. Sherry Espin, RN, PhD
Phone: 416-979-5000 x 7993

24 Hour Phone Number 416-9795000 ext. 2565

Introduction

You are being asked to take part in a research study. Please read this explanation about the study and its risks and benefits before you decide if you would like to take part. You should take as much time as you need to make your decision. You should ask me to explain anything that you do not understand and make sure that all of your questions have been answered before signing this consent form. Before you make your decision, feel free to talk about this study with anyone you wish. Participation in this study is voluntary.

Background and Purpose

The purpose of this study is to explore the experiences of New Graduate Registered Nurses’ nurses’ transition into professional practice and to retain them in practice. However, there is a lack of qualitative research to indicate how the New Graduate Guarantee Program might influence the transition process. Therefore, research is required transition to professional practice after completing Ontario’s New Graduate Guarantee Program. You have been asked to take part in this research study because you are a new graduate registered nurse who has recently completed Ontario’s New Graduate Guarantee and you are now practicing independently or because the information you have to offer will inform this study. Approximately 10-15 participants are required to complete the study and these participants will be recruited from the University Health Network Hospitals.

The goal of Ontario’s New Graduate Guarantee is to ease new graduate registered to explore the experiences of New Graduate Registered Nurses’ transition process to professional practice after completing the Ontario New Graduate Guarantee program. If you are a new graduate and you sign this consent form you will be asked to do a one-to-one interview. The questions and probes asked will relate to your experience of transitioning to independent professional practice after completion of the New Graduate Guarantee. In addition, a follow-up telephone interview of approximately half an hour will be optional (see below). You will not be asked to provide any information that is sensitive in nature or is in contradiction of your

government/ministry oath of confidentiality required by your employer. You may refuse to answer a question at any time without consequence.

Calendar of Visits

Those who complete this consent form will be asked to do an interview for approximately 60-75 minutes. You will not be asked to provide any information that is sensitive in nature or poses contradiction of your government/ministry oath of confidentiality required by your employer. The interview time is determined by your preference. The setting will be in a quiet room at Ryerson University or at a public library. This setting will be quiet, convenient, comfortable, and free from interruptions. The location choice will allow you to feel comfortable and free from intimidation when sharing your personal experiences.

1. You will be required to partake in a one-on-one, tape recorded interview by me. At this time I will also take notes on your expressed emotions during the interview. An interview guide will be used. This interview should take approximately 60-75 minutes, after this time the interview will be stopped unless you offer to continue.

Examples of questions that will be asked to New Graduates are listed below:

“Tell me about your work experience since completion of the NGG?”

“How has your experience changed over the last few months?”

“Tell me about any issues you have encountered that have influenced your transition process?”

2. A second interview may be required to better inform the study or to clarify information. This interview is optional. This interview should take no longer than half an hour and will be conducted via telephone.

This interview is optional; please indicate below if you would be willing to partake:

I am willing to participate in a follow-up interview if required:

Yes or No

Reminders

1. Tell me if you change your mind about being in this study.
2. If during the interview you do not wish to answer a question let me know and the question will be passed over.

Risks Related to Being in the Study

The study is considered to be minimal-risk. However, there is the potential for psychological discomfort because you will be asked to share your personal experiences. To overcome the risk of potential psychological discomfort every effort will be taken to ensure you feel psychologically comfortable. All information supplied will be confidential, full disclosure is voluntary, and you can withdraw from the study at any time. In addition, you may refuse to

answer any questions or you may stop the interview at any time. Only I will know that you have agreed to participate in my study and participation or non-participation will not be known to nurse managers or administrators.

Benefits to Being in the Study

The researcher cannot guarantee any direct benefit to you as a participant. However, the study will provide an opportunity for you to share your personal experiences. The realization that your opinion matters can empower you. Information learned from this study may further contribute to research and knowledge with regard to how NGRNs experience the transition process to professional practice after completion of the NGG.

Voluntary Participation

Your participation in this study is voluntary. You may decide not to be in this study, or to be in the study now and change your mind later. You can choose to participate, choose not to participate and/or withdraw from participation at any time without affecting your employment status. Participation will be completely confidential, no one including nurse managers or administrators, will have knowledge of your participation. You may refuse to answer any question you do not want to answer, or not answer an interview question by saying “pass”. I will give you new information that is learned during the study that might affect your decision to stay in the study.

Confidential

The information that is collected for the study will be kept in a locked and secure area by Dr. Susan Bishop and I for 7 years and only those listed below will have access to the study records.

Jo’Anne Guay, RN, BScN, MN (Student)

Dr. Susan Bishop, RN, PhD

The following people may also have access to the study records to check that the information collected for the study is correct and to make sure the study followed proper laws and guidelines:

Representatives of the Ryerson University Research Ethics Board

Any information about you that is sent out of the hospital will have a code and will not show your name or address, or any information that directly identifies you. All information collected during this study will be kept confidential and will not be shared with anyone outside the study unless required by law. You will not be named in any reports, publications, or presentations that may come from this study. If you decide to leave the study, you will be given a choice as to whether you will allow me to use your data or not and your decision will be respected.

Remuneration for research-related expenses will be offered to you in the form of a \$10 Tim Horton's card and a name draw for one \$100 shopping center gift card. I will be solely in charge of the draw and only the participant winning the shopping centre gift card will be notified by me. This remuneration is a token of appreciation for your time.

Your telephone number or e-mail address (as per personal preference) will be required for communication purposes to arrange interview sessions and to contact you in the event that you win the draw. Your preference of form of communication will be respected. This information will be stored separately from the data in a locked drawer in a Ryerson University office which is also locked. The study data will be stored in a separate locked drawer in a Ryerson University office and/or on an encrypted USB memory stick supplied by the recruitment site. If it is your preference I will destroy your contact details immediately they are no longer required for the purpose of interviews. I can then notify you via e-mail if you have won the draw. After the draw all contact details will be destroyed by me if not previously destroyed due to personal request.

Please indicate your preference by ticking appropriate statement:

- 1). I give permission for my personal contact information to be stored securely until after the shopping gift card draw and then destroyed.
- 2). I request all contact information be destroyed on completion of required interviews and the researcher can contact me via e-mail to notify me if I win the draw.

Conflict of Interest

There is no conflict of interest as the investigator is not affiliated with the hospital in anyway and all information provided will remain confidential. No staff member in the hospital setting will be notified of your involvement in this study. Although the investigator has an academic interest in conducting this study, you should not feel pressured to join this study for any reason other than you desire to share your experiences for the purpose of this research. You are free to withdraw from the study at any time without repercussions.

Questions about the Study

If you have any questions, concerns or would like to contact me for any reason, please e-mail me at joanne.guay@ryerson.ca.

If you have any questions about your rights as a research participant or have concerns about this study, call the Chair of the University Health Network Research Ethics Board (REB) or the Research Ethics office number at 416-581-7849. In addition as this research has also been approved by Ryerson University REB you may also contact the chair of the Ryerson University REB board by phone 416-979-5000 ext. 6300 or by e-mail rebchair@ryerson.ca. The REB is a group of people who oversee the ethical conduct of research studies. These people are not part of the study team. Everything that you discuss will be kept confidential.

Consent

This study has been explained to me and any questions I had have been answered.

I know that I may leave the study at any time. I agree to take part in this study.

Print Study Participant's Name Signature Date

(You will be given a signed copy of this consent form)

My signature means that I have explained the study to the participant named above. I have answered all questions.

Print Name of Person Obtaining Consent Signature Date

Was the participant assisted during the consent process? ☐ YES ☐ NO

If **YES**, please check the relevant box and complete the signature space below:

☐ The person signing below acted as a translator for the participant during the consent process and attests that the study as set out in this form was accurately translated and has had any questions answered..

Print Name of Translator Signature Date

Relationship to Participant Language

☐ The consent form was read to the participant. The person signing below attests that the study as set out in this form was accurately explained to, and has had any questions answered.

114

Print Name of Witness

Signature

Date

Relationship to Participant

Appendix G

Discovering Professional Self:

A Progressive Process with Transitory Setbacks

Appendix H

Participant Thank You Letter

Dear,

Please accept my sincerest thanks for your participation in my research study on the experiences of New Graduate Registered Nurses' transition process to professional practice after completing the Ontario New Graduate Guarantee Program. Your experiences that you so openly and honestly shared with me were invaluable to the writing of my thesis.

Please find enclosed a summary of the study results you expressed an interest in receiving. If you have any questions regarding the study results please do not hesitate to contact me. I can be reached via e-mail joanne.guay@ryerson.ca.

Once again, thank you so much for your efforts in this work.

Sincerely,

Jo'Anne Guay, RN, BScN, MN (student)

Enclosure: Summary of study results

Appendix I

Letter for Hospital Research Ethics Board

Dear

My name is Jo'Anne Guay and I am a Master of Nursing student in the Daphne Cockwell School of Nursing at Ryerson University, Toronto, Canada. As a requirement of the program, I am planning a research study under the supervision of Dr. Susan E. Bishop, RN, PhD, Associate Professor, at Ryerson University and Dr. Sherry Espin, RN, PhD, also an Associate Professor, at Ryerson University. I request approval from your Research Ethics Boards to conduct this study. The study's title is "New Graduate Registered Nurses' Experiences of Transition to Professional Practice After Completion of The Ontario New Graduate Guarantee Program."

This qualitative, grounded theory study's purpose is to explore the experiences of new graduate registered nurses' transition process to professional practice after completing the Ontario New Graduate Guarantee Program. An understanding of these experiences will add to existing knowledge as to the program's effectiveness and may implicate the requirement for future adjustments or changes. Eligible participants will be new graduate registered nurses who have completed the New Graduate Guarantee and have recently commenced independent practice.

Please find enclosed my research proposal with appendices for your review. If you have any questions or concerns regarding this REB application please contact me at joanne.guay@ryerson.ca or 905 467 3464.

Thank you for considering my application for ethics approval.

Sincerely,

Jo'Anne Guay, RN, BScN, MN (Student)

Enclosure: Research Protocol with Appendices

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