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# Transition experiences, intrapersonal resources, and job retention of new graduate nurses from accelerated and traditional nursing programs: A crosssectional comparative study



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#### ABSTRACT

*Background:* With increasing numbers of new graduate nurses from accelerated nursing programs entering the workforce, it is important to understand their transition experiences, as they may differ from those of traditional graduates.

*Objectives*: The aim of this study was to describe and compare the intrapersonal resources, transition experiences, and retention outcomes of these two groups.

Design: A descriptive cross-sectional comparison study was conducted.

*Participants*: A random sample of 3655 registered nurses with < 3 years of nursing experience were invited to participate from across Canada; 1020 responded (27.9%). The final sample included 230 nurses from accelerated programs and 768 from four-year programs (total n = 998).

*Methods:* Following ethics approval, participants were mailed a questionnaire to their home address. One month later non-responders were sent a reminder letter, followed by a second questionnaire one month later (January to March, 2013). Descriptive statistics were conducted using SPSS. Group differences were assessed using independent samples t-tests for continuous variables and  $\chi^2$  tests for categorical variables.

Results: Overall, there were few significant differences between new graduate nurses from accelerated and traditional programs. Nurses in both groups had high levels of intrapersonal resources, positive transition experiences, were satisfied with their jobs and their choice of nursing as a career, and their intentions to leave were low.

Conclusions: All new graduate nurses need to have a strong educational preparation and transition support, regardless of their age and previous work and career experiences.

#### 1. Introduction

The nursing shortage has resulted in an increase in accelerated nursing degree programs in Canada and elsewhere which allow individuals with previous post-secondary education and prerequisite courses to complete a bachelor's degree in nursing in less than four years (typically two). With increasing numbers of accelerated nursing program graduates entering the workforce, it is important to understand their transition experiences, as they may differ from those of traditional graduates. It is currently unknown whether new graduate nurses' from accelerated and traditional four-year nursing bachelor's degree programs have similar transition to practice experiences. The aim of this study was to describe and compare the intrapersonal

resources, transition experiences, and retention outcomes of these two groups. Findings may help nurse educators better understand and meet the needs of nursing students from both four-year and accelerated two-year nursing programs.

#### 2. Background

Worldwide, countries are facing a nursing shortage. It is estimated that the US will be short 918, 232 nurses by 2030 (Juraschek et al., 2012) and Canada will be short 60,000 nurses by 2020 (Tomblin Murphy et al., 2012). Meanwhile, shortfalls of 90,000 to 109,500 nurses by 2025 in Australia (Health Workforce Australia, 2012) and 309,297 nurses across the UK by 2022 (Bucan and Seccombe, 2012) have been

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forecasted. In response, nursing schools are increasing enrollment (AACN, 2015; CNA, 2013) and accelerated nursing programs have proliferated. In Canada a bachelor's degree in nursing is required to become a Registered Nurse, making accelerated programs especially attractive for students with prior degrees. The number of accelerated programs in Canada increased from 39 in 2007 to 93 in 2012 (CNA, 2013), while in the US there are currently 230 (AACN, 2013). These programs are in high demand, with many university graduates seeking careers in nursing after obtaining a degree in another field (AACN, 2013; Seldomridge and DiBartolo, 2007). They are also beneficial for the healthcare system by rapidly increasing the supply of new nurses.

With more nurses entering the workforce from accelerated programs, it is important for educators to understand their transition experiences so that they can best support them during their educational preparation. There may be important differences between students in four-year and accelerated nursing bachelor degree programs that nurse educators should consider when preparing students to enter the workforce and that nurse managers should be mindful of when onboarding new graduate nurses into their organization.

In this national study of Canadian new graduate nurses we explored a number of components of new graduate nurses' transition experiences focusing on their orientation and support for new graduate nurses. Past research has identified preceptorship, support, and educational preparation as key elements of new graduate nurse orientation programs (Rush et al., 2013). Orientation programs for new graduate nurses have also been shown to have a positive impact on retention outcomes such as job turnover intentions and job satisfaction (Rush et al., 2013).

Studies comparing new graduate nurses from these two groups are scarce in the literature and limited in scope (Payne and Mullen, 2014), focusing primarily on demographic characteristics and job retention. Brewer et al. (2009) found demographic differences between graduates from accelerated and traditional nursing programs but no differences in work attitudes or intent to leave. In another study, Weathers and Raleigh (2013) found that nurses from accelerated programs had significantly higher one-year job retention rates than four-year program graduates. However, Atkan et al. (2009) found that nursing graduates from both programs rated their transition difficulty similarly. Thus, it remains unclear whether there are differences between accelerated and traditional nursing graduates, highlighting the need for a more comprehensive study comparing their transition experiences.

Anecdotally, nursing students in accelerated programs are seen as more mature and better able to cope with the demands of nursing, perhaps because they have higher levels of intrapersonal resources, namely, psychological capital (psycap) and occupational coping selfefficacy (OCSE). PsyCap refers to a set of four positive internal psychological resources that help people strive for and achieve goals (Luthans et al., 2007). These include hope (motivation to plan and work toward goals), resiliency (bouncing back from setbacks), optimism (interpreting events and situations positively), and self-efficacy (feeling confident about your abilities to accomplish tasks successfully) (Luthans et al., 2007). OCSE is rooted in Bandura's self-efficacy theory but is more specific, referring to perceptions of being able to handle job demands (Pisanti et al., 2008), making it particularly important for new graduate nurses. This is supported by a recent study showed that new graduate nurses' OCSE was associated with lower burnout and better mental health (Laschinger et al., 2015).

We proposed that graduates from accelerated nursing programs have higher levels of PsyCap and OCSE because they are older, more mature, have often already successfully completed a degree, and have more life experience (Cangelosi, 2007; Cangelosi and Whitt, 2005). Thus, they are likely have more experience setting and achieving goals, overcoming challenges, engaging in mastery experiences, receiving feedback, and learning vicariously through role models, resulting in greater PsyCap and OCSE.

Evidence suggests that new nurses who have higher levels of PsyCap and OCSE may be better equipped to handle the stresses that

accompany the transition to practice. Therefore, it was expected that in addition to having higher levels of PsyCap and OCSE, new graduate nurses from accelerated programs would have more positive perceptions of their transition experience, greater job and career satisfaction, and reduced job and career turnover intentions compared to new graduates from traditional programs.

#### 3. Methods

#### 3.1. Study Design

A cross-sectional survey of new graduate nurses (n=998) from across Canada was conducted. Following ethics approval at the University of Western Ontario, a random sample of nurses who had agreed to be contacted for research with < 3 years of experience was provided by the nursing registry of each of the 10 Canadian provinces. The modified tailored design method (Dillman et al., 2011) was used to reduce non-response rates. Participants were mailed a questionnaire to their home address with a letter of information, study questionnaire, and a \$2 coffee voucher. One month later non-responders were sent a reminder letter, followed by a second questionnaire one month later. As described in the letter of information, return of a completed questionnaire indicated informed consent. Data collection occurred from January to March 2013.

#### 3.2. Participants

Of the 3655 registered nurses invited to participate, 1020 responded (27.9%). Twenty-two nurses did not provide data about what type of nursing degree they took (accelerated or 4-year program) and were excluded from analysis. The final sample included 230 new graduate nurses from accelerated programs and 768 from four-year programs (n=998). Participants from both groups were mostly female, with an average of 1.21 years of nursing work experience. Accelerated program graduates were significantly older (29.64 versus 26.68 years of age). There were no differences between the two groups in terms of specialty area or employment status. (See Table 1 for participant characteristics).

### 3.3. Instruments

Participants completed a self-report questionnaire containing demographic questions and a combination of descriptive questions and

**Table 1**Participant characteristics.

	CTF BScN		4-Year BScN		_
	М	SD	M	SD	p
Age	29.64	6.86	26.68	5.94	0.000
Years of nursing experience	1.21	0.51	1.21	0.58	0.996
	N	%	N	%	p
Gender					0.65
Female	211	91.7	705	92.6	
Male	19	8.3	56	7.4	
Specialty area					
Medical/surgical	117	51.3	379	49.7	0.69
Critical care	49	21.5	131	17.2	0.14
Maternal/child	23	10.1	80	10.5	0.86
Mental health	14	6.1	45	5.9	0.90
Float pool or NRU	7	3.1	30	3.9	0.54
Community health	9	4.0	50	6.5	0.14
Long-term care	9	3.9	36	4.7	0.62
Geriatric/rehab	0	0	12	1.6	0.06
Employment status					
Full-time	142	61.7	468	61.2	0.83
Part-time	56	24.3	221	28.9	0.19
Casual	32	13.9	76	9.9	0.09

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