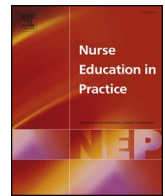




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Resilience and transition to practice in Direct Entry nursing graduates

Geraldyn Meyer^{a,*}, Bobbi Shatto^b^a Saint Louis University, 3525 Caroline Mall, St Louis, MO 63104, USA^b Saint Louis University, USA

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ABSTRACT

Resilience may be one factor that influences new graduates transition to practice. This pilot study looked at one cohort of Direct Entry Accelerated Master's in Nursing graduates and compared the relationship over time between their transition to practice experience and their resiliency. Seventeen of 21 graduates participated in surveys at graduation and then three, six and 12 months post-graduation. The survey consisted of four parts: Demographics, Educational/Professional Satisfaction Scale (2016), the Casey-Fink Graduate Nurse Experience Scale (2004), and the Wagnild & Young Resiliency Scale (1993). The results indicated that professional satisfaction fluctuates during the first year of practice. At 12 months post-graduation only 57% of the respondents felt their education prepared them for the reality of nursing practice. Resilience at 12 months post-graduation accounts for 79% of the variance in the Casey Fink scores at 12 months. Interventions to improve resilience in new nursing graduates may be one way to positively impact transition to practice.

Recruiting and retaining nurses is a global issue. Canada reported a 57% turnover of nurses within two years of employment (Laschinger et al., 2016), 28% of new graduate nurses left their positions within one year of hire in Taiwan (Cheng et al., 2014), and in the United Kingdom, 18% had left nursing entirely by three years post-graduation (Policy, 2008). It is estimated the yearly organizational cost of new nursing turnover in the United States is 1.4–2.9 billion dollars (Ulrich et al., 2010). Despite the emergence of nurse residency programs and increased orientation length, approximately 25% of all new nursing graduates in the U.S. will leave a position within 12 months of employment (National Council of State Boards of Nursing, 2017). In order to positively affect this trend, understanding factors that influence transition to practice is essential.

The literature states that the most stressful and challenging time for new nursing graduates is the first few months of practice when they are transitioning from student role to that of registered nurse (Casey et al., 2004; Fink et al., 2008; Shatto et al., 2016; Meyer et al., 2016). It may be that resilience is a factor that can facilitate successful transition. Resilience is defined as the “personal qualities that enable one to thrive in the face of adversity” (Conner and Davidson, 2003, p. 76). In a qualitative study, Wagnild and Young (1993) identified five characteristics of resilience: equanimity, perseverance, self-reliance, meaning and existential aloneness. They define equanimity as a balanced perspective of one's life and experiences, the ability to take what comes. Perseverance is determination to go on, despite adversity or discouragement. Self-reliance is a belief in one's self and one's ability

taking into account recognition of personal strengths and limitations. Meaning is a belief that one's life has a purpose and that one is able to make valuable contributions to others. Existential aloneness is the realization that each person has a unique path that contains experiences that sometimes need to be faced alone (Wagnild and Young, 1993).

Resilience in the healthcare environment is defined as the psychological trait, aptitude, and fortification of a nurse to withstand, overcome, and grow stronger from adversity (Conner and Davidson, 2003). In studies of baccalaureate prepared acute care nurses (Hodges et al., 2010), operating room nurses (Grafton et al., 2010) and psychiatric nurses (Matos et al., 2010), resilience has been shown to impact job satisfaction and career persistence. The purpose of this pilot study was to examine the relationship between resilience and transition to practice in the inaugural cohort of one Direct Entry Accelerated Master's in Nursing (DEAMSN) graduates from a medium sized University in the United States (U.S.).

1. Background

Direct entry nursing students have previous baccalaureate degrees in fields other than nursing. They are high achieving adult learners who are self-motivated and seek to make a difference in society (Penprase and Koczara, 2009). There are currently Direct Entry nursing programs in the United States, United Kingdom, Australia, Canada and New Zealand. The American Association of Colleges of Nursing (2013) found that due to their maturity and drive, Direct Entry nursing graduates are

* Corresponding author.

E-mail addresses: meyerga@slu.edu (G. Meyer), bshatto@slu.edu (B. Shatto).<http://dx.doi.org/10.1016/j.nepr.2017.10.008>Received 19 April 2017; Received in revised form 13 July 2017; Accepted 8 October 2017
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highly sought after by employers. This maturity might also be a factor that contributes to greater resilience in these graduates. Pitt et al. (2014) found that younger students express lower resilience in nursing than older students.

In addition to age, another contributing component to resilience is self-esteem (Montpetit and Tiberio, 2016). Self-esteem has long been a predicting variable to one's ability to adjust to stress (Lazarus and Folkman, 1984). Valizadeh et al. (2016) noted that low self-esteem among Iranian nursing students lead to greater attrition and levels of depression. Taylor and Reyes (2012) also noted that attrition is the result of stress, either perceived or real, in nursing school. They concluded that students who were able to overcome adversity and stress built upon their self-efficacy and resiliency as they progressed. They utilized Wagnild and Young's (1993) five characteristics of resilience in their study. They noted these characteristics are both internal and external to the nursing student but can also be acted upon proactively in educational and clinical settings to increase resilience.

The research suggests that resilience can be learned, developed, and enhanced through cognitive transformational practices, education, and environmental support (American Psychological Association, 2017; Grafton et al., 2010; McAllister and McKinnon, 2008). Grafton et al. (2010) conceptualized resilience as a set of three characteristics or "waves," as theorized earlier by Richardson (2002). These waves picture resilience as a malleable strength, something to be increased and supported. Hodges et al. (2010) developed a systematic framework for understanding career persistence and building professional resilience for acute care nurses. Their framework of key characteristics included three core themes: Verifying Fit, Stage Setting, and Optimizing the Environment. According to Hodges et al., Verifying Fit is the personal discernment, understanding, and critical reflection of finding one's place within the healthcare environment; Stage Setting is the positioning of oneself for growth and protection from adversity; and, Optimizing the Environment is the selection of conducive over non-conductive situations. Reflective learning and reflexive practice have been found to increase understanding and professionalism within nursing by developing "survivors' pride." Survivors' pride is the feeling that arises upon overcoming hardship and adversity thereby increasing personal pride and building resilience (Hodges et al., 2010; Wolin and Wolin, 1995).

This "survivor's pride" may be related to environmental mastery which has also been shown to be component of resilience (Montpetit and Tiberio, 2016). Environmental mastery is a form of control in which the individual believes he or she can bring about desired outcomes in a situation and prevent undesirable outcomes. Educational strategies are often directed to increasing environmental mastery. Meyer et al. (2016) reported that curricular change that included simulations which dealt with difficult scenarios such as bullying and co-worker pressures could improve transition to practice, but only for up to three months post-graduation. After that time frame, the work environment took over as the most influential factor. The curriculum in Direct Entry Master's Programs is constructed to broaden graduates' views of nursing and health care. These programs are designed to offer both the knowledge and skills required of entry level nurses and the analytical ability to function in a variety of complex health care environments characteristic of master's nursing graduates (Hicks and Rosenberg, 2016). Little is known, however, about what effect this advanced education has on transition to practice.

2. Methodology

This quantitative descriptive pilot study utilized a repeated measures design. Participants were e-mailed a survey immediately after graduation and then at 3, 6 and 12 months post-graduation. An incentive for a drawing for a \$25 Amazon.com gift card was utilized to help increase the response rate. Reminder text messages were sent to those who had agreed to participate. A list of the e-mail addresses and

cell phone numbers of participants was kept by investigators but no attempt was made to link this information to responses.

The following research questions were addressed:

1. What is the resiliency level of new DEAMSN graduates?
2. Is increased resiliency associated with a more positive transition to practice in DEAMSN graduates?

3. Sample

An inaugural cohort of 21 graduates from a single DEAMSN program in a U.S. University comprised the population for this pilot study. The investigators informed graduating students about the study and asked them to provide contact information (e-mail addresses and cell phone numbers). The convenience sample consisted of 17 graduates who participated in one or more of the survey points. Eight students completed all four of the email surveys.

4. Instruments

Surveys at each time point had a maximum of four components. The first component of each survey was a basic demographic profile which asked age, nursing registration status and employment status. The second component of all 4 surveys was the investigator developed Educational Professional/Satisfaction Scale (EPSS) (Shatto et al., 2016). The Casey-Fink Graduate Nurse Experience Survey (Casey et al., 2004) was part of the 3, 6 and 12 month surveys and was used to obtain data on transition to practice. Finally, the 25 item Resilience Scale (Wagnild and Young, 1993) was used to measure resilience at graduation and 12 months after graduation.

The EPSS is a four point Likert scale that consists of 4–6 questions. Content validity for the questions was established by a panel of nursing faculty. The Cronbach's Alpha for the EPSS in this study was 0.77. The tool measured educational and professional satisfaction (Shatto et al., 2016). The EPSS for the graduation survey included questions about their level of satisfaction with their nursing education program and nursing as a career. At 3, 6 and 12 months, two additional questions were added that explored their feelings about readiness for realities of nursing and intent to stay in their current positions.

The third component of the 3, 6 and 12 month surveys was a portion of the Casey Fink Graduate Nurse Experience Survey (Casey et al., 2004) which was used to measure transition to practice. The second section of the tool, which was utilized in this study, is a 24 item, four point Likert scale that consist of 5 subscales—support, safety, stress, communication/leadership and professional satisfaction. The optimal score was 81. Cronbach's alpha in the original study was 0.78 (Casey et al.); in this study it was 0.86.

Resilience was measured at graduation and 12 months using the Wagnild and Young Resilience Scale (Wagnild and Young, 1993). The 25 item scale measured the 5 characteristics of resilience: meaning, self-reliance, equanimity, perseverance and existential aloneness. In 12 studies featuring a variety of populations the Cronbach's alpha coefficient of the Wagnild and Young Resilience Scale (1993) ranged from 0.72 to 0.94. Wagnild and Young (1993) also reported that construct validity had been demonstrated for the tool. The tool utilizes a 7 point Likert Scale which had a possible range of 25–175; the higher the score, the greater the resilience. Each of the five characteristics of resilience was measured using 5 items, therefore the minimum score for each characteristic was 5, and the maximum score was 35. Scores above 145 indicate moderately high to high resilience, scores between 121 and 145 indicate moderately low to moderate resilience and scores below 121 indicate low resilience.

5. Ethical approval

In order to assure ethical standards, Institutional Review Board

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