

Running head: EXPERIENCE OF NEW NURSING GRADUATES

The Experience of New Nursing Graduates on Labor and Delivery Units:

A Phenomenological Approach

A dissertation submitted

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Amy J. Simpson-Cosimano

This is dedicated to my family. Philip, Emma, Annie and Sophie....and of course, my parents, Andrew and Marilyn Simpson.

“All things are possible to him who believes”...Mark 9:23

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Abstract

The purpose of this phenomenological, qualitative study was to describe the experience of new nursing graduates on labor and delivery units. The central research question was: How do new nursing graduates working on labor and delivery units describe their experiences? The research sub questions were: (a) What statements describe the new nursing graduates perception of their undergraduate intrapartum nursing education? (b) What statements describe new nursing graduates orientation experiences to labor and delivery units? (c) What do new nursing graduates say was lacking during their orientation period? (d) How do new nursing graduates working on labor and delivery units describe the support that is provided to them? and (e) How do new nurses describe their ability to critically think on labor and delivery units?

Due to the pervasive national nursing shortage, specialty hospital units such as critical care units, operating rooms and labor and delivery units have chosen to hire new nursing graduates. Historically, many labor and delivery units required that nurses have at least one year of general medical surgical experience before being hired onto specialty units. This was done with the expectation that novice nurses would gain invaluable critical thinking skills, patient interaction experience, and overall confidence. While hiring new graduates directly from nursing school often assists with staffing dilemmas, the realities of putting novice nurses into highly technical, challenging, and frequently stressful situations can lead to job burnout and immense stress (Oermann & Moffitt-Wolf, 1997). In addition, it is unclear if undergraduate nursing education is

providing students the knowledge, skills, and confidence necessary to be successful as new graduates working on labor and delivery units.

This phenomenological qualitative study used a purposeful sample of 10 labor and delivery nurses who were currently employed at three hospitals in a large mid-western, metropolitan city. One manager was also interviewed to provide an important and alternative perspective to this phenomenon. Colaizzi's (1978) seven steps of data analysis and Nvivo 8[®] computer software program were used for data analysis. Four theme clusters and eight themes emerged from the data. The theme *observational* emerged from the theme cluster of *student experience*. The themes *rocky start*, *confidence questionable*, and *longer* emerged from the theme cluster of *transitional period*. Next, the themes of *collegial support*, *solving (the) puzzle*, and *previous experiences* emerged from the cluster theme of *in the trenches*. Finally, the theme of *destiny* emerged from the cluster theme of *vocational calling*.

The Experience of New Nursing Graduates on Labor and Delivery Units: A Phenomenological Approach

Chapter 1: INTRODUCTION

Purpose of the Study

The purpose of this phenomenological, qualitative study was to describe the experience of new nursing graduates on labor and delivery units.

Background and Rationale

Due to the pervasive national nursing shortage, specialty hospital units such as critical care units, operating rooms, and labor and delivery units have begun to hire new nursing graduates. Historically, many labor and delivery units have required new nurses to have previous nursing experience. The rationale behind this requirement was that novice nurses would gain invaluable critical thinking, organizational, and prioritization skills, in addition to overall confidence.

While hiring new graduates often assists with staffing dilemmas, the realities of placing novice nurses into highly technical, challenging, and frequently stressful situations may lead to job burnout and immense stress (Oermann & Moffitt-Wolf, 1997). In addition, it is unclear if undergraduate nursing education is providing graduates the knowledge, skills, and confidence required for highly specialized units.

Autobiographical Statement

According to Creswell (2007) it is important to include an autobiographic statement about the author's experience and the circumstances that lead to a curiosity about the topic. The investigator of this study has been a labor and

delivery nurse for the past 14 years. In addition, she began her career and worked on a medical surgical unit for 18 months before becoming a labor and delivery nurse. The investigator has also served as an obstetrical nursing instructor at a private, midwestern university for the past eight years. As a practicing nurse and nurse educator, the investigator has witnessed numerous new graduates begin their nursing career on labor and delivery units. Some are ultimately successful while others appear to be overwhelmed and unprepared for the rigors involved with intrapartum nursing.

It is essential to both nurse educators and hospital administrators that consideration is given to the factors that allow some new graduates to succeed on labor and delivery units while others do not. Although not all inclusive, possible considerations may be: (a) the level at which new nurses are prepared in their undergraduate education for labor and delivery, specifically, the extent in which their didactic and clinical experiences prepare them for the general theory and clinical skills necessary for labor and delivery nursing; (b) the stress of being a new graduate employed on a labor and delivery unit, and (c) the individual characteristics of the nurse that ultimately shapes his or her experience.

Bowles and Candela (2005) looked at the reasons why new nurses left their first position. The most recurrent reasons were related to the stress associated with the acuity of patients, unacceptable nurse-to-patient ratios, and feelings that patient care was unsafe. Additional reasons included lack of support and/or guidance and being given too much responsibility too soon. Furthermore,

there is a distinct lack of research looking specifically at the transitional period from student to professional nurse on labor and delivery units.

Patient acuity, lack of support, and being given too much responsibility are factors that resonate with the investigator of this study. On busy labor and delivery units, new graduates are often placed in situations in which they are not prepared nor adequately trained. Due to increased patient census, preceptors and their orientees are often assigned to separate labor patients. This can become dangerous if a preceptor's patient requires close attention leaving little time for surveillance and guidance for the novice nurse. If encountered on a frequent basis, this can lead to feelings of inadequacy and incompetence for a novice nurse.

The transition from student to professional nurse is often filled with uncertainty, feelings of doubt, and overwhelming stress (Holland, 1999; Wieland, Altmiller, Dorr & Wolf, 2007). Transition is defined as "any event, or non-event that results in changed relationships, routines, assumptions, and roles" (Evans, Forney & Guido-DiBrito, 1998). Delaney (2003) explored the experiences of graduate nurses' transition during orientation. Several themes emerged from the data. While all themes were relevant to this experience, four speak directly to the proposed research. The first theme, *mixed emotions*, stems from the fact that although they were pleased to be done with school, novice nurses often experienced feelings of anxiety and apprehension. The theme of *preceptor variability* refers to the inconsistency of preceptor experiences and personality types. Another theme, *welcome to the real world*, speaks to the realization that

“real world” nursing is vastly different from clinical nursing education. Lastly, the theme of *being stressed and overwhelmed* reflects the anxiousness when faced with new tasks and increased patient loads. The results speak to the mechanism by which novice nurses transition through the often stressful and unpredictable transition to labor and delivery nursing. Depending upon their preceptorship (period of time that senior nursing students work directly with a baccalaureate-prepared nurse) experiences, graduates beginning on labor and delivery units may have the misconception that intrapartum nursing consists of peaceful, uncomplicated births. They may be unprepared for the reality of high-risk situations that require astute critical thinking and swift action.

Theoretical Rationale

The investigator proposed combining two separate, although related theories: Patricia Benner’s Novice to Expert Theory (1984) and Nancy K. Schlossberg’s Transition Theory (1981). Benner’s and Schlossberg’s theories can be translated to new graduates’ experiences of transitioning from students to health care professionals. The investigator believed that both theories should be taken into consideration when examining this transition.

Based on Stuart and Hubert Dreyfus’ model of skills acquisition in chess players and airline pilots (as cited in Benner, 1984), Patricia Benner developed the Novice to Expert Theory of nursing clinical knowledge (1984). This theory postulated that nurses go through five levels of development based on their ability to assess and critically think in clinical situations (1984). The five levels of development are novice, advanced beginner, competent, proficient, and expert.

Due to the focus of this study, the levels of novice, advanced beginner and competent will be addressed.

During the novice stage, nurses are primarily guided by empirical knowledge and textbook concepts learned during undergraduate education. Due to their comfort level, their focus is often associated with completing lists of tasks; therefore, uncertainty is created when asked to deviate from this list. For example, the novice labor and delivery nurse who has experienced three months of orientation may feel confident when caring for a patient who was admitted for a routine induction. The typical routine involves placing the patient on the electronic fetal monitor, obtaining a detailed health history, inserting the intravenous line, and monitoring the labor as it follows an often gradual, predictable course. Alternatively, when presented with a patient in active labor who is extremely uncomfortable and nearing delivery, the same nurse requires significant support and guidance as this situation involves swift decision-making and often strays from the “normal” routine.

In the advanced beginner stage, nurses are beginning to take cues from clinical situations, but are often unable to translate these findings into appropriate nursing actions. For example, novice labor and delivery nurses are exceedingly focused on the charting associated with care of intrapartum patients. While charting can often be done at the bedside, advanced beginner nurses may fail to notice obvious patient signs and symptoms that require immediate attention. Conversely, they may make an assessment, realize the findings require related interventions, but be unaware of what interventions to initiate.

After 2-3 years of experience, typical nurses move into the competent stage in which they begin to have the feeling of “mastering” their clinical area and realize the long-term implications of their assessments and actions (Benner, 1984). For example, in the labor and delivery setting, nurses at this stage may believe because they have circulated for several cesarean sections in a variety of circumstances, they are confident and comfortable with this surgery. In addition, nurses may realize the implications of assessments and interventions related to this surgery; for example, knowing the patient’s group Beta streptococcus status to ensure that antibiotics are ordered and administered before surgery has commenced. Only speed and flexibility may be lacking in order for a competent nurse to advance to the fourth level of clinical knowledge, proficient (Benner, 1984).

To better understand the process of transitioning from one life stage to another, Nancy K. Schlossberg, Professor Emeritus at the University of Maryland has studied human adaptation concepts and subsequently developed Schlossberg’s Transition Theory (1981). Schlossberg postulated that adaptation was influenced by the interaction of three variables: the individual’s perception of the transition, characteristics of the pre-transition and post-transition environments, and characteristics of the individual experiencing the transition. All three variables interact to eventually produce either adaptation or failure to adapt. These variables translated to new graduates working on labor and delivery units may include: nurses’ perceptions of the role change, characteristics of their

undergraduate education and hospital environment, and characteristics of an individual nurse.

Novice labor and delivery nurses with no prior nursing experience are adjusting to a major life role change, which inevitably involves some degree of stress. Frequently, nurses move swiftly from the role of student to the role of health care professional. While there may be many positive emotions that accompany this period, there may also be feelings of apprehension, uncertainty and fear. Other variables that influence individuals' perceptions of the transition include: the degree of stress, the duration of the transition period, and the timing of the transition (Schlossberg, 1981). Conversely, labor and delivery nurses' obstetrical experiences in school, including their preceptorships, and the quality or length of their orientations greatly influence their adaptation to the transition. Another consideration is the individuals' life situations at the time of the transition. Significant events or transitions that are occurring in nurses' lives may make this experience positive or negative.

According to Schlossberg (1981), the second factor that influences transition is characteristics of the pre-transition and post-transition environment. The attributes of nursing education (traditional or accelerated curriculum, clinical group size) and the attributes of the hospital (private or teaching hospital, length of orientation) are factors that influence novice nurses' perceptions. Possible considerations are orientation programs that allow registered nurses to learn both unit and hospital policies and procedures. Other considerations may include: encouraging nurses to feel empowered to ask questions when he/she did not feel

comfortable with the content, the process or the role and ensuring nurses are given every possible resource to become an effective and safe labor and delivery nurse.

Lastly, the characteristics of each individual affect the transition (Schlossberg, 1981). Each individual's psychosocial competence, age, state of health, race/ethnicity, socioeconomic status, and many other unknown factors all impact the way that nurses adapt to the role of labor and delivery nurse. At the typical age of graduation from a traditional baccalaureate-nursing program, graduates often experience significant developmental, social, and financial challenges. These factors, coupled with the stresses of beginning new careers, may leave novice nurses feeling overwhelmed and unprepared for the rigor of labor and delivery nursing.

Research Questions

The research questions of the current study were as follows:

Central Question: How do new nursing graduates working on labor and delivery units describe their experiences?

Sub-Questions:

1. What statements described the new nursing graduates' perception of their undergraduate labor and delivery nursing education?
2. What statements described new nursing graduates' orientation experiences to labor and delivery units?
3. What do new nurses say was lacking during their orientation period?

4. How do new nurses working on labor and delivery units describe the support on the unit?
5. How do new nurses describe their ability to critically think on labor and delivery units?

Definitions

For the purpose of this study, the terms new and novice nurse refers to baccalaureate-prepared registered nurses with less than three full years of labor and delivery experience. The term preceptor refers to any experienced registered nurse assigned to orient a novice nurse. In addition, intrapartum refers to the period of time from when the mother begins labor until delivery.

Summary

This chapter has described the topic of new graduates' experiences that are employed on labor and delivery units and why this topic was chosen for this research study. The theoretical frameworks of Benner (1984) and Schlossberg (1981) were identified and briefly described as the frameworks that supported the need for this study. In addition, the central research question and sub questions were provided.

Chapter II: LITERATURE REVIEW

Introduction

This chapter reviews previous research on the experience of new nursing graduates and their transition from student to professional nurse. The literature is organized into three broad areas of focus: first, the experiences and perceptions of new graduates; second, role transition from student to professional nurse, and finally, the way in which nursing faculty and hospital-based educators are preparing students for clinical practice.

Nursing Graduates Experiences and Perceptions

According to Benner (1984) expertise is achieved in nursing when a practitioner uses past experiences to perceive a situation. This will in turn guide decisions and actions (p. 3). Despite the fact that new graduates have completed clinical rotations in a variety of specialties in their undergraduate studies, they probably have not spent the required time to build skills and confidence in one particular specialty. Currently, many nursing schools provide preceptor experiences to senior students. These experiences, ranging from six to 10 weeks, typically pair experienced registered nurses with nursing students to learn all aspects of the nurse's role. While invaluable in exposing the students to the clinical skills and structure of that particular specialty, it may not be the specialty the graduate will chose after graduation. In addition, new nurses often graduate with a misperception that they are fully prepared to make accurate and safe clinical judgments. Additionally, they are often overwhelmed with the autonomy that is inherent in today's professional nursing role (Etheridge, 2007).

Stress is unavoidable as novice nurses learn to navigate their first professional job. Technological skills, time management, and communication with patients, nurses and physicians all lead to feelings of doubt and uncertainty. Due to high census, orientation periods are often rushed or shortened to “free up” nurses for demanding patient loads. Preceptors are often overly busy and have difficulty finding time to adequately teach and role model to new nurses. In some hospitals, novice nurses are floated to other units where they may not be familiar with that patient population or know how to provide safe care (West, 2007). New graduates generally do not have an understanding of the charting demands and organizational bureaucracy that comes with health care occupations. (DiGiacomo & Adamson, 2001). Although the experience of novice nurses has been widely studied over the past 20 years, there are a number of recent studies identifying and confirming the realities of their experience (Bowles & Candela, 2005; Etheridge, 2007; Ferguson & Day, 2004; Oermann & Garvin, 2002; Oermann & Moffitt-Wolf, 1997).

Bowles and Candela (2005) looked at what specialty recent nurse graduates chose for their first nursing position, perceptions of their first nursing experience, and if they left their position, why they left. The investigators used a questionnaire to survey 352 nurses in the state of Nevada. The survey consisted of 14 questions regarding their first nursing position and 31 items that assessed respondents' perceptions of their first job as registered nurses. This instrument was piloted with 12 students who were enrolled in either graduate or bachelor completion programs. The majority of respondents believed their working

environment was stressful and not conducive to giving safe patient care (Bowles & Candela, 2005). Specifically, 73% stayed beyond their shift to finish work, 75% felt that the staffing level was not adequate and 75% stated they had no time to spend with their patients. Interestingly, 46% said they floated to areas where they did not feel qualified to provide safe care (Bowles & Candela, 2005).

Conversely, positive findings were also identified that related to the participants first job experience and their feelings regarding support from other staff and the nurse care team. The majority of participants felt that the staff worked well as a team and provided support and reassurance. When asked about decision-making, most felt that they were encouraged to be autonomous. Interestingly, the size of the unit was found to influence participants' perceptions of their first job. Units with less than 20 patients reported more positive perceptions than those who worked on units with 30 or more patients (Bowles & Candela, 2005). This finding supports the higher the patient load, the higher the frustration and stress level.

Open-ended questions were asked regarding reasons for leaving their first job. Four themes were then identified from the data: *patient care, work environment, location or nursing area move, and employment factors* (Bowles & Candela, 2005). The most frequent reason pertained to patient care including reports of stress associated with acuity of patients, unacceptable patient-to-nurse ratios, and feeling that patient care was unsafe. Work environment issues included management issues, lack of support and guidance, and being given too much responsibility. A small amount of respondents reported a desire to move

into another area of nursing or attempt travel nursing. Employment issues included salary, schedule, and benefits (Bowles & Candela, 2005 p.16-17).

Ethridge (2007) explored the perceptions of new nursing graduates regarding clinical judgments and the education involved in learning how to make clinical decisions. In addition, the investigator also looked at the experiences novice nurses considered helpful in learning to make clinical judgments and their beliefs about their role in these decisions (Ethridge, 2007, p. 25). Semi-structured interviews were utilized in this descriptive, longitudinal, phenomenological study. Participants were new nursing graduates who graduated from a four-year college with baccalaureate degrees and passed the National Council Licensure Examination-Registered Nurse (NCLEX-RN®) examination on the first attempt. They also participated in a nurse intern program after graduation and were no longer working with preceptors. Interviews took place on three occasions: a month after the end of their experience working with preceptors, two to three months later, and eight to nine months after the first interview. The interviews were then transcribed and reviewed for themes.

Interestingly, the phrase “making nursing clinical judgments” was not understood by the participants. Subsequently, the investigator chose to change the phrase to “think like a nurse” which yielded more spontaneous responses (Ethridge, 2007). “The process of learning to think like a nurse is characterized by the emergence of confidence, the acceptance of responsibility, the changing relationships with others, and the ability to think more critically within and about one’s work” (Ethridge, 2007, p. 25).

Four themes emerged regarding novice nurses' perceptions of their clinical judgment: *developing confidence*, *learning responsibility*, *relations with "others"*, and *thinking critically*. Novice nurses were often afraid that they did not know the true conditions of their patients and therefore, lacked the confidence to make decisions on their own. They reported that they were surprised at the amount of responsibility that nurses carried and felt they were not adequately prepared. In addition, they initially relied heavily on "other" nurses (preceptors, experienced nurses and other colleagues) for their expertise and direction but eventually became more confident in their own skills and decisions. Finally, the new graduates were surprised at the amount of critical thinking that is involved in nursing. They felt that their patients did not fall into the textbook clinical situations presented in school and what they do for their patients "includes more than performing psychomotor skills and procedures" (Ethridge, 2007, p. 27).

When asked how they believed they learned clinical decision making or "how to think like a nurse", respondents provided three broad areas: through clinical experiences, through faculty assistance, and discussions with peers (Ethridge, 2007). Clinical experiences provided the nurses with a variety of patients and conditions. One respondent reflected that learning to be a nurse is akin to learning a new language; you don't really understand the complexities of it until you are immersed in the profession (p. 28). Nursing faculty was important in providing direction and answering questions as students began to connect theory with practice. Lastly, they relied heavily on their peers to share their

clinical experiences. Sharing clinical stories allowed for students to learn and benefit from everyone's experiences.

In addition to the new graduates' perception of their first clinical experience, Oermann and Moffitt-Wolf (1997) also examined the stresses, challenges, and threats associated with their first clinical experience, and the relationship between social support and stress. Thirty-five new graduates, from three different hospitals with an average of one month of experience, completed a modified Pagana Clinical Stress Questionnaire. In addition to rating their degree of stress and challenges in clinical practice, respondents were also asked to elaborate on the extent to which they experienced 20 varying emotions while learning their role. Lastly, they were asked to describe what was stressful and challenging (Pagana, as cited in Oermann & Gavin, 2007). Pagana's Clinical Stress Questionnaire consisted of both open-ended questions and Lickert-type scales to ascertain stresses, challenges, and threats experienced during clinical practice. Information on social support was obtained through a pre tested social support instrument that consisted of a series of questions in which the participants identified five people who provided social support and the degree to which the support was provided. Lastly, subjects were asked to identify several factors that both inhibited and assisted their learning in orientation (Oermann & Moffitt-Wolf, 1997).

Results showed that the novice nurses experienced a moderate degree of stress (2.65 on a scale of zero, no stress, to four, a great deal of stress) and identified four predominant stressors: lack of experience as a nurse, interactions

with physicians, lack of organizational skills, and new situations and procedures (Oermann & Moffitt-Wolf, 1997). Time limitations, frequent distractions, criticism and questions from staff, feeling anxious and overwhelmed, and the lack of guidance from preceptors were identified as factors that inhibited their learning. Conversely, consistent and positive preceptors, self-motivation, a well-planned orientation, hands-on experience, role models on the unit, and the opportunity to practice skills and procedures more than once were identified as factors that assisted learning. Interestingly, there was no significant relationship found between social support and stress (Oermann & Moffitt-Wolf, 1997).

To increase their body of knowledge on new graduates' experiences, Oermann and Garvin (2002) then looked at the stresses and challenges new graduates face during their first hospital clinical experience as professional nurses. Forty-six new graduates working in three hospitals were asked to complete the Pagana Clinical Stress Questionnaire. The mean length of experience was 2.74 months and all had completed the classroom portion of their orientation (Oermann & Garvin, 2002).

Again, the results of the Oermann and Garvin (2002) study showed that novice nurses found their first clinical experiences to be moderately stressful (2.30 on a scale of zero, no stress, and four, a great deal of stress). Interestingly, the type of unit and undergraduate nursing program (associate or baccalaureate) were not significant influences on their level of stress. The respondents identified three primary stressors: not feeling confident and competent, making mistakes because of increased workload and responsibilities, and encountering new

situations, surroundings, and procedures (Oermann & Garvin, 2002). The participants stated that they frequently experienced anxiety about caring for patients and clinical experiences, were overwhelmed by their assignments, and felt apprehensive about caring for their patients. However, participants were also presented with 20 different emotions and were asked to identify which emotions they experienced while learning to care for patients. Of the twenty emotions presented to the new graduates, most were positive (example: stimulated, hopeful, excited and happy). (Oermann & Gavin, 2002).

Role Transition From Student to Professional Nurse

While often a period of excitement and euphoria, the transition from student to professional nurse can be a time of immense stress with emotions ranging from nervous tension to extreme anxiety. Meleis, Sawyer, Im, Messias and Schumacher (2000) examined five previous conceptual analyses of transition and refined the framework to develop a new, middle-range theory. The previous frameworks and associated theories dealt with vulnerable population transitions in a health-related context (becoming an African-American mother, low-income Korean immigrant women's transition through menopause, parents of children diagnosed with congenital heart defects, migrant workers work transition, and family caregivers of persons receiving cancer therapy). Because novice nurses are also experiencing a period of uncertainty and vulnerability, they also can be considered a "vulnerable population."

Meleis et al. (2000) identified five properties of the transition experience: awareness, engagement, change and difference, time span and critical points,

and events. It was initially proposed that a person must have a fundamental awareness that changes are occurring. Although new nursing graduates undoubtedly understand that there will be a period of learning, adjustment, and professional transformation, the depth and length of this transition is most certainly not understood. According to Williams (1999), every transitional period is marked by an ending which is followed by a period of confusion and stress. Recent nursing graduates are ending their educational experience with a fundamental understanding that their professional career will soon commence. In all probability however, few comprehend the level of stress that is typically involved with this role.

The second property of transition as proposed by Meleis et al. (2000) is engagement. Engagement refers to the level of involvement associated with the transition. Many new nurses practice an active level of involvement as they orient to their new role. This may include asking questions, seeking out learning experiences, using seasoned, more knowledgeable nurses as role models, and researching unknown diagnoses, procedures, and medications. A third property of transition is change and difference. Although essential elements of transition, they are neither interchangeable nor synonymous with transition (Meleis et al., 2000). The concept of *change*, as it relates to transition, involves a variety of dimensions such as nature, temporality, perceived importance, societal norms, and expectations. New graduates and their family and friends anticipate that their first nursing experience will be positive. The subsequent reality of anxiety, stress and frustration can be surprising for everyone. *Difference* in transition is

associated with divergent expectations and both feeling and being perceived as being different (Meleis et al., 2000). Recent graduates are often unprepared for the unexpected emotions that are often encountered with this transition.

The fourth and fifth properties of transition are *time span* and *critical points and events* (Meleis et al., 2000). The authors proposed that transitions are often unending with learning and professional growth taking place continually throughout their career. Although orientation periods are often six weeks to six months, it is impossible to impose a set timeframe to the transition from student to professional nurse. In addition to the novice nurses' continual learning needs, nursing knowledge is consistently evolving requiring on-going attention and education. Meleis et al. proposed that *critical points and events* are significant occurrences or instances that involve greater awareness of change or an increased level of engagement. In nursing, this period may take place as new graduates feel more confident and sure of assessments, decisions, and skills. Perhaps it is a "light bulb" moment when the entire clinical picture comes together or when a patient is successfully triaged without the assistance of others.

While role transition has been studied extensively in the past, there are number of recent studies highlighting this experience. The purpose of Godinez and Schweiger's (1999) study was to describe the initial steps in the transition from graduate to staff nurse. Twenty-seven new graduates (13 from baccalaureate programs and 14 from diploma programs) working in a public teaching hospital completed a daily feedback log during the first three weeks of

orientation. Information such as patient diagnoses, preceptor and orientee comments, learning that took place, and future goals were included. After content analysis, themes were identified and a model of role transition from a graduate to registered nurse was constructed. This transitional model “depicts relationships among central transitional processes, activities of the graduate nurse and preceptors, interpersonal dynamics, and the institutional specific factors” (Godinez & Schweiger, 1999, p. 100).

The themes of concern for new graduates were identified as: *real nurse work*, *guidance*, *transitional process*, *institutional context*, and *interpersonal dynamics* (Godinez & Schweiger, 1999). The largest numbers of entries were applicable to the themes of *real nurse work* and *transitional processes*. Under each theme, sub-categories emerged. Sub-categories under the theme of *real nurse work*, which ultimately defined the practice role of a staff nurse, included: technical skills (intravenous starts and intravenous medication administration), admission/discharge/transfer responsibilities, communication with other disciplines, physical skills (assessments), teaching, medications, and safety. *Transitional processes* sub-categories, which describe the experiences that are necessary for growth, included: organizational skills, patient load, and learning opportunities (Godinez & Schweiger, 1999).

Transition during the orientation period was also studied by Delaney (2003). A phenomenological method was used to explore graduate nurses' transition from student to professional nurse. Of the ten participants, eight held associate degrees and two held baccalaureate degrees. One of the

presumptions identified through this process was that an orientation structured from a caring framework makes a difference to graduate nurses' experiences. Two hundred and twenty-four significant statements were then collapsed into ten themes (Delaney, 2003).

Study findings showed that graduates were aware of conflicting emotions regarding their transition (Delaney, 2003). Positive feelings along with ones of fear and anxiety were identified. Participants remarked they felt more comfortable and confident with experienced nurses who were consistent with the information they provided. At some point in their orientation, the nurses realized that there was a dichotomy between school and work. Participants wished there had been more experience with a patient load greater than two or three patients. They also wished they had received increased instruction regarding time management in their undergraduate education. As orientation progressed, new graduates believed they began to develop improved organization skills and came to realize the power of their role and the effect their practice had on both their patients and their personal development (Delaney, 2003). Delaney surmised that the majority of nurses felt that 12 weeks was sufficient to feel confident in their skills, assessments, and critical thinking abilities.

Educational Preparation for Professional Nursing Clinical Practice

After looking at the work of six prominent theorists on critical thinking, Forneris (2004) identified four core attributes of critical thinking in nursing: reflection, context, dialogue, and time. Forneris postulated that reflection, in relation to the developing of critical thinking in nursing, moves the thinking

process on a continuum from “knowing what” to “knowing how” to “knowing why” (p. 4). It gives nurses an opportunity to analyze various segments of patient care and allows the nurse to formulate concepts or ideas from the abstract to concrete (Forneris, 2004). For example, a new obstetrical nurse in orientation who was involved in a complicated delivery is able to reflect on the experience after the shift is complete. The nurse reflects upon the maternal conditions, the fetal monitoring tracing, and her preceptor’s actions separately. Eventually the nurse is then able to understand that the fetal response was directly related to the maternal pathology and that her preceptor’s actions were to correct the maternal response. The nurse realizes that this action would also correct the nonreassuring fetal monitoring tracing.

“Context is defined as the nature of the world in a given moment and includes culture, facts, ideals concepts, rules, principles, and underlying assumptions that shape how we construct knowledge” (Forneris, 2004, p. 8). Specifically, context in nursing is knowledge coupled with past experiences and underlying assumptions. To illustrate: an Hispanic woman who wishes to breastfeed her baby has just given birth. She states that she does not want to breastfeed her child for the first two days and requests formula. Her experienced nurse understands that traditionally, the Hispanic culture believes that colostrum (the first form of breast milk produced) is not enough to satisfy the baby. Therefore, knowing this cultural belief, the nurse brings formula to the mother before being asked. Based on assumptions and past experience, the nurse contextually understands the Hispanic’s cultural beliefs on early breast feeding.

According to Forneris (2004), dialogue and time are the remaining two attributes of critical thinking in nursing. Dialogue refers to the mental and verbal “conversations” that ultimately achieve understanding. Forneris postulated that both lead to important connections and links between theories, concepts, and principles. She also stated that previous theorists all refer to the importance of time in the development of critical thinking skills. Any clinical situation provides an opportunity for the learner to act based upon past, present, and future knowledge. For example, a nurse caring for a critically ill patient begins to understand the association between altered lab values in relation to an immunosuppressed patient. The nurse reflects on a previous situation in which he/she cared for a young person who was not critically ill, but still presented with altered lab values that made her susceptible to illness. Because the nurse has now made that connection, the nurse will be able to apply this knowledge to future patients.

Nursing faculty, clinical nurse specialists, clinical nurse educators, and nursing administration are all involved in the education and preparation of students and novice nurses. Research is beginning to emerge that focuses on the concept of how we teach students and new nurses to think critically (Cantrell & Browne, 2006; Celia & Gordon, 2001; Ellerton & Gregor, 2003; Hofler, 2008; Ironside, 2003). Innovative teaching strategies and programs are being developed to address the issues of how students and novice nurses learn, experience, and retain critical concepts in nursing (Cantrell & Browne, 2006, Celia & Gordon, 2001; Ironside, 2003). Cantrell and Browne looked at nurse

externship programs and their effect on the transition from student to registered nurse. Specifically, did the program affect the recruitment and retention of new graduates? Nurse externship programs are typically summer-based experiences in which students work on a hospital unit under the supervision of a registered nurse. It provides an opportunity for students to gain insight into the nursing role and provides practical experiences with assessments and technical skills. During this time, students are exposed to patient care, medication administration, and routine assessments and interventions. The employment history of 193 students who participated in a 10-week summer externship program over a 6-year period was examined to determine which former externs were employed at the institution one year after completion of the program (Cantrell & Browne, 2006). Seventy-nine percent of the graduates accepted a graduate nurse position at the institution. Seventy-nine percent continued employment at 12 months and 77.2% at 24 months supporting the view that nurse externship programs are an affective way of recruiting and retaining novice nurses (Cantrell & Browne, 2006).

While externships provide a unique and valuable opportunity for nursing students to be immersed into the role of nursing, more is needed to assist new graduates to learn and understand critical thinking. Forneris and Peden-McAlpine (2006) analyzed the merit of using a reflective learning intervention to improve critical thinking. Over a period of six months, student/preceptor dyads utilized a contextual learning intervention that involved narrative reflective journaling, individual interviews, preceptor coaching, and leader-facilitated discussion groups. In reflective journaling, students (novice nurses) were asked to recall an

aspect of their work in the past week that had resulted in a feeling of accomplishment or frustration. They were then asked to reflect upon this experience in a form of a written narrative story. Using the students' narratives, the investigators then engaged in reflection and dialogue with each novice nurse. Additionally, the preceptors were instructed by the investigator on methods of coaching the novice nurses through dialogue, reflection, and past experiences. Finally, leader-facilitated discussion groups were conducted which allowed novice nurses an opportunity to share their stories and reflections.

Data collection, which was done at 2-month intervals, yielded vastly different themes. The theme for time period one was: *influence of anxiety and power on critical thinking; putting the pieces together*. The investigators found that the staff created an environment that discounted the novice nurses' existing knowledge while giving few opportunities for discussion. Discussions with preceptors focused on 'our way of doing things'. Subsequently, the novice nurses questioned their existing knowledge base. The theme for time period two was: *questioning as critical thinking: sequential thinking to contextual thinking*. At this point, novice nurses began to incorporate past experiences and knowledge. The intervention focused on dialogue and encouraged them to ask questions in a reflective and critical manner. The theme for period three was: *emergence of the intentional critical thinker*. This period was categorized by intentional critical questioning as a means to articulate their thought process (Forneris & Peden-McAlpine, 2006).

Fornieris and Peden-McAlpine, (2009) further analyzed their initial findings by focusing on the role of the preceptor in critical thinking development among novice nurses. Data collection occurred at two separate intervals; once prior to utilizing the preceptor component of the contextual learning intervention and once at the conclusion of the study. Two themes emerged; one associated with each point of data collection. The theme for month one was: *critical thinking as organizing and carrying out tasks*. At this time, the preceptors' perspectives of critical thinking focused on the ability of novice nurses to organize tasks and manage time leaving few opportunities to dialogue with the novice nurses. At the end of the study, discussions focused on the changes they had seen in their precepting style and in the novice nurses' critical thinking ability. The theme for month six was: *critical thinking as intentional, reflective thinking*. Interestingly, the preceptors acknowledged and understood the importance of focusing on the attributes (context, dialogue, reflection, time) which assisted in the development of critical thinking in novice nurses.

In addition to contextual learning to improve critical thinking in novice nurses, nursing education has also looked at utilizing narrative pedagogy to enhance learning and critical thinking based on assumptions (Ironside, 2003). Narrative pedagogy is focused on creating a learning environment that encourages student participation in every aspect of learning. In this method, students are encouraged to question current assumptions and practices. Instead of focusing on teaching strategies, Ironside considered the underlying assumptions embedded in any teaching strategy and how these assumptions

affect students' thinking. Eighteen students and 15 teachers have been interviewed to date in this study. Questions such as "tell about a time that stands out for you because it shows what it meant to you to teach (or take) a class using narrative pedagogy", "what did that mean to you?" and "can you give an example?" were asked (Ironsides, 2003).

Through analysis, two themes emerged: *thinking as questioning: perspective openness* and *practicing thinking: preserving fallibility and uncertainty*. Participants identified a method of questioning that differed from the typical question and answer format. Unique and thought-provoking questions often brought forth complex answers, which stimulated critical thinking and conversations amongst everyone involved. Additionally, while both students and educators acknowledged the importance of learning nursing fundamentals, they expanded on alternative means of imparting information. Students commented on situations in which the teacher would present a clinical scenario and then ask for their input on assessments and possible interventions. It was believed that this method encouraged them to think beyond the parameters of right and wrong answers ultimately forcing them to look at the situation from many different facets (Ironsides, 2003).

Ellerton and Gregor (2003) explored the adequacy of baccalaureate nursing education in preparing students for the role of staff nurse. Eleven nurses who graduated with a Bachelor of Science degree were interviewed at three occasions: within three months of employment, at six months of employment and one year after graduation. Research questions focused on new graduates'

perceptions of their preparedness for the professional nursing role and the maturation process across their first year of work (Ellerton & Gregor, 2003). Although Delaney (2003) surmised that 12 weeks was an adequate amount of time for a novice nurse to feel comfortable in their role, Ellerton and Gregor found that at three months, nurses were still learning the role and defined their job as a “set of skills.” They defined their work and patients by what procedures and requirements each required. Many expressed frustration regarding the level of stress and described themselves as being overwhelmed by the patient load and complexity of the work (Ellerton & Gregor, 2003).

In addition to rethinking the type of education provided to nursing students, hospital-based orientation programs are also utilizing unique methods to promote critical thinking in new nurses. Hahnemann University Hospital in Philadelphia, Pennsylvania developed a six-week orientation program for novice nurses with the goal of promoting critical thinking and problem solving skills (Celia & Gordon, 2001). The education department chose to utilize problem-based learning (PBL) for the non-clinical portion of the program. PBL is a method of teaching that involves five primary components (Spaulding, 1969, as cited in Celia & Gordon, 2001): problem-based (students are presented with a scenario), student-centered (students are initially asked to work together to examine all aspects of the case), reiterative (the problem stimulates them to conduct investigations to satisfy their questions), small group (it is suggested that groups be no larger than five to seven students), and facilitation (the facilitator maintains the focus on learning, guides the process and provides appropriate feedback).

After the completion of the first two orientation programs, participants were asked to complete a survey. Overwhelmingly, participants preferred the PBL format to the traditional lecture format. They rated the most beneficial aspects as group participation, self-directed learning, interacting with others, and how to apply critical thinking (Celia & Gordon, 2001).

Also in an effort to improve the transition from student to nurse, Hofler (2008) conducted a synthesis of national reports on nursing education and the transition to the work environment. The identified reports contained recommendations for nursing education to ease this often turbulent transitional period. Specifically, the reports suggested that graduates participate in individualized mentoring programs to ease the transition and enhance their clinical practice. It was also recommended that hospitals restructure their orientation, and internship programs to include career and personal growth opportunities. Ultimately, it was surmised that hospitals should partner with educational institutions to set realistic expectations for new graduate competencies (American Hospital Association, 2002, as cited in Hofler, 2008).

Summary

Although there is a wealth of literature regarding new graduates' experiences on specialty units such as intensive care units, emergency rooms, and the operating room, a gap has been identified regarding the new graduate experience on labor and delivery units. The labor and delivery unit is a highly specialized area in which competent technology interpretation, astute assessment skills, and rapid decision-making is required. As has been identified

in the literature, there is still much to learn regarding this transition from the experience of novice nurses in a highly specialized unit.

In addition, the literature has supported that stress is common for nurses while they learn their first professional nursing role. Numerous factors contribute to this stress such as limited nursing experience, interactions with physicians, lack of organization and prioritization skills, and encountering new situations and procedures. However, the literature also showed the importance for new nurses to feel their preceptors, hospital administrators, and fellow nurses are supportive. The transition from student nurse to professional nurse is an often-complicated process that requires understanding and on-going support from the nurse educator, the preceptor, and hospital administration.

Chapter III: METHODS AND PROCEDURES

Introduction

This chapter presents the methods and procedures that were used in this study. In addition, the research design, sample description and size, data collection procedures, and questionnaires will be discussed as well as the content analysis methods used to evaluate and interpret data. First, a brief explanation and overview of the research methodology and overall philosophy will be provided.

Phenomenology

The purpose of this study was to explore the experiences of new nursing graduates as they began their professional nursing career on labor and delivery units. For the purposes of this study, the term experience refers to the collective experiences of new graduates who begin their careers on labor and delivery units. A phenomenological approach was selected. "Phenomenology is a qualitative method that examines and describes the lived experience from the individual's perspective" (Delaney, 2003, p. 438). Because the investigator wanted to better understand the transition from a nursing student to professional nurse, a phenomenological research design was utilized as both the philosophy and methodology.

Phenomenology as a philosophy. Edmond Husserl (1859-1938) is considered to be a leader in the phenomenological movement. Although his philosophy of phenomenology evolved over time, the basic concept centered on the idea of examining an experience by getting to its very essence without any

preconceived assumptions or presuppositions (Cohen, 1987).

“...phenomenology is the systematic attempt to uncover and describe the structures, the internal meaning structures, of lived experience” (van Manen, 1990, p. 10). However, Husserl believed that to get to the deeper meaning of any phenomenon, it is imperative to rid oneself of all preconceived judgments or notions (Creswell, 2007). The use of bracketing is one method to identify any preconceptions or personal knowledge (Lopez & Willis, 2004). The possibility that an investigator may hold biases or preconceived notions regarding the phenomenon has the potential to skew, alter, or influence the data. The acknowledgment or “putting aside” of these preconceived notions is imperative in achieving reliable data. A process that should be done both before and during the research, bracketing can be accomplished through journaling and subsequent reflection (Speziale & Carpenter, 2007).

Husserl wrote about the importance of scientific rigor when considering a phenomenological approach. Along with the concept of bracketing, he believed that the lived experience among participants contained certain similarities, which should be identified and described (also known as descriptive phenomenology). A traditional scientist, Husserl strived to remove individual context or one’s personal history from his findings. The concept of radical autonomy, the belief that the impact of culture, society and politics on the individual’s freedom to choose, did not factor into Husserl’s philosophical consideration of scientific inquiry (Lopez & Willis, 2004).

A student and subsequent assistant of Husserl, Martin Heidegger (1889-1976) further defined the philosophy of phenomenology by identifying the temporal concept of *being* and the need to not only describe one's experiences but to also interpret the meanings behind the experience (Lopez & Willis, 2004). Through this interpretation (also known as hermeneutics or interpretive phenomenology), Heidegger believed that a truer essence of the phenomenon would emerge. Contrary to Husserl's beliefs, Heidegger maintained that humans are so embedded in their world that social, cultural, and political considerations allow individuals to make their choices (Lopez & Willis, 2004). Critics of nursing research utilizing interpretive philosophy postulate that the phenomenological approach often excludes consideration of the environment and world in which they live. Heidegger believed these factors were necessary to ascertain a full understanding of their experiences (Paley, 1998).

Phenomenology as a methodology. As briefly described above, there are two distinct methods of exploring lived experiences: descriptive and interpretive phenomenology (Creswell, 2007). Descriptive phenomenology, as defined by Husserl begins by utilizing phenomenological reduction. Similar to bracketing, this process requires the investigator to initially identify the phenomenon that has found its way into their realm of wonder and curiosity. Next, private feelings, preferences, assumptions, and inclinations must be addressed and overcome. Third, the phenomenon must be explored through a non-abstracting manner, which requires the investigator to lay aside all theories and conceptions that cloud his/her view (van Manen, 1990).

Conversely, interpretive (hermeneutic) phenomenology views each lived experience as contextual and inclusive of individual world and life experiences (Creswell, 2007). For this reason, phenomenological interpretive methodology was chosen to guide this research study. When exploring the lived experiences of novice nurses, it was imperative to consider all possible influences and past experiences. Participants brought a unique and personal perspective to their transitional experience from nursing student to professional nurse. Individuals' educational and life experiences strongly influence many aspects of who they eventually become, how they learn, and how they adapt to change and/or stressful situations. In accordance with van Manen's (1990) theory on phenomenological reduction, and to better understand the interest in this phenomenon, both the role and assumptions of the researcher will be discussed.

Researcher's Role

The investigator for this study has been a labor and delivery nurse for the past fourteen years and currently teaches maternal/newborn nursing at a private mid-western university. For the past eight years, the investigator has taught as an assistant professor during the academic year and worked on a part-time basis during the summer as a labor and delivery nurse. The researcher has labor and delivery experience at two different intrapartum units in the same metropolitan city. The investigator also has teaching experience in both traditional and accelerated nursing programs. This university in which she is employed offers an accelerated nursing option in which students who currently hold a baccalaureate degree can complete their nursing requirements in twelve months. In addition,

this university also offers a traditional four-year baccalaureate nursing degree. In each program, a preceptorship is offered during the final semester. For the accelerated degree, the length of the preceptorship experience is approximately seven weeks; the length in the traditional program is approximately 12 weeks. The investigator has served as the faculty advisor for accelerated preceptor students.

Over the last fourteen years, the investigator has witnessed several new nursing graduates begin their career in labor and delivery units. Some have been successful while others have not. This study explores the novice nurses experience and perspective of beginning their nursing careers as labor and delivery nurses.

Research Design

A phenomenological, qualitative research design was utilized for this study. Phenomenology describes the lived experience of several individuals (Creswell, 2007). In this study, new nursing graduates who chose to work on labor and delivery units for their first nursing jobs were identified. Their first professional nursing experiences as new graduates working on labor and delivery units were explored as a phenomenon.

Identification/Recruitment of sample and protection of human subjects. Inclusion criteria included that labor and delivery was their first nursing role after graduation and that the unit did not include care of postpartum women and their newborns. To focus solely on the unique aspects of labor and delivery, the researcher believed it was important to gain insight from nurses whose

primary current and past responsibilities were those of only a labor and delivery unit. In addition, inclusion criteria also included the identified nurses work full time with no more than three completed years of experience and who had only worked on a labor and delivery unit since graduation.

Purposeful sampling was utilized to identify prospective participants. This form of sampling allows the investigator to select individuals because they can purposely offer insight into the phenomenon under investigation (Creswell, 2007). After approval from the appropriate internal review boards (IRBs) (Appendix A), the investigator asked labor and delivery unit managers or clinical educators to post a flyer on each unit describing the study (Appendix B). When possible, this was accomplished through an in-person visit with available managers/educators. Face-to-face contact provides the opportunity to adequately describe the study and lay the groundwork for successful participant involvement (Seidman, 2006). When it was not possible to meet in person, a phone conversation was held to describe the study and to ask managers to post the flyers on their unit. When contact was made via telephone, a follow-up letter was sent to further explain the study (Appendix C). The flyer asked potential participants to contact the investigator if interested. In addition, a snowball design was also used. Participants who had already agreed to be in the study suggested additional individuals who met the qualifications (Polit & Hungler, 1999). Flyers were available for the original participants to give to colleagues who qualified and were interested.

After initial contact with each participant, a formal invitation explaining the research was sent to those participants who expressed an interest in participating (Appendix D). It was explicit in all written and verbal communication that this was a voluntary experience. The document stated that there would be no more than three interviews with each interview lasting no longer than two hours. Upon agreement, a date and time were arranged. Interviews took place outside of the work environment in a quiet, mutually agreed upon, private setting. The investigator recruited 10 participants who met the inclusion criteria. To add an alternative perspective, one nurse manager who routinely hires new graduates was also interviewed. According to Seidman (2006), there are two primary criteria when determining how many participants to interview: sufficiency and saturation. The concept of sufficiency pertains to the number of participants to adequately represent the population so that others can connect to the experiences of the contributor. Saturation is the point in which no new information is reported or the interviewer begins to hear the same information time and again (p. 55).

Data collection procedures. After obtaining informed consent and providing participant's rights (Appendix E) the investigator conducted semi-structured interviews using investigator-developed interview guides (Appendix F). This method of interviewing allows the participant to expand and reflect through guided questions (Creswell, 2004). Seidman (2006) discussed allowing the interview to flow from what has already been said. Generally, the interviewer's responses are a means to follow-up, clarify, or confirm. Each new interview may

contain additional questions or thoughts based on responses from previous interviews. A list of exploring questions or phrases was also available to the interviewer as a way of gaining insight or clarification when needed. It was also important for the investigator to allow periods of silence during the interview process (Seidman, 2006). These reflective periods give permission to the participants to fully explain or reveal their thoughts, opinions, or feelings without feeling rushed or constrained (van Manen, 1990).

To maintain anonymity, the investigator asked participants if they desired to use a pseudonym during the interview. If the participant did not choose this option, their name was changed during the transcription process. Open-ended questions were utilized to ensure full, rich data. Prior to utilization, the investigator's dissertation committee reviewed all interview guides. Suggestions were made with the goal of eliciting information that would assist in understanding the phenomenon.

With permission, the interviews were audio taped and then transcribed verbatim. The audio recorder and subsequent transcripts was kept in a locked area at the investigator's place of employment. The audiotapes were destroyed upon completion of content analysis. Field notes were also used during the interviews as a means of recording the investigator's observations and main content ideas without distracting from the interview itself. A copy of the transcribed interview was then sent to each participant to offer the opportunity to clarify or add information and to confirm the data (Creswell,2007). van Manen

(1990) writes that it is imperative to the depth and quality of the interviews to allow participants to reflect and expand on what they have already contributed.

Content analysis. The transcribed interviews were read several times by the investigator to ensure that the meaning and depth of each interview was fully understood. From there, additional steps to identify relevant meaning and themes ensued. First, Colaizzi's (1978) seven steps of data analysis were utilized:

1. Read all of the subject's descriptions, termed protocols, to achieve understanding.
2. Review protocols to extract significant statements that directly pertain to the specific phenomenon and identify repetitions.
3. Formulate meanings from significant statements using creative insight to move from what participants said to what they meant, illuminating hidden meanings without changing the original data and allowing the data to speak for themselves.
4. Identified meanings are grouped into clusters of themes, allowing for emergence of themes common to all subjects" protocols. Validation achieved through referral back to original protocols to identify anything that is not accounted for in the clusters of themes and whether the themes propose anything, which isn't implied in the original protocols. Discrepancies and contradictions are noted without dismissing data that does not fit into clusters of themes.
5. A comprehensive description of findings is extracted from the results.
6. An exhaustive statement of study findings is formulated.

7. Internal validity is addressed by returning the protocols to the participants to review the findings. This step allows participants to identify any discrepancies, add any missing or incomplete information and remove sensitive information. Any relevant new data that emerges from this step must be integrated into the findings.

In addition, NVivo 8 ®, a software program for qualitative data analysis, was utilized to assist with organization of content, coding, and theme identification. According to Creswell (2007), the advantages of using a computer program to assist with data analysis are: a computer program provides a way to organize and file data for quick access, it allows for quick access to data, it forces the investigator to look closely at the data and think about what each sentence might mean, it offers a concept mapping feature which allows the investigator to see the relationship among the data and finally, it affords the investigator the opportunity to easily retrieve memos associated with the data .

Researcher's Assumptions

The underlying assumptions regarding the methodology held by the investigator were as follows:

1. Whether identified as a stressful period or not; the phenomenological qualitative research method successfully identified the transition from nursing student to registered nurse on labor and delivery units.
2. The data collection and analysis process successfully determined the relationship between preceptor and new graduate and its importance in the success that the novice nurse may or may not experience.

3. The ability to critically think or not critically think was assumed to be reflective of participants' only working on labor and delivery units.

Timeline

A research/dissertation timeline was developed to serve as a guide for the investigator. The timeline for the identified research is provided on Appendix G.

Summary

In summary, this study used a phenomenological, qualitative research design to explore the experiences of new nursing graduates on labor and delivery units. Inclusion criteria required that labor and delivery was participants' first professional nursing role after graduation and that the units did not include care of postpartum women and their newborns. The study was approved by the IRB at the researcher's academic institution and at the hospitals that employed the study participants. Recruitment consisted of posting flyers on labor and delivery units and through a snowball design. The purposive sample had a total of 10 participants and one nurse manager participant. After informed consent was received, semi-structured, audio-taped interviews were conducted. Data analysis consisted of hand coding utilizing Colaizzi's (1978) seven steps of data analysis and NVivo 8 computer software for qualitative data analysis.

Chapter IV: RESULTS

Introduction

This study examined the experiences of new nursing graduates working on labor and delivery units. This phenomenological, qualitative study used a purposeful sample of 10 labor and delivery nurses who were employed at three hospitals in a large, mid-western, metropolitan city. To provide an alternative perspective to this phenomenon, one obstetrical manager was also interviewed.

Overview

Among the participants, the duration of labor and delivery nursing experience varied from nine months to just less than four years. Twelve potential participants met the inclusion criteria; two of the participants withdrew from the study prior to scheduling an interview. All participants were Caucasian females ranging from 24 to 37 years of age. Six of the participants had completed preceptorships in labor and delivery during their last semester of school. The remaining participants completed their preceptorships in a variety of settings. (see Figure 1: Preceptorship Experience). Three of the 10 participants were employed at a teaching hospital while the remaining seven were employed at a private hospital. All had earned a baccalaureate degree in nursing. The obstetrical manager was the supervisor of a labor and delivery and high-risk obstetrical unit at a private hospital that delivered approximately 4,200 babies per year.

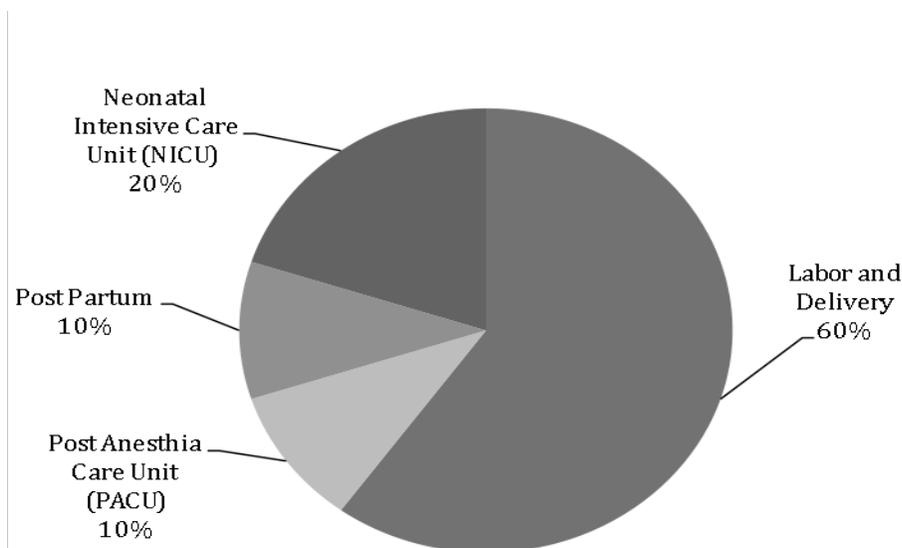


Figure 1: Preceptor Experience

Audio-recorded, semi-structured interviews were utilized to examine the experiences of working on labor and delivery units as new nursing graduates. Participants were allowed to select the time and location of the interview. Individual interviews lasted between 45 and 90 minutes respectively. Upon completion of the interviews, audiotapes were professionally transcribed verbatim. After transcription, the investigator listened to each recording to ensure transcription accuracy and to add any content that may have been missed by the transcriptionist. The transcripts were then sent via the United States Postal Service to each participant to review for additions, clarifications, or discrepancies. A cover letter from the investigator and return envelope were included with each transcript (Appendix H). Along with additions, clarifications, or discrepancies, it was requested that each participant ensure that the interview accurately and realistically depicted their experience. Participants were asked to make necessary changes within two weeks of receipt of the transcript. None of the

participants had additions or corrections. At the time of the interview, the manager stated that she did not feel it was necessary to review her transcript.

Data Analysis

Content analysis was conducted using Colaizzi's (1978) seven-step method and Nvivo 8[®] computer software for qualitative data analysis. The researcher first listened to each audio recording two times and transcripts were read four times to achieve adequate understanding. Bracketing, the self-reflection performed by the investigator to examine her personal beliefs regarding the experience of new nursing graduates on a labor and delivery unit, was done at several points in the data collection process. The investigator completed a personal diary prior to, during, and after data collection to ensure any presumptions or biases did not influence or alter data collection or interpretation. In addition, the investigator continually reviewed her thoughts and biases with a colleague who was also involved in phenomenological research.

During the initial content analysis, hand coding was accomplished by making notations in the transcript margins. Each coding or statement reflected a particular sentence or section of transcript. In total, 296 significant statements were identified. The significant statements were then transferred into a word processing document organized according to 11 of the interview questions. Theme clusters were then identified after formulating broad meanings from the significant statements.

At this point, Nvivo 8, a software program for qualitative data analysis, was utilized to assist with content organization, coding and theme identification. This

program offered the investigator another method to organize, analyze, and ultimately, develop the final themes. With the assistance of the software program, the investigator then identified eight final themes that provided a more in-depth understanding of their experiences. After final themes had been identified, they were emailed to the participants to collect input, questions, or concerns. Again, none of the participants offered input regarding the identified themes (see Figure 2: Themes).

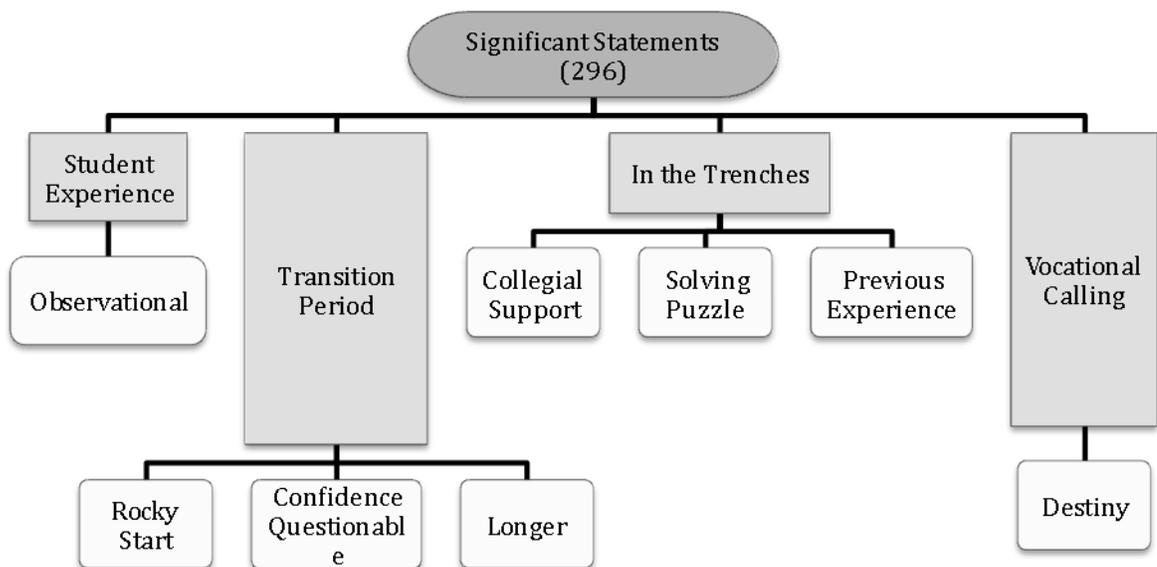


Figure 2: Themes

Results Summary

The central research question was: How do new nursing graduates working on labor and delivery units describe their experiences. The remainder of this chapter has been organized according to the sub-questions that further examine this question.

What statements described the new nursing graduates perception of their undergraduate labor and delivery nursing experience.

The theme associated with this question was new graduates perceived their undergraduate labor and delivery experience as primarily *observational*. Participants in this study all agreed during their labor and delivery clinical rotations, they were unable to practice hands-on labor techniques or patient related care. One participant said “I got to stand in the back and watch a baby being born; not that that’s not cool, but that was an observation. It wasn’t teaching me anything about the nursing role.” The same participant also stated

I wasn’t invited to ever touch the patient...it wasn’t, ‘This is what your role would be on this unit;’ which is what you are exposed to in every other semester...it wasn’t, ‘here’s your patient, go,’ it was, ‘here’s your patient, watch.’

Six participants commented they wished their undergraduate labor and delivery experience had been longer. One participant believed while she wished that her labor and delivery experience was more hands-on, she understood why it was not longer in length:

...it’s a really specific field and since not everyone in nursing school is going to go into labor and delivery, I think if you spent more time in it, it would actually be a waste for a lot of people. There are things you can learn in school, but it’s a very hands on learning kind of field.

A preceptorship, also commonly referred to as an internship, takes place during the last semester of a baccalaureate program. During the preceptorship,

nursing students are individually paired with a bachelors-prepared nurse with a minimum of two years experience. Students have an opportunity to identify and request the area in which they would like to complete their preceptorship. Faculty works closely with personal requests to place students.

Six of the 10 participants completed their preceptorships in labor and delivery. Students who did their preceptorship in labor and delivery had varied opinions about their preceptorship experience. One participant described her experience as “the beginning of her orientation.” She also said that because she had several different preceptors, she believed that she never learned the standard way of doing things. Another participant stated that her preceptor was “awesome; she would walk me through everything, teach me everything, was very interactive and she is always there to support me.”

Among the participants, there was no consensus when asked what they wished would have been different or changed about their undergraduate labor and delivery nursing education. One participant stated that she “wished she would have seen more meat and potatoes.” Another participant believed that “you don’t get a lot of OB [obstetrics] while you’re in school. It’s really a brand new role upon graduation.” While a third said “you graduate with the book knowledge, just not the hands-on thinking knowledge.”

What statements described new nursing graduates orientation experiences to labor and delivery units? and,

What do new nurses say was lacking during their orientation period?

Three themes that emerged: (a) the participant's orientation began with a *rocky start*, (b) they felt prepared at the end of their evaluation, but *not confident* and, (c) they wished their *orientation period was longer*. Comments regarding the stress that was associated with their orientation were prevalent: "at first I was scared to death. I'm sure I had that 'deer in the headlights' look every day for a while", "I had no confidence in the beginning," "I felt overwhelmed in the beginning" and "I felt like I had to 'wing it' at times."

One participant talked about her perspective as a new nursing graduate with regards to her lack of experience calling physicians:

I didn't have experience talking to doctors...as a student nurse you don't talk to the doctor, you don't call the doctors, you really don't have anything to do with them. It gets nerve-wracking calling them; you don't know what they are going to ask you or how they are going to be to you.

This particular participant talked about the presentation that she was asked to give as a part of the new graduate orientation class at her hospital. Each participant chose a different topic and she elected to present on the perspective of a new graduate working in labor and delivery. During this presentation, the participant gave another example of her struggle with nurse-to-physician communication:

Another doctor, with every interaction, only spoke to my preceptor. I felt like jumping up and down and saying "hello I'm here too" and also thought,

'does this doctor think I'm that incompetent that it's not worth talking to me?'

Although not identified as a theme, the number of orientation preceptors was also a consideration when taking into account confidence in the new graduate. There was no consensus on the benefit of having one or more than one person to orient. Three participants believed that having more than one preceptor was beneficial; "I had more than one preceptor but appreciated the different perspectives. I saw some different ways and I think it helped to pick out what my personality style would be as a nurse." Another participant commented that "it was nice to see how two different nurses would handle the same situation; there was no right or wrong, just different ways." One participant commented on the ages of her preceptors and how that benefited her:

One of them was an older nurse that had probably worked there for 25 years and the other one was more my age. It was nice to see how different they both do it...I mean, the younger one's really quick at the computer stuff and the other one's more old school and knows the doctors and knows what they like specifically. It was a good mix.

Conversely, two participants believed that they never could understand the "correct" way to do things when they had more than one preceptor: "I had two brand new preceptors, neither of them had ever oriented a new nurse before, I felt like a guinea pig." The other participant stated: "It's nice to see how other people do it but to a degree. When you have too many, then it's like 'I'm confused...which way is right, which way is not right?'"

Although all participants felt as though they lacked confidence and were nervous at the beginning of their orientation period, all participants felt that they were prepared when the orientation period was over. One participant commented on the fact that after two years of experience, she still reflects upon her orientation period and what her preceptor taught her:

I learned time management, the nurse/doctor relationship, when to call doctors, how to get them there. I learned all the basics but understood there was a lot more to learn that I could get by just jumping in and gaining practical experiences.

Another participant stated “I started learning the nurses’ role on the unit. I was able to practice the nursing “things” on the unit more. I think it was a great progression.”

Another participant stated:

I knew what I needed to do but I was afraid. I knew the steps but I still kind of had that deer in the headlights look. I knew that there was nobody standing out there watching my [electronic fetal monitoring] strip. Yeah, they’re watching my strip but not concentrating on it like they were when I was in orientation.

The same participant went on to say “I think I was prepared but I didn’t have the confidence. I knew the information but it took me longer to process it. At the beginning I didn’t know how to assess situations like I do now.” Several of the participants commented on their confidence and that it will hopefully improve with

time. "I still think it will be another year before I will feel really good; feel like I can handle just about anything that comes through the door."

When asked what they wish would have been different about their orientation, five participants indicated they wished their orientation periods would have been longer. The participants' orientation period ranged from three to six months. One participant's orientation was three months, however, she believed it could have been longer because she was learning three units:

On a medical-surgical unit, the orientation period is usually two-three months. The same thing holds true for an operating room nurse. As a labor and delivery nurse, we're learning three different units and technically, our orientation is half of that.

Conversely, another participant believed that the length of her orientation was adequate "...any longer, they would have just been babysitting me; it would be overkill."

Participants also provided other general comments regarding changes to orientation including: "I wish it was more in depth, I don't think we ever really sat down and talked about things like we should have," "we really didn't do a whole lot of natural births. Most of our labors ended up with epidurals or as cesarean sections" and "I would have like to see more formal educational classes for nurses."

How do new nurses working on labor and delivery units describe the support on the unit?

The theme expressed by all participants was that they felt greatly *supported by their nursing colleagues*: “I have incredible support from my fellow nurses; we just have a great team. Everybody has something completely different that they bring to the day.” Several of the participants commented on the fact that they never felt alone. They always knew that someone else was watching their fetal monitoring strip or was available when they needed guidance:

It was evident to me when things would start to go south that somebody would always be there to help. It is always in my mind. I can still hear her saying to me ‘help is just a phone call away. When you need help, you’ll get help.’

Another nurse stated “I knew I had eyes on me. If I was alone in a room with a patient, I knew that the nurse who was backing me up was truly backing me up.”

Five participants spoke about the fact that unlike the physicians, their fellow nurses are the ones who were consistently present. Comments from four participants who worked at private hospitals included: “I rely on my fellow co-workers more than anybody. When the doctor is not there, they are” and “they come in the morning and they rupture [artificial rupture of membranes] and then you call them for delivery.” Five of the participants were employed at a private hospital that also had a perinatal outreach department. When needed, this department provides on-site guidance for the staff:

We’ve got this great group of perinatal educators that you call and ask ‘hey, what do you think about...’ whatever the case may be and those

ladies will send you over a stack of articles that you can read. They are a huge source of information.

Three of the participants worked at a teaching hospital. These nurses believed the support they received from physicians is different: “We have great support from the doctors, residents and staff doctors,” and “it’s more of like a team work aspect as opposed to the doctors and the nurses.”

How do new nurses describe their ability to critically think on labor and delivery units?

Two themes emerged from this question: *solving the puzzle* or looking at the patient as a whole, and the belief that *previous experience*, specifically medical surgical, is not needed to be successful in labor and delivery. Two of the participants related critical thinking to the daily, intelligent, routine analysis that nurses partake in every day: “you kind of critically think maybe without thinking about it. I think it comes with seeing the whole patient and the whole circumstance versus just little pieces.” Another participant responded:

The term critical thinking makes so much more out of thinking than it really is. I think that some things become so instinctive after you’ve worked in an area for any period of time that you are actually not using critical thinking like you probably think you are.

The same participant expanded on this concept by giving the following example:

You know, you are watching the blood pressure, the PIH [pregnancy-induced hypertension] panel looks like crap and her baby looks horrible

and she's twitchy and you know, you're like well, I think I'll pad the rails and some of the residents are like 'why'?

Another participant gave another example of how critical thinking involves putting the pieces together and looking at the whole picture:

The minute a patient walks in and you see them in the room getting changed and immediately you notice puffy ankles, swollen hands and you're thinking 'OK, is she just puffy from normal pregnancy, does she have something else going on and most importantly, how is this going to change the way that we're going to manage her labor'.

Four participants associated the concept of critical thinking in the labor and delivery with the skill of understanding and interpreting electronic fetal monitoring strips. One participant talked about multi tasking while still watching the fetal monitoring strip; "You're even critically thinking while you're setting up the delivery table in the room. You're watching your baby, you're watching the strip."

All ten of the participants agreed that previous medical surgical experience was not needed and would not have improved their ability to effectively critically think. One participant responded, "although medical surgical experience may have allowed a better set of skills, labor and delivery is too specialized for it to be of a significant benefit." Regardless of nursing experience, one participant compared every new labor and delivery nurse to a new graduate:

I feel like if you come to labor and delivery, no matter at what point in your professional career that you're like a new graduate. You're going to be like

a new graduate all over again because it's totally different than what you know.

Another participant talked about how she was honored to start in labor and delivery and also agreed that previous nursing experience was unnecessary:

I was really excited and I really felt privileged and honored to start in labor and delivery as a new grad. I was so ready to prove myself and I think that it really helped motivate me to do well....it's not that a nurse can't come from a medical-surgical, ICU, or whatever, but I don't think I absolutely need that in order to be a great labor and delivery nurse.

Although the consensus was that other experience would not have been beneficial, four of the participants acknowledged that their technical skills and medication knowledge may have been improved had they come to labor and delivery with previous nursing experience. Comments included: "IV skills took me a while to learn," "maybe it would have helped with technical skills like catheter placement or IV starts," and "would have helped with being familiar with a wider range of meds." One participant stated that medical surgical experience "may have helped with time management and 'the routine of things.'" Yet another participant said "it depends on the patient I was taking care of...if you have a healthy patient, medical-surgical experience doesn't tell you anything about the uterus or the baby."

Significant finding. Although not directly related to the research or sub questions, the theme of *destiny* emerged when asked how the participants choose labor and delivery as their first nursing position. One participant started

college following a pre-med curriculum but through clinical rotations, discovered she wanted more direct patient care and switched to nursing. When she completed her labor and delivery clinical rotation, she said that she “just knew” this is where she was meant to be. Another participant stated that it “wasn’t until the end of her preceptorship that she knew she wanted to do something with women’s health or babies.”

Other comments included: “I loved working with women and the teaching aspect of labor and delivery,” and “it’s where I always envisioned myself...I always knew I wanted to do something related to women’s health.” One participant talked about the versatility of labor and delivery nursing, “we are operating room nurses, we’re floor nurses, and we’re also labor and delivery nurses; what other type of nurses has that much versatility?” Another participant compared her role as a labor and delivery nurse to her peers in other types of nursing, “I have a friend who’s an operating room nurse and I have a friend who is an intensive care unit (ICU) nurse and I go, ‘I can do both of their jobs.’”

Other participants spoke about their perception they were destined or meant to work in this specific area of nursing. Statements such as: “it’s what I went to school to do,” “I think it chose me long before I started school,” and “it courses through my veins” were prevalent throughout the interviews. One participant spoke about the satisfaction she feels every day:

I leave work now and I have such a feeling of satisfaction...like I know that right now I’m following the plan that I made for myself four years ago

perfectly. You know it's laid out perfectly for me. I'm doing exactly what I said I was going to do four years ago.

Another important concept related to the theme of *destiny* emerged when participants were asked: "Do you think you will ever leave labor and delivery?" Comments included: "If anything, I'd become more specialized in women's health or obstetrics," "I will always be involved somehow...I can't image leaving it all together," "instead of leaving, I'd rather become better at this," and "I have no desire to do anything else now...I may want to teach someday, but that's the only thing that would take me away from women's health."

Manager interview. One obstetrical manager was interviewed to gain an additional perspective. She was a labor and delivery/high risk obstetrical unit manager for one of the private hospitals where five participants were employed. The manager was unaware of which employees had volunteered to participate in this study. When the manager was asked about her feelings regarding hiring new graduates as opposed to hiring nurses with other types of nursing experience, she replied, "I find even if new hires have one or two years of experience, we are so advanced and have such high expectations that you almost have to start with them as a new graduate." She went on to say that experienced nurses sometimes have bad habits that are difficult for them to break. Interestingly, she also acknowledged the generational differences between the nursing graduates of the current generation and generations of the past:

...my little Xers are social. They like to chart at the nursing station so they can hear what happened the night before with their friends. The newer

generation is going to school; they want to extend their education. They're easy to say you need to get a certification and they believe in it.

In addition, she admitted that there was a time when no experienced nurses were available. The only nurses who could fill openings were new graduates. However, she recognized that by giving the new graduates an opportunity to work in labor and delivery, she has often fulfilled two purposes; a job and fulfilling a vocational aspiration:

I do recognize if labor and delivery is a passion because I had that same passion. Somebody really has the passion, and you've given them that opportunity, they are really appreciative and they could be some of you best team players. You have to *get* their dream.

Discussion

The central research question was as follows: How do nursing graduates working on a labor and delivery unit describe their experiences? The five sub-questions were: (a) What statements describe the new nursing graduates perception of their undergraduate intrapartum nursing education? (b) What statements describe new nursing graduates orientation experiences on labor and delivery units? (c) What do new nursing graduates say was lacking during their orientation period? (d) How do new nursing graduates working on labor and delivery units describe the support that is provided to them? and (e) How do new nursing graduates describe their ability to critically think on a labor and delivery unit?

Overall, participants described their experiences as labor and delivery nurses as positive. Although more challenging than they thought it would be, several stated that being a labor and delivery nurse is exactly what they desired to do when in nursing school or even before. Participants also mentioned feeling privileged to be hired in this clinical area directly from school. As new graduates, they all thought they would be required to begin on a medical surgical unit to gain organizational, critical thinking, prioritization, and the necessary communication skills to be successful on a more specialized unit. Additionally, participants felt that labor and delivery is a very unique unit with individualized skills that could not have been learned or developed on any other unit. Participants agreed that from their perspective, medical surgical experience is not necessary to be successful as a labor and delivery nurse.

The majority of the participants felt that their undergraduate labor and delivery clinical nursing experiences did little to prepare them for their role as an intrapartum nurse. Several stated that they had little to no hands on experience as students and simply observed the staff nurse provide care to the patient. Although participants felt it was exciting to observe a delivery, they also believed that they learned little about the role of labor and delivery nurse.

The majority of the participants believed that their orientation to labor and delivery was adequate to provide them a solid foundation to build upon. None of the participants identified anything they believed would have assisted or enhanced their orientation. Approximately two-thirds of the participants had more than one preceptor or had the opportunity to work with other nurses during the

orientation process. The feedback from participants was mixed as to whether they thought this was a benefit or a detriment to their orientation experience. Some participants stated that they appreciated learning from a second nurse. Others felt that being with more than one preceptor was confusing and only added to their level of stress as a new graduate.

Among participants, the average orientation period was three to five months. Although most participants agreed that they would have liked to have a longer orientation period, the majority also acknowledged that more time would not have provided any substantial learning; it would have, however, improved their confidence level. Three participants agreed there were particular situations that they were not exposed to during their orientation. Most of the situations were emergencies such as eclamptic seizures, placental abruptions, or prolapsed umbilical cords. Due to lack of exposure to these situations, participants felt apprehensive about the possibility of having to care for a patient who developed one of these emergent conditions. It was acknowledged that these situations are very “hit and miss” and impossible to plan for the benefit of learning.

All of the participants reflected on the amount of support they were provided by their nursing colleagues. Several commented about never feeling alone or isolated while caring for laboring patients. The fact that fetal monitoring tracings were being observed from a remote locations, such as a nursing station, provided reassurance. They also felt very comfortable approaching other nurses on the units for routine questions and second opinions.

The support they felt from physicians varied by the nurse and the facility. Participants that were employed at a teaching hospital commented on the teamwork they experienced as they cared for their patients. These participants felt that they could collaborate and communicate efficiently and effectively with residents and attending physicians regarding care of patients. In addition, participants employed by the teaching facility felt confident and comfortable disagreeing or providing another opinion to any situation. However, when working with physicians at private hospitals, participants stated it depended on the situation and physician as to the amount of support they received. They reflected on the fact that not all physicians were approachable or open to discussion regarding patient care.

The majority of participants thought that the concept of critical thinking in relation to labor and delivery nursing required pulling together all relevant information and looking at the situation as a whole. They spoke of the importance of accurate and thorough assessments, looking ahead at possible complications, and always being prepared for emergencies. One participant stated that she felt the best way to critically think is anytime a nurse walks into a patient's room, anticipate and be prepared for the worse; that way, you're never taken by surprise.

Summary

This study examined the experiences of new nursing graduates who began their nursing career on a labor and delivery units. Content analysis was performed on the verbatim-transcribed interviews using Colaizzi's (1978) seven-

step method and NVivo 8 ® software program. Eight themes emerged from the content analysis.

Chapter V: DISCUSSION AND SUMMARY

Introduction

This study examined the experience of new nursing graduates on labor and delivery units. This chapter will briefly review the purpose and research design of this study. In addition, the correlation to the literature and theoretical context, future research, as well as implications for both nursing and hospital-based education will be discussed.

The purpose of this study was to examine new nursing graduates' experiences on labor and delivery units using a phenomenological methodology. This qualitative study used a purposeful sample of 10 nurses who began their nursing careers on a labor and delivery unit. The participants had between nine months but less than four years of experience in labor and delivery nursing. Audio taped interviews were used to explore this experience. As with the review of literature chapter, this section is organized into three areas of focus: first, the experiences and perceptions of new graduates; second, role transition from student nurse to professional nurse, and finally, the way in which nursing faculty and hospital-based educators are preparing students for labor and delivery practice.

Correlation to the Literature

New graduates experiences and perceptions. The findings of this study correlated to past research findings with regards to the experiences and perceptions of new nursing graduates. Several studies (Bowles & Candela, 2005; Cantrell & Browne, 2006; Delaney, 2003; Ebright, Urden, Patterson & Chalko,

2004; Ellerton & Gregor, 2003; Godinez & Schweiger, 1999; Holland, 1999; Oermann & Garvin, 2002; Oermann & Moffitt-Wolf, 1997; West, 2007) found that first experiences of professional nurses were often stressful with feelings of inadequacy and self-doubt. Participants in these studies referred to feelings of stress with relation to lack of experience, interactions with physicians, lack of organizational skills, and having to learn new situations and procedures (Bowles & Candela, 2005). The participants in the current study repeatedly referred to similar feelings as they described the anxiety they felt as new nurses.

Four nurses in the current study talked about a lack of confidence when speaking with physicians. Oermann and Moffitt-Wolf (1997) examined the stresses, challenges, and threats associated with nursing graduates' first clinical experiences. Interactions with physicians were identified as one of the four areas of stress. As a new graduate, one participant was involved in a nurse residency program. As a requirement for the class, the participant developed a presentation on the stresses associated with being a new nurse on a labor and delivery unit. In the presentation, she stated new graduates lack confidence and felt intimidated when speaking to physicians (personal communication, July 8, 2009).

Oermann and Moffitt-Wolf (1997) found several factors that both inhibited and assisted graduate nurses learning during orientation periods. Among the factors that inhibited learning were *lack of guidance from preceptors* and *feelings of being overwhelmed and anxious*. Both of these factors correlated with the findings from the current study. *Consistent and positive preceptors* were factors that assisted learning were identified in both studies. In the current study, half of

the participants stated they appreciated having one preceptor. They felt it was confusing when put with another preceptor for one shift or changing preceptors midway through their orientations. The participants stated they wanted to learn one way of handling a situation before being introduced to another approach. However, two explained having more than one preceptor was a positive experience.

Ethridge (2007) looked at the experiences novice nurses considered helpful in learning to make clinical judgments. Participants believed they learned clinical decision-making through clinical experiences, preceptor assistance, and discussions with peers. Six participants in the current study felt the more complicated the clinical experience, the more they learned. One novice nurse explained she was not getting the variety of patient experiences that she knew other new nurses in labor and delivery were experiencing. Although she understood that this was beyond anyone's control, she thought she was at a disadvantage and her learning was affected by the lack of exposure to a variety of patient situations. Unfortunately, many labor and delivery units orient new nurses on the day shift. This may mean a large number of routine inductions, which may or may not present a nurse with unusual or high-risk situations. However, most orientation programs eventually move novices to night shifts, which will typically provide more diverse and high-risk patient populations.

The benefit of peer reflection was also described in Ethridge's study (2007). One nurse in the current study was involved in a nurse residency program which provided both hospital-based and unit-based orientation. As part

of this program, the participants were required to meet at various points throughout their orientation to reflect and discuss their experiences. This participant felt it was beneficial to talk with others who were experiencing the same phenomenon. Even though most of the nurses were not labor and delivery nurses, she felt this experience provided her the opportunity to reflect and discuss the issues associated with being a new graduate nurse.

Ethridge (2007) also looked at ways that new nurses “think like a nurse.” Four themes emerged: *developing confidence*, *learning responsibility*, *relations with “others”* and *thinking critically*. Developing confidence was also a concept that emerged from the current study. Four of the participants spoke about the lack of confidence when performing their job. They referred to the fact that they had to care for two patients in one; the mother and the unborn baby.

Electronic fetal monitoring is the primary means by which labor and delivery nurses evaluate the status of unborn babies. Accurate interpretation and associated interventions is the cornerstone of safe care for a baby and mother. This complicated and advanced technology requires an exorbitant amount of training and experience before feeling confident and competent. Study participants with over two years of experience stated they felt confident in their abilities to read and interpret fetal monitor tracings after 2-3 years of experience. This phenomenon parallels Benner’s (1984) theory that approximately 2-3 years is needed to master particular clinical skills and to understand the long-term implications of assessments and actions.

Another concept found in the study (Ethridge, 2007) was although new nurses felt overwhelmed at first, they eventually became more confident in skills and decisions. Four participants in the current study elaborated on feelings of being incapable or inadequate at the beginning of their orientations. They commented on feelings of doubt and even second-guessing their decision to become labor and delivery nurses. One participant stated that she was feeling so badly about her decision that she began looking for another job within the hospital. However, as with the Ethridge study, participants in the current study also began to develop feelings of accomplishment, competence, and pride in the knowledge they had gained and work they accomplished.

Role transition from student to professional nurse. Godinez and Schweiger (1999) explored the initial steps in the transition from graduate to professional nurse. Themes related to areas of concern were identified after participants kept daily logs during the first three weeks of orientation. Of the five identified themes, the majority of the comments were related to the themes of *real nurse work* and the *transitional process*. *Real nurse work* consisted of comments related to the practice role of a staff nurse. Statements centered on skills such as intravenous starts, intravenous medication administration, and assessment skills. These statement topics are closely associated with comments made by participants in the current study. Half of the participants commented on stress associated with learning skills that were not practiced or encountered in their undergraduate education. Six participants graduated from accelerated nursing programs that, compared to traditional nursing programs, offered less

clinical time. These nurses commented that although skills were taught and practiced in a laboratory situation, they were occasionally unable to translate this practical knowledge into clinical situations.

Again, the identified theme of *transitional process* in Godinez and Schweiger's (1999) study closely matched the findings in the current study. Comments related to feeling disorganized, being unable to appropriately prioritize, and experiencing difficulty with managing multiple patients were similar to comments found in the current study. Participants in both studies reflected that although these feelings were present at the beginning of the orientation period, they subsided over time as they felt more confident in their abilities.

Delaney (2003) also explored nurses' transition from student to professional nurse. She found that new graduates experienced conflicting emotions regarding this transition. Of particular importance is the finding that novice nurses felt more comfortable with experienced nurses who were consistent. In the current study, two participants commented that they appreciated having more than one preceptor while the majority wanted one preceptor. Five participants stated that they often felt confused and uncomfortable learning how multiple nurses approached any given situation. To build a solid foundation, they thought that it was important to learn the correct approach and rationale by one nurse. One novice nurse had a first-time preceptor. Although she stated the preceptor did a good job and she felt prepared at the end of her orientation period, she often felt like "guinea pig" and

wondered if her experience would have been different with a more seasoned preceptor.

Educational preparation for professional nursing clinical practice.

Forneris and Peden-McAlpine (2006, 2009) looked at improving critical thinking in new graduates by utilizing a reflective learning intervention. The interventions utilized narrative reflective journals, individual interviews, preceptor coaching, and leader-facilitated discussion groups. The resulting themes associated with both studies revealed that critical thinking formation is a process that begins with learning basic skills and tasks and eventually emerges into intentional critical thinking. The nurse is finally able to look at each clinical situation from different perspectives and can pull together current and past knowledge and experiences. The findings of the current study spoke to this phenomenon as participants described instances in the beginning of orientation when they were able to only look at one aspect of the patient situation. As they progressed through their orientation, they were eventually able to critically think through situations by not only looking at the physical findings, but were also able to incorporate other pieces of information, such as laboratory values and past experiences with similar patients.

Cantrell and Browne (2006) looked at the effect of nurse externships (often referred to as summer internships) on the transition from student to professional nurse. They looked at which former externs were employed at the same institution one year after the completion of the program. Over 77% were still employed at that facility 24 months after the completion of the program.

Although none of the participants in the current study participated in an externship program, all participated in a preceptor program which gave the opportunity to work with a bachelor-prepared nurse. Five of the participants were employed at the facility in which they completed their preceptorships.

Ellerton and Gregor (2003) explored the adequacy of baccalaureate nursing education in preparing students for the staff nurse role. Research questions focused on the new graduates' perceptions of preparedness for the professional nursing role. It was found that at three months, nurses believed that they were still learning their job and defined their job as a "set of skills." The orientation periods for participants in the current study ranged from three to five months. The participants who experienced a three-month orientation stated that although they felt prepared, they wished they could have more time with their preceptors. However, they also commented that although they wished for more time, they were not sure if additional time would have provided a substantial benefit. In comparison, those who were given five months to orient felt that they were very prepared for the staff nurse role. They possessed a higher confidence level and felt comfortable with most labor and delivery and newborn situations.

Correlation to the Theoretical Context

Schlossberg's Transition Theory (1981) identified three major factors that influenced adaptation to life's transition: the perception of the transition, characteristics of the transition environment and characteristics of the individual. Perception of the transition and characteristics of the transition were more thoroughly explored in the current study; specifically, institutional support such as

preceptor, fellow nurses, physicians, and administration. All participants felt greatly supported by their preceptor and fellow nurses. The comments focused on the perception that they never felt alone. They also knew that someone was there to support, provide direction, and assist when needed. Central electronic fetal monitoring is a mechanism by which other health care professionals can observe the fetal tracing at a central location; typically, a nurses station. This provides a sense of support as nurses know they are never alone in caring for the patients. Others commented on how reassuring it was when nurses would immediately offer assistance at the first sign of a problem. This gave them a sense they would always have colleagues to assist them in high-risk situations.

The participants who worked at a teaching facility felt greatly supported by the medical staff. They worked closely with medical students, residents and attending physicians. These health care providers willingly collaborate with the novice nurse to discuss the current situation and to learn from each other's past experiences. The same was not found in private hospitals. While one participant employed at a private hospital felt greatly supported by perinatologists who were located within the hospital, two participants employed at the same hospital commented that due to their limited experience, some of the physicians did not trust their ability to safely care for a laboring patient. According to these participants, this sense of distrust leads to feelings of animosity and inadequacy.

According to Schlossberg (1981), administrative support is also an important consideration for a successful transition. Five participants were employed at a facility in which there had been considerable obstetric

administration turnover in the last five years. However, due to lack of consistent guidance from administration, the nurses had developed a sense of independence and comradery. They felt a sense of satisfaction in being able to run day-to-day activities without direction from management.

Due to the inclusion criteria of no more than three completed years of experience, the first three stages of Benner's Novice to Expert Theory (1984): novice, advanced beginner, and competent stage were, were explored. During the novice stage, the nurse is guided by empirical knowledge. As a novice nurse, the nurse is often focused on learning skills and completing tasks. The participants in the current study with less than 18 months of experience stated that they were focused on attempting to learn electronic fetal monitoring and skills such as intravenous line and foley catheter insertions. According to Benner, advanced beginners are beginning to take cues from clinical situations but are often unable to translate these findings into appropriate nursing actions. Study participants with 1-2 years of experience commented that although they understood the underlying pathophysiology and interventions associated with most obstetrical situations, they were unsure of the steps to carry through with their empirical knowledge. Conversely, the participants with over two years experience felt that they were starting to "put the picture together" and carry through independently with most aspects of care.

Limitations of the Study

There are several limitations to this study. The first limitation is the sample size. Although the sample size was appropriate for the research design, it is

possible that it may not be a true representation of all new nursing graduates who work on labor and delivery units for their first nursing position. In addition, a purposive sample was chosen because the participants were in close proximity for the investigator to easily interview each person. Because of this, all participants were from a mid-western, urban, metropolitan city. Again, the findings may not be transferrable to other areas of the mid-west or the country. Furthermore, the participants were representative of only three hospitals. Two of these hospitals experienced between 3,699 and 4,200 deliveries per year while the third hospital experienced approximately 1,500 deliveries per year. The larger units are exposed to more deliveries and more high-risk obstetrical situations. This may have influenced their overall experiences as new graduates. Finally, all participants were Caucasian females. Therefore, minority races such as African-Americans and Hispanic nurses were not represented.

Implications/Recommendations for Education

Nursing education. The results of this study have several implications for nursing education. One of the most predominant concepts that arose from this research is that new graduates reported their undergraduate labor and delivery experiences were primarily observational. Many of the participants stated that they had very little to no interaction with patients and nurses. Due to this, it is difficult for students to gain an understanding of the intrapartum nursing role. Due to limited and/or shortened clinical rotations, it is difficult for nurse educators to offer additional opportunities for more “hands-on” experience.

To facilitate student learning, it is imperative that clinical instructors provide the most realistic and interactive clinical experiences possible. This can be accomplished through close and assertive communication among charge nurses, staff nurses, and clinical instructors. Charge nurses have in-depth knowledge of unit census, patient profiles, and the status of each patient. Charge nurses are then able to guide clinical instructors as to which patient experiences may lead to the most optimal student learning. In addition, the students' knowledge and skill-base should be communicated to staff nurses. Staff nurses can then communicate and interact with students with an understanding of what has been taught in the classroom and laboratory setting. Clinical instructors must also be advocates for students to facilitate more realistic and interactive experiences.

One hindrance for labor and delivery clinical instructors is the difficulty of staying abreast of patients' conditions. When beneficial clinical opportunities arise, it is often difficult to locate instructors in a timely manner. One suggestion is to give the instructors' pager or cell phone contact information to students and nurses so they can contact then instructors when an opportunity arises.

Additionally, it is evident from literature and findings from the current study that students learn more effectively from an interactive mode of imparting content than the traditional lecture format (Celia & Gordon, 2001). Although hands-on learning is always superior, it is not always realistic due to limited clinical time and unpredictable patient census. The addition of problem based learning (PBL) and simulation enhances student learning by requiring more in-depth analysis.

These methods provide a controlled environment that allows students to utilize critical thinking and learn practical skills such as assessment and routine interventions.

Another recommendation to enhance student learning is to provide opportunities for students to interact and communicate with physicians. With the guidance of a clinical instructor or staff nurse, students are capable of calling a health care provider with routine and non-emergent information (labor progress). In addition, clinical instructors role modeling face-to-face physician interactions would provide an example of professional consultation and collaboration.

Hospital orientation. Based on the findings of this study, the following recommendations are offered. It is important for obstetrical administration and preceptors to understand the experience of new graduates. Every effort should be made to educate both populations on the challenges of transitioning from a student to professional nurse. Labor and delivery nursing requires a very specific knowledge and skill base. For example, the art of reading and interpreting electronic fetal monitoring can take 2-3 years of repeated exposure to obtain a minimal level of comfort. It is often overwhelming for new graduates to learn this skill in addition to the challenges of learning hospital-wide policies, other unit procedures, and computer charting systems. To lessen the stress associated with learning the role of a labor and delivery nurse, realistic expectations and an adequate length of orientation should be imposed. This time frame is at the very least three months and preferably, six months.

One of the identified themes of this study was that although new nursing graduates experience rocky starts, they feel prepared at the end of their orientation periods. It is imperative that nurse leaders, preceptors and all staff understand this phenomenon and strive to make the beginning weeks as productive as possible while not overwhelming the new orientee. One way to accomplish this is to create and communicate realistic expectations on the first day of orientation. Preceptors can communicate to new nurses that learning this specialty will be time consuming and frequently intimidating. Assure new nurses that feelings of self-doubt are normal and to communicate those feelings so as to not become discouraged. Another recommendation to decrease stress for new nurses during the orientation period is to offer all feedback and suggestions privately (Ironside, 2003). This will create an open line of communication between preceptors and orientees without creating feelings of animosity and embarrassment.

Another recommendation to decrease feelings of stress and intimidation during the first weeks of orientation is to develop a mentoring program between experienced and new nurses. This allows for the formation of relationships between colleagues and the opportunity to gain clinical confidence and competence. In addition, physician mentors may also be provided to answer questions and provide a liaison between nurses and other health care professionals (Harmon, Sey, Hiner, Faron & McAdam, 2010). Another suggestion is to design a highly interactive nurse residency program that utilizes a variety of

educational strategies to promote critical thinking (Anderson, Linden, Allen, & Gibbs, 2009).

Future Research

The findings of this study have implications for future nursing research. The phenomenological approach can be used for additional or follow-up studies utilizing a larger and more diverse population. Additional participants would add transferability and confirm saturation and to a larger population. It is also important to gather the experiences of more diverse populations. African-American and Hispanic nurses may have very different experiences than Caucasian nurses. Additionally, studies looking at experiences of new graduates on other specialty units such as operating rooms, emergency departments, or intensive care units would also assist nurse educators and hospital administrators.

Although there are studies looking at preceptors' perceptions of new nursing graduates (McNiesh, 2007) in addition to a variety of studies examining unique preceptor programs and methods (Celia & Gordon, 2001; Griffin, Hanley & Saniuk, 2002; Herdrich & Lindsay, 2006; Sewell, 2008; Scott & Smith, 2008), there are no studies looking at the benefit of having one or multiple preceptors during orientations of new nursing graduates. These findings would offer insight into the benefit or hindrances of having one, or multiple nurses impart nursing expertise and perspective.

Additionally, although identified in Schlossberg's (1981) Transition Theory as a major factor that influences adaption to life's transition, characteristics of

individual novice nurses were not explored in the current study. Future research on this would add another important aspect to the findings of this study.

Summary

This phenomenological, qualitative study examined the experiences of new nursing graduates working on labor and delivery units. Ten participants who had between one and three years of experience were interviewed. One nurse manager who regularly hires new graduates was also interviewed to add an additional perspective. This study provided new insight into new graduates who work on specialized nursing units. The eight themes that emerged allowed the researcher to gain a better understanding of the experience of going directly from undergraduate nursing education to a labor and delivery unit.

In conclusion, based on the findings of the present study, the experiences of novice labor and delivery nurses were both dynamic and on going. The participants with more experience thought that they were learning every day and that labor and delivery nursing is a fluid specialty that is continually changing and growing. Obstetrical nurse educators and leaders must understand the transitional experience and make every effort to give students and new nurses the most valuable and superlative experiences to ensure confidence, personal satisfaction, and long-term success.

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Appendix A



April 23, 2009

College of Saint Mary
7000 Mercy Road
Omaha, NE 68106

Dear Ms. Cosimano:

The IRB has received the revisions that were requested for your study *The Experience of New Nursing Graduates on a Labor and Delivery Unit: A Phenomenological Approach*. You have full approval of the IRB and are now authorized to begin your study.

The IRB number assigned to your research is IRB # CSM 08-87 and the expiration date will be 4-9-2010.

If you have questions, please feel free to contact me.

Sincerely,

Dr. Melanie K. Felton

Melanie K. Felton, Ph.D.
Associate Professor
Chair, Institutional Review Board
WK: xxx xxx-xxxx

Appendix B

**Labor and Delivery Research Opportunity
Participants Needed**

- **Research Topic:** the new graduates' experiences on labor and delivery units.
 - Investigator is interested in looking at the transition from student to labor and delivery nurse

- **Qualifications:**
 - Labor and delivery (L&D) nurses who began their nursing career on a L&D unit
 - Have ONLY worked on a L&D unit since graduation
 - No more than three (completed years of experience)

- **Other Information:**
 - All volunteers will be interviewed.
 - There is minimal risk for participants and no compensation

- **Contact Information:**
 - Amy Cosimano MSN, RNC
College of Saint Mary (Doctoral Student)
amycosimano@creighton.edu
(xxx) xxx-xxxx

Appendix C

Manager Invitation

Dear _____,

Per our phone conversation on _____, I would like to provide further information regarding the study entitled: The Experience of New Nursing Graduates on Labor and Delivery Units: A Phenomenological Approach. The purpose of this study is to describe the experiences of nurses who began their career directly from nursing school on a labor and delivery unit and have continued to work on this unit. In addition, a select number of Nursing Managers will be asked to complete an interview related to the work of Labor and Delivery nurses early in their careers.

This is a voluntary opportunity in which participants will be interviewed in person. The interview will last no more than one hour and will not be conducted during regular work hours. If needed, no more than two additional interviews may be required for clarification and further discussion. With permission and informed consent, the interviews will be audio taped and then transcribed. The participants will receive a copy of the transcription with the opportunity to clarify, change or add information. At the conclusion of the content analysis, a summary of the findings will be provided to participants and yourself if desired.

For recruitment purposes, I am requesting that you post the attached flyer on your unit. Please call or email with questions or concerns. I look forward to working with you in the future.

Sincerely,

Amy Simpson Cosimano EdD (c), RNC
College of Saint Mary (Doctoral Student)
Office: (xxx) xxx-xxxx
Cell: (xxx) xxx-xxxx

Appendix D

Participant Invitation

Dear _____,

I would like to take this opportunity to invite you to participate in a study entitled: **The Experience of New Nursing Graduates on Labor and Delivery Units: A Phenomenological Approach**. The purpose of this study is to describe the experiences of nurses who began their career directly from nursing school on a labor and delivery unit and now have up to three years of experience.

This is a voluntary opportunity in which you will be interviewed in person. The initial interview will last no more than two hours and will not be conducted during regular work hours. If needed, no more than two additional interviews, lasting no more than one hour, may be required for clarification and further discussion. With your permission and informed consent, the interview will be audio taped and then transcribed. As a participant, you will receive a copy of the transcribed interview with the opportunity to clarify, change or add information. At the conclusion of the content analysis, a summary of the findings will be provided to you if desired.

_____, please feel free to call or email with questions or if you wish to participate in this study. If you do not wish to participate, I thank you for your consideration.

Sincerely,

Amy Simpson Cosimano EdD (c), RNC
College of Saint Mary (Doctoral Student)
Office: (xxx) xxx-xxxx
Cell: (xxx) xxx-xxxx

Appendix E

CONSENT TO PARTICIPATE IN RESEARCH

Protocol Title: THE EXPERIENCE OF NEW NURSING GRADUATES ON LABOR AND DELIVERY UNITS: A PHENOMENOLOGICAL APPROACH

Protocol Number: CSM: 08-87

Methodist: FWA 00003377

CUMC: 15379

Principle Investigator:

Amy Cosimano EdD(c), RNC

Doctoral Student: College of Saint Mary

Assistant Professor: Creighton University School of Nursing

2500 California Plaza

Office 234

Omaha, Nebraska 68178

(xxx) xxx-xxxx

You are being invited to participate in this research study because you began your nursing career as a labor and delivery nurse and have exclusively worked as a labor and delivery nurse since graduation; or because you are manager/supervisor on a labor and delivery unit. The information in this consent form is meant to help you decide whether or not to participate. If you have any questions, please feel free to ask the primary investigator at any time.

Study Purpose and Procedures- The purpose of this phenomenological, qualitative research study is to describe the experience of new nursing graduates on labor and delivery units. Data will be collected via an in-person interviews lasting no longer than one hour. Two additional interviews of no more than one hour each may be necessary. With permission, interviews will be audio taped and subsequently transcribed. Field notes will also be taken by in the investigator during the interviews.

Risks of Participating in the Study- There are no known risks or discomforts associated with this study.

Benefits of Participating in the Study- A benefit is the opportunity to participate in a qualitative research study. However, you may not get any benefit from being in this research study.

Disclosure of Appropriate Alternatives- Instead of being in this research study you can choose not to participate.

Confidentiality- Reasonable steps will be taken to protect your privacy and the confidentiality of your study data. The only persons who will have access to your research records are the study personnel, the Institutional Review Boards (IRB) at the College of Saint Mary and Creighton University, and other internal departments that provide support and oversight at Creighton University/Creighton University Medical Center, without your permission or as may be required by law. The information from this study may be published in scientific journals or presented at scientific meetings but your identity will be kept strictly confidential. In all other instances, any data under the investigator's control will, if disclosed, by presented in a manner that does not reveal the subject's identify, except as may be required by law.

Compensation- There will be no compensation or fee paid to the subject participating in the study.

Disclosure Statement- The investigator has no financial relationships with sponsored agencies or projects.

Contact Information- Please contact Amy Cosimano EdD(c), RNC, Assistant Professor, Creighton University School of Nursing (xxx xxx-xxxx). Please contact the Creighton University/Creighton University Medical Center IRB for questions

regarding the rights of research subjects (xxx xxx-xxxx).

SIGNATURE CLAUSE

You are free to participate in this research project or to withdraw your consent and discontinue participation in the project at any time without penalty, loss of Benefits to which you are otherwise entitled or affect on your relationship to the Institution(s) involved in this research project.

My signature below indicates that all my questions have been answered. I agree to participate in the project as described above.

Signature of Subject

Date Signed

If you are not satisfied with the manner in which this study is being conducted, you may report (anonymously if you so choose) any complaints to the Institutional Review Board by calling (xxx) xxx-xxxx, or addressing a letter to the Institutional Review Board, Office of Human Research Protection, Creighton University, 2500 California Plaza, Omaha, NE 68178.

A copy of this form has been given to me. _____ Subject's Initials

For the Research Investigator—I have discussed with this subject the procedure(s) described above and the risks involved; I believe he/she understands the contents of the consent document and is competent to give legally effective and informed consent.

Signature of Responsible Investigator

Date Signed



THE RIGHTS OF RESEARCH PARTICIPANTS*

AS A RESEARCH PARTICIPANT ASSOCIATED WITH COLLEGE OF SAINT MARY YOU HAVE THE RIGHT:

1. TO BE TOLD EVERYTHING YOU NEED TO KNOW ABOUT THE RESEARCH BEFORE YOU ARE ASKED TO DECIDE WHETHER OR NOT TO TAKE PART IN THE RESEARCH STUDY. The research will be explained to you in a way that assures you understand enough to decide whether or not to take part.
2. TO FREELY DECIDE WHETHER OR NOT TO TAKE PART IN THE RESEARCH.
3. TO DECIDE NOT TO BE IN THE RESEARCH, OR TO STOP PARTICIPATING IN THE RESEARCH AT ANY TIME. This will not affect your relationship with the investigator or College of Saint Mary.
4. TO ASK QUESTIONS ABOUT THE RESEARCH AT ANY TIME. The investigator will answer your questions honestly and completely.
5. TO KNOW THAT YOUR SAFETY AND WELFARE WILL ALWAYS COME FIRST. The investigator will display the highest possible degree of skill and care throughout this research. Any risks or discomforts will be minimized as much as possible.
6. TO PRIVACY AND CONFIDENTIALITY. The investigator will treat information about you carefully and will respect your privacy.
7. TO KEEP ALL THE LEGAL RIGHTS THAT YOU HAVE NOW. You are not giving up any of your legal rights by taking part in this research study.
8. TO BE TREATED WITH DIGNITY AND RESPECT AT ALL TIMES.

9.

THE INSTITUTIONAL REVIEW BOARD IS RESPONSIBLE FOR ASSURING THAT YOUR RIGHTS AND WELFARE ARE PROTECTED. IF YOU HAVE ANY QUESTIONS ABOUT YOUR RIGHTS, CONTACT THE INSTITUTIONAL REVIEW BOARD CHAIR AT (402) 399-2400.

*ADAPTED FROM THE UNIVERSITY OF NEBRASKA MEDICAL CENTER , IRB WITH PERMISSION

Appendix F

Interview Guide

- 1) Tell me about your nursing education.
- 2) Now that you are a labor and delivery nurse, what do you wish would have been different or changed about your undergraduate education?
- 3) How did you choose labor and delivery as your first nursing position?
- 4) Tell me about your preparation in your nursing education to be a labor and delivery nurse.
- 5) Tell me about the orientation to your unit.
- 6) Tell me about your preceptorship or orientation experience and how that prepared you for your first nursing position.
- 7) Tell me about your level of confidence when your preceptorship/orientation was complete.
- 8) What do you wish would have been different with regards to your preceptorship/orientation?

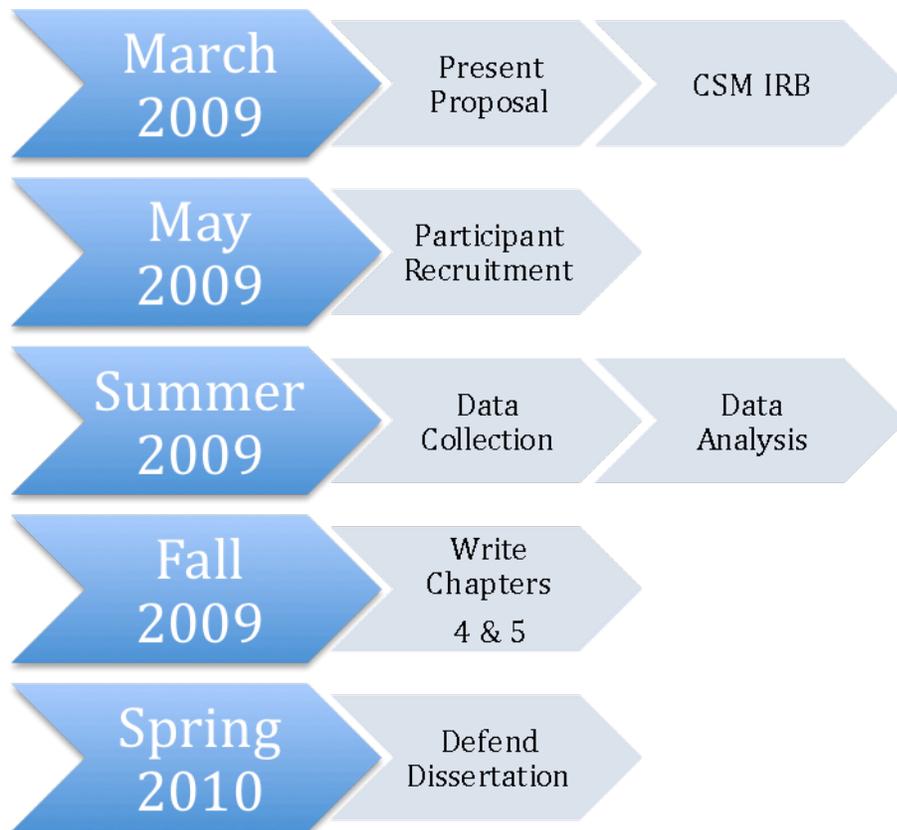
As a new nursing graduate:

- 9) Tell me about a typical day at work.
- 10) What type of patients might you care for?
- 11) What skills do you normally utilize throughout your day?
- 12) Tell me how you critically think throughout your day.
- 13) Tell me about the support that is provided to you on the unit.
- 14) Can you tell me how your experience might have been different had you began on another unit and then transferred to labor and delivery?
- 15) What does it mean to you to be a labor and delivery nurse?
- 16) Do you have ever think about leaving labor and delivery?

Manager Interview Guide

- 1) Tell me about your unit....number of deliveries, acuity of patients, number of nurses (full time/part time)?
- 2) On the average, how much experience do your nurses have?
- 3) Describe for me your experiences with hiring new graduates. Do you ever hire new graduates?
- 4) How are they oriented? Tell me about their orientation/preceptorship.
- 5) Tell me how the orientation for new graduates is different than the orientation for a nurse who has previous experience.
- 6) What type of longevity do you experience with hiring new graduates? Are the nurses that you have hired that were new graduates still working for you?
- 7) Tell me your thoughts about hiring nurses directly from nursing school.
- 8) From your experience, tell me what you would change about the orientation that is provided to new graduates.

Appendix G

Cosimano Research/Dissertation Timeline

Appendix H

August 28, 2009

Dear Study Participant:

Thank you for participating in the study: *The Experience of New Nursing Graduates on Labor and Delivery Units: A Phenomenological Approach*. I would like to give you an opportunity to review your individual transcript. If there are any sections that you would like to change, omit or clarify; please feel free to make notations in the margin or on a separate page.

If possible, please make any necessary revisions by September 15, 2009. I have provided a return envelope for your convenience. If I do not receive correspondence by September 15th, I will assume that you are satisfied with the transcript as is.

Again, thank you for your time and interest in this study. I will share the results of this study with you upon completion.

Sincerely,

Amy Simpson Cosimano EdD (c), RNC
College of Saint Mary (Doctoral Student)
Office: (xxx) xxx-xxxx
Cell: (xxx) xxx-xxxx