

New Graduate Nurses Experience During the Internship Year: Transitioning from a Student to a Professional Nurse

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ABSTRACT

The global shortage of nursing professionals and increasing healthcare demands, mandates the importance of providing newly qualified nurses with the necessary clinical skills, confidence, and adequate support during their transition from student to professional nurse. Transition of newly graduate nurse to professional practice is challenging and considered as a period of stress, role adjustment and shock reality. The aim of this study is to explore the internship year as a transition period for graduate nurse to professional nurse. Methodology: A longitudinal prospective Cross-Sectional quantitative study included 88 newly graduate nurses throughout the internship year were included using a survey. Result: New graduate nurses indicated that they do not feel comfortable performing independently some of the complex skills or procedure. The sequence of the means of the five sub-scale of the Comfort and Confidence scale were the same in Phase I and II. Support was the highest score followed by professional satisfaction, organizing and prioritizing, then communication and leadership, and last was stress. Results also revealed a highly significant difference between the two phases of internship year. Source of stress was mainly due to transportation, family issues, and job performance. There were significant differences identified in those three factors. It was found that there was different between phase I and II regarding factors that lead to job satisfaction ($P < 0.01$). Conclusions: This study highlights the need for healthcare and educational organizations to offer necessary support and resources to new graduate nurses during their transition into professional practice.. By addressing areas where new graduate nurses feel less confident and providing opportunities for ongoing learning and feedback, organizations can help new nurses build the knowledge, skills, and confidence they need to provide safe, high quality, and effective patient care.

1. Introduction

It is projected that there will be a global shortfall of more than 7.6 million nurses by 2030. This shortage will impact the health care delivery systems [1]. Global Nursing workforce shortage and the rising of the demands of the health care mandates that newly qualified nurses who have the required clinical skills, confidence, and enough support during their transition period from a student to a professional nurse [2]. The university nursing programs should prepare graduates that can work in a range of different clinical setting as a generalist [3, 4].

Transition of newly graduate nurse to professional practice is challenging and considered as a period of stress, role adjustment and shock reality [5]. There are several programs that were developed to ease the crucial period of transition process example is transition to practice program (TTP), and residency programs [3, 6-9].

According to the 2010 IOM report, nurses possess significant potential to lead innovative approaches for enhancing the healthcare system. Nonetheless, nurses are not practicing to their potential full extent, primarily because of various obstacles, such as challenges faced by nurses as they transition from academic training to practice. Subsequently, The IOM strongly advises organizations to establish nurse residency and fellowship programs to assist new graduate nurses in transitioning smoothly into their practice environments. [10]). Nurse residency programs are "planned, comprehensive periods of time during which nursing graduates can acquire the knowledge and skills to deliver safe, quality care that meets defined standards of practice.[10]"

Whitehead et al. [11] indicated that structured preceptorship during the transition period benefits the new graduate nurse and improves recruitment and retention. In a 10-year retrospective review of data from residency program that compared pre and post participants scores a statistically significant changes were found in score of domains including communication, leadership, patients safety, support and professional satisfaction [12].

Several studies indicated that transition period is challenging and shocking to the graduate nurses [13-15]. Challenges of transition include in addition to reality shock, lack of self-confidence, burnout and intend to leave [14, 16-18]. The difficulties in transitioning identified by Wong et al. [19] encompass workload, insufficient knowledge, communication issues, expectations, role changes, workplace environment, support, and personal attitudes. Newly qualified nurses felt very excited at the graduation but they felt frustrated due to lack of support

during the transition period [20]. Other studies revealed that the experiences during the transition period from student to professional nurse can lead to negative emotions as well as positive emotions [21].

To provide a safe and smooth transition for the newly graduated nurses into professional nurses, organizations implement several models of residency programs. These programs support graduates to adjust and cope with the healthcare challenging work environment and help with recruitment and retention rates [22] In addition, residency programs promote job satisfaction, reduce stress, enhance communication and leadership skills, and also strengthen professional and clinical competencies [23-25].

Assessing how well new graduate nurses are prepared for the workforce and evaluating the effectiveness of the support they receive can provide valuable insights into how clinical practicum and support during their undergraduate education contribute to their readiness for professional practice.

In Saudi Arabia BSN Program is taught in 4 years duration includes theoretical and clinical components. In addition to the 4 years there is a mandatory internship year. This internship year at some colleges is very structured and in others is not. The internship program aim is to provide graduates with clinical experience to acquire the necessary competencies required to practice safely and independently. At the College of Nursing, King Saud Bin Abdulaziz University for Health Sciences, the internship year is structured and entails different rotations in the clinical areas in the hospital. Graduate nurses work under supervision of staff nurses in the clinical area. Evaluation is conducted during each clinical rotation continuously (formative assessment), and at the end of each rotation (summative assessment). Rotations include medical surgical, pediatrics, and maternity. Towards the end of the internship year, graduates rotate to specialized areas including critical care, ER, OR, oncology, or cardiac care units.

There is no enough literature in Saudi Arabis about the effectiveness of the internship year as a transition period. The aim of this study is to explore the internship year as a transition period from graduate nurse to professional nurse.

2. The objective

1. To assess the new graduate experience during internship year as a transitional period.
2. To determine the skills and procedures that the new graduate nurses are uncomfortable performing independently.
3. To identify what aspect of the nursing interns is more satisfying.
4. To determine the difficulties the new graduate is experiencing with the role transition in the work environment.

3. Methodology

The design of this study was a quantitative longitudinal prospective Cross-Sectional study includes newly graduate nurse through the internship year at College of Nursing Jeddah, Kind Saud bin Abdulaziz University for Health Sciences who conducted their internship at King Abdulaziz Medical City.

3.1. Sample:

The new graduates for the year (2021-2022) were invited to participate in the study. A total of 140 graduates were invited, 88 (62.9%) agreed to participate in the study and signed the informed consent to fill the survey at the two points of data collection. Convenient sampling method was used.

3.2. Instrument:

A survey questionnaire was used for data collected utilizing Casey- Fink 2004, Graduate experience survey to assess the experiences of the new graduate during the internship year as transition from student to a professional nurse.

The survey consists of:

1. Demographic characteristics of participants
2. Skills and procedure performance survey, which is one open ended question to determine skills that interns are uncomfortable performing independently.

3. Comfort and Confidence scale. This is 25 items with Likert scale with 1= strongly disagree and 4=strongly agree, except item 25, which is related to question 24 to indicate the sources of stress. Internal consistency reliability is good (Cronbach's alpha = 0.78). The Comfort and Confidence scale instrument was administered in this study on paper and electronically and takes approximately 20-25 minutes. It consists for 5 subscales:

1. Support, 9 items (Cronbach's alpha = 0.90)
2. Organization and Prioritizing, 5 items (Cronbach's alpha = 0.79)
3. Communication and leadership, 6 items (Cronbach's alpha = 0.75)
4. Professional Satisfaction, 3 items (Cronbach's alpha = 0.83)
5. Stress, this is item number 24 and 25. Item 25 is an open-ended question with 7 statements representing the source of stress (Cronbach's alpha = 0.71)
4. Job Satisfaction, this is 9 items answered in five-point Likert scale from very satisfied to very dissatisfied.
5. Work environment and difficulties in role transition. It is 4 open ended questions answered by Yes or No.

3.3. Procedure of Data Collection

IRB approval was obtained from King Abdullah International Medical Research Center (KAIMRC) before data collection started. Data collected twice. The new graduates were approached for the first time before starting the internship year. After signing an informed consent, the survey was distributed to them as first point base line data. The second point of data collection was at the end of the internship year. Data collected using both paper and electronically.

3.4. Data Analysis

After data collected in the two phases; the IBM SPSS software Version 26 was used for data management and analysis.

A descriptive analysis was conducted. Categorical variables were summarized using frequency and percentage, while mean and standard deviation were computed for continuous and scale variables. To assess significant differences between Phase I and Phase II responses, paired samples t-tests and Chi-square tests were performed. A p-value of 0.05 or less was deemed statistically significant.

3.5. Ethical Consideration:

Approval was obtained from the Research Committee of the College of Nursing as well as from the Human Subject Board (IRB) of King Abdulla International Medical Research Center (KAIMRC). All participants received an informed consent form and an invitation letter with the questionnaire ensuring that the participation is voluntary. The invitation letter outlined the study's purpose, research procedures, and a commitment to ensuring the anonymity and confidentiality of the information. No names were included on any of the questionnaires. Data is kept in a safe place, only the investigator has access to it.

4. Results:

4.1. The demographic characteristics:

The demographic characteristics of participants were presented in table 1, A total of 88 new graduate nurses were included in the study. The mean age of participants was 22.9 years with 1.3 SD, most of nurses were single (93.2%). Out of the 88 nurses, half of them have only one preceptor for the first rotation. 73.9% worked with a charge nurse in Phase II, while 42.0% worked as a preceptor with junior staff. About 85% of the new graduate nurses were started in a general unit (medical, surgical, maternity, or pediatric unit (Table 1).

The answer to the open-ended question regarding the top five skills/procedures that the new graduates feel uncomfortable performing independently are listed in Table (2), where the graduate felt that most of the complex skills or procedure, they do not feel comfortable performing independently, including ventilation care and management, Central line care, Death/Dying/End of Life Care, ECG/EKG/Telemetry Care, and Charting /

Documentation in the system.

4.2. Comfort and Confidence scale

Table (3) shows the results of Comfort and Confidence in five subscales in Phase I and Phase II. The sequence from the higher to lower means are same in both Phase I and Phase II. Support was the highest Mean; 3.4 and 3.6 respectively, followed by professional satisfaction; 3.2 and 3.8. Third was organizing and prioritizing; 2.8 and 3.6, then communication and leadership; 2.6 and 3.3, and last was stress; 3.2 and 3.1 respectively.

The results of paired samples t-test of mean difference between Phases I and II in the comfort and confidence total scale revealed a significant difference between the two phases. The mean score in Phase II was 76.5 ± 2.9 compared to 70.4 ± 3.5 in Phase I ($P < 0.01$). This data is presented in Table (4).

Table (1): Demographic characteristics of participants

Variable	Phase I n=88	Phase II n=88
Age	22.9± 1.3	-
Marital Status		
Single	82 (93.2)	-
Married	6 (6.8)	-
Charge nurse		
Yes	0 (0)	65 (73.9)
No	88 (100)	23 (26.1)
Preceptor		
Yes	0 (0)	37 (42.0)
No	88 (100)	51 (58.0)
Number of preceptors		
1	33 (37.5)	44 (50.0)
2	24 (27.3)	34 (38.6)
3	12 (13.6)	7 (8.0)
4+	19 (21.6)	3 (3.4)
Starting unit		
General surgical	29 (33.0)	-
Pediatric	27 (30.7)	-
Maternal	22 (25.0)	-
Specialty	10 (11.4)	-

Table 2 Top five skills/procedures uncomfortable to perform independently

Skill/Procedure
1. Ventilation care/management
2. Central line care (dressing change, blood draws, discontinuing)
3. Death/Dying/End of Life Care
4. ECG/EKG/Telemetry Care
5. Charting / Documentation in the system

Table (3): Comfort and Confidence scale in Phase 1 and Phase 2

Comfort and Confidence Subscales	Phase 1		Phase 1	
	Mean	Std. D	Mean	Std. D
Support	3.4	.22	3.6	.19
Professional Satisfaction	3.2	.45	3.8	.34
Organizing and Prioritizing	2.8	.26	3.6	.24
Communication /Leadership	2.6	.24	3.3	.24
Stress	3.2	.34	3.1	.34

Table (4): Comfort and confidence total score

Phase	Mean	SD	P-value
I	70.4	3.5	0.001
II	76.5	2.9	

Regarding the sources of stress results for the new graduates in Phase I and Phase II. Table (5) summarizes the test for significant differences in stress causes between the two Phases. Significant differences were identified in items of Transportation ($P < 0.004$), Both Family Issues, and Job Performance ($P < 0.001$), There were no significant differences found between Phase I and II responses in the three remaining subscales Finance, living Situation, and Childcare ($P > 0.05$).

Table (5): Source of Stress

Sources of Stress	Phase 1	Phase 2	P-Value
Transportation	76.1%	54.5%	0.004
Family Issue	54.4%	36.4%	0.001
Job Performance	51.1%	21.6%	0.001
Finance	26.1%	23.9%	0.804
Living Situation	18%	22%	0.98
Childcare	6.8%	6.9%	1.000

Results of this study identified how the participants were satisfied with their job. It was found that there was different between phase I and II regarding factors that lead to job satisfaction ($P < 0.01$), except for salary, they were dissatisfy in both phases. The higher level of satisfaction was from Amount of encouragement and feedback, Mean is 3.9 (77.7%) in Phase I and Mean 4.1 (81.1%) in Phase II, followed by Opportunities for career development, Mean is 3.7 (73.4 %) in Phase I and Mean 4.0 (80.0 %) in Phase II. Table 6 shows the results of Job Satisfaction in the two phases.

Table 6 Job =Satisfaction

Cause	Phase I Mean & %	Phase II Mean & %	P-value
Salary	1.0 (20.0)	1.0 (20.0)	-
Vacation	1.9 (38.0)	1.8 (35.0)	0.002
Benefits package	2.7 (55.2)	1.7 (34.1)	0.001
Hours that you work	1.7 (33.9)	2.3 (45.9)	0.001
Weekends off per month	2.3 (46.8)	1.7 (34.5)	0.001
Your amount of responsibility	2.0 (40.0)	2.8 (56.1)	0.001
Opportunities for career development	3.7 (73.4)	4.0 (80.0)	0.001
Amount of encouragement and feedback	3.9 (77.7)	4.1 (81.1)	0.008
Opportunity for choosing shifts worked	2.2 (43.4)	2.9 (58.9)	0.001

Mean scale (% of agreement)

Table 7 shows the results of differences in difficulties and aspects of work environment between Phase I and II responses. The items of difficulties were significantly lower in Phase II ($P < 0.01$). The aspects of work environment and difficulties in role transition were assessed in four subscales. First, what difficulties faced with role transition, where the highest percentage is fears (patient safety) and role expectations (autonomy, more responsibility) 76.1% and 72.7% in Phase I and Zero and 21.6% in Phase II, respectively. Second, help feel more supported or integrated into the unit where the highest item was increased support was 100% in both phases Third, is more satisfied aspects in work environment, where the highest percentage is making difference with patients and families 100% in both phases. Fourth, the least satisfying aspects of work environment are least satisfying, where the highest percentage was nursing work environment (unrealistic ratios, tough schedule, futility of care) 55.7% in Phase I and 69.3% in Phase II.

5. Discussions:

After graduation from nursing college and completion of the licensure examination, many new graduate nurses still feel uncomfortable, not confident, and they lack some of the competencies needed for safe practice [14, 21]. The results of this study explored the new graduate nurses' experience during the internship year and how they become independent practitioners at the end of the year. The demographic characteristics indicated that the new graduates started at general unit with one preceptor. This may help them to establish good relationships with their preceptors. According to Kim & Choi [26] preceptors play a crucial role in creating positive organizational socialization, fostering resilience, and aiding in overcoming the challenges associated with the transition period.

Table (7): Difficulties and aspects of work environment:

Variable	Phase I	Phase II	P-value
Difficulties with role transition			
Role expectations	64 (72.7)	19 (21.6)	0.001
Lack of confidence	52 (59.1)	16 (18.2)	0.001
Workload	54 (61.4)	17 (19.3)	0.001

Fears	67 (76.1)	0 (0)	-
Orientation issues	37 (42.0)	0 (0)	-
Help feel more supported			
Improved orientation	37 (42.0)	0 (0)	-
Increased support	88 (100)	88 (100)	-
Unit socialization	61 (69.3)	35 (39.8)	0.001
Improve work environment	69 (78.4)	45 (51.1)	0.001
More satisfied aspects work environment			
Peer support	61 (69.3)	88 (100)	-
Patients and families	88 (100)	88 (100)	-
Ongoing learning	62 (70.5)	88 (100)	-
Professional nursing work	37 (42.0)	70 (79.5)	0.001
Positive work environment	40 (45.5)	25 (28.4)	0.001
Least satisfied aspects work environment			
Nursing work environment	49 (55.7)	61 (69.3)	0.008
System	23 (26.1)	0 (100)	-
Interpersonal relationships	0 (100)	0 (100)	-
Orientation	19 (21.6)	10 (11.4)	0.004

Results of this study revealed that new graduate nurses were uncomfortable performing some complex silks such as ventilator care and management, central lines care, and end of life care. Willman et al. [27], found that newly graduated nurses rated their level of competence in areas of direct clinical practice and professional development lower than team collaboration and ethics. A study in the Norway by Taylor et al. [28, also found that graduates indicated their further need for training in some skills including medication effects and interactions, and the use of electronic devices. The policymakers in nursing and healthcare organizations must create strategies to enhance the knowledge, skills, and confidence of newly graduated registered nurses to achieve the responsibilities and practical aspects of nursing practice, ultimately leading to improved retention rates [2] (Kreedi, et al. 2022).

The five subscales of confidence and comfort were arranged from higher to lower mean. Support was the highest mean followed by Professional satisfaction. This result was similar to Najafi & Nasiri [29], who noted that a intimate and friendly work environment and educational support contribute to creating a supportive workplace for novice nurses and enhance their performance. Joseph et al. [14], also found the new nursing graduates need support because they were uncomfortable performing numerous procedures independently. It is important for healthcare organizations to provide the appropriate support and resources to help ensure that new nurses have the knowledge, skills, and confidence they need to provide high-quality patient care and succeed in their new professional role [30].

The result of the current study indicated significant difference between phase I and II regarding comfort confidence scale. The structured internship for the participants in this study made them more comfortable and have greater confidence by the end of the 12 months. Miller et al. [31] found nurse residents exhibited an enhancement of 8.6 points from the initial assessment to the 12-month mark, in contrast to a 3.6-point improvement observed in the control group. Nurse residents also achieved higher scores on the learning techniques subscale.

Newly graduate nurses experienced stress due to both the individual and organizational factors. Primarily source of stress is the demanding workloads and a perceived lack of efficiency in professional nursing [32]. The results of this study found several sources of stress during both phases of the internship year, with transportation and family issues to be the highest followed by job performance, finance, then living situation. Driving for female in Saudi Arabia was recently permitted, so still some females are not yet driving by themselves and relay on male family members and private drivers. Baker & Alghamdi [33] had similar results to the current study, they discovered that 33.8% of new graduate nurses experienced stress, with major stressors including student loans, personal relationships, living conditions, and financial issues. Other studies identified death and dying, workload, and insufficient preparation as the primary sources of stress for graduate nurses. [34]. Wu et al. [35], findings of their research suggest that recent Graduate Registered Nurses are prone to experiencing stress and among the various stressors identified, equipment-related problems were the major factor that demonstrated a

statistically significant correlation with the participants' expressed intention to resign. The first theme for Han et al. [36], was multi-dimensional stressors, where new graduate nurses feel they had insufficient proficiency for the role and were unprepared for the associated responsibilities.

Results of this study identified how the participants were satisfied with their job. It was found that there was a difference between phase I and II regarding factors that lead to job satisfaction, except for salary where at both phases the satisfaction level is the same. Satisfaction was higher in phase II. The least satisfactory items were Salary, hours they work, Vacation, and Your amount of responsibility. The results of the aspects of the job satisfaction are nearly similar to the systematic reviews conducted by Missen et al. [37]. Joseph et al. [14], found that among the less satisfying aspects of the work environment, was the system aspects as outdated facilities and equipment, limited workspace, charting, and paperwork. Additionally, nursing work environment challenges as unrealistic ratios, demanding schedules, perceived futility of care. Then issues in interpersonal relationships as gossip, lack of recognition, teamwork challenges, and politics. A smaller expressed dissatisfaction with orientation aspects as inconsistent preceptors and a lack of feedback. Similar results were presented by Miller et al. [31] and Mackey [38].

Difficulties and aspects of work environment identified in this study were confirming the results of the previous results regarding results of Comfort and Confidence scale, source of stress, and factors of job satisfaction. Results revealed that the highest difficulty with the transition is fear of patients' safety and role expectations. Baker [33], also found that difficulties faced in the transition of student to the RN role were work amount, expectations, fears, and confidence. A qualitative study conducted by Wong et al. [19] on challenges of fresh nursing graduates during their transition period came up with themes including Workload, lack of knowledge, communication, expectation, change of role.

Participants of this study stated that support is the major factor in their transition is the support provided to them through training and orientation programs proved to be exceptionally effective and beneficial in facilitating their adaptation to the workplace and smooth transition into their roles [19]. Participants also stated that making a difference with patients and families was an important satisfying aspect in work environment. New graduates who experienced a noteworthy enhancement in their preparedness for practice have great satisfaction level, have an increased likelihood of them staying with the organization [39, 40, 41].

6. Conclusions

This study highlights the need for healthcare and educational organizations to provide necessary support and resources to new graduate nurses as they transition to practice. Results of the current study will assist nursing leaders in pinpointing factors contributing to the job satisfaction of new nurses, enabling them to revamp educational strategies that facilitate the transition of new graduate nurses into their roles. By addressing areas where new graduate nurses feel less confident and providing opportunities for ongoing learning and feedback, organizations can help new nurses build the knowledge, skills, and confidence they need to provide safe, high quality, and effective patient care.

Acknowledging the challenges linked to the shift from being a nursing student to becoming a new graduate nurse, The Institute of Medicine's report titled "The Future of Nursing: Focus on Education" (IOM, 2010) suggested the establishment of nurse residency programs. This recommendation was made in collaboration with state boards of nursing, accrediting bodies, the federal government, and healthcare organizations, aiming to mitigate high turnover rates and enhance the quality of care.

Recommendations

- Nursing educational institutions and healthcare organizations could collaborate in creating a joint transition program tailored for new graduate nurses. This collaborative initiative aims to streamline the transition process, fostering job satisfaction among new nurses and, in turn, improving the quality of patient care.
- It is essential to implement strategies to improve nurse capacity, addressing their requirements, boosting self-efficacy, and establishing organizational support, as this can enhance the standard of clinical nursing, sustaining the enthusiasm, and ensuring the stability of the nursing team.
- Further research to be done around residency program for new graduate and its impact on the manpower.

LIMITATION:

There are several limitations to the applicability of this study. The first limitations were the limited sample size which may affect the generalization of the result. The second limitation is there were no randomizations for the sample and no control group for comparison. Third, the nature of self-report measures which may have influenced the findings. Finally, limited available database on nurse residency or internship programs' effects beyond the first year as a professional nurse.

Conflict Of Interest

None

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Self

Reference

- [1] WHO. Global Strategy on Human Resources for Health Workforce 2030. 2016. Available online: <https://apps.who.int/iris/bitstream/handle/10665/250368/9789241511131-eng.pdf>.
- [2] F. Kreed, M. Brown, and L. Marsh, "The experience of the transition from a student nurse to a registered nurse of kuwaiti newly graduated registered nurses: A qualitative study," *Healthcare*, vol. 10 no. 10, p. 1856, 2022, <https://doi.org/10.3390/healthcare10101856>
- [3] J. Buchan, D. Twigg, G. Dussault, C. Duffield, and P.W. Stone, "Policies to sustain the nursing workforce: an international perspective," *Int. Nurs. Rev.*, vol. 62, no. 2, pp. 162-170, 2015, <https://doi.org/10.1111/inr.12169>.
- [4] G. R. Kinghorn, and E.J. Halcomb, "Transitioning into new clinical areas of practice: An integrative review of the literature," *J. Clin. Nurs.*, vol. 26, no. 23-24, pp. 4223-4233, 2017, <http://doi.org/10.1111/jocn.14008>.
- [5] K. Casey, K.J. Oja, and M.B.F. Makic, "The lived experiences of graduate nurses transitioning to professional practice during a pandemic," *Nurs. Outlook*, vol. 69, no. 6, pp. 1072–1080, 2021. <https://doi.org/10.1016/j.outlook.2021.06.006>.
- [6] R. Fiedler, E.S.Read, K.A. Lane, F.D. Hicks, and B.J. Jegier, "Long-term outcomes of a postbaccalaureate nurse residency program: a pilot study," *J. Nurs. Administr.*, vol.44, no.7/8, pp. 417-422, 2014, <https://doi.org/10.1097/nna.000000000000092>.
- [7] C. J. Goode, , M.R. Lynn, D. McElroy, Bednash, G.D. and B. Murray, "Lessons learned from 10 years of research on a post-baccalaureate nurse residency program," *J. Nurs. Administr.*, vol.. 43, no. 2, pp. 73-79, 2013, <https://doi.org/10.1097/NNA.0b013e31827f205c>.
- [8] C.J. Goode, R.P. Ponte, and S.D. Havens, Residency for transition into practice: an essential requirement for new graduates from basic RN programs. *J. Nurs. Administr.*, vol. 46, no. 2, pp. 82-86, 2016, <https://doi.org/10.1097/nna.0000000000000300>.
- [9] C. Haggerty, K. Holloway, and D. Wilson, How to grow our own: an evaluation of preceptorship in New Zealand graduate nurse programmes. *Contemp. Nurse*, vol. 43, no. 2, pp. 162-171,2013, <https://doi.org/10.5172/conu.2013.43.2.162>.
- [10] Institute of Medicine Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, a. t. I. o. M. (2011) *The Future of Nursing: Leading Change, Advancing Health*. Washington (DC): National Academies Press (US). Copyright 2011 by the National Academy of Sciences.
- [11] B. Whitehead, P.Owen, L. Henshaw, E. Beddingham, and M. Simmons, Supporting newly qualified nurse transition: A case study in a UK hospital. *Nurse Edu. Today*, vol. 36, pp. 58-63, 2016, <https://doi.org/10.1016/j.nedt.2015.07.008>.
- [12] D. Cline, K. La Frenz, B. Fellman, B. "Summers, and K. Brassil, Longitudinal outcomes of an institutionally developed nurse residency program. *J. Nurs. Administr.*, vol. 47, no.7-8, pp. 384-390, 2017, <https://doi.org/10.1097/nna.0000000000000500>.
- [13] H. Alnuqaidan, A. Alhajraf, P. Mathew, and M. Ahmad, "Transitional shock of multi-nationality newly graduate nurses in Kuwait. *SAGE open Nurs.*, vol. 7, ID. 2377960821998530, 2021, <https://doi.org/10.1177/2377960821998530>
- [14] H. B. Joseph, A. Issac, A.G. George, G. Gautam, M. Jiji, and S. Mondal, Transitional challenges and role of preceptor among new nursing graduates. *J. Caring Sci.*, vol. 11, no.2, 56–63,2022, <https://doi.org/10.34172/jcs.2022.16>
- [15] A. Hallaran, D. Edge, J. Almost, D. Tregunno, new nurses' perceptions on transition to practice: A thematic analysis. *Can. J. Nurs. Res.*, vol. 55, no.1, pp. 126-136, 2023, <https://doi.org/10.1177/08445621221074872>.
- [16] R.F. AbuAlRub, and M.G. Abu Alhaija'a, Perceived benefits and barriers of implementing nursing residency programs in Jordan. *Int. Nurs. Revi.*, vol. 66, no. 1, pp. 43-51, 2019, <https://doi.org/10.1111/inr.12452>.
- [17] H. Al Awaisi, H. Cooke, and S. Prymachuk, The experiences of newly graduated nurses during their first year of practice in the Sultanate of Oman - A case study. *Int. Nurs. Stud.*, vol. 52, no.11, pp. 1723-1734, 2015, <https://doi.org/10.1016/j.ijnurstu.2015.06.009>.

- [18] E.N. Opoku, L.A. Khuabi, and L. Van Niekerk, Exploring the factors that affect the transition from student to health professional: an Integrative review. *BMC Med. Edu.*, vol. 21, p. 558, 2021, <https://doi.org/10.1186/s12909-021-02978-0>
- [19] S. Wong, C. Wing, C. Man, C. Tzs, L. Ka, and Y. Sin, Challenges of fresh nursing graduates during their transition period. *J. Nurs. Edu. Practice*, vol. 8, no.6, 30-37, 2018.
- [20] S. Kumaran, and M. Carney, Role transition from student nurse to staff nurse: facilitating the transition period. *Nurse Edu. Practice*, vol. 14, no.6, pp. 605-611, 2014. <https://doi.org/10.1016/j.nepr.2014.06.002>.
- [21] H. Ebrahimi, H. Hassankhani, R. Negarandeh, M. Gillespie, and A. Azizi, Emotional support for new graduated nurses in clinical setting: A qualitative study. *J. Caring Sci.*, vol. 5, no. 1, pp. 11-21, 2016, <https://doi.org/10.15171/jcs.2016.002>.
- [22] S. Bakon, J. Craft, L. Wirihanan, N. Christensen, J. Barr, and L. Tsai, "An integrative review of graduate transition programmes: developmental considerations for nursing management." *Nurse Edu. Practice*, vol. 28, pp. 80-85, 2018, <https://doi.org/10.1016/j.nepr.2017.10.009>
- [23] R. AL-Dossary, P. Kitsantas, and P. J. Maddox, "The impact of residency programs on new nurse graduates' clinical decision-making and leadership skills: A systematic review," *Nurse Edu. Today*, vol. 34, no.6, pp. 1024-1028, 2014.
- [24] P. Rosenfeld, K. Glassman, and E. Capobianco, "Evaluating the short- and long-term outcomes of a post-bsn residency program: Findings of a retrospective study of nurse residents, 2005-2012," *J. Nurs. Administ.*, vol. 45, no. 6, pp. 331-338, 2015. <https://doi.org/10.1097/nna.0000000000000211>.
- [25] K. Alshawush, N. Hallett, and C. Bradbury-Jones, "The impact of transition programmes on workplace bullying, violence, stress and resilience for students and new graduate nurses: A scoping review," *J. Clin. Nurs.*, vol. 31, pp. 17-18, 2398-2417, 2022.
- [26] E. Kim, and E. Choi, "Effect of preceptors' teaching behavior on new graduate nurses' intention to stay: The mediating effect of resilience and organizational socialization," *J. Korean Acad. Nurs. Administ.*, vol. 28, no. 1, pp. 57-66, 2022, <http://doi.org/10.1111/jkana.2022.28.1.57>.
- [27] A. Willman, K. Bjuresäter, and J. Nilsson, "Newly graduated nurses' clinical competencies and need for further training in acute care hospitals," *J. Clin. Nurs.*, vol. 29, no. 13-14, pp. 2209-2220, (2020). <https://doi.org/10.1111/jocn.15207>
- [28] I. Taylor, P. Bing-Jonsson, S. Wangensteen, E. Finnbakk, L. Sandvik, B. McCormack, and L. "Fagerström, The self-assessment of clinical competence and the need for further training: A cross-sectional survey of advanced practice nursing students," *J. Clin. Nurs.*, vol. 29, no. 3-4, pp. 545-555, 2020,. <https://doi.org/10.1111/jocn.15095>
- [29] B. Najafi, and A. Nasiri, "Support experiences for novice nurses in the workplace: a qualitative analysis," *SAGE Open Nurs.*, vol. 9, p. 23779608231169212, 2023, <https://doi.org/10.1177/23779608231169212>.
- [30] J.A. Scosio, "Growing into the Nursing Role: Exploring the Challenges New Nurses Face and How Residency Programs Address these Problems," *Nursing Senior Theses*, 2023, <https://doi.org/10.33015/dominican.edu/2023.NURS.ST.10>
- [31] C.M. Miller, K. Meyer, L.A. Riemann, B.T. Carter, and J. M. Brant, "Transition into practice: Outcomes of a nurse residency program." *J. Contin. Edu. Nurs.*, vol. 54, no.1, pp. 32-39, 2023, <https://doi.org/10.3928/00220124-20221207-08>
- [32] L.J. Labrague, and D.M. McEnroe-Petitte, "Job stress in new nurses during the transition period: an integrative review," *Int. Nurs. Rev.*, vol. 65, no. 4, pp. 491-504, 2018). <https://doi.org/10.1111/inr.12425>
- [33] O.G. Baker, "New graduate nurses' transition: Role of lack of experience and knowledge as challenging factors." *Saudi J. Health Sci.*, vol. 9, no. 3, pp. 214-220, 2020.
- [34] G. Qiao, S. Li, and J. Hu, "Stress, coping and psychological well-being among new graduate nurses in China." *Home Health Care Manag. Pract.*, vol. 23 no. 6, pp. 398-403, 2011, <http://hhc.sagepub.com/content/23/6/398.full.pdf+html>
- [35] T.Y. Wu, D.P. Fox, C. Stokes, and C. Adam, "Work-related stress and intention to quit in newly graduated nurses," *Nurse Edu. Today*, vol. 32, pp.669-74, 2011, <https://doi.org/10.1016/j.nedt.2011.09.002>.
- [36] P. Han, X. Duan, L. Wang, X. Zhu, and J. Jiang, "Stress and coping experience in Nurse Residency Programs for new graduate nurses: A qualitative meta-synthesis." *Front. in Public Health*, vol. 10, pp. 979626, 2022, <https://doi.org/10.3389/fpubh.2022.979626>.
- [37] K. Missen, L. McKenna, and A. "Beauchamp, Satisfaction of newly graduated nurses enrolled in transition-to-practice programmes in their first year of employment: A systematic review," *J. adva. Nurs.*, vol. 70, no.11, pp. 2419-2433,2014, <https://doi.org/10.1111/jan.12464>
- [38] H. T. Mackey, "Evaluation of retention and satisfaction among new graduate nurses participating in a nurse residency program," *Doctoral dissertation*, University of North Carolina, 2022.
- [39] J. E. K. Barlett, , W.J. Kotrlik, and C.C. Higgins, "Organizational research: Determining appropriate sample size in survey research," *Inf. Technol., Learn., and Performance J.*, 19, 43-50, 2001.
- [40] S. Koskinen, A. Brugnolli, Fuster- P. Linares, et al. "A successful nursing education promotes newly graduated nurses' job satisfaction one year after graduation: a cross-sectional multi-country study. *BMC Nurs.*, vol. 22, p. 269, 2023, <https://doi.org/10.1186/s12912-023-01438-y>.
- [41] P. Calleja, B. Adonteng-Kissi, and B. Romero, "Transition support for new graduate nurses to rural and remote practice:



A scoping review. *Nurse Edu. Today*, vol. 76, pp.8-20, 2019, <https://doi.org/10.1016/j.nedt.2019.01.022>.

[42] J.A.M. Vidal, and R. Olley, "Systematic literature review of the effects of clinical mentoring on new graduate registered nurses' clinical performance, job satisfaction and job retention." *Asia Pacific J. Health Manag.*, vol. 16, no. 4, pp. 70-82, 2021, <https://doi.org/10.24083/apjhm.v16i4.739>.

[41] E. Read, and K.S. Laschinger, "Transition experiences, intrapersonal resources, and job retention of new graduate nurses from accelerated and traditional nursing programs: A cross-sectional comparative study," *Nurse Edu. Today*, vol. 59, pp. 53-58, 2017, <https://doi.org/10.1016/j.nedt.2017.08.014>