This is the peer reviewed version of the following article:

Read, E. A., & Laschinger, H. K. S. (2017). Transition experiences of new graduate nurses from accelerated and traditional nursing programs: A cross-sectional comparative study. ***Nurse Education Today, 59,*** **53–58.**

which has been published in final form at

https://doi-org.proxy.hil.unb.ca/10.1016/j.nedt.2017.08.014

© 2017. This manuscript version is made available under the CC-BY-NC-ND 4.0

license https://creativecommons.org/licenses/by-nc-nd/4.0/(opens in new tab/window)

Transition experiences of new graduate nurses from accelerated and traditional nursing programs: A cross-sectional comparative study

ABSTRACT

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

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

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

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

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

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

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

INTRODUCTION

It is currently unknown whether new graduate nurses' from accelerated and traditional four-year nursing degree programs have similar transition to practice experiences. With increasing numbers of accelerated nursing program graduates entering the workforce, it is important to understand their transition experiences, as they may differ from those of traditional graduates. The aim of this study was to describe and compare the intrapersonal resources, transition experiences, and retention outcomes of these two groups. Findings may help nurse educators better understand and meet the needs of nursing students from accelerated nursing programs.

BACKGROUND

Worldwide, countries are facing a nursing shortage. It is estimated that the US will be short 918, 232 nurses by 2030 (Juraschek *et al.* 2012) and Canada will be short 60,000 nurses by 2020 (Tomblin-Murphy *et al.* 2012). Meanwhile, shortfalls of 90,000 to 109,500 nurses by 2025 in Australia (Health Workforce Australia 2012) and 309,297 nurses across the UK by 2022 (Bucan and Seccombe 2011) have been forecasted. In response, nursing schools are increasing enrollment (AACN 2015, CNA 2013) and accelerated nursing programs have proliferated. In Canada the number of accelerated programs increased from 39 in 2007 to 93 in 2012 (CNA 2013) and in the US there are currently 230 (AACN 2013). These programs are in high demand, with many university graduates seeking careers in nursing after obtaining a degree in another field (AACN 2013, Seldomridge and DiBartolo 2007). They are also beneficial for the healthcare system by rapidly increasing the supply of new nurses.

With more nurses entering the workforce from accelerated programs, it is important for educators to understand their transition experiences so that they can best support them during

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

Intrapersonal resources

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

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

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

METHODS

Study Design

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

Participants

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

Insert Table 1 about Here

Instruments

Participants completed a self-report questionnaire containing demographic questions, validated instruments, and questions about their transition experiences. PsyCap was measured using Luthans et al.'s (2007) instrument containing 12 items on a 6-point Likert scale (1 = strongly disagree to 6 = strongly agree) to assess participants' efficacy, hope, optimism, and resilience. Acceptable reliabilities of .88 to .89 have been reported (Luthans *et al.* 2007). OCSE was measured using the nine-item scale (Pisanti *et al.* 2008). Respondents rated their ability to cope with stressful occupational situations on a 5-point Likert scale from 1 = strongly disagree to 5 = strongly agree. Cronbach's α of .77-.79 was reported.

Participants were asked questions about their transition experience ranging from how well they felt their education prepared them for practice to their satisfaction with their workplace orientation. They were also asked to rate the extent to which their orientation included elements

such as discussion of expectations and opportunities to practice and gain feedback on new technical skills (five questions rated on a 3-point scale from 1 = none to 3 = a lot). The support structures subscale of the Casey-Fink Support Scale (Casey *et al.* 2004), consisting of nine items on a 4-point Likert scale from 1 = strongly disagree to 4 = strongly agree, was used to assess new graduates' perceptions of support on their unit. Cronbach's α of .90 has been reported for this scale (Casey *et al.* 2004).

Job and career satisfaction and turnover intentions were measured using validated items on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). Job satisfaction was measured using three items (Cammann *et al.* 1983). Career satisfaction was assessed using two items (Scott *et al.* 2008). Job and career turnover intentions were measured with three and four items, respectively (Kelloway *et al.* 1999). Participants were also asked if they were still working on their first unit of hire (yes/no), how satisfied they were with their current specialty (yes/no), and whether they would leave their current job for another specialty (yes/no). These single item questions were developed for this study.

Statistical analysis

Descriptive statistics were conducted using SPSS software, Version 22.0 (IBM Corp., 2014). Differences between the two groups were assessed using independent t-tests (continuous variables) and χ^2 tests (categorical variables). Significance was set at $p < .05$.

RESULTS

Overall, there were few significant differences between the two groups (Table 2). The results presented below are reported in the following order: nurses from accelerated programs first, followed by those from four-year programs.

Intrapersonal resources

Both groups had high levels of PsyCap (4.57 and 4.56 out of 6) and OCSE (3.60 and 3.61 out of 5), with no significant differences between the two groups.

Transition experiences

In both groups the majority "agreed" or "strongly agreed" that their nursing education prepared them for practice (67.8% and 69.8%). There were no differences in length of workplace orientation (5.33 and 5.13 weeks) or number of preceptors during orientation (2.74 and 2.57). In both groups most felt that their preceptorship "definitely" helped their transition (50.9% and 52.7%), while about 37% felt it "somewhat helped" and few (4.8% and 5.6%) felt that it "did not help at all". Ratings of new graduate nurse support on their units were moderately high for both groups (3.21 and 3.24 on a 4-point scale).

There were significant differences regarding how well they felt their workplace orientation met their needs. Just over 33% percent of new graduate nurses from accelerated programs reported that their orientation "completely" met their needs compared to 41.4% of those from traditional programs ($p < .05$). Accelerated graduates were significantly more likely to report that their orientation "somewhat" met their needs (61.8%) than those from traditional programs (51.5%). In both groups a small percentage reported that their orientation did "not at all" meet their needs (4.8% and 7.1%).

There were few differences in the extent to which their orientation program included specific training or information (Table 2). Accelerated graduates were more likely to report "a lot" of discussion (32.5% versus 24.4%) while those from traditional programs were more likely to report "some" discussion (44.7% versus 37.3%) about new graduate support resources.

Accelerated graduates were significantly more likely to participate in formalized post-orientation programs over and above the standard workplace orientation (25.6% versus 17.5%). Those who participated in these programs reported that they were somewhat helpful (average scores of 2.90 and 2.65 out of 6). Both groups had similar knowledge about new graduate nursing initiatives in their province, with 60-65% reporting that they knew about the availability of such programs. Participation rates in these provincial initiatives and ratings of how well these programs helped their transition were similar for both groups (2.63 and 2.52 on a 5-point scale).

Satisfaction and turnover

Job and career satisfaction and turnover intentions were not different between groups. Job satisfaction (4.03 and 4.00) and career satisfaction (4.00 and 3.98) were high and most nurses were satisfied with their current nursing specialty area (82.4% and 80.6%). Almost half (44.6% and 45.8%) stated that they would leave their current job for a different specialty. Job turnover intentions were moderate (2.31 and 2.42) and career turnover intentions were low (1.75 and 1.77). Just over 30% of participants in both groups had already left their first nursing position. Reasons for leaving were similar in both groups and included wanting experience in another specialty (18.4% and 18.3%), seeking a different employment status (14.8% and 14.9%), poor staffing levels (9.4% and 8.1%), lack of professional development opportunities (9.0% and 7.7%), dissatisfaction with immediate supervisor (7.6% and 5.3%), and going back to school (3.6% and 1.6%).

Insert Table 2 about Here

DISCUSSION

Results showed few differences between new graduate nurses from accelerated and traditional programs. Graduates from both types of nursing programs had similar levels of intrapersonal resources and perceived their transition experiences in similar ways, with few exceptions. Job and career satisfaction and turnover intentions were consistent between the two groups. Overall, these findings support previous studies showing similarities between new graduate nurses from accelerated and traditional programs (Atkan *et al.* 2009, Brewer *et al.* 2009, Rafferty and Lindell 2011) and suggest that despite their past experiences, maturity, and critical thinking skills (Cangelosi 2007, Suliman 2006), new nurses from accelerated programs need just as much transition support as those from traditional programs.

Unexpectedly, nurses in both groups had similarly high levels of intrapersonal resources. These results are counterintuitive because we know that nursing students in accelerated programs are older, with more life and work experiences and education, and nursing faculty and managers often view them as being better critical thinkers, more inquisitive, and more confident (Cangelosi 2007, Cangelosi and Whitt 2005, Suliman 2006).

One possible explanation for this finding could be differences in self-rating accuracy between the two groups. According to Yammarino and Atwater (1993) employees vary in their awareness of self and ability to accurately perceive their strengths and weaknesses. Employees can be categorized as deflators (tend to rate their abilities lower than they are), accurate raters (have a realistic understanding of their abilities), or inflators (tend to rate their abilities as higher than they are). Evidence has shown that self-awareness and self-esteem, as well as social desirability and social comparisons are important determinants of self-perception accuracy (Yammarino and Atwater 1993). Kruger and Dunning (1999) also assert that inexperienced

individuals tend to overestimate their abilities because their inexperience contributes to their inability to accurately assess their performance. In nursing, Lofmark et al. (2006) showed that general nursing students in Sweden tended to rate themselves as more competent than their experienced peers rated them to be in their final year of school. Thus, new graduate nurses from four-year programs who tend to be younger with less life experience may perceive their intrapersonal resources to be greater than they truly are. At the same time, evidence also shows that accelerated graduates may have both higher standards and greater levels of self-criticism (Stoeber *et al.* 2008), which may result in deflated self-ratings of intrapersonal resources. However, they may also be more accurate in their self-perceptions than their younger, less experienced counterparts because they have higher levels of self-awareness and self-confidence due to their maturity and past experiences. Though speculative, the net result of these inaccuracies may be similar scores for the two groups. Future studies should examine whether there are in fact differences in self-perception accuracy between new graduate nurses from accelerated and traditional programs.

We expected that new graduates from accelerated programs would have more positive perceptions of their transition experiences, possibly due to higher levels of intrapersonal resources that allow them to handle their transition better, however, this was not supported by our results. Although there were few differences between the two groups it was encouraging that in both groups the majority felt their nursing education had prepared them for practice and that their orientation included discussions about expectations and resources, and opportunities to practice technical and problem-solving skills.

Our results also identified areas for improving new graduate transition experiences in general. Over 40% reported that they received no training about developing conflict management

skills and over 30% reported no discussion of new graduate support resources. Only one third of the new graduate nurses felt that their workplace orientation had completely met their needs which suggests that healthcare organizations' standard orientation programs are not adequately meeting the needs of new nurses. These findings are particularly concerning because orientation has been shown to play a key role in new graduate nurses' job satisfaction and retention outcomes (Scott *et al.* 2008).

Interestingly, graduates from accelerated programs were more likely to report that their workplace orientation was inadequate and were also more likely to seek out additional training in the form of post-orientation support programs. It is possible that new graduate nurses from accelerated programs may be more critical of their organizations, have higher expectations of their workplace, or have an increased awareness of their training needs which may explain why more accelerated graduates sought out additional training. This fits with Brewer et al.'s (2009) proposition that accelerated program nurses with past work experience might have a greater appreciation for the value of mentorship, although in their study they did not find significant differences between accelerated and tradition graduates in terms of mentorship support.

Overall, new graduate nurses in our study were satisfied with their jobs and their choice of nursing as a career and their intentions to leave were low, but that did not necessarily mean that they would not leave if something better came along. Almost half of the nurses in both groups reported that they would leave their current job to gain experience in another specialty area and a third had already left their first job to gain experience in another specialty area, change employment status, or pursue better working conditions.

These findings provide valuable insights into new graduate nurses' values and career mobility. Consistent with Mitchell et al.'s (2001) job turnover theory, our results suggest that

there are multiple paths to job turnover for new graduate nurses: job satisfaction and job alternatives. In other words, job satisfaction will keep some new graduate nurses from leaving while others will leave, not because they are dissatisfied with their current job, but because they want to pursue something better or different. This is an important finding because it suggests that healthcare organizations should expect a certain level of turnover among new graduate nurses and take advantage of their desire to take on new challenges and opportunities through career and succession planning and internal job opportunities.

Limitations

The primary limitations of this study are that it is cross-sectional and descriptive in nature. However, given that there are few studies comparing the transition experiences of new graduate nurses from traditional and accelerated programs, this study fills an important gap in the literature.

CONCLUSIONS

Our findings suggest that there are few differences between new graduate nurses from accelerated and four-year nursing programs in terms of intrapersonal resources, transition experiences, and job and career satisfaction and turnover intentions. All new graduate nurses need to have a strong educational preparation, regardless of their age and previous work and career experiences. Therefore, nurse educators should be cautious of positive bias and assumptions that might occur when teaching nursing students in accelerated programs. In addition, our results suggest that all new graduate nurses would benefit from conflict management training during their baccalaureate education to better prepare them for practice.

In our study a third of new graduate nurses reported leaving their first job within the first three years of practice in order to pursue different career opportunities that better meet their

needs. Considering the high job turnover rates of new nurses, healthcare organizations may want to consider thinking about new graduate nurse retention at the organizational level rather than at the unit level. Providing new graduate nurses' with internal career opportunities and assisting with career planning may help organizations retain new graduate nurses and enhance job satisfaction. Nurse educators also play a key role in early career planning, therefore healthcare organizations and new graduate nurses would benefit from greater collaboration between nursing schools and healthcare organizations.

References

American Association of Colleges of Nursing (AACN), 2015. New AACN data confirm enrollment surge in schools of nursing. Retrieved from http://www.aacn.nche.edu/news/articles/2015/enrollment

AACN (2013) Accelerated programs: The fast track to nursing. Retrieved from: http://www.aacn.nche.edu/publications/issue-bulletin-accelerated-programs

Atkan N.M., Bareford C.G., Bliss, J.B., et al., 2009. Comparison of outcomes in a tailored versus accelerated nursing curriculum International Journal of Nursing Education Scholarship 6 (1), 1–11.

Brewer, C.S., Kovner, C.T., Poornima, S., Fairchild, S., Kim, H. Djukic, M., 2009. A comparison of second-degree baccalaureate and traditional-baccalaureate new graduate RNs: Implications for the workforce. Journal of Professional Nursing 25 (1), 5-14.

Bucan J, Seccombe I., 2012. RCN Labour market review: Overstretched. Under-resourced. The UK nursing labour market review 2012. London, UK: Royal College of Nursing.

Cammann, C., Fichman, M., Jenkins, G.D. Klesh, J.R., 1983. Assessing the attitudes and perceptions of organizational members. In S. E. Seashore, E. E. Lawler, P. H. Mirvis & C. Cammann (Eds.), Assessing organizational change. A guide to methods, measures, and practices, (pp.71-138). New York: John Wiley & Sons.

Canadian Nurses Association (CNA), 2013. Registered nurses education in Canada statistics 2011-2012: Registered nurses workforce, Canadian production: Potential new supply. Ottawa, ON: Canadian Nurses Association and Canadian Association of Schools of Nursing.

Cangelosi, P.R., 2007. Voices of graduates from second-degree baccalaureate nursing programs. Journal of Professional Nursing 23 (2), 91-97.

Cangelosi, P.R., Whitt, K.J., 2005. Accelerated nursing programs what do we know? Nursing Education Perspectives 26 (2), 113-116.

Casey, K., Fink, R.R., Krugman, A.M., Propst, F.J., 2004. The graduate nurse experience. Journal of Nursing Administration 34 (6), 303-311.

D'Antonio, P., Beal, M.W., Underwood, P.W., et al., 2010. Great expectations: points of congruencies and discrepancies between incoming accelerated second-degree nursing students and faculty. The Journal of Nursing Education 49 (12), 713-717.

Dillman, D.A., Christian, J.D., Smyth, L.M., 2011. Internet, phone, mail, and mixed-mode surveys: The tailored design method (4th ed.). New York: Wiley.

Health Workforce Australia, 2012. Health Workforce 2025. HWA: Adelaide

Juraschek, S.P., Zhang, X., Ranganathan, V., Lin, V.W., 2012. United States registered nurse workforce report card and shortage forecast. American Journal of Medical Quality 27 (3), 241-249.

Kelloway E.K., Gottlieb B.H., Barham L., 1999. The source, nature, and direction of work and family conflict: a longitudinal investigation. Journal of Occupational Health Psychology 4, 337–346.

Kruger, J., Dunning, D., 1999. Unskilled and unaware of it: how difficulties in recognizing one's own incompetence lead to inflated self-assessments. Journal of Personality and Social Psychology 77 (6), 1121.

Laschinger, H.K.S., 2012. Job and career satisfaction and turnover intentions of newly graduated nurses. Journal of Nursing Management 20 (4), 472-484.

Laschinger, H.K.S., Fida, R., 2014. New nurses burnout and workplace wellbeing: The influence of authentic leadership and psychological capital. Burnout Research 1 (1), 19-28.

Laschinger, H.K.S., Grau, A.L., 2012. The influence of personal dispositional factors and organizational resources on workplace violence, burnout, and health outcomes in new graduate nurses: A cross-sectional study. International Journal of Nursing Studies 49 (3), 282-291.

Laschinger, H.K.S., Borgogni, L., Consiglio, C., Read, E., 2015. The effects of authentic leadership, six areas of worklife, and occupational coping self-efficacy on new graduate nurses' burnout and mental health: A cross-sectional study. International Journal of Nursing Studies. Advance online publication.

Lofmark, A., Smide, B., Wikblad, K., 2006. Competence of newly-graduated nurses–a comparison of the perceptions of qualified nurses and students. Journal of Advanced Nursing 53 (6), 721-728.

Luthans, F., Avey, J.B., Avolio, B.J., Norman, S M., Combs, G.M., 2006. Psychological capital development: toward a micro-intervention. Journal of Organizational Behavior 27 (3), 387-393.

Luthans, F., Avolio, B.J., Avey, J.B., Norman, S.M., 2007. Positive psychological capital: Measurement and relationship with performance and satisfaction. Personnel Psychology 60 (3), 541-572.

Mitchell, T.R., Holtom, B.C., Lee, T.W., 2001. How to keep your best employees: Developing an effective retention policy. The Academy of Management Executive 15 (4), 96-108.

Payne, L.K., Mullen, P., 2014. Outcome measures for traditional and Accelerated nursing Graduates: An Integrative Literature review. Nursing Education Perspectives 35 (4), 238-243.

Pisanti, R., Lombardo, C., Lucidi, F., Lazzari, D., Bertini, M., 2008. Development and validation of a brief Occupational Coping Self-Efficacy Questionnaire for Nurses. Journal of Advanced Nursing 62 (2), 238-247.

Rush, K.L., Adamack, M., Gordon, J., Lilly, M., Janke, R., 2013. Best practices of formal new graduate nurse transition programs: an integrative review. International Journal of Nursing Studies 50 (3), 345-356.

Scott, E.S., Engelke, M.K., Swanson, M., 2008. New graduate nurse transitioning: necessary or nice? Applied Nursing Research 21 (2), 75-83.

Seldomridge, L.A., DiBartolo, M.C., 2007. The changing face of accelerated second bachelor's degree students. Nurse Educator 32 (6), 240-245.

Stoeber, J., Hutchfield, J. Wood, K.V., 2008. Perfectionism, self-efficacy, and aspiration level: Differential effects of perfectionistic striving and self-criticism after success and failure. Personality and Individual Differences 45 (4), 323-327.

Suliman, W.A., 2006. Critical thinking and learning styles of students in conventional and accelerated programmes. International Nursing Review 53 (1), 73-79.

Tomblin Murphy, G., Birch, S., MacKenzie, A., Alder, R., Lethbridge, L., Little, L., 2012. Eliminating the shortage of registered nurses in Canada: an exercise in applied needs-based planning. Health Policy 105 (2), 192-202.

Weathers, S.M., Raleigh, E.D.H., 2013. 1-Year Retention Rates and Performance Ratings: Comparing Associate Degree, Baccalaureate, and Accelerated Baccalaureate Degree Nurses. Journal of Nursing Administration 43 (9), 468-474.

Yammarino, F.J., Atwater, L.E., 1993. Understanding self-perception accuracy: implications for human resource management. Human Resource Management 32 (2-3), 231-247.

Table 1. Participant characteristics

	CTF BScN		4-Year BScN		
	M	**SD**	**M**	**SD**	**ρ**
Age	29.64	6.86	26.68	5.94	.000
Years of Nursing Experience	1.21	.51	1.21	.58	.996
	N	**%**	**N**	**%**	**ρ**
Gender					.65
Female	211	91.7	705	92.6	
Male	19	8.3	56	7.4	
Specialty Area					
Medical/surgical	117	51.3	379	49.7	.69
Critical Care	49	21.5	131	17.2	.14
Maternal/child	23	10.1	80	10.5	.86
Mental Health	14	6.1	45	5.9	.90
Float pool or NRU	7	3.1	30	3.9	.54
Community Health	9	4.0	50	6.5	.14
Long-term Care	9	3.9	36	4.7	.62
Geriatric/rehab	0	0	12	1.6	.06
Employment Status					
Full-time	142	61.7	468	61.2	.83
Part-time	56	24.3	221	28.9	.19
Casual	32	13.9	76	9.9	.09

Table 2: Comparison of intrapersonal resources, transition experiences, job satisfaction, and turnover intentions of new graduate nurses from accelerated (CTF) and traditional four-year nursing programs

	CTF	4-year	p
Intrapersonal resources			
	Mean (SD)	**Mean (SD)**	
Psychological Capital	4.57 (.64)	4.56 (.67)	.734
Occupational Coping Self-Efficacy	3.60 (.57)	3.61 (.54)	.720
Transition to practice			
	Mean (SD)	**Mean (SD)**	
Length of Orientation (weeks)	5.33 (5.05)	5.13 (5.26)	.624
Number of preceptors during orientation	2.74 (2.29)	2.57 (2.03)	.268
New Graduate Nurse Support (Casey Fink)	3.21 (.48)	3.24 (.48)	.354
	% (n)	**% (n)**	
My nursing education prepared me well to manage my work as a nurse			.433
Strongly Disagree	7.0 (16)	5.2 (40)	
Disagree	25.1 (57)	25.0 (191)	
Agree	48.9 (111)	53.8 (411)	
Strongly Agree	18.9 (43)	16 (122)	
Preceptorship helped with transition			.856
Definitely	117(50.9)	405(52.7)	
Somewhat	87(37.8)	284(37)	
Not at all	11(4.8)	43(5.6)	
Orientation met needs			
Completely	33.3 (76)	41.4(317)	.025*
Somewhat	61.8 (141)	51.5(394)	.008*
Not at all	4.8 (11)	7.1(54)	.225
To what extent did your orientation program include:			
Discussion of expectations			.859
None	22.8 (52)	21.8 (167)	
Some	46.5 (106)	48.6 (372)	
A lot	30.7 (70)	29.6 (227)	
Discussion of new graduate support resources			.038*
None	30.3 (69)	30.8 (236)	
Some	37.3 (85)	44.7 (342)	
A lot	32.5 (74)	24.4 (187)	
Opportunities to practice and gain feedback on new technical skills			.953
None	16.2 (37)	15.9 (122)	
Some	48.7 (111)	47.8 (366)	
A lot	35.1 (80)	36.2 (277)	
Opportunities to practice problem-solving skills using patient case studies			.695
None	35.5 (81)	37.4 (286)	
Some	41.2 (94)	38.1 (291)	
A lot	23.2 (53)	24.5 (187)	

Developing conflict management skills			.869
None	42.1 (96)	41.1 (314)	
Some	43.9 (100)	43.5 (332)	
A lot	14.0 (32)	15.4 (118)	
Did you participate in formal post-orientation program beyond the usual orientation program?			.005*
Yes	25.6 (58)	17.5 (133)	
No	74.4 (169)	82.5 (629)	
	Mean (SD)	**Mean (SD)**	
To what extent did this program help with your transition to the RN role? (scale from 1-5)	2.90 (1.80)	2.65 (1.81)	.207
	% (n)	**% (n)**	
Does your province provide access to a program that assists new graduate nurses to secure employment following graduation?			.107
Yes	33.3 (74)	34.2 (260)	
No	32.4 (72)	25.7 (195)	
Don't know	34.2 (76)	40.1 (305)	
If yes, did you participate?			.532
Yes	63.1 (53)	59.3 (31)	
No	36.9 (166)	40.7 (114)	
	Mean (SD)	**Mean (SD)**	
To what extent did this program help with your transition to the RN role? (scale from 1-5)	2.63 (1.93)	2.52 (1.87)	.844
Job and Career Satisfaction & Turnover			
	Mean (SD)	**Mean (SD)**	
Job satisfaction (scale from 1-5)	4.03 (.86)	4.00 (.96)	.740
Job Turnover (scale from 1-5)	2.31 (1.18)	2.42 (1.21)	.206
Career Satisfaction (scale from 1-5)	4.00 (.96)	3.98 (.94)	.680
Career Turnover (scale from 1-5)	1.75 (.90)	1.77 (.93)	.716
	% (n)	**% (n)**	
Satisfaction with specialty			.533
Yes	82.4 (183)	80.6 (601)	
No	17.6 (39)	19.4 (145)	
Would you leave your current position is an opening came up in a different specialty?			.752
Yes	44.6 (99)	45.8 (338)	
No	55.4 (123)	54.2 (400)	
Still working on the same unit you were hired on as a new nurse?			.559
Yes	66.7 (152)	68.7 (525	
No	33.3 (76)	31.3 (239)	
If no, what were the reasons you left?			
Wanted experience in another area	18.4 (41)	18.3 (135)	.988
Desired different employment status	14.8 (33)	14.9 (109)	.979
Dissatisfaction with immediate supervisor	7.6 (17)	5.3 (39)	.201
Poor staffing levels	9.4 (21)	8.1 (59)	.522
Lack of professional development opportunities	9.0 (20)	7.7 (56)	.524
Return to school/ other education	3.6 (8)	1.6 (12)	.076

https://dspace.org/

Transition experiences of new graduate nurses from accelerated and traditional nursing programs

Read, Emily; Laschinger, Heather K.S.

2017
Elsevier
https://unbscholar.lib.unb.ca/handle/1882/38001

Downloaded from a DSpace repository. https://dspace.org/