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Title of Doctor of Nursing Practice Project:

Differences in Anxiety in New-To-Practice Traditional and Non-Traditional Registered Nurses in Clinical Practice

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DATE: May 31, 2023



Submitted in partial fulfillment of the requirements for the Degree of Doctor of Nursing Practice.

**ANXIETY IN -NEW-TO-PRACTICE RNS TRADITIONAL AND NON-TRADITIONAL
REGISTERED NURSES IN CLINICAL PRACTICE:
A DESCRIPTIVE COMPARATIVE STUDY**

A Doctor of Nursing Practice Project Proposal

Presented to the Faculty of the School of Nursing and Health Sciences

La Salle University

In Fulfillment

Of the Requirements for the Degree

Doctor of Nursing Practice

By

Sharon Rose Mingo

July, 2023

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Dedication

I dedicate this academic accomplishment to my husband and precious children, Artemus Connelly, Madelyn Grace, and Isabelle Elyse. You walked with me on the journey every day. I

love you all with every fiber of my being. I hope you were inspired on this journey to be diligent and persistent in all your endeavors in life. My success would have been possible without your enduring love, support, and patience. We share this achievement together.

I also dedicate this success to my sister Heather Swain who passed away while I was pursuing this journey, and to my dad, Fitzgerald Levy, who passed away before I started this journey. You are both in my thoughts every day.

Acknowledgment

I am humbled and thankful to God for reminding me every day that I can do all things through Christ who strengthens me. Without God, this journey would not be possible; I am eternally grateful.

I want to acknowledge my committee chairperson, Dr. Jeannine Uribe, who guided and supported my decision to pursue an advanced degree and relentlessly answered my many phone calls and emails, keeping me motivated and providing guidance on my academic journey. I will always be grateful to you.

I also want to acknowledge my reader, Dr. Zane Wolf. I am immensely grateful to you for sharing your knowledge and rare intellect. Even when I thought my questions were “dumb,” you made me feel brilliant. I will never forget your patience and kindness as you critiqued my work. You challenged me after every conversation while keeping me excited about my scholarly project. I am forever grateful.

I want to thank Dr. Armon Copeland, my preceptor. Armon, our meeting by coincidence was divinely orchestrated. God knew I needed your expertise, guidance, and support, so He allowed our path to converge. Thank you for providing opportunities for me to grow academically and professionally.

I want to acknowledge my teenage daughter Isabelle, who relentlessly and unselfishly provided me with technical support. Thank you to all my family and friends that believed in me and selflessly supported me from the beginning to the end of this journey. For each of you, I am forever grateful.

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Abstract

New-to-practice RNs experience anxiety during licensure preparation and orientation. Such anxiety is anticipated to linger for approximately 6 months as the RN transitions to practice and adapts to professional nursing. Many new-to-practice RNs report feelings of anxiety. Their anxiety can negatively affect the quality and safety of nursing care and increase nurse turnover. Unfortunately, the literature on anxiety in traditional post-licensure in new-to-practice RNs in clinical practice lacks information on non-traditional post-licensure new-to-practice RNs' experiences when starting professional practice roles in health care settings. This descriptive comparative study compares differences in anxiety in new-to-practice RNs of traditional and non-traditional Bachelor of Science Nursing (BSN) programs. Anxiety levels could compromise client safety and quality nursing care and increase nurse turnover. The study recruited a convenience sample ($N = 72$) of new-to-practice RNs. The new-to-practice RNs were currently employed in nursing positions in hospitals for less than 1 year of nursing practice. The Spielberger State form of the State-Trait Anxiety Inventory was administered via Qualtrics. The anxiety of the total sample was moderately high. The hypothesis tested that anxiety scores differed when comparing new-to-practice RNs that graduated from a traditional program schedule ($n = 32$) versus a non-traditional schedule ($n = 35$) in one university's BSN program was not supported. However, the highest-ranked items were, I am tense, I feel strained, I am presently worrying over possible misfortunes. I feel frightened. I feel nervous, I am jittery, I feel indecisive, I am worried, and I feel confused. These items' scores were consistent for both the traditional and non-traditional new-to-practice RNs.

Keywords: anxiety, traditional, non-traditional advanced beginner, registered nurses, patient safety, nursing care.

Anxiety in New-to-practice RNs Traditional and Non-Traditional Registered Nurses in Clinical Practice: A Descriptive Comparative Study

Nursing is one of the most stressful professions in developed and developing countries, with nurses experiencing more severe mental health issues than other healthcare professionals (Tran et al., 2019; Vilagut, 2016). Depression, anxiety, and stress are the most prevalent mental health disorders occurring in 10 to 20% of the wider population; therefore, mental health research has received much attention in the nursing literature (Vilagut et al., 2016). The Diagnostic and Statistical Manual of Mental Disorders (DSM–5, 2020) classified anxiety as a mental health disorder and incorporated acute stress disorder (ASD) as a new diagnosis to describe acute stress that may precede post-traumatic stress if symptoms or conditions persist for 3 to 30 days.

In a study assessing mental health conditions in the workplace, of 130 jobs surveyed, nursing was ranked 27th due to mental health problems (Noorbala et al., 2002). Furthermore, during the transition of the advanced beginner RN (registered nurse) in clinical practice, advanced beginner traditional and non-traditional nurses are at an increased risk for mental health issues such as anxiety because of fear and stress (Ebrahimi et al., 2016). Therefore, understanding anxiety and the emotional needs of new-to-practice RNs during their transition to clinical practice is crucial in the first year as a registered nurse.

Anxiety is a mental health disorder characterized by fear, nervousness, and physiologic symptoms of restlessness, fatigue, and palpitations and can be related to genetics, heredity, environmental, psychological, social, and biological factors (Liu et al., 2020; Vilagut et al., 2016). Anxiety results in the lack of cognitive capacity to solve mental conflicts, an essential mental health skill for RNs caring for patients. Nurses with psychological disorders such as

anxiety need to utilize their knowledge, skills, and attitudes to their potential to deliver safe and quality nursing care (Salari et al., 2020). It is imperative to focus on mental health support for advanced beginner RNs to prevent mental health problems. Understanding the differences in anxiety experienced by traditional and non-traditional scheduled advanced beginner nurses in clinical practice during their transition to practice may be essential to retaining them.

Mental health is considered a state of well-being that incorporates cognitive, emotional, and social developments that impacts individuals' thoughts, actions, and feelings and assists them with stress management, relationships, and decision-making processes (World Health Organization [WHO], 2020). Mental health disorders increase absenteeism rates, intention to leave, and nurse turnover. Nurses, particularly advanced beginner nurses experiencing anxiety or mental health disorders, are at risk for adverse work-related events, cognitive capability impairment, increased nursing errors, and negative workplace attitudes and behaviors (Liu et al., 2020). Such behaviors compromise patient safety and quality of care and negatively impact a healthcare organization's reputation and the institution's performance productivity (Liu et al., 2020).

Problem

The American Association of Colleges of Nursing (AACN, 2019) reported that the United States is anticipated to experience a shortage of RNs and projects that 1 million nurses will retire by 2030. In addition, the WHO (2020) noted that with the COVID-19 pandemic, approximately 6 million new nurses will be needed by 2030 to sustain safe and quality nursing care globally. These counts are anticipated to increase due to the continued nurse turnover rate and the number of nurses reporting intent to change their nursing careers.

Approximately 17.5% of new-to-practice RNs leave their first nursing job within the first year of practice, and 33.5% (1 in 3 RNs) will leave their jobs within two years of practice (Kovner et al., 2014) and health care costs associated with RN turnover are approximately \$6.4 million in the United States (Kovner et al., 2014). The magnitude of the projected nursing shortage also emphasizes the need to explore factors that impact traditional and non-traditional new-to-practice RNs in transition and retain them to increase and stabilize the nursing workforce. One such factor is the anxiety experienced by new-to-practice RNs during the transition.

Anxiety experienced by new-to-practice RNs may compromise patient safety, quality of care delivered to patients, and turnover organizational costs in clinical settings' (Chen et al., 2021; Kovner et al., 2014). Saintsing et al. (2011) reported that 50% of new-to-practice RNs were involved in nursing errors, including medication errors, client falls, and delayed treatment. Furthermore, 65% of new-to-practice RNs attributed errors to poor clinical decision-making; only 20% of employers were satisfied with the safe decision-making skills of new-to-practice RNs (Breton & Petersen, 2019; Kavanagh & Szweda, 2017). These statistics are concerning and have prompted the National Council of State Boards of Nursing (NCSBN, 2017) to institute the Clinical to Judgment Model to address quality and safety on the National Council Licensure Examination-RN® (NCLEX-RN).

During their transition to clinical settings, the new-to-practice RNs experience increased anxiety and stress, resulting in an increased risk of preventable errors or adverse events, including medication errors, client fall, and delayed treatment compromising client safety (Murray et al., 2020; Sandsing et al., 2011). New-to-practice RNs might experience anxiety during the transition to the new role of RNs as they adjust to the challenges of licensure success, employment, and the rigor and stress of being a new-practice- nurse (Chen et al., 2021), resulting

from increased anxiety during clinical practice. The advanced beginner nurse might lack the competence to assess symptoms consistent with their clients' deterioration, increasing the potential for compromised patient care outcomes and increased preventable errors (Murray et al., 2020). In addition, during the advanced beginner nurse transition while employed in new RN positions, RNs frequently feel unqualified, inadequate, and helpless (Ebrahimi et al., 2016). Such attributes also increase levels of anxiety. Thus, new-practice-nurses' transition, complicated by anxiety in the clinical settings, leaves them at risk for increased errors, lack of ability to recognize client's deterioration, problems with time management, and delays in task completion, compromising patient care and safety (Labrague & De Los, 2020; Murray et al., 2019). Therefore, transitioning as new-to-practice RNs into the professional nurse role has been a focus of concern to increase safety in clinical practice and decrease nurse turnover rates. The literature discusses the anxiety levels of new-to-practice RNs; however, there is little information examining the differences in anxiety in clinical practice between new-to-practice RNs graduating from traditional and non-traditional schedules of baccalaureate nursing programs.

A clinical expert in a Southern US hospital who mentors and works with new-to-practice RNs was consulted and shared that new-to-practice RNs' mentors and preceptors are reporting an increase in the anxiety of new-to-practice RNs. The consequences may be a heightened concern regarding the impact of their anxiety on patient safety and nursing care in the institution. An expert described differences in the anxiety of traditional and non-traditional RNs. However, she shared that limited information was available at her institution. Understanding the difference in anxiety between traditional and non-traditional new-to-practice RNs could decrease nurse turnover and improve safety and quality in nursing practice, justifying the scholarly project.

Fundamental to the transition of the new-to-practice RNs is an introduction program and individualized orientation that supports and develops self-efficacy and clinical competence in advanced beginner nurses as they develop professionally (Missen et al., 2016). New-to-practice RNs are typically task-oriented and lack a holistic view of patients. Missen et al. (2016) discussed that new-to-practice RNs lack advanced clinical skills such as medical administration, physical assessment, emergency procedures, and therapeutic communication; therefore, they experience difficulties assessing patients' deterioration. Furthermore, patients' safety and quality of care can be compromised if new-to-practice RNs' anxiety increases and support from expert colleagues, preceptors, and mentors in the clinical settings decreases during and after orientation (Murray-Parahi et al., 2016). A difference in anxiety may be present in traditional versus non-traditions schedules of BSN programs even though the new-practice-to nurses have similar competency statements in a university. Their life experiences might differ; they might be older, have increased complexity in family systems, and are full-time employees (Bahrainwala, 2020; Horn, 1996;).

Problem Statement

Anxiety is normal and is expected in response to uncertainties; however, anxiety can be debilitating and contagious if not appropriately addressed (Ebrahimi et al., 2016; Tran et al., 2019). New-to-practice RNs graduating from a traditional or non-traditional schedule of a prelicensure program and experiencing frequent anxiety and worry can experience decreased self-confidence and feelings of depression and humiliation, resulting in increased work-related stress and decreased optimal performance, compromising the safety and quality of client care. The experiences of anxiety of new-to-practice RNs from BSN programs might differ. The anxiety levels can decrease client safety and decrease nurse turnover. Additionally, the

experiences of new-to-practice RNs who graduated from traditional versus non-traditional BSN degree programs might differ (Bahrainwala, 2020; Horn, 1996; Salari et al., 2020).

Purpose Statement

A new practice nurse graduating from a traditional or non-traditional prelicensure program can experience anxiety and worry, decreased self-confidence, and feelings of depression and humiliation, resulting in increased work-related stress and decreased optimal performance, compromising the safety and quality of patient care (Reebals et al., 2022). Therefore, this Doctor of Nursing project aimed to compare the anxiety of new-to-practice RNs who graduated from a traditional schedule, a prelicensure nursing program to those of new-to-practice RNs that graduated from a non-traditional schedule, a prelicensure nursing program. Understanding differences in new-to-practice RNs' anxiety and identifying interventions to support new-to-practice RNs could decrease nurse turnover, increase nurse retention, decrease anxiety in non-traditional and traditional new-to-practice RNs, and support new-to-practice RNs during their role transition.

Research Question

What is the difference in self-reported anxiety when comparing the anxiety of new-to-practice RNs who graduated from traditional nursing programs to the anxiety of new-to-practice RNs from non-traditional pre-licensure programs? In this non-experimental, observational, descriptive comparative design study, the independent variable is the type of prelicensure program, traditional versus nontraditional. The dependent variable is anxiety. The hypothesis to be tested is whether there is a difference in anxiety levels when comparing new-to-practice RNs by type of BSN program schedule, traditional or non-traditional.

Conceptual Definitions

The following definitions apply to this project:

- **Anxiety:** An emotion characterized by recurring intrusive thoughts or concerns, tension, anxious thoughts, fear, and physical changes, such as increased blood pressure and heart rate, sweating, trembling, dizziness, and or diarrhea (American Psychological Association, 2020). Anxiety will be measured in new-to-practice RNs.
- **New-to-practice RN:** A nurse with <1 year of clinical practice experience may lack self-assurance, safe decision-making in the clinical setting, and expert clinicians' support practice (Benner, 1984).
- **Transition to Practice:** A formal or informal active new-to-practice -RNs learning program or orientation to the RN role implemented in hospital settings designed to support their progression from BSN education to practice. Transition to practice includes but is not limited to developing clinical skills, managing patients, working in a health care setting, interpersonal communication, collaboration, team-based care, and professionalism (ACEN, 2020; NCSBN, 2022). In this project, the transition of the practice period is limited to up 1-year of clinical practice.
- **Type of BSN Program Schedule:** In this project, the type of BSN program varies by traditional versus non-traditional roster. An AACN-accredited university or college offers a traditional BSN Program during weekdays. Students attending these programs tend to be between 18 and 22, live on or near campus, attend full-time, and receive financial support from parents (Bahrainwala, 2020). A non-traditional BSN programmatic schedule tends to be offered during evenings and weekends by an AACN-accredited university or college and includes students 24 years or older, with a delayed enrollment of at least one year after high school, did not receive a standard high

school diploma, attend part-time, are employed full-time when enrolled, are financially independent, have dependents, and are single parents (Horn, 1996).

REVIEW OF THE LITERATURE

Search Process Methods

A comprehensive systematic review of published literature was conducted from 2017 to the present in ProQuest, Lasalle University Summons, PubMed, ProQuest, and CINAHL in English. The terms new to practice registered nurses, graduate nurses in transition and anxiety, stress new -to-practice nurses, turnover intentions of the new nurse, beginner nurses, anxiety, burnout, nurse residency, preceptors traditional new-to-practice RNs nurses, non-traditional new-to-practice RNs nurses, and graduate nurses were considered synonyms for this systematic review. Database searches yielded 1,318 articles, with 20 additional records from reference list searches and Joanna Briggs Institute EBP Database. Following removing duplicates and title and abstract screening, 109 full-text articles were assessed. The search screening process is in Table 1.

During the full-text screening for eligibility, articles were excluded mainly for the population not identified in the analysis or failed to meet the criteria for anxiety in new practice registered nurse and the first year of nursing practice. Articles were evaluated and analyzed, and results were summarized in a matrix format to systematize the literature review process. After the search, 19 articles met all inclusion criteria and were included in the analysis (Table 2). All articles were critically appraised utilizing the Johns Hopkins Nursing Evidence Level (I-V) and Quality (A-B-C) Guide. Records were primarily deemed irrelevant in the title and abstract screening due to population, publication dates, or study design.

Appraised Studies

Valdes et al. (2022) conducted a mixed-method study to analyze if nurses employed in a specialty practice unit that best matches their personality will experience decreased turnover, transfers, and orientation time. The researchers collected data from 1,712 graduate nurses hired in a 12-month residency program by Memorial Hermann in Houston, Texas, between July 1, 2015, and July 1, 2019. For the study, 13 acute care hospitals in 1 of 5 clinical units were included in data collected through May 2020. The behavioral assessment was administered for new nurses hired for a position before an interview with a hiring manager. Results of the assessment were incorporated in the decision to match candidates with their "best fit" clinical specialty area and where they are more likely to succeed as new nurses.

The study's findings demonstrate that the average job fit score was 74.5, with 25.4% of the sample leaving their jobs during the study period and 8.2% of the sample participants transferring to a new unit (Valdes et al., 2022). The turnover for the group was 4.8% in 1 year of practice. The average orientation length by specialty was 162.54 days for emergency department nurses, 151.70 days for intensive care unit nurses, 166.55 days for labor and delivery nurses, 99.07 for medical surgical nurses, and 151.66 for neonatal intensive care unit nurses. As a result, of unavailable data, 58 nurses were excluded from the study. An independent-sample t-test indicated no significant difference in job fit scores between those with and without orientation length data. Correlation results indicated no significant relationship between job fit score and turnover; however, a significant correlation was found between job fit score and orientation days. Increased job fit scores were associated with decreased days of orientation. Scores above and below the mean job fit score of 75 were compared on orientation days. An independent-sample t-

test indicated that, on average, those with job fit scores of >75 had 6.5 fewer days of orientation than those with job fit scores <75 .

Rainbow and Steege (2019) explored and analyzed the transition to nursing practice experiences of new nurses who had careers before pursuing nursing (SCGN) and those who were pursuing nursing as a first career (TGN). The authors used a mixed-methods study incorporating qualitative interviews with a survey of nurses who had completed a year of practice and a longitudinal survey of nurses' self-reported experiences of stress, coping, and burnout throughout their first year of nursing practice. The interviews were conducted once during the study, and the surveys were conducted longitudinally between April 2015 and May 2016. The study's method included qualitative data from 15 participants who were second-degree nurses whose data were analyzed using latent thematic analysis following the guidelines of the consolidated criteria for reporting qualitative research (COREQ) checklist. In addition, descriptive and effect size analysis of quantitative data ($N = 122$) was conducted to assess for significant differences across different points study's findings identified three primary themes: stressors and coping, the prevalence of burnout and presenteeism, and difficulty describing nursing's role (Rainbow & Steege, 2019). The quantitative findings indicated that participants' self-compassion decreased over their first year of practice.

Furthermore, stress levels, presenteeism, and burnout increased by 1 year of nursing practice. After 1 year of practice, 76% of participants planned to remain in their current positions for 2 years or less, and 97% planned to seek further formal education. The Cronbach's alphas for each scale in our sample were PSS = 0.83, Self-Compassion Scale = 0.73, Depersonalization 0.78, Personal Achievement 0.77, Burnout = 0.90, and job-stress-related presenteeism = 0.88. Survey participants had their highest level of stress before graduating. This rate decreased at 6

months postgraduation but increased at 1-year postgraduation. Self-Compassion scores decreased between 1 month before graduation and 1-year postgraduation. Presenteeism was measured using the job-stress-related presenteeism scale, which utilized a mean score. Presenteeism rates increased between 6–12 months postgraduation, and burnout rates increased during 3 periods of the study.

The limitation of the study included difficulty in generalizing the results related to the small sample size of 15 quantitative surveys and the limited number of second-career nurse participants (Rainbow & Steege, 2019). The survey component of the study was longitudinal; therefore, the authors expected attrition in sample size. The study's results reinforced the study's findings and added a new qualitative perspective. The authors recommend that future studies look at second-degree nurses' transition to practice experiences as the demand for these nurses increases. Qualitative findings related to stressors and coping indicated that their experiences and needs might differ, which can inform future residency programs to support better all new nurses transitioning to practice.

Sampson et al. (2020) evaluated the 6-month effects of the MINDBODYSTRONG on healthcare professionals' mental health, healthy lifestyle behaviors, and job satisfaction of new-to-practice RNs enrolled in a nurse residency program. The authors conducted a 6-month follow-up study on a prospective, randomized controlled trial of 2 groups of 89 new-to-practice RNs hired at a Midwestern academic medical center between July 1, 2018, and September 30, 2018. One hundred eighty-nine participants were invited to participate in the study; only 89 completed the baseline requirements. The pilot study examined the effects of the MINDBODYSTRONG program on stress, anxiety, depression symptoms, job satisfaction, and healthy lifestyle among NLRNs. The intervention group received eight 30– to 35-min weekly sessions as part of the

MINDBODYSTRONG program, a cognitive-behavioral skill-building program incorporating strategies to improve mental and physical health. The control group acted as the attention control group receiving eight weekly 30– to 35-min debriefing sessions as part of the standard nurse residency program. Data were collected at baseline, immediately post-intervention, 3 months post-intervention, and 6 months post-intervention.

The study's findings indicated that the intervention group scored better on mental health outcomes, healthy lifestyle behaviors, and job satisfaction 6 months post-intervention than the control group (Sampson et al., 2020). Significant improvements were found for depressive symptoms and job satisfaction; there were moderate to significant positive effects of the MINDBODYSTRONG program on all variables. The MINDBODYSTRONG program sustained its positive effects over time and has excellent potential as an evidence-based intervention for improving mental health, healthy lifestyle behaviors, and job satisfaction in new-to-practice RNs.

The study's limitations included the concern of contamination of the data since participants from the control and intervention groups were employed in the same healthcare organization and could interact at work (Sampson et al., 2020). A second limitation of the study was the lack of the ability to generalize the findings to the larger population of new-to-practice RNs due to the non-randomized, small sample size, and short timeframe. As a result, the authors indicated that a more extensive randomized longitudinal study with new-to-practice RNs from multiple hospital settings is warranted to determine the impact of mental health, healthy behaviors, and job satisfaction (MINDBODYSTRONG Program) on new-to-practice RNs and recommended including variables such as burnout, resilience, absenteeism, and turnover, adding to the efficacy of the study.

Boswell and Sanchez (2020) analyzed and evaluated the Casey-Fink Graduate Nurse Experience Survey tool's effectiveness (CFGNES) in evaluating how nurse residency programs and simulation affected new graduate nurses' anxiety and stress levels during their transition to registered nurses. The study participants included 145 new practice nurses employed and enrolled in a residency program in an acute care hospital in Texas that created an intern program that transitioned into a nurse residency program. The intern program was created to help nursing students develop skill competence and self-efficacy while enrolled in a nursing program. After graduation, the nurse graduates transitioned into the nurse residency program, which provided additional support and development of their competencies through lectures, simulations, precepting, and mentoring. All the study's participants completed the CFGNES tool at the start of the transition program, end of simulations, and during their transition from direct to indirect supervision.

The study's findings identified 3 primary stressors: the NCLEX, finances, and job performance, and 56% of the new- practice-RNs reported experiencing stress (Boswell & Sanchez, 2020). The study indicated that graduate nurses face stress from transitioning from the nursing student role to the practicing nurse role and from personal financial stresses. Therefore, addressing the financial stress that new graduate nurses experience could also assist with the nurse turnover rate. Realizing that graduate nurses encounter many stressors is critical to successfully transitioning to competent work status. Using SPSS® version 25, Tukey's honestly significance difference (HSD) analysis was used to compare the scores from the 3 time periods beginning with the transition program, at 3 to 4 weeks and 3 months. The results demonstrated no statistically significant difference at Tukey's alpha $p = .254$ when comparing the 3 time periods. However, when considering the questions regarding anxiety, a statistically significant

difference was noted between the results obtained after the simulation-focused learning period compared with the end of the supervision period (Tukey HSD, $p = .013$). In addition, a difference in stress levels was noted between after-focused learning and the last day of the transition program. Finally, statistical significance was identified between the groups using the ANOVA when the anxiety questions were coded to reflect the anxiety designation by one-way ANOVA ($F_{(2,124)} = 44.914, p = .016$).

The authors discussed the study's limitations to including a shorter time frame than the original study: 3 months versus 12 months. The sample was drawn from only one acute care agency's residency program (Boswell & Sanchez, 2020). In addition, the authors addressed the limitations of the CFGNES tool. The tool could not evaluate and analyze new nurses' stress and anxiety, compromising the study's findings. Therefore, the authors recommended a need for additional studies that include developing a tool that examines new-to-practice RNs' stress, both personal and professional, and the stress related to transitioning into life roles and responsibilities.

Kim and Shin (2020) examined the hurdles and strategies that promote the successful transition of new practice nurses considering the global attrition rate and the nursing shortage. The authors utilized a concurrent mixed methods design. The study participants included 217 new-to-practice RNs recruited from two university hospitals. The quantitative research used a cross-sectional study approach, and the qualitative research used a focus group interview design. Survey and focus group interviews were done from October 2017 to December 2017. The questionnaire included demographic characteristics of age, gender, employment duration, orientation duration, transition experience, job satisfaction, self-efficacy, nursing work stress, and level of organizational support.

The findings of the qualitative study demonstrated significant factors affecting transition ($R^2 = 0.41$, $F = 35.29$, $p < .05$), including self-efficacy ($\beta = 0.27$, $p < .01$), job satisfaction ($\beta = 0.11$, $p < .01$), nursing stress ($\beta = -0.04$, $p < .05$), and structural empowerment ($\beta = 0.41$, $p < .01$) (Kim & Shin, 2020). In addition, the qualitative findings supported the quantitative results, identified barriers to and facilitators of a successful transition, and concluded the fears, workload, excessive role expectations, and emotional difficulties resulting from bullying (Kim & Shin, 2020). The researchers identified self-confidence, colleague interaction, positive and supportive work environments, and a phase transition program necessary for the transition of new practice nurses. The study demonstrated that strategies to support organizational factors, including structural empowerment, phase transition program, and new nurses' self-efficacy, self-confidence, and interaction, are essential for new-to-practice RNs' successful transition into their professional roles and recommended that these findings be incorporated into nurse transition programs.

Phillips et al. (2017) conducted a mixed-method study to analyze graduate nurses' transition into clinical practice experiences. The mixed-method study focused on job satisfaction experiences during the first year of transition to clinical practice. The authors utilized a quality assurance feedback loop framework adopted from hospitality, automotive and supply chain logistics, and health to monitor client outcomes and analyze how job satisfaction with transition may improve during the first year of new-to-practice RNs. New-practice- nurses from two healthcare organizations completed a survey questionnaire every 4 weeks for 12 months. After completing the surveys, the healthcare organization management personnel were provided with de aggregate reports, which allowed them to incorporate the results into the plan of care of the new-practice- nurses to increase the ratings of job satisfaction among new-practice- nurses.

The quantitative results showed no statistical significance in graduate nurses' job satisfaction scores among healthcare organizations; 1 healthcare organization consistently outperformed the other (Phillips et al., 2017). The researchers discussed that qualitative findings from a seminar and interviews confirmed that 1 healthcare organization incorporated monthly reports in unit planning. In addition, the study outcomes reflected a more significant commitment to support and increased satisfaction scores, as the transition to practice can be a period of increased stress and anxiety, causing many new-to-practice RNs to experience job dissatisfaction in their jobs in the first year of clinical practice (Phillips et al., 2017). The authors recommend that healthcare organizations incorporate frequent meetings with new-to-practice RNs to address job satisfaction or dissatisfaction concerns.

Harkins et al. (2019) analyzed the scientific evidence about new-practice-RNs' transition to practice in the acute care setting and considered implications for nurses and nursing practice. A literature search from seven electronic databases (CINAHL, MEDLINE, ProQuest, Cochrane, JBI, Wiley, and Scopus) was conducted from 2006 to 2016. Eligible articles were critically reviewed and scored using the Mixed Methods Appraisal Tool (MMAT). Twenty-six articles were reviewed, including 19 qualitative, 5 quantitative, and 2 mixed-method studies. "The experiences" are discussed in three themes: dominated by fear but feeling a sense of accomplishment and satisfaction; reality vs. idealism; and adjusting to nursing life. "The factors" are discussed under three themes: personal, professional, and organizational.

The study's findings indicate that new nurses experienced fear relating to the acuity of patients, making mistakes, harming a patient, the unknown after orientation, litigation, and inability to meet expectations (Harkins et al., 2019). The authors also found with new practice nurses that there was a disconnect between the perception of nursing care students embraced in

their undergraduate education and the reality of nursing, which is often task-oriented. New-to-practice RNs who experience adjusting to life changes during their first year reported challenges adjusting to shift work, working nights, learning how and when to sleep before and after a night shift, eating, and finding time to exercise. Additionally, Harkins et al. (2019) found that orientation programs lacked consistency from hospital to hospital in healthcare organizations that support new-practice-RNs and even varied between units within a hospital. The researchers also found that new-practice-RNs' transition stress is complicated by personal-related issues, including family responsibilities, being newly married or pregnant, and acquiring a new house or apartment. Personal stressors include increased debt, unstable work environments, and future employment. Such stressors were challenging to separate from work. Another finding discussed was that supporting new-to-practice RNs during transition appears not solely to be the responsibility of designated preceptors but everyone's responsibility. Endemic bullying was a problem with stressful events for new-to-practice RNs (Harkins et al., 2019).

The study's limitations included the discussion that was mainly qualitative, explorative, and descriptive, with small sample sizes and settings limited to only one hospital, one geographical location, or one country (Harkins et al., 2019). The authors recommended large-scale studies using quantitative and mixed methods across various contexts, clinical settings, and regions. Of the 26 articles examined for this review, only three used a longitudinal study design with new to-practice nurses employed for at least 12 months; therefore, the authors recommended longitudinal studies to add efficacy to further studies. Another limitation of this review was that only English-language published journal articles were included. The authors recommend further studies to reflect culture and diversity in the transition process. Experiences of new graduate nurses in the acute care setting were discussed in the study; therefore, those

graduates in other settings were excluded. Regarding the issues of endemic bullying, the authors recommended that healthcare organizations support new practice nurses to prevent and decrease bullying in nursing and provide coping strategies for work and personal-related stressors. The authors recommended additional studies that include all new to-practice RNs with at least 1 year of nursing practice.

Jarden et al. (2021) conducted a qualitative meta-synthesis analyzing the direct report of new-practice- RNs' psychological wellness and maladjustments during the first-year transition experience. Data sources were: literature located from the Cumulative Index of Nursing and Allied Health Literature, Excerpta Medica database, Medical Literature Analysis, and Retrieval System Online and Psychological Information. The inclusion criteria were qualitative studies published in English from 2009–2019, reporting primary data analysis, including psychological well-being and ill-being experiences of graduate nurses in their first year of practice. The review methods included qualitative studies that were systematically identified and critically appraised. A meta-synthesis used an open card sort technique to organize empirical data into new-to-practice RNs' voices of psychological well-being and ill-being matrix, and 22 studies were included.

The authors reported that new-to-practice RNs experienced patterns of expressing negative and positive experiences and emotions in their first year of practice. Adverse experiences include feeling overwhelmed, increased workload, stress, lack of respect, bullying, humiliation, criticism, anger, and feelings of loneliness. Additional factors contributing to negative experiences of new practice nurses reported by the authors included a lack of teamwork and support from healthcare organizations, feeling burdensome with the responsibility, self-doubt, transition shock, dissatisfaction with the expectations of the nursing profession;

confusion, and experiences of mixed messages from colleagues, mentors, and preceptors.

Additional negative experiences reported by the authors included a negative impact on physical health and exhaustion; depression, poor work-life balance, and a sense of not meeting the needs of significant others; negative experiences with patients and relatives, being exposed to risk, not being listened to and observing unsafe practice; and fear and anxiety (Jarden et al., 2021). In addition, the authors identified new-to-practice RNs' expressions of positive emotions and experiences to include feeling valued as a team, positive and supportive experiences with mentors, preceptors, managers, and leaders, and self-satisfaction and fulfillment in their impact on nursing care. The authors recommended more studies to support building self-efficacy and coping skills for new-practice nurses in transition.

Reebals et al. (2022) conducted an integrative review to synthesize the evidence on the transition process for new-to-practice RNs in hospital settings and identify enablers/barriers and mitigating strategies. Two databases were searched for articles published between 2014-2019 that described the process, strategies, participant perceptions, and implications of role transition, with a final yield of 23 articles. Synthesis of the evidence revealed three major themes: (a) achieving competence for safe practice, (b) addressing stress during the transition, and (c) reducing turnover. Emotional support for new-to-practice RNs - RNs was instrumental in achieving clinical competence. Role transition adaptation was linked to anxiety, while emotional health was positively associated with retention. Therefore, the strategies of choice are developing best practices that address skill proficiency, attending to new-practice RNs' emotional needs, and providing structured transition programs to improve clinical competence. The authors did not discuss the limitations of the studies. Still, they recommended further research on factors and

interventions contributing to the effectiveness of new-to-practice RNs transition programs and the nurse workforce development and retention of new-to-practice RNs.

Labrague and McEnroe-Petitte (2018) reviewed and analyzed scholarly evidence regarding new-to-practice RNs' experiences with stress during the transition period of clinical practice as there continue to be limitations of systematic evidence examining the stress experienced by the new-to-practice RNs during their transition period. The authors of the integrative systematic review reviewed pertinent articles dated 2002 from 5 databases, CINAHL, SCOPUS, PubMed, PsycINFO, and MEDLINE, regarding new-to-practice RNs' experiences with stress. Twenty-two articles were utilized in their integrative review.

The systematic review findings revealed that the considerable amount of work while caring for clients and a decrease in the expertise of nursing professionals contributed to low to moderate stress experienced by the new practice nurse (Labrague & McEnroe-Petitte, 2018). The authors also that additional factors that could contribute to the stressful experiences of the new practice- nurses were limited in their integrative review and were a limitation of the findings in the review. The authors discussed that findings from their review could help nurse leaders in administrative roles develop and implement strategies to structure preceptorships and mentorship programs, stress management and education programs, increased simulation activities that support d new-practice- nurses during their transition to practice, and decreased turnover associated to stress in the clinical settings.

Alshawush et al. (2021) reviewed and analyzed scholarly literature to determine if transition programs for new-to-practice RNs provide the support they need regarding bullying, workplace violence, and stress and increase the resilience of new-to-practice RNs during their

transition to clinical practice. The authors utilized a current scoping literature review incorporating the PRISMA-ScR checklist with no date limits. In addition, the authors used CINAHL, Scopus, Medline, Web of Science, ASSIA, PsycINFO, Embase, PROSPERO, and ProQuest Dissertation databases, and the reference lists of the included studies were searched.

The review's findings supported the literature that new practice nurses experiencing stress, workplace violence, and bullying are provided with resiliency coping strategies, workplace safety, preceptorship, and mentorship programs during their transition (Alshawush et al., 2021). However, the authors discussed that despite transition programs for new nurses, they did not decrease new nurses' experiences of violence, bullying, and stress during their transition. The studies regarding transition programs providing adequate coping strategies to new practice nurses were limited. Therefore, the authors recommended the need for structured and continuous analysis transition programs to prevent workplace violence, bullying, and stress, improve workplace safety, enhance the experience of new-to-practice RNs, and improve retention of new-practice- nurses during their transition. In addition, the authors recommended that the type of education regarding coping strategies for workplace violence and stress and preceptor support level might impact transition programs by creating a less stressful work environment.

Turner et al. (2017) evaluated Galbraith and Brown's original 1981 and 2008 reviews to assess the progress made since 2008 and to examine the strength of current research supporting non-pharmacologic stress management interventions that apply to nursing students. The authors analyzed literature published between 2009 and 2015 and used the original review's structure, including articles on stressors, coping strategies, or reappraisal, to organize the 26 articles for their review.

The authors' literature search yielded 783 articles, including 273 in Medline, 307 in CINAHL, and 203 in PsychINFO. Searching "nursing students" and "stress" produced 476 research articles, and the combination of "nursing students" and "anxiety" yielded 307 research articles (Turner et al., 2017). Three hundred twenty-five duplicates were discarded. Both authors reviewed the remaining 458 abstracts for inclusion criteria to determine if inclusion criteria were met. One-hundred eighty-three studies were excluded from the United States, Canada, or the United Kingdom. Fifty papers were excluded because the samples were unrelated to baccalaureate nursing students. One-hundred seventy-seven were excluded because interventions did not stress or anxiety, and 22 papers were excluded because they did not involve interventions. Thus, 26 articles met all inclusion criteria and were included in the present analysis.

Turner et al. (2017) discussed limitations. Firstly, almost all 26 studies included small samples, did not represent the baccalaureate nursing student population, and lacked diversity, although many found statistical significance. Secondly, with limited follow-up testing or longitudinal studies, it is unknown whether interventions that improve stress management or coping skills were influential in the long term. There were many variations in study designs, which increased the difficulty of comparing studies. Other limitations discussed included convenience samples, attrition, and self-reported data. Finally, the methodological rigor of the group of studies was low. Only three randomized controlled trials were identified; one did not find statistically significant results.

With the evolving healthcare environment and unique stressors that student nurses experience, research to determine effective interventions to cope with stress and anxiety is critical (Turner et al., 2017). The authors supported the need for further research on effective methods to assist nursing students in learning to manage stress early in the education process.

Despite some progress, the study findings indicated limited empirical evidence of effective interventions to reduce nursing students' stress and anxiety. The authors recommended future research, including longitudinal randomized controlled trials with larger sample sizes, to assess if interventions reduce the number or intensity of stressors, alleviate the consequences of stress, or if interventions to reappraise stressors demonstrate consistently positive findings with long-term effectiveness. Learning the interventions most effective in reducing stress and anxiety in nursing students in the short and long term is essential. Such interventions' effects may support, provide, and retain information, decreasing attrition and retention through the first year of nursing practice in the first year of postgraduation, benefiting nursing students and faculty, healthcare organizations, and patients.

Piccinini et al. (2018) analyzed the effects of preceptor training on new graduate registered nurse transition experiences and the outcomes of healthcare organizations. The authors conducted a literature review of the past 5 years, with 10 articles that met the inclusion criteria for the systematized review in evaluating the effectiveness of preceptor training on new graduate nurses' outcomes. The review of 10 studies demonstrated that new- to-practice- nurse preceptor training positively impacts critical thinking, retention, and stress levels in transition experiences and organizational outcomes. The study's findings on new-practice-RNs' stress levels were contradictory and ambiguous and were a limitation of the study. The findings demonstrated decreased stress levels of new-to-practice RNs -RNS assigned with preceptors who had structured training and others with no changes in stress despite preceptor training (Piccinini et al., 2018). The author further recommended additional research and the need for nurse leaders to invest in preceptorship training to improve transition experiences for new- to-practice- nurses.

Related Literature

Boamah and Laschinger (2016) examined the relationship between the new-to-practice RNs' job match work and work-life influence on burnout and turnover intentions among new graduate nurses in clinical settings in Ontario, Canada. The 6 areas of work-life include workloads manageability, flexibility with work requirements, rewards for contribution, equitable treatment, a sense of union, teamwork, respect between new- to-practice- nurses, and appreciation by the healthcare organization. The data for the study were collected using structural equation modeling and analysis of data collected in a cross-sectional survey of 215 graduate nurses comprising 193 females and 22 males with a bachelor of nursing degree and were employed full-time (63%) and part-time 33% in an acute care hospital.

The study's results suggested a good fit of the data to the hypothesized model [$\chi^2 = 247$, $df = 122$, $p = 0.001$, $\chi^2/df = 2.32$, Incremental Fit Index (*IFI*) = 0.954, Comparative Fit Index (*CFI*) = 0.953, Root Mean Square Error of Approximation (*RMSEA*) = 0.06]. A new-to-practice RNs nurse job match in six areas of work-life correlates with a negative effect on burnout and fatigue, which is interrelated with the recurring problem of increased intentions of new graduate turnover. The authors recommended that healthcare organizations foster a working environment that supports new-to-practice RNs, enhancing person-job-fit and work-life balance to increase retention of new-to-practice RNs. The authors suggested limitations of the study to include limitations related to response bias as data were gathered via self-report surveys. The study participants completed all the measures and suggested that the low 'Cronbach's alpha scores were related to only a few items to measure in the subscales. Another limitation related to the exclusion of some new practice nurses from the sample was an unwillingness to share contact

information and the lack of cross-sectional design methods utilized for the study. Another study limitation was the author's use of a cross-sectional design that could not demonstrate causality. The authors recommended that a longitudinal study design would provide more information on new-to-practice RNs -RNs person-job-fit and work-life and that healthcare organizations embrace a person-job-fit and work-life to assist with new-to-practice RNs' experiences with burnout while addressing the need for successful new- to-practice-RNs transition into practice, nurse turnover, and the predicted nursing shortage.

Hu et al. (2015) analyzed the impact of work stress, work experience, turnover intentions, and satisfaction with preceptors by utilizing new-to-practice RNs, a 10-minute preceptor model, to develop professional development and increase retention of new-to-practice RNs in clinical settings. The model was designed to guide preceptors to dedicate 10 minutes, twice daily, to structurally communicate, interact, and discuss problems and issues with the new- to-practice-nurse during the initial 3 months of orientation. The study's authors conducted the study utilizing a repeated-measures design with intervention and two- comparison groups. A total of 107 new practice nurses participated in the study. Some were enrolled in the 10-minute preceptor model, and some in the traditional preceptor model. The participants in one hospital were assigned to the 10-minute preceptor group (experimental group), and participants in the other hospital were assigned to the traditional preceptor group (control group). On day 7 of being in the clinical setting, work stress and experience were moderately high for the new-to-practice RNs in the 10-minute and traditional preceptor models.

The study's findings demonstrated differences between groups ($p = 0.001$) regarding work stress at months 2 and 3 and work experience at months 1, 2, and 3 in the preceptorship program (Hu et al., 2015). The 10-minute preceptor model group participants reported lower

turnover intention and greater job satisfaction with the preceptors than the new-to-practice RNs enrolled in the traditional preceptor group. The authors concluded that the 10-minute preceptor model improved training outcomes and was necessary for the professional development of new-to-practice RNs. In addition, a new practice nurse and a qualified senior-level experienced RNs were paired with a third person, a nursing supervisor. The preceptors were not interchanged between the two hospitals. Data were collected between July 1, 2010, and December 31, 2012. All preceptors for the study had 3 years of nursing experience and completed formal preceptor training.

Hu et al. (2015) discussed four limitations of the study. The first limitation discussed the need for a generalized sample size; since all the participants in the study were selected from all of the preceptors from a public teaching hospital in New Taipei City, the study's results cannot be generalized to other hospitals. The second limitation discussed was that the work stress questionnaire was collected 4 times in 3 months; therefore, these data might not reflect accurate responses from the new-to-practice RNs. Thirdly, because data compromised primarily from self-reported, new-to-practice RNs, the results of this study might be biased and not representative of the effectiveness of the 10-minute preceptor model; fourthly, the study sample size was small, with 107 participants. The authors recommended that face-to-face interviews with new- to-practice- nurses yield better data regarding the subjective feelings and thoughts regarding the 10-minute preceptor model and recommended a larger sample size for future studies that may better evaluate the effectiveness of the 10-minute preceptor model. Finally, the authors recommended that agreement that future studies are needed to include preceptor surveys., The authors concluded that adopting the 10-minute preceptor model in the transition of

new- to-practice- nurses will reduce their work stress and help them gain favorable experiences transitioning from nursing students to the role of new-to-practice RNs.

Washington (2012) conducted a study to verify the presence and identify the level of performance anxiety in a sample of new-to-practice RNs. Thirty-four new-to-practice RNs enrolled in the 6-month nurse residency program and participated in the study. Participants were employed in 15 healthcare organizations in critical care, medical-surgical units, obstetrics, pediatrics, perioperative services, skilled nursing, behavioral health, and emergency departments. The participants self-administered a demographic survey and the Clinical Experience Assessment Form to measure performance anxiety at the beginning and end of the program. Included in the demographic survey tool was a 4-point Likert statement related to the level of personal anxiety at baseline assessments to determine if personal anxiety influenced performance anxiety experienced at work. Kleehammer and colleagues' Clinical Experience Assessment Form was used to identify clinical experiences that impact performance anxiety.

The study's findings indicate that at the end of the residency program, the participants reported decreased performance anxiety in communication, interaction, evaluation, and observation (Washington, 2012). Participants in critical care scored the lowest in anxiety which could be attributed to a decreased client ratio compared to higher anxiety levels of nurses employed on medical-surgical units. The participants' relatively low level of personal anxiety may also have been a factor in the low-performance anxiety levels (Washington, 2012). The author identified limitations to the study related to most of the study's participants being between the ages of 20 and 29 and that the results might be different if the participants were more widespread in age. Another study limitation is that not all hospitals have a residency program and that new nurses new to critical care are assigned a 1:1 ratio versus multitasking and problem-

solving in a medical-surgical unit where new nurses require more organization skills which can also increase the experience of anxiety. Supportive relationships with preceptors, time elapses in practice. An increased comfort level with the responsibilities of the professional nurse contributed to the decreased performance anxiety and may have also contributed to the decrease in performance anxiety scores (Washington, 2012). Clinical teaching, role modeling the behaviors of the professional nurse, and learning from the preceptors' experiences may all have been factors.

The results from the clinical experience assessment form indicating significant performance anxiety might be helpful to incorporate in postgraduation transition programs to develop strategies to assist new practice nurses with performance anxiety and support the success of transition programs (Washington, 2012). The author recommended additional research using the modified Clinical Experience Assessment Form with new-to-practice RNs - RNs to validate its reliability and diverse sample size to assist healthcare organizations and others involved with transitioning new-to-practice RNs - RNs.

Clipper and Cherry (2015) analyzed and evaluated a structured preceptor-training program to determine if a preceptor-training program contributes to positive experiences, decreases transition shock, and increases retention of new-to-practice RNs during the transition. The study measured the perceptions of transition to practice and first-year retention of two groups of new-to-practice RNs. A total of 138 participants who graduated from accredited nursing programs with less than 1 year of work experience enrolled in the study. The new-to-practice RNs assigned to preceptors who completed structured preceptor training comprised 62 participants. The second group of new-to-practice RNs assigned to preceptors with unstructured preceptor training comprised 76 participants. A 16-question survey based on the attributes of

Drenchers' transition shock theory was used to gather data regarding new-to-practice RNs' perceptions of the transition experiences, their preceptor's effectiveness, and the attrition of new-to-practice RNs for 1 year.

To analyze the data, the Mann-Whitney U test was used. The sample comprised 159 participants who completed the survey; 42.8% responded (Clipper & Cherry, 2015). Significance (alpha) was set at 0.05. The survey tool had a Cronbach's alpha of 0.954, which indicates strong internal consistency reliability. The study's findings showed that new-to-practice RNs assigned to preceptors that completed structured preceptor training had an increased, more positive self-perception in their capability to deliver safe, competent nursing care and increased retention in their first year of nursing practice. Therefore, the authors recommended that a structured preceptor-training program might contribute to a positive experience for new-to-practice RNs ring the transition and decrease nurse turnover in the first year of nursing practice. However, a significant limitation of the study was that 59 new practice nurses from 1 healthcare organization completed the study. Therefore, the authors recommend further research to replicate the study, including larger sample size and different organizations to determine correlations between structured preceptor-training programs and the necessary resources to support preceptor programs to improve new-to-practice RNs' transition.

Summary (Overall)

The strength of the current evidence reaffirms that new-to-practice RNs experience challenges during the postgraduation transition into the first year of clinical practice and realize that encountering new-to-practice RNs' many stressors is critical to successfully transitioning to competent work status (Boswell & Sanchez, 2020; Kiger et al., 2022; Rebal et al., 2022). New-

to-practice RNs encounter stress transitioning from the nursing student role to the role and new-to-practice RNs' personal and professional related stress (Boswell & Sanchez, 2020; Kiger et al., 2022; Rebal et al., 2022). Transitioning to the role of a new-to-practice RNs is complex and multifaceted as these RNs are challenged with self-efficacy, peer and preceptor relationships, work environment, organization, priority setting, and physician communication (Boswell & Sanchez, 2020). The challenge of role transition and how new-to-practice RNs adapt to their roles are correlated to anxiety, while emotional health was linked to nursing retention; incorporating structured programs during transition to address anxiety and other emotional needs is critical for a successful RN transition (Rebal et al., 2022). The importance of the preceptor or mentor during the transition and the need for preceptors who are deemed experts in a nursing specialty and willing to precept is essential to the stressful transition of new-to-practice RNs (Boswell & Sanchez, 2020; Kiger et al., 2022; Rebal et al., 2022). Unsupportive feelings, inadequate preceptorship, poor communication, and unfriendliness of unit culture contributed to the new practice nurses feeling stressed, lonely, dissatisfied, unsafe, and abandoned during the transition (Kiger et al., 2022).

Three articles addressed the value of transition programs; they mentioned that the challenge of anxiety in the roles was lacking in a structured new-to-practice RNs' supportive program. (Boswell & Sanchez, 2020; Kiger et al., 2022; Rebal et al., 2022). Understanding and identifying stressors can aid the transition to practice programs in assisting new-to-practice RNs during the transition into the practicing nurse role, and decrease the challenges of nurse burnout and nurse turnover, thereby securing the future of nursing, addressing the financial stress faced by new-to-practice RNs aid retention (Boswell & Sanchez, 2020).

Theoretical Framework

Meleis's (2009, 2010) transition theory is the theoretical formwork supporting this descriptive comparative study. Meleis outlined a theory that provides a systematic approach that traditional, non-traditional, new-to-practice RNs, preceptors, and leaders in healthcare organizations can utilize with nurses in transition. Transition means the passage from one life phase, condition, or status to another, and being a new-to-practice RNs is a significant transition period and can be linked to stress, role changes, and being surrounded by socio-culturally oriented meanings (Meleis, 2009, 2010). Meleis' Transition Theory includes transitions' nature and conditions, response patterns, and nursing therapeutics. *Nature of transitions* refers to the characteristics creating a transition experience, including transition types, patterns, and properties. *Transition conditions* include characteristics that can facilitate or hinder a healthy transition, such as socioeconomic status, cultural beliefs, and attitudes. *Patterns of response* represent the indicators of healthy development, which are conceptualized as the progress and outcome indicators (Meleis, 2009, 2010). The theory also identifies significant transition characteristics: awareness, engagement, change and difference, transition period, critical points, and events. These properties are the interrelated features of a complex process that influence successful transitions and response patterns (Meleis, 2009, 2010).

The transition patterns are interconnected to whether an individual has experienced single, multiple, sequential, simultaneous, related, or unrelated transitions, and the transition properties are the individual's perceptions of the transitional experience, whether they are engaged, changed, supported, or whether they experience a sense of loss, the time frame and critical occurrence that the individual deems essential (Meleis, 2009, 2010). Interconnected are also the individual's transition conditions, including personal and environmental characteristics.

Individual perceptions of health, cultural beliefs, socioeconomic status, level of preparation, and knowledge are embedded in personal characteristics. Patterns of response consist of progress and outcome indicators. Progress characteristics include feeling connected, interacting, location (e.g., physical or geographic) and being situated (e.g., time, space, and relationships), and developing (Meleis, 2009, 2010). Transition conditions include socioeconomic status, cultural beliefs, and attitudes, which can facilitate or hinder a healthy transition. Transition practices involve understanding the transition process for the individuals' experience, identifying their needs and the risks they may encounter, and planning interventions to improve their well-being (Meleis, 2009, 2010). Environmental characteristics relate to the resources in the workplace, community, and societal conditions. The nursing therapeutics during transition include readiness and risk assessment, transition preparation, role supplementation, a healthy work environment, and monitoring. Outcome indicators include mastery and fluid integrative identities; new practice nurses with sufficient knowledge and support during transition feel connected and engaged and develop self-confidence to better deal with the roles as new registered nurses (Meleis, 2009, 2010). Nursing therapeutics should be identified, clarified, developed, tested, and evaluated during the transition; therefore, it is imperative to clarify confusion and perceptions of disconnect, acknowledge milestones and achievements, and debrief to attain desired goals and objectives to facilitate transition mastery (Meleis, 2009, 2010).

During a transition, people experience stress and anxiety. This also applies to new-to-practice nurses who often report stress and anxiety at the start of transition programs complicated by their experiences with stress and anxiety in undergraduate education. A successful transition includes increased knowledge, new skills attainment, and a sense of belonging. By understanding the experiences of anxiety-related stress of new-to-practice RNs in transition, transition programs

can develop effective strategies to facilitate successful transitions, improve transition experiences, promote and support competent new-to-practice RNs, and decrease the stress, anxiety, burnout, and turnover experienced by new practice nurses thereby securing the future of nursing.

Meleis's (2009, 2010) transition framework structures the comparison of new- to practice-nurses anxiety that graduated from traditional versus non-traditional prelicensure nursing programs. New RNs enter a transition period from postgraduation to clinical practice during the first year of nursing practice. The framework provides a lens for considering the concepts of Meleis's frame of anticipating, experiencing, and completing phases of transition and the types of experiences graduates face during developmental, situational, wellness/illness transition, organizational transition, and cultural transition. During the transitional timeframe, new-to-practice RNs experience developmental changes (novice nurse to beginner nurse) (Benner, 1984), situational (transition from nursing school to clinical practice), organizational (changes from support from didactic faculty and clinical instructor to preceptors, managers, and other organizational leaders), and culture (academic culture to work culture). Additionally, transition programs prepare individuals for transitions that may make them vulnerable and facilitate learning new skills related to their health and illness experiences (stress, anxiety, loneliness, burnout). The Transition Framework of Meleis (2009, 2010) can assist new-to-practice RNs, preceptors, and healthcare organizations in orienting strategies that support traditional and non-traditional new-to-practice RNs throughout their transition to clinical nursing practice.

Method

Design

This descriptive comparative design study (Polit & Beck, 2017) compared the anxiety levels of new-to-practice RNs that graduated from a traditional schedule, a prelicensure nursing program to the anxiety of new-to-practice RNs that graduated from a non-traditional schedule, a prelicensure nursing program. The independent variable is the type of BSN program schedule which varies by traditional versus non-traditional student experience. The dependent variable is state anxiety, measured by the State Anxiety Y1, part of the Spielberger State-Trait Anxiety Inventory (STAI) (Spielberger et al., 1970; Spielberger, 1983).

Sample and Setting

A convenience sample of new-to-practice RNs who graduated from a traditional BSN or non-traditional prelicensure schedule of the Nursing Program at La Salle University's School of Nursing and Health Sciences was recruited. The inclusion criterion for the traditional nurse graduates was those who completed the prelicensure curriculum in May 2022 (traditional) or the non-traditional nurses who completed the curriculum in August 2021 and August 2022. The new RNs were currently employed in nursing positions in hospitals for less than 1 year of nursing practice. Nurses with more than 1 year of nursing experience were excluded, as were those graduating from entry-level graduate Associate Degree Nursing (ASD) and entry-level MSN programs.

The sample size obtained graduates of both types of schedules and included a minimum of 26 graduates of each program. A total of 100 new-to-practice nurses were invited to participate in the study, accounting for the attrition rate for the sample size. This study used a

power analysis of 80% for all sample size estimations to avoid a type II error (Sear et al., 2021). The software Statistical Package for the Social Sciences (SPSS) (IBM SPSS, Armonk, NY) was used to compute power analysis.

Ethical Considerations

The institutional review board (IRB) at La Salle University granted human subjects approval to conduct the research. Expedited review status was obtained. The consent form and email script identified the IRB number and date of approval. The potential study participants were identified following permission to access the personal email addresses of graduates. In accordance with La Salle University IRB policy, the data collected will be stored for 7 years and then destroyed.

Each potential study participant received an invitation to participate in the study by email. The researcher sent an email script describing the study and attached the consent form. The participants were anonymous and received no financial incentives. The risk and benefits of participation in the study were explained, and the confidentiality of the participants was protected by storing documents in a locked cabinet, and all personal identifiers were deleted from study documents. The Project Team Chair and Reader had access to the data.

Instrumentation

Sociodemographic data (sex, marital status, age, months since being employed as a new - to-practice RN, type of prelicensure program schedule) were collected via Qualtrics using a project-director-created form. The sociodemographic variables were added to the last section of the Qualtrics instrument. The Spielberger State-Trait Anxiety Inventory (STAI) was the instrument that measured state anxiety. The current edition is Form Y, STAI Form. The STAI is

the most frequently used measure of state and trait non-disorder-specific anxiety with excellent psychometric properties (Barnes et al., 2002; Panteleeva et al., 2018). The STAI is an instrument that quantifies adult anxiety. This instrument is used to simplify the separation between state anxiety and trait anxiety, feelings of anxiety, and depression. The STAI includes a self-reported 40-question response taking approximately 10 to 20 minutes to complete. This test is split into the S-Anxiety and T-Anxiety scales, each having 20 items. State anxiety is characterized as a temporary, momentary emotional status resulting from stress related to a situation. Trait anxiety is characterized by a predisposition to react with anxiety in a stressful situation. The reliability and validity of STAI has a Cronbach's alpha of 0.896 and could be a reliable and valid instrument for this study sample (Spielberger et al., 1970; Spielberger, 1983). The S-Anxiety scale was administered in this study; it measures how one feels in the moment.

The State STAI test component was answered based on a 1- to 4-point scale: 1) not at all, 2) somewhat, 3.) moderately so, 4) very much so. The State scale consists of 20 items each. The scale has 10 reverse-scored items (Spielberger et al., 1970; Spielberger, 1983).

The project director emailed the publisher to get permission to use the inventory. The fee of \$210.00 for 150 copies of the assessment inventory (Spielberger et al., 1970; Spielberger, 1983) was paid. Internal consistency coefficients for the scale range from .86 to .95; test-retest reliability coefficients range from 0.65 to 0.75 over a 2-month interval. State anxiety scores range from 20 to 80, with higher scores correlating with more significant anxiety (Spielberger et al., 1983).

Procedures for Data Collection

A script included the link to the anonymous, Qualtrics-formatted survey and briefly described the study. The Qualtrics surveys were sent to the personal emails of potential study participants. Recruited participants were invited to complete the survey in 2 weeks.

The socio-demographic data (sex, marital status, age, months since being employed as a new -to-practice RN, time with the preceptor, preceptorship completion (graduates from a BSN nursing program) were collected via Qualtrics using the project-director-created form. New-to-practice RNs' profile and the S-Anxiety component of the STAI (Spielberger et al., 1970; Spielberger, 1983) was formatted as a Qualtrics survey. The survey was sent via email to new-to-practice RNs. They graduated from traditional and non-traditional schedule prelicensure nursing programs with less than 1 year of nursing practice. The study excluded new-to-practice RNs that graduated from accelerated or entry-level master's programs.

A sample of 100 new-to-practice RNs was invited to participate in the study, accounting for the attrition rate of the sample size. A total of 52 new-to-practice RNs were needed for the study: 26 graduates from traditional scheduled programs and 26 graduates from non-traditional scheduled programs. The study participants were primarily from La Salle University, employed at any hospital. New-to-practice RNs who voluntarily agreed to participate in the study were included.

Data Analysis

Descriptive statistics were calculated on RN demographic characteristics (frequency, Mean, SD, and Min-Max) and the two groups (traditional versus non-traditional) anxiety scores (Mean, SD, Min-Max). Total anxiety scores were calculated.

The data on the 10 reverse-scored items were corrected prior to data analysis. The anxiety scores of new-to-practice RNs in their first year of nursing practice were compared by the type of prelicensure program schedule that they attended. A pooled variance, independent T-test, compared whether the averages of two data sets on anxiety were significantly different (Polit & Beck, 2017). The alpha level was set at $\leq .05$. A statistically significant, two-tailed alpha level indicates strong evidence against the null hypothesis and a $\leq .5\%$ probability that the null is incorrect. Therefore, the researcher rejects the null hypothesis and accepts the alternative hypothesis (Polit & Beck, 2017).

Results

Descriptive Statistics

Demographic Characteristics

Chi-Square tests on gender, marital status, time with a preceptor, preceptor completion, and nurse residency completion by type of program did not differ statistically. However, according to Levine's test for Homogeneity, age approached but did not reach significance at the $p = .061$, pooled variance T-Test. See Table 3 for the demographic characteristics of new-to-practice RNs participants.

Descriptive Statistics Anxiety Total Score

Three RN participants did not identify the type of schedule, traditional versus non-traditional. See Table 3. However, 72 participants completed all 20 Spielberg State Anxiety Inventory items. Scores ranged from 36 to 80. The mean of the total new-to-practice RNs sample for State Anxiety was 40.50, and the Standard Deviation was 7.34. The mean indicates moderate

anxiety (Kayikcioglu et al., 2017). The Cronbach's alpha coefficient for 72 participants was .78 for State Anxiety.

Inferential Statistics

A pooled variance, independent sample T-Test was used to test the hypothesis that the anxiety scores differed by group. See Table 5 for the T-Test results; anxiety scores did not differ at a statistically significant level. Group standard deviations varied minimally. However, evaluating other instruments that could reflect new-to-practice RNs' anxiety may be worthwhile.

Discussion

New-practice- RNs graduating from a traditional or non-traditional (evening/weekend) schedule BSN programs might experience anxiety and worry, decreased self-confidence, and feelings of depression and humiliation, resulting in increased work-related stress and decreased optimal performance, compromising the safety and quality of patient care (Reebals et al., 2022). Additionally, the experiences of new-to-practice RNs who graduated from traditional versus non-traditional schedule BSN degree programs could differ (Bahrainwala, 2020; Horn, 1996; Salari et al., 2020).

This project aimed to compare the anxiety of new-to-practice RNs who graduated from a traditional schedule to those of new-to-practice RNs who graduated from a non-traditional BSN program. The study's findings indicated no significant difference in the reported State anxiety levels of new-to-practice RNs by schedule. The scores of 72 participants that completed all 20 of the Spielberg State Anxiety Inventory items indicated a moderate anxiety level, as did the anxiety scores of both groups. Anxiety scores range from 20 to 80, with higher scores correlating with more significant anxiety (Kayikcioglu et al., 2017; Spielberger et al., 1983).

However, the highest-ranked items were, I am tense, I feel strained, I am presently worrying over possible misfortunes. I feel frightened, I feel nervous, I am jittery, I feel indecisive, I am worried, and I feel confused. These items' scores were consistent for both the traditional and non-traditional new-to-practice RNs.

Understanding differences in new-to-practice RNs' anxiety and identifying interventions to support new-to-practice RNs could decrease nurse turnover, increase nurse retention, decrease anxiety in non-traditional and traditional new-to-practice RNs, and support new-to-practice RNs during their role transition to clinical practice. Meleis transition theory reaffirms the complexity and challenges of new-to-practice RNs and the need for health and therapeutic transition for new-to-practice RNs.

Limitations

Two limitations of the descriptive comparative study were the use of a convenience sample and the participants' homogeneity. The participants from the study graduated from one traditional (day) and non-traditional (evening/weekends) scheduled BSN nursing program. The sample's homogeneity may have influenced findings on differences in RNs' anxiety when comparing new-to-practice RNs nurses from traditional or non-traditional BSN nursing programs.

The Spielberger State-Trait Anxiety Inventory (STAI is supported by extensive reliability and validity in measuring anxiety (Barnes et al., 2002; Kayikcioglu et al., 2017; Panteleeva et al., 2018). However, because the S-Anxiety scale was used to measure new-to-practice RNs' experience with anxiety in this study, measuring how one feels at the moment could change considering situational factors, for example, at work or the end of a shift. Another limitation of

the study is that other instruments may measure new-to-practice RNs' anxiety more sensitively, such as The Depression Anxiety Stress Scale used to assess the mental states' prevalence and risk factors in 102 Australian nurses (Maharaj et al., 2018).

Therefore, findings related to the anxiety of new-to-practice RNs from traditional and non-traditional schedules and prelicensure nursing programs need further study. Future research could include a sample of new-to-practice RNs from different geographical locations and extensive probability sampling, where participants are randomly selected.

Implications

Anxiety experienced by new-to-practice RNs during their transition to clinical practice has been at the forefront of nursing research in an attempt to assimilate new-to-practice RNs into clinical practice (Chen et al., 2021). Current statistics have validated increased nurse turnover, nurse shortage, job dissatisfaction, medication errors, and compromised quality of client care and safety (Chen et al., 2021; Kovner et al., 2014). Anxiety-provoking stressors such as the knowledge gap in the clinical setting should alert healthcare organizations to focus on the stressors affecting new-to-practice RNs during their transition to clinical practice to secure the future of nursing. Understanding the anxiety new-to-practice RNs might experience during their transition can foster and maintain competent new-to-practice RNs.

Future Projects and Plans

A research study can be implemented as a large randomized study across the state and national geographical locations during the transition of new-to-practice RNs in clinical practice to optimally assess the anxiety of new-to-practice RNs. Further research is needed to examine new-to-practice RNs' experiences with anxiety who graduated from accelerated and entry-level

master's nursing programs, as differences in life experiences might impact the anxiety of new-to-practice RNs during their transition to clinical practice. Additionally, preceptors and mentors like new-to-practice RNs have experienced difficulty with anxiety post-COVID-19, impacting the healthy transition of new-to-practice RNs. Further research is needed to examine post Covid-19 experiences of anxiety in preceptorship relationships with new-to-practice RNs during their transition to practice.

Meleis's (2009; 2010) transition theory discussed in this project can be utilized during the transition of new-to-practice RNs to clinical practice to foster healthy transition outcomes while securing the future of nursing. Additionally, the findings of the scholarly project can be published to educate healthcare stakeholders on the differences in anxiety that might exist in new-to-practice RNs that graduated from a traditional (day) and a non-traditional (evening/weekend) nursing program.

Conclusion

The study provides evidence that there is no significant difference in the anxiety levels of new-to-practice RNs who graduated from a traditional (day) or non-traditional (evening/weekends) schedule when transitioning to clinical practice. Perhaps measuring anxiety at the end of a shift could generate different findings. Understanding new-to-practice RNs' anxiety and identifying support strategies and interventions to support new-to-practice RNs might decrease nurse turnover, increase nurse retention, decrease anxiety in new-to-practice RNs, and support new-to-practice RNs during their role transition while increasing client safety and securing the future of nursing.

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Table 1*Search Process for Review of Literature*

Database	Total Articles	Articles Remaining After Title Review	Articles Remaining After Abstract Review	Articles Retrieved and Examined	Articles that fit Inclusion Criteria
La Salle University's Summon	617	12	12	12	7
Cochrane Library	15	0	0	0	0
Joanna Briggs Institute EBP Database	23	0	0	0	1
CINAHL	33	12	4	4	0
Medline	27	4	4	4	0
PubMed	35	14	14	10	6
ProQuest Dissertations & Theses Global	491	20	10	6	5

Note. Number of duplicate articles removed = 5

Table 2*Systematic Review: Anxiety in Traditional and Non-traditional New-to-practice RNs Registered Nurses in Transition*

Database # Article First Author, Year (Full citation in References)	Purpose of Study Major Variables (IV, DV) or Phenomenon	Theory/ Conceptual Framework	Design	Measurement Major Variables (Instrument)	Data Analysis (Name of Statistics, Descriptive, Inferential, and Results)	Findings	Evidence Level of Research & Quality John Hopkins Nursing Evidence-Based Practice
Joanna Briggs Sampson, 2020	To evaluate The Mind-Body Strong intervention evaluates 6-month effects on new nurses regarding mental health, healthy lifestyle behaviors, and job satisfaction. IV – New Nurses DV – Strategies to improve mental health	Cognitive Behavioral Theory	A 2-group randomized controlled trial	Intervention group received eight 30 to 35-min—weekly sessions. The control group received 8 weekly 30 to 35-min. Debriefing sessions.	Data were analyzed using IBM SPSS Statistics (Version 23; IBM Corp., Armonk, NY, USA) Data analysis for outliers and normality using histograms and frequency tables.	Initial study: No significance between average group differences at baseline Repeated measure results: ANOVA: significant differences in stress 6-month time point: The control group's mean scores were higher than intervention	I-A

	Effects of interventions on healthy lifestyle behaviors and job satisfaction.					group for mental health variables.	
LaSalle University Summons Rainbow, 2019	To explore and analyze the clinical experiences of second-degree career nurses in nursing practice. IV – Second-degree nurses DV – Clinical experience	None Specified	Mixed-Methods Study	Utilized qualitative interviews with nurses with 1 year of practice and a longitudinal survey of nurses' perceptions of stress, coping, and burnout first year of practice.	Qualitative data ($n = 15$) were analyzed using latent thematic analysis and following COREQ guidelines. Descriptive and effect size analysis of quantitative data ($n = 122$) - conducted to assess for significant differences across time frame	The thematic analysis identified three themes: Stressors and Coping, Prevalence of Burnout and Presenteeism, and Difficulty Describing Nursing's Role. The quantitative findings showed that participants' self-compassion decreased over their first year of practice. Stress levels, presenteeism	I-A

						, and burnout increased by year 1.	
ProQuest Phillips, 2017	To explore supporting graduate nurses' transition to practice through a quality assurance feedback loop IV – Graduate nurses' transition DV – A quality assurance feedback loop.	Benner Novice to Expert Duchscher's Transition Theory and Shock Model	Mixed-Method Qualitative and Qualitative	Graduate nurses from two healthcare organizations completed a short survey questionnaire every 4 weeks for 12 months 4 phases of the study; each phase lasted 3 months	Survey Monkey® to SPSS. Descriptive statistics (counts, percentages, means, and standard deviations) were calculated. Independent samples t-tests used to compare health services in the surveys and general linear models for the monthly surveys.	Quantitative results: no significant NLRNs satisfaction scores between healthcare organizations . 1 healthcare organization increased performance improvement and job satisfaction R/T monthly communications with NLRNs	I-A
La Salle University Summons Boamah, 2016	To evaluate the influence of areas of work-life fit and work-life interference on burnout	Maslach and Leiter	A non-experimental survey design	A cross-sectional survey of 215 new to-practice nurses working in Ontario acute hospitals	The fit indices indicated a good fit of the data to the hypothesize	Person-job mismatch and work-life had a significant adverse	II1-A

	<p>and turnover intentions among new graduate nurses.</p> <p>IV - Areas of work-life fit and work-life interference</p> <p>DV – Burnout and turnover intentions</p>				<p>d model [$\chi^2 = 247$, d.f. = 122, $P = 0.001$, $\chi^2/d.f. = 2.32$ Incremental Fit Index (IFI) = 0.954 Comparative Fit Index (CFI) = 0.953, Root Mean Square Error of Approximation (RMSEA) = 0.06].</p>	<p>effect on burnout which in turn had positive effect on turnover intentions.</p>	
<p>LaSalle University Summons Kiger, 2022</p>	<p>To identify and describe how the attributes of persons associated with NRPs influence NLRNs' transition to practice from the perspectives of NLRNs.</p>	<p>Duchscher Theory</p>	<p>A qualitative descriptive study N-20 Inclusion Criteria: (a) BSN or ADN (b) Employed in the hospital setting</p>	<p>in REDCap, a secure web application for data capture. Recruitment: Social media platforms, membership announcements, knowledge of NPRN's practice nurses Interviews Videotaping</p>	<p>data were analyzed using conventional content analysis</p>	<p>5 attributes include: supportive/unsupportive available/unavailable, friendly/unfriendly, communicative/uncommunicative, and having expertise/not having</p>	<p>111-A</p>

	<p>IV - attributes of persons associated with NRPs</p> <p>DV - NLRNs' transition to practice</p>		<p>(c) Employed in a medical-surgical</p> <p>(d) Completed an NPRN Nurse Residency Program</p>			<p>expertise of residency program directors, educators, preceptors, mentors, unit leaders, colleagues, support or hinder the success of NPRNs.</p>	
<p>PubMed</p> <p>Ebrahimi, 2016</p>	<p>To evaluate the emotional support for newly graduated nurses in the clinical setting.</p> <p>IV – New nurses in the clinical setting</p> <p>DV – Emotional support</p>	<p>Duchscher Theory</p>	<p>A qualitative study</p>	<p>Semi-structured interviews with 18 qualified nurses. A purposive sampling approach was used for inclusion criteria.</p>	<p>Interviews analyzed using conventional content analysis</p>	<p>Emotional support emerged in 4 categories: 1. Assurance, 2. Creating a sense of relaxation and security 3. Lifting spirits, and 4. emotional belonging and involvement.</p>	<p>11I-A</p>
<p>PubMed</p> <p>Washington, 2012</p>	<p>To evaluate the presence and identify the level of</p>	<p>Peplau Theory</p>	<p>N-34 NLRN's</p>	<p>Kleehammer and colleagues' Clinical Experience</p>	<p>The Statistical Package for Social</p>	<p>1. Participants reported decreased</p>	<p>I-A</p>

	<p>performance anxiety in a sample of new graduate nurses.</p> <p>IV – New graduate nurses</p> <p>DV - Levels of performance anxiety</p>		<p>Participants employed in 15 different hospitals in a 6mth transition program</p>	<p>Assessment Form used to identify clinical experiences that induced performance anxiety</p>	<p>Sciences, Grad Pack version 17 (IBM Corporation, Armonk, New York), was used to analyze the data</p>	<p>performance anxiety in communication, interaction, evaluation, and observation.</p> <p>2. Participants in critical care scored lowest in anxiety</p> <p>Participants in Medical-Surgical scored highest in anxiety.</p>	
<p>LaSalle University Summons</p> <p>Kim, 2020</p>	<p>To evaluate the barriers and facilitators for a successful transition in new graduate nurses</p> <p>IV - Successful transitions in</p>	<p>None Specified</p>	<p>A Convergent Mixed-Method Study</p>	<p>focus group interview design</p> <p>The study used the Casey-Fink Graduate Nurse Experience Survey 1999, revised: 2002 and 2006</p> <p>Self-efficacy was measured using the Nursing Profession Self-Efficacy Scale (NPSES)</p>	<p>Nursing Profession Self-Efficacy Scale (NPSES)</p> <p>Cronbach's alpha was 0.83 in the original study and 0.85 in the</p>	<p>Findings: Significant factors affecting transition ($R^2 = 0.41$, $F = 35.29$, $p < .05$) included self-efficacy ($\beta = 0.27$, $p < .01$), job satisfaction</p>	<p>1I-A</p>

	<p>graduate nurses.</p> <p>DV - Barriers and facilitators in transitions.</p>			<p>Work stress was measured using the Expanded Nursing Stress Scale (Condition for Workplace Effective Questionnaire II (CWEQ II) was used to measure structural empowerment.</p>	<p>present study Expanded Nursing Stress Scale (ENSS), Cronbach's alpha was 0.96 (0.65–0.88) in the original study and 0.85 (0.70–0.84) in the present study Cronbach's alpha was 0.89 (0.67–0.89) in the original study and 0.76. Workplace Effective Questionnaire II (CWEQ II) was Cronbach's alpha was 0.89 (0.67–0.89) in the original</p>	<p>($\beta = 0.11, p < .01$), nursing stress ($\beta = -0.04, p < .05$), and structural empowerment ($\beta = 0.41, p < .01$). The qualitative findings supported the quantitative results and identified barriers-fears, workload, excessive role expectations, and emotional difficulties resulting from bullying. Facilitators: self-confidence, colleague interaction,</p>	
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					study and 0.76 in the present study.	positive and supportive work environments	
Pro Quest Taiwan Hu, 2015	To evaluate the work stress, turnover intention, work experience, and satisfaction with preceptors of new graduate nurses using a 10-minute preceptor model. IV - 10-minute preceptor model DV - work stress, turnover intention, work experience, and satisfaction in	None Specified	N-107 participants Experimental group N-44 NLRNs Control group N-44 NPRNs Supervisors and preceptors N-19	Data collected through self-reported questionnaires. The work stress questionnaire Anonymous written work experience surveys, including a work experience scale (WES) and a scale related to satisfaction with the preceptor.	SPSS version 19.0 software. Chi-square and independent tests. Generalized estimating equation with a Bonferroni adjustment. Significance levels of 0.0125 were set for the chi-square.	The NGNs in the 10-minute preceptor model group reported < stress levels and turnover intention than those in the traditional preceptor model group.	I-A

	graduate nurses.						
LaSalle University Summons Valdes, 2022	<p>The study examined if nurses hired into a specialty practice area that best matches their personality would have lower turnover, fewer transfers, and shorter orientation times.</p> <p>IV – Nurses hired into a specialty practice area</p> <p>DV-1 Nurses' personality DV-2 Lower turnover, DV-3 Fewer transfers</p>	None Specified	<p>N -1,712 graduate nurses Hired Dates between July 1, 2015 -July 1, 2019, 13 acute care hospitals. Demographic. Variables included age and gender</p>	<p>Relias Assessments- Prehire behavioral Test. Relias Assessments assess personality attributes, Big 5 Personality Inventory interviews by nurse managers and Talent Acquisition Specialist</p>	Independent-samples Correlation, SD, p scores	<p>Significant correlation between job fit score and orientation average (p =0.001). Orientation in Days = 75 Nurses with job fit scores > 75=129.01 orientation days Nurses with job fit scores <75 =135.51 orientation days Significant relationship between job fit score and turnover (p 0.66)</p> <p>58 nurses excluded from the orientation Independent-samples <i>t</i>-</p>	I-A

						test indicated little difference in job fit score between those with and without orientation length data, $t(1710) = -1.584, p = .1$	
ProQuest Boswell, 2020	Assessing Stressors for Interns: Using the Casey-Fink Graduate Nurse Experience Survey. DV: Assessing Stressors for Interns IV - Graduate Nurse Experience Survey	Duchscher Transition Shock Model.	All interns ($N = 145$) The Casey-Fink Graduate Nurse Experience Survey tool	The Casey-Fink Graduate Nurse Experience Survey tool - Administered at the beginning and end of the transition	SPSS [®] version 25, Tukey's Honestly Significance difference (HSD) analysis - comparison scoring	Answers to questions regarding anxiety (questions showed a statistically significant level was noted between the results obtained after the learning period) compared with the end of the supervision period (Tukey HSD,	I-A

						p = .013). A difference in stress levels was evident after focused learning. Using the ANOVA, a statistical significance was identified between the groups when the anxiety questions were coded to reflect the anxiety designation.	
Pub Med Clipper, 2015	To determine if a preceptor-training program contributes to positive experiences, decreases transition shock, and increases retention of new practice nurses during	Duchscher Transition Shock Theory	N =59 New to practice nurses N-41 Preceptors N-19 2 groups NLRN's	A 16-item, investigator-developed survey based on the attributes of transition shock theory (Boychuk Duchscher, 2009) was utilized to obtain data regarding NLRN perceptions of the transition process	The Mann-Whitney U test (Wilcoxon rank-sum) used for data analysis. Sample size included N=59 participants. Response rate -42.8%.	NLRNs assigned to preceptors that completed structured preceptor training Reported >self-perception in delivering safe, competent	I-A

	<p>their transition.</p> <p>IV - Preceptor-training program</p> <p>DV - Positive experience, transition shock, and increased retention.</p>		<p>Group 1 NLRNs assigned to preceptors with unstructured preceptor training</p> <p>Group 2 NLRNs assigned to preceptors with unstructured preceptor training.</p>	and effectiveness of preceptors	Significance (alpha) was set at 0.05. Survey tool had a Cronbach's alpha of 0.954, indicating strong internal reliability.	care and increased retention in their first year of practice.	
<p>PubMed</p> <p>Alshawush, 2021</p>	To evaluate if transition programs for new-to-practice RNs provide the support they need regarding bullying, workplace violence, and stress increase	Arksey and O'Malley	A scoping review of the current literature No date limit	<p>The PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews)</p> <p>Utilized Joanna Briggs search steps scoping review</p>	Most of the studies ($n = 13$) were from the United States, with three studies from Canada and three from Australia. The study designs	New practice nurses experiencing stress, workplace violence, and bullying are provided with resiliency coping strategies, workplace	II-B

	<p>the resilience of new-to-practice RNs during their transition to clinical practice.</p> <p>IV - Transition programs</p> <p>DV - Support regarding bullying, workplace violence, and stress.</p>			<p>methodology and reporting</p> <p>Manual reference lists Literature search conducted February 2020 and March 2020</p> <p>Inclusion criteria - 19 studies</p>	<p>were qualitative ($n = 8$), mixed methods ($n = 2$), descriptive retrospective ($n = 3$), longitudinal ($n = 3$), pretest post-test ($n = 2$), and randomized controlled trial.</p>	<p>safety, preceptorship, and mentorship programs during their transition.</p> <p>Decrease anxiety and stress, Increase retention</p>	
<p>PubMed</p> <p>Reebals, 2022</p>	<p>To synthesize the evidence on the transition process for newly graduated registered nurses and advanced practice nurses in hospital settings and identify enablers/barriers</p>	<p>None Specified</p>	<p>Systematic Reviews and Meta-Analysis. Integrative review</p>	<p>2 databases search yielded 23 articles</p> <p>Articles: Transition process, strategies, participant perceptions, and role implication on NLRN's</p>	<p>The selected articles included one (4%) randomized control trial (RCT) at level II, eight (35%) observational cohort studies at Level IV, two (9%) systematic reviews at</p>	<p>Findings: 3 major themes:</p> <p>A. Emotional support important for clinical competence.</p> <p>B. Role transition adaptation linked to anxiety C. Emotional health linked to retention.</p>	<p>II-A</p>

	<p>ers and mitigating strategies.</p> <p>IV - The transition process for registered graduate nurses.</p> <p>DV - enablers/barriers and mitigating strategies</p>				<p>Level V, 11 (48%) qualitative studies at Level VI, and one (4%) literature review at Level VII</p>		
<p>ProQuest Piccinini, 2018</p>	<p>To evaluate the effects of preceptor training on new graduate registered nurse transition experiences and organizational outcomes.</p> <p>IV – Preceptor training</p>	<p>None Specified</p>	<p>Literature review of 5 years Inclusion Criteria: 10 articles 24 additional articles</p>	<p>Hierarchy of evidence for intervention studies used to assess each study</p>	<p>2 controlled trials without randomization 5 systematic qualitative studies and 3 quantitative literature evaluation Matrix to facilitate synthesis.</p>	<p>10 studies indicated a positive effect of preceptor training on NLRN transition Measured outcomes: NLRN retention, critical thinking, and stress levels Individual study designs limit the</p>	<p>1I-A</p>

	DV – Nurse transition experiences and organizational outcomes.					quality of evidence	
ProQuest Turner, 2017	To evaluate Galbraith and Brown's original 1981 and 2008 evaluates progress made since 2008 and examine the strength of current research supporting non-pharmacologic stress management interventions for nursing students. IV – Nursing students DV - Progress made since 2008 regarding	Transactional Model of Stress and Coping	Search yielded 783 articles, including Medline-273, CINAHL 307 and 203 PsychIN-203. Inclusion Criteria - 26 articles	Article Categories: Stressors, coping, or reappraisal.	Summary of the design, sample size, methodology, and outcomes measures discussed & evaluate efficacy of articles Search yielded 26 articles	Increase in research on stress management for students Lack of: Sample size, longitudinal studies, diversity, lack of evidence for intervention support. Further research needs	III-A

	non-pharmacologic stress and management interventions.						
LaSalle University Summons Jarden, 2020	To analyze nurses' personal perceptions and experiences of psychological well and ill-being during their first year of nursing practice. IV -Graduate nurses DV - Experiences of personal perception and ill beings	Self-Efficacy Theory	Qualitative meta-synthesis. In-depth interviews , focus groups, or observation.	Databases included the Cumulative Index of Nursing and Allied Health Literature, Excerpta Medica database, Medical Literature Analysis, and Retrieval System Online and Psychological Information. Qualitative studies published in English from 2009-2019, NLRNs. 22 articles met the search criteria	1. Appraisal instruments - Joanna Briggs Institute. 2. Qualitative studies evaluated and appraised. Open card sort technique to organize matrix of NLRNs experiences	1. Patterns of positive experiences and emotions included. 2. Negative experiences and emotions	III-A
PubMed Harkins, 2019	To synthesize the scientific evidence about new graduate nurses' transition to practice in the acute care	None Specified	Integrative Review	Literature research from 7 electronic databases (CINAHL, MEDLINE, ProQuest, Cochrane, JBI, Wiley, and Scopus) was	Mixed Methods Appraisal Tool (MMAT). Twenty-six articles were reviewed, which	1. Personal life and coping mechanisms impact NLRNs' 2. Supporting NLRNs' is	II-A

	<p>setting and consider implications for nurses and nursing practice.</p> <p>IV - New graduate nurses'</p> <p>DV – Implications for nurses and nursing practice</p>			<p>conducted from 2006 to 2016. Eligible articles were critically reviewed and scored</p>	<p>included 19 qualitative, 5 quantitative, and 2 mixed methods studies</p>	<p>all nurses' responsibility</p> <p>3. Endemic workplace bullying</p> <p>4. Lack of consistency in preceptors' programs</p> <p>5. Lack of coping skills of NLRNs</p>	
<p>LaSalle University Summon</p> <p>Labrague, 2018</p>	<p>An integrative review of original studies conducted from 2002 - 2017 examining NLRNs transition stress experiences</p> <p>IV – New nurses</p> <p>DV – Stress experiences</p>	<p>None Specified</p>	<p>Integrative review analysis method guided the review synthesis of diverse methodologies (experimental and non-experimental research</p>	<p>Integrative systematic review 2002 -2017 CINAHL, SCOPUS, PubMed, PsycINFO, and MEDLINE.</p>	<p>22 articles analyzed and reviewed</p>	<p>NPLNs- low to moderate stress levels, R/T heavy workloads</p> <p>Decrease in nursing competence.</p> <p>Lack of data R/T individual and organizational factors contributors to stress in NLRNs.</p>	<p>II-A</p>

	during the transition period.						
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Table 3*Demographic Characteristics of Anxiety of New-to-practice RNs by Day Program and Evening/Weekend Program (N = 69)***

Characteristic*	Day Program			Evening /Weekend Program			Total Sample (N = 72)		
	<i>Mean(SD)</i>	<i>Min-Max</i>	<i>n(%)</i>	<i>Mean(SD)</i>	<i>Min-Max</i>	<i>n(%)</i>	<i>Mean(SD)</i>	<i>Min-Max</i>	<i>n**</i>
Age	28.69(5.81)	22-46	32	31.86(10.00)	22-54	35	30.34(8.37)	22-54	67(93.1)
Gender									
Male			5(15.6)			7(20.0)			12(17.9)
Female			27(84.4)			28(80.0)			55(82.1)
Marital Status									
Single			23(71.9)			22(62.9)			45(67.2)
Married			6(18.8)			6(17.1)			12(17.9)
Separated/Divorced			2(6.3)			2(5.7)			4(6.0)
Partner			1(3.1)			5(14.3)			6(9.0)
Months Employed as New-to-Practice RN	6.13(5.69)	0-24	30	5.26(2.89)	0-10	34	5.67(4.41)		64 (89.9)
Time with Preceptor									
0-3 months			16(50.0)			21(60.0)			37(55.2)
4-6 months			8(25.0)			8(22.9)			16(23.9)
7-9 months			4(12.5)			5(14.3)			9(13.4)

10-12 months			4(12.5)			1(2.9)			5(7.5)
Preceptor Completion									
Yes			15(46.9)			16(45.7)			31(46.3)
No			17(53.1)			19(54.3)			36(53.7)
Nurse Residency Completion									
Yes			9(13.4)			9(25.7)			18(26.9)
No			23(71.9)			26(74.3)			49(73.1)
Prelicensure Program Track**									
Day									32
Weekend/Evening									35
Missing									3

Note. *Some participants did not answer all demographic items. **Three participants did not answer the type or track of the undergraduate nursing program.

Table 4

Descriptive Statistics on Anxiety of New-to-practice RNs by Day Program and Evening/Weekend Program Types (N =69);

Item*	<i>Traditional (Day) Program</i>			<i>Non-Traditional (Evening) Program</i>		
	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>
1. I feel calm.	1.73	.45	33	1.78	.42	36
2. I feel secure.	1.61	.50	33	1.75	.44	36
3. I am tense.	2.61	.97	33	2.67	.99	36
4. I feel strained.	2.45	1.09	33	2.53	.97	36
5. I feel at ease.	1.58	.50	33	1.81	.40	36
6. I feel upset.	1.97	1.08	33	2.08	1.13	36
7. I am presently worrying over possible misfortunes.	2.64	1.14	33	2.39	1.20	36
8. I feel satisfied.	1.73	.45	33	1.75	.44	36
9. I feel frightened.	2.24	1.12	33	2.11	1.09	36
10. I feel comfortable.	1.61	.50	33	1.75	.44	36
11. I feel self-confident.	1.61	.50	33	1.64	.49	36
12. I feel nervous.	2.67	1.02	33	2.39	1.05	36

13. I am jittery.	2.36	1.14	33	2.22	1.15	36
14. I feel indecisive.	2.45	1.15	33	2.36	1.05	36
15. I am relaxed.	1.52	.51	33	1.69	.47	36
16. I feel content.	1.61	.50	33	1.64	.49	36
17. I am worried.	2.70	1.13	33	2.58	1.05	36
18. I feel confused.	2.30	1.26	33	2.06	1.04	36
19. I feel steady.	1.61	.50	33	1.72	.45	36
20. I feel pleasant.	1.61	.50	33	1.69	.47	36

Note: *4-point scale for S-anxiety: 1.) not at all; 2.) somewhat; 3.) moderately so; 4.) very much so. ** 3 RN participants did not identify the type or track of the program.

Table 5

Pooled Variance Independent T-Test Results on RNs' State Anxiety by Day Versus Evening/Weekend Schedule (N = 69)

Program	Mean(SD)	Min-Max	T-value	df	p	CI
Day Program (n = 33)	40.58(7.43)	36-57				
			-.020	67	.984	-3.641, 3.570
Evening/Weekend (n = 36)	40.61(7.55)	36-80				

Note: CI = confidence interval

Appendix A

Script

Dear Colleagues:

I am inviting you to participate in my study as I explore anxiety in new-to-practice traditional and non-traditional RNs in clinical practice.

I am asking you to read the items on the State anxiety by Spielberger scale and evaluate each action using a 4-point scale 4-point scale for S-anxiety: 1.) not at all; 2.) somewhat; 3.) moderately so; 4.) very much so.

Please see the Spielberger State Anxiety Scale (STAI) Qualtrics link for you to complete.

However, first, I am asking you to read the consent form part of the document. If you agree to participate in our study, mark Yes on the document.

Next, read each question and respond by marking the scale and selecting your answer. You will find demographic questions at the end of the document. Please answer those questions, too.

Please complete the instrument in Qualtrics. I will obtain it. (Sharon Mingo). mingo@lasalle.edu

Qualtrics Link: https://lasalle.qualtrics.com/jfe/form/SV_1G0aiirREygXvCu

Thank you, your assistance is greatly appreciated.

Sharon Mingo

IRB NUMBER: 22-12-

Appendix B

INFORMED CONSENT

You are being asked to participate in a research study. For you to decide if you want to volunteer for this project, you should make an informed decision based on an understanding of what this research is about and the possible risks and benefits. This process is known as Informed Consent. This document describes the purposes, and benefits, risks, and how your personal information will be used and protected. Once you have read this form and your questions about the study are answered, you will be asked if you want to take part in the study; if so, you will be asked to sign this consent form. This will allow your participation in this study. You will receive a copy of this document.

This research aims to compare the anxiety of new-to-practice RNs that graduated from a traditional prelicensure nursing program to the anxiety of new-to-practice RNs that graduated from a non-traditional prelicensure nursing program. Understanding differences in new-to-practice RNs' anxiety and identifying interventions to support new-to-practice RNs could decrease nurse turnover, increase nurse retention, decrease anxiety in non-traditional and traditional new-to-practice RNs, and support new-to-practice RNs during their role transition. If you decide to participate in this study, we will provide you with a link that will bring you to an anonymous online survey. On the first page of the survey, you will be given details about the study and asked to indicate your choice to volunteer. You will then be directed to a separate questionnaire to complete the survey. The 10-20-minute survey will involve answering basic questions about yourself (age, sex, traditional or non-traditional new-to-practice RNs and emotional experiences with anxiety during your first year as a new-to-practice RNs. You may

complete the surveys using your computer, smartphone, or tablet at any time convenient. You will be asked to return the survey within 2 weeks from the date you receive the survey.

Although there may be no direct benefit to you, results from this study will contribute to knowledge about the experiences of new-to-practice RNs in their first year of clinical practice, which may relate to improvements in how healthcare institutions respond to new-to-practice RNs' experiences with anxiety during their transition.

Risks from participation in this study are no more than minimal. There are no physical, social, or legal risks involved in participating. Although unlikely, participants may experience different emotions when responding to the questions in the survey. If you feel discomfort, you may contact Sharon Mingo @ mingo@lasalle.edu. Participants will not be compensated for the study.

We will not ask you for your name or any other identifying information. Your anonymity is protected through the design of the Qualtrics survey. The only identifiable information gathered will be your e-mail address, which will be collected through a separate survey link and will not be linked with survey answers. Data will be stored on the principal investigator's password-protected computer in the locked research room of (Sharon Mingo, Dr. Jeannine Uribe and Dr. Zane Wolf), and only this investigator and (of (Sharon Mingo, Dr. Jeannine Uribe and Dr. Zane Wolf),) will have access to the data. Electronic records will be stored for seven years after the study's completion and then permanently erased.

If you would like to know the overall findings of this study, you may contact

Sharon Mingo @ mingo@lasalle.edu; otherwise, you will not be informed of the results.

“Your participation in this study is completely voluntary. You do not have to

"Participation in this study is voluntary and anonymous. If at any time and for any reason you decide that you no longer wish to participate, you may end the session immediately with no negative consequences."

"It will not cost you to participate in this study, and you will not be compensated for your participation."

If you have questions, concerns, or complaints; need to report an injury related to the research; or would like to know the results of the study, please contact the investigator:

Sharon Mingo

Department of Nursing and Health Sciences

La Salle University 1900 W. Olney Avenue Philadelphia, PA 19141

Mingo@@lasalle.edu

267 984 6316

"The Institutional Review Board (IRB) of La Salle University is responsible for protecting individuals participating in this research project. If you have any questions or concerns regarding your rights as a research participant or any complaints about the research, please contact Sonni Rose Mazzone, Graduate Assistant at 267-902-3449 or irb@lasalle.edu. You may also write to the IRB Chair, Dr. Susan Borkowski, at the Department of Accounting, La Salle University, 1900 W. Olney Avenue, Philadelphia, PA 19141

CONSENT STATEMENT: I have read and understand the statements about this study and have received a copy of the consent form. My signature below indicates that the procedure has been explained to me and that I agree to participate in this research. I understand that I may withdraw my permission and may discontinue participation at any time without penalty or loss of benefits. I understand that I will receive no compensation for this study.

Participant's Name (Please print) ANONYMOUS IN QUALTRICS

Participant's Signature Date

This study (IRB NUMBER: 22-12-028) was reviewed and approved by the Institutional Review Board of La Salle University on January 27, 2023

Appendix C

Participant Demographic Profile

Gender

Male

Female

Marital Status

Single

Married

Separated/Divorced

Partner

Age

Months since being employed as a new-to-practice RNs

Time with the preceptor

0-3 months

4-6 months

7-9 months

10-12 months

Preceptor completion

Yes

No

Nurse Residency completion

Yes

No

Which nursing pre-licensure program track were you on?

Day

Weekend/Evening

Appendix D

Spielberg State Trait-Anxiety Inventory

Item

1. I feel calm.
2. I feel secure.
3. I am tense.
4. I feel strained.
5. I feel at ease.
6. I feel upset.
7. I am presently worrying over possible misfortunes.
8. I feel satisfied.
9. I feel frightened.
10. I feel comfortable.
11. I feel self-confident.
12. I feel nervous.
13. I am jittery.
14. I feel indecisive.
15. I am relaxed.
16. I feel content.

17. I am worried.

18. I feel confused.

19. I feel steady.

20. I feel pleasant.

4-point scale for Spielberg State Trait-Anxiety:

1.) Not at all

2.) Somewhat:

3.) Moderately so

4.) Very much so.