THE POTENTIAL VALUE OF ACADEMIC PRACTICE ORGANIZATION PARTNERSHIPS IN FACILITATING A POSITIVE TRANSITION EXPERIENCE FOR CANADIAN NEW GRADUATE NURSES

By

Rajkiran Ghatora

BScN, Ryerson University, Toronto, Ontario, 2011

A thesis

presented to Ryerson University

in partial fulfillment of the

requirements for the degree of

Master of Nursing

in the Program of Nursing

Toronto, Ontario, Canada, 2017

AUTHOR'S DECLARATION FOR ELECTRONIC SUBMISSION OF A THESIS

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners. I authorize Ryerson University to lend this thesis to other institutions or individuals for the purpose of scholarly research. I further authorize Ryerson University to reproduce this thesis by photocopying or by other means, in total or in part, at the request of other institutions or individuals for the purpose of scholarly research. I understand that my thesis may be made electronically available to the public.

THE POTENTIAL VALUE OF ACADEMIC-PRACTICE ORGANIZATION PARTENRSHIPS

IN FACILITATING A POSITIVE TRANSITION EXPERIENCE FOR CANADIAN NEW

GRADUATE NURSES

ABSTRACT

Rajkiran Ghatora

Master of Nursing Program

Ryerson University, Toronto, 2017

Canadian nurse leaders have called for academic and practice organizations to address ongoing issues in undergraduate nursing education and the new graduate nurse transition to the nursing role in the practice setting. The purpose of this study was to explore Canadian nurse leaders' perspectives of the potential value of academic-practice organization partnerships in facilitating a positive transition experience for Canadian new graduate nurses. An exploratory qualitative descriptive approach was employed using semi-structured interviews and conventional content analysis. Nurse leader participants reported value in academic and practice organizations communicating and collaborating to address matters contributing to the new graduate nurse transition to the practice setting. Implications for practice, education, policy and research are explored.

ACKNOWLEDGEMENTS

A heartfelt thank you to my thesis committee, or as I like to call them, the "dream team". I would first like to thank my thesis supervisor, Dr. Janice Waddell for her unwavering patience, guidance and support. I could not have done this without you. You encouraged me to achieve more than I ever imagined possible and always kept me focused. I sincerely appreciate everything that you've done. It was an absolute privilege and blessing to have you as my supervisor.

A sincere thank you to my committee members, Dr. Karen Spalding and Dr. Mary McAllister. Your continuous encouragement, guidance and dedication made this thesis possible. Thank you for reminding me to laugh and enjoy the process.

Lastly, thank you to my loving family and friends. Your unconditional support, understanding and belief in me throughout this journey inspired me to keep going.

DEDICATION

I would like to dedicate this thesis to my Mom, Dad and brother Harjit.

TABLE OF CONTENTS

CHAPTER 5: DISCUSSION, LIMITATIONS AND IMPLICATIONS

LIST OF APPENDICES

CHAPTER 1: INTRODUCTION

The new-graduate nurse's [NGN] transition to practice has been well documented in the literature as a period of stress and socialization. Researchers have highlighted the influence of the transition experience on job and career satisfaction, and turnover intentions of NGNs (Laschinger, Cummings, Leiter, Wong, MacPhee, Ritchie, & Read, 2016). There are concerns that the healthcare needs of an aging population will not be met due to a national nursing shortage and NGNs leaving their positions shortly after being hired. Practice organizations have implemented various transition initiatives to support NGNs as they assume the nursing role. Nurse leaders [NL] have called for academic and practice organizations to establish partnerships to address issues related to nursing education and the NGN transition (MacMillan, 2013). The focus of this study was to explore the potential value of academia and practice coming together in partnership to facilitate a positive transition experience for Canadian NGNs.

Background

The NGN transition to practice has been comprehensively explored in the literature and described as a period of socialization. NGNs can experience feelings of fear, uncertainty, anxiety, inadequacy, frustration, unpreparedness and isolation during this time (Ostini & Bonner, 2012; Dyess & Sherman, 2009; Duchscher, 2008). Some NGNs perceive the transition to be overwhelming, such that 17.5% of new nurses leave their practice within the first year (Kovner, Brewer, Fatehi, & Jin, 2014). Reports of NGNs leaving their practice, coupled with an aging nursing profession and an aging population nationally contribute to concerns of a national nursing shortage. The Canadian Nurses Association predicts a national nursing shortage of 60,000 nurses by the year 2022 (Canadian Nurses Association, 2009). NGNs have been identified as a key human health resource to address staffing shortages (Berhaus, Auerbach, & Stalger, 2009).

The transition process is a complex, multifaceted and highly individualized experience that varies based on the degree of support and preparation NGNs' receive. The provision of inadequate transition support can lead to a challenging transition experience, which in turn, can result in poor job satisfaction, burnout and low retention rates (Laschinger et al., 2016; Spooner-Lane & Patton, 2006). Practice settings have historically been responsible for transitioning NGNs, however Canadian NLs have recently called for academic and practice organizations to take mutual responsibility for NGNs' transition (MacMillan, 2013). In light of a paucity of published literature exploring Canadian academic-practice partnerships and the call for collaboration from Canadian NLs, there is a compelling need to explore the value of academic-practice partnerships.

Statement of Study Purpose

The purpose of this study was to explore the potential value of academic-practice organization partnerships in facilitating a positive transition experience for Canadian new graduate nurses, as perceived by Canadian NLs in the two settings.

CHAPTER 2: REVIEW OF THE LITERATURE

This literature review includes a discussion of the NGN transition experience, transition strategies developed and implemented by practice organizations, and academic-practice organization partnership transition initiatives. The majority of literature explores NGN transition initiatives implemented in the United States of America [USA] and by practice organizations, while there is minimal literature on Canadian and academic institution transition efforts. In this review, transition initiatives are categorized into sections based on type, and whether they were developed and/or implemented by practice organizations or by academic-practice organization partners. A summary of initiative objectives, common elements, and outcomes is provided within each section. Given the potential presence of unpublished transition initiatives, this review is limited to those published in literature.

Search Strategy

The NGN transition experience has been extensively explored and documented in the literature. A literature review was conducted to investigate the NGN transition experience and transition initiatives implemented by academia and practice organizations. To obtain literature, the electronic nursing databases Cumulative Index for Nursing and Allied Health [CINAHL], MEDLINE/OVID, and Proquest Nursing Journals were searched. Search terms included, "new graduate nurse", "transition", "transitional program", and "transition support". Reference lists of integrated and systematic reviews of transition strategies were also hand searched. Search terms used to locate academic-practice partnership initiative literature included, "academic practice partnership", "academic service partnership", and "collaborative partnership". These key terms were searched with "new graduate nurse" and "transition". Individual program types were also searched, such as "dedicated education unit", "nurse residency program", "orientation program", "mentorship program", "preceptor program" and "Ontario New Graduate Nurse Guarantee".

Searches were limited to English language and peer-reviewed literature published from 2005 to 2017. Searches were also initially limited to Canadian literature, which yielded minimal results, and were then expanded to include international studies. Literature was selected based on its relevance to the topic of investigation. Research, evaluative and descriptive literature is included in this review.

New Graduate Nurse Transition Experience

The transition from academia into practice has been identified as a period of socialization where NGNs begin to familiarize themselves with the scope and responsibilities of the nursing role (Duchscher, 2012). Learning the nursing role and developing a professional identity can be daunting tasks. In an effort to ease the transition, academia equips nursing students with theoretical knowledge and provides supervised practicum placements in a variety of clinical settings (Wolff, Pesut, Regan, & Black, 2010b; Ostini & Bonner, 2012). In spite of academic organizations' efforts to prepare students for their professional role, many NGNs face challenging transitions into practice (Duchscher, 2012). Upon entering the clinical setting, NGNs can experience reality or transition shock (Kramer, 1974; Duchscher, 2009). Literature included in this review refers to Kramer's term "reality shock" when discussing NGN participants' transition experiences. Reality shock is defined as an internal conflict in response to unanticipated disparities between expectation and reality (Kramer, 1974). NGNs may experience this phenomenon when encountering discrepancies between practice ideas taught in undergraduate education and professional expectations of bedside care (Kramer, 1974; Duchscher, 2009). Such discrepancies may stem from an inconsistent definition of practice readiness between academic and practice organizations (Wolff et al., 2010b; Lovecchio, Dimattio, & Hudacek, 2012). NGNs may be expected to perform skills or possess knowledge above and beyond their level of preparation, as each sector can hold NGNs accountable to

4

different standards of skill, knowledge and performance (Wolff et al., 2010b; MacMillan, 2013; Wolff, Pesut, & Regan, 2010a). When NGNs are unable to meet potentially unrealistic expectations, they can feel incompetent and be deemed unprepared by NLs (Kelly & Ahern, 2008; Wolff et al., 2010b; MacMillan, 2013). NGNs can also experience role performance stress and job dissatisfaction when they are not supported to meet expectations (Duchscher, 2009; Laschinger, 2012). Further complicating the transition experience, NGNs may encounter verbal abuse from physicians, heavy workloads, horizontal violence, incivility, bullying, and communication issues with staff (Duchscher, 2012; Maddalena et al., 2012; Kelly & Ahern, 2008; Laschinger, Grau, Finegan, & Wilk, 2010; Wing, Regan, & Laschinger, 2015). NGNs can also receive inadequate support and condescending or contradictory responses to questions (Maddalena et al., 2012; Dyess & Sherman, 2009; Kelly & Ahern, 2008). Consequently, many NGNs report feeling exhausted, overwhelmed, stressed, anxious, insecure, frustrated, lonely and fearful (Duchscher, 2012; Dyess & Sherman, 2009).

The absence of a shared definition of practice readiness, inconsistent expectations and seemingly unsupportive work environments appear to contribute to a challenging transition experience (Wolff et al., 2010b; Lovecchio et al., 2012).

Consequences of a Challenging Transition

Burnout.

Unable to cope with potentially unrealistic performance expectations, NGNs can experience role stress, which in turn can result in burnout (Spooner-Lane & Patton, 2006). Defined as "a psychological syndrome in response to chronic interpersonal stressors on the job," burnout is characterized by feelings of exhaustion, cynicism, job detachment, ineffectiveness and a lack of accomplishment (Maslach, Schaufeli, & Leiter, 2001, p. 399). NGNs experiencing burnout may also experience negative physical and mental health symptoms, such as anxiety,

depression and low-self esteem (Maslach, et al., 2001; Laschinger et al., 2010). The consequences of burnout can also significantly impact a practice organization, as emotionally detached nurses who remain in their jobs are likely to be less productive and may disrupt others' work (Maslach et al., 2001). Job detachment can further threaten the quality of care, therapeutic nurse-patient relationship, and patient outcomes (Maslach et al., 2001; Laschinger, 2012). As burnout can lead to absenteeism, the experience of job detachment may also place NGNs at an increased risk for not meeting their professional obligations (Laschinger, 2012; Laschinger et al., 2010; Maslach et al., 2001; O'Brien-Pallas, Griffin, Shamian, Buchan, Duffield, Hughes, Laschinger, North, & Stone, 2006). In summary, the effects of burnout can be detrimental to NGNs' personal health and wellbeing, patient care and the overall functionality of an organization.

Turnover and turnover intention.

Burnout and job dissatisfaction can result in turnover intention and turnover (Laschinger et al., 2009; Laschinger, 2012). Turnover and turnover intention are defined as an individual's intention or voluntary decision to leave his or her job, both of which are potential consequences of a challenging transition experience (Beecroft, Dorey, Wenten, 2008a). Despite expected rates of routine staff turnover, an increased number of NGNs leaving shortly after hire can result in considerable gaps in staffing. Increased turnover rates can also be costly for the organization, as significant financial resources are required to hire, supervise and orient replacement staff, or seek temporary agency nurses to fill immediate gaps (Beecroft et al., 2008a). High NGN turnover rates can further threaten the health of the public, as gaps in staffing may increase the incidence of errors and decrease access to care (O'Brien-Pallas, Murphy, Shamian, Li, & Hayes, 2010). Implications of understaffing, an aging population, and an ageing healthcare workforce highlight an urgent need to address NGN recruitment and retention issues and ensure a reliable

6

professional workforce (Laschinger et al., 2010). This need is especially apparent with recent retention reports indicating a decrease of 8,284 Ontario nurses in 2014 (Canadian Institute for Health Information, 2015). Although such losses in the profession would typically be mediated by entrance of NGNs into practice, more experienced nurses retiring than those graduating from nursing programs further compounds the current nursing shortage (Laschinger et al., 2010). A large volume of nurses reaching retirement age, many NGNs leaving practice shortly after hire, and fewer entering practice warrant improving the NGN transition experience (Laschinger et al., 2010).

Summary

The transition from academia to practice can be challenging for NGNs and has consequences well beyond the individual NGN's experience. Potentially compromised organizational functionality, threats to the health and wellbeing of NGNs, and an aging population that will require health care clearly indicate the need for additional intervention.

<div align="center">

Existing Initiatives

</div>

Initiatives reviewed in this section were developed and implemented solely by practice organizations. The majority of reviewed initiatives are from the USA, however three Canadian and two Australian initiatives are also included. Initiatives presented in this section include externships, nurse residency/internships, extended orientations, preceptor development, and designated/dedicated transition units. Although the Ontario New Graduate Nurse Guarantee [NGG] is a provincial government NGN transition policy initiative, it is included in this review as it is one of the few Canadian transition initiatives described in the literature and has been accessed by many healthcare organizations in Ontario. This section includes a description of each type of initiative and evaluative outcomes, followed by a summary and critique of the initiatives.

New Graduate Guarantee

The Ontario Ministry of Health and Long-Term Care [MOHLTC] (2014) implemented the NGG to provide NGNs with full-time employment opportunities. Goals of the initiative were to provide NGNs with clinical experiences in supernumerary positions, increase the availability of permanent full-time employment opportunities, support transition to practice, facilitate recruitment, and develop the nursing workforce (MOHLTC, 2014). Over a three to six-month period, nursing mentors guide and evaluate NGNs as they complete learning plans and learn how to provide bedside care (MOHLTC, 2014; Hunsberger, Baumann, Crea-Arsenio, 2013). Employers were encouraged to hire NGNs as full-time staff upon program completion (MOHLTC, 2014).

Annual evaluations of the NGG initiative involved surveys, focus groups and interviews with a large sample of participating NGNs, employers, mentors and/or union representatives. Findings of the evaluations have been reported in the literature (Baumann, Hunsberger, Crea-Arsenio, & Rizk, 2014; Hunsberger et al., 2013; Baumann, Hunsberger, Idriss-Wheeler, & Crea-Arsenio, 2009; Baumann, Hunsberger, & Crea-Arsenio, 2011; Baumann, Hunsberger, & Crea-Arsenio, 2013). Annual evaluations also included a secondary analysis of the College of Nurses of Ontario database of new members (Baumann et al., 2013).

Annual evaluations reported primarily favorable outcomes, as most participating NGNs reported improved confidence and skills, as well as feeling supported in their transition to the nursing role (Hunsberger et al., 2013; Baumann et al., 2014; Baumann et al., 2011; Baumann et al., 2013). Approximately 83% of NGNs also described their experience in the NGG as good, very good or excellent (Baumann et al., 2009). However, some NGNs reportedly continued to encounter issues with heavy workloads and nurse mentors (Baumann et al., 2011; Baumann et al., 2009). Evaluations also uncovered inconsistencies in how the NGG was implemented across

healthcare sectors and organizations (Baumann et al., 2014; Baumann et al., 2011; Baumann et al., 2009).

While annual evaluations of the NGG indicate that it has addressed a number of transition issues, its efficacy has not been established uniformly across practice settings.

Externship

Five externship programs are described in the literature. Three of the programs are from the USA and two are from Canada. Externship programs were developed and implemented by practice organizations as a recruitment, retention and transition strategy (Starr & Conley, 2006; Durrant, Crooks, & Pietrolungo, 2009; Kilpatrick & Frunchuk, 2006). All programs aimed to bridge the academic practice gap and facilitate role transition by targeting programming towards nursing students during their undergraduate education programs (Starr & Conley, 2006; Durrant et al., 2009; Kilpatrick & Frunchuk, 2006). Cantrell and Browne (2005) and Cantrell, Browne, and Lupinacci (2005) have been included in this review despite not explicitly identifying an objective for the initiative, as they explored the NGN transition experience after externship completion. All externship programs offered nursing students 10-16 week summer-term clinical experiences to become familiar with the nursing role and develop practice competencies in professional settings (Starr & Conley, 2006; Kilpatrick & Frunchuk, 2006; Durrant et al., 2009; Cantrell & Browne, 2005; Cantrell et al., 2005). Extern programs varied in content and structure, but all provided externs with a preceptor and orientation. Hospital orientations described by Starr and Conley (2006), Kilpatrick and Frunchuk (2006), and Durrant et al., (2009) consisted of a review of basic nursing skills. Cantrell and Browne (2005), and Cantrell et al., (2005) stated that externs received orientation, but did not specify what the orientation entailed.

Outcomes of externship programs were generally positive, as most nurse externs reported improvements in their skills, confidence and knowledge (Durrant, Crooks, & Pietrolungo, 2009;

9

Starr & Conley, 2006; Cantrell & Browne, 2005; Kilpatrick & Frunchak, 2006). In addition, most nurse externs reported feeling supported to learn the nursing role and integrate into the practice setting (Starr & Conley, 2006; Cantrell et al., 2005; Cantrell & Browne, 2005; Kilpatrick & Frunchak, 2006). NGNs who were employed on the unit where they completed their externship indicated feeling less anxiety and stress during their transition to practice (Cantrell & Browne, 2005). Although most former nurse externs reported positive outcomes, some students continued to experience issues with theory application, role clarity, autonomy and practice realities after participating in the externship (Durrant et al., 2009; Starr & Conley, 2006; Cantrell & Browne, 2005). Some former externs also reported experiencing challenges as they transitioned from student to nurse, despite being socialized to the nursing role in the externship program (Cantrell & Browne, 2005).

Practice-based nurse residency/internship initiatives

Nurse residency initiatives [NRI] have been developed and implemented by practice organizations to support NGNs' transition. There appears to be no common definition of "internship" and "residency", and the terms are used interchangeably in the literature (Moore & Cagle, 2012). NRIs have been described as postgraduate extended orientation programs, which provide formal education, mentorship, and professional development support to facilitate a positive transition into practice (Letourneau, & Fater, 2015; Moore & Cagle, 2012; Figueroa, Bulos, Forges, & Judkins-Cohn, 2013; Olson-Sitki, Wendler, & Forbes, 2012). Eleven NRIs have been developed by practice organizations in the USA and Australia and are presented in this section. All of these programs aimed to recruit, retain and support NGNs through transition from student to nurse (Beyea, Von Reyn, & Slattery, 2007; Glynn & Silva, 2013; Adams, Alexander, Chisari, Banister, McAuley, Whitney, & Erickson, 2015; Kramer, Lindgren, High, Ocon, & Sanchez, 2012; Figueroa et al., 2013; Newhouse, Hoffman, Suflita, & Hairston,

2007; Coyle, 2009; Halfer, 2007). Cubit and Ryan (2011) and Olson-Sitki et al., (2012) are included in this review despite not explicitly stating program goals, as outcome measurements suggest that their objective was to facilitate positive NGN transition experiences. The reviewed programs varied in structure, content and length, however all provided NGNs with at least one preceptor and incorporated formal education and clinical learning components.

Program evaluations of NRI/internships were largely favorable. Participation in an NRI/internship was reported to improve NGNs' confidence, competence, skills, decision-making, critical thinking, organizational skills, perceptions of practice readiness, and NGN recruitment and retention rates (Beyea et al., 2007; Beyea et al., 2010; Olson-Sitki et al., 2012; Kramer et al., 2012; Figueroa et al., 2013; Newhouse et al., 2007; Cubit & Ryan, 2011; Halfer, 2007). In addition, participating NGNs had a clear understanding of their role and responsibilities as NGN and were consistently able to assume a full patient assignment (Beyea et al., 2007). Some NGNs also conveyed that participation in the initiative eased their transition to practice (Figueroa et al., 2013). Further, NRI/internships were effective in standardizing the length of orientation (Beyea et al., 2007; Beyea et al., 2010). Although largely positive outcomes were reported, some NGNs continued to encounter issues with time management, heavy patient loads, unfamiliar clinical situations, inconsistent staff expectations, physician communication, inadequate support, and anxiety about commencing independent practice (Olson-Sitki et al., 2012; Glynn & Silva, 2013; Adams et al., 2015). Some NGNs' also reported experiencing horizontal bullying while participating in an NRP/internship (Cubit & Ryan, 2011).

Extended orientation initiatives

In this section, seven extended orientation programs are presented. Five of the programs are from the USA, one is from Australia, and one is from Canada. Extended orientation programs provide NGNs with transition support beyond general organization and nursing orientation

provided to all new staff. Despite mirroring the structure of NRIs/internships, they are not explicitly identified as such, and have thus been separately categorized. These programs aim to support NGNs in their transition to practice (Strauss, 2009; Henderson, Ossenberg, & Tyler, 2015; Patterson, Bayley, Burnell, & Rhoads, 2010; Turner & Goudreau, 2011; Cefaratti, Benninger, & Nguyen, 2013; Ballard, Mead, & Richardson, 2012; Chestnutt & Everhart, 2007). Published extended orientation programs varied in length, content and structure, but all provided NGNs with at least one preceptor and incorporated clinical and organization-specific education components.

Outcomes of extended orientation initiatives were generally positive, as they were reported to improve NGNs' confidence, skills, knowledge and retention rates (Strauss, 2009; Chestnutt & Everhart, 2007; Patterson et al., 2010; Cefaratti et al., 2013; Ballard et al., 2012 ; Henderson et al., 2015). Such initiatives were also reported to ease NGNs' transition to the nursing role (Strauss, 2009; Chestnutt & Everhart, 2007; Patterson et al., 2010; Turner & Goudreau, 2011; Henderson et al., 2015). NGNs also indicated feeling supported by practice staff and empowered to implement change and assume leadership roles in the clinical setting (Patterson et al., 2010; Turner & Goudreau, 2011; Cefaratti et al., 2013). Despite such encouraging outcomes, some NGNs reported feeling vulnerable, insecure, unprepared, incompetent, unsupported and overwhelmed while participating in the initiative (Turner & Gourdreau, 2011; Chestnutt & Everhart, 2007; Ballard et al., 2012; Patterson et al., 2010; Henderson et al., 2015). A few NGNs expressed apprehension about commencing independent practice after completing the initiative (Patterson et al., 2010).

Preceptor development initiatives

One preceptor development initiative from the USA is presented in this section as it was the only one published in the literature. The program was implemented to improve preceptors'

abilities to support NGNs' transition (Clipper & Cherry, 2015). Program objectives were to improve NGN retention and improve NGNs' competency and performance after orientation (Clipper & Cherry, 2015). Organizational leaders used Boychuk Duchscher's (2009) theory of transition shock as a program framework. Preceptors in the initiative attended an eight-hour day of training and completed online modules intended to equip them with effective tools and strategies to guide NGNs' transition.

Preceptor development initiative outcomes were generally positive, as they improved NGN retention rates and NGNs' perceptions of the transition process (Clipper & Cherry, 2015). The provision of a preceptor that was familiar with the NGN transition and how to guide and support NGNs' was noted to effectively facilitate NGNs' transition to the nursing role, assist them to develop professional relationships and provide a supportive learning environment (Clipper & Cherry, 2015). In spite of such positive outcomes, the initiative did not improve NGNs' organizational commitment (Clipper & Cherry, 2015).

Designated/dedicated transition units

Two dedicated or designated transition units [DTU] from the USA are presented in this section. DTU programs have been developed by practice organizations to address NGN recruitment, retention, and transition issues (Hatler, Redding, Stoffers, Carl & Kelly, 2011; Ready, Fater, Coney, Robello, & Cordeira, 2012). NGNs were supervised on a designated unit for their first few weeks of practice to develop professional competencies and to allow them to gradually assume a full patient load (Hatler et al., 2011; Ready et al., 2012). NGNs were then transferred onto their unit of hire to complete orientation under the supervision of a unit-based preceptor (Hatler et al., 2011; Ready et al., 2012). There was variation in DTU program's initial orientation length, but both initiatives placed students on the DTU for their initial clinical experience, and provided at least one preceptor and one advanced practice nurse for support.

13

Outcomes of DTUs were entirely positive, as they reportedly improved NGNs' skills, confidence and ability to establish routines of care (Hatler et al., 2011). DTUs further supported NGNs' to develop and apply knowledge at the bedside, and provide higher quality patient care (Hatler et al., 2011; Ready et al., 2012).

Existing Initiatives Summary

Although there are few transition support initiatives reported in the literature, the ones that are published represent a wide spectrum of initiatives to facilitate NGNs' positive transition into practice. The one common element described in the literature includes the assignment of at least one supervising preceptor to each NGN to support their transition. Aside from this element, it is unclear what other initiative components are key to success. Overall, practice based initiatives reported largely positive outcomes, including improvements in NGNs' and nursing students' confidence, skills, critical thinking and competence (Kilpatrick & Frunchuk, 2006; Starr & Conley, 2006; Durrant et al., 2009; Beyea et al., 2007; Beyea et al., 2010; Olson-Sitki et al., 2012; Kramer et al., 2012; Figueroa et al., 2013; Hatler et al., 2011). However, in addition to the positive outcomes, some NGNs and nursing students continued to report feeling lonely, unprepared, incompetent, overwhelmed and unsupported while participating in the initiatives (Turner & Gourdreau, 2011; Chestnutt & Everhart, 2007; Ballard et al., 2012; Patterson et al., 2010; Henderson et al., 2015; Olson-Sitki et al., 2012).

Findings should be interpreted with caution, as many authors recruited a small or unidentified number of NGN participants for initiative evaluations and reported preliminary findings. Some authors also appear to make generalizations that are not supported by outcome evidence. Such generalizations include conclusions that practice-based initiatives successfully supported NGNs' transition with no supporting evaluation outcomes or exploration of participants' experiences after participation. Further, some authors conclude or suggest that

participants experienced "reality shock" without a clear, comprehensive discussion of the phenomenon or how it emerged from collected data. It is also difficult to compare initiatives, as not all initiatives were evaluated and a variety of outcome measures were used for evaluations.

Most of the initiatives reviewed in this section were evaluated using program evaluations or formal research studies. Program evaluation and research studies provide insight into NGNs' and students' experiences in existing transition initiatives, however do not include an investigation of NGNs' transition experiences after program completion. Figueroa et al., (2013), Chestnutt and Everhart (2007), Turner and Gourdeau (2011), and Patterson et al., (2010) completed this investigation and reported minimal, yet conflicting findings. Further research is required to better understand how existing transition initiatives impact NGNs' transition. In addition, largely favorable outcomes suggest that existing efforts to support the NGN transition generally are effective, however reports of ongoing issues in students' and NGNs' experiences in these initiatives indicate that there may be opportunities for improvement.

Academic-Practice Organization Partnerships

In response to ongoing transition issues, Canadian NLs have called for academic and practice organizations to take mutual responsibility for the transition of NGNs through the formation of partnerships (MacMillan, 2013). Describing a "virtuous cycle" (p. 29) of support, academia and practice organizations are encouraged to collaboratively prepare NGNs for the realities of professional practice through a shared understanding and expectation of practice readiness (MacMillan, 2013). MacMillan (2013) posits that instead of universities and administrators pointing fingers and blaming the other for "unprepared" NGNs, both types of organizations should share accountability and construct a common agenda to facilitate a positive transition experience. Although a relatively innovative concept for Canadian nursing, partnerships between academia and practice organizations have been implemented in multiple

health networks in the USA, Australia and New Zealand. Transition initiatives emerging from such partnerships presented in this section are categorized as curriculum based, preceptor development, extended orientation and collaborative residency programs.

Collaboratively Developed Curriculum Based Initiatives

Curriculum-based initiatives are collaboratively developed transition programs that target nursing students (Harrison, Stewart, Ball, & Bratt, 2007). Through the provision of enriching clinical experiences, programs aim to bridge the gap between practice ideals presented by academia and the realities of the practice setting (Harrison et al., 2007). Nursing students begin to identify with and embody the professional nursing role well in advance of commencing independent practice by participating in the program (Harrison et al., 2007). The objective of such initiatives is for nursing students to experience a more positive transition into practice upon graduation (Harrison et al., 2007).

Five collaboratively developed curriculum-based initiatives are presented in this section; an externship, two internships, a clinical placement model and a simulation-based learning initiative. Three of the initiatives are from the USA, one is from Australia and one is from Singapore. Initiatives have been categorized as curriculum-based, as academic-practice organization partners aimed to collaboratively prepare nursing students for transition during their undergraduate programs (Harrison, Stewart, Ball, & Bratt, 2007; Liaw, Koh, Dawood, Kowitlawakul, Zhou, & Lau, 2014; Steen, Gould, Raingruber, & Hill, 2011; Ruth-Sahd, Beck, & McCall, 2010; Nash, Lemcke, & Sacre, 2008). Despite variation in structure, all except the Liaw et al., (2014) curriculum-based initiative provided students with preceptor support. Academic and practice organization partner involvement in initiative implementation varied amongst programs. Academic and practice organizations leaders in the Harrison et al., (2007), Ruth-Sahd et al., (2010), Nash et al., (2008) and Liaw et al., (2014) partnerships collaborated to develop initiative

structure and content, whereas those in the Steen et al., (2011) partnership only collaborated for student selection.

Outcomes of collaboratively developed curriculum based initiatives were generally positive, as they were reported to improve students' familiarity with, and appreciation for the nursing role, their professional responsibilities, and holistic patient care (Harrison et al., 2007; Ruth-Sahd et al., 2010; Liaw et al., 2014; Liaw, Palham, Chan, Wong, & Lim, 2015; Nash et al., 2008). Initiative outcomes further indicated improvements in students' self-awareness, ability to collaborate with patients and colleagues, confidence, interpersonal skills, communication, provision of patient care, assessment and organizational skills (Ruth-Sahd et al., 2010; Liaw et al., 2014; Liaw et al., 2015; Steen et al., 2011). Although initiative outcomes were generally positive, some students continued to report encountering issues with heavy patient workloads, pressure to perform and noncommittal preceptors (Harrison et al., 2007; Liaw et al., 2015; Steen et al., 2011).

Dedicated Education Units

Academic and practice organizations have collaboratively developed dedicated education units [DEU] to enhance nursing students' clinical learning during their undergraduate education (Saxton, Warmbrodt, Mahley, Reberry, & McCeece, 2015; Moscato, Miller, Logsdon, Weinberg, & Chorpenning, 2007; Murray, Crain, Meyes, McDonough, & Schweiss, 2010; Lovecchio, Di Mattio, & Hudacek, 2012). The provision of realistic clinical experiences on DEUs affords students the opportunity to develop professional practice competencies before graduation, thus preparing them for transition to the nursing role (Saxton et al., 2015; Moscato et al., 2007; Murray et al., 2010; Lovecchio et al., 2012). DEUs reviewed in this section aimed to provide nursing students with optimal, enriching, real-world clinical education by collaboratively facilitating the application of classroom knowledge at the bedside (Saxton et al., 2015; Moscato

17

et al., 2007; Murray et al., 2010; Lovecchio et al., 2012). Four DEU programs from the USA are described in the literature. Although these programs did not explicitly state aims of supporting NGN transition, leaders within each partnership acknowledged the use of DEUs in facilitating NGNs' positive transition experiences, and have thus been included in this review. DEUs varied in structure, but all recruited nursing students, designated one unit for learning, and assigned students a clinical instructor or preceptor. The role of academic faculty in DEU programs also differed. In all reviewed DEU's, academic faculty supported staff-nurse clinical instructors or preceptors to guide nursing students and retained responsibility for student evaluation (Saxton et al., 2015; Moscato et al., 2007; Murray et al., 2010; Lovecchio et al., 2012). In some DEU's, nursing staff were given an orientation to their role as preceptor or instructor that involved becoming familiar with teaching and learning strategies (Murray et al., 2010; Saxton et al., 2015).

Evaluation of DEUs resulted in entirely positive outcomes, including the development of skills related to delegation, critical thinking, decision-making, assessment, communication, prioritization and task orientation (Murray et al., 2010; Moscato et al., 2007; Lovecchio et al., 2012). Initiative evaluations further indicated that DEUs support students' understanding of and appreciation for holistic nursing care (Murray et al., 2010; Saxton et al., 2015). Students also indicated that learning on the DEU was superior to learning in a traditional clinical setting (Lovecchio et al., 2012).

Collaborative Extended Entry to Practice Initiative

One collaboratively developed extended entry to practice initiative from New Zealand is presented as it was the only one found in the literature. The national transition program included a structured academic course and was implemented by academic and practice partners to provide NGNs' with support and resources to transition into the nursing role (McKillop, Doughty, Atherfold, & Shaw, 2016). The yearlong program provided NGNs with a clinical preceptor,

twelve days designated for orientation and unit-specific learning, and the opportunity to rotate to two clinical settings (Ministry of Health, 2017; McKillop et al., 2016). Academic and practice staff co-facilitated formalized learning sessions that focused on strengthening NGNs' patient assessment skills and clinical thought process, and worked with NGNs to individualize learning support. NGNs were evaluated through written assignments and observations of clinical performance throughout the program. Completion of the program provided NGNs with academic credits towards a Master of Nursing degree (McKillop et al., 2016).

Outcomes of the collaborative extended entry to practice initiative were primarily positive, as NGNs reportedly experienced improvements in assessments, clinical thought processes, knowledge confidence and communication (McKillop et al., 2016). Despite reports of favorable outcomes, some NGNs continued to reported inconsistencies in support to apply course learning at the bedside.

Collaborative Nurse Residency Initiatives

Unlike practice-based NRIs, academic-practice organizations partnered to collaboratively develop and/or implement NRIs to improve NGN retention and provide transition support throughout the first year of practice (Goode & Williams, 2004; Bratt, 2009; Kowalski & Cross, 2010; Keller, Meekins, & Summers, 2006). Four collaboratively developed NRIs were described in the literature, all from the USA. Goode and Williams' (2004) and Bratt's (2009) NRIs have been implemented across multiple health networks and in various healthcare settings. The parameters of each partnership varied with one appointing academic faculty as administrative assistants, and another assigning resident facilitators to support NGNs in the clinical setting (Goode & Williams, 2004; Bratt 2009). Aside from joint initiative development, some partnerships encouraged the sectors to share resources (Kowalski & Cross, 2010; Keller et al.,

2006). Program content and structure also varied, but all of the collaborative NRIs were a year in length, provided preceptor support, and incorporated clinical and education components.

Outcomes of collaborative NRIs were generally favorable, as participation in the initiative reportedly improved NGNs' organization, prioritization, confidence, communication, leadership skills, and lessened their anxiety about practicing as a nurse (Krugman, Bretschneider, Horn, Krsek, Moutafis, & Smith, 2006; Williams, Bednash, Goode, Lynn, & Krsek, 2007; Goode, Lynn, Krsek, & Bednash 2009; Kowalski & Cross 2010; Keller et al., 2006; Fink, Casey, Krugman & Goode, 2008; Bratt & Felzer, 2011). Further, one-year turnover rates varied from eight to 22% across NRI implementation sites (Krugman et al., 2006; Kowalski & Cross 2010; Pine & Tart, 2007). Similar data patterns in measures of control over practice and job satisfaction suggested that NGNs may have experienced reality shock while participating in the program, but that the NRI buffered the experience (Williams et al., 2007; Krugman et al., 2006; Goode et al., 2009; Bratt & Felzer, 2011). Job satisfaction levels also reportedly remained consistent throughout the NRI year (Altier & Krsek, 2006). In spite of favorable outcomes, participating NGNs continued to report feeling overwhelmed, receiving inconsistent support, encountering issues with heavy workloads (Fink et al., 2008). Moreover, NGNs indicated experiencing issues delegating tasks, managing time, establishing a routine, and being assertive in the practice setting (Fink et al., 2008; Kowalaski & Cross 2010). Initiative outcomes further suggested that NRIs did not improve NGNs' organizational commitment (Bratt & Felzer, 2011).

Academic-Practice Organization Partnerships Section Summary

Academia and practice organizations partnered to develop and implement different types of transition initiatives, all with the aim to recruit, retain and support NGNs as they transition to the nursing role. The involvement of academic and practice organization staff beyond joint initiative development varies greatly. Some partners developed the initiative collaboratively and

let practice partners implement and evaluate its outcomes, while others initiatives involved sector partners collaboratively developing and evaluating initiatives. Interestingly, none of the authors discussing academic-practice organization partnerships define or set parameters for partnership. As evidenced by the differing partnership structures in this section, there does not appear to be a shared understanding of what sector relationship defines a partnership.

Academic-practice organization partnership initiatives facilitated the development of practice competencies, familiarized students with the nursing role, and developed NGNs' organization, prioritization, communication and leadership skills (Harrison et al., 2007; Ruth-Sahd et al., 2010; Liaw et al., 2014; Liaw et al., 2015; Murray et al., 2010; Moscato et al., 2007; Saxton et al., 2015; Krugman et al., 2006; Williams et al., 2007; Goode et al., 2009; Kowalski & Cross, 2010; Keller et al., 2006). Satisfaction and control over practice data from three studies evaluating NRIs suggest that participating in such initiatives mitigates NGNs' experience of reality shock during the transition period (Williams et al., 2007). Despite encouraging outcomes, some students reported encountering issues with communication, delegation, scheduling, noncommittal preceptors, heavy workloads, and establishing a routine (Harrison et al., 2007; Liaw et al., 2015; Fink et al., 2008).

Findings should be interpreted with caution, as some authors recruited a small or unidentified number of NGNs or nursing students for initiative evaluations. There also appear to be issues with data collection and reports of findings. Examples of such issues include the absence of pre-test baseline score measurement, use of unidentified data collection tools, and conclusive statements made in the absence of outcome measurement or supporting evidence.

The majority of initiatives reviewed in this section were evaluated using program evaluations or through formal research studies. Findings elucidate how NGNs' transitioned within initiatives, however do not appear to investigate their transition experience post-initiative.

Steen et al., (2011) explored former students' transition after initiative completion, and reported that NGNs experienced an easier transition into practice. Although such findings are promising, there is a clear need for further exploration of NGNs' transition experiences after participating in transition initiatives. Without the appropriate outcome investigation, it is unclear if and how academic-practice organization partnership initiatives are more effective in supporting NGN transition or preparing students for practice than existing transition initiatives. However, reports of primarily positive outcomes suggest that academic-practice organization partnership initiatives have the potential to address NGN transition issues more effectively than existing initiatives.

Conclusion

The initiatives presented in this literature review have been developed independently by practice organizations or in partnership with academia. Practice organizations and academia have collaboratively developed and implemented a variety of transition support initiatives with differing structures and content. An element common to almost every program in this review is the provision of at least one preceptor to guide learning in the clinical setting. Initiatives developed by practice organizations, and by academic and practice organizations in collaboration report encouraging outcomes. However, initiative evaluations explored NGNs' and nursing students' experiences in the program and the structure of initiatives, rather than exploring NGNs' transition experiences after participating in the initiative. Reports from few studies evaluating the post-program transition period indicate that NGNs may continue to face challenges assuming their professional role. Such reports suggest that there are opportunities to improve how sectors support NGNs transition to practice. It is difficult to determine their efficacy with limited investigation of NGNs' experience after participating in transition initiatives.

Academic-practice organization partnerships offer an alternative approach to support Canadian NGNs' transition. MacMillan (2013) suggested that mutual responsibility and sector

collaboration is essential to facilitate a positive transition experience for NGNs. Evidenced by a statewide and a national nurse residency program in the USA, academic-practice organization partnership initiatives have the potential to improve Canadian NGNs' transition. Although the efficacy of collaborative initiatives on the post-program transition has not been thoroughly investigated, reports of programs potentially buffering the reality shock experience are promising. As collaboratively developed Canadian transition initiatives were not located in the literature, it is unknown if such partnerships exist or can exist in Canada. Literature describing academic-practice partnership transition initiatives in the USA suggest that such collaboration is highly beneficial in supporting NGN transition. The current study explores the potential value of academic-practice organization partnerships in facilitating a positive transition experience for Canadian NGNs.

CHAPTER 3: METHODOLOGICAL APPROACH

Introduction

In this chapter, qualitative descriptive methodology, its development, theoretical underpinnings and application in this study are discussed. Schlossberg's (1981) Model for Analyzing Human Adaptation to Transition is presented and discussed in terms of its relevance to this study. Further, study procedures for participant recruitment, consent, data collection, analysis, representation, implications ensuring rigor and ethical considerations are described.

Qualitative Descriptive Method

Qualitative description, as described by Sandelowski (2000, 2010) aims to increase understanding of phenomena by guiding the development of a comprehensive description. Sandelowski's (2000, 2010) presentation of qualitative description was built upon discussions of interpretive description, a qualitative methodology used to develop knowledge of the health and illness experience using theoretical sampling and inductive data analysis (Thorne, Kirkham, & MacDonald-Emes, 1997). Sandelowski (2000) proposes that qualitative description is a valuable method to answer nursing specific questions by generating comprehensive descriptions that remain close to study data and present phenomena in their natural state (Lincoln & Guba, 1985). Studies that are conducted using this methodology utilize low inference data interpretation so that the resulting description closely represents participants' accounts, captures all relevant data, presents phenomena in their natural state and remains true to the essence of phenomena (Sandelowski, 2000, 2010; Lincoln & Guba, 1985).

In using this methodology, the researcher selects a theory to guide data collection and analysis to explore the phenomenon in its organic form. Investigators are not required to remain committed to one theoretical perspective and can change their choice of theory during the

24

research process to find the most appropriate fit for study data (Sandelowski, 2000, 2010).

Schlossberg's (1981) Model for Analyzing Human Adaptation to Transition was utilized, in part, to develop research questions for this study. Investigators conducting qualitative descriptive studies are further expected to be mindful of, and explicitly state their theoretical assumptions prior to commencing their research (Sandelowski, 2010). Such efforts ensure that the final description presents phenomena in their truest form and is free from the influence of investigators' personal assumptions and biases (Sandelowski, 2010).

Qualitative description was an appropriate method because of the paucity of published literature exploring and describing academic-practice organization partnerships in the Canadian context. Use of qualitative descriptive methodology allowed the study's principal investigator [PI] to conduct her investigation in a manner that began to address this gap with the development of a description of NLs' perspectives on such partnerships.

Research Design and Process

Research Question

What is the potential value of academic-practice organization partnerships in facilitating a positive transition experience for Canadian NGNs?

Data Collection Methods

Participant recruitment.

A purposive sampling approach was initially used to identify potential participants and begin recruitment. This approach ensured that participants were contacted who were likely to contribute insight regarding the phenomenon under investigation, in this case, the value of academic-clinical partnership in NGN transition (Patton, 1990). Purposive sampling for this study began with thesis committee members utilizing their academic and professional practice

networks to identify NLs from Canadian academic and practice organizations as potential participants. The study PI's committee developed a list of potential participants, who the study PI began to contact via email. Potential participants were sent the study recruitment letter [APPENDIX A] to their publicly accessible email. Potential participants who responded to the email and fit the study inclusion criteria were recruited and consented for the study. Recruitment efforts and data collection occurred concurrently. Snowball sampling began as participants from the initially developed list were contacted and interviewed. Snowball sampling is a process used to locate participants who are likely to provide a great deal of insight regarding the phenomenon of study and involves using recruited participants to access potential participants (Patton, 1990). In this study, participants were asked to forward the study recruitment email to NLs who met the study's inclusion criteria and who they felt could contribute valuable perspectives. Sampling in this manner allowed the study PI to connect with active and retired NLs who were involved and invested in the success of NGNs and nursing students, were who well positioned to influence change, and could understand the implications of partnerships between academic and practice organizations.

As this study is exploratory in nature, the number of participants required in order to understand the phenomenon could not be estimated. Instead, the number required was determined by the quality and quantity of data collected and when, during coding, consistent themes emerged and at some point no new information was identified. For this study, the researcher estimated that 12-17 participants would be required and so recruitment plans were developed accordingly.

Inclusion and Exclusion Criteria.

Inclusion criteria.

    1. Nurses in academic organizations were eligible to participate if they were:

      a. Deans

      b. Associate deans of an undergraduate nursing program

      c. Directors of an undergraduate nursing program

2. Nurses in practice organizations were eligible to participate if they were:

      a. Chief nurse executives

      b. Chief nurse officers

      c. Senior nursing leaders with the authority to influence the formation of academic-practice organization partnerships

3. Retired nurses were eligible to participate if they had leadership experience in any of the above roles

Exclusion criteria.

NLs were excluded from participating in the study if:

1. Their role did not afford them the authority to influence the formation of academic-practice organization partnerships

2. They had leadership experience exclusively outside of Canada

3. They were employed at St. Michael's Hospital in Toronto, Ontario, Canada at the time of recruitment as there was the potential for a conflict of interest involving the study PI

Sample.

Study participants were recruited from a list developed by the PI's thesis committee of 25 active and retired nurses with leadership experience in academic and practice settings. The PI emailed the study's recruitment letter to all potential participants [See Appendix A]. Twenty-two

of the NLs on the list were successfully contacted, as three did not have publically available contact information.

Eighteen NLs responded to the email. However, one participant withdrew after sending a signed consent form, three replied that they were unable to participate, one was turned away as recruitment was completed. Four NLs were identified as potential participants through snowball sampling recruitment efforts. All four NLs were contacted and responded to the email. One NL responded that she was unable to participate, and two NLs expressed interest, but did not respond to follow-up emails.

Fourteen active and retired NLs from academia and practice organizations participated in the study. Six NLs were working in academia, four were working in practice and four were retired at the time of data collection. Participants had seven to forty years of leadership experience in Central, Atlantic and Western Canada. Most NLs had eleven to fifteen years of leadership experience and had worked, or were working in Central Canada. Eight participants had leadership experience exclusively in Central Canada. One participant was working in Atlantic Canada and two were working in Western Canada when interviewed. One participant working in academia and one working in practice also had previous leadership experience in the USA.

Data Collection

Participants had the option of conducting their interview in person, over the phone or via videoconference. When participants were consented for the study, they were also asked to complete a demographic questionnaire [APPENDIX B]. Four interviews were conducted in person, nine were conducted via telephone and one via videoconferencing. Each interview was approximately one hour in length.

The Interview Guide.

Interview questions were developed to elicit rich descriptions of participants' perspectives and potentially address the gaps in published literature exploring academic-practice organization partnerships. The development of the interview questions was also guided, in part, by Schlossberg's (1981) model of transition. The questions were open-ended and included probes that the PI used to focus NLs' responses [APPENDIX C].

Schlossberg's (1981) Model for Analyzing Human Adaptation to Transition was used as a framework to develop the interview guide for this study, as it provides a comprehensive view of the factors influencing adaptation to transition. Schlossberg defines transition as an event or non-event causing a shift in one's understanding of oneself and his/her surroundings, which in turn necessitates a change in behaviour, attitudes and relationships to achieve adaptation. She identifies the perception of the transition, characteristics of the pre and post-transition environments and characteristics of the individual as significant influences on the transition experience and ultimately, adaptation. Four interview questions posed to participants in this study spoke directly to each category of influence posited by Schlossberg. Use of the model in this manner enabled the PI to use a questioning approach to explore if and how participants' valued partnerships in relation to specific factors influencing the transition experience. It further allowed the PI to investigate which elements of transition participants perceived to be the most crucial to address when striving to facilitate a positive transition experience for Canadian NGNs.

The interview.

Participants were emailed the interview guide [Appendix D], a narrative summary of Schlossberg's (1981) model key transition elements [See Appendix E], and a visual representation of the model [Appendix F] one week before the interview. Participants were asked

to review the documents, familiarize themselves with Schlossberg's (1981) model, consider the interview questions [APPENDIX D] and reflect on their experience with academic-practice organization partnerships and NGN transition. Participants were invited to email the PI with any questions that they had related to the documents prior to the interview. Such reflection and preparation was intended to encourage participants to develop focused responses and to promote effective use of the hour allotted for the interview.

Participants were assigned numbers to protect their confidentiality and anonymity in the study. The PI reflected upon and documented her personal assumptions, feelings, thoughts, biases and ideas in a journal before and after each interview. Reflection and journaling in this manner assisted the PI to remain neutral, unbiased and non-judgmental throughout the data collection process (Sandelowski, 1986). Such reflection further reminded the PI to keep an open mind and stay attuned to participants' responses, particularly when they did not align with the PI's personal perspectives.

Participants were asked to discuss their perspectives of the potential value of academic-practice organization partnerships in facilitating a positive transition experience for Canadian NGNs. Probing questions were developed during interviews to clarify and focus participants' responses. At the conclusion of the interview, participants were asked to share any insights on partnerships that were not addressed in the interview questions.

All interviews were audio-recorded and transcribed verbatim by the PI.

Member Checking.

All participants were invited to participate in a 30-minute member checking phone call two months after data collection was completed. One participant working in academia and one working in a practice organization at the time of the initial interview were randomly selected and

invited to participate in the member-checking interview. Participants were read the PI's interpretation of their transcript during the phone call. This was completed to determine if the interpretations accurately represented participants' responses and were recognizable to participants as their own perspectives (Lincoln & Guba, 1985 ; Sandelowski, 1993).

Data analysis

Hsieh and Shannon (2005) define content analysis as a systematic process to subjectively analyze and organize study data using codes to develop categories and themes, and identify three approaches to content analysis: conventional, directed and summative. Conventional seeks to describe data that are not well studied, directed can be used to test or contribute to knowledge of an incomplete theory, and summative produces knowledge by closely analyzing and counting key words which is then interpreted based on how participants refer to it. Data analysis in this study was conducted using conventional content analysis as it is the most appropriate approach to analysis for studies seeking to describe a phenomenon that has not been extensively explored (Hsieh & Shannon, 2005).

Hsieh and Shannon (2005) suggest that investigators using conventional content analysis highlight words and sentences in data that represent significant insights and ideas related to the study phenomenon. Investigators are then encouraged to document their impressions and interpretations of the data. Code labels emerging from the data are then applied to data that are reflective of many key ideas to make the initial coding scheme. Codes are then organized into categories and subcategories depending on their relationship to other codes. Codes, categories and subcategories are then defined and examples from the data are selected for each.

Data analysis occurred concurrently with data collection. In keeping with the principles of conventional content analysis, the PI read each transcript multiple times to get an overall sense of

31

individual participants' perspectives of partnership. The PI then made notes of her thoughts and interpretations of specific responses throughout each transcript. Transcripts were then coded using words used by participants as often as possible. The PI reviewed assigned codes and her documented thoughts and interpretations within transcripts to ensure she did not make any judgments or assumptions based on her personal perspective of partnerships. Then, using a notebook, she documented her impression of each transcript, how participants seemed to perceive partnerships and whether or not she interpreted the participant to perceive value in partnerships. Codes were transferred into electronic coding tables with supporting quotes from each transcript. New coding tables were created as new codes emerged during analysis. Data in coding tables were also reorganized to group similar responses as additional transcripts were reviewed. Once data from all transcripts were transferred to coding tables, codes were grouped together into categories and were labeled. Codes and categories in coding tables were then organized in a second electronic table to make note of sector representation within each code. In essence, the PI made note of which participant's transcript data were selected and whether that participant had leadership experience in academia, practice or both sectors. Data from the original coding table and secondary electronic table were then analyzed to find general themes related to partnership value as perceived by participants. Data under each category were also reorganized to group similar responses together and reveal themes. Emergent themes were then organized into a tertiary electronic table where sector representation within each theme was noted. A fourth electronic table was used to further group data under each theme to organize it into sub-themes. Themes were then written on sticky notes and organized into larger overarching themes according to their relationship to each other to obtain the final matrix of themes representing themes that was derived from the data.

Rigor

Qualitative descriptive studies guided by naturalistic inquiry are judged on their trustworthiness rather than their rigor (Lincoln & Guba, 1985). Lincoln and Guba (1985) identify four criteria to demonstrate trustworthiness; credibility, fittingness, auditability, confirmability, and reflexivity (Sandelowski, 1986; Guba & Lincoln, 1981). Efforts were made to address each of these criteria to ensure rigor.

Credibility.

Credibility of the qualitative inquiry process and its outcomes is established when participants recognize their own account in investigators' interpretations (Sandelowski, 1986; Lincoln & Guba, 1985; Guba & Lincoln, 1981). Strategies to enhance a study's credibility include member checking and reflexive journaling (Sandelowski, 1986; Lincoln & Guba, 1985). Member checking is conducted to ascertain that investigators interpreted participants' responses as they intended to convey them (Lincoln & Guba, 1985). The PI conducted member-checking interviews with two participants. In member-checking interviews, the PI informed participants of where she interpreted them to perceive value in partnership. Both NLs who participated in member checking agreed that the PI's interpretations appropriately captured their perspectives.

The PI also engaged in reflexive journaling. The credibility of findings can be threatened by the close nature of the investigator-participant relationship, as investigators' personal biases, assumptions, knowledge and experience can blend into participants' accounts (Sandelowski, 1986; Creswell & Miller, 2000). Reflexive journaling can serve to delineate investigators' perceptions of and experiences with the phenomenon to enhance study credibility (Sandelowski, 1986). Upon researching academic-practice organization partnerships, the study PI developed personal views on the value of partnership in the NGN transition. As such, the PI consciously

decided to reflect on and journal her personal biases, assumptions and experiences with transition and partnerships before and after each interview and throughout the analysis process. Journaling in this manner encouraged the PI to remain neutral, unbiased and open-minded during data collection and analysis. Such reflexivity is intended to minimize bias with the intention to conduct the analysis in a manner that allowed only the accounts and perspectives of participants to be represented in the resulting description.

Fittingness.

Fittingness (also referred to as transferability) is established when findings can be applied in settings outside of the one used to conduct the study (Sandelowski, 1986; Guba & Lincoln, 1981). Investigators can enhance the probability that others will perceive study findings to be transferrable by providing a detailed description of the context in which the study was conducted (Lincoln & Guba, 1985). Individuals seeking to apply findings in another context must then determine the degree of similarity between the study's context and the new context to assess the fit of findings (Lincoln & Guba, 1985). A detailed description of the study's findings and the context in which they were collected is provided to enable the application of findings in other settings. Description of participants also enhances the probability of fittingness (Guba & Lincoln, 1981). The PI described characteristics of the participants, such as their sector and region representation, and to their years of experience in a leadership role.

Auditability.

Auditability (or dependability) of an inquiry is established when external reviewers can easily follow investigators' decision-making process throughout their study (Guba & Lincoln, 1981). Audibility can be achieved through clear and detailed documentation of investigators' decision-making trail throughout the research process (Sandelowski, 1986). The PI made detailed

notes of her thought process, decisions and rationale for decisions throughout the entire research process in a journal to establish auditability. Thesis committee members reviewed study design decisions, the analysis process and findings to ensure the PI remained objective and neutral, which further served to affirm auditability.

Confirmability.

Confirmability is established when the analysis and findings are found to be supported by the data (Lincoln & Guba, 1985). Confirmability can also be achieved when truth-value, applicability, and consistency are established (Sandelowski, 1986). The PI engaged in reflexive journaling to identify and set aside personal biases and assumptions throughout the data collection and analysis processes to ensure findings truly represented participants' accounts and could easily be traced back to raw data. The PI also used quotes from participants' transcripts to illustrate themes found in data. Strategies to establish credibility, applicability and consistency discussed earlier in this section also affirmed this study's confirmability. Such strategies included reflexive journaling, member checking and descriptions of the participant sample and study context.

Reflexivity.

Qualitative descriptive methodology is embedded with tenants of naturalistic inquiry, which implies a commitment to studying phenomenon in its natural state (Sandelowski, 2000 ; Lincoln & Guba, 1985). It is therefore imperative that researchers using this methodology engage in a reflexive process to ensure that findings accurately represent participants' accounts (Sandelowski, 2000). As already described, the PI kept a journal to acknowledge and describe her personal biases, assumptions and beliefs during data collection and analysis. The PI reflected on and documented her personal biases and assumptions of transition, partnerships and the

participant before and after each interview. The PI additionally used this journal to reflect on questions and document rationale for study design decisions throughout the research process. Such design decisions included choice of methodology, theory, analysis approach and activities to establish rigor. The PI used the journal to explore the benefits and limitations of various options in the study design to eventually select what she perceived to be the most appropriate choice for this study.

<div align="center">**Ethical Considerations**</div>

Research Ethics

The Ryerson Research Ethics Board granted ethical approval for this study.

Consent Process

Fifteen NLs who agreed to participate in the study emailed a completed consent form [See Appendix G] to the PI. One participant withdrew from the study before completing the interview. Her completed consent form was destroyed after she informed the PI that she could no longer participate in the study.

Fourteen completed forms were printed and locked in a separate section of a locked filing cabinet only accessible to the PI. Once signed consent forms were obtained, interview dates and times were arranged with each participant via email.

Privacy and Confidentiality

The PI was the only one to know participants' true identities. Thesis committee members and participants were not informed if NLs whom they recommended agreed to participate in the study. Potential participants were also not informed that they were identified to participate by a specific member of the thesis committee. Participants' identities were kept confidential with the assignment of numbers to each participant and only grouped findings were discussed throughout

the written thesis. De-identified study data were shared with the PI's thesis committee members for the purposes of discussion and to validate the process of analysis. The data were transferred to committee meetings on the PI's personal laptop in a password locked encrypted folder separate from other study data.

Data storage

Printed copies of signed consent forms, interview transcripts, committee emails, member checking notes, and printouts of participants names, roles and contact information were kept in separate sections in a locked filing cabinet, to which only the PI had access. Electronic files of interview transcripts, audio files of recorded interviews and member checking phones calls, committee member emails, member checking notes, scanned consent form email attachments, participants names, roles and contact information were stored electronically in a password-locked encrypted folder on the PI's personal computer. Participants identifying information and interview data were stored separately. A password-locked USB with participants' identifying information and two audio-recording devices with participants recorded interviews were kept in locked storage only accessible to the PI until they were uploaded to an electronic file. Recorded interviews were immediately uploaded into a password encrypted electronic folder on the PI's computer and a password-locked USB, then deleted off the recording devices to allow for recording of additional interviews. No one aside from the PI had access to this data. All study data will be kept for five years. After this time, all electronic files with participants identifying information will be deleted from the principle investigator's personal computer and printed copies of the data will be shredded. At this time, the password-locked USB with participants identifying information will also be physically destroyed. Audio-recordings on both devices used to record interviews were deleted.

CHAPTER 4: FINDINGS

Qualitative descriptive studies provide a descriptive summary that is organized in a manner most appropriate for the data and its intended audience (Sandelowski, 2000). This chapter presents a description and summary of academic and practice NLs' perceptions of academic-practice organization partnerships and their potential value in facilitating a positive transition experience for Canadian NGNs.

Communication and collaboration emerged as overarching themes. Participants' perceptions related to the nature of academic-practice organization partnerships and the two overarching themes are presented below. Quotes from participants' transcripts have been selected to represent each theme.

Partnership

Participants referred to the interaction between academic and practice organizations as partnerships, relationships and agreements, which they all found to be of value. Distinct differences between each term were not made clear by participants, particularly as they all reportedly involved communication and collaboration between the two sectors. They further discussed partnerships as including both formal and informal arrangements. Formal partnerships were suggested to involve a one-on-one relationship between an academic setting and a practice organization. NLs also suggested a policy role be implemented to regulate and evaluate such partnerships. Informal partnerships were described in a variety of ways that included a relationship without written rules or sector responsibilities, or one where previously graduated NGNs came back to engage with nursing students.

NLs additionally reported that partnerships currently exist primarily for the provision of clinical placement experiences for nursing students. Some participants described existing

partnerships with the singular focus of clinical placement provision, while others described partnerships that involved multiple components beyond clinical placements. The latter partnerships involved staff adjunct appointments, resource sharing, joint committees, shared learning opportunities and/or practice partners informing curriculum. Some NLs were reportedly content with their current partnership, but others expressed desire to interact more closely on multiple matters with sector partners.

Participants described partnership as a leadership initiative, such that leaders' perspectives of partnership determined if and how sectors interacted. Essentially, partnerships and/or partnership initiatives cannot be developed if senior leadership from either sector do not perceive them to be of value. Deans, chief nursing officers, human resources and health department directors were identified as key stakeholders in partnership initiation and development. Some NLs also expressed a valuing of middle managements', nurses', teachers' and nursing students' involvement in the dialogue with senior leadership as they worked to develop partnerships.

NLs spoke of time, money, number of potential partners, practice being biased to preferred academic institutions, competition for partners and differences between an academic and practice organization's mission, vision, values and culture as barriers to partnership. Some participants were unsure how to address such barriers, whereas others suggested being informed one another's mission and vision or developing a joint mission and vision for the partnership as methods to bring sectors together in partnership.

In summary, participants perceived partnerships to be the informal and/or formal interaction between academic and practice organizations. Participants reported that partnerships exist primarily for the provision of clinical placements, but also described existing partnerships addressing other matters. They also identified senior leadership as key stakeholders in the initiation of partnerships and staff from both sectors as key informants in partnership

development. They further spoke of resources and differences between academic and practice organizations as potential barriers to sectors coming together in partnership.

Theme One: Communication

Communication emerged as an overarching theme from data. Communication was identified as a crucial element related to exploring possibilities, examining issues and addressing gaps between sectors. Participants reported value in communication about the profession, education, practice and partnership. The NL participants viewed communication as the exchange of ideas, knowledge, opinions, expertise and information between academia, practice organizations and NGNs. They described existing sector partnerships where communication occurred through joint committees, adjunct appointments and/or regular leadership meetings. Some participants perceived existing communication to be positive and meaningful, whereas others perceived it as insufficient. Dialogue and informing emerged as valuable factors in partnership.

Dialogue

Dialogue emerged as a significant factor related to issues in the profession, education, practice and relationship between academic and practice organizations. NLs described dialogue between sectors as an ongoing, open, trusting, two-way exchange of ideas, experiences and knowledge in relation to the profession, partnership, education and practice.

Dialogue in relation to the profession.

Dialogue to explore and address professional issues related to leadership, trust and understanding between sectors was conveyed as essential in partnership. Between sector dialogue was also reported as essential to facilitating a positive transition experience for NGNs. NLs reported a professional divide, as academic and practice organizations were said to be functioning

as separate entities despite sectors engaging in partnerships. They further noted the absence of a united professional nursing voice, which was attributed to the retirement of influential nursing leaders and conflict amongst professional nursing associations. Participants raised concerns over the lack of leadership required to address professional tension and lead partnership development. They described current nursing leadership as too narrow minded and resistant to change to lead partnership innovation. Instead, they proposed that younger nursing generations should engage in dialogue to explore and address such professional issues and unite sectors in partnership.

As one NL stated:

> I think that there's a lack of really profound innovative leadership on both sides to take us into where we need to go… I think it has to be your generation… I don't hear nursing's voice anymore except in discord …spend all of our energy battling inside… We need a different discourse to inform practice and education… we need fresh eyes and we need strong voices [to figure] out how to broker those relationships in a new kind of way (NL 2).

> Existing partnerships were noted to involve varied levels of communication between sectors. Some participants perceived value in current nature of dialogue and others expressed desire for a more open exchange of knowledge and ideas in partnership. The absence of robust, open dialogue between sectors contributed to misconceptions and assumptions of each other's realities. Dialogue was proposed to address misconceptions and promote a realistic understanding of sectors' realities, as illustrated by the following quotes: "I do believe that having ongoing conversations, dialogues, partnerships… those are all things that that help…the understanding of each other's worlds" (NL 7). Another NL stated, "I think that sometimes because people don't necessarily understand the roles and responsibilities that each has, you create your own story

about what happens in the ivory tower… it all boils down to communication and relationships"
(NL 6).

Trust between sectors was also discussed as an important factor in partnerships. Some NLs described existing partnerships where academia and practice trusted each other's contributions, while others spoke generally of a lack of trust between sectors. It was suggested that open communication could not occur in the absence of trust between academia and practice. Ongoing dialogue was discussed as a means to build trust and encourage such communication between sectors. As one NL stated:

> We don't have relationships where you can have forthright trusting conversations about the best interests of the nursing student and the new grad… I think first of all starting at the leadership level and making sure that there's some forum on a regular basis to build relationships and trust that you can have tough conversations (NL 2).

Dialogue in relation to partnership.

Dialogue with the intent to explore the relationship between sectors, build shared values and develop a shared culture was also discussed as a valuable element of partnership. NLs reported that dialogue in existing sector relationships focused primarily on the provision of clinical placements for nursing students. Some NLs perceived such discussion to be purposeful, yet others expressed a need for discussion to explore matters beyond clinical placement experiences. One NL reported: "I think it would be where we actually early on have dialogue around absolutely the students that we're going to take… but the kind of things that we're interested in pursuing from a research, a program evaluation perspective" (NL 3).

NLs also mentioned the importance of academic and practice organizations speaking openly to explore possibilities of how sectors could potentially work together in partnership. This

is exhibited in the following quote: "The partnership can help shape a) what's possible and b) what's realistic… sort of put on the table for conversation around what are the possibilities and how might those play out" (NL 5).

Participants described partnerships as entities that require an ongoing commitment and valuing from both sectors. Furthermore, willingness and openness were noted to be vital to the exploration of possibilities in partnership. NLs reported that sector partners did not always reciprocate enthusiasm for maintaining and/or strengthening their partnership. They described instances where one sector made attempts to explore the possibility of addressing additional matters in the partnership and consistently mentioned that some partners were more open and willing to collaborate on research and projects, while others were not. This inconsistency is illustrated by the following quote:

> Some academic health sciences are better at that than others… others say, well not
> interested, don't have time… a deterrent in really having a strong relationship is that
> academia has this ability to kind of pick and choose and academics particularly, what
> they're interested in… it's almost like, they're in their world and they don't sometimes
> really want to know what our world is about, and nor are they prepared to actually kind of
> engage in some dialogues around how we can work better… it's important that you have
> those dialogues… there has to be the willingness (NL 3).

Academic and practice organizations were also noted to have individual areas of strength and experiences in overcoming challenges related to supporting nursing students and NGNs. Participants also suggested that academic and practice organizations are likely replicating and duplicating efforts to support students and NGNs. Openly engaging in dialogue to recognize and determine how best to capitalize on each others' strengths to address issues was identified as an important aspect of partnership. Such dialogue was also noted to promote mutual respect,

43

learning and work between sectors. The following quote demonstrates the need to engage in dialogue to tap into each others' strengths: "Shifting the framework, the dialogue so that we're a team and we need to do this together... we're both doing a lot really well, but… it's not obviously not working to the best as it can," (NL 8).

Participants further reported differences between academic and practice organizations' cultures. Academia's culture was often described as antiquated, inquiry focused, and one that promotes a utopian image of nursing practice, whereas the practice culture was described by some NLs as task, illness and efficiency focused, and antiquated. Additionally, learning in the practice setting was noted to be challenging due to time constraints. Dialogue between academic and practice leaders was proposed as a way to address such differences and encourage the development of a shared culture, however, as illustrated in the following quote, some NLs perceived the scope of partnership's influence to be limited: "To think that partnership could change the post-transition environment, I think it's short sighted… the partnership doesn't create that [change], it may highlight it, an external viewer conception" (NL 7).

Differences in culture were also identified as a barrier to open dialogue between sectors, which reportedly needs to be addressed prior to engaging in dialogue. This is illustrated in the following quote: "We have to shift the culture to actually open up that that discourse, and it starts with leadership on both sides of the partnership" (NL 2).

Additionally, participants suggested that variation between leaders' perceptions of NGNs and nursing students can be addressed through partnership. The need for shared valuing of NGNs amongst leadership is demonstrated in the following quote:

If the leader looks at student groups or new practicum students with their eyes rolling…

that student will have a bad experience…everything is incumbent on the leader…if you…

have a really great leader who embraces the idea of generating the next group of nurses

44

and sees that they're not a liability but they are a benefit… then you'll have a great

experience for the new grad. That can be born out of a partnership or that can be born out

of mutuality between the leaders of the school and the leaders within the organization (NL

12).

Dialogue in relation to education.

Dialogue that serves to explore issues and challenges in undergraduate nursing education

was recognized as critical in partnership. Participants stated that undergraduate nursing education

is structured to prepare nursing students with the skills, competencies and knowledge required to

practice and be successful as an entry level nurse in the clinical setting. However, some NLs

expressed concern about how nursing students are educated and the content of the undergraduate

curriculum, particularly as they perceived disconnect between academic teaching and practice

reality. Participants who perceived the disconnect suggested that the academic curriculum

prepares students to practice in a utopian interpretation of the nursing role that does not

accurately reflect the nursing role. They further suggested that academia had not kept up with or

embedded recent changes to nursing practice and the healthcare system into the curriculum. The

sense of disconnect was attributed to the absence of academia from the practice setting and the

general lack of dialogue between sectors. Some NLs were unsure how to address the apparent

disconnect, whereas others saw value in sectors engaging in dialogue to re-examine and

potentially restructure curriculum. Participants additionally reported difficulties teaching practice

realities to nursing students, however did not state how such difficulties could be overcome. The

following quote illustrates the importance of engaging in dialogue about curriculum as reported

by one participant:

We are still for the most part teaching our students to work in a an acute care

organization, in the hospital and in the next… ten years or so, the whole practice is going

to shift into the community… but we're still teaching them to be a generalist in a hospital,

so I'm not sure we're adequately preparing them for the future… we need to be talking to

each other and understanding it to better prepare our future graduates… So I think we

could be talking between practice and education about just what are the learning needs of

our students (NL 8).

NLs perceived the new generation of nursing students and NGNs to be immature and lack

the emotional intelligence required to practice as a healthcare professional. Some participants

were unsure what role partnership could play, whereas others recognized value in sectors

engaging in dialogue to explore this issue. The following quote illustrates this perspective:

One of the things we're finding with very young nursing students is [that] they just don't

have enough life experience they're not mature enough. Their emotional intelligence is

not at a level where they can problem solve and deal with complex situations… the

profession itself probably needs a second entry model but, these are all things that we

would have to have those kinds of conversations with the service sector (NL 1).

Participants further described tension between experienced nurses and NGNs, reporting

that nurses question NGNs' knowledge in the clinical setting. Dialogue to explore students'

learning needs was identified as a valuable way to address the tension. This need for such

dialogue is demonstrated in the following quote:

If they're being transitioned into people from a different generation, such as our more

experienced nurses who in all likelihood could be baby boomers… many of the baby

boomers… [perceive that] these theory-based students don't know anything, they don't

know what it means to be a nurse… there is that generational gap. So I think we could be

talking between practice and education about just what are the learning needs of our

students and start to create that change (NL 8).

The previously noted lack of awareness between academic and practice organizations was

reported to include a lack of knowledge of challenges and limitations facing sector partners. NLs

described instances where academic partners requested resources that practice organizations were

unable to provide. Participants proposed that sectors could explore ways to work together in a

manner that capitalizes on each other's strengths and accommodates for limitations. This

perspective is illustrated in the following quote:

> We need to be talking to each other and explaining and helping each other understand
>
> what are the strengths of our program and what are the strengths of the unit, what are our
>
> limitations and how do we balance those two off to facilitate our students being launched
>
> in a positive way into their careers (NL 8).

Participants spoke to the lack of ownership of nursing students by academic and practice

organizations. NLs suggested that academic faculty and nursing students are essentially guests

and observers in the practice setting during clinical placement experiences, as faculty and

students are not truly accountable for patient care. Participants also implied that practice does not

view nursing students as their own, and academia does not see the clinical setting as theirs. Some

NLs were unsure how to address this, however others stated that encouraging discussion between

sectors would promote joint ownership of nursing students and their education, which would

provide a more fulsome experience for students. This sentiment is represented by the following

quote:

> Let's find a practice leader who's game, let's find an academic who's game and lets talk
>
> about how can we make sure we're creating the best educational experience for this
>
> student… the educational practice continuum… practice doesn't think about the students

and theirs and we think about the clinical environment as ours so it would be, it's a big culture shift and it would be a different discussion right from the beginning (NL 10).

Dialogue in relation to practice.

Dialogue to explore differences between academic and practice organizations' perspectives of nursing practice was reported as important in partnership. NLs stated that academia and practice do not seem to conceptualize NGN practice readiness in the same manner. Practice readiness pertains to academic and practice organizations' opinions of what skills, knowledge and competencies nursing students should possess upon graduation to be ready to practice as a NGN in the practice setting. Some NLs suggested that practice holds unrealistic expectations of NGNs, as they expect NGNs to possess all of the relevant clinical knowledge required on a unit and independently provide care for patients in the same manner as experienced nurses immediately after graduation. Alternatively, other participants implied that practice organizations do not have such expectations of NGNs and provide them with support to transition into the nursing role. The differences in opinion regarding practice organizations' expectations of NGNs is illustrated in the following two quotes:

> The perception on the part of employers, which is really quite interesting, that they think that new graduate nurses should be able to hit the ground running and we keep saying in education that's not a realistic expectation (NL 1).

Another NL reported that practice does not hold unrealistic expectations, as she stated: "There's no expectation in this [practice] environment that you have to come in and know everything" (NL 2).

Varied perceptions of practice readiness were reflected in conflicting views regarding responsibility for NGN education. Practice organizations reportedly view NGN preparation to be

the sole responsibility of academia, whereas academia reportedly expects practice organizations to build on NGNs' entry-level knowledge and skills to help them transition to the nursing role. Some NLs suggested that not all practice organizations are aware that NGNs' require support to develop knowledge and competencies to be ready for independent practice or deem transition support to be necessary. Some NL participants acknowledged that the fast-paced and acute nature of the practice environment makes it challenging to provide NGNs with time, support and resources they need as they transition to the nursing role. This perspective is presented in the following quote: "Unfortunately you've got people on the practice side saying… I know folks are new, but I don't have the luxury of giving them extra time and extra support and everything" (NL 10).

Participants attributed unspoken tension, blaming and animosity between academia and practice to varied conceptualizations of NGN practice readiness and conflicting assignment of responsibility for student education. NLs stated that practice organizations view NGNs as burdens rather than assets in the face of conflicting expectations of readiness, as practice reportedly complained to academia about the length of orientation NGNs required to transition to the nursing role. NLs reported that NGNs were typically left to navigate the tension between sectors themselves, although it was not made clear by participants as to how NGNs could do so. Dialogue between academic and practice organizations was proposed to address the between-sector tension, develop a shared conceptualization of practice readiness and align curriculum with practice competencies. The following quote demonstrates the need for academic and practice organizations to engage in dialogue to address between-sector tension:

> There's a lot of animosity really. It's not spoken about, so it's under the surface, but
> there's a lot of tension between organizations and universities around you're not creating
> nurses that are job ready… So it's an unspoken tension and because… I don't have a way

to have a conversation… There needs to be a different discourse and a different forum where we're coming together having generative conversations about a new tomorrow (NL 2).

One NL suggested that academic and practice organizations engage in dialogue to clarify expectations of practice readiness to ease transition:

There needs to be more listening to each other to help understand what it is that um, new graduates can do, should do and what it is that needs to happen once they get into practice. And in places where those conversations take place, I think it's much easier for new graduates to transition (NL 10).

The reported tension and differences between sectors perspectives further contribute to the challenges NGNs' experience as they transition into practice, and the consequent feelings of dissatisfaction and "reality shock". Some participants suggested that NGN practice readiness expectations be set jointly, others felt practice should set its own expectations and communicate them to academia, and some provided little detail about how to address differences in expectations. Other NLs proposed that academia could prepare nursing students with skills to cope with different expectations, though these participants did not provide details how this would be facilitated or what they intended when referring to different expectations. The following quote exhibits one NLs' valuing of expectations that are set jointly between sectors: "I think expectations and setting expectations jointly with hospitals and organizations that hire need to be in sync, cause I think there's a real disconnect for students" (NL 2).

One NL stated that practice should set its own expectations, as demonstrated in the following quote: "That's the organization's responsibility to say… we don't expect you to know everything in the first year or first six months" (NL 2).

Participants spoke of differences between academic and practice organizations' conceptualization of nursing practice and the nursing role. NLs across sectors reported that academia teaches students to provide person centered nursing, whereas the nursing role in the practice setting is focused on production, illness and efficiency. Participants from practice also reported that academia portrays an idealistic, progressive nursing role to students, which practice is not equipped to support. Dialogue between sectors was suggested to develop a shared conceptualization of nursing practice and the nursing role, as illustrated in the following quote:

> Need to have those conversations about what does person centered mean and what is nursing work… having these mutual conversations about what do we value because if it's expediency and efficiency on one end and its personal centered care on another, we're out of sync (NL 1).

NL participants stated that the provision of support and an orientation to the practice setting are crucial to facilitate a positive transition experience for NGNs, however reported that some practice settings have scaled back these resources. Dialogue to explore how to support NGNs in practice with the existing resources was suggested by NLs, as illustrated by the following quote: "I think education and academia's equally constrained. So they have their own… challenges… my hope is that we would continue to work together and talk together about how we're preparing new nurses" (NL 5).

Informing

Informing emerged as a significant factor in relation to communication, specifically practice informing academia, academia informing practice, and NGNs informing practice. Informing in the context of NLs' descriptions was one-way sharing of knowledge and information among academia, practice and NGNs.

Practice informing academia.

As previously noted, NLs reported a gap between academic teaching and practice reality. Existing and proposed partnerships were described where practice organizations informed academic curriculum in an effort to expose nursing students to clinical realities and more appropriately prepare students for practice. To inform curriculum, practice staff would share competencies required for practice and clinical expertise through an adjunct appointment and/or participation on a joint committee that develops undergraduate nursing curriculum. Participants also reported value in practice staff informing academia of gaps in students' knowledge and competencies, which academia can consider and address. NLs also spoke of practice organizations indirectly informing curriculum. Practice indirectly informed curriculum by sharing their opinions of the current curriculum with a consultant hired by academia, who then shared the feedback with academia. Participants' valuing of practice informing curriculum is presented in the following quote:

> Curriculum development… through a seconded relationship, somebody's brought in to develop something specifically, or… in partnership with one of our academic colleagues... we're working together to help create a curriculum that is integrated and supportive of nurses to get the sort of theoretical and practical knowledge and skills that they need to function (NL 5).

Participants spoke of the importance of practice organizations informing academia of practice changes. They suggested that practice organizations should regularly update academia of changes in the healthcare setting to ensure that nursing students are educated in a manner that prepares them for what to expect in clinical placements experiences and as NGNs. Participants spoke of the increased presence of registered practical nurses, the resulting change in registered nurses' responsibilities and the importance of role clarity for NGNs' transitioning to the nursing

52

role, however did not provide details about how to achieve role clarity. The valuing of practice informing academia of changes in the practice setting is demonstrated by the following quote: "We do need to stay in touch in education and in practice to what is the changing healthcare environment and how do we best educate our nurses to be able to adapt" (NL 8).

Academia informing practice.

Some participants reported that nurses in practice settings were unaware of nursing student and NGN competencies, skills and academic preparation. In particular, NLs suggested that practice-based leaders and bedside staff were unaware of undergraduate curriculum and the expected learning outcomes in clinical practicum experiences. Other participants described partnerships where academia kept practice partners updated and informed of changes to the curriculum and undergraduate nursing program. Participants proposed that academia could inform practice staff of what was included in undergraduate education to facilitate NGNs' transition to the nursing role. Some NLs also suggested that academia could inform nurses of the learning outcomes expected for each year of the undergraduate program to improve clinical learning experiences for nursing students, however others were unsure how to address the gap in awareness. This perceived need for greater information regarding what to expect from nursing students is illustrated in the following quote:

> I think communication… because if the staff [has] a really good sense of who the students are because they get students from multiple programs, they're bombarded all the time. If they know what the expectations are, this is a second year student, and… this is the goal of the experience… and that it's really clear… I think that can really help… the students feel good about what they're doing, what they're learning and that the nurse is there to… support them in that and help them move forward (NL 6).

The following quote illustrates the importance of practice being informed of NGNs' academic preparation:

The partnership can really facilitate role change if there's a good understanding of what the curriculum has been, how students have been taught and what competencies they're emerging with as new graduates… can also help clinical settings understand what are the…knowledge and skill needs of new graduates as they're coming into the setting and help us understand or develop programming that's going to be supportive in that transition (NL 5).

NLs suggested that academia could inform practice of the skills and competencies that NGNs from their particular institution graduate with to assist practice organizations seeking to hire NGNs. Participants valuing of academia informing practice to support recruitment is presented in the following quote: "The partnership agreement might bring together the organizations to say, what do you offer the um, healthcare setting and how can we help-- is that person the right mix for us?" (NL 12).

Participants further proposed that academia could inform practice of NGNs who are most likely to require additional support during transition. In turn, practice staff could anticipate and provide identified NGNs with supports that would effectively meet their needs to facilitate a positive transition experience. The following quote illustrates the importance of such informing: "It would be so advantageous if within that academic partnership that… academics could identify those new grads that they perceive would benefit most from an extended transition program… some new grads… wouldn't have survived without additional support" (NL 7).

NLs described partnerships where academic and practice organizations collaborated to provide clinical placements. Some partnerships reportedly involved academia informing practice of clinical issues to improve nursing students' learning experience. The importance of partnering

54

sectors being responsive and open to feedback is highlighted in the following quote: "The practice partners… listen to the feedback from some of things that the students are experiencing with their preceptors… and actually that has brought about change in the practice setting" (NL 14).

NGNs informing practice.

Participants noted that nursing students' awareness of their personal strengths, weaknesses, learning style, gaps in knowledge, values and support systems were imperative to the success of NGNs in the practice setting. NLs stated that NGNs should share their self-identified strengths, weaknesses and gaps in knowledge with practice staff to assist in the facilitation of their transition to the workplace. Specifically, practice could incorporate self-identified strengths and areas for development into orientation programs to respond to the needs of NGNs and support their success during the transition from student to Registered Nurse. This perspective is illustrated in the following quote:

> If a new grad came to us understanding what their needs are, and their strengths are, that would help them in terms of looking at that readiness to practice to identify where they really need to focus their learning. I think that kind of sharing would be helpful (NL 7).

Practice informing nursing students.

Informing nursing students of the realities of practice and how to navigate transition was also identified as an important aspect of communication. NLs proposed and described partnerships in which practice staff informed nursing students of the realities of the practice setting, the nursing role in particular settings, what NGNs could expect during the transition period, the importance for NGNs to advocate for their needs during the transition period, and how they could best navigate their way during the transition period. Such reality orientation has

been implemented through adjunct appointments or practice informing faculty, who then inform nursing students. An example of such informing is exhibited in the following quote:

I generally present about the new grad transition process, I present about things you may come up against, the reality… overall the resources are, what they can do to address those issues, where their supports are, that they need to own learning, they need to advocate for themselves, they need to take advantage of those resources. We also talk about the hiring process (NL 10).

Summary of Theme One: Communication

Dialogue and informing emerged as significant elements of communication between academic and practice organizations. Participants described existing partnerships with varied levels of communication. Although some were content with the current level of communication with sector partners, others found value in academic and practice organizations communicating about additional matters on a more regular basis. Communication in partnership was recognized as imperative to explore and address apparent differences, gaps and areas of tension between sectors. Some NLs acknowledge issues and gaps in knowledge between academic and practice organizations, however provided little to no detail about how sectors could address the issues or gaps through communication in partnership. Participants also found value in academic and practice organizations communicating to explore possibilities in the realms of education, practice, partnership and the profession.

Theme Two: Collaboration

Collaboration also emerged as an overarching theme from data. NLs viewed collaboration as the sharing of resources and expertise between academic and practice organizations for a common purpose. Collaboration was highlighted as a critical element to address issues and gaps

56

between sectors particularly in regards to nursing student preparation and NGN transition. NLs described partnerships where collaboration occurred through joint committees, cross-sector appointments and/or regular meetings. Some participants were reportedly content with existing sector collaboration and others found value in sectors working together more closely on additional matters. Education and transition support emerged as key concepts related to collaboration in partnership.

Collaboration in Education

A collaborative approach to educating nursing students in both the academic and practice settings was identified as imperative in partnership. NLs described collaboration in education as academic and practice organizations sharing expertise and resources, and working together to develop and facilitate learning experiences to prepare nursing students for practice. Collaboration in education was discussed in the context of the academic classroom and clinical placements.

Collaboration in the academic classroom context.

Education that occurs in the academic classroom was identified as an important area for academic and practice to collaborate. Undergraduate nursing programs reportedly play a fundamental role in preparation and success of nursing students and NGNs in the practice setting. NL participants spoke of gaps in students' and NGNs' competencies and skills, which they attributed in part to disconnect between curriculum and practice realities. Some participants described partnerships where practice staff was actively involved in the development and delivery of curriculum, whereas others proposed and found value in the potential of collaboration to address the perceived gaps. The task of addressing perceived gaps in students' preparation was either proposed as academia's responsibility or the joint responsibility of academia and practice.

Some participants reported value in sectors collaborating to address the gaps, but were unsure how each sector would contribute.

Collaboration in partnership occurred through the cross-sector appointment of practice staff in the academic setting. The nature, role and title of existing cross-sector appointments varied between partnerships, as practice staff facilitated learning in the classroom and/or clinical setting, served on an advisory committee or attended faculty meetings. Busy work schedules and heavy workloads were reported to make the development of and contribution in cross-sector roles challenging. Some NLs spoke of cross-sector appointments as a way to address the gap between academic and practice sectors and perceived value in creating additional positions. Other NLs suggested that cross-sector roles could bridge the between sector gap if roles more deliberately embedded staff in the partnering sector. The following quote illustrates concerns regarding cross-sector appointments:

> We manage… in the academic setting to have practice partners appointed and there's all kinds of titles… adjunct, this that, whatever, associates, we have all these titles but they're not really part of the university. They have the potential to be part, but we haven't built in their participation actively (NL 10).

Some NLs found value in cross-sector appointments that allowed practice staff to engage with students, however others perceived union agreements and the process required to enable such collaboration to be significant barriers. Cross-sectors appointments that involved practice staff participating in the classroom reportedly provided students with a more enriched learning experience. The knowledge practice staff contributed to curriculum content added element of clinical credibility and perspective that academic faculty was unable to provide students. The value of practice staff participating in the classroom is illustrated in the following quote:

What we have done is invited the adjunct people to come to the school and speak about

their area of practice… so that…when you're teaching a particular theory, you can draw

on that expertise and bring them in or have them be interviewed… you can theorize about

it and bring the person living the role, it's so much richer… sometimes students will see

academics as not real nurses unfortunately, and that clinical credibility is really important

(NL 6).

Collaboration was also proposed as a way to relieve students' apprehension about

practicing in the clinical setting. Participants suggested that nurses could engage with students in

the classroom prior to them entering the practice environment, however it was unclear what

nurses would do with students. The following quote represents one NL's perspectives on the

value of such collaboration:

Having nurses from practice come to the school and engage with the students so that

when… the students come to practice… they feel like they're part of the team right from

the get go and not as an outsider coming in (NL 6).

NLs recognized collaboration as an important way to foster the resilience and capacity in

nursing students require to experience a positive transition into practice. Participants suggested

that academic faculty could work with nursing students to facilitate the development of

characteristics required to navigate and cope with the NGN transition. Such attributes and

behaviours include openness to learning, optimism, self-advocacy, finding a personal and

professional support system, awareness of personal values, confidence, self-reflection and

accountability. Practice staff would continue to develop these attributes and behaviours once

nursing students transitioned to the clinical setting as NGNs. Other NLs spoke of the importance

of building resilience, capacity, leadership skills and a sense of independence in nursing students,

but were unsure exactly how they would be facilitated in partnership. The following quote

demonstrates how one participant perceived simulation could be used to prepare students for professional practice:

> Simulation… use it much more with the non-technical skills, and so taking into account and having students reflect on how their individual characteristics affect not only how they only approach a situation and work with a client individually, but… how their co-workers perceive them given those characteristics (NL 4).

Career planning collaboratively facilitated by academic and practice staff was also proposed to prepare nursing students for the NGN transition. NLs suggested that academic staff could engage students in career planning during their first year of undergraduate education so that they begin to vision their career path, shape their learning experiences to achieve their goals and assess their personal strengths. Nurse preceptors could also assist academia with career planning by speaking with students about their career plans and options to provide an alternative perspective. One NL highlighted the importance of career planning for nursing students in the following quote:

> Supporting of students from day one with career planning and mentoring is pretty close to essential in terms of helping students understand where they're headed and… what role they play in helping themselves get there… it helps students start thinking from the very beginning about how they can help to shape their learning experiences to get them where they want to be in the long run… it's really helpful for them to understand… what the options are further on down the road… having conversations with their preceptors and people in their placement settings is one good way to do that (NL 11).

Collaboration in clinical placements.

Participants identified education in clinical placements as an important element in academic-practice collaboration. Clinical placement experiences were described valuable to prepare nursing students for practice, as they familiarize students with the nursing role and practice environment. NLs described partnerships that involved academic and practice organizations working together to coordinate and facilitate learning experiences in the clinical setting throughout undergraduate programs. Some NLs suggested that academia presents a protected experience of nursing, as students are never truly accountable for patient care and are given support they would not receive as licensed professionals. This sheltered nursing experience was noted to contribute to students' feelings of disillusion and shock when they faced practice realities as NGNs. In the following quote, one NL described how the lack of exposure to practice realities could adversely influence the transition experience:

> [Transition] may be perceived by the new grad as negative because all of a sudden they
> are responsible whereas they hadn't truly taken on that responsibility throughout their
> academic life because there's always been someone there watching out for them (NL 7).

Some participants mentioned a protected academic experience, however did not speak of how it could be addressed. Providing students with the opportunity to speak with faculty and nurses about reality shock and the NGN transition was reported by some NLs as a way to make the academic experience less sheltered. One NL's description of such collaboration is illustrated in the following quote:

> [Nursing students] see good nursing care and they [see] poor nursing care and in fourth
> year we try and help them with the reality shock of caring for more patients… All of
> those things are issues that the faculty tutors talk about with the students… our practice
> leaders know what some of the issues the students are facing and… when they hire

students and they... have that orientation they I think they try and address some of those…

work in tandem (NL 14).

NLs reported value in academic and practice organizations collaborating to choose and assign clinical agency placements. They described and proposed partnerships where students would be assigned to clinical settings that were looking to hire NGNs. Students would then be hired to their practicum setting upon graduation and given an opportunity to consolidate their skills on a familiar unit, which in turn would ease their transition to practice. The following quote demonstrates how placements were aligned to ease transition:

[Practice] will interview certain students for different clinical… areas… prior to…

accepting them as final students for a final full-time practicum… they're looking at good

fit and potential hiring of these people… it's kind of a mentored, preceptored role for

twelve weeks. So they're already getting some orientation to whatever unit or area they're

working in, they're getting used to the routines, probably the fear to a certain extent's been

relieved even though when they finally graduate they're in a different role, but at least just

help with some of the transition (NL 9).

The provision of clinical placements in specialty care areas was also identified as a valuable element of academic-practice collaboration. Participants spoke of an increased demand for NGNs to fill staffing needs in specialty care areas. They reported that the existing curriculum prepares nurses with fundamental nursing skills that are applicable in any care setting and that NGNs require additional support in the practice setting to develop skills and knowledge required to care for patients in specialty areas. Some NLs were unsure how academia and practice could meet demands for nursing students prepared with specialty skills and some participants described existing partnerships where sectors worked together to provide students with learning experiences on specialty care units. Other NL participants suggested that sectors could identify students' areas

of clinical interest and then collaborate to offer a specialty focused learning experience. One NL described this collaboration in the following quote:

> The student might have an idea of where they'd like to massage their career… there are some schools that recognize that-- say a student is really keen on gerontology, why not fashion her upper level years so that the opportunity for managing patient care in gerontology happens… we help that person [nursing student] and have an agreement around that with the organization that we've got now a specialist stream within our undergraduate program (NL 12).

Alternatively, some NLs reported a lack of student-focused clinical placements assignment. Some participants suggested that academic and practice organizations could collaboratively select and match students to clinical settings, however the details of how this would be facilitated were unclear. The following quote illustrates how sectors could collaborate to assign practicum settings:

> I don't know in terms of the partnering of how we decide where you're going to go and is that something that we sit down and we say lets look at… who you are as a person and we match the environment, we don't do any of that… It's often the student who has to negotiate this (NL 2).

Collaboration in relation to clinical instruction was also reported as a valuable aspect of partnership. NLs described partnerships in which clinical instructors from academia or practice guided and supervised nursing students' learning and development during clinical placements and supported nurse preceptors in their role. The importance of instructors from both sectors being familiar with the clinical setting and the curriculum in order to provide a quality clinical experience was highlighted, however some NLs were unsure how to foster this connection. Some NLs suggested that clinical instructors could be hired from practice settings and given adjunct

appointments where they teach students in the classroom setting and supervise students in practice to promote this connection, as described by one NL:

> We recruit teachers from the practice setting…who have a relationship with that practice setting and that unit… they know the people… they know the types of clients that they have and those would be the people that would be teaching our students…we can invest in their professional development… give them a relationship with the academy so that they have access to the library, they know the curriculum, they know what the learning outcomes are, they know what the expectations are for the students (NL 1).

Some NLs saw value in practice nurses assuming the clinical instructor role specifically for the supervision of fourth-year students. This perspective is illustrated in the following quote:

> You need a clinical instructor from academia to do that kind of teaching (year one to three) simply because students require much more time than most staff nurses have… in fourth year and during the consolidation periods, then it's usually a staff member from the unit who is the student's clinical teacher, at that time they will have a faculty member as their resource both to the student and to that staff nurse (NL 13).

Participants additionally expressed concern that there is a lack of investment, willingness and enthusiasm for the development and success of nursing students and NGNs amongst nurses in the preceptor role. They were particularly concerned about the apparent lack of investment as students' experience in the clinical setting is highly dependently on preceptors' enthusiasm in the role. Participants also took issue with the lack of consideration given to preceptor-student assignments, but provided no detail about how to address this. NLs reported that nurses apparent lack of investment was the result of nurses experiencing professional burnout and managing increased workloads. Nurses reportedly perceive nurse educators to be responsible for nursing students' and NGNs' development, and therefore do not see their contribution in the preceptor

64

role as significant or necessary. Some participants were unsure of how to address such issues in partnership and others suggested that academic faculty could support preceptors in their role, but did not mention what support faculty would provide. Concerns regarding the apparent lack of investment and enthusiasm are exhibited in the following quote:

> It used to be that as nurses we all took very seriously our role when we were (inaudible) of educating the next generation, and some how the transition into Universities and into this perception that… people are making money being nurse educators, so why should I be doing their job has trickled down and I really believe we need to go back to a mentality for all nurses to recognize their role in mentoring and educating and supporting the next generation of nurses the way that they were mentored and educated and supported (NL 4).

Collaborative efforts to offer professional development to practice nurse preceptors was further identified as an important component of the academic-practice organization partnership. NL participants stated that practice nurse preceptors were often unaware of students' and NGNs' academic preparation and reportedly assumed that students and NGNs had no nursing related knowledge. Some NLs suggested that academia could offer nurse preceptors professional development opportunities, and others found value in sectors jointly offering such opportunities to preceptors in order to address their gap in knowledge. Participants also proposed that sectors could work together to create a culture where NGNs and preceptors partner to more effectively facilitate learning, however details of how this culture could be created were not provided. The following quote illustrates the value of sectors collaborating to offer professional development to nurses who assume the role of preceptor:

> They rarely, if ever, have seen a course outline…they don't know what to expect of a first, second, third, fourth year, what's different between the accelerated program and the out of high school program… if the organization says we want to have excellent students, we

65

therefore will train our preceptors in conjunction with our school so that we've got some common thought and common ground… the preceptor then would understand the curriculum and the expectation for the student at the various levels (NL 12).

NLs also reported that there is a lack of awareness and respect for the effort required of nurse preceptors by the academic sector. They suggested that practice organizations could manage preceptors' workload to provide preceptors with time to incorporate additional responsibilities that academia adds to their role. The value of managing preceptors' workload to afford them time to speak with students about career planning is illustrated in the following quote:

I'm not sure that the education side is often as cognizant and supportive of the challenges … that our expectations of precepting place on the individual nurse…so if we add the concept of… sit down and talk to them (students) about what you do and… give them some sense of what next steps would be, that adds to the role… of the preceptor. So there has to be some kind of understanding on the on the part of the organization that precepting isn't just, I've got my patient load plus students and there has to be some kind of… trade off to support the work that preceptors do (NL 11).

Collaborative efforts to mentor nursing students were further described as an important element of partnership. Participants described partnerships in which nurses from the practice setting mentored nursing students to familiarize them with the nursing role, help them navigate clinical issues and provide guidance outside of the practice setting. Some NLs reported value in academic faculty mentoring nursing students until graduation and then practice staff mentoring NGNs once they commenced practice. Other NLs stated that efforts to mentor nursing students in academia should continue as they enter the practice setting as NGNs, however it was unclear

exactly how this link would be facilitated. The importance of continuing mentorship across the transition is illustrated in the following quote:

> So the two (mentorship and preceptorship) in my mind sort of separate but both important roles and that should sit on both sides of the partnership. I mean ideally, there should be a link across in that transition… It's not like throwing a baseball and then hoping it lands (NL 2).

Collaboration to address clinical placement issues was also identified as valuable in partnership. NLs reported a shortage of quality clinical placement settings, as well as a challenge in terms of the number of nurses available to serve as preceptors. These challenges have become more of an issue as a result of the introduction of the role of the registered practical nurse, practice partners allocating placements to preferred schools, and an increased competition for practicum placement sites. NLs reported that as a result of the competing demands for practice placement sites, students were completing their practicum experiences in non-healthcare settings. Some NLs were unsure how to address the shortage of preceptors and placements, whereas others proposed sectors work together to increase the availability of alternative sites for appropriate placement settings for students. The following quote demonstrates how academic and practice organizations could collaborate to address the practice placement shortage:

> I think you could reduce that by opening up new settings… and I don't think that we have as many varied settings for nurses and that would decrease the competition. There are areas where nurses play a huge role where students are rarely there… I think it's incumbent upon… academia to seek out some of those placements… there are placements in schools and in jails and public health and in community care, community nursing (NL 12).

Other NLs expressed concern regarding the use of placements outside of healthcare and non-nurse preceptors, as exhibited in the following quote:

There's some challenges with placing students, so that's why they're starting to use teachers in schools and… there's some issues I think with that as well. What they are doing is they're going to the school system and having… nursing students link with teachers to do actually their placements, and sometimes then they interact with nurses… because nurses are in the school, but nurses are not their preceptors. The teachers are their preceptors. So that, they're being precepted by non-nurses in an environment that is education. They work with the teachers and the student councils to develop programming… but they don't do the work (NL 3).

Collaborating in Transition support

Transition support was identified by NLs as an important context in which collaboration occurs between academic and practice organizations. Collaboration in transition support relates to sharing resources across sectors, capitalizing on the expertise across sectors and the sharing of cost and information to support NGNs as they transition from the student role to that of the registered nurse in the professional practice setting. Participants described the NGN transition to practice period differently, as it was reported to occur during the last year of the undergraduate program or once students graduated from their undergraduate program. NLs also proposed varied roles for academia in supporting NGNs as they transition to the nursing role. Some participants saw value in academia collaborating with practice to support NGNs as they entered the practice setting and others reported that academia's role ends once students graduate.

NLs reported a gap between sectors during the transition from nursing student to NGN, as supports from academia end at graduation and are not available to NGNs as they begin their

professional nursing careers. NLs stated that NGNs experience feelings of betrayal, reality shock, stress and worry in the absence of appropriate transition support. Some NL participants stated that the transition to practice would be stressful for NGNs, regardless of the supports academic and practice organizations implement in efforts to facilitate a positive transition experience. Some recognized that sectors could work together to facilitate the role change NGNs' experience during transition, but did not provide details of how they could collaborate. Alternatively, some participants expressed a valuing of sectors working in collaboration to develop and implement supports for NGNs to respond to their need for transition support. NL participants proposed collaboration to support the NGN transition to practice as an agreement between sectors, in which expectations of the relationship are specified and mutually agreed upon. In particular, they saw value in practice organizations agreeing to provide specific supports and resources to NGNs as they transition in the practice setting, as demonstrated in the following quote:

> You might have a partnership agreement about how we welcome your students from your school of nursing once they've recently graduated if they're able to compete and be successful for a job in our organization… the partnership is about mutual agreement, we will agree to welcome the student in a certain way (NL 12).

Transition support varied between practice settings, in that in some settings NGNs are provided more resources and support than in others. Some NLs expressed uncertainty as to how to address the variation in the level of support offered to NGNs, while others suggested that sectors could work together to more clearly conceptualize the transition experience and develop the appropriate supports to address areas of need. Alternatively, some NLs proposed that NGNs could develop their own support system by actively seeking assistance from staff in the practice environment. Academic and practice organizations collaborating to support NGNs' transition to the nursing role is illustrated in the following quote:

A new program really has to be co-created by both parties coming together to look at the problem of transition and look at the intention of creating healthy productive nurses and acknowledging that both players have a role in that and then from there coming together to create some kind of program that would probably dependent on where those gaps are and what exists or doesn't exist… maybe if the universities are… hearing back from students or they are studying the gaps that new graduates have and… giving that back to the practice settings and helping us understand what those learning needs are more (NL 5).

Participants stated that the provision of a practice environment that offers supports and resources that are sensitive to the needs of NGNs is essential when striving to facilitate a positive transition experience. As described by NLs, transition supports are implemented with the intention of providing a welcoming, nurturing and safe practice environment for NGNs. NLs spoke of challenges in ensuring practice environments are supportive, as patient care is provided in a busy and fast-paced setting. Some participants questioned if practice organizations valued learning as an integral part of the practice setting culture, whereas others reported emphasizing the importance of learning to staff and NGNs. Some participant NLs reported that a partnership could encourage practice organizations to evaluate how supportive and welcoming their clinical environments are for nursing students and NGNs transitioning to the nursing role. Some NLs perceived that practice organizations were responsible for developing a supportive and welcoming clinical environment, whereas others described it as a joint responsibility between academic and practice organizations. NLs recognized the importance of practice staff being aware of and sensitive to the transition process and NGNs' needs as they assume the nursing role, however did not provide details as to how to ensure practice staff is aware of the transition. Participants suggested that sectors could collaborate to develop a culture of learning in the

70

practice setting in which academic partners provide resources and expertise to address the learning needs of staff in practice. Participants valuing of academic and practice organizations collaborating to develop supportive learning environments in both sectors is demonstrated in the following quote:

> I think learning environments and how we establish learning environments and share the accountability and responsibility for learning environments that help students progress from year one to new graduate is a joint accountability, varying stages of that process… academia has perhaps a larger role to play at some points and then in the new grad phase, the institutional has a greater role to play but, it's much easier when it's been facilitated all the way along on both sides (NL 11).

Participants proposed a variety of initiatives that involve academic and practice organizations collaboratively supporting nursing students' transition to the NGN role. Some participants suggested that sectors could collaborate to add a fifth year to undergraduate nursing programs in which students would be supported by academia and practice to apply their knowledge and skills. The value of a fifth year learning experience is exhibited in the following quote:

> That fifth year should be a co-op year where nursing students are paid a student sum as nurses in the hospital, but they still have a link back to the university where they are processing and unpacking and have a safe environment to share their … experiences and transitions into these roles… that reflexive time, that debriefing time… look for models, evidence based practice guidelines, best care standards… to support or refute what you are experiencing and living day to day. And that's where I think a transition program for new grads could be really valuable… I think it can be just to hone the foundational skills they've gained in their undergraduate program (NL 4).

Orientation to the practice setting was mentioned as a vital component of the transition. In particular, participants recognized the need for orientation to be sensitive to the individual learning needs of NGNs, however were uncertain about how sectors could work together to provide a tailored orientation. NLs also reported that the orientation process should integrate NGNs into the practice setting so that they feel a sense of belonging, however it was not clear how orientation programs would be altered to achieve this. Participants described a co-facilitated orientation segment in which academic and practice staff members speak with NGNs about common transition dilemmas. The value of a jointly facilitation orientation segment is demonstrated in the follow quote:

> If the people who are going through the transition could hear two leaders, one from academia and one from the practice setting talk about some of the dilemmas people have when they start in the practice setting, that may make the new grad feel more comfortable about, oh well they know about this… they're talking about it, it means I'm more free to talk about it as well (NL 14).

Participants also suggested that academia and practice could collaborate to facilitate a NGN support group, either jointly or by a designated point person who is familiar with the practice and academic settings. An example of this initiative is illustrated in the following quote:

> Have someone responsible for the new grad so that that transition is smooth so that they feel supported all the way until they're comfortable… you got pre-briefing and debriefing… monthly or every two weeks… somewhere where they can go and they can feel safe to say, I had a real problem with this, I was really worried about this, I didn't get all my work done… where they might not feel comfortable on their particular unit to disclose that… someone perhaps that is appointed… between the two organizations that is the point person for that transition (NL 6).

72

Academic and practice organizations collaborating to address NGNs' learning and professional development needs as they transition in the practice setting was also proposed as an valuable way to support NGNs. Participants suggested that practice staff could inform academic faculty of NGNs' knowledge gaps, which academia would then develop programming or provide practice staff with the resources to address the identified learning needs. Alternatively, NGNs could return to the academic institution from which they graduated to receive a short support session with faculty. The following quote provide details of how academia and practice could collaborate to address NGNs' learning needs as they transition into the nursing role:

> The other opportunity is to continue to work together to offer continuing development programming [for NGNs]… we can do that together both by practice settings informing the academic setting around what the needs are academic settings being responsive to the needs and creating continuing development programming (NL 5).

The following quote illustrates how academic and practice organizations could collaboratively support NGNs' personal development needs as they transition to the nursing role:

> At three months there could be a three day intensive where all new grads who graduated from school X return to the school and debrief their experience, identify one or two personal learning needs, explore those or get some career coaching… it's not the clinical content, it's more related to managing relationships or managing stress or managing difficult moral dilemmas that they've been faced with (NL 5).

NLs further proposed that sectors work together to develop a supportive substructure on a designated practice unit for NGN transition. The unit would provide a consistent source of support by assigning NGNs' a mentor with a faculty member who serves as a support and resource to the nurse mentor. The following quote provides details of this initiative:

73

So you've got these PODS… [where you can] integrate students into them as well as new staff… the practice staff see this is as one of their roles to integrate, to support and integrate the new staff into the unit so they're available… to those new staff members… it's in creating that kind of supportive substructure within the unit that the new graduate can move into it and feel known and can get to know much more quickly what's expected and what the values are on that unit… academia is the … resource to the practicing nurses as they take on this role of the mentor to the students and to the new staff (NL 13).

Theme Two Summary: Collaboration

Education and transition support emerged as significant concepts related to collaboration in partnership. Collaboration in relation to education consisted of sharing resources and expertise to prepare nursing students for professional practice. Participants proposed and described existing partnerships in which academic and practice organizations collaboratively foster nursing students' resilience, capacity and knowledge development in the classroom and clinical setting. Collaboration in relation to transition support involved academic and practice organizations jointly developing and facilitating initiatives to support NGNs as they transition from nursing student to the nursing role. Participants identified a gap between supports provided by academic and practice organizations and proposed ways sectors could share resources and expertise to address the gap to support NGNs as they transition from the academic to practice setting. Some NLs acknowledged the gap between sectors but either provided little detail of how sectors could collaborate in partnership or did not mention partnership as a way to address the gap. Collaboration initiatives proposed in both the education and transition support concepts position academia in various roles throughout the NGN transition period.

Summary of Findings

In summary, findings of this study indicate that NLs perceive communication and collaboration as valuable in partnership. However, participants were unsure how sectors could engage in partnership and did not propose sectors working in partnership as a way to address specific issues in some instances. NLs identified barriers and limitations to the effectiveness in and influence of partnership in addressing identified areas of concern. Participants' expressed valuing of partnership in relation to communication and collaboration varied, as did their conceptualizations of partnership and perception of each sectors' role in preparing, educating and supporting NGNs as they transition from student to nurse.

CHAPTER 5: DISCUSSION, LIMITATIONS AND IMPLICATIONS

Introduction

This chapter presents a discussion of study findings in relation to relevant literature and the research question. Existing literature that focuses on academic-practice organization partnerships is considered and discussed in relation to implications for academic-practice organization partnerships, practice, education, policy, theory, dissemination and research. Study limitations are also presented.

Discussion

The following section presents a discussion of how NL participants considered and described the value, nature and conceptualization of academic-practice organization partnerships. The importance of the overarching themes of communication and collaboration are described. The first theme of communication is discussed specifically in relation to practice readiness, and the second theme of collaboration is discussed in relation to the NGN transition, and building capacity and fostering resilience in nursing students.

The Value of Academic-Practice Organization Partnership

NLs in this study reported gaps and discrepancies between academic and practice organizations, specific to the preparation of nursing students and the NGN transition. MacMillan (2013) reports that NGNs' experience difficulties transitioning to the nursing role because there is disconnect between sectors' supports and competency expectations. MacMillan suggests that academic and practice organizations partner to address the identified gaps and discrepancies between the two sectors in order to better prepare nursing students and support NGNs' transition to practice. NLs in this study described various ways in which academic and practice organizations could communicate and collaborate to address identified gaps between the two sectors, specific to the preparation of nursing students and the NGN transition. The Canadian

Association of Schools of Nursing (2010) identifies a need for collaborative and effective partnerships between academic and practice organizations to overcome challenges specific to nursing education. This perspective is consistent with those reported by NL participants, who expressed a valuing of sectors communicating and collaborating to more effectively prepare nursing students for practice.

In some instances, participants reported that there was value in the independent roles of academic and practice organizations in supporting students during the course of their education and during the transition period as NGNs. Specifically, the NLs assigned opportunities specific to nursing student preparation to academic organizations, and those concerning the NGN transition to practice organizations. Warner and Burton (2009) report that although sectors can prepare students for practice and support NGNs to transition to the nursing role independent of one another, academic and practice organizations could work together as partners to attain mutual benefits specific to student outcomes and the professional development of staff. Warner and Burton also describe that sectors could work together in partnership to develop and implement creative solutions to address issues related to nursing education. NLs in this study did describe academic-practice organization partnerships to involve mutual benefits and encourage sector partners to explore possibilities of how they could work together. Erickson and Raines (2011) report that academic and practice organizations can partner to share and effectively utilize limited resources. Participants in this study reported that practice sectors have limited resources to support NGNs' transition and expressed a valuing of sectors sharing costs and engaging in dialogue about nursing student preparation and transition initiatives. Beal (2012a) reports that academic and practice organizations can build on their individual and collective strengths to shape the partnership. This perspective is consistent with those reported by NLs, who described that academic and practice organizations have individual strengths, which can be capitalized on

through partnership. The work of MacMillan, Warner and Burton, Erickson and Raines, and Beal support the potential value and benefit of partnerships for both academic and practice organizations.

Conceptualization of Partnership

Interviews began by asking NL participants to share their perceptions of what constitutes an academic-practice organization partnership. NLs across academic and practice sectors described formal and informal partnerships, relationships and agreements involving a singular focus or multiple components with varied levels of communication and collaboration. Participants consistently described partnerships that currently exist to provide students with clinical placement experiences. NLs further spoke of informal partnerships, in which sectors interact without established rules and responsibilities, and may involve NGNs returning to their educational institution to support nursing students. Participants' conceptualizations of partnership are consistent with the findings of De Geest, Dobbels, Schonfeld, Duerinckx, Sveinbjarnardottir and Denhaerynck, (2013) who reinforce that academic-practice partnerships can vary in structure and may be strictly or loosely organized. According to De Geest et al., (2013), formal structured partnerships involve an ongoing commitment, mutual objectives, plans outlining the strategy and budget for the partnership, and contracts signed by senior leadership. In contrast, informal unstructured partnerships are developed to address a particular need, are situational and temporary in nature, and lack an established management structure. These findings align with NLs' perceptions of the value in both formal and informal partnerships, relationships and agreements between academic and practice organizations. NLs used the terms of partnerships, relationships and agreements interchangeably throughout interviews, so it is not clear as to whether they perceive these approaches to partnership as distinct from one another.

Literature exploring academic-practice organization partnerships highlights that sectors should establish a shared conceptualization of partnership. According to Todero, Long and Hair (2015), sectors should clearly iterate and communicate the goals, objectives and expectations of the partnership to key stakeholders to ensure its' sustainability. Further, the development of a shared vision and philosophy, as well as shared values between academic and practice partners was reported as imperative to the success of the partnership (Erickson & Raines, 2011). These findings are consistent with participants' reports that there is value in academic and practice organizations engaging in dialogue to develop a shared conceptualization of partnership. In particular, NLs in this study described that sectors could engage in dialogue to develop a shared organizational culture, encourage mutual respect between partners and explore possibilities with regards to preparing nursing students for practice and supporting NGNs as they transition to the nursing role.

Howard and Williams (in press) assert that partnership should be conceptualized through a formalized written contract. The authors described the nature of an academic-practice partnership in the USA, which was founded on a formalized memorandum of understanding, negotiated by senior leadership. The agreement outlined individual and joint sector responsibilities, provided guidelines for communication and decision making in regards to partnership initiatives, and encouraged sectors to stay focused on the goals of the partnership (Howard & Williams, in press). Similarly, Harper, Moore, Cleveland, Miltner, Froelich, McGuinness, Waldrop, Fogger, Davis and Selleck (2016) described a long-standing academic-practice partnership in the USA and attribute its success to the joint development of a formalized memorandum of understanding. The formalized written agreement was negotiated by executive leadership and guided the development of mutual goals, methods to evaluate partnership initiatives and resource allocation to enhance commitment and communication in partnership.

79

The agreement also provided details of the purpose, outcomes and overarching strategic plan for the partnership (Harper et al., 2016). These findings are consistent with NLs' valuing of formalized agreements between academic and practice partners for the provision clinical placement experiences. It is unknown if partnership initiatives, aside from clinical placements, were guided by a formalized partnership contract as participants did not indicate if other partnership initiatives were formally agreed upon.

NLs reported value in sectors engaging in dialogue to explore and establish a shared conceptualization of partnership, but did not explicate if the shared conceptualization would be formalized through a written agreement. Howard and Williams (in press) and Harper et al., (2016) concur that a formalized contract between sectors, which outlines the purpose, goals and sectors' responsibilities, is essential for the long-term success of the partnership. Harper et al., (2016) further reported that the establishment of a shared vision and goals of the partnership is imperative to guide sectors as they attempt to resolve disagreements. NLs in this study encountered challenges when they approached sector partners to expand the focus and nature of their partnership. Participants described being engaged in a formalized partnership agreement with sector partners for the provision of clinical placements, but did not share if the agreement extended to other components of the partnership. Further, they did not explicate if and how these challenges were addressed.

Alternatively, Murray and James (2012), and Erickson and Raines (2011) described academic-practice organization partnerships where sectors' commitment in partnership is implicit and based on self-governance, mutual trust, respect and goodwill. Murray and James (2012) described an academic-practice partnership in the USA, in which a previously established partnership contract was not revised to include a newly implemented partnership initiative (Murray & James, 2012). As such, sectors' roles, responsibilities and commitment to the new

initiative were based on mutual trust between sector partners (Murray & James, 2012). Likewise, Erickson and Raines (2011) described a partnership in the USA between an academic and practice organization that was founded on and supported by a common vision, mutual trust, need and respect between sector partners, rather than a written contract (Erickson and Raines, 2011). Erickson and Raines (2011) contend that formalized partnership agreements provide a false sense of security, as the possibility of sectors dissolving a partnership remains a possibility even with contractual obligations (Murray & James, 2012; Erickson & Raines, 2011).

The development of a formalized partnership agreement between academic and practice organizations may be beneficial to the sustainability and long-term success of partnership, however, it may be that mutual trust, respect and commitment are stronger determinants of partnership success. Participants in the present study described a lack of trust between the academic and practice sectors, which may hinder the establishment and success of partnerships, particularly those that do not involve a formalized written contract. Literature exploring academic-practice partnerships asserts that trust between sectors may be established through open communication, which can serve to foster a culture of transparency in partnership (Todero et al., 2015; American Association of Colleges of Nursing, 2012; Beal, Alt-White, Erickson, Everett, Fleshner, Karshmer, & Gale, 2012b)**.** In addition to open communication, Todero et al., (2015) suggests that academic and practice partners openly acknowledge and address the biases, stereotypes and assumptions of each partner when sectors first come together. Participants in this study described areas of tension, animosity and blaming between the academic and practice sectors, which they identified as barriers to sectors closely interacting in partnership. The literature suggests that academic and practice leaders should first address assumptions, biases and judgments that they may have towards one another prior to engaging in conversation about the conceptualization of partnership. In addition, studies highlight the importance of clear, honest,

consistent, open communication to establish and strengthen trust between academic and practice partners, outcomes that were not consistently described by NLs in this study. Thus, it may be of value for academic and practice leaders to address assumptions, biases and judgments they may hold about one another prior to engaging in dialogue about partnership conceptualization.

Howard and Williams (in press), Harper et al., (2016), Murray and James (2012), and Erickson and Raines (2011) focus on academic-practice organization partnerships in the USA and do not mention legal implications of nursing student education and learning in the practice setting. Thus, in some instances, the written formalized conceptualization of partnership may be required.

Communication Regarding Practice Readiness

Communication in academic-practice organization partnerships emerged as an overarching theme from the data. Participants in the present study described differences between sectors' knowledge and skill expectations of NGNs as they enter the workforce. Reports of such differences in expectations of practice readiness are consistent with MacMillan (2013), who emphasizes that sectors should develop a shared understanding of practice readiness. In her report, MacMillan (2013) asserts that academic and practice organizations should come to an agreement as to what constitutes practice readiness and to reach a shared understanding of the expectations of NGNs. Similarly, participants reported that there is value in sectors engaging in dialogue to develop a shared understanding of practice readiness.

Participants attributed tension between academic and practice sectors to a lack of accountability in regards to nursing student and NGN preparation. Likewise, MacMillan (2013) describes that academic and practice sectors blame sector partners when NGNs do not meet expectations set by the practice organization. NLs stated that practice organizations expect that academic partners prepare NGNs with the skills and knowledge they will require to practice.

Duchscher (2008) reports that it is unreasonable for practice organizations to expect that academic partners have prepared NGNs with all of the skills and knowledge that they will require to practice independently at the start of their careers. Participants in the current study recognized that practice organizations are aware that NGNs require support to transition to the nursing role. Some NLs reported that academic organizations expect that practice partners will provide NGNs with the resources and support to develop relevant clinical skills to transition to the nursing role. Participants in the present study further suggested that academic and practice partners could engage in dialogue to develop a shared conceptualization of practice readiness and to align curriculum with practice competencies. Similarly, the Canadian Association of Schools of Nursing (2010) suggests that academic and practice organizations partner to develop curricula that meets entry-to-practice competencies to better prepare students for increasingly complex practice settings.

MacMillan (2013) highlights the importance of sectors coming together to establish clear roles and responsibilities specific to preparing students for practice. Wolff, Pesut and Regan (2010a) reported that nurse participants in their study disagreed about which sector was ultimately responsible for preparing NGNs for practice. Similar to the reports of Wolff and colleagues, NLs in this study identified tension between academic and practice organizations in relation to which sector is responsible for preparing NGNs for practice. Rather than academic and practice partners engaging in dialogue to develop a shared conceptualization of practice readiness, Wolff et al., recommend that conversations regarding practice readiness be refocused to explore transition strategies, as dialogue of practice readiness can create a divide between sectors, particularly as it sparks a political debate about accountability and responsibilities between sectors. As such, academic and practice partners may want to consider refocusing their dialogue to explore how sectors can support NGN transition.

Collaboration for NGN Transition

NLs from both sectors identified collaboration as important in supporting NGNs as they transition to practice. Participants described a gap in support between academic and practice organizations' as nursing students graduate and commence professional practice as NGNs. The belief in the importance of academic and practice organizations working collaboratively to support the NGN transition experience is emphasized in the literature. In MacMillan's (2013) think tank report, Canadian NLs suggest that academia and practice sectors work together to develop a "virtuous circle" of support to effectively support NGNs as they transition to practice. Although the term "virtuous circle" suggests that academic and practice organizations work together to address and gaps or disconnect between sectors, MacMillan provides little insight into how sectors would interact to develop a "virtuous circle" of support. MacMillan asserts that sectors should engage in partnership in a manner that redefines the roles and responsibilities for both academic and practice partners as they aim to address issues specific to nursing education and the NGN transition. The Canadian Association of Schools of Nursing (2010) asserts that NGNs should be given time and supports to transition to the nursing role and effectively apply their acquired competencies. Similarly, participants in the present study suggested various collaborative initiatives in which sectors could support NGNs to transition to the nursing role.

Kelly and Ahern (2008) recommend that academic and practice organizations should each make efforts to facilitate a positive transition experience for NGNs. The authors recommend that academic faculty inform or have a designated discussion with students about the transition from student to nurse and incorporate socialization issues in nursing into curriculum to prepare students for the transition experience. This suggestion is consistent with NL participants' descriptions of practice partners engaging with nursing students to inform them of the transition process, the practice setting and how best to navigate and cope with the transition. Kelly and

Ahern further proposed that practice organizations create a nurturing clinical environment by providing NGNs with a preceptor or mentor and reminding staff of NGNs' needs as they transition to the nursing role. NL participants in the present study proposed that academic partners provide professional development for nurses who assume the role of preceptor and that this support could be offered separately or in collaboration with practice partners to better support the development of nursing students and NGNs. Kelly and Ahern (2008), unlike the NLs in this study, believe that academia's role in supporting students transition to the nursing role ends once they graduate and practice organizations' role in supporting transition begins once students enter the practice setting as NGNs. They did not advocate for the two sectors working together in this endeavor. NLs in the present study described conflicting perspectives of the roles and responsibilities of academia and practice related to supporting NGNs during the transition period. Some participants reported value in academic organizations preparing nursing students for transition, while others described how academic and practice partners could collaboratively support NGNs as they transition.

Duchscher (2009) suggests that both sectors can prepare nursing students for practice and support NGNs to transition to the nursing role. In particular, she proposes that sectors can focus on theory specific to role transition, provide clinical placement learning experiences that better prepare students for the high-pressure clinical environment, embed theory and skills into workplace orientations and offer mentoring programs to nursing students and NGNs. Although NL participants in the current study did not specify that practice partners would talk to students about role transition theory as suggested by Duchscher, they expressed value in students being informed of the transition process prior to graduation. Participants did not speak of embedding theory into workplace orientations, as proposed by Duchscher, but sectors could consider doing so to support NGNs to transition to the nursing role.

Participants in the present study shared their belief in the importance of a supportive

clinical setting in relation to the NGN transition experience. Zinsmeister and Schafer (2009)

assert that practice organizations should provide a supportive work environment for NGNs as

they transition to the nurse role. NLs and practice staff who are sensitive to the needs of NGNs in

transition were identified as key to a supportive clinical environment (St-Martin, Harripaul,

Antonacci, Laframboise, & Purden, 2015; Zinsmeister & Schafer, 2009). St-Martin et al., (2015)

suggest that if NLs are aware of the NGNs' experience of transition, leaders will be better

equipped to inform the development of transition supports. NLs in the present study reported that

practice partners are generally unaware of NGNs' academic preparation. NLs further suggested

that academic partners inform practice partners of the undergraduate curriculum so that practice

partners are aware of the knowledge and skill strengths and gaps of NGNs, which practice

partners' can use to inform their support initiatives.

Missen, McKenna and Beauchamp (2014) conducted a systematic review of transition-to-

practice programs to explore how such programs influence NGNs' satisfaction, confidence and

retention in their first year of practice. Missen et al., reviewed eleven transition programs in the

USA, some of which were either implemented by practice organizations or through an academic-

practice organization partnership. The authors assert that the provision of a transition program

positively influences NGNs' job satisfaction, confidence and retention rates. Data from the

current study suggests that NLs value academic and practice collaboration aimed at supporting

NGNs as they transition to the nursing role. Missen et al., further report that programs varied in

length from six weeks to twelve months, and suggest that programs should ideally be twelve

months in length to support NGNs who may experience "reality shock" during their transition to

practice. They also report that programs vary in design and implementation, and identify the

provision of theoretical classroom teaching and clinical learning guided by a preceptor as

common elements in all of the reviewed programs (Missen et al., 2014). This report of variation in transition support programs is consistent with NLs reports in this study, as they described various ways sectors could collaborate to support NGNs as they transition to practice.

Findings from the systematic review conducted by Missen and colleagues have the potential to inform academic and practice organizations' efforts to collaboratively support NGNs' as they transition to practice, particularly with respect to the components and length of transition programs. However, Missen et al., (2014) posit that, due to high variation between programs and weak methodological approaches used to evaluate such programs, additional research is required to determine the optimal length and components required for transition programs to appropriately support NGNs' transitions to practice.

Collaboration to Build Capacity and Foster Resilience in Nursing Students

Participants in this study expressed value in academic and practice collaboration that builds capacity and fosters resilience in nursing students. NLs described that academic faculty could facilitate the development of characteristics and behaviours nursing students will require to transition to the nursing role. Some participants believed that practice partners could continue to develop these characteristics and behaviours once students were hired as NGNs. NLs also suggested that academic faculty and nurse preceptors could collaborate to speak with students about career planning, so that students are aware of what role they play in achieving their professional goals. Findings from a longitudinal study exploring the impact of curriculum-based career planning and development on student and NGNs' career resilience suggest that students should be engaged in career planning and development during their undergraduate nursing programs to foster their sense of self-efficacy resilience in the nursing role (Waddell, Spalding, Canizares, Navarro, Connell, Jancar, & Victor, 2015a). Waddell et al's., (2015a) and NLs perspectives are consistent, as both suggest that career planning could be implemented within the

academic and practice contexts. Students in the career planning and development program described by Waddell et al., (2015a) participated in a year-specific three-hour intervention workshop at the beginning of each academic term of their four-year baccalaureate program. Faculty members who completed a career coaching development program guided students in each of the term career planning and development workshops, wherein they developed a career vision, and in relation to their vision, identified their personal and professional values, strengths and areas for development (Waddell et al., 2015a). NLs in the current study expressed value in academic faculty working with nursing students to help them identify their strengths and areas for development in an effort to prepare them for their transition to the nursing role. Student participants in Waddell et al's., (2015a) career planning and development program reported higher levels of confidence in developing a career plan based on their vision and self-assessment, making decisions about their careers and actively shaping learning experiences to achieve their career goals. In addition, as NGNs twelve months after participating in the program, participants described being able to adapt to their work environment, proactively seek learning and professional development opportunities, perceive challenges as opportunities for growth, and felt confident and in charge of their careers, all attributes associated with career resilience (Waddell, Spalding, Navarro, Jancar & Canizares, 2015b).

These studies (Waddell et al., 2015a, 2015b) highlight the importance of building capacity and fostering resilience in students to prepare them for the nursing role, specifically in the Canadian context. Waddell et al., (2015a, 2015b) describe and report encouraging outcomes in regards to career planning and development as an initiative implemented in both the academic and practice contexts. Thus, academic and practice organizations may want to consider developing and implementing a career planning and development program for nursing students, and continue this program into the NGN transition within the practice setting.

88

Summary

Participants in this study expressed a valuing of academic and practice organizations partnering to address gaps between sectors, related issues and discrepancies specific to nursing student preparation and the NGN transition. The aforementioned research findings and literature reflect the perspectives of NLs regarding the value of partnership, specifically in regards to the opportunity to build on each other's strengths, share resources, creatively address issues together and attain mutual benefits.

Participants in this study perceived the value of academic-practice organization partnerships to be in communication and collaboration between sectors. Analysis of study findings in the context of the literature reinforces the importance of communication and collaboration between and across sectors. NLs reported varied descriptions of academic-practice organization partnerships, which were found to be of value. Participants reported that formalized partnership agreements are in place for the provision of clinical placements, and did not provide details of how the other components of partnerships are conceptualized. There were conflicting reports in the literature regarding how partnerships should be conceptualized to ensure their success and longevity. Despite inconsistencies in relation to the need for formal or informal partnership agreements, the importance of developing a shared conceptualization of partnership between sectors was consistently recognized.

Participants reported that there would be value in academic and practice partners engaging in dialogue to develop shared expectations of NGNs and aligning competencies with curricula to better prepare NGNs. There were contradictory reports in the literature regarding the development of shared expectations of practice readiness. Although dialogue to develop a shared conceptualization of practice readiness was reported to encourage academia and practice to come together, it also has the potential to divide sectors if the conversation becomes political. The

89

importance of academia and practice engaging in dialogue about NGNs' and the transition to practice was acknowledged in the literature.

Some NLs also expressed value in academic and practice organizations collaborating to prepare nursing students for their transition to practice by engaging them in career planning. Waddell et al.,'s (2015a, 2015b) research findings reflect NLs' valuing of career planning and development in the undergraduate curriculum and report encouraging outcomes of such efforts in NGNs. Both Waddell et al., (2015a, 2015b) and NLs report value in career planning and development implemented respectively in the academic and practice contexts.

Lastly, participants reported that there would be value in sector collaboration to support NGNs' as they transition to the nursing role. Participants' descriptions of academic organizations' role in supporting NGNs' transition varied, and is consistent with variations of academia's role presented in the literature. NLs also highlighted the importance of a supportive practice environment specific to the NGN transition, which is consistent with reports in the literature.

It is important to note that the majority of the presented literature addresses the nature of academic-practice organization partnerships in the United States of America. Thus, suggestions specific to partnerships may not be entirely applicable to academic-practice partnerships in the Canadian context and should be explored further. Further investigation of academic-practice organization partnerships in the Canadian context is needed to better understand its value in relation to the transition experiences of Canadian NGNs.

Implications

The focus of this study was to explore the potential value of academic-practice partnerships in fostering a positive transition experience for new graduate nurses. This section presents the implications of the study findings in relation to academic-practice partnerships and

for practice and academic partners within this relationship. Implications of the study findings for practice, education, policy, theory, dissemination and research are also presented.

Implications for Academic-Practice Organization Partnerships

Findings from this study confirm the value of academic-practice organization partnerships in addressing gaps and discrepancies between sectors, specific to the preparation of nursing students and the NGN transition. Academic and practice organizations have individual strengths related to preparing nursing students and supporting NGNs' transition to practice, which can inform the scope and nature of their partnership (Warner & Burton, 2009; Beal, 2012a). Academic and practice organizations should collectively examine their strengths as individual sectors and as partners when they first come together to establish a partnership that capitalizes on the strength of each sector (Beal, 2012a).

The conceptualization of partnership can be established as a written formalized contract that outlines the goals of partnership and sectors roles and responsibilities, or an informal agreement that involves mutual trust, implicit commitment and the development of a shared vision. Caution should be exercised when determining whether to engage in a formal or informal partnership, particularly when exploring matters specific to nursing students. Initiatives that target nursing students may necessitate a formalized contract to be established between sectors, as there may be legal obligations related to academic and practice organizations' education policies. Further, the compatibility of sectors' values and missions, mutual commitment, mutual benefit and staff development opportunities may be more important to the formation and success of partnerships, as formalized contracts can provide a false sense of security and commitment in partnership (Erickson & Raines 2011; Murray & James, 2012). Thus, academic and practice organization partners should consider how to establish a shared conceptualization of partnership that would allow for dialogue of a shared vision and commitment. Academic and practice

organizations may also want to consider how to establish a partnership that is mutually beneficial and provides both sectors with opportunities for staff development.

Academic and practice organizations should consider their perceptions of NGN practice readiness and find a way to develop a shared understanding using a collaborative approach. Study findings illuminated differences between academic and practice organizations' expectations of NGNs' competencies, which is a significant source of tension for both sectors. Todero et al., (2015) suggest that academic and practice partners should approach dialogue about practice readiness expectations with caution, as such dialogue can intensify existing tension between sectors. The two sectors may consider acknowledging their own and one another's' biases, assumptions and judgments prior to engaging in dialogue about practice readiness in order to build trust and mitigate the tension (Todero et al., 2015). Further efforts to minimize tension between academic and practice organization partners could include discussions focused on specific strategies to address the divergent expectations each holds with respect to the readiness of NGNs to engage in practice. In addition to a focus on trying to reach consensus on expectations of practice readiness, academic and practice partners could also expand their dialogue to include an exploration of strategies to foster a positive transition of students to the workplace (Wolff et al., 2010a).

Findings of this study highlight various ways in which academia and practice organizations' can collaborate to prepare nursing students for practice and facilitate a positive transition experience for NGNs. Examples of such initiatives include the development of continuing education programming, the provision of specialized clinical placement experiences and informing students about the transition to practice. The role of academia in supporting the NGN transition was described primarily as preparing nursing students with the knowledge and skills required to be successful as an entry level nurse in the practice setting (Kelly & Ahern,

2008). Some NLs expressed a valuing of an academic-practice collaboration to support NGNs'

once they have entered the practice setting. Similarly, MacMillan (2013) asserts that sectors

should engage in partnership in a manner that redefines the roles of both academia and practice.

Academic and practice partners should engage in dialogue to determine what role and

contribution each sector could make in regards to supporting the NGN transition experience.

Sectors could also consider implementing curriculum-based initiatives, such as career planning

and development to prepare nursing students for the transition to practice (Waddell et al., 2015a,

2015b). Practice partners could consider collaborating with academic settings to integrate

ongoing career planning and development support for NGNs during the transition period.

Implications for Practice

Practice organizations should implement efforts to develop a supportive environment for

NGNs. Findings of this study support that the provision of a supportive clinical environment is an

important factor that influences the NGN transition experience (Zinsmeister & Schafer, 2009).

Practice organizations should develop and implement a transition support program that provides

NGNs with preceptor-guided clinical learning and theoretical knowledge (Missen et al., 2014;

Duchscher, 2009). Practice organizations should also ensure that clinical leaders and staff nurses

are aware of the NGN transition and what NGNs require to experience a positive transition to the

nursing role (Zinsmeister & Schafer, 2009). Awareness of NGNs' transition needs can inform the

development of transition supports in the practice setting.

Implications for Education

Academic organizations could consider educational strategies that serve to foster

resilience and build capacity for professional practice in nursing students. Findings of this study

support the contention that the provision of career planning during undergraduate nursing

programs is an important way to prepare nursing students for the transition to practice (Waddell

et al., 2015a, 2015b). There is evidence to suggest that a curriculum-based career planning and development program has the capacity to foster resilience in nursing students (Waddell et al., 2015a, 2015b). Academic settings could consider implementing career planning and development as a strategy to prepare students to share their learning experiences in an active and meaningful manner. Academic faculty can also further their efforts to prepare students for the transition process as a component of their curriculum prior to graduation, and discuss strategies to anticipate and navigate the transition from student to registered nurse (Duchscher, 2009).

Implications for Policy

Although NLs acknowledged the potential value of academic-practice organization partnerships, they spoke of reluctance on both sides of the partnership to take ownership for nursing students and the NGN transition. They described distinct roles, responsibilities and objectives of each sector specific to the NGN transition, and did not offer insight into how sectors could address the divide. There were also inconsistent reports from NLs regarding the willingness of sectors to engage in partnership. The distinct missions of academic and practice organizations may make it difficult for each to assume responsibility for activities and initiatives that fall outside of their primary focus without added resources or incentives. The development and implementation of policies that support each sector to actively engage in a partnership may be necessary to the success of academic-practice organization partnerships in supporting a positive NGN transition experience. Thus, academic and practice organizations should consider implementing institutional policies that reward and support sector partners to take mutual ownership of the NGN transition.

Implications for Theory

Findings from this study can inform the development of a theory or model that represents the role of academic-practice organization partnerships in the NGN transition. Study findings

94

focused on how NLs perceived the value of partnership, specifically in relation to supporting the NGN transition. The overarching themes of communication and collaboration that emerged from the data can inform further research focused on the development of a theory or model of partnership.

Implications for Dissemination

Publication of this study in a scholarly journal would provide an avenue to share the findings with the professional nursing community. Discussion of study results in forums with representation from both academic and practice organizations has the potential to explore and gather added data to inform future research and activities aimed at fostering a positive NGN transition experience. An example of such dissemination includes presenting study findings at a forum and then engaging nurse attendees in the exploration of possibilities related to how sectors could engage in partnership to facilitate a positive transition experience for NGNs.

Implications for Research

The results of this study provide a beginning understanding of the potential value of academic-practice organization partnerships in facilitating a positive transition experience for Canadian NGNs. Future research could explore components that are essential for academic-practice organization partnerships, identify exemplars of successful partnerships in Canada, and explore the potential of implementing existing international partnerships within the Canadian context. Such investigation would add to the growing body of knowledge of the potential of academic-practice organization partnerships to facilitate a positive transition experience for Canadian NGNs.

Future studies could explore the perspectives of NGNs, nurses and clinical leaders in relation to the role that partnership can play in the NGN transition experience. NLs sampled in this study provided valuable insight into the potential value of partnerships specific to the NGN

transition, but did not provide details or guidance for what partnership could look like. NGNs, nurses and clinical leaders' may have additional insight into the potential opportunities for sectors to partner, as they more closely interact with NGNs transitioning to practice. The perspectives of NGNs, nurses and clinical leaders can contribute to existing knowledge of academic-practice organization partnerships and inform how sectors partner in the Canadian context.

The effectiveness of any initiatives implemented to support NGNs as they transition to the nursing role should be evaluated. Study findings and literature examining NGN transition support initiatives suggest that those that are curriculum based and those that integrate extended orientations collaboratively developed and implemented by academia and practice organizations have the potential to facilitate a positive transition experience. However, evaluation of these initiatives to date has not included the examination of NGNs' transition experiences post-participation. Future research should aim to conduct robust evaluations that capture the full breadth of NGNs' transition experiences at regular intervals after their transition. Such investigation would provide valuable insight into the types of supports and interventions that most effectively facilitate a positive transition experience for NGNs.

Limitations

Limitations of this study include issues related to how Schlossberg's Model for Analyzing Human Adaptation to Transition was used in this study, sampling and social desirability.

Schlossberg's Model for Analyzing Human Adaptation to Transition (1981) was used, in part, to guide the development of interview questions in the study. NL participants spoke of partnerships at the organizational level, rather than at the level of the individual NGN nurse. This finding may have been the result of how Schlossberg's model was used and introduced during data collection. Despite efforts to prepare and familiarize participants with the model before the

interview, their understanding of the model was not evident in the interviews. Few participants spoke to the model directly or used terminology from the model in their responses to questions, rather most spoke of transition generally and from their personal experience. Although such responses provided valuable insight into NLs perspectives of the potential value of academic-practice organization partnerships specific to the NGN transition, they did not reflect comprehension of the model. The model provides a comprehensive overview of factors that influence the individual NGN's transition experience. The transition experience is individualized, and despite challenges in applying Schlossberg's model in this study, it consists of elements that translate directly to the factors influencing NGNs' transition experience more broadly. However, the use of the model in this study may have been more effective in guiding NLs' responses if it was introduced differently. Rather than introducing NLs to the model in its entirety before the interview, elements of the model could be embedded into interview questions related to NLs perspectives of academic-practice organization partnerships.

Participants were recruited to the study using purposive and snowball sampling until repetitive themes and codes emerged from the data. Use of these sampling methods provided the PI access to NLs leaders from various academic and practice settings across the country. The majority of participants in the resulting sample were from Central Canada with experience exclusively in academia or experience in both sectors. The resulting sample and findings of this study are consistent with the sample and insights reported in MacMillan's (2013) think tank report. The nature of snowball sampling may have contributed to the lack of equal sector and national representation in the resulting sample, as participants were asked to forward the study's recruitment email to Canadian NLs, irrespective of their sector or region. Although no distinct differences between academic and practice NLs' perspectives were evident in the study data, it is

difficult to ascertain if NLs from the academic and practice sectors may have different

perspectives of partnership due to the unequal sector representation.

Additionally, social desirability may have influenced study findings. Social desirability is

defined as participants responding to questions in a manner that aims to be seen in a favorable

light by the researcher (Polit, Beck & Hungler, 2001). In this study, social desirability may have

caused participants to respond to interview questions in a manner that misrepresented their true

perceptions in an effort to be seen in a more favorable light by the PI. Participants may have

responded to questions about partnership and their organization's interactions with sector

partners in a manner that portrayed themselves and their organization more positively. As such,

descriptions of partnerships and perceptions of the potential value of partnerships may not

represent NLs' true perceptions. To mitigate the potential influence of social desirability bias,

participants were informed at the time of consent and before interviews that the PI would be the

only one to hear their recorded interviews and to know their true identities.

Conclusion

This study explored Canadian academic and practice NLs' perspectives of the potential

value of academic-practice organization partnerships in facilitating a positive transition

experience for Canadian NGNs. The findings of this study begin to address the paucity in

published literature exploring academic-practice organization partnerships that are implemented

to facilitate a positive transition experience for Canadian NGNs.

All of the NLs in this study expressed value in partnerships between academic and

practice organizations. The perceived nature and potential value of academic-practice

organization partnerships differed between participants, as they described various ways in which

sectors can communicate and collaborate to address issues, gaps and discrepancies, as well as

explore possibilities specific to education, practice, partnership and the nursing profession. NLs

also conveyed a belief in the potential of partnership to support NGNs as they transition to practice, particularly with respect to addressing disparities and encouraging accountability between sectors.

Although study findings provide insight into the value of academic-practice organization partnerships in the Canadian context, they did not reveal how sectors should engage in partnership to facilitate a positive transition experience for NGNs. Participants in this study did not offer insight as to how academic and practice organizations could partner to support NGN transition. The data did provide insight into the relationship and interaction between academic and practice organizations and how partnerships have the potential to mediate these relationships. Future research could explore other stakeholders' perspectives of how the academic and practice organizations can partner to facilitate a positive transition experience for Canadian NGNs.

APPENDIX A: RECRUITMENT EMAIL/PHONE SCRIPT

Dear participant's name,

My name is Rajkiran Ghatora, I am a Master of Nursing student at Ryerson University. I am contacting you to see if you might be interested in participating in a research study, as members of my thesis committee have identified and recommended you as a key informant.

This research is being done as part of a Masters thesis under the supervision of Dr. Janice Waddell. The research will explore the potential value of academic-practice organization partnerships in facilitating a positive transition experience for Canadian new graduate nurses.

My aim is to recruit and interview at least 12 Canadian nurses in formalized leadership positions, such as deans, associate deans, or directors of an undergraduate nursing program, or chief nurse executives or chief nurse officers.

If you agree to participate, you will be asked to participate in an audio-recorded one-hour interview and a 30-minute follow-up phone call a few weeks after the interview. The one-hour interview can be conducted in your preference of format; in-person, over the phone, or via video conferencing. You will be sent a copy of the interview script and a summary of the study's underlying theory one week prior to the scheduled interview. You will be asked questions such as, what value do you think academic and practice organization partnerships have in terms of their potential to facilitate a positive transition experience for new graduate nurses [NGNs]?; What is your perception of a partnership between academia and practice organizations?

- If you choose to participate, you will be sent a copy of the consent form to review, sign and return in advance of the interview. At this time, a date, time and method for the interview will be scheduled.
- You will also be asked to complete and email the principal investigator a demographic form before your interview
- You will be sent a two-page summary of the theoretical framework for the study as well as a copy of the interview script one week prior to your interview
- You can request to be sent a copy of your one-hour interview transcript up to two weeks after your interview
- The date and time for your follow-up phone call will be scheduled after your initial interview. You do not have to participate in the follow-up phone call to take part in the study.

Your participation is completely voluntary and decision will not impact your relationship with the principal investigator, the research supervisor, or with Ryerson University.

The research has been reviewed and approved by the Ryerson University Research Ethics Board.

If you are interested in more information, have any questions or concerns about the study or would like to participate please reply to this email or call ██████████████

Thank you
Rajkiran Ghatora, RN, MN Student

APPENDIX B: DEMOGRAPHIC QUESTIONNAIRE

Demographic Questionnaire

The potential value of academic-practice organization partnerships in facilitating a positive transition experience for Canadian new graduate nurses.

Principal Investigator: Rajkiran Ghatora
Email: ███████████████████

Please fill out the sections below and email the completed back to the principal investigator.

Name	
Email address	
Phone number	
Current role and region (You do **NOT** need to include the name of your employer, just where in Canada they are located)	
Years of experience in your current role	
Area of leadership in your current role	
Previous leadership experience in academia (Please include the role(s), region of Canada the employer was located, and number of years you were in the position(s))	
Previous leadership experience in the practice setting (Please include the role(s), region of Canada the employer was located, and number of years you were in the position(s))	

APPENDIX C: INTERVIEWER GUIDE

1. Please describe your perception of a partnership between academia and practice organizations?
- *How do you define the partnership?*
- *What is the scope of the partnership?*
- *What is the purpose of the partnership?*

2. What value do you think academic and practice organization partnerships have in terms of their potential to facilitate a positive transition experience for Canadian new graduate nurses [NGNs]?

3. How could academic-practice organization partnerships influence NGNs' perception of the transition to facilitate a positive experience?
- *role change – gain or loss*
        - *no longer a student, now a nurse*
        - *how can a-p partnerships make it seem like a positive change of roles?*
- *source of change can be internal or external*
        - *was it the individual's deliberate decision to change, or was it forced upon them?*
        - *issues is perceived control over ones life*
        - *how can a-p partnerships make the change seem internal?*
- *timing – on or off*
        - *scheduled or unplanned*
        - *how can a-p partnerships make the transition seem like it is expected/on time for NGNs?*
- *onset – gradual or sudden*
        - *sudden change does not leave time for prep – difficulty accepting the change*
        - *how can a-p partnerships make the transition seem more gradual?*
- *duration – permanent, temporary, uncertain*
        - *desired change – permanency is reassuring*
        - *undesired change – temporary duration is reassuring*
        - *greatest degree of stress comes from uncertainty*
- *degree of stress dependent on already mentioned characteristics of the transition*

4. What are your thoughts on academic-practice organization partnerships altering characteristics of the pre and post transition environments to facilitate a positive transition experience for NGNs?
        - *interpersonal support systems - essential to adaptation*
                - *intimate relationships, family unit, and network of friends*
                - *provide support in times of stress/change*
                - *how do a-p partnerships have a role in facilitating the development of interpersonal support systems – network of friends?*
        - *institutional supports – occupational organizations, religious institutions, political groups, community support groups*
                - *how do a-p partnerships have a role in providing occupational organization support?*
        - *physical setting - location, workplace, comfort, privacy and aesthetics*
                - *how do a-p partnerships have a role in improving the physical setting to make it more welcoming for NGNs?*

5. How do you think academic-practice organization partnerships might address personal characteristics of NGNs to facilitate a positive transition?

     * - psychosocial competence
          - self attitudes – self-evaluation (self esteem), sense of responsibility, internal locus of control
               - feeling in control of and good about oneself transitioning
          - world attitudes – optimism and trust
               - being optimistic about the transition
          - behavioural attitudes – initiative, goal setting, planning, effort, capacity to enjoy success and endure failure, building from both
               - planning for the transition
     * - previous experience with a transition of a similar nature
          - previous experience improves adaptation
          - how could a-p partnerships have a role in familiarizing NGNs with the professional transition?
     - sex and sex-role ID
          - gender differences in expressing emotions and problems
     - age and life stages
          - chronological age, psychological age, social age, functioning age, etc. in relation to transition
     - state of health
          - can be a source of stress, and affect adaptation
     - race/ethnicity
          - value orientation and cultural norms in relation to adaptation
     - socioeconomic status
          - less knowledge (low status) about transition/change can be beneficial
          - lower status – limited resources = poor adaptation
     - value orientation
          - religious beliefs

6. What aspects of the transition do you feel are most important to address when striving to facilitate a positive transition experience for NGNs?

     - in general
     - according to Schlossberg's theory
          - the individual
          - the transition
          - the pre and post transition environment

7. What additional thoughts or insight do you have in relation to your perception of academic-practice organization partnerships and/or the transition that have not been addressed in my questions?

APPENDIX D: INTERVIEW GUIDE

Interview Guide

1. Please describe your perception of a partnership between academia and practice organizations?

2. What value do you think academic and practice organization partnerships have in terms of their potential to facilitate a positive transition experience for new graduate nurses [NGNs]?

The following questions pertain to how you perceive academic-practice organization partnerships to influence specific elements of Schlossberg's transition theory (1981) to facilitate a positive transition experience for Canadian NGNs. Please keep in mind that the term "NGN transition" refers to the period when NGNs graduate from their undergraduate program and start their first year of professional practice (Duchscher 2012).

3. How could academic-practice organization partnerships influence NGNs' perception of the transition to facilitate a positive experience?

4. What are your thoughts on academic-practice organization partnerships altering characteristics of the pre and post transition environments to facilitate a positive transition experience for NGNs?

5. How do you think academic-practice organization partnerships might address personal characteristics of NGNs to facilitate a positive transition?

6. What aspects of the transition do you feel are most important to address when striving to facilitate a positive transition experience for NGNs?

7. What additional thoughts or insight do you have in relation to your perception of academic-practice organization partnerships and/or the transition that have not been addressed in my questions?

APPENDIX E: NARRATIVE SUMMARY OF SCHLOSSBERG'S (1981) MODEL FOR

ANALYZING HUMAN ADAPTATION TO TRANSITION

What is the Potential Value of Academic-Practice Organization Partnerships in Facilitating

a Positive Transition Experience for Canadian New Graduate Nurses?

This descriptive exploratory study aims to explore the potential value of academic-practice organization partnerships in facilitating a positive transition experience for Canadian new graduate nurses [NGN], as perceived by NLs. Schlossberg's theory of transition is used to guide the investigation and will be used situate study findings. As Schlossberg's theory of transition (1981) will be referred to throughout your interview, a summary of the key theory elements is included below for your review.

Schlossberg's Theory of Transition

Schlossberg defines transition as an event or nonevent that results in a change in one's assumptions about oneself and the world, requiring corresponding changes in behaviour and relationships. She further defines adaptation as a process where one moves from being totally preoccupied with the transition to integrating the transition into his or her own life. How easily one adapts to transition is dependent on one's actual and/or perceived balance of resources and deficits, characteristics of the pre and post-transition environment, and one's sense of competency, well-being, and health. Adaptation further depends on how similar or different one's assumptions of self are before and after transition.

According to Schlossberg, there are three overarching factors that influence adaptation; characteristics of the transition, characteristics of the pre and post-transition environments, and characteristics of the individual.

Characteristics of the transition include an individual's;

- perception that the role change is positive or negative;

- perception of control over the change;

- degree of stress;

- emotional response;

- perception of the timing of transition;

- perception of the onset of transition; and

- perception of the duration of the transition.

Characteristics of the pre and post-transition environments consist of;

- internal support systems (such as intimate relationships, friends and family)

- institutional supports; and

- the physical setting.

Characteristics of the individual include;

- psychosocial competence (such as optimism, hope, behaviour and self-attitudes);

- sex and sex-role identification;

- age and life stage;

- health state;

- race/ethnicity;

- socioeconomic status;

- value orientation; and

- previous experience with a similar transition.

References

Schlossberg, N. K. (1981). A model for analyzing human adaptation to transition. *The Counseling Psychologist, 9*(2), 2-18. DOI: 10.1177/001100008100900202

APPENDIX F: VISUAL MODEL OF SCHLOSSBERG'S (1981) MODEL FOR ANALYZING

HUMAN ADAPTATION TO TRANSITION

FIGURE 2
A MODEL FOR ANALYZING HUMAN ADAPTATION TO TRANSITION

TRANSITION

Event or nonevent resulting in
change or assumption
Change of social networks
Resulting in growth or deterioration

PERCEPTION OF THE PARTICULAR
TRANSITION

Role Change: gain or loss
Affect: positive or negative
Source: internal or external
Timing: on-time or off-time
Onset: gradual or sudden
Duration: permanent, temporary, or
                 uncertain
Degree of Stress

CHARACTERISTICS OF PRETRANSITION
AND POSTTRANSITION ENVIRONMENTS

Internal Support Systems:
    Intimate relationships
    Family unit
    Network of friends
Institutional Supports
Physical Setting

CHARACTERISTICS OF THE
INDIVIDUAL

Psychosocial Competence
Sex (and Sex-Role Identification)
Age (and Life Stage)
State of Health
Race/Ethnicity
Socioeconomic Status
Value Orientation
Previous Experience with a
    transition of a similar nature

ADAPTATION

Movement through phases following
transition: pervasiveness through
reorganization
Depends on:
    1) Balance of individual's resources and
       deficits.
    2) Differences in pre- and post-
       transition environments
       re perception, supports, and individual

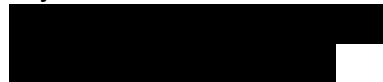**Ryerson University**
Consent Agreement

You are being invited to participate in a research study. You have been identified by members of the principle investigator's thesis committee to participate as a key informant. Please read this consent form so that you understand what your participation will involve. Before you consent to participate, please ask any questions to be sure you understand what your participation will involve.

THE POTENTIAL VALUE OF ACADEMIC-PRACTICE ORGANIZATION PARTNERSHIPS IN FACILITATING A POSITIVE TRANSITION EXPERIENCE FOR CANADIAN NEW GRADUATE NURSES.

INVESTIGATORS: This research study is being conducted by Rajkiran Ghatora under the supervision of Janice Waddell from Ryerson University.

This study is funded by Ryerson University.

If you have any questions or concerns about the research, please feel free to contact Rajkiran Ghatora

This study is being conducted in partial requirement for the principal investigator's master's degree. Study findings may be used to write journal articles and in professional conference presentations.

PURPOSE OF THE STUDY:
The purpose of this study is to explore and describe if and how Canadian nurse leaders perceive value in academic-practice organization partnerships in facilitating a positive transition experience for Canadian new graduate nurses. Canadian nurses in formalized leadership roles, such as deans and associate deans of undergraduate nursing schools, directors of undergraduate nursing programs, chief nurse executives and chief nursing officers within academic nursing and practice organizations will be recruited.

WHAT PARTICIPATION MEANS: If you volunteer to participate in this study, you will be asked to do the following things:
• Email a signed consent form
    If you wish to participate in the study, you will be required to email a signed consent form to the principal investigator's email. To sign the consent form, you can either print, sign and scan the form, or sign using your electronic signature. The principal investigator will then contact you through email or over the phone to set up an interview date, time and method; in person, over the phone or video conferencing.

- Forward the study recruitment email

  Once you have emailed the principal investigator your signed consent form, you will be asked to forward the study recruitment email to other nurse leaders who may fit the study's inclusion and exclusion criteria. The nurse leaders you forward the email to will not be informed of your participation in this study. You do not have to forward the recruitment email to participate in this study.

- Interview preparation

  You will be emailed a summary of theoretical underpinnings of the study and the interview script one week prior to your scheduled interview. You will be asked to review these documents in preparation for your interview.

- Participate in an interview

  You will be asked to participate in an audio recorded hour-long interview either in person, over the phone or via video conference. Face-to-face interviews will be held in a private location most convenient for you, such as your office. Phone and video conference interviews will be conducted in the same manner, as you should participate from a private location most convenient for you. You will be asked to consent to be audio-recorded in this consent form. Audio-recording is a requirement of this study, as it will assist with accurate and comprehensive data analysis of verbatim interview transcripts. You can request to stop audio-recording temporarily or permanently during the interview. You can also ask to remove your responses to questions during the interview. Interview questions will explore your perspectives on academic-practice organization partnerships in relation to new graduate nurse transition. Such questions include: How do you define academic-practice organization partnerships, and what are your thoughts on academic-practice organization partnerships potential influence on the transition experience?

- Participate in a 30-minute phone call

  You will be contacted via telephone two weeks after your interview to review a summary of your interview responses. This is to ensure that the investigator correctly interpreted your responses. You can contact the principal investigator to be emailed your full interview transcript before this phone call if you so choose. The date and time for this phone call will be scheduled at the end of your interview. If the principal investigator is unable to reach you after two attempts, it will be assumed that you do not want to participate in this follow-up phone call. This call will be audio recorded. Audio-recording of this call is a requirement of the study, as its purpose is to ensure the principal investigator accurately interpreted your interview responses. You can request to stop audio-recording temporarily or permanently during the call. You will be asked to ensure that you are speaking from a private location for this call. You do not have to participate in this phone call to complete study participation.

- Study availability

  If you wish to be emailed the final study, please indicate so by checking and signing below.

POTENTIAL BENEFITS:

By participating in the study you will contribute to an introductory description of the potential value of academic-practice organization partnerships in facilitating a positive transition experience for Canadian new graduate nurses, as perceived by nurse leaders. The principal investigator cannot guarantee that you will experience any direct benefits from participating in this study.

WHAT ARE THE POTENTIAL RISKS TO YOU AS A PARTICIPANT:
Potential risks in this study are very low. You may become fatigued from sitting for an hour-long interview, so you will be encouraged to take stretch-breaks as needed. You may feel uncomfortable about your interview responses, however your confidentiality will be ensured with the use of pseudonyms in the thesis, and you can request to remove your responses during the interview and during your follow-up phone call. If a question makes you uncomfortable, you can skip the question or stop participation temporarily or permanently. You may have had previous contact with the principal investigator, however your decision to or not to participate will not affect your relationship with the investigator or Ryerson University, and will remain confidential.

CONFIDENTIALITY:
An electronic file with your name, role, area of leadership, contact information, audio-recorded interview and follow-up phone call, and interview transcript will be kept on the principal investigator's personal computer in a password-locked encrypted folder and a password locked USB only accessible to the principal investigator. Aside from the audio-recordings, these files will also be printed and kept in separate drawers of a locked filing cabinet. Printed and electronic files of your name and contact information will be stored separate from your interview response transcripts. The principal investigator will be the only person who will know and have access to your true identity, contact information and interview data. Your identity, contact information and data will not be released to any other party for any reason. Identifying information will be removed prior to sharing study data with thesis committee members. You will be assigned a pseudonym to discuss your responses in the study. You will also be referred to and addressed by your pseudonym during your interview to protect your identity. Your area of leadership, years of experience and position title will be stated in the study. You have the right to review and edit your audio recorded interview and follow-up phone call and transcript, and can contact the principal investigator if you wish to do so. All collected study data with your real name and/or contact information will be destroyed after five years. At this time, hardcopy printouts of files with your real name and contact information will be shredded, electronic files with this data will be deleted from the principal investigator's computer, and the password locked USB will be physically destroyed and discarded.

INCENTIVES FOR PARTICIPATION:
You will not be paid to participate in this study.

COSTS TO PARTICIPATION:
There is no cost to participate in this study.

VOLUNTARY PARTICIPATION AND WITHDRAWAL:
Participation in this study is completely voluntary. You can choose whether you do or do not want to participate in this study. If any interview question makes you uncomfortable, you can skip that question. You do not have to participate in a follow-up phone call two weeks after your interview to complete participation in the study. You may stop participating in the study at any time before data analysis completion (estimated to be September 2016). If you choose to stop participating, you may also choose to not have your data included in the study up until data analysis is completed. Your choice of whether or not to participate will not influence your future relations with Ryerson University or the principal investigator, Rajkiran Ghatora, involved in the research.

QUESTIONS ABOUT THE STUDY:
If you have any questions about the research now, please do not hesitate to ask.
Rajkiran Ghatora

Janice Waddell

This study has been reviewed by the Ryerson University Research Ethics Board. If you have questions regarding your rights as a participant in this study please contact:

> Research Ethics Board
> c/o Office of the Vice President, Research and Innovation
> Ryerson University
> 350 Victoria Street
> Toronto, ON M5B 2K3
> 416-979-5042
> rebchair@ryerson.ca

THE POTENTIAL VALUE OF ACADEMIC-PRACTICE ORGANIZATION PARTNERSHIPS IN FACILITATING A POSITION TRANSITION EXPERIENCE FOR CANADIAN NEW GRADUATE NURSES

CONFIRMATION OF AGREEMENT:
Your signature below indicates that you have read the information in this agreement and have had a chance to ask any questions you have about the study. Your signature also indicates that you agree to participate in the study and have been told that you can change your mind and withdraw your consent to participate at any time. You have been given a copy of this agreement. You have been told that by signing this consent agreement you are not giving up any of your legal rights.

_____
Name of Participant (please print)

_____   _____

Signature of Participant   Date

_____   _____

Signature of Principal Investigator   Date

I agree to be audio recorded for the purposes of this study. I understand that audio recording is a requirement of this study. I understand that I can halt audio recording temporarily or permanently during the interview. I understand how these recordings will be stored and destroyed.

_____   _____

Signature of Participant   Date

☐   I would like to receive a copy of the final thesis to my provided email.

_____   _____

Signature of Participant   Date

_____

Email

References

Adams, J. M., Alexander, G. A., Chisari, R. G., Banister, G., McAuley, M. E., Whitney, K. B., & Erickson, J. I. (2015). Strengthening new graduate nurse residency programs in critical care: Recommendations from nurse residents and organizational stakeholders. *Journal of Continuing Education in Nursing, 46*(1), 41-48. doi:10.3928/00220124-20151217-01

Altier, M. E., & Krsek, C. A. (2006). Effects of a one-year residency program on job satisfaction and retention of new graduate nurses. *Journal of Nurses in Staff Development, 22*(2), 70-77. http://graphics.tx.ovid.com.ezproxy.lib.ryerson.ca/ovftpdfs/FPDDNCIBLEDOEN00/fs046/ovft/live/gv025/00124645/00124645-200603000-00006.pdf

American Association of Colleges of Nursing. *Academic-practice partnerships*. http://www.aacn.nche.edu/leading-initiatives/academic-practice- partnerships/GuidingPrinciples.pdf. Published 2012. Accessed March 19, 2017.

Ballard, J., Mead, C., Richardson, D., & Lotz, A. (2012). Impact of disease-specific orientation on new graduate nurse satisfaction and knowledge retention. *Journal of Neuroscience Nursing, 44*(3), 168-174. doi: 10.1097/JNN.0b013e3182527465

Baumann, A., Hunsberger, M., & Crea-Arsenio, M. (2011). *Employment integration of nursing graduates: Evaluation of a provincial policy strategy nursing graduate guarantee 2010-2011*. Retrieved from http://tools.hhr-rhs.ca/index.php?option=com_mtree&task=att_download&link_id=7213&cf_id=68&lang=en

Baumann, A., Hunsberger, M., & Crea-Arsenio, M. (2013). *Employment integration of nursing graduates: Evaluation of a provincial policy strategy nursing graduate guarantee 2012-2013*. Retrieved from http://nhsru.com/wp-content/uploads/NHSRU-HHR-Series-38-NGG-Evaluation-2012-2013.pdf

Baumann, A., Hunsberger, M., Crea-Arsenio, M., & Rizk, P. (2014). *Employment integration of nursing graduates: Evaluation of a provincial policy strategy nursing graduate guarantee 2013-2014*. Retrieved from http://nhsru.com/wp-content/uploads/2015/02/NGGEvaluation-Report-2013-2014_digital_Feb-18_15.pdf

Baumann, A., Hunsberger, M., Idriss-Wheeler, D., & Crea-Arsenio, M. (2009). *Employment integration of nursing graduates: Evaluation of a provincial policy strategy. Nursing Graduate Guarantee 2008-2009*. Retrieved from http://www.nhsru.com/pub lications/employment-of-nursing-graduates-evaluation-of-a- provincial-policy-strategy

Beal, J. A. (2012a). Academic-service partnerships in nursing: An integrative review. *Nursing Research and Practice*, 1-9. doi:10.1155/2012/501564

Beal, J. A., Alt-White, A., Erickson, J., Everett, L. Q., Fleshner, I., Karshmer, J., Gale, S. (2012b). Academic practice partnerships: A national dialogue. *Journal of Professional Nursing : Official Journal of the American Association of Colleges of Nursing, 28*(6), 327-332. doi:10.1016/j.profnurs.2012.09.001

Beecroft, P. C., Dorey, F., & Wenten, M. (2008a). Turnover intention in new graduate nurses: A multivariate analysis. *Journal of Advanced Nursing, 62*(1), 41-52. doi: 10.1111/j.1365-2648.2007.04570.x

Benner, P. (1982). From novice to expert. *The American Journal of Nursing, 82*(3), 402-407. Retrieved from http://www.jstor.org/stable/3462928

Beyea, S. C., Kobokovich von Reyn, L., & Slattery, M. J. (2007). A nurse residency program for competency development using human patient simulation. *Journal for Nurses in Staff Development, 23*(2), 77-82. doi:10.1097/01.NND.0000266613.1 6434.05

Beyea, S. C., Kobokovich von Reyn, L., & Slattery, M. J. (2010). Outcomes of a simulation-based nurse residency program. *Clinical Simulation in Nursing, 6*(5), 169-175. doi:10.1016/j.ecns.2010.01.005

Bratt, M. M. (2009). Retaining the next generation of nurses: The Wisconsin nurse residency program provides a continuum of support. *Journal of Continuing Education in Nursing, 40*(9), 416-425. doi:10.3928/00220124-20090824-05

Bratt, M. M., & Felzer, H. M. (2011). Perceptions of professional practice and work environment of new graduates in a nurse residency program, *Journal of Continuing Education in Nursing, 42*(12), 559-568.

Buerhaus, P. I., Auerbach, D. I., & Staiger, D. O. (2009). The recent surge in nurse employment: Causes and implications. *Health Affairs, 28*(4), w657. doi:10.1377/hlthaff.28.4.w657

Canadian Institute for Health Information. (2015). *Regulated nurses: Methodology guide*. Retrieved from https://www.cihi.ca/en/nurses_2014_methnote_en.pdf

Canadian Nurses Association. (2009). *Tested solutions for eliminating Canada's registered nurse shortage.* Retrieved from https://cna-aiic.ca/~/media/cna/page-content/pdf-en/rn_highlights_e.pdf

Canadian Association of Schools of Nursing. (2010). *The Case for Healthier Canadians: Nursing Workforce Education for the 21st Century*. http://casn.ca/wp content/uploads/2 014/12/CASN2010draftJune1.pdf

Cantrell, M. A., & Browne, A. M. (2005). The impact of a nurse externship program on the transition process from graduate to registered nurse: Part II qualitative findings. *Journal of Nurses in Staff Development, 21*(6), 249-256. Retrieved from http://graphics.tx.ovid.co m.ezproxy.lib.ryerson.ca/ovftpdfs/FPDDNCJCDEEEEJ00/fs047/ovft/live/gv024/0012464 5/00124645-200511000-00001.pdf

Cantrell, M. A., Browne, A. M., & Lupinacci, P. (2005). The impact of a nurse externship

program on the transition process from graduate to registered nurse: Part I quantitative

findings. *Journal of Nurses in Staff Development, 21*(5), 187-195. Retrieved from http://gr

aphics.tx.ovid.com.ezproxy.lib.ryerson.ca/ovftpdfs/FPDDNCJCDEEEEJ00/fs047/ovft/liv

e/gv024/00124645/00124645-200509000-00001.pdf

Cefaratti, M., Benninger, R., & Nguyen, R. (2013). Implementing a hospital-based radiology

nursing orientation program for new graduate pediatric nurses. *Journal of Radiology

Nursing, 32*(4), 170-179. http://dx.doi.org/10.1016/j.jradnu.2013.09.001

Chestnutt & Everhart. (2007). Meeting the needs of graduate nurses in critical care orientation:

Staged orientation program in surgical intensive care. *Critical Care Nurse, 27*(3), 36-51.

Retrieved from http://go.galegroup.com.ezproxy.lib.ryerson.ca/ps/i.do?p=AONE&u=rpu_

main&id=GALE%7CA165462685&v=2.1&it=r&sid=summon&userGroup=rpu_main&a

uthCount=1

Cleary M., Matheson, S., & Happell, B. (2009). Evaluation of a transition to practice programme

for mental health nursing. *Journal of Advanced Nursing 65*(4), 844–850. doi: 10.1111/j.13

652648.2008.04943.x

Clipper, B., & Cherry, B. (2015). From transition shock to competent practice: Developing

preceptors to support new nurse transition. *Journal of Continuing Education in Nursing,

46,* (10), 448-454. doi:10.3928/00220124-20150918-02

Coyle, J. S. (2011). Develop of a model home health nurse internship program for new graduates:

lessons learned. *Journal of Continuing Education in Nursing, 42*(5), 201-214. doi:10.3928

/00220124-20100901-02

Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory into

Practice, 39*(3), 124-130. doi:10.1207/s15430421tip3903_2

116

Cubit, K. A., & Ryan, B. (2011). Tailoring a graduate nurse program to meet the needs of our

next generation nurses. *Nurse Education Today, 31*(1), 65-71. doi:10.1016/j.nedt.2010.03.

017

De Geest, S., Dobbels, F., Schonfeld, S., Duerinckx, N., Sveinbjarnardottir, E. K., &

Denhaerynck, K. (2013). Academic service partnerships: What do we learn from around

the globe? A systematic literature review. *Nursing Outlook, 61*(6), 447-457.

doi:10.1016/j.outlook.2013.02.001

Durrant, M., Crooks, D., & Pietrolungo, L. (2009). A clinical extern program evaluation: Implicat

ions for nurse educators. *Journal of Nurses in Staff Development, 25*(6), E1-E8. DOI: 10.1

097/NND.0b013e31819ad50d

Duchscher, J. B. (2008). A process of becoming: The stages of new nursing graduate professional

role transition. *Journal of Continuing Education in Nursing, 39*(10), 441-450.

doi:10.3928/00220124-20081001-03

Duchscher, J. B. (2009). Transition shock: The initial stage of role adaptation for newly

graduated registered nurses. *Journal of Advanced Nursing, 65*(5), 1103-1113. doi:

10.1111/j.1365-2648.2008.04898.x

Duchscher, J. B. (2012). *From surviving to thriving: Navigating the first year of professional*

nursing practice. Saskatoon: Nursing the Future

Dyess, S. M., & Sherman, R. O. (2009). The first year of practice: New graduate nurses'

transition and learning needs. *Journal of Continuing Education in Nursing, 40*(9), 403-

410. doi:10.3928/00220124-20090824-03

Elo, S., & Kyngas, H. (2008). The qualitative content analysis process. *Journal of Advanced*

Nursing, 62(1), 107-115. doi:10.1111/j.1365-2648.2007.04569.x

Erickson, J. M., & Raines, D. M. (2011). Expanding an academic-practice partnership. *Journal of Professional Nursing, 27*(6), 71-75. doi:10.1016/j.profnurs.2011.08.003

Figueroa, S., Bulos, M., Forges, E., Judkins-Cohn, T. (2013). Stabilizing and retaining a quality nursing work force through the use of the married state preceptorship model. The Journal of Continuing Education in Nursing, 44(8), 365-373. doi: 10.3928/00220124-20130603-08

Fink, R., Casey, K., Krugman, M., & Goode, C. (2008). The graduate nurse experience: Qualitative residency program outcomes. *Journal of Nursing Administration, 38*(7/8), 341-348. doi: 10.1097/01.NNA.0000323943.82016.48

Freundl, M., Anthony, M., Johnson, B., Harmer, B. M., Carter, J. M., Boudiab, L. D., & Nelson, V. (2012). A dedicated education unit VA medical centers and baccalaureate nursing programs partnership model. *Journal of Professional Nursing, 28*(6), 344-350. http://dx.doi.org/10.1016/j.profnurs.2012.05.008

Glynn, P., & Silva, S. (2013). Meeting the needs of new graduates in the emergency department: A qualitative study evaluating a new graduate internship program. *Nurse Educator, 39*(2), 173-178. http://dx.doi.org/10.1016/j.jen.2011.10.007

Goode, C. J., Lynn, M. R., Krsek, C., & Bednash, G. D. (2009). Nurse residency programs: essential requirement for nursing. *Nursing Economics, 27*(3), 142-159. Retrieved from http://search.proquest.com.ezproxy.lib.ryerson.ca/docview/236936433/fulltext?accountid=13631

Goode, C. J., & Williams, C. A. (2004). Post-baccalaureate nurse residency program. *Journal of Nursing Administration, 34*(2), 71-77. Retrieved from http://ovidsp.tx.ovid.com.ezproxy.lib.ryerson.ca/sp3.18.0b/ovidweb.cgi?QS2=434f4e1a73d37e8c16a3b08d202a57e9b7be1f1081e5d1113facc4702e3a09b06c6fccd6fee6798ec8b6ec5560046a47511d57915955e894e4

3c6fce35bfe8c5fcf183a3a91539f0d53754e269a1273299c5e99540c4ceb47b9fc62ebad749

895459be295c996e313de0232e288f7aa11244cf2dae05ff1cb9bcf008380b3a9de973328fd

653b235e7e724f6beb4dd98fda433af6bc298487f7f601ac60c7a3e2f935e2a563912a1e267d

c3c733722b7e3356a2cee6662ae7a8df46307952bfe34c490742c617213df065b7594737a1

0

Graneheim, U. H., Lundman, B., (2004). Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today, 24*(2), 105-112. doi:10.1016/j.nedt.2003.10.001

Grove, S. K., Burns, N., & Gray, J. R. (2013). *The practice of nursing research: Appraisal, synthesis and generation of evidence (7th ed.)*. St. Louis, Missouri: Elsevier.

Guba, E. G., & Lincoln, Y. S. (1981). Effective evaluation: Improving the usefulness of evaluation results through responsive and naturalistic approaches. San Francisco, California: Jossey-Bass Inc

Halfer, D. (2007). A magnetic strategy for new graduate nurses. *Nursing Economics, 25*(1), 6-11. Retrieved from http://search.proquest.com.ezproxy.lib.ryerson.ca/docview/236974247?pq -origsite=summon

Harper, D. C., Moore, R. L., Cleveland, C., Miltner, R. S., Froelich, K., McGuinness, T., Wal-drop, J., Fogger, S., Davis, A. H., & Selleck, C. S. (2016). Transforming veterans health care through academic-practice partnerships. *Nursing Outlook, 64*(5), 424-430. http://dx.doi.org/10.1016/ j.outlook.2016.05.001.

Harrison, T. M., Stewart, S., Ball, K., & Bratt, M. M. (2007). Clinical focus program: Enhancing the transition of senior nursing students to independent practice. *The Journal of Nursing Administration, 37*(6), 311-317. doi:10.1097/01.NNA.0000277721.64629.6e

Hatler, C., Redding, K., Stoffers, P., Carr, L. L., & Kelly, L. (2011). Work unit transformation to

    welcome new graduate nurses using nurses' wisdom. *Nursing Economics, 29*(2), 88-93.

    Retrieved from http://search.proquest.com.ezproxy.lib.ryerson.ca/docview/861742263?pq

    -origsite=summon

Henderson, A., Ossenberg, C., & Tyler, S. (2015). What matters to graduates: An evaluation of a

    structured support program for newly graduated nurses. *Nurse Education in Practice,*

    15(3), 225-231. http://dx.doi.org/10.1016/j.nepr.2015.01.009

Howard, P. B., & Williams, T. E. (in press). An academic-practice partnership to advance DNP

    education and practice. *Journal of Professional Nursing,* 1-9. http://dx.doi.org/10.1016/j.

    profnurs.2016.08.010

Hsieh, H., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative*

    Health Research, 15(9), 1277-1288. doi:10.1177/1049732305276687

Hunsberger, M., Baumann, A., & Crea-Arsenio, M. (2013). The road to providing quality care:

    Orientation and mentorship for new graduate nurses. *Canadian Journal of Nursing*

    Research, 45(4), 72-87.

Keller, J. L., Meekins, K., & Summers, B. L. (2006). Pearls and pitfalls of a new graduate

    academic residency program. *Journal of Nursing Administration, 36*(12), 589-598.

    Retrived from http://graphics.tx.ovid.com.ezproxy.lib.ryerson.ca/ovftpdfs/FPDDNCIBLE

    DOEN00/fs046/ovft/live/gv023/00005110/00005110-200612000-00010.pdf

Kelly, J., & Ahern, K. (2008). Preparing nurses for practice: A phenomenological study of the

    new graduate nurse in Australia. *Journal of Clinical Nursing, 18*(6), 910-918. doi:

    10.1111/j.1365-2702.2008.02308.x

Kilpatrick, K., & Frunchuk, V. (2006). The nursing extern program: Innovative strategies for

    students in transition. *The Health Care Manager, 25*(3), 236-242. Retrieved from http://gr

aphics.tx.ovid.com.ezproxy.lib.ryerson.ca/ovftpdfs/FPDDNCJCDEEEEJ00/fs046/ovft/liv

e/gv023/00126450/00126450-200607000-00008.pdf

Kovner, C. T., Brewer, C. S., Fatehi, F., & Jun, J. (2014). What does nurse turnover rate mean

and what is the rate? *Policy, Politics, & Nursing Practice, 15*(3-4), 64-71.

doi:10.1177/1527154414547953

Kowalski, S., & Cross, C. L. (2010) Preliminary outcomes of a local residency programme for

new graduate registered nurses. *Journal of Nursing Management 18*(1), 96–104. doi:

10.1111/j.1365-2834.2009.01056.x

Kramer, M. (1974). *Reality shock: Why nurses leave nursing.* USA: The C. V. Mosby Company

Kramer, D. S., Lindgren, C. L., High, C., Ocon, S., Sanchez, R. (2012). The clinical practice

collaborative support model for the graduate nurse. *The Journal of Continuing Education

in Nursing, 43*(7), 315-323. doi: 10.3928/00220124-20120315-16

Krugman, M., Bretschneider, J., Horn, P. B., Krsek, C. A., Moutafis, R. A., & Smith, M. O.

(2006). The national post-baccalaureate graduate nurse residency program: A model for

excellence in transition to practice. *Journal for Nurses in Staff Development, 22*(4) 196-

205. doi:10.1097/00124645-200607000-00008

Laschinger, H. K. S., Grau, A. L., & Wilk, P. (2010). New graduate nurses' experiences of

bullying and burnout in hospital settings. *Journal of Advanced Nursing, 66*(12), 2732-

2742. doi: 10.1111/j.1365-2648.2010.05420.x

Laschinger, H. K. S. (2012). Job and career satisfaction and turnover intentions of newly

graduated nurses. *Journal of Nursing Management, 20*(4), 472-484. doi: 10.1111/j.1365-

2834.2011.01293.x

Laschinger, H. K. S., Cummings, G., Leiter, M., Wong, C., MacPhee, M., Ritchie, J., Read, E.

    (2016). Starting out: A time-lagged study of new graduate nurses' transition to practice.

    International Journal of Nursing Studies, *57*, 82-95. doi:10.1016/j.ijnurstu.2016.01.005

Letourneau, R. M., & Fater, K. H. (2015). Nurse residency programs: An integrative review of

    the literature. *Nursing Education Perspectives, 36*(2), 96-101. doi: 10.5480/13-1229

Liaw, S. Y., Koh, Y., Dawood, R., Kowitlawakul, Y., Zhao, W., & Lau, S. T. (2014). Easing

    student transition to graduate nurse: A simulated professional learning environment

    (SIMPLE) for final year student nurses. *Nurse Education Today, 34* (3)*, 349-355. doi:

    10.1016/j.nedt.2013.04.026

Liaw, S. Y., Palham, S., Chan, S. W. C., Wong, L. F., Lim, F. P. (2015). Using simulation

    learning through academic-practice partnership to promote transition to clinical practice:

    A qualitative evaluation. *Journal of Advanced Nursing, 7*(5), 1044-1054. doi:

    10.1111/jan.1258

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, California: Sage

    Publications.

Lovecchio, C. P., DiMattio, M. J. K., & Hudacek, S. (2012). Clinical liason nurse model in a

    Community Hospital: A Unique Academic–Practice Partnership That Strengthens Clinical

    Nursing Education. *Journal of Nursing Education, 51*(11)*, 609-615. doi:10.3928/0148483

    4-20121005-02

MacMillan, K. (2013). *Proceedings of a think tank on the future of undergraduate nursing

    education in Canada.* Halifax: Dalhousie University School of Nursing. Retrieved from

    http://www.dal.ca/content/dam/dalhousie/pdf/healthprofessions/School %20of%20Nursin

    g/Dalhousie%20U%20Think%20Tank%20Undergrad%20Education%20FINAL%20MA

    RCH%208%202013.pdf

Maddalena, V., Kearney, A. J., & Adams, L. (2012). Quality of work life of novice nurses: A

    qualitative exploration. *Journal for Nurses in Staff Development, 28*(2), 74-79. DOI:

    10.1097/NND.0b013e31824b41a1

Marks-Maran, D., Ooms, A., Tapping, J., Muir, J., Phillips, S., & Burke, L. (2013). A

    preceptorship program for newly qualified nurses: A study of preceptees' perceptions.

    Nurse Education Today, 33(11), 1428-1434. http://dx.doi.org/10.1016/j.nedt.2012.11.013

Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review Psychology,*

    52, 397-422. Retrieved from http://ezproxy.lib.ryerson.ca/login? url=http://search.proques

    t.com/docview/205845280?accountid=13631

Ministry of Health and Long-Term Care. (2014). *Guidelines for participating in the nursing*

    graduate guarantee initiative. Retrieved from https://www.healthforceontario.ca/UserFile

    s/file/Nurse/Inside/ngg-participation-guidelines-jan-2011-en.pdf

Missen K., McKenna L. & Beauchamp A. (2014) Satisfaction of newly graduated nurses enrolled

    in transition-to-practice programmes in their first year of employment: A systematic

    review. *Journal of Advanced Nursing*, *70*(11), 2419– 2433. doi: 10.1111/jan.12464

Moore, P., & Cagle, C. S. (2012). The lived experience of new nurses: Importance of the clinical

    preceptor. *Journal of Continuing Education in Nursing, 43*(12), 555-565. doi:10.3928/002

    20124-20120904-29

Moscato, S. R., Miller, J., Logsdon, K., Weinberg, S., & Chorpenning, L. (2007). Dedicated

    education unit: An innovative clinical partner model. *Nursing Outlook, 55*(1), 31-37.

    doi:10.1016/j.outlook.2006.11.001

Murray, T. A., Crain, C., McDonough, M. E., & Schweiss, D. M. (2010). Building bridges: An

    innovative academic-practice partnership. *Nursing Outlook, 58*(5), 252-260.

    doi:10.1016/j.outlook.2010.07.004

Murray, T. A., & James, D. C. (2012). Evaluation of an academic service partnership using a strategic alliance framework. *Nursing Outlook, 60*(4), e17-e22. doi:10.1016/j.outlook.2011.10.004

Newhouse, R. P., Hoffman, J. J., Suflita, J., & Hairston, D. P. (2007). Evaluating an innovative program to improve new nurse graduate socialization into the acute healthcare setting. *Nursing Administration Quarterly, 31*(1), 50-60. Retrieved from http://graphics.tx.ovid.com.ezproxy.lib.ryerson.ca/ovftpdfs/FPDDNCJCDEEEEJ00/fs046/ovft/live/gv025/00006216/00006216-200701000-00013.pdf

O'Brien-Pallas, L., Griffin, P., Shamian, J., Buchan, J., Duffield, C., Hughes, F., Laschinger, H. K. S., North, N., & Stone, P. W. (2006). The impact of nurse turnover on patient, nurse and system outcomes: A pilot study and focus for multicenter international study. *Policy, Politics & Nursing Practice, 7*(3), 169-179. doi: 10.1177/1527154406291936

O'Brien-Pallas, L., Murphy, G. T., Shamian, J., Li, X., & Hayes, L. J. (2010). Impact and determinants of nurse turnover: A pan-Canadian study. *Journal of Nursing Management, 18*(8), 1073-1086. doi: 10.1111/j.1365-2834.2010.01167.x

Olson-Sitki, K., Wendler, M., & Forbes, G. (2012). Evaluating the impact of a nurse residency program for newly graduated registered nurses. *Journal for Nurses in Staff Development, 28*(4), 156-162. doi:10.1097/NND.0b013e31825dfb4c

Ostini, F., & Bonner, A. (2012). Australian new graduate experiences during their transition program in a rural/regional acute care setting. *Contemporary Nurse: A Journal for the Australian Nursing Profession, 41*(2), 242-252. doi:10.5172/conu.2012.41.2.242

Patterson, B., Bayley, E. W., Burnell, K., & Rhoads, J. (2010). Orientation to emergency nursing: Perceptions of new graduate nurses. *Journal of Emergency Nursing, 36*(3), 203-211. doi: 10.1016/j.jen.2009.07.006

124

Patton, M. (1990). Qualitative evaluation and research methods [PDF pages 169-186]. Retrieved from http://legacy.oise.utoronto.ca/research/field-centres/ross/ctl1014/Patton19 90.pdf

Pine, R., & Tart, K. (2007). Return on investment: Benefits and challenges of a baccalaureate nurse residency program. *Nursing Economics, 25*(1), 13-18. Retrieved from http://search .proquest.com.ezproxy.lib.ryerson.ca/docview/236937176/fulltext?accountid=13631

Polit, D.F., Beck, C.T., & Hungler, B.P (2001). *Essentials of nursing research: Methods, appraisal and utilization* (5th ed.). Philadelphia, PA: Lippincott Williams & Wilkins

Ready, R. W., Fater, K., Coney, C., Rebello, L,, Cordeira, S. (2012). The transition of newly licensed nurses into the workforce: Implementing a designated transition unit in a community hospital healthcare system. *Nurse Leader, 10*(4), 26-30. doi: 10.1016/j.mnl.20 12.05.005

Ruth-Sahd, L. A., Beck, J., & McCall, C. (2010). Transformative learning during a nursing externship program: The reflection of senior nursing students. *Nursing Education Perspectives, 31*(2), 78-83. http://search.proquest.com.ezproxy.lib.ryerson.ca/docview/21 9965622/fulltext?accountid=13631

Sandelowski, M. (1986). The problem of rigor in qualitative research. *Advances in Nursing Science, 8*(3), 27-37.

Sandelowski, M. (1993). Rigor or rigor mortis: The problem of rigor in qualitative research revisited. Advances in Nursing Science, 16(2), 1-8.

Sandelowski, M. (1995). Sample size in qualitative research. *Research in Nursing and Health, 18*(2), 179-183. doi:10.1002/nur.4770180211

Sandelowski, M. (2000). Whatever happened to qualitative description?. *Research in Nursing & Health, 23*(4), 334-340. doi:10.1002/1098-240X(200008)23:4<334::AID-NUR9>3.0.CO;2-G

125

Sandelowski, M. (2010). What's in a name? Qualitative description revisited. Research in

 Nursing & Health, 33(1), 77-84. doi:10.1002/nur.20362

Saxton, R., Warmbrodt, L., Mahley, S., Reberry, D., & McCeece, P. (2015). The dedicated

 education unit experience: What's in it for professional development nurses? *Journal for*

 Nurses in Professional Development, 31(3), 145-150. doi: 10.1097/NND.0000000000000

 178

Setter, R., Walker, M., Connelly, L. M., & Peterman, T. (2011). Nurse residency graduates'

 commitment to their first positions. *Journal for Nurses in Staff Development, 27*(2), 58-

 64. DOI: 10.1097/NND.0b013e31820eee49

Schlossberg, N. K. (1981). A model for analyzing human adaptation to transition. The

 Counselling Psychologist, 9(2), 2-18. doi:10.1177/001100008100900202

Spooner-Lane, R., & Patton, W. (2007). Determinants of burnout amongst public hospital nurses.

 Australian Journal of Advanced Nursing, 25(1), 8-16. Retrieved from http://search.proqu

 est.com.ezproxy.lib.ryerson.ca/docview/204277492/citation/DDA43C80BA8346AAPQ/1

 ?accountid=13631

St-Martin, L., Harripaul, A., Antonacci, R., Laframboise, D., & Purden, M. (2015). Advanced

 beginner to competent practitioner new graduate nurses' perceptions of strategies that

 facilitate or hinder development. *Journal of Continuing Education in Nursing, 46*(9):392-

 400. doi:10.3928/00220124-20150821-01

Starr, K., & Conley, V. M. (2006). Becoming a registered nurse: The nurse extern experience.

 Journal of Continuing Education in Nursing, 37(2), 86-92. doi:10.3928/00220124-

 20060201-08

Steen, J. E., Gould, E. W., Raingruber, B., & Hill, J. (2011). Effect of student nurse intern

      position on ease of transition from student nurse to registered nurse. *Journal for Nurses in*

      Staff Development, 27(4), 181-186. doi: 10.1097/NND.0b013e3181a68acc

Strauss, M. B. (2009). Easing the transition: A successful new graduate program. *Journal of*

      Continuing Education in Nursing, 40(5), 216-220. doi:10.9999/00220124-20090422-06

Thorne, S., Kirkham, S.R., & MacDonald-Emes, J. (1997). Interpretive description: A

      noncategorical qualitative alternative for developing nursing knowledge. *Research in*

      Nursing & Health, 20, 169-177. doi:10.1002/(SICI)1098-240X(199704)20:2<169::AID-

      NUR9>3.0.CO;2-I

Todero, C. M., Long, R., & Hair, C. (2015). Academic-practice partnerships: A tale of two

      cultures. *Nursing Management (Springhouse)*, *46*(8), 44-50. doi:10.1097/01.NUMA.000

      0469 352.64319.e7

Turner, N., & Goudreau, J. (2011). From student to emergency nurse: A qualitative study of an

      educational support seminar. *Journal for Nurses in Staff Development, 27*(5), 210-215.

      DOI: 10.1097/NND.0b013e31822e0655

Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis:

      Implications for conducting a qualitative descriptive study. *Nursing & Health Sciences,*

      15(3), 398-405. doi:10.1111/nhs.12048

Waddell, J., Spalding, K., Canizares, G., Navarro, J., Connell, M., Jancar, S., Victor, C. (2015a).

      Integrating a career planning and development program into the baccalaureate nursing

      curriculum: Part I. Impact on students' career resilience. *International Journal of Nursing*

      Education Scholarship, 12(1), 163-173. doi:10.1515/ijnes-2014-0035

Waddell, J., Spalding, K., Navarro, J., Jancar, S., & Canizares, G. (2015b). Integrating a career

      planning and development program into the baccalaureate nursing curriculum. Part II.

Outcomes for new graduate nurses 12 months post-graduation. *International Journal of Nursing Education Scholarship, 12*(1), 175-182. doi:10.1515/ijnes-2015-0028

Warner, J. R., & Burton, D. A. (2009). The policy and politics of emerging Academic–Service partnerships. *Journal of Professional Nursing, 25*(6), 329-334. doi:10.1016/j.profnurs.2009.10.006

Williams, C. A., Goode, C. J., Krsek, C., Bednash, G. D., & Lynn, M. R. (2007). Post-baccalaureate nurse residency 1-year outcomes. *Journal of Nursing Administration, 37*(7/8), 357-365. doi: 10.1097/01.NNA.0000285112.14948.0f

Wing, T., Regan, S., & Laschinger, H. K. S. (2015). The influence of empowerment and incivility on the mental health of new graduate nurses. *Journal of Nursing Management, 23*(5), 632-643. doi: 10.1111/jonm.12190

Wolff, A. C., Pesut, B., & Regan, S. (2010a). New graduate nurse practice readiness: Perspectives on the context shaping our understanding and expectations. *Nurse Education Today, 30*(2), 187-191. doi:10.1016/j.nedt.2009.07.011

Wolff, A. C., Regan, S., Pesut, B., & Black, J. (2010b). Ready for what? An exploration of the meaning of new graduate nurses' readiness for practice. *International Journal of Nursing Education Scholarship, 7*(1), 1-14. doi: 10.2202/1548-923X.1827

Zinsmeister, L. B., & Schafer, D. (2009). The exploration of the lived experience of the graduate nurse making the transition to registered nurse during the first year of practice. *Journal for Nurses in Staff Development, 25*(1), 28-34. doi:10.1097/NND.0b013e318194b58c