

From Transition Shock to Competent Practice: Developing Preceptors to Support New Nurse Transition

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abstract

Background: It is well known that new graduate nurses (NGRN) are likely to have a difficult transition from nursing school into professional practice and often experience a phenomenon known as transition shock. Evidence suggests using preceptors as an effective method supporting the NGRNs through this difficult transition.

Method: This project evaluated the effectiveness of a structured preceptor development program by measuring perceptions of transition to practice and first-year retention of two groups of former graduate nurses—the first comprising preceptors trained through a preceptor development program, and the second comprising preceptors who did not participate in structured training.

Results: Graduate nurses who had well-trained preceptors had higher, more positive perceptions about their ability to render safe and optimal care, as well as higher first-year retention.

Conclusion: A structured preceptor-training program may contribute to an improved transition to practice and improved first-year retention rates of NGRNs.

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Much of the nation is rebounding from the recent nursing shortage (U.S. Department of Health and Human Services, 2014), and new nurses are now entering professional practice by the thousands every year (American Association of Colleges of Nursing, 2014). However, concerns remain about the potential impact on patient safety and new nurse retention as a result of the ineffective transition into practice for these new graduate nurses (NGRN) (Rush, Adamack, Gordon, Lilly, & Janke, 2013). The transition process from nurs-

ing student to competent, professional nurse can be difficult and has been compared to moving to a foreign country and having to quickly learn an unfamiliar language and culture (Keller, Meekins, & Summers, 2006). The term *transition shock* has been used to give meaning to this challenging time when NGRNs experience overwhelming feelings of anxiety and incompetence while transitioning from nursing student to practicing nurse (Boychuk Duchscher, 2009). Nurse retention and patient safety are critical elements that may be impacted by an effective transition process for the new NGRN. It is during this transition period that preceptors can play a highly influential role (Moore & Cagle, 2012; Rush et al., 2013).

TRANSITION TO PRACTICE AND NURSE RETENTION

A difficult transition from nursing student to practicing professional may lead the new NGRN toward thoughts of leaving the profession. Graduate nurses' negative perceptions of their new role and environment in the first 60 to 90 days of employment often lead to turnover within the first year (Rush et al., 2013; Wisotzkey, 2011). The highest first-year NGRN retention rates are associated with strategies that incorporate a

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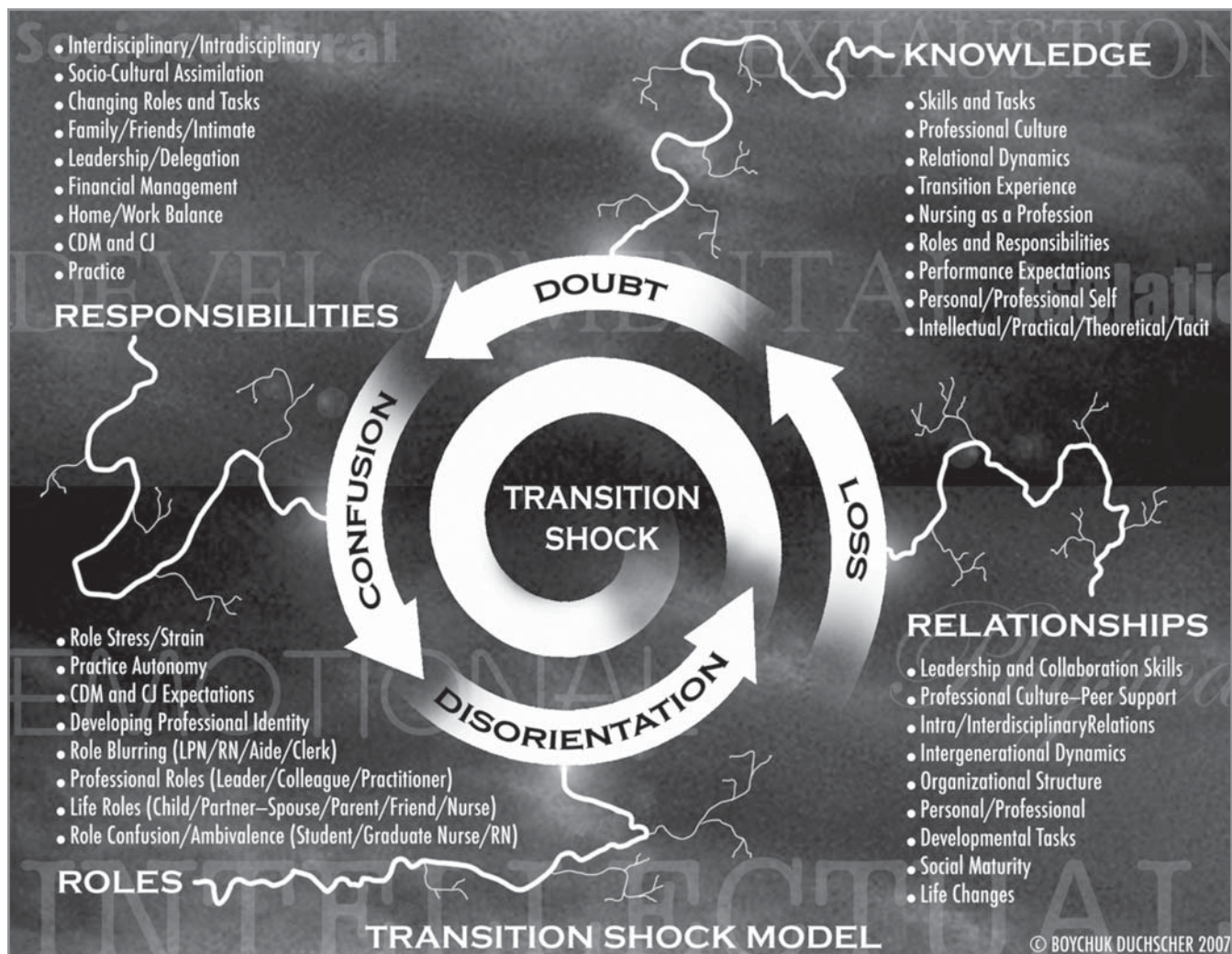


Figure. Transition shock model. From “Transition shock: The initial stage of role adaptation for newly graduated registered nurses,” by J. Boychuk Duchscher, 2009, *Journal of Advanced Nursing*, 65, pp. 1103-1113. Copyright 2007 by J. Boychuk Duchscher. Reprinted with permission.

preceptor-type model for orientation and ongoing support for several months (Moore & Cagle, 2012; Rush et al., 2013; Salt, Cummings, & Profetto-McGrath, 2008). An effective transition plan with strong support from preceptors is likely to create a positive environment to ensure the NGRN is successful in becoming a competent professional with a long-term, successful career in nursing. Improving the effectiveness of preceptors is likely to be one of the contributors that positively impacts the NGRN’s transition process and retention in the profession (Rush et al., 2013).

TRANSITION TO PRACTICE AND PATIENT SAFETY

It is not unreasonable to believe that errors committed by NGRNs may be related to insufficient support

during their role transition. It is well known that novice nurses are more likely to make an error than their experienced nurse colleagues, especially those who were not adequately prepared (Saintsing, Gibson, & Pennington, 2011; Spector et al., 2015). In fact, 49% to 53% of nurses with less than 1 year of experience have been involved in a nursing error, with nearly 20% of NGRNs involved in errors related to patient falls and nearly 75% involved in a medication-related error (Kenward & Zhong, 2006; Smith & Crawford, 2003). Another study demonstrated that of 1,690 adverse events during a 5-year period, 24% were related to the training of staff, and 58% of those errors were related to the inadequate training of new employees (Berkow & Virkstis, 2008). New nurses, who lack experience or confidence, may more easily miscal-

culate their care or judgment and inadvertently contribute to an error.

PRECEPTOR PROGRAMS SUPPORTING NGRNS

Recent studies suggest that an effective transition process for an NGRN should involve the use of one or more preceptors to provide support and coaching and that preceptors should be formally trained for this role (Moore & Cagle, 2012; Rush et al., 2013; Spector et al., 2015). A preceptor provides a supportive relationship in a specific work environment to orient or transition new staff (Usher, Nolan, Reser, Owens, & Tollefson, 1999). In nursing, this relationship is commonly provided through one-to-one relationships between an identified preceptor and an NGRN. The most ideal preceptors are experienced nurses who are strong clinicians who demonstrate a positive attitude, enthusiasm, and self-respect, as well as have the respect of their peers (Baltimore, 2004; Murphy, 2008). This type of nurse is often known to be a high performer within the organization.

Using high performers as preceptors provides solid role models for the NGRN to emulate, regarding their skills and their attitude and behavior. By learning from and imitating their preceptors, NGRNs develop stronger clinical skills, more effective critical thinking patterns, and a bias toward safety, as well as to more readily acclimate to their new work environment (Lee, Tzeng, Lin, & Yeh, 2009). The prospect of a well-trained preceptor mentoring the graduate nurse and showing him or her where opportunities for errors exist, how to anticipate errors, and initiate risk mitigation practices to avoid the error altogether is beneficial for patient care outcomes. The effective use of well-trained preceptors can likely influence first-year nurse retention and possibly improve patient safety (Rush et al., 2013; Spector et al., 2015).

PURPOSE

The purpose of this article is to describe the implementation and evaluation of a preceptor development program and its effect on the NGRN's transition to practice. The formalized preceptor development program was evaluated using a self-assessment tool to assess NGRNs' perceptions of their ability to provide competent and safe patient care and to measure first-year turnover.

PRECEPTOR DEVELOPMENT PROGRAM

Due to the evidence supporting the value of preceptor models to support NGRN transition to practice (Moore & Cagle, 2012; Rush et al., 2013; Spector et al., 2015), organizational leaders in a seven-hospital system supported the development and implementation of a training program to address the need for highly skilled

preceptors in an effort to decrease the first-year NGRN turnover rate and to improve the performance of the NGRNs after they were finished orientation and were practicing on their own. To ensure that the preceptor development program adequately prepared the preceptors to address as many of the NGRN concerns as possible, Boychuk Duchscher's (2009) theory of transition shock (**Figure**) was used as the framework for the program. Transition shock is defined as an acute and dramatic change in the process of professional role adaptation by the NGRN and is the experience of moving from the familiar role of nursing student to the unfamiliar role of an independently practicing professional nurse (Boychuk Duchscher, 2009). This theory was highly applicable as the framework for training preceptors because it addresses the variety of social, emotional, intellectual, and developmental changes that affect the NGRNs' initial stage of role adaptation and ability to transition into their first role as a nurse. On the basis of the transition shock theory, it was determined that preceptors needed to address the themes of socialization, confidence building, fostering of interpersonal relationships, and availability of support systems (Boychuk Duchscher, 2009; Cowin & Hengstberger-Sims, 2006).

The strategic objectives of the preceptor development program identified in **Table 1** represent the program topics and their relevance to the transition shock theory components. The program topics include defining the roles and essential responsibilities of the preceptor, identifying learning styles and strategies to facilitate learning, defining competency and the preceptor's role in validating competency, discussing methods for providing effective feedback, and describing the preceptor's responsibilities related to evaluation. To make the program more cost effective, the content was compressed into one 8-hour day. The teaching-learning activities included five online learning modules that were completed prior to attending the class. These took approximately 3 hours to complete. The online modules included Principles of Adult Learning, Benner's Novice-to-Expert Model, Generational Characteristics, Learning Styles, and Precepting Students.

During the preceptor development program, a variety of learning strategies were used, such as role-playing, coaching sessions, working with clinical documentation tools, case studies, and interactive group activities to understand and optimize interactions between preceptors and the NGRNs. The preceptor development program was designed to provide preceptors with effective tools and strategies (i.e., the how-to), along with some underlying theory.

TABLE 1
PRECEPTOR DEVELOPMENT PROGRAM

Topic	Transition Shock Theory Component
Program overview and identification of online learning module questions and concerns	
Review of online modules	Knowledge, relationships, responsibilities
Principles of Adult Learning	
Benner's Novice-to-Expert Model	
Generational Characteristics	
Learning Styles	
Precepting Students	
Preceptor role and responsibilities	Knowledge, roles
Critical thinking in the new nurses	Knowledge
Identifying ways to assess and foster critical thinking in graduate nurses ^a	
Identifying learning styles	Knowledge
Teaching-learning strategies	
Activities to identify successful strategies	
Strategies and tactics to provide constructive feedback	Knowledge, relationships
Scenarios to practice giving feedback ^a	
Principles and methods of evaluation	Knowledge, relationships
Online resources for preceptors	Knowledge, relationships
Competency assessment and documentation	

^a Denotes group activities.

EVALUATION METHODS

The preceptor development program was evaluated by comparing two cohorts of former NGRNs—one cohort that had the traditional preceptor without formalized preceptor training (untrained preceptor group), and a second cohort that had preceptors who had been formally trained in the preceptor development program (trained preceptor group). This project did not require oversight by the institutional review board because it was deemed to be project evaluation and not human subjects research. A 16-item, investigator-developed survey based on the attributes of transition shock theory (Boychuk Duchscher, 2009) was utilized to obtain data regarding NGRN perceptions of the transition process and the effectiveness of their preceptors. The survey included seven demographic items; eight questions, using a 7-point Likert scale, ranging from 1 = *strongly agree* to 7 = *strongly disagree*; and one open-ended qualitative question regarding the NGRNs' perception of their overall orientation and transition process (Table 2).

The questionnaire was distributed via an e-mail link to an online survey tool to 138 NGRNs from seven acute care hospitals within a geographic region spread across 35 miles within Central Texas. The first cohort consisted of former NGRNs ($n = 62$) who had untrained precep-

tors, whereas the second cohort of former NGRNs ($n = 76$) had trained preceptors who completed the preceptor development program. The online survey link was active for a 30-day period. Three subsequent reminder e-mails and a final reminder postcard were sent to the participants. Data on first-year retention rates were also collected for the two groups through the online survey process. The nurses who participated were all former NGRNs from accredited nursing schools, who at the time of hire had less than 1 year of experience as a nurse. New nurse hires with more than 1 year of nursing experience were excluded.

RESULTS

Analysis

The Mann-Whitney U test (Wilcoxon rank-sum) was used for data analysis. The sample size included a total of 59 participants who completed the survey, with an overall combined response rate of 42.8%. Significance (alpha) was set at 0.05. The survey tool had a Cronbach's alpha of 0.954, indicating strong internal reliability.

Demographics

The age range of the total sample was 21 to 50 years, with the age range of 21 to 25 years, represent-

TABLE 2
QUANTITATIVE SURVEY RESULTS (N = 59)

Statement	Group 1 (Untrained Preceptors), Mean (n = 41)	Group 2 (Trained Preceptors), mean (n = 18)	p Value
1. My orientation prepared me well for my transition from my role as a nursing student to an independent, professional nurse.	5.29	6.00	.141
2. I felt competent to provide safe patient care at the end of my orientation program.	5.54	6.06	.492
3. My preceptor provided me with timely, constructive feedback.	5.49	6.28	.196
4. My preceptor performed as a positive nursing role model for me.	5.71	6.5	.123
5. My preceptor helped me to develop critical thinking skills	5.48	6.28	.100
6. My preceptor helped me develop collegial working relationships and promote a positive work environment in my new unit/department.	5.83	6.44	.038 ^a
7. My preceptor took adequate time with me to ensure a smooth transition from my role as student nurse to that of an independent, professional nurse.	5.34	6.39	.016 ^a
8. I see myself remaining within [my current] organization 1 year from now.	5.66	5.33	.150

^a Scores were significantly higher in the trained versus the untrained preceptor group.

TABLE 3
PARTICIPANT DEMOGRAPHIC DATA (N = 59)

Variable	Group 1 (Untrained Preceptors; n = 41)	Group 2 (Trained Preceptors; n = 18)
Age range (y)	21 to 50	21 to 35
Cohort, n (%)		
21 to 25	18 (43.9)	9 (50)
26 to 30	10 (24.4)	8 (44.4)
31 to 35	3 (7.3)	1 (5.6)
36 to 40	3 (7.3)	0
41 to 45	2 (4.9)	0
46 to 50	5 (12.2)	0
Degree, n (%)		
Associate degree in nursing	23 (56.1)	2 (11.1)
Baccalaureate degree in nursing (BSN)	16 (39)	7 (38.9)
BSN (second degree)	2 (4.9)	9 (50)
One-year retention rate (%)	82.7	89.5

ing the largest group of participants at 43.9% (Table 3). Approximately 44% of NGRNs with untrained preceptors were prepared at the BSN level, compared with 89% of NGRNs with trained preceptors prepared at the BSN

level. Of note, BSN preparation in second-degree programs was much higher for NGRNs with trained preceptors (50%), compared with NGRNs with untrained preceptors (4.9%).

First-Year Retention

First-year retention data were compared between the two groups at 1 year post-hire. The data suggest that NGRNs who had trained preceptors had a slightly higher 1-year retention rate at 89.5%, compared with 82.7% for the NGRNs with untrained preceptors (Table 3).

Survey Results

Overall, the survey question means were higher among the trained preceptor group of NGRNs in every question, with the exception of one (Table 2). Two questions produced significant findings: “My preceptor helped me develop collegial working relationships and promote a positive work environment in my new unit/department” ($p = .038$) and “My preceptor took adequate time with me to ensure a smooth transition from my role as student nurse to that of an independent, professional nurse” ($p = .016$). The NGRNs who had trained preceptors scored these two questions significantly higher than the NGRNs with preceptors who were not trained.

DISCUSSION

Although the number of final participants was relatively small ($N = 59$) and unevenly distributed between

the NGRN cohort with untrained preceptors ($n = 41$) and the cohort with trained preceptors ($n = 18$), this project demonstrated that having a trained preceptor likely makes a difference in the perceptions of the transition to practice process, as indicated by higher ratings on the survey questions. In general, the majority of nurses in both groups had good experiences with their preceptors, indicating that preceptor programs overall are effective, supporting the current literature regarding use of preceptors (Moore & Cagle, 2012; Rush et al., 2013; Spector et al., 2015). It is anticipated that the preceptor development program helped the preceptors improve their own effectiveness in facilitating the transition and orientation process, which benefitted the NGRNs by expediting their movement to a higher level of professional practice faster than the untrained preceptor cohort of NGRNs. This may be a new route to improve patient safety by focusing on both the preparation of preceptors and the effectiveness of the NGRN transition process.

The finding that the NGRNs with untrained preceptors were more likely to remain within the organization at 1 year was not anticipated, as it was thought that the group of NGRNs with trained preceptors would score higher on this question. One possible explanation for this may be that the NGRNs with the trained preceptors may be more confident and comfortable with their nursing skills and therefore feel that their skills are portable and that they can leave their current workplace, although the actual 1-year turnover data suggested that these nurses do not actually leave.

The impact of a trained preceptor on patient safety should not be underestimated. Graduate nurses may benefit from trained preceptors and, as a result, feel more confident in their own competency level as it pertains to providing safe patient care. Confidence in one's own competence and skills will likely have a direct impact on improving patient outcomes, as well as contribute to a safer patient care environment. The transition process should provide support and coaching along the way so that the NGRN is positioned to perform independently when necessary, but also as part of a complex team.

Because preceptors play such a highly influential role and are responsible for providing a smooth transition, preceptors need to be educated to know how to create an environment to enable the NGRN to develop safe, competent practice. A structured preceptor development program, such as the program described in this article, can teach preceptors how to accomplish this goal by providing skills and knowledge to proactively address as many of the NGRNs' needs as possible including role transition, conflict resolution, delegation, and critical thinking skills.

key points

Supporting New Graduate Nurses

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- 1 The transition of new graduate nurses (NGRNs) into practice can be difficult and can negatively impact NGRNs.
- 2 A structured preceptor training program can improve the transition experience of NGRNs.
- 3 NGRN first-year turnover can be improved by using prepared preceptors.

LIMITATIONS

One limitation of this evaluation project was the small sample size ($N = 59$) within one organization. This study can be improved by replicating the survey in a larger more diversified target population and by studying larger numbers of NGRNs over time. Further research is needed to draw more direct correlations between using a structured preceptor-training program and the necessary resources required to support such a program to improve NGRNs' transition to practice.

CONCLUSION

Results suggest that an effective, structured preceptor training program is a valuable use of resources to improve the transition processes of graduate nurses, likely resulting in a safer and more effective patient care environment. Overall, the use of a preceptor development program, including time for preceptor training and ongoing preceptor competency development, is a strong tool for organizations pursuing an improved transition experience and first-year retention of NGRNs.

REFERENCES

- American Association of Colleges of Nursing. (2014). *Annual report 2014: Building a framework for the future*. Retrieved from <http://www.aacn.nche.edu/aacn-publications/annual-reports/AnnualReport14.pdf>
- Baltimore J.J. (2004). The hospital clinical preceptor: Essential preparation for success. *The Journal of Continuing Education in Nursing*, 35, 133-140.
- Berkow, J.D., & Virkstis, K. (2008). Assessing graduate nurse performance. *Journal of Nursing Administration*, 38, 468-474.
- Boyчук Duchscher, J. (2009). Transition shock: The initial stage of role adaptation for newly graduated registered nurses. *Journal of Advanced Nursing*, 65, 1103-1113.
- Cowin, L.S., & Hengstberger-Sims, C. (2006). Graduate nurse self-

- concept and retention: A longitudinal survey. *International Journal of Nursing Studies*, 43, 59-70.
- Keller, J.L., Meekins, K., & Summers, B.L. (2006). Pearls and pitfalls of a new graduate academic residency program. *Journal of Nursing Administration*, 36, 589-598.
- Kenward, K., & Zhong, E. (2006). *Report of findings from the practice and professional issues survey: Fall 2004*. Chicago, IL: National Council of State Boards of Nursing.
- Lee, T., Tzeng, W., Lin, C., & Yeh, M. (2009). Effects of a preceptorship programme on turnover rate, cost, quality and professional development. *Journal of Clinical Nursing*, 18, 1217-1225.
- Moore, P., & Cagle, C.S. (2012). The lived experience of new nurses: Importance of the clinical preceptor. *The Journal of Continuing Education in Nursing*, 43, 555-565.
- Murphy, B.E. (2008). Positive precepting: Preparation can reduce the stress. *MEDSURG Nursing*, 17, 183-188.
- Rush, K.L., Adamack, M., Gordon, J., Lilly, M., & Janke, R. (2013). Best practices of formal new graduate nurse transition programs: An integrative review. *International Journal of Nursing Studies*, 50, 345-356.
- Saintsing, D., Gibson, L.M., & Pennington, A.W. (2011). The novice nurse and clinical decision-making: How to avoid errors. *Journal of Nursing Management*, 19, 354-359.
- Salt, J., Cummings, G.G., & Profetto-McGrath, J. (2008). Increasing retention of new graduate nurses: A systematic review of interventions by healthcare organizations. *Journal of Nursing Administration*, 38, 287-296.
- Smith, J., & Crawford, L. (2003). Medication errors and difficulty in first patient assignments of newly licensed nurses. *JONAS Health-care Law, Ethics and Regulation*, 5, 65-67.
- Spector, N., Blegen, M.A., Silvestre, J., Barnsteiner, J., Lynn, M.R., Ulrich, B., . . . Alexander, M. (2015). Transition to practice study in hospital settings. *Journal of Nursing Regulation*, 5, 24-38.
- U.S. Department of Health and Human Services. (2014). *The future of the nursing workforce: National- and state-level projections, 2012-2025*. Retrieved from <http://bhwh.hrsa.gov/healthworkforce/supplydemand/nursing/workforceprojections/nursingprojections.pdf>
- Usher, K., Nolan, C., Reser, P., Owens, J., & Tollefson, J. (1999). An exploration of the preceptor role: Preceptors' perceptions of benefits, rewards, supports and commitment to the preceptor role. *Journal of Advanced Nursing*, 29, 506-514.
- Wisotzkey S. (2011). Will they stay or will they go? Insight into nursing turnover. *Nursing Management*, 42(2), 15-17.