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Overcoming: A Theory of Accelerated Second-Degree Baccalaureate Graduate Nurse Transition to Professional Nursing Practice.

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by

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ABSTRACT

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A plethora of stressors are known to be related to the process of transition to professional nursing practice as the neophyte registered nurse (RN) transitions from student to professional nurse. Although not new, accelerated second-degree baccalaureate nursing (ASDBN) programs have opened in record numbers in recent years in the wake of the current nursing shortage. Little is known about the experience of professional practice for accelerated second-degree baccalaureate graduate nurses (ASDBGNs). The stressful graduate nurse transition, current nursing shortage, and lack of an empirical base for ASDBN programs illustrate the significance of the research problem. This modified grounded theory study generated a substantive *Theory of Overcoming: ASDBGN Transition to Professional Nursing Practice.* Constant comparative method of joint data collection, analysis, theoretical sampling, and memoing was used. Data were collected through semistructured interviews using open-ended questions that were conducted over the telephone or in person. The identified basic social process (BSP), *overcoming*, encompasses 5 stages: *reality check, goaling, getting started, coming out on top,* and *mastering*. Study findings provide a beginning evidence-base for nursing education, policy, and clinical practice related to this growing student population.

DEDICATION

This dissertation is dedicated to ASDBGNs who, through *overcoming*, have mastered the chaotic, wonderful world of professional nursing practice. It is especially dedicated to my amazing daughter Amanda S. Calhoun who is my inspiration and who provides a stellar example for ASDBGNs as she continues her professional nursing practice journey. To the 13 ASDBGNs who participated in the study, the substantive *Theory of Overcoming: ASDBGN Transition to Professional Nursing Practice* would not have been possible without your interest, enthusiasm, time, and invaluable data.

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During my dissertation journey, I came to understand that this important work was not mine and would, in fact, never be done if it were mine alone. I wish to acknowledge the guidance of my Lord and Savior Jesus Christ who was my faithful companion through my years of study of the struggles and triumphs of ASDBGNs. Toward the end of my study, the following verses were revealed to me as the foundation of my dissertation work. I Corinthians 3:18-21 (King James Version), "18. Let no man deceive himself. If any man among you seemeth to be wise to this world, let him become a fool, that he may be wise. 19. For the wisdom of this world is foolishness with God. For it is written, He taketh the wise in their own craftiness. 20. And again, The Lord knoweth the thoughts of the wise, that they are vain. 21. Therefore, let no man glory in men. For all things are your's…". Galatians 6:9, "And let us not be weary in well doing: for in due season we shall reap, if we faint not." Galatians 6:14, "But God forbid that I should glory, save in the cross of our Lord Jesus Christ…".

My mentor and friend, Dr. Marjorie King, believed in me despite my circumstances. Thank you, Dr. King; you hold an extraordinary place in my life.

A special acknowledgement to my dissertation committee and especially my dissertation chair Dr. Kathleen Rayman who was my instructor for my first nursing class when I returned to university after a long sabbatical; thank you. Dr. Rayman, the power of the pen is evidenced by this dissertation. After all these years, I still have the paper with your script, "You should consider graduate school." My committee members, Dr. Patricia Hayes, Dr. Masoud Ghaffari, and Dr. Gary Kukulka were more than supportive because they challenged my thinking that resulted in a better outcome of my work. To say "thank you" does not convey my true appreciation.

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CONTENTS

CHAPTER 1

INTRODUCTION

Background

During the months as a graduate nurse, the neophyte RN transitions from student to professional nurse. A plethora of stressors are known to be related to this process including role ambiguity, role overload, lack of experience (Schoessler & Waldo, 2006a), the gap between theory and practice (Greenwood, 1984), and dichotomies identified within the practice environment (Duchscher, 2001, 2007; Kelly, 1996, 1998; Pettigrew, 2007). Duchscher and Cowin (2004) described the vulnerability and alienation felt by graduate nurses as marginalization. The authors suggested that during the undergraduate education experience student nurses were inadequately prepared for the professional practice role, and as graduate nurses were inadequately oriented into an oppressive workplace. Despite extensive transition research, curricula revisions, bridge programs, new employee orientation, extensive educational mandates, and on-the-job training, graduate nurses frequently express that they feel overwhelmed and unprepared to meet expectations of the professional practice role.

Kramer's (1974) seminal work described the graduate nurse transition experience as "reality shock" (pp. 3-4) as the new nurse experienced the harsh reality of practice laden with conflicts between professional (school) and bureaucratic (work) values. Although Kramer's emergent theory of graduate nurse transition clarified the dilemma of unprepared graduate nurses and detailed aspects within the social environments that inhibited transition, the traumatic transition experience has continued because application of research findings within academic and practice settings have been arbitrary, and, in addition, some authors state the interface between the two worldviews has been limited (Alex & MacFarlane, 1992; Dean, 1995; Disch, 2001).

A decade after Kramer's graduate nurse transition theory, Benner (1984) acknowledged the contribution of social research related to nursing practice and focused her work on the development of nurses' knowledge embedded within nursing practice. Using exemplars, Benner applied the Dreyfus model of skill acquisition to nurse development; five stages were identified: "novice, advanced beginner, competent, proficient, and expert" (p. xvii). Benner described that the process of graduate nurse transition to professional practice occurred within the first two stages; novice (student nurse or graduate nurse in a new practice setting) that is rule-governed, limited, and inflexible, and the advanced beginner level in which the nurse is capable of marginally acceptable performance; about the first 2 years of professional nursing practice. The impact of research findings on clinical practice was minimal because nurses in practice did not perceive research findings as relevant or because often findings were not relevant to practice (Greenwood, 1984). Greenwood described nursing research during the 1980s, "To discover what is the case, *and leave it at that,* (original emphasis) is nonsense as far as practical disciplines are concerned" (p. 80).

Despite the contributions of Kramer and Benner, problems in the practice arena persisted for newly graduated RNs, and researchers continued to describe the graduate nurse transition as stressful during the last decade of the 20th century and into the 21st century. During this era, nurses in practice had little or no direct contact with academia (Dean, 1995), and Rutty (1998) cautioned against utopian theories that were unattainable, not feasible, or that were out of touch with the reality of practice. Alex and MacFarlene (1992) proclaimed, "We must begin to develop a mechanism for examining viewpoints and sharing knowledge among practicing nurses, educators, curriculum planners, administrators, and new graduates" (p. 25).

In the new millennium a large volume of research describing the graduate nurse transition experience over time has accumulated; nevertheless, the stressful graduate nurse transition experience recognized decades ago has persisted despite new health care delivery methods, technology, emphasis on quality care, and educational advancements (Duchscher & Cowin, 2006). According to Duchscher (2001) the stressful graduate nurse environment has continued due to a lack of understanding of the cultural, social, and political context of graduate nurse transition. Such insight is essential for nurse educators and institutional and policy leaders who seek to solve transition issues and to decrease graduate nurse turnover.

Recent graduate nurse transition research highlighted the impact of contemporary academic and practice environments. For example, graduate nurse participants in Duchscher's (2001) phenomenological study described their educational experience as fragmented and detached from nursing practice. Study participants asserted betrayal by faculty who they claimed sheltered them from the responsibilities of decision making and clinical judgment. These findings are important because Tanner (2006b) reported that clinical judgment was influenced more by the nurse's background (knowledge and values) than by objective patient data. It is essential for graduate nurses to learn to recognize how to apply theory to practice; this practical knowledge provides a bridge for the theory and practice gap beyond knowledge gleaned in the classroom (Tanner). Yet, disjointed student teaching and learning experiences as well as the dissonance between theory and practice persist for new graduates, as described currently by Dearmun (2000), Duchscher (2001, 2007), Ellerton and Gregor (2003), Goh and Watt (2003), and Ross and Clifford (2002).

Duchscher (2007) built on and expanded Kramer's (1974) work and explained the graduate nurse transition experience to the acute care environment as "Transition Shock" (p. 78)

as graduate nurses moved through stages of transition from the known (student role) to the less familiar (professional practice role). Kramer focused on social conflicts between educational and practice settings and the effect of these conflicts on first job experiences of graduate nurses while Duchscher's Transition Shock Model© emphasized the impact of key personal and professional concepts within academic and practice environments on the duration and quality of role transition for contemporary graduate nurses. Participants in Duchscher's study expected personal and professional advancement in the graduate nurse role, however, they did not anticipate the profound differences between academia and nursing practice. The realities of practice in the acute care setting resulted in a shock reaction as participants perceived the dissimilarities as a threat to their personal or professional self. While some graduate nurses in the study had positive transition experiences, most participants described the transition experience as traumatic. Duchscher's findings provide beginning theoretical insight into the current status of the gap between theory and practice, stages of graduate nurse transition, aspects that are problematic, and factors that facilitate females graduate nurses' transition to professional nursing practice within the acute care environment.

Duchscher's, Kramer's, and others' work identified stages of nurse transition and explained the personal, cognitive, and social factors that influence the graduate transition experience. Missing is collaborative research between academia and practice that is focused specifically on processes that are problematic during transition as well as processes that facilitate successful transition that may be consistently applied in educational and practice settings. Further, graduate nurse transition research has focused on traditional graduate nurses, whereas the transition experience of unconventional student groups such as minorities, males, and ASDBN students are not well documented. The focus of this study was to describe and explain

the complex transition experience of ASDBGNs within the context of professional nursing practice including the processes that facilitate as well as those that hinder the transition process from the participants' perspectives.

Registered Nurse Preparation

Traditional RN preparation includes diploma, associate, and baccalaureate degree programs (American Association of Colleges of Nursing [AACN], 2005). In their foundational document, "The Essentials of Baccalaureate Education for Professional Nursing Practice," AACN (2008b) referenced a professional nurse as an individual prepared with a minimum of a baccalaureate in nursing or one who enters professional practice with a master's or doctoral degree in nursing. The ANA (2010b) reported an emergent trend (1980 to 2004) for RNs with baccalaureate and master's degrees; this trend includes RNs initially prepared at the associate degree level or through a diploma program. Nationally from 2005-2006, baccalaureate degree programs experienced the highest rate of admission increases (12%) within all RN programs that is reflective of 150 new RN programs across the United States (U. S.) during the year (National League for Nurses [NLN], 2008). According to the NLN, this noteworthy expansion in RN preparation programs included the launch of new schools of nursing and the addition of new types of RN preparation programs within established schools of nursing. Of the total number of new RN programs, 29 were additional accelerated second-degree programs (AACN, 2002/2005/2008a; AACN, 2007/2009a) that demonstrated the rapid increase in this type of RN preparation. Further, effective fall 2009, AACN (2010a) published some 230 ASDBN programs in the U. S., a staggering 73% increase in this program of study since 2005.

The need for bachelor's of science in nursing (BSN) prepared nurses is important considering research by Aiken, Clarke, Cheung, Sloane, and Silber (2003) in which researchers

associated an increase in BSN prepared nurses with a decrease in patient mortality and "failure to rescue" (based on complications as determined by 39 secondary diagnosis and procedure codes on patients' discharge abstracts). In their study of 232,342 surgical patients in 169 Pennsylvania hospitals, years of nurse experience had no impact on these variables; and so, according to the authors, type of nurse preparation (BSN) accounted for improved patient outcomes; years of experience did not. Improved mortality findings in hospitals with an increase in BSN prepared nurses were supported by Tourangeau et al. (2007) who used secondary data to analyze patient deaths within 30-days of hospital discharge in Ontario, Canada. The researchers found that a 10% increase in BSN prepared nurses was associated with nine fewer deaths per 1,000 patients discharged. These findings support the need to increase baccalaureate prepared nurses in clinical practice.

Accelerated Second-Degree Baccalaureate Nursing Programs

Accelerated second-degree baccalaureate in nursing programs, often referred to as fast track programs, represent an innovative curriculum approach to obtaining a baccalaureate degree in nursing. Saint Louis University School of Nursing opened the first accelerated BSN program in 1971 in an effort to increase the number of nurses in the workforce (Laverdier, 1973) and to meet the needs of a growing number of nonnursing baccalaureate prepared students who enrolled in the standard BSN program (Saint Louis University, 2008). The School of Nursing, Saint Louis University (2010) continues to offer an accelerated BSN program that demonstrates long-term viability for some of the programs. Although not new, ASDBN programs have opened in record numbers in recent years in the wake of the current nursing shortage (AACN, 2007/2009a; Bennett, Bemner, & Sowell, 2003; Domrose, 2001; Kemsley & Riegle, 2008; Miklancie & Davis, 2005; Rodgers, Burson, & Kirschling, 2004; Tanner 2006a) by means of attracting an

applicant pool not previously appreciated and in response by schools of nursing to applicants with prior baccalaureate degrees (Shiber, 2003, Tanner, 2006a).

Accelerated second-degree baccalaureate nursing programs are typically 11-18 months in length (AACN, 2007/2009a) following completion of core curricula. Course work in an ASDBN program is completed at a faster pace than traditional BSN progression. Accelerated students are generally fulltime and have minimal time off between semesters and during holidays (AACN, 2002/2005/2008a) contrasted with the traditional baccalaureate program length of 2 years after completion of prerequisite courses and with both summer and holiday breaks. In accelerated programs students must assimilate a great deal of complex information in a short amount of time; findings from three recent studies support that the group masters the task (Cangelosi, 2007b; DeSimone, 2008; Seldomridge & DiBartolo, 2005). The compressed curriculum is a primary motivator for students who seek an ASDBN program (AACN, 2007/2009a). Meyer, Hoover, and Maposa (2006) found the number one reason their second-degree students selected the accelerated program was the short, 12-month program duration.

The compressed program length is important because many ASDBN students do not work, and the short duration is less of a financial and personal burden (Kohn & Truglio-Londrigan, 2007; Wu & Connelly, 1992). Economic support can be problematic for this group because scholarships and financial aid are generally less available for undergraduate students who already have a baccalaureate degree. Having completed one baccalaureate degree, second-degree students have often reached their maximum student loans and strained their personal finances.

In order to obtain a consistent supply of graduate nurses quicker than any other basic program, while acknowledging the economic burden for ASDBN students, the AACN

(2002/2005/2008a) encouraged academic and practice partnerships as well as state and federal legislation to provide financial support for this student group. Also, private funding sources have been developed to assist this group to meet their financial responsibilities. For example, in an effort to alleviate the nursing shortage and to increase diversity of nursing professionals, *The Robert Woods Johnson Foundation (RWJF, 2009) New Careers in Nursing (NCIN)* program was initiated in 2008 with the intent to grant scholarships of $10,000 each to 1,500 accelerated BSN and master of science in nursing (MSN) students from disadvantaged backgrounds and underrepresented groups in nursing. The need for financial support for this student group was evidenced by the receipt of requests for 1,600 scholarships that equated to $16 million in requested funding. The RWJF NCIN program (RWJF, 2010) awarded scholarships of $10,000 each to 706 accelerated nursing students from fall 2008 through summer 2009 semesters. In addition, some hospitals and health care systems have contracted with universities, funding faculty lines for ASDBN programs while offering scholarships to students in exchange for employment in the organization following graduation.

Research Problem

Accelerated second-degree graduate nurses who have completed baccalaureate education are situated at a unique life transition; their undergraduate work is accomplished and the demands of professional nursing practice are eminent. Traditionally, graduate nurses have been enculturated into the professional practice setting as they adopt the norms, values, and expectations of the nursing culture and the organization (Leininger & McFarland, 2002). This enculturation takes place in an environment described by some as unsupportive, unpredictable, and not conducive to learning or practice (Bowles & Candela, 2005; De Bellis, Longson, Glover, & Hutton, 2001; Duchscher, 2001, 2007; Kelly, 1996, 1998; Kramer, 1974). Within this arena,

graduate nurses may adopt many, but not all, of the life ways needed for survival (acculturation) (Leininger & McFarland) as professional nurses. This role discrepancy, a gap between expectations and performance, is uncomfortable and frustrating. Graduate nurses have the choice to dissolve the relationship (change jobs or leave nursing), change the expectations, or change performance (Twedell, 2007). Regardless of the choice, the process of transition to professional nursing practice remains inherently stressful. Evidence-based strategies that facilitate graduate nurse transition as well as transition processes that are problematic are obscure or are not consistently implemented in academic or practice arenas.

Little is known about the experience of professional practice for ASDBN graduates. Accelerated program graduates are reported to be prized by employers and noted to be mature clinicians who transition quickly to the job (AACN, 2007/2009a). Nevertheless, limited literature related to the efficacy and outcomes of accelerated nursing programs highlights the lack of an evidence-base (Cangelosi & Whitt, 2005).

Significance of the Problem

The stressful graduate nurse transition, current nursing shortage, and lack of an empirical base for ASDBN programs illustrate the significance of the research problem. The transition experience for contemporary ASDBGNs occurs in multifaceted health care systems that are plagued with chaos, fragmentation, and quality problems. Health care organizations are increasingly complex, mandating that graduate nurses be highly skilled critical thinkers. Following reports of serious quality issues (Institute of Medicine [IOM], 2000) health care organizations are redesigning the practice environment with a focus on quality and safety (Sherwood & Drenkard, 2007). The contemporary focus on quality and safety within the practice

arena mandates curricula redesign so that graduate nurses are prepared to practice safely and with confidence following graduation.

The nursing shortage has significant ramifications for new nurses. With RNs in short supply, novice nurses may bear the burden of the responsibility for patient care within weeks of graduation and subsequent employment. Neophyte nurses must be equipped with strategies to assist them with role transition as they gain proficiency, confidence, critical thinking, and leadership skills. Healthcare organizations also need retention strategies based on evidence.

As the nursing shortage persists nationally, ASDBN programs continue to proliferate. Although some scholars and nursing leaders strongly recommend ASDBN programs as a primary route to relieve the current nursing shortage, paltry empirical research related to this type of registered nurse preparation highlights the urgent need for systematic investigation.

The significance of graduate nurse transition problems mandates that nursing education leaders examine ASDBN program curricula in order to maximize learning and consider the unique needs of this student population. A substantive theory of ASDBGN transition to professional nursing practice would provide beginning evidence-based guidance for both policy and practice in education and institutional settings.

Purpose

The purpose of this study was to generate a substantive theory of ASDBGN transition to professional nursing practice. Substantive theory is grounded in data from research of a specific area of inquiry and provides linkages for generation of grounded formal theories or in the reformulation of previously established theories (Glaser & Strauss, 1967). A qualitative approach was used to reach beyond the known in order to make discoveries leading to empirical knowledge that will guide nursing education, policy, and clinical practice. Such theory was

essential given the documented stressful transition experience, complex retention issues, and scant evidence explaining the transition to professional nursing practice for ASDBGNs.

Research Questions

Congruent with the use of qualitative research, the concepts pertaining to transition in the population of ASDBGNs are conceptually immature (Morse, Mitcham, Hupcey, & Tasón, 1996; Morse, Hupcey, Penrod, & Mitcham, 2002). Modified grounded theory method was used to generate a substantive theory, thus the research questions were posed to provide flexibility and freedom to explore the phenomenon in depth (Strauss & Corbin, 1990). This study focused on a central research question and two subquestions. The central research question was, "How do ASDBGNs transition to professional nursing practice?" To narrow and focus the problem (Strauss & Corbin), there were two subquestions: 1) "What processes and fundamental patterns of behavior among transition participants facilitate ASDBGN transition to professional nursing practice?" 2) "What processes and fundamental patterns of behavior among transition participants hinder ASDBGN transition to professional nursing practice?" As expected, additional questions emerged and were used to guide subsequent data collection.

CHAPTER 2

LITERATURE REVIEW

The literature related to graduate nurse experience of transition to professional nursing practice spans nearly 4 decades. Three themes from the literature were identified related to the transition experience of ASDBGNs: 1) graduate nurse transition theories, models, descriptions, and research, 2) ASDBN programs, students, and outcomes, and 3) the academia and health care environments including the national focus on health care quality and safety and the nursing shortage.

Graduate Nurse Transition

Several theories and models as well as numerous descriptions and anecdotal reports exist that describe and explain the complex and stressful transition process, yet graduate nurse transition remains essentially unchanged from early reports. In an effort to assure the quality and integrity of graduate nurse transition programs, the Commission on Collegiate Nursing Education (CCNE), a specialized professional accrediting agency of baccalaureate and graduate nursing programs, adopted standards for accreditation of postbaccalaureate nursing residency programs (AACN, 2009a). These standards were developed to improve patient care by establishing standards for additional training and support for new baccalaureate gradate nurses in acute care setting. The first on-site accreditation surveys were conducted fall 2009; results have not been published (AACN, 2009b).

Theories, Models, and Descriptions

Several theories, models, and descriptions are pertinent to the study beginning with Kramer's (1974) graduate nurse transition "reality shock" (pp. 3-4) theory, Benner's (1984) novice to expert model of nurse development, Duchscher's (2007) *Transition Shock Model*© and

Stages of Transition Model©, Glaser and Strauss's (1971) *Status Passage* theory, and Bridges' (1980, 2003, 2004) description of phases and management of transition. These theories, models, and descriptions are important because they provide insight into behaviors, processes, and transition stages that may impart some explanation related to the area of inquiry; behaviors and processes that may facilitate or hinder transition to professional nursing practice for ASDBGNs.

Reality shock. The significance of Kramer's (1974) seminal graduate nurse transition work has been previously discussed. The "reality shock" (pp. 3-4) theory outlined by Kramer focused on the problematic socialization of graduate nurses into professional nursing practice. Recent authors continue to describe the dissonance between theory and practice (Kelly, 1996, 1998; Duchscher, 2001, 2007; Pettigrew, 2007) depicted by Kramer decades ago despite the author's detailed suggestions for resolution of transition issues. Kramer described four stages of graduate nurse transition: "honeymoon, shock, recovery, and resolution" (p. 4). These stages are important because the study methods will elucidate stages of ASDBGN transition to professional nursing practice.

Novice to expert. Three studies were found that used Benner's novice to expert model of nurse skill acquisition as a theoretical framework for graduate nurse research (Duchscher, 2001, 2007; Schoessler & Waldo, 2006a). In addition, Benner's model is widely used in practice settings as a guide for graduate nurse internships and residencies. The novice to expert model of nurse skill development delineated by Benner encompasses processes that are important for graduate nurses and in particular ASDBGNs because their focus is clinical competence (DeSimone, 2006), the area in which they feel most inadequate (Cangelosi, 2007b). Benner's model explains skill acquisition for new graduate nurses as well as nurses in new practice settings, however, the model does not focus on the specific transition processes of ASDBGNs.

Benner's novice to expert model explained the stages of nurse skill maturation and was used to guide the initial purposive participant sample for the study.

Transition Shock Model©. The *Transition Shock Model©* explained by Duchscher (2007) contrasts the professional and personal expectations of the familiar and often times mastered world of academia with the less familiar world of practice for graduate nurses. Duchscher's data identified that stable, predictable, familiar, and consistent introductory clinical experiences as well as the graduates' interactions with individuals significantly influenced the stress of transition. Participants in Duchscher's study had muted experiences of transition shock when the graduates had, "…confirmatory encounters with patients and colleagues, who were afforded workloads that resembled those they had successfully managed as senior students, who had peers or a mentor with whom they engaged in validating dialogue about their experiences, and whose confidence was enhanced by frequent affirming and encouraging feedback…" (p. 82). These descriptions of behaviors and processes that facilitate graduate nurse transition are important and reflect one subquestion of the study.

Stages of Transition Model©. Duchscher's (2007) *Stages of Transition Model©* built upon graduate nurse experiences and explained three stages of personal and professional transition for graduate nurses into acute care that encompassed the first 12 months of professional nursing practice as, "doing, being, and knowing" (p. 122). These stages are important as they explain the transition processes in a sample similar to those of the study. Nevertheless, because Benner (1984) described a competent nurse as one who had been in the same or similar job for 2 to 3 years, the initial purposive sample for the study included ASDBGNs with up to 2 years of professional nursing practice experience.

Status passage. The formal theory of *Status Passage* by Glaser and Strauss (1971) explained the nature of society as individuals and groups move from one status to another. Glaser and Strauss stated that a hallmark of an important passage was that the passage is frequently and freely discussed that is reflected by many years of graduate nurse transition research. The researchers formulated six principal considerations: "reversibility, temporality, shape, desirability, circumstantiality [sic], and multiple status passages" (p. 12).

Two applications of Glaser and Strauss's (1971) *Status Passage* theory were described by authors within graduate nurse literature. Duchscher (2007) depicted a negative case in her graduate nurse transition study in which the new graduate had a significantly different transition experience with virtually no transition shock. The graduate nurse worked on the unit for 3 years in unlicensed roles as well as a support role similar to a licensed practical nurse (LPN) prior to employment as an RN following graduation. This individual transitioned to professional nursing practice with only initial moments of struggle. This reflects Glaser and Strauss's explanation of "shaping a passage" (p. 57) by means of control. The graduate nurse participant in Duchscher's study shaped the transition passage because of a strong degree of certainty about the graduate nurse environment before entering the passage as well as while in it. In contrast, relatively unknown directions are difficult to control and problems may arise (Glaser & Strauss).

The second application described by Holland (1999) related to confirmation of registration (licensure in the U. S.) in an English ethnographic study of student nurses' transition to qualified nurse that corresponded to "legitimation [sic]" (Glaser & Strauss, 1971, p. 5) of a status passage by an authorized agent. Participants in Holland's study demonstrated many of the characteristics of status passage, however, due to the nature of graduate nurse transition, Holland described participants' transition as an ill defined event. Factors that contributed to the obscure

nature of graduate nurse transition included the dual role of student and worker and the time lag between graduation and registration (licensure). In the U. S., licensure by the state "legitimizes" the graduate nurse as an RN.

Transitions. According to Bridges (1980, 2003, 2004) life's transitions encompass three stages: 1) an ending followed by 2) an important, yet empty, barren, confusing, and distressing stage that leads to 3) a new beginning. Bridges claimed that individuals in transition must first recognize the need for change and then develop the skills needed for the passage from the old to the new. Because transitions begin with an end, letting go of the old is required before embracing the new beginning. Two research studies were found that used Bridges's description of transition and transition management as a theoretical framework for graduate nurse transition research (Duchscher, 2007; Schoessler & Waldo, 2006a). Bridges' explanation of transition is similar to those of Kramer (1974), Benner (1984), Schoessler and Waldo (2006a) and Duchscher (2001, 2007). The description of transition stages provides a global, abstract view of the transition experience.

Research

Many graduate nurse transition research studies were found in the literature. Role stress and values dissonance were recurring themes. Several studies described the stages of graduate nurse transition (Benner, 1984; Dearmun, 2000; Duchscher, 2001, 2007; Kelly, 1998; Kramer, 1984; Schoessler & Waldo, 2006a). These studies were important because grounded theory methods support the identification of two or more stages that account for variations in the pattern of behavior central to the core process (Glaser, 1978).

Role stress. Stress is the cognitive appraisal of the individual's subjective interpretation of a transaction between the individual and the environment that is appraised as taxing or

exceeding their resources and endangering their well-being (Lazarus & Folkman, 1984). These authors reported that stress levels were influenced by perception, coping resources, and individual characteristics. Researchers have described the stressful graduate nurse transition over the past 40 years (Biley & Smith, 1998; De Bellis et al., 2001; Dearmun, 2000; Delaney, 2003; Duchscher, 2001, 2007; Ellerton & Gregor, 2003; Gerrish, 1990, 2000; Goh & Watt, 2003; Holland, 1999; Kelly, 1996, 1998; Kramer, 1974; Oermann & Moffitt-Wolf, 1997; Ross & Clifford, 2002; Winter-Collins & McDaniel, 2000). Kelly (1996) discovered stress as the core variable in her qualitative, grounded theory study of English graduate nurses. Likewise, Bowles and Candela (2005) reported stressful first jobs for graduate nurses in their study, and De Bellis et al. reported that all participants in their qualitative study of Australian nurse graduates voiced a stressful first year of practice. These authors found that stress related to unsafe patient care, dissatisfaction with the work environment, and frustration with administration were frequent reasons new graduates left their first nursing positions. Nevertheless, evidence-based strategies that decrease stress during transition from student to professional nurse are limited (Benner, 1984; De Bellis et al.; Duchscher, 2001, 2007; Kramer, 1974; Schoessler & Waldo, 2006b) or are not being implemented in practice settings.

Although little is published regarding ASDBN students' stress levels, Kohn and Truglio-Londrigan (2007) found this group experienced significant stress in their final semester in the nursing program as they approached the transition to professional practice experience. These students voiced multiple stressors including a difficult last semester while searching for a new job and preparing for the National Council Licensure Examination (NCLEX-RN). Accelerated second-degree baccalaureate students experience fear of not being prepared for the professional nursing role; the same fear expressed by traditional BSN students. Penprase and Koczara (2009)

stated that ASDBN students experience high levels of stress and recommended that faculty teach relaxation techniques as a coping mechanism.

Values dissonance. The disparity between the professional values of "altruism, autonomy, human dignity, integrity, and social justice" (AACN, 2008b, pp. 27-28) introduced during many student nurses' academic education and the current health care delivery system in the U. S. that often lacks the quality that Americans need, want, and deserve (IOM, 2001) highlights the graduate nurse quandary. This quandary is reflected in the literature; preserving moral integrity was the basic psycho-social process discovered by Kelly (1998) in a 2-year postgraduation follow-up grounded theory study of graduate nurses. Likewise, nursing undergraduate student participants in Kelly's (1991) grounded theory study expected conflict between personal values and work values and perceived that they were powerless to create change as new graduates. Graduate nurses in Duchscher's (2007) study also felt powerless to effect change during the second stage of role transition encompassed between month 5 through 8 or 9 of their work following graduation. These findings are important because graduate nurses lack confidence and are vulnerable to stress induced compromise (Kelly, 1991). Kramer (1974) found that the professional values instilled during the academic education process gave way to bureaucratic (work) values of the organization that may not be focused on quality patient care and safety. According to Kramer these conflicting values lead to "reality shock" (pp. 3-4) that was described as detrimental to the graduate nurse, the profession, and society.

Internship and residency. Structures and processes within institutional settings that assist students to efficiently and safely transition from student to professional nurse are limited (Schoessler & Waldo, 2006b) or are not consistently applied in academic or practice settings. For example, the University HealthSystem Consortium (UHC)/AACN Residency Program consists

of 58 practice sites and 7,500 nurses who have completed a 1-year residency (AACN, 2010b). A recent evaluation of the program documented positive outcomes for the residents and a 1-year retention rate of 95.6% contrasted to reports of 1-year graduate nurse turnover rates of 30% (AACN). A lack of national standards related to the graduate nurse transition process was problematic when applying evidence-based changes to existing methods and techniques in academic and practice settings because application of research findings that facilitated as well as inhibited transition were left to the discretion of each of these entities who has its own worldview, and there has been a history of negligible collaboration between them.

Researchers support residency programs as a structure to facilitate graduate nurse transition. For example, researchers at Children's Hospital in Los Angeles, California (Beecroft et al., 2001; Kunzman, & Krozek, 2001) reported approximate turnover cost of $49,000 for nurses with less than 1 year of employment at their facility. Outcomes from their 1-year pilot of a 6-month RN internship program for new graduate nurses included a turnover rate of 14% for the intern group compared to 36% for the control group; return on investment (ROI) was 67.3%. Strategies employed during the pilot internship program included use of preceptors and mentors, debriefings for encountered difficulties, additional clinical experiences, and additional classroom and hands-on training. Similarly, Schoessler and Waldo (2006b) reported a decrease in new graduate turnover from 34% in 1998 to 6% in 2003 following implementation of evidence-based nurse development program geared for new graduate nurses.

Accelerated Second-Degree Baccalaureate Nursing Programs

Accelerated programs are available in 43 states, the District of Columbia, and Guam (AACN, 2007/2009a). Accelerated second-degree baccalaureate nursing programs allow students with a nonnursing baccalaureate degree to obtain a baccalaureate degree in nursing in less time

than traditional baccalaureate nursing programs, some in as little as 11 months; the quickest route to becoming an RN for students who have completed a nonnursing baccalaureate degree (AACN). Viewed as a fast-track path to a rewarding, secure profession, some nurse educators believe accelerated programs will alleviate the nursing shortage faster compared to traditional programs (Wood, 2006). Nevertheless, little is known about the emerging student group. Based on recent study data, Seldomridge and DiBartolo (2007) speculated that economic issues and job security rather than altruism were primary motivators for contemporary ASDBN students who enter nursing. Some leaders from both academia and practice have concerns about the increase in students who choose nursing as a career only because of the certainty of a job following graduation (Domrose, 2001).

Although accelerated programs have existed for almost 4 decades, new programs have opened in record numbers over the past 15 years (AACN, 2002/2005/2008a). According to the AACN, the growing number of accelerated programs surpasses all other types of entry-level nursing programs considered by 4-year nursing schools. March 2007, AACN reported a record number of 197 accelerated baccalaureate programs nationwide with an additional 37 new programs in the planning stages. In fall 2007 the number of baccalaureate programs for non-nursing college graduates had increased to 205, a national record number (AACN, 2002/2005/2008a), and further to 230 in 2010 (AACN, 2010a).

Several factors stimulated the recent growth of accelerated nursing programs; the current nursing shortage at the forefront. Additional reasons cited for the increase in number of accelerated programs include shifts in the economy (AACN, 2007/2009a; Domrose, 2001; Miklancie & Davis, 2005), changing worker values (AACN; Bennett et al., 2003; Domrose; Meyer et al., 2006; Miklancie & Davis), dissatisfaction with career (Domrose; Meyer et al.),

opportunities available in nursing, the holistic nature of nursing, lifelong desire to be a nurse (Meyer et al.), opportunity of service cancelable loans, an interest in improving health care standards (Bennett et al.), the opportunity to attract excellent students (Rodgers et al., 2004) with diverse backgrounds (Kemsley & Riegle, 2008), and as a channel for future graduate students (Seldomridge & DiBartolo, 2005). In the only nationwide study representing this student group found in the literature, Wu and Connelly (1992) targeted all 234 students in the 10 accelerated baccalaureate nursing programs operational in the U. S. during 1988. The top three reasons cited by the 167 participants (71% response rate) for choosing an accelerated BSN program were employment opportunities, program length, and upward mobility. More recently, Meyer et al. (2006) documented a profile of 45 ASDBN senior students that instituted that the number one reason for selecting an accelerated program was the short, 12-month program duration. Accelerated second-degree baccalaureate student participants in Kohn and Truglio-Londrigan's (2007) inquiry chose a second career in nursing based on life events that exposed them to the nursing profession. These experiences called into question their place in life and work, allowing them to see their world in a different way – as a nurse. The reasons that students choose ASDBN programs of study are important for consideration with congruence with the philosophy of the school of nursing, curricula development, and course planning within academic settings and for strategic planning in both academia and practice settings. The current nursing shortage mandates that education, practice, and policy leaders understand the current market for nursing students in order to address barriers to enrollment and to focus on strengths of the nursing profession as a career option.

Student enrollment and program graduates have increased commensurate with the increase in the number of ASDBN programs. An AACN (2007/2009a) survey in 2006

documented 8,493 students enrolled in accelerated bachelor's programs; a 28.5% increase from 2004 to 2005. The number of accelerated baccalaureate program graduates also increased 55.6% from 2004 to 2005 with an additional 38.8% increase in 2006.

Accelerated second-degree baccalaureate nursing students bring rich life experiences to the university setting (Cangelosi, 2007b; Kemsley & Riegle, 2008; Seldomridge & DiBartolo, 2007) along with demonstrated ability to succeed in academia (AACN, 2007/2009a). Their focus is clinical competence (DeSimone, 2006), the area in which they feel most inadequate (Cangelosi). Some faculty view ASDBN students as a challenge because many in this group do not hesitate to question their instructors (AACN), and they tend to view faculty as peers (Domrose, 2001). Concerned with a lack of an evidence-base for these rapidly expanding programs, the Board of the *Journal of Nursing Education* identified accelerated programs as one of three major concerns in nursing education (Tanner, 2006a).

Initially nurses, administrators, and deans questioned whether the short preparation time was sufficient to produce quality nurses (Domrose, 2001); nonetheless, Shiber (2003) found no significant differences between accelerated students and traditional students with regard to specific course performance, standardized achievement tests, NCLEX-RN pass rates, and attrition rates. Additional studies with this group are needed because findings suggested that ASDBN students were as successful as or possibly more successful than traditional students and can contribute to nursing quicker (AACN, 2007/2009a; Bentley, 2006). Despite the growing numbers of accelerated graduates, little is known about work experiences of ASDBGNs.

Accelerated second-degree baccalaureate demographics. Student and graduate demographics for accelerated baccalaureate students are limited (Bentley, 2006; Brewer et al., 2009; Meyer et al., 2006; Pepa, Brown, & Alverson, 1997; Seldomridge & DiBartolo, 2007;

Vinal & Whitman, 1994; Wink, 2005; Wu & Connelly, 1992). Accelerated second-degree baccalaureate nursing students are described as older (AACN, 2007/2009a; Brewer et al., 2009; DeSimone, 2006; McDonald, 1995; Miklancie & Davis, 2005; Seldomridge & DiBartolo; Wu & Connelly, 1992) and having a higher percentage of males than traditional students (Brewer et al., 2009; Meyer, Hoover, & Maposa, 2006; Seldomridge & DiBartolo; Wu & Connelly). In an comparison study of accelerated second-degree nursing students enrolled from 1997 to 2003 with those enrolled from 2004 to 2006 at a small mid-Atlantic university, Seldomridge and DiBartolo found that students in the 2004 to 2006 cohorts were older, more diverse in gender and ethnicity, held multiple degrees, and had a greater time lapse since completion of their first degree compared to earlier cohorts, demonstrating that the demographic profile of contemporary ASDBN students had changed. Published data relevant to ASDBN student and graduate demographics are sporadic, thus analysis of student and graduate trends over time is not possible. What is missing is consistent, accurate student and graduate demographic data encompassing the (approaching) 4 decades since the introduction of ASDBN programs. The absence of such data leaves a gap in regard to strategic planning, student recruitment, criteria for admission and progression, curricula and course planning based on leaner needs, need for support services, and analysis of strengths, as well as areas of concern specific to the student group.

Accelerated second-degree baccalaureate graduate outcomes. Brewer et al. (2009) reported that second-degree baccalaureate graduates (SDGs) were more likely to stay in their first job and were more certain of their plans to stay. Likewise, Raines and Sipes (2007) reported that ASBGN retention was better than the norm. Brewer et al. also reported that SDGs experienced more conflict between family and work and were less cohesive within their work groups. Interestingly, these researchers reported that SDGs earned over $2,700 more per year

than traditional-baccalaureate new graduate RNs. Additional reports in the literature have cast accelerated program graduates as mature, motivated (Laverdier, 1973), critical thinkers (AACN, 2002/2005/2008a; AACN, 2007/2009a; Cangelosi, 2007b; DeSimone, 2006; Domrose, 2001); nevertheless, most findings are anecdotal (Cangelosi & Whitt, 2005) and not based on systematic investigation. The scant outcomes data reported by researchers account positive feedback from employers (Shiber, 2003), and that 2 years after graduation graduates who participated in Cangelosi's qualitative study remained enthusiastic about nursing. The limited research findings highlight the urgent need to examine outcomes for this growing student group.

Curricula

A review of BSN curricula or program plans available via college and university brochures and Websites reveals that prerequisites, credit hours, and course requirements vary among schools of nursing. Dissimilarities also include variations in prerequisite and nursing program course requirements, thus comparisons across schools of nursing is difficult and not useful. Additional variations exist within individual curricula. For example, some accelerated curricula require prerequisite courses for traditional BSN students that are not required for accelerated nursing students, while some course requirements for accelerated nursing students are not required for traditional nursing students. Finally, the number of credit hours for some didactic courses as well as clinical hours differs between traditional and accelerated programs (Rodgers et al., 2004). Most often rationales for the curriculum divergences are not disclosed, thus it is difficult to ascertain whether variations are based on the needs of the learner or the needs of the school of nursing.

Some accelerated curricula allow students to apply credit hours for specific courses toward the BSN, and then following the BSN award, students may use the same credit hours

toward an MSN degree. Programs that encompass both an accelerated BSN and MSN are attractive to students who desire a graduate nursing degree. While that the curriculum is the foundation for students' learning is a well known educational concept, few scholarly articles or studies are published that describe the use of an evidence-base for the curriculum development and analysis process for ASDBN programs. Available articles and studies do not adequately address the complex nature of curriculum development or the fundamental need for curriculum analysis of ASDBN programs (Bennett et al., 2003; Kohn & Truglio-Londrigan, 2007; Laverdier, 1973; Rodgers et al., 2004; Sheil & Wassem, 1994; Shiber, 2003).

Curriculum development. The shortfall of evidence-based curriculum development for ASDBN programs is disquieting. The supposition that ASDBN students have the same learning needs as traditional BSN students is not supported in the literature. All the same, in an exploratory study of RN-MSN program admission practices and curricula in the mid-Atlantic region of the U. S., Speziale (2002) found that nonnursing course requirements for RN-MSN students followed the established course expectations of traditional undergraduate students. Examples of Speziale's findings of identical course requirements related to accelerated and traditional BSN curricula, two notably different student groups were described by several authors (Bennett et al., 2003; Rodgers et al., 2004; Shiber, 2003).

In a review of accelerated BSN program curricula Rodgers et al. (2004) found that prerequisite credits in ASDBN programs ranged from 8 to over 50. Differences among programs were described as the result of varying institutional needs, goals, and interpretations of the value of a prior baccalaureate and in light of the lack of standardization of accelerated BSN curricula. The reality of "accelerated" as related to the curriculum varied from as little as the ability of

students to take course work during the summer to a substantial reduction in prerequisite course work.

In two accelerated programs, Johns Hopkins University School of Nursing (Shiber, 2003) and University of Southern Maine College of Nursing and Health Professions (Rodgers et al., 2004) the same nursing course work is required for both the accelerated and the traditional BSN programs, however, only a minimum number of prerequisites were mandated based on the belief that accelerated BSN students would obtain needed knowledge through self-study. While the decision to require minimum prerequisites supported accelerated BSN students as adult learners, whether the curriculum was designed to build on previous learning experiences or to address the unique learning needs of the accelerated group was not described.

A similar curriculum development process was described by Bennett et al. (2003) for an accelerated BSN program in metropolitan Atlanta and northwest Georgia. These authors noted that the new accelerated BSN program integrated accelerated students and traditional students' classes when possible in an effort to maintain program integrity and quality, to promote socialization among cohorts, and to avoid the creation of new courses or a new curriculum. Accelerated students and traditional students in the program completed the same curriculum; only the program length was accelerated. Thus, the curriculum for fulltime accelerated students required additional credit hours per semester, a significant increase in workload for students.

Building on previous learning is a key component of accelerated programs (Tanner, 2006a); thus academic and experiential learning of ASDBN students should be considered at the beginning of the program of study and course work throughout the accelerated curriculum should build on previous learning. Following this reasoning, it is difficult to ascertain the rationale for

identical course requirements given the diversity of accelerated students and the differences between the two groups of students.

Some nursing curricula such as LPN to BSN and RN to BSN programs grant credit hours based on course work or experiential learning. In their qualitative descriptive study, Melrose and Gordon (2008) noted that LPNs who returned to academia for an online LPN to BSN degree appreciated receipt of 30 credit hours toward the required 120 hour curriculum in recognition of their previous LPN accomplishments. Based on findings from a qualitative study of second-degree baccalaureate graduates, Cangelosi (2007b) recommended that based on prior experiential learning of accelerated BSN students the accelerated BSN program build upon rather than repeat coursework. It is evident that most ASDBN programs are accelerated only related to program length not course requirements of the program regardless of students' previous academic or work experiences.

These findings beg-the-question as to whether nurse educators build curricula based on the learning needs of nontraditional students or based on established academic requirements of traditional learners (Speziale, 2002). Speziale cautioned that fast-track education developed to meet short-term societal needs may not meet the long-term needs of the learner, the profession, or our complex society.

Publications outlining an evidence-based curriculum development process for ASDBN programs that builds on previous learning are limited, however, exemplar curriculum plans and process descriptions are found that coincide with the cyclic nursing shortages during the 1970s and the current century (DeSimone, 2006; Laverdier, 1973). Saint Louis University launched the first accelerated baccalaureate nursing program following an intensive study of the university's philosophy, goals, and curriculum structure. The integrated curriculum used a unified framework

for all undergraduate students. The curriculum design allowed accelerated BSN students to synthesize and apply previous knowledge upon entry to the program coupled with sequential learning experiences throughout the 12-month program (Laverdier).

The 3-year curriculum development process for the new accelerated BSN program at Dominican College in Organsburg, New York integrated the accelerated program into the core curriculum of the traditional BSN program (DeSimone, 2006). The curriculum process used Rogers's Science of Unitary Human Beings as the theoretical foundation and provided linkage to the primary concepts of holism and critical thinking. Courses were designed to build one on the other, thus repeating failed courses was not an option. Increasingly complex critical thinking course objectives were integrated into the 3-trimester program of study. Although critical thinking test scores for the first four cohorts of accelerated BSN students increased pre-and postprogram, the results were not statistically significant. Nonetheless, the researchers provided an evidence-based approach to curriculum development.

The ASDBN program at Salisbury University incorporated a strong science prerequisite courses base, immersed students immediately in clinical courses, integrated ASDBN students and traditional students together in some courses to promote teamwork, and has sustained excellent student satisfaction scores over the past 7 years (Seldomridge & DiBartolo, 2005). The curriculum does not require course work during the summer which provides an opportunity for a break from the stress of the intense course work or to seek employment in order to gain experience and confidence and to earn a salary. All of these factors are concerns for this student group.

Curriculum analysis. Articles and studies describing curriculum analysis are fewer than those related to curriculum planning (Kohn & Truglio-Londrigan, 2007; Laverdier, 1973;

Miklancie & Davis, 2005). This finding may be related to the cyclic nature of ASDBN programs. The current cycle began over the past few years, and so descriptions of curriculum analysis may be forthcoming as programs mature. A brief description of the curriculum evaluation of the first accelerated BSN program in the U. S. described the accelerated BSN program at Saint Louis University as having less compartmentalization of knowledge than the tradition BSN curriculum (Laverdier, 1973).

In a 2007 phenomenological study Kohn and Truglio-Londrigan found several opportunities for improvement within the accelerated program. Students in the study sacrificed time, money, and relationships to return to university. Carefully planned order in an effort to preserve their delicate balance between personal and university life was critical. Students viewed course changes and lack of timely communication as particularly stressful as well as reflective of a lack of program and faculty support. These researchers stressed the need for collaborative curriculum analysis with faculty and these adult students as coparticipants. Student participants voiced multiple stressors including a difficult last semester while searching for a new job and preparing for the NCLEX-RN. These researchers interpreted student frustration as an outcome of the brief, intense accelerated program as well as limited clinical experiences. This study brings to light the importance of curricula and course planning and analysis with accelerated BSN students as coparticipants as well as the need to demonstrate respect for these students as adult learners.

Based on findings from the inaugural year of the accelerated BSN program at George Mason University, program revisions were made during year 2 (Miklancie & Davis, 2005). Changes included additional opportunities for student socialization into the nursing profession, a decrease in reading assignments, more meaningful learning experiences, and a balance between written and verbal assignments, elimination of busy work, and a comprehensive educational

approach. The need to increase the quality of clinical experiences was also recognized by Cangelosi (2007b) in a study 19 ASDBN students from six nursing programs in the mid-Atlantic region of the U. S.

Student experiences. Studies describing student experiences during an ASDBN program are sparse (Cangelosi, 2007a; Kohn & Truglio-Londrigan, 2007). Student experiences documented in the literature highlight the need for research related to ASDBN programs of study. Two years after graduation participants in Cangelosi's qualitative study of 19 former ASDBN students stressed the importance of individualized learning; building on rather than repeating, previous knowledge already acquired during prior university and life experiences. Cangelosi reported that faculty should carefully select course content to enable these self-directed learners to bridge their previous knowledge with new learning in order to apply new knowledge to their clinical practice and on into their nursing career. Participants expressed frustration with "busy work" and "sacred cows" (p. 95) such as faculty who insisted on upholding "the way we were taught" (p. 95). Additional barriers to acquiring clinical expertise were identified such as requiring students to be assessed as competent with skills in the lab prior to completing clinical skills in the practice setting. Participants expressed the need for faculty to increase the quality of clinical experiences. Cangelosi speculated that a focus on effective clinical teaching strategies and increasing the numbers of clinical hours may be ways to address these concerns.

In their 2007 qualitative study of five ASDBN students, Kohn and Truglio-Londrigan's participants described the transition back to the classroom as overwhelming despite extensive planning related to both school and personal lives. As the participants progressed through the program, anxiety related to the volume of work and pace of the program was evident. Unplanned

changes in the program and course work as well as communication of these changes were identified as particularly frustrating. Unanticipated modifications caused the students' careful preparation to maintain school and family stability to become unbalanced, causing stress. At the end of the program the participants expressed that they were unprepared for their transition to professional practice. These findings represent beginning insight into the academic experiences of ASDBN students, illuminate problem areas, and provide direction for future research.

Only one study was found that assessed teaching methods preferred by second-degree students. Walker et al. (2007) reported three areas of significance between second-degree and traditional students in their descriptive study of 48 second-degree and 81 traditional junior and senior nursing students. Areas of significance included that second-degree students considered themselves to be self-directed learners who had expectations of faculty and the classroom, and who focused on grades.

Transition experiences. Although information regarding ASDBGN transition to professional practice is almost nil, both traditional and accelerated BSN students approach the transition with trepidation. Student participants in Kohn and Truglio-Londrigan's (2007) inquiry expressed fear and stress in their final nursing semester brought about by multiple pressures as graduation approached. While expressing relief that the program was almost completed, this group experienced significant stress as they approached their transition to professional practice experience, expressed as "tougher than I thought" (p. 397). Duke University School of Nursing recently received private funding to evaluate outcomes of nursing education for the student group. The research agenda included a focus on transition to practice because little is known about what works for this student group to facilitate successful transition (Beal, 2007).

Accelerated Second-Degree - Traditional Baccalaureate Program Comparisons

Researchers comparing ASDBN students' performance to traditional graduates most often found no difference between the two groups or favorable results for accelerated students. Recently, Moe et al. (2009) reported few differences between the groups related to predictors of academic success and no significant difference on exit exam scores. This is important because ASDBN students are eligible to take the NCLEX-RN exam faster than traditional nurse graduates.

NCLEX-RN. Most researchers reported better NCLEX-RN outcomes for accelerated students compared to traditional students (Beeson & Kissling, 2001; Bentley, 2006; Laverdier, 1973; McDonald, 1995; Moe et al., 2009; Seldomridge & DiBartolo, 2005; Shiber, 2003); although Youssef and Goodrich (1996) reported a pass rate of (100%) for traditional students compared to (95.6%) for accelerated students in a self report study at a private university. In their study consisting of 953 newly licensed RNs from 35 states, Brewer et al. (2009) reported no difference in NCLEX-RN exam attempts. Both McDonald and Seldomridge and DiBartolo suggested that second-degree baccalaureate students were more likely to pass the NCLEX-RN than traditional students. In a study at an urban university in the Midwest, McDonald reported 90% NCLEX-RN pass rate for accelerated students compared to 70% for traditional students. Pass rates for accelerated students (84.2%) in Seldomridge and DeBartolo's study at Salisbury University were slightly higher than traditional students (80.6%).

Additional researchers documented higher NCLEX-RN pass rates for accelerated students compared to traditional students. In a study of 505 baccalaureate nurse graduates in the southeastern U. S. between 1993 and 1998, Beeson and Kissling (2001) found a pass rate of 96% for second-degree students and 90.8% for traditional students. In a correlation study of 224

traditional and accelerated baccalaureate graduate nurses, Bentley (2006) reported a higher NCLEX-RN pass rate for accelerated baccalaureate graduates (92.3%) compared to 89.5% pass rate for traditional baccalaureate graduates at Auburn University School of Nursing, however, the results were not statistically significant. Similarly, NCLEX-RN pass rates for 226 accelerated students in Shiver's (2003) study at Johns Hopkins University School of Nursing were slightly higher than those of the 204 traditional students; nevertheless, the scores were not statistically significantly different. Seldomridge and DiBartolo (2005) reported similar results related to NCLEX-RN pass rates in their descriptive study that compared second-degree (n=71) and traditional (n= 224) students. The pass rate for second-degree students' (84.2%) was slightly higher than traditional students (80.6%). These results offer some evidence that ASDBN students' NCLEX-RN pass rates are better than those of traditional students, however, evidence that there is a reliable difference between NCLEX-RN outcomes for ASDBN students compared to traditional nursing graduates was not found. The lack of a national NCLEX-RN outcomes database for both accelerated and traditional nurse graduates hinders comparisons between groups and over time.

Course work. Accelerated BSN students course grades were equal to or higher than traditional students beginning with the first cohort at Saint Louis University (Laverdier, 1973). Student evaluations by clinical site personnel and faculty at Saint Louis University during the inaugural year were higher for the accelerated BSN group compared to traditional BSN students. In addition, the first accelerated BSN cohort scored higher on standardized NLN tests (Laverdier).

Bentley (2006) found no significant difference in science grade point averages between the groups. Likewise, Shiber (2003) found no significant differences between accelerated

second-degree students and traditional students in course work. Seldomridge and DiBartolo (2005), however, documented better performance by accelerated students compared to traditional students in test averages, final grade point average (GPA), and NLN Baccalaureate Achievement Test (NLNBAT). While McDonald (1995) found no statistically significant difference in grade point average between traditional and accelerated groups, he reported a statistically significant difference in nursing program satisfaction and perception of difficulty with the nursing program. Accelerated students in McDonald's study were more satisfied and reported less difficulty with the program.

Critical thinking skills. In one study accelerated second-degree students have demonstrated statistically significantly higher critical thinking skills than traditional students at the beginning of their curriculum, although there was no significant difference between the two groups at the end of the curriculum (Pepa et al., 1997). On the other hand, the researchers found a significant difference in critical thinking skills of traditional nursing students from the beginning scores to the end. Accelerated second-degree students scores increased from the beginning to end of course work, however, the difference was not statistically significant. It was postulated that the short program length of the accelerated second-degree program did not allow for adequate reflection, an aspect vital to critical thinking, thus sacrificing critical thinking abilities for brevity of curriculum. Research comparing the two groups is important to discern effective teaching and learning strategies and for consideration of curricula revision for this growing student population.

Socialization between accelerated and traditional students. Cangelosi and Whitt (2005) found a peculiar animosity between accelerated and traditional students. Bennett et al. (2003) as well as Miklancie and Davis (2005) recognized the importance of building relationships between

accelerated and traditional students, nevertheless, intentional integration of cohorts in an effort to promote socialization amongst groups has been found to be problematic as cohorts move in and out of classes together (Bennett et al.; Kemsley & Riegle, 2008). Lack of understanding of the differences in the curriculum is a challenge. Students often have difficulty understanding why ASDBN students may begin course work after traditional students yet graduate earlier or at the same time as traditional students. Various strategies to promote socialization and relationship building between groups such as additional communication venues (Bennett et al.) and opportunities for socialization and relationship between the two groups (Miklancie & Davis) in an effort to allay misunderstandings between the groups have been attempted with varying success. Lack of collegial relationships between groups can be disruptive to student learning and program success. Successful strategies for understanding and for team building are crucial because these graduates will share the health care environment following graduation.

Despite the challenges of ASDBN programs, academic educators and practice leaders embrace these students and graduates as the nurses of tomorrow, and in consideration of the short academic program, the nurses of today as well. Nevertheless, the lack of an empirical base highlights the need for a program of research.

Health Care Environment

The health care environment has been described as problematic and frustrating for both patients and clinicians (IOM, 2001). Patient safety is an urgent quality problem. In their call for fundamental change in the American health care delivery system, the IOM (2000) reported tens of thousands of Americans die each year from medical errors while hundreds of thousands endure largely preventable nonfatal injures. Many nursing curricula call for only cursory health care quality and safety course work. Sherwood and Drenkard (2007) alleged that traditional

student clinicals are often incongruent with practice, and the authors advocated the redesign of clinical learning with exposure to quality and safety issues found in practice with a capstone course to ease the transition to practice. The lack of substantive quality and safety education within nursing curricula is an example of the chasm between theory and practice.

Nursing Shortage

The U. S. Department of Labor, Bureau of Labor Statistics documented 2,542,760 RNs employed in the U.S. in 2008; the fifth largest occupation in the U. S. and the largest body of health care workers in the nation. Despite these astonishing statistics, the U. S. is experiencing another cyclic nursing shortage. According to a July 2002 report released by the U. S. Department of Health and Human Services (USDHHS), there was a 6% (110,800) shortage of RNs in America in 2000. Based on the supply and demand for RNs, the deficit is expected to nearly triple to 17% (405,800) by 2010, climb to 27% (683,700) by 2015, and, if unchecked, escalate to a staggering 36% (1,016,900 RNs) by 2020. Such a dearth in numbers of RNs demands innovative strategies if health care facilities are to attract, develop, and retain competent professional nurses.

According to the USDHHS (2002), the nursing shortfall is the result of complex workforce factors including declining numbers of nursing graduates, the aging of the RN workforce, decline in relative earnings, and the emergence of alternative job opportunities. In a recent publication, USDHHS (2010) released initial findings from the 2008 national sample survey of RNs which documented that in 2008 nearly 45% of RNs were 50 or more years old, a dramatic increase from 33% in 2000, and 25% in 1980. Nursing programs have been unable to produce sufficient graduate nurses to supply the demand; nevertheless, increasing the number of new graduates will not negate the current nursing shortage (Bowles & Candela, 2005) because

over the next 2 decades the demand for RNs is expected to increase, while the supply of RNs will change dramatically due to a rapidly aging RN workforce that will result in a plateau as large numbers of RNs retire (Buerhaus, Staiger, & Auerbach, 2008).

Nursing Turnover

Registered nurse turnover compounds the shortage and is expensive for institutions. The average direct turnover cost per RN is almost $30,000. Estimated RN turnover rates escalate easily to $50,000 when other factors such as lost productivity are assessed (The Advisory Board Company, 2004). These figures did not take into account the stress of changing jobs for the RN or the employer nor potential implications related to patient outcomes. Traditional approaches to RN turnover such as hiring new graduates once or twice a year with little emphasis on nurse retention will no longer suffice to bridge the gap left by the nursing shortage. The new campaign to close the gap consists of aggressive retention as well as recruitment. Despite the focus on retention, the nursing shortage continues to escalate.

The ANA (2005) reported that a 2003 Hospital and Healthcare Compensation Services survey documented the RN turnover rate as 14.6%. Graduate nurse turnover statistics are scarce; nevertheless, Bowles and Candela (2005) documented the turnover rate for their 352 graduate nurse respondents as 30% the 1st year and 57% the 2nd year postgraduation, significantly higher than the RN population as a whole. Because Benner (1984) described a competent nurse as typically having remained in the same or a similar job for 2 to 3 years, high turnover rates leave graduates insufficient time to complete their adjustment to their first nursing position and to develop professional competence.

Summary

A large amount of graduate nurse research and anecdotal findings were gleaned from the literature related to traditional students; nevertheless, an evidence-based foundation for ASDBN programs and outcomes is needed. Based on the state of graduate nurse transition research in which concepts related to transition are conceptually immature, a qualitative, modified grounded theory research study to elucidate a substantive theory of ASDBGN transition to professional nursing practice was completed.

CHAPTER 3

METHOD

Underpinnings

Nursing is a practice discipline and, as such, is concerned with many social phenomena that are uniquely situated for naturalistic (Lincoln & Guba, 1985) disclosure research (Morse et al., 2002) in which the researcher in collaboration with research participants attempts to explain nursing practice with the intention of bringing about change (Greenwood, 1984). The world of nursing in both academia and practice is often preoccupied with urgent matters that demand attention; nevertheless, when designing studies, researchers must assure congruence in all three approaches to knowledge development: ontology, epistemology, and methodology. This congruence was particularly important in consideration of the long history of graduate nurse transition research that has had minimal impact on the experience of graduate nurses and because of the significance of the continuing gap between nursing theory and nursing practice.

Ontological questions or what is the nature of existence (Rutty, 1998) and what it means to be human (Leonard, 1999; Rawnsley, 1998) as a thinking, feeling human being separate from, but immersed in the universe (Pilkington, 2006) were carefully considered. These ontological questions provided the foundation for the study epistemology, the theory of (Rutty), and origin and structure of knowledge (Pilkington), how we come to know (Wainwright, 1997), and who can be the knower (Campbell & Bunting, 1999; Rawnsley, 1998). Elucidation of fundamental oncologic questions in congruence with the study epistemology provided clarification for the study methodology that served as the arbiter of reality (Rawnsley). The philosophical underpinnings for this modified grounded theory research study (Cutcliffe, 2005) ascribe to critical realism.

Ontology. Critical realism espouses that there are structures in the world that cannot be directly observed (Wainwright, 1997). Reality is stratified into three tiers: mechanism, event, and experience (Bhaskar, 2008). The three oncologic tiers: mechanism (the casual powers), events (realizations of these mechanisms), and experiences (outcomes of events) offer insight into explanatory casual mechanisms (Wainwright).

The three domains of critical realism: the actual, the real, and the empirical (Bhaskar, 2008) provide areas of study (Wainwright, 1997). Some events are observable in the actual domain; some exist in the underlying structures in the real domain, while outcomes are experienced in the empirical domain. Critical realism focuses on the relationship between the three domains (Wilson & McCormack, 2006). Research encompassing critical realism ontology may elucidate hidden mechanisms important to nursing science while providing linkage between philosophy, social theory, and empirical data at the same time illuminating qualitative research (Wainwright, personal communication, August 5, 2008).

The real domain is comprised of mechanisms (casual powers) that lead to an effect on a social situation, the actual are events that follow that may or may not be observed, and the empirical consists of experiences (outcomes) and observable events (Wilson & McCormack, 2006). While the empirical domain focuses on casual mechanisms, critical realism embraces that structures creating the world cannot be directly observed (Wainwright), thus structures provide the basis for research (Bhaskar). It is through perception that the researcher has access to things that exist (Bhaskar); therefore, events may not be quantifiable or easily understood. This is especially important in the world of nursing because causal mechanisms occur within complex open systems in which the underlying mechanisms may be obscure. Critical realism supports that casual mechanisms always occur in a social context, thus the relationships between the

mechanism and the effects need to be understood (Wilson & McCormack). Because appearances do not necessarily reveal the casual mechanism (Wainwright, 1997) and structures and mechanisms are often unobservable, the structures and mechanisms must be postulated and discovered. The complex process of transition to professional nursing practice for ASDBGNs may obscure explanations regarding why events occur under certain circumstances and how participants experience these events, thus critical realism provides a congruent underpinning for the proposed research.

Epistemology. Scientific knowledge (empirics) is one way of knowing in nursing (Carper, 1978). Nevertheless, according to Carper, esthetics (the art of nursing), personal knowledge (existential knowledge), and ethics (the moral component) represent equally important patterns of knowing. Empirical knowledge is important to the purpose of nursing, yet exclusive use of only one pattern of knowing leaves an abyss in the understanding of humans as a unitary whole. Critical realism embraces all four ways of knowing in nursing.

Wainwright (1997) argued that realism is superior to positivism and constructivism because positivist epistemology does not take into account that physical objects are socially defined and that appearances do not necessarily reveal mechanisms; while constructionists' epistemology of subjective knowledge created by individuals does not consider that objects are not merely socially-produced considering the role of casual mechanisms (Wilson & McCormack, 2006). As a critical realist, the author believes that experiences, mechanisms, and processes are complex and independent of the events they generate. For example, a passing score on the NCLEX-RN exam is independent of the graduate nurse's transition to professional nursing practice. Nevertheless, casual mechanisms provide the ability to explain why actions work or do not work. The primary goal of critical realists' research is to obtain knowledge about underlying

casual mechanisms (McEvoy & Richards, 2003). This is particularly important when concepts such as transition are unclear and in consideration of the decades of documented graduate nurse transition issues.

According to Wainwright (1997) realism methodology involves the construction of theory that accounts for mechanisms that bring about experiences and events that may not be readily apparent or observable. The complex transition from university student to professional nurse implores a need for cocreation of reality through dialogue between the researcher and the research participants. Thus, critical realism provides congruence between the author's ontological and epistemological views with those of grounded theory methodology and affords fitting underpinnings for the research study.

Methodology. The theory of how research should be done methodology is distinct from methods that are not bound to a particular philosophical stance, however, how methods are used are issues of methodology (Campbell & Bunting, 1999; Harding 1999; Wainwright, 1997). The study used the following modified ground theory methodologies (Cutcliffe, 2005): conceptualization (Glaser, 1978, 1992, 2001, 2002), theoretical sensitivity (Glaser, 1978, 1992, 2002), allowing the data to emerge through the use of grounded theory methods (Glaser, 1978, 1992, 2001, 2002), establishing credibility of the theory (Glaser, 1978, 1992, 2002; Glaser & Strauss, 1967; Lomborg & Kirkvoid, 2003), and identification of a BSP (Glaser, 1978, 1992; Reed & Rundquist, 2007).

Conceptualization, the generation of abstract concepts that have "enduring grab," (Glaser, 2002, ¶ 8) interpreted as concepts that "ring true with credibility," (Glaser, 2002, ¶ 46) is the core of grounded theory (Glaser). Identification of concepts enables communication of behaviors and experiences and enhances understanding of the phenomenon apart from the context in which

they occur (Morse et al., 2002). Concepts may be simple or complex and should not be confused with a category, a repository for similar data that may or may not have a descriptive label (Morse et al., 996). Concept categories were identified which represented a social pattern carefully discovered by comparing numerous incidents, and incidents to generated concepts that demonstrated the category and the properties of the category, all grounded in the research data (Glaser, 2001, 2002).

According to Glaser (1978) theoretical sensitivity begins when the researcher enters the research setting with as few preconceived ideas as possible. Glaser (1978; 1992) recommended that grounded theorists first collect and analyze field data, generate a beginning theory, and then, once the theory was sufficiently grounded, conduct the literature review and relate the theory to the literature through integration of ideas. He described the researcher as follows, "He [sic] moves in with the abstract wonderment of what is going on that is an issue and how it is handled" (1992, p. 22). Notwithstanding, some researchers proclaimed that such an approach to research would doom the researcher to produce insignificant findings because the questions may have already been adequately answered (Sandelowski, 1997). Because nursing is a practice discipline and from a practical standpoint, the researcher ascribes to Sandelowski's thinking her position and the researcher's resonate. Glaser's approach to the proposed study with subsequent lack of clarification of the state of the science and absence of a defined research question would preclude approval of the proposed study because both are required for doctoral dissertation and in consideration of knowledge development through the author's research trajectory. Nevertheless, the researcher remained open and trusted that data would emerge through grounded theory methods rather that by forcing through hybrid methods (Glaser, 1992). This study entailed a modified grounded theory methodology (Cutcliffe, 2005) because the researcher

had significant professional and personal knowledge of the process of ASDBGN transition to professional nursing practice, an extensive literature search was completed, and research questions were posed prior to beginning field work. The researcher has observed graduate nurse transition for more than 20 years as a nurse administrator and for the past 6 years as an academic nurse educator. During the researcher's tenure as an academic educator; through observation of and dialogue with ASDBN students and graduate nurses, interesting questions have arisen regarding processes that facilitate and hinder transition to professional nursing practice for these individuals.

Criteria for Appraisal of the Theory

Credibility. The criteria for appraisal (Sandelowski & Barroso, 2002) of the credibility of the theory derived from the study was a realist interpretation (Lomborg & Kirkevoid, 2003) of Glaser and Strauss's (1967) required properties of a grounded theory study, "fit, understandable, general, and control" (p. 237), and thus employed a modified grounded theory methodology (Cutcliffe, 2005). The criteria for establishing validity of the proposed study were, "fit, work, relevance, and modifiability" (p. 190) as described by Lomborg and Kirkevoid, modified from Glaser's (1978, 1992, 2001) explanation of the nature of and criteria for evaluating grounded theory.

Validity. The validity of the grounded theory was established by correspondence of the theoretical explanation to the phenomena studied (Lomborg & Kirkevoid, 2003), ASDBGN transition to professional nursing practice. Fit was determined by whether the substantive grounded theory was in harmony with humanly constructed social reality "as it really is" (Lomborg & Kirkevoid, p. 190), recognizing that social reality is dynamic, and thus the theory is modifiable. The substantive grounded theory may be modified with new properties of a category

in light of additional data that has merit or if the researcher raises the substantive theory to the level of formal theory (Glaser, 2001). Fit, the core quality criterion, was paramount in order for the theory to be applied in work situations. To obtain a good fit the researcher induced the theory from diverse data and ensured that the theory emerged from the data and not from the researcher's ideals and values, popular understandings, or from a formal theory (Glaser & Strauss, 1967). The grounded theory has "grab" (Glaser, 1978, p. 4), in other words the power to instantly sensitize readers with the ability to feel and explain the phenomenon (Glaser 2002), fit, be relevant, work, and be modifiable for nurses within the practice arena (Lomborg & Kirkevoid, 2003). The discovered substantive *Theory of Overcoming: ASDBGN Transition to Professional Nursing Practice* will continue to generalize the process of *overcoming* and resolve the main problem of ASBGNs through modification of the theory and will thus continue to fit, work and be relevant.

In order to apply the theory to practice the substantive grounded theory corresponded to the reality of the experience of transition to professional nursing practice for ASDBGNs made sense and was understandable to those who will use the theory (Glaser & Strauss, 1967). Understanding the substantive theory provided insight into transition problems and clarified strategies that may improve the ASDBGN transition process. While Glaser (2001) warned researchers against inviting participants to review the resultant theory because they were not a part of the researcher's conceptualization process, nursing is a practice discipline, and congruent with critical realist epistemology, the researcher returned to the participants through second interviews and reviewed the emerging theory. In addition, the researcher forwarded results to participants and requested feedback as to whether the emerging grounded theory met the established criteria for appraisal of the theory. Participants confirmed that the theory fit, worked,

and had relevance for ASDBGNs while keeping in mind that theory was modifiable; therefore, the *Theory of Overcoming: ASDBGN Transition to Professional Nursing Practice* was deemed valid. Pam corroborated, "I think your study really fits for accelerated BSN graduates. It is interesting to read others comments and feelings and then to think personally, 'Wow, I felt that too, and thought I was the only one!'"

Complexity and discovery. In addition two study characteristics, complexity and discovery, were assessed (Kearney, 2001). These characteristics of qualitative findings are important because grounded theory aims for a high level of complexity and discovery that leads to greater potential for insight and application in clinical settings (Kearney). Complexity was assessed through the substantive theory's ability to link discrete findings within the complex interactions of ASDBGNs during transition to professional practice (Kearney).

Discovery was assessed based on new perspectives or information related to ASDBGN transition to professional practice and the ability of the theory to explain (Kearney) the fundamental patterns of behavior (Glaser, 2001) that facilitate and hinder graduate nurse transition for this group. A total of 234 substantive codes were gleaned from participant data. Twenty categories and 23 concepts were identified that facilitate ASDBGN transition to professional nursing practice, and 33 category properties were identified that hinder ASDBGN transition to professional nursing practice. The core category, *overcoming*, was the aggregate pattern of behavior used by participants to resolve their main concern.

Rigor. In addition to the credibility criteria used to appraise the substantive theory, rigor for the study was assessed by a detailed audit trail (Chiovitti & Piran, 2003; Draucker, Martsolf, Ross, & Rusk, 2007), member check, and trustworthiness (Sandelowski, 1993). In order to provide an audit trail decisions made by the researcher regarding data sources during theoretical sampling such as specific participants (Chiovitti & Piran) that provided data for category

development, were documented in memos describing the researcher's decisions (Draucker et al.) and categorized for ease of retrieval. The researcher kept in mind that Wuest (2001) found that documentation of "this recursive process of discovery, questioning, and theoretical sampling process in a linear fashion" (p. 172) was difficult. Nevertheless, an audit trail provided for rigor of this qualitative study by providing evidence of the process whereby the raw data were analyzed, reduced, and synthesized (Wolf, 2003). The audit trail documents consisting of data, memos, and researcher notes were organized so that the process can be followed. The details of data analysis and decisions that led to the findings serve as an inventory of the interpretations of the researcher. Thus, the audit trail provides textual sources of data from interpretation back to raw data and the reverse (Wolf).

An additional method was used to enhance the audit trail as described by Chiovitti and Piran (2003) encompassed delineating and specifying the criteria for approaching the data. The criteria for approaching the data were the consistent use of the following standard questions during the identification, development, and refinement of codes (Chiovitti & Piran). "What is actually happening in the data?" "What category or property of a category, of what part of the emerging theory does this incident indicate?" (Glaser, 1978, p. 57). Later, during theoretical coding the following standard question was posed, "What accounts for the basic problem and process?"(Glaser, 1978, p. 57).

Member check was completed through two processes. Seven participants were interviewed a second time and queried regarding fit of the emerging theory. Data collected from these interviews were coded, analyzed, and integrated as part of the substantive theory. In addition, participants were forwarded a copy of the emerging theory and were requested to

provide feedback to the researcher. This feedback was also coded, analyzed, and integrated into the substantive theory.

According to Sandelowski (1993), trustworthiness is a matter of researcher persuasion of adherence to visible (auditable) practices within the culturally and historically situated social process of research. She stated, ". . . it is less a matter of claiming to be right about a phenomenon than of having practiced good science" (p. 2).

The goal of the proposed modified grounded theory study was to generate a substantive theory that accounted for a relevant, problematic pattern of behavior (Glaser, 1978) for ASDBGNs during their transition to professional nursing practice. The generation of the theory occurred around a relevant, workable core category that accounted for much of the variation in the patterns of behavior. Using Glaser's delimiting analytic rules of grounded theory, the core category focused on how the core category resolved, solved, and processed the problem, and only variables that were related to the core category were included in the theory. During the research process the researcher constantly looked for the "main theme" (p. 94), main concern or problem, and core category within the setting with the most relevance to the pattern of behavior that reflected what was going on in the data. These gerunds, "a verbal noun in Latin that expresses generalized or uncompleted action" (Gerund, 2010, ¶ 2) that end in "ing" such as "goaling" and "mastering" bring out process and change, two properties of a BSP. The BSP was the "fundamental patterns in the organization of social behavior as it occurs over time," (p. 106). Two or more stages were identified that account for variations in the pattern of behavior (Glaser).

Modified grounded theory methodology was appropriate considering the history of many graduate nurse descriptive studies and the absence of research related to ASDBGNs. Descriptive

studies are the method of choice when straight description with a comprehensive summary are desired (Sandelowski, 2000), however, authors caution against the continuation of only descriptive studies in the development and advancement of knowledge (Cutcliffe & McKenna, 2004; Glaser, 2001; Morse, 1994). Some authors encourage qualitative researchers to take more risks in developing theory and to stop being timid researchers (Morse), while others argue for "greater intellectual entrepreneurship within qualitative research" (Cutcliffe, 2003, p. 144). To bridge the gap between academia and practice research must go beyond description and interpretation by explaining and solving problems at the level of nursing practice.

Grounded theory methodology emphasizes pragmatic usefulness of social theory in practice (Lomborg & Kirkevoid, 2003), thus the central concept (core category) of the study was selected based on the most appropriate representation of the human experience and with the most relevance for practice (Morse et al., 2002). Practical usefulness is important in practice disciplines such as nursing (Lomborg & Kirkevoid) and in light of the continued gap between theory and practice (Greenwood, 1984; Kelly, 1996, 1998; Duchscher, 2001, 2007; Pettigrew, 2007) that has hindered the resolution of graduate nurse transition issues. Grounded theory may be applied directly to practice or to the evaluation of practice without quantitative theory testing or instrument development because grounded theory is grounded in and tested against human experience (Kearney; 2001; Sandelowski, 1997). Morse (2008) acknowledged that qualitative work must be generalizable to be useful, and if it is not generalizable, research is useless. The substantive theory of ASDBGN transition to professional practice generated from the study focused on properties of process that explain problems or behavior patterns (Glaser, 1978). These properties of process are not time or place bound (Glaser), may be applied to practice (Glaser & Strauss, 1967), and will transfer with modification from limited scope (substantive

theory) to a larger scope (formal theory) (Glaser, 1978). Generalizability is not be through description of the theoretical sample but rather through a core variable (category) that had emergent fit and may relate to seemingly disparate situations (Glaser, 2002). Given the state of the science in graduate nurse transition research, what was needed was to move beyond a description of what was happening to an understanding of the processes by which it happens. This is important because knowledgeable people often do not know what to do with what they know because they do not understand the theoretical processes underlying their world (Artinian, 1998). The generation of a substantive grounded theory provides a beginning explanation of what is going on in the complex world (Glaser, 2002) of ASDBGNs during their transition to professional nursing practice. Descriptive studies tell us what exists but do not explain how or why. A substantive theory of ASDBGN transition was needed to explain behaviors from the data in order to apply the theory to practice.

Method and Analysis

The study used constant comparative method of joint data collection, analysis, theoretical sampling, and memoing (Glaser & Strauss, 1967). In the initial stage of constant comparative method of analysis, the researcher concurrently compared incident to incident within the data for similarities and differences while asking of the data, "What is actually happenings in the data?" (Glaser, 1978, p. 57). "What category or property of a category does this incident indicate?" (Glaser, 1992, p. 39). When concepts emerged, the researcher compared the concepts to more incidents (Glaser, 1978). In order to reduce the number of concepts and to increase conceptual power, concepts that seemed to pertain to the same phenomenon were grouped into provisional categories (Strauss & Corbin, 1990). This concept abstraction completed through constant comparison of similar incidents evoked a pattern that abstracted to a category, while dissimilar

incidents highlighted properties of the category (Glaser, 1992). Grounded theorists use comparisons to generate concepts, categories, and their properties to extend and saturate the theory not to provide description or evidence (Glaser, 2001).

Two types of codes were generated, substantive codes and theoretical codes, both of which were often generated simultaneously (Glaser, 1978). Substantive codes, concepts that conceptualize the empirical substance of the study, were gleaned through two processes, opening coding and selective coding (Glaser). Theoretical codes, the conceptualization of how substantive codes relate as hypotheses, enabled substantive codes to be integrated into the theory (Glaser). Theoretical codes demonstrated the conceptual relationship between categories and their properties (Glaser, 1992) and provided an understanding of the BSP.

Incorporating substantive codes within the explanatory theory assured that the theory was never far removed from the data (Corbin & Strauss, 2008). Concepts, the basic units of analysis in grounded theory (Glaser, 1992), are abstract mental representations of complex phenomenon that are grounded in human behavior or experience (Morse et al., 2002) and are the building blocks of theory (Fawcett, 1978). Concepts were named by constant attempts to fit words that best capture conceptual meaning (Glaser, 2002). This fracturing of the data into analytic bits allowed the researcher to raise the conceptual level (Glaser, 1978). When concepts emerged, incidents were compared to concepts in order to generate properties of categories (Glaser, 1992). The concepts varied in the level of abstraction and during early analysis the researcher did not know if a concept was at a lower level, a concept, or a higher level of abstraction, a category, thus the researcher remained open to all possible meanings in the data and relationships between concepts (Corbin & Strauss). In the beginning stages of coding, coding notations were made in

the margins of the data and by recording memos using NVIVO 7 research software (QSR International, 2007).

As categories emerged or if additional data emerged that fit an existing category, the researcher compared the incident with other codes that fit an existing category before further coding. Constant comparison of incidents generated theoretical properties of each category and with continued constant comparison the properties began to become integrated. These categories and their properties consisted of concepts constructed by the researcher as well as those abstracted from the language of the participants or data (Glaser & Strauss, 1967); "in vivo" concepts (Glaser, 2002, ¶ 11).

As coding continued the researcher stopped coding and documented a memo when conflicts in the emphases of thinking arose or if theoretical ideas emerged in order to bring about the most logical conclusions grounded in the data (Glaser & Strauss, 1967). The researcher documented 65 theoretical memos and 25 revised theoretical memos over the course of the study. Memoing provided a record of the researcher's "analysis, thoughts, interpretations, questions, and directions for further data collection" (Strauss & Corbin, 1998, p. 110). Theoretical memos were documented immediately when ideas about codes and their relationships emerged while coding (Glaser, 1978). These research methods are appropriate because the process focused on the systematic discovery of theory grounded in the research data, and therefore, reflects the social reality (Reed & Rundquist, 2007) of ASDBGNs during their transition to professional nursing practice.

Data collection, coding, analysis, and memoing were completed concurrently throughout the study. Coding and data analysis began following the first interview. In the initial stages of the study or when the researcher was unable to immediately document field notes, a verbatim

transcription of each interview was completed by a transcriptionist with East Tennessee State University (ETSU) Institutional Review Board (IRB) certification. Glaser (personal communication, June 24, 2009), cofounder of the grounded theory method, recommended that the researcher switch to documentation of field notes, completed immediately following each interview, rather than verbatim transcription because verbatim transcription leads to data overload. Once the researcher initiated documentation of field notes rather than verbatim transcription, the study progressed faster and with no transcription lag time. This enabled the researcher to immediately code the data and complete data analysis and facilitated timely planning of theoretical sampling. In addition, the researcher was not encumbered by voluminous data and was able to focus on important data from each interview.

In the early stages of data analysis NVIVO 7 (QSR International, 2007) research software was used to organize and manage data. Qualitative analysis is a nonlinear, reflexive process in which organization is paramount; therefore, the researcher designed a Coding Matrix in order to capture data incidences with corresponding references, substantive codes, categories, category properties, reference to theoretical memos, and to track theoretical sampling. This was necessary because without organization, qualitative research is chaos.

Beginning with the first interview transcript, the researcher immersed self in the data through line-by-line analysis, coding the data in as many ways as possible and writing memos about beginning conceptual and theoretical ideas that emerged during the course of analysis. The researcher documented two types of memos throughout the course of the study, method memos and theoretical memos. Thirty-five method memos were recorded. Method memos were used to document rationales for including participants in the study, decisions about formatting and

organization of study materials, use of data analysis tools, and reflective notes about the progress of the study.

In the initial phase of the study, theoretical memos were organized by data and number. Following documentation of nine theoretical memos, the researcher changed the format to facilitate sorting by titling the memo with the code, category, or category property and relationships between categories. Codes, categories, properties, or relationships between categories were highlighted within the body of the memo for ease of retrieval. To improve the organization of the memos when revisions were made, the previous memo was retrieved and the revision was made above the previous memo, retaining all previous notations. As the theory emerged, the theoretical memos became more complex as relationships between categories and between categories and codes were explored.

Open coding produced 234 substantive codes, the initial step in the coding process. Substantive codes provided a starting point for analysis and beginning theory development. Open coding provided new insight and foci for additional data collection and brought to light new direction for the study (Glaser, 1992). Open coding continued until all incoming data fit within established categories and thus, saturation had occurred (Glaser, 1978). Open coding ended when the core category, in this case, a BSP, *overcoming*, which demonstrated true relevance among other codes, was discovered (Glaser, 1992). Nevertheless, the researcher remained open and diligent during constant comparative analysis of the data and verified and corrected coding by review of the data to assure credibility of the emerging theory using the criteria of fit, works, and relevant so as to not prematurely select a core category or basic social process (Glaser, 1978).

When the researcher identified the prospect of the substantive theory of transition to professional practice for ASDBGNs, open coding ceased, and the second type of substantive

coding, selective coding, began. The emerging theory was delimited to one core category, *overcoming*, while retaining the remaining categories in a subservient role to the variable under focus. The researcher then limited coding to only those categories that related significantly to the core category. The core category was used as a guide for further data collection and theoretical sampling (Glaser, 1978).

Theoretical coding weaved the fractured data back together through deduction of the conceptualization of the relationship of substantive codes to each other as hypotheses as part of the substantive theory. Because theoretical codes are implicit, they are less clear; nevertheless, theoretical coding demonstrates emerging patterns, establishes connections, allows theoretical description, and provides an integrative broad scope for the emerging theory. Theoretical codes were selected based on those codes that best fit the relationships within the data (Glaser, 1978). The five theoretical codes that were selected were the best fit for the stages of the process of transition to professional practice for ASDBGNs: *reality check, goaling, getting started, coming out on top,* and *mastering*.

The goal of the study was to produce a substantive grounded theory of ASDBGN transition to professional practice that accounts for the pattern of behavior that is relevant and problematic for these neophyte nurses. The discovered substantive *Theory of Overcoming: ASDBGN Transition to Professional Nursing Practice* encompasses a core category that fits, is relevant, and works. A minimum of two stages were identified that differentiated and accounted for variations in the behavior (Glaser, 1978). The substantive *Theory of Overcoming: ASDBGN Transition to Professional Nursing Practice* will be submitted for publication in *Nursing Education Perspectives,* the official publication of the NLN, and submitted for consideration to be presented at an NLN education conference.

Sample Participants

The initial purposeful sample consisted of ASDBGNs who met the inclusion criteria, because these individuals were able to provide a relevant source of data (Cutcliffe, 2000). The inclusion criteria for the initial sample consisted of ASDBGNs who were within 24 months of graduation and spoke English. This time frame is appropriate because Benner (1984) described novice nurses as those in a particular practice arena for less than 24 months. In addition, these graduate nurses had a history of fulltime employment in the U. S. as an RN during their first 24 months following graduation. The initial sample participants were selected based on meeting the inclusion criteria, thus knowledge of the phenomena, willingness to reflect on their transition to professional practice, had the time, and were willing to participate (Morse & Richards, 2002). It was anticipated that additional participants, settings, and data sources would be selected based on theoretical sampling guided by the emerging theory (Draucker et al., 2007; Glaser, 1978, 1992, 2001; Glaser & Strauss, 1967).

The emerging theory highlighted the direction for further theoretical sampling based on findings from the data. Interview questions were posed based on the need to theoretically sample for incidents identified in previous interviews. The researcher sampled for incidences, not individuals (Glaser, 2001), and as concepts and categories evolved precise information was sought to refine the emerging ideas (Draucker et al.). Thus, subsequent selection of participants and settings was the function of the emerging theory (Baker, Wuest, & Stern, 1992) so that the researcher was able to conceptualize patterns of behavior that accounted for what was going on (Glaser). Theoretical sampling of needed data sources continued until each category was conceptually saturated based on interchangeability of indices (Glaser, 2001), and so, sample size was based on theoretical completeness (Baker et al.).

Instrumentation

The researcher was the instrument in this qualitative research study, thus dependability of the researcher was of the upmost importance. To enhance dependability the researcher spent much time dwelling with, "mulling over," and immersing self in the data. As the data came in, the researcher used an iterative process back and forth with the data to comprehend and make sense of the data and learn, "What is actually happenings in the data?" (Glaser, 1978, p. 57).

The researcher spent significant time in reflection so as to know self in an authentic way and journaled on a regular basis as a means toward self-awareness. In addition, the researcher met with the dissertation chair weekly to debrief, to review findings and progress toward completion of the study, and to receive feedback (Wolf, 2003).

Data Collection

Following approval of the ETSU Campus IRB (see Appendix A), potential participants were forwarded an IRB approved cover letter (see Appendix B) that explained the informed consent process. Following documentation of signed informed consent (IC) (see Appendix C) each participant was scheduled for a private interview at a convenient time. Semistructured interviews using open-ended questions were conducted over the telephone or in person. The initial interviews began with the grand tour question, "Tell me about becoming a nurse." Examples of interview questions included, Tell me about your first 6 months as an RN. Discuss a situation when your nursing education program made a difference in your transition from student to RN. If you have had more than one RN position since graduation, tell me why you transferred units or resigned your position? If you stayed in the same position for more than a year, what were reasons you decided to stay? Congruent with qualitative method and theoretical sampling strategies, questions evolved throughout the study and focused on the emerging theory. Using

voice tone and active listening techniques such as pacing and not interrupting the participant while speaking, the researcher attempted to create a milieu where participants were comfortable as active, enlightened, and empowered participants who were free of manipulation or control.

Data collection and analysis were completed concurrently using constant comparative data analysis. Following each interview, the audiotape was transcribed verbatim or field notes documented as soon as possible and coded by the researcher prior to additional interviews. Subsequent interviews were guided by the emerging theory.

Demographic data including age, marital status, gender, city and state of employment, type facility and unit employed, length of time as an RN, first baccalaureate degree, how long between the first degree and returning for the BSN, reason for returning for BSN were collected. These data were used to define the sample and subsequent generalizability to the study population and to demonstrate validity of the results (Derose, 2004). However, these data were not assumed as relevant until they emerged as relevant to the emerging theory through constant comparative method of analysis (Glaser, 1978).

Procedures. As part of course content in many baccalaureate curricula, faculty frequently stress the expectation that graduate RNs join their professional nursing organization. Participants were invited to join the study via advertisement in the classified section of *American Nurse Today* (see Appendix D), the official publication of the ANA (American Nurse Today, 2010a). The ANA is the only professional nursing organization representing 2.9 million RNs in the U. S. (ANA, 2010a). This journal was selected because ANA members receive the publication as a membership benefit, thus the publication reaches over 175,000 nurses through both online and print formats every month (American Nurse Today, 2010b), and in addition, students receive one half off the ANA membership price during their first year following graduation. Individuals who

are not ANA members, may subscribe to the print edition for $29.90 per year (American Nurse Today, 2010c).

To encourage participation, the researcher secured a toll free telephone number and offered a $10.00 stipend as an honorarium to participants in the study. The honorarium was personally delivered or mailed to each participant following the interview. Graduate nurses who answered the advertisement and meet the inclusion criteria were offered IC via telephone. Following IC consent via telephone, the participant was provided the following options for correspondence: U. S. mail, facsimile, or E-mail. If the participant preferred E-mail correspondence, the researcher notified the participant that due to the public nature of E-mail access, the participant's confidentiality could not be assured. A written consent form was E-mailed or mailed to the participant's address through the U. S. postal service with a postage paid return envelope with instructions to mail the signed consent back to the researcher, depending on the preference of the participant. Participants were instructed to maintain a signed copy of the IC document for their records. Signed ICs as well as all research documents are secured in a locked cabinet in the researcher's locked private office. Those who agreed to participate in the study were scheduled for a closed door, private interview at a time convenient to them.

Sampling plan modification. As a result of the advertisement in *American Nurse Today*, two participants were enrolled. Additional potential participants were needed because the enrollment did not reach saturation of study findings. In order to reach additional potential participants, a minor modification was obtained from the ETSU Campus IRB (see Appendix E). The researcher forwarded an E-mail to 217 Deans or Directors in the U. S. with ASDBN programs requesting the Dean or Director to post the researcher's advertisement on university or college bulletin boards and to forward the advertisement to all former ASDBGNs who completed

their course of study within the past 2 years. As a result of the modification, 18 potential participants contacted the researcher by telephone between June 18, 2009, and February 28, 2010. Eleven participants were enrolled in the study; 7 potential participants did not return a signed IC and thus were excluded from the study.

Theoretical Sampling

Following the first interview, the researcher employed theoretical sampling for each successive interview. For example, *encouraging*, a substantive code discovered through open coding of the first interview indicated the need to theoretically sample for this incidence. The researcher posed the question, "Tell me about coming to the accelerated BSN program" to subsequent participants. Another example of theoretical coding resulted from the code, *factioning*. The researcher posed the following question to successive participants, "Tell me about your relationships with your accelerated nursing classmates." Interviews continued as the researcher sampled for incidences, not people.

Saturation. During the last two interviews, theoretical saturation occurred; including data saturation of all concepts, categories, and properties. The researcher knew that saturation had occurred because no new concepts, categories, or properties were identified as the result of analyzing the final two interviews. Following the 19th interview, the core category was discovered and selective coding, rather than open coding was initiated; coding only for those concepts, categories, and properties of categories that related to the core category and basic social process, *overcoming*.

CHAPTER 4

RESULTS

Introduction

The substantive *Theory of Overcoming: ASDBGN Transition to Professional Nursing Practice* was developed to answer the research questions. The central research question was, "How do ASDBGNs transition to professional nursing practice?" Accelerated second-degree baccalaureate graduate nurses transition to professional nursing practice by progressing through five stages: *reality check, goaling, getting started, coming out on top,* and *mastering*. These stages were discovered through the meticulous use of constant comparative method of joint data collection, coding, analysis, and memoing. The five stages are explained including the processes and fundamental patterns of behavior that facilitate and hinder the transition process for ASDBGNs which answers the two subquestions of the study. The two subquestions were: 1) "What processes and fundamental patterns of behavior among transition participants facilitate ASDBGN transition to professional nursing practice?" 2) "What processes and fundamental patterns of behavior among transition participants hinder ASDBGN transition to professional nursing practice?" Before explaining the substantive *Theory of Overcoming: ASDBGN Transition to Professional Nursing Practice*, characteristics of the sample are provided.

Sample Characteristics

Thirteen ASDBGNs were enrolled in the study. Eight potential participants did not return a signed IC, and thus were excluded from the study. All participants with the exception of three ASDBGNs met the initial inclusion criteria. Two participants were not employed fulltime as a nurse at the time of their first interview in contrast to the initial inclusion criteria that required a history of fulltime employment in the U. S. during the first 24 months following graduation. The

first participant was included because demographic issues precluded the individual from securing a job immediately following graduation, a variable deemed important to the study. The second individual was included because, through theoretical sampling, the researcher had discovered that the transition process for ASDBGNs begins much earlier than the period following graduation, thus the individual's perspective prior to employment as a nurse was important to the study. One participant was 28 months post-RN licensure at the time of interview. This individual was included based on the need for theoretical sampling of incidences identified as important in the late stages of the transition experience for ASDBGNs. Seven of the 13 ASDBGNs were interviewed a second time using theoretical sampling for incidences deemed important to the emerging theory in order to reach saturation of study findings, to assess credibility of the emerging theory, and to facilitate the beginning process of participant member check. Thus, data from 20 interviews were analyzed.

Seventeen interviews were conducted over the phone and three were conducted in person over a 10-month period from May 18, 2009 through March 12, 2010. The total amount of time required to complete all 20 interviews was 955 minutes. The length of the interviews ranged from 24 minutes to 105 minutes. The average time for all 20 interviews was 47.75 minutes. The average time for first interviews was 54.54 minutes and second interviews 35.14 minutes. The time requirement for second interviews was less because the researcher was theoretically sampling for a small number of incidences that were not theoretically saturated.

Of the 13 participants, 11 were female and 2 were male. Ten of the participants were Caucasian, one was African American, one was Hispanic, and one was Filipino. At the time of the first interview, participant ages ranged from 23 years and 11 months to 51 years and 7 months. The average age was 34 years and 3 months. Dates of graduation ranged from May 2007

to December 2009. The time since ASDBN program graduation for first interviews ranged from one participant who had just graduated through 29 months. The time since ASDBGN program graduation for second interviews ranged from 7 months to 26 months. Time as an RN for first interviews ranged from not yet licensed to 28 months. Time as an RN for second interviews ranged from 7 months to 24 months.

All 13 participants had a previous baccalaureate degree; three participants had two bachelor's degrees, and one participant had a master's degree in education. First degrees included: business administration, French, German, microbiology, hotel and restaurant management, elementary education, secondary education, agriculture and natural resources, geology, psychology, mental health, neuroscience, environmental policy, journalism, neurobiology, and industrial technology. The average time lapse from the first baccalaureate graduation until entrance in the ASDBN program was 8 years and 9 months; the range was 11 months to 27 years. Participants were from nine states at the time of first interview; residencies included: California (3), Louisiana, Missouri (2), Nebraska, New Hampshire, Ohio, Tennessee (3), Iowa, and Montana.

Theory Overview

When coding and analyzing data, the researcher consistently used the standard question, "What is actually happening in the data?" Through consistent application of this question, and subsequent coding, analyzing, memoing, and theoretical sampling, it became apparent that ASDBGNs' transition to professional practice began with *considering options* to return to university. Transition to professional nursing practice started months even years before graduation from an ASDBN program. The initial assumption was that the transition to professional practice for ASDBN students began following graduation. Glaser's (1978)

challenge to grounded theorists to, "remain open to what is actually happening" (p.3) was applied to these findings. This reminder was important because the researcher experienced anxiety when ideals clashed with study findings. Thus, the first stage of the substantive *Theory of Overcoming: ASDBGN Transition to Professional Nursing Practice* begins with *reality check*, the recognition that a change is needed related to career trajectory.

The five stages of the substantive *Theory of Overcoming: ASDBGN Transition to Professional Nursing Practice* differentiate and account for variations in the patterns of behavior and denote change and movement over time (Glaser, 1978). Theoretical codes from the *process* coding family (Glaser) weaved the fractured data back together. The five implicit theoretical codes that earned their way into the data through an integrating pattern of the process of ASDBGN transition to professional nursing practice and that describe the phenomenon theoretically were: *reality check, goaling, getting started, coming out on top,* and *mastering*. These five stages explain, *overcoming*, the BSP that accounts for most of the variation in the process of ASDBGN transition to professional nursing practice. *Overcoming* conveys, "to get the better of: surmount <overcome difficulties>" (Overcoming, ¶ 2).

Twenty categories and 23 concepts were identified that facilitate ASDBGN transition to professional nursing practice. Thirty-three category properties were identified that hinder ASDBGN transition to professional nursing practice. The core category and BSP, *overcoming*, was the aggregate pattern of behavior used by participants to resolve their main concern and was selected based on the "best fit" (Glaser, 1978, p. 94) conceptual label of what was going on in the data. *Overcoming* is a BSP because more than one stage was identified (Glaser, 1978). The first stage, *reality check,* begins with the consideration of a change in career trajectory, through the final stage, *mastering*, when the ASDBGN has approximately 2 years of professional nursing

practice experience. The substantive *Theory of Overcoming Model: ASDBGN Transition to Professional Nursing Practice* is illustrated in Figure 1. Following an overview of each stage, the processes and fundamental patterns of behavior that facilitate and hinder transition are presented.

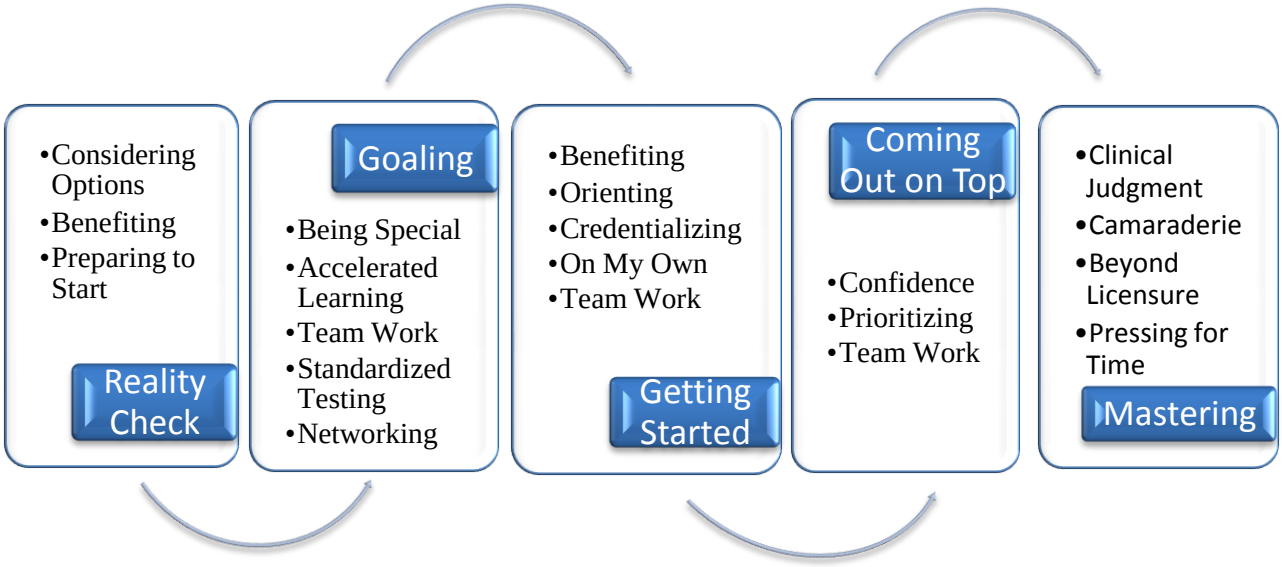

Figure 1. Theory of Overcoming Model: ASDBGN Transition to Professional Nursing Practice

Reality Check

The first stage of the substantive *Theory of Overcoming: ASDBGN Transition to Professional Nursing Practice* is *reality check* (see Table F1). *Reality check* begins when the individual questions the efficacy of the first baccalaureate degree or career and starts to consider options to reconcile their angst or when a person decides that an ASDBN program is the preferred route to a career beyond licensure. The realization may be a painful. Pam summed up her anguish, "I came to realize that there was more to life than flipping burgers." Henry spoke of his first career, "I hated it." Wilma recalled her verbalization when she realized that she could not continue in her job, "…'I just can't do this. I don't want to do it'." The discontent may not be acute. Erica stated, "I knew I wasn't really happy in medical sales." Ebony, on the other hand,

decided to enroll in an ASDBN program with plans to obtain a BSN and further to obtain a Doctor of Nursing Practice (DNP) degree.

Three categories are related to reality check: *considering options, benefiting,* and *preparing to start*. The concepts, processes, and fundamental patterns of behavior that facilitate transition related to each of the three categories along with the properties of each category, which represent dissimilar incidences of the category; the processes and fundamental patterns of behavior that hinder transition are provided.

Considering options. Questioning the usefulness of the first degree or deciding on an ASDBN option as a career path may come about gradually or abruptly with contemplation of both personal and career requirements. When the ability to remain marketable in the first career comes into question or the desire for change is strong, the proactive stance is to begin *considering options*. Mulling over the options requires months or years depending on life circumstances, as viable alternatives are explored. Deciding on an ASDBN program as a career path with plans to seek a degree beyond licensure requires added consideration because of the additional time requirement for an advanced degree.

Processes and fundamental patterns of behavior that facilitate transition while *considering options* include *influencing* and *encouraging*. When an individual is contemplating returning to university for a nursing degree, *influencing* includes knowing a healthcare provider, especially a nurse, and encounters with the healthcare system such as an illness of a family member. When family or friends are *encouraging* regarding the individual's consideration of nursing school, this provides additional support for the oomph required to make the decision.

While *considering options,* the processes and fundamental patterns of behavior that hinder transition consist of *lacking confidence* and *discouraging*. *Lacking confidence* in the

ability to be a nurse delays the decision to return to nursing school as articulated by Betty, "I didn't think I could do it." Taking nursing prerequisite classes provide a beginning assessment of ability to be successful in nursing school while protecting the status quo. Unfortunately, exploration of ASDBN program options is *discouraging* because nursing school applicants far exceed the available positions. Betty lauded, "…the admissions people openly tried to discourage people from applying because of the demand."

Benefiting. Choosing an ASDBN program is based on personal or professional *benefiting*. The decision to enter an ASDBN program has considerable personal and financial implications. The decline in the economy, the nursing shortage, and job availability have attracted the attention of individuals who previously may not have considered nursing as a career. Nevertheless, several ASDBGNs, such as Becky, confessed, "I always knew I wanted to be a nurse…. But when I went to college there were lots of other things to do. I wasn't mature enough at 21-22 years old." The processes and fundamental patterns of behavior that facilitate transition while considering personal or professional *benefiting* include *timing* and *faith.*

When anticipating *benefiting*, potential ASDBN students viewed *timing*, the short duration of the accelerated program, as a facilitating factor in their transition to professional nursing practice. No policy mandate exists for the length of ASDBN programs, and there is some discontent related to the short course of study. Tracy felt, "…12 months is too short… maybe having 16-18 months…". What is desired is a program that meets the individual's life circumstances. Lisa found the best option for her, "They had just a good mix of how quickly you get done and had some breaks to maintain your sanity…especially with family that was great."

As previously discussed, applications for ASDBN programs surpass available opening and waiting lists are widespread, thus ASDBN applicants may be required to wait several years

before being admitted to the program. Nevertheless, Henry pointed out that the ASDBN program was quicker than a 4-year program; he was not interested in going back to school for another 4 years. Specifically, Margaret stated, "I would have been less likely to do the traditional program. That was part of the attraction of doing it. I can do this and have it done, and go on with my life."

For adults with personal and financial obligations and individuals who are considering an ASDBN program as a career path to an advanced degree beyond licensure, envisioning the preferred future includes *faith* that their plans will be successful. This is especially true for those who have a measure of success, either financially or professionally, in their previous career. There is much to lose. Pam explained that it took a lot of *faith* to sell her house and move in order pursue her nursing degree. Lisa summed up the dilemma, "It was a big leap of faith." Nevertheless, Becky saw the possibilities, "The choice that I made to pick up and move to a new place. Starting over, plus starting nursing school. It was hard, but not impossible."

Processes and fundamental patterns of behavior that hinder transition while considering personal or professional *benefiting* are *financing* and *lack of supporting relationships.* While contemplating *benefiting*, scarce resources for *financing* the endeavor is a concern. Likewise individuals who are considering an ASDBN program must contemplate the availability of *supporting relationships* for the journey.

Program cost and subsequent *financing* of the ASDBN degree are major issues. Potential ASDBN students spend significant time comparing cost. The concern is balancing the length of the program with overall program costs. The length of the program is important because, due to time constraints, ASDBN students generally cannot work during the accelerated program. Betty discussed the pressure of *financing* the program. When warned by a university instructor of the high attrition rate in nursing, her reply was, "…I'm not spending all this money and being one

of…those people." Financial aid, readily available for undergraduate students, is tenuous for ASDBN students who have exhausted their financial eligibility during their first college tenure. This truth often leads to the difficult decision to continue work while pursing an ASDBN degree, a decision made with trepidation because these students are advised to not work during the *fast paced*, compressed program. *Financing* is a serious issue because some ASDBGNs have college debt in excess of $100,000. Despite the challenges, Becky reported, "Financing was not easy. I did get financial aid though."

During the *reality check* stage, *lack of supporting relationships* hinders *benefiting*. Even when participants were encouraged by others to consider nursing, this did not equate to *supporting relationships* once the individual becomes an ASDBN student and later a professional nurse. *Supporting relationships* with family members were illuminated, for example, Becky said, "I had a supporting husband." The importance of *supporting relationships* with colleagues and others that are needed in the next four stages is not readily apparent at this juncture.

Preparing to start. Most ASDBN programs have significant prerequisite requirements prior to admission into the nursing program. There is no universal policy designating the type of baccalaureate degree required for ASDBN applicants. Potential ASDBN students spend significant time and money completing the prenursing program requirements. Betty discussed the importance of *preparing to start* and her completion of prerequisite courses, "When you start…you have all the prerequisites done because once you walk in the door, you're doing basically nursing classes."

The first stage of the substantive *Theory of Overcoming: ASDBGN Transition to Professional Nursing Practice, reality check,* ends when the new ASDBN student begins the

accelerated nursing program that provides a clear differentiation between the stages. This process may span months or years depending on the status of compelling versus sustaining factors.

Goaling

The second stage of the substantive *Theory of Overcoming: ASDBGN Transition to Professional Nursing Practice* is *goaling* (see Table F1). *Goaling* is the mechanism by which ASDBN students manage *accelerated learning* during their nursing program of study. As affirmed by Betty, "…you end up with a clinical class by the end of the first semester." The *fast paced* nature of the curriculum requires *cramming,* accomplishing the goal by passing a course or progressing through the semester and then moving on to the next goal. Tracy emphasized, "…because everything moved along so quickly, we were having tests…every week and every 2 weeks and just learning a lot of stuff." *Goaling* begins with the first semester of the ASDBN program and ends at graduation, a status passage.

Five categories represent *goaling*, the second stage of the substantive *Theory of Overcoming: ASDBGN Transition to Professional Nursing Practice: being special, accelerated learning, team work, standardized testing,* and *networking*. The concepts, processes and fundamental patterns of behavior that facilitate transition related to the five categories, and the properties of each category that represent dissimilar incidences of the category; the processes and fundamental patterns of behavior that hinder transition are explained.

Being special. Beginning with undergraduate orientation, ASDBN students are socialized to *being special.* Often, nursing program orientation for these students is held separately from the traditional nursing students. If orientation is accomplished with traditional students, ASDBN students are specifically acknowledged as *being special*. The ASDBN students already have a bachelor's degree, the goal for the remaining nursing students in orientation. The cohort name,

accelerated "to move faster" (Accelerated, 2010 ¶ 2), is special. In many programs, traditional and ASDBN students are separate throughout their course work and clinicals. This design is thought to foster team work and supporting relationships among the ASDBN cohort; nevertheless, some programs of study integrate the groups in some clinical and didactic classes. Nursing program faculty and administration promote the sentiment of *being special* as demonstrated when Tracy quoted one of her instructors, "You guys have accomplished this great feat of getting this degree in 12 months, and that is no small feat." Students who are enrolled in ASDBN programs view themselves as special. Wilma proclaimed, "I just felt like I was able to picture things in my head that I had seen, and grasp the new information so much more quickly than other people did."

The processes and fundamental patterns of behavior that support *being special* and that facilitate transition in the *goaling* stage are *old people* and *life experiences*. Although ASDBN students are not always numerically older than traditional nursing students, they are viewed as such, and they view themselves as *old people* based on *life experiences*. Betty quipped, "We called ourselves the old people…because we had been around." The rich life experiences that ASDBN students bring to university are astounding. The group conveys diverse perspectives such as the arts, business, and education along with job experiences not typically found in a traditional nursing cohort. For example, Betty commented, "…you take…communications in healthcare, which a lot of people think is really dumb…but…it's a therapy, basically a therapeutic communications class." Betty also provided an example of job experience that enhanced her nursing student experience, "I have computer certifications, and they're application tests."

The processes and fundamental patterns of behavior that hinder transition during *being special* include *young people* and *being disrespectful*. Although ASDBN students often describe traditional nursing students as *young people*, many ASDBN students are young as well. Nevertheless, the *supporting relationships* among ASDBN students within cohorts allowed acceptance of diverse ages into the group. Incidences of *being disrespectful* occurred in two ways; from ASDBN students toward faculty and faculty toward ASDBN students.

Traditional students are generally viewed as *young people*. They are not considered part of the ASDBN group. Margaret expressed that *young people* had different priorities while in nursing school, "You know, because there were people who had just graduated, and they were young and partying and socializing…". Likewise Pam questioned the traditional students' priorities because they, "…generally weren't in class for the same reasons I was in class, to learn." She also found the group to be distracting because they, "…talked in class, used their cell phone…".

The second factor that hinders the transition of ASDBN students is *being disrespectful*. *Being disrespectful* encompassed two groups, students and nursing program faculty. Even among ASDBN student cohorts where camaraderie was appreciated, being disrespectful to faculty was looked upon with disfavor, and ASDBN students generally distanced themselves from students who displayed such behavior. Grace noted, "I felt like at times they were disrespectful and didn't treat faculty members very well at times. And I was against that. I didn't like how some of our students dealt with faculty members." She recalled a particular incidence:

> …one occurrence that sticks out in my mind we had just finished taking our first midterm and lectures for our first class regarding clinical work, and the faculty over seeing our class once we were done with our midterm she went over the correct answers.

> And she explained why, but a lot of the students realized that they had missed more questions than they had hoped and so when she was explaining the right answer they started getting really aggressive and would say, 'Oh, I don't believe that this has got to be the right answer. I don't agree with your reasoning why you thought that was the right answer' and it got to the point my professor in my class started tearing up because she felt like everybody was attacking her and didn't like her and so it was just a really bad scene, and I didn't like that about my group.

Being disrespectful also involved program faculty. Dealing with diverse student populations such as ASDBN students is a challenge. When students have life experiences that exceed faculty members' experiences, the faculty's self-worth may be threatened. Faculty may not appreciate the need to apply different teaching strategies with diverse student groups. Faculty *being disrespectful* was upsetting to Wilma, "…my biggest concern was just knowledge of our professors that they're dealing with a very different group of students…who just don't have any concept of the fact that you are not 18-20 and how to deal with you...". Faculty *being disrespectful* is unfortunate because ASDBN students offer a unique perspective to the classroom and clinical settings. Yet, speaking about program faculty, Grace found, "They had great knowledge to share, but they did not want to know what I know."

Accelerated learning. The compressed curriculum requires students to assume *accelerated learning* by taking courses and clinicals *fast paced.* Programming is the primary distinction for accelerated nursing programs; although often the only difference between traditional and accelerated programs is the shorter length of time needed to complete course work because ASDBN students generally complete their studies without summer break and, at

times, holiday breaks. Some programs have no breaks, some have abbreviated sessions rather than semesters. No policy mandate exists regarding course work or clinicals for ASDBN programs. Program length ranges from 11 – 18 months, and the courses and clinicals vary. The variations are extensive. Wilma summed up the situation, "But I did have to learn fast in school." *Accelerated learning* is preferred by many students such as Mary, who stated, "I loved my program."

Important processes and fundamental patterns of behavior that facilitate *accelerated learning* consist of *fast paced* and *clinicals. Fast paced* is inherent in the ASDBN program, and while projected, may be more intense than the student anticipated, and the learner must make adjustments in order to successfully pass through the *goaling* stage. Having completed a baccalaureate degree, and thus deemed successful in academia, ASDBN students focus on *clinicals* that are their abyss.

The compressed time frame of ASDBN programs results in course work being *fast paced*. Students are often unprepared for the demanding schedule. The first semester is particularly difficult as the new ASDBN student adjusts to the rigor of academia. Betty described her introductory semester, "…the first semester…it is just like a sprint." Nevertheless, following acclimation to nursing school, most students adjust their life responsibilities in order to meet the harsh demands. Betty explained further, "I thought for the rest of the program it actually got better." Susan noted the importance of understanding the rapidity before starting the program, "When we first started we just dived right in it felt like. And I knew that was going to be the case when I started the nursing program…". Mary conveyed that the *fast paced* program prepared her for *fast paced* clinical nursing practice. Her comparison of the pace of the ASDBN program to clinical nursing practice was, "…*more of the same*…", a sentiment of several study participants.

Having an understanding of the fast paced clinical arena prior to graduation is an unintentional benefit of *fast paced*. On the other hand, Betty illustrated the sentiment, "They…traditional students…called us the 'insane ones because of our course load and the pace of the program'."

A primary focus of ASDBN students is *clinicals*. Intermeshed with clinicals is the clinical instructor, a focal point for the group. Nursing is a practice discipline; therefore, the clinical instructor provides an introduction to the world of clinical practice. Thus, clinical instructors are role model for students. Tracy emphasized, "My clinical instructor...she was amazing." There is much variation in the quantity and nature of clinical rotations and more importantly in the nursing care and skills that students perform. The pace of the program requires rapid turnover from one clinical site or rotation to another with little or no time to reflect on clinical experiences. Walter avowed, "We were moving so fast that there was not time to practice." Most ASDBN programs have a capstone, final semester clinical designed as a precepted experience with a seasoned nurse in a clinical nursing practice setting with faculty oversight, guidance, and teaching. The final clinical was viewed the most beneficial. Henry noted, "…I think the senior practicum, the actual clinical experience that helped the most." Almost universally, ASDBN students desire additional clinical time in order to hone their nursing skills and performance at the bedside.

Category properties, the processes and fundamental patterns of behavior that hinder transition related to *accelerated learning* are: *cramming, not for everyone, being decelerated* (in vivo code), *the hardest thing I have ever done* (in vivo code), and *busy work*. The body of knowledge required for safe clinical practice that ASDBN students must amass in a brief period for of time is daunting. Such a task requires long hours of course work and study and is *not for everyone*.

The way in which ASDBN nursing students manage *accelerated learning* is through *goaling* and then *cramming* to accomplish the established goal. Betty worried about the volume and complexity of *accelerated learning*, "You've got to cram a lot of stuff in your head…from a lot of different courses." She viewed *goaling* and *cramming* as a semester cycle, "…you cram everything in…you start at the end of May…then you cram everything in all summer and then the fall semester, you cram some more in." Betty provided insight into issues with *cramming*, "So you can study the stuff, and cram all the stuff in your brain, but if you don't know how to apply what you learn to a situation that you're given, you can't resolve the question."

Accelerated second-degree baccalaureate nursing programs are *not for everyone* and attrition is a reality. Julie noted, "I believe that there were at the start of the program there were 20 of us. And at the end of the program I think three or four had dropped out. And then a couple people failed out." *Accelerated learning* does not meet the needs of all students nor can all students survive the rigor. Lisa articulated that some ASDBN student classmates decided that the program was "not right for them", and Betty noted, "If people are going to drop, usually, they drop after the first semester." Examples of underlying structures of *not for everyone* include family obligations, intellect, unrealistic expectations, and the austerity of the program. Erica voiced her assessment, "For me it was a little easier, I had not been gone really that long, and I have really good study skills, and I happen to be pretty intelligent so those things were a little easier for me than some of the other people that I was seeing come back to transitioning, they were a little further out and it was a little difficult for them." While an ASDBN program of study is *not for everyone*, it does not negate nursing as a career because the problem may be the mandate for *accelerated learning*. Speaking about a classmate, Tracy contributed, "He was so stressed out with not really knowing if this was the right program for him that he decided to

leave. In fact…he went back to a two plus two program…". Nevertheless, opportunities for improvement of ASDBN programs exist. Grace described the attitude of some ASDBN classmates, "They did not enjoy the accelerated program, didn't like the curriculum or the instructors."

Due to program demands, ASDBN students are most often required to pass each class or clinical sequentially. If the student does not take a required course or if the student fails a class or clinical, *being decelerated* (in vivo code) occurs. This is a modified incidence of *not for everyone* requiring the ASDBN student to switch to a traditional program of study or alternately, some ASDBN programs allow the student to join a different ASDBN cohort later on.

Although equipped with another baccalaureate or higher degree, ASDBN students are surprised by the harsh realities of nursing school. Nursing school was described by Betty as, "rough", "another world", and *"the hardest thing I have ever done…*" an in vivo code, the language used by the participant. Most participants found their nursing program to be harder in comparison to course work for other baccalaureate degrees. Their study habits changed because they had to study more.

Based on *life experiences*, some course work during the ASDBN program of study was considered *busy work*. Some students articulated that faculty did not take into account the student's previous academic or *life experiences*. Betty described some classes as so boring that she, "…wanted to fall asleep." Lisa added that a classmate said these classes were, "Kind of fluffy type stuff." Nevertheless, after 2 years of clinical nursing experience, Henry proclaimed, "I would advise students who are in accelerated programs to jump through the hoops because you will use every class even if you think you will not."

Team work. Accelerated second-degree baccalaureate nursing student cohorts view their faculty and peers as *supporting relationships* in which *team work* thrives. Faculty were generally viewed as part of *team work*. *Team work* was demonstrated as ASDBN students worked with their colleagues who experienced program or personal challenges. During this stage, ASDBN students come to realize the importance of *supporting relationships*, a need not fully realized during the first stage, *reality check*. This is fortunate because *supporting relationships* are needed to weather the intense curriculum. While ASDBN student cohorts may have developed a sense of *camaraderie*, the experience was fleeting because of the brief nature of the program of study. Accelerated second-degree baccalaureate nursing students generally did not participate in *team work* with traditional students because they did not consider them to be a part of their group, even if they are taking the same class or clinical and also because they most often viewed traditional students as immature *young people*. *Team work*, however, often ceased among ASDBN student cohorts when grades were involved. Competing related to grades was intense.

A concept that supports *team work* during the *goaling* stage and that facilitates transition is *supporting relationships*. *Supporting relationships* with faculty were cultivated by ASDBN students. Betty passed along, "Always, always, always talk to the nursing instructors…because you're going to need somebody…if you don't, you're not going to have anybody." Faculty *supporting relationships* with students were evident throughout the study. Faculty demonstrated *supporting relationships* through guidance, encouragement, providing expertise, teaching, requiring students to meet established standards and to practice using an evidence-base, and by serving as a role model. Susan summarized the faculty *supporting relationships*, "they did whatever it took to get all…of us through the program."

Supporting relationships among ASDBN student cohort peers were helpful. The compressed nature of the program means that ASDBN students spend a lot of time together over their course of study. Grace noted, "We were all very tight. All of us were very friendly with one another. We would hang out after school so I would say were very tight knit class and very encouraging of one another in supporting each other." Wilma provided a summary, "My classmates, and then also my instructors, really wanted everybody to be successful and to make it."

Three categories provide dissimilar incidences of *team work* that hinder the transition: *competing, factioning,* and *staturing*. *Competing* among ASDBN students was primarily focused on grades. Betty offered insight, "…they view nursing school as a competition and it's an individual competition based on grades." "They would be a member of a group…unless it affected their grades. They were very, very, very—very, very worried about the grading thing." Grace added, "…everybody wanted to get an A."

Success in this stage depends in part on *supporting relationships*; nevertheless, *factioning* among ASDBN students is a frequent occurrence. Faction is defined as, "A group that is often contentious or self-seeking: click" (Faction, 2010 ¶ 2). *Factioning* of ASDBN student cohorts makes *team work* impossible. Although *supporting relationships* were cultivated, maintaining those relationships was a challenge because ASDBN students are persistently pressed for time. Reasons for *factioning* ranged from mere convenience to pervasive dislike for one another. Wilma's assessment was, "Everybody kind of divided…common interests, where people lived and those kinds of things." While Betty interpreted that factioning was, "…a nightmare."

Factioning between ASDBN students and traditional students was the norm. The two groups were separate for most classes and clinicals; however, if the two student groups were in

class together, Susan distinguished that, "…there was an accelerated side and a traditional side of the classroom."

Staturing is the third category property of *team work* and a pattern of behavior that hinders transition. Accelerated second-degree baccalaureate nursing students have established their ability to be successful in academia. Many accelerated second-degree baccalaureate nursing students also return to nursing school following successful careers. *Staturing* is demonstrated when ASDBN students feel the need to remind others and self of their past measures of success or stature in society. Having lost their previous status resultant from their first degree, because they have once again assumed the role of student, some ASDBN students demonstrate behaviors that faculty and others view as aggressive. These behaviors are particularly evident when the ASDBN student perceives faculty to be unsupportive, unavailable, or if the ASDBN student feels threatened in their role as a successful student, for example, if they receive a grade on an assignment or exam that does not meet their expectations or standards. Grace contributed, "…sometimes the students, I guess you could put it in terms of freak out over a grade…sometimes, it came off as very aggressive to faculty members, and you know sometimes that wasn't very productive." On the other hand, some *staturing* was only a mild annoyance such as frequent reminders to faculty of the ASDBN student's past accomplishments.

Standardized testing. There is no standard testing protocol used in ASDBN programs to evaluate student learning and progress toward readiness for the NCLEX-RN. However, first time pass rate on NCLEX-RN is a standard metric used to evaluate nursing program effectiveness. Therefore, many ASDBGN programs use *standardized testing* as assessment tools. While *standardized testing* is the source of much anxiety for ASDBN students, the process is at the same time *motivating*.

One concept was identified as important related to *standardized testing* during the *goaling* stage and that facilitates transition is *motivating*. Although the rationale and nursing program policies related to *standardized testing* are generally not well understood, most ASDBGNs admit that such tests are *motivating*. Accelerated second-degree baccalaureate nursing students spend much time, money, and effort preparing for the tests. Betty explained, "…the carrot…was—'if you pass the test with a certain score,'…'you will not have to come to the NCLEX preparatory class that the school offers…during the last part of the semester'." As a summary, she added, "I just spent a lot of money on my nursing education, and I really want to make sure that I pass this test…" There is a general lack of knowledge of *standardized testing* especially regarding *standardized testing* methods, required passing scores, and repercussions for test failures.

One category property that provides a dissimilar incidence to *standardized testing* and that hinders transition is *being in the dark*. The *standardized testing* process is not clearly understood by ASDBGNs and *being in the dark* is widespread. Some ASDBGNs were *in the dark* regarding the tests because they felt the tests had no value. Accelerated second-degree baccalaureate graduates generally expressed that the ASDBN program of study prepared them for NCLEX-RN. Erica provided a summary, "I thought they were totally pointless… I didn't think I needed to practice. I didn't think they were specific towards the NCLEX. And after taking the NCLEX exam I didn't find that they helped me in any particular way."

Networking. Using life experiences in which "who they knew" made a difference for them personally, ASDBN students use *networking* in order to find jobs. *Networking* with others facilitates securing a nursing job and made the processes progress faster. This was especially important in some western areas of the U. S. where *new graduate jobs are scarce*. Tracy noted,

"Networking…is so important…if you have a lot of people in the industry or in nursing that can show you the ropes or put you in touch with people that might get you that much closer to getting a job." Making connections within the nursing community early, while still a nursing student, made a difference when applying for a nursing job. This was exemplified by ASDBGNs who secured a graduate nurse position in the same facility where they completed their senior clinical or where they had been employed previously in a different capacity. Nurses in facilities where students complete clinicals observe students' work, especially during their senior clinical as the student approaches graduation. Walter declared, "I think my work ethic helped me get my job. My senior practicum was in the ER where I now work. They saw me busting my hump during clinical." Tracy noted, "In hindsight, I think schools should also stress the importance of networking. And if you can start making those connections early I think that transition will be a lot easier." In addition she summed up the importance of *networking* in nursing, "…it is really who you know."

Accelerated second-degree baccalaureate graduate nurses realize that *networking* is a complex issue that sometimes does not work in their favor. Some nursing leaders are committed to hiring applicants from local schools of nursing, thus leaving those who do not live in the immediate area at a disadvantage. Nursing leaders at these facilities prefer to hire local candidates. Interestingly, *networking* can work in serendipitous fashion such as in the case of Becky whose nursing school classmate had a friend on the hospital board of a facility across the country where Becky planned to move and apply for a nursing position after graduation. The classmate contacted the board member and recommended the ASDBN classmate who was near graduation. Consequently, the ASDBGN was hired. *Networking,* however, is not the sole mechanism for securing a job. As Pam articulated, "When I was hired the nurse manager knew

my aunt and my family." She was quick to reply, "I don't think that was the reason I was hired, but I do think it added to it."

The *goaling* stage of the substantive *Theory of Overcoming: ASDBGN Transition to Professional Nursing Practice* ends with graduation, a status passage that is met with much relief. The fast paced tempo of the ASDBN curriculum yields little time to prepare for graduation. As graduation approached, Pam described her feelings as, "surreal." Having survived the intense ASDBN program where *pressing for time* is compulsory, many ASDBGNs are exhausted and take time off following graduation. *Feeling unprepared* for clinical nursing practice is the norm. At graduation Pam stated she had feeling of panic when she realized, "I will soon have lives in my hands." The third stage, *getting started*, begins with the acquisition of a nursing job.

Getting Started

The third stage of the substantive *Theory of Overcoming: ASDBGN Transition to Professional Nursing Practice* is *getting started* (see Table F2). *Getting started* begins with being employed in a clinical nursing position through approximately the first year of professional nursing practice. However, the transition process is not linear and some ASDBGNs take less time, while some require a longer time frame in order to move to the next stage of the process. It is important to point out that job turnover and inconsistent unit assignments delay transition through this stage because new ASDBGNs must acclimate to unfamiliar assignments.

There is no status passage such as graduation that demarcates *getting started* from the next stage *coming out on top*. As ASDBGNs move from *getting started* to *coming out on top* they begin to have *confidence* in their ability as a nurse and they start *feeling like a nurse*. The transition may be gradual, and ASDBGNs may not realize that the transition has occurred if they

do not spend time reflecting on their nursing practice and if they lack self- awareness. Categories that are important during *getting started* are: *being employed, orienting, credentialing, on my own,* and *team work.*

Being employed. Preparation and decisions regarding the first nursing job for ASDBGNs often begin during the *reality check* stage when the individual considers personal or professional *benefiting*. Applying for a graduate nurse position and job interviewing usually takes place toward the end of *goaling* and most ASDBN students have secured a graduate nurse position prior to graduation.

Being employed is a relief because most ASDBGNs were unable to work during the program due to time constraints. The salary for new ASDBGNs is a concern. Betty noted that most of the hospitals in her area paid all new RNs the same regardless of academic preparation. She stated, "you're an RN, you're an RN…some other hospitals pay you a little more, but there aren't too many." Henry noted that nurse salaries in his facility were higher in comparison to other hospitals. Benefits are also a concern. Margaret stated that she, "…got health insurance through the hospital." Accelerated second-degree baccalaureate graduate nurses are proud of their accomplishments, and the first job is approached with pride. Becky said, "When the lady took my picture for my name badge at work, she asked if I was a BSN. I said, 'Yes!' I am proud of myself."

Two concepts that are related to *being employed* and that encompass processes and fundamental patterns of behavior that facilitate transition of ASDBGNs are *being special* and *being prepared*. Having been socialized in their ASDBN program to *being special,* ASDBGNs see themselves as special and demonstrate an uncanny sense of self-confidence. Walter laughed when he referenced ASDBGNs, "If anyone asks, I just tell them, 'We're smarter'." Wilma was at

the end of *getting started* and expressed, "I think I am a little more ahead." Becky asserted that her ASDBN program was unique and special. She explained outcomes of her ASDBN program of study, "After finishing school, it helped me with my confidence in job interviewing. I am a fast learner and a good worker. This is what I want to do, and I said that when I interviewed. 'I am the perfect person for the job'." She got the job.

Accelerated second-degree baccalaureate graduate nurses arrive at the *getting started* stage with the inclination of *being prepared* for clinical nursing practice. Mary maintained that her ASDBN program of study prepared her for the fast pace of nursing that she described as, "just *more of the same*." Likewise, Pam's first job was on the same unit as her senior clinical. She stated that her program prepared her, "…for knowing what…I needed to know." Henry added that his ASDBN program gave him, "…a great base." Perhaps the ASDBN appraisal of *being prepared* make incidences of *being unprepared* more acute. *Being unprepared* is discussed under *orienting*.

Two category properties provide dissimilar incidences of *being employed, biasing* and *new graduate jobs are scarce* in some western areas of the U. S. These two processes and fundamental patterns of behavior hinder ASDBGN transition to professional nursing practice during the *getting started* stage.

Two types of *biasing* are seen related to ASDBGNs. There is a lack of understanding regarding the curricula and required outcomes for ASDBGN programs. Some nurses and facility leaders question the ability of nursing students to acquire the knowledge and skills needed to practice nursing in such an abbreviated period of time. These issues, together with *biasing* by RNs who completed their undergraduate nursing school program of study spanning 2 to 5 years, are employment issues of some ASDBGNs. Tracy acknowledged, "…the nurse recruiter had

asked me…'you were in the ABSN program, you had a lot to learn in 12 months. Do you feel like you are really prepared?'" She further stated, "But I think in the end a lot of nurses are still from the old philosophy and saying, 'I earned my degree as a diploma degree and finished in this amount of time or it took 4 years so how could you know as much as me in that amount of time?'" In areas where this type *biasing* has been determined, some ASDBGNs have removed the distinction of an accelerate program of study from their résumé.

The second type of *biasing* related to ASDBGNs is not unique to accelerated students, but rather the situation for graduate nurses regardless of the type nursing program of study. Many nurses and facility leaders prefer to not hire new graduates in specialty units. Margaret contributed, "She said she thought that no new graduate should go to the ICU. That was her personal feeling." Nevertheless, at the time of her second interview, Margaret had been employed in the same ICU for 14 months post ASDBN program graduation.

In some areas of the western U. S., *new graduate jobs are scarce.* Nursing facility leaders in some areas continue to hire experienced nurses, however, due to the cost of orientation and training for new graduates, few new graduates are hired. Tracy noted, "They said to come back when I had experience." Neither traditional nor ASDBGNs are regularly being hired, and, therefore, there is no distinction between the type of nursing program preparation. This is frustrating to ASDBGNs who have accumulated substantial debt in order to complete their program of study. This is especially true if the individual chose the nursing profession as a pathway to a secure job.

Orienting. Although orientation is an expectation for nursing jobs, there is much variation in the length and content of orientation for new ASDBGNs. Several issues exist including the expectation that the orientation be shorter if the new ASDBGN completed their senior clinical in

the facility where they were hired following graduation or if the individual was employed in the facility in a different capacity before graduation. Betty explained that she was warned by faculty that this might be an issue because she completed her senior clinical in the facility where she accepted her first nursing job. Her response was, "No, I'm a brand-new nurse. I need to have all the orientation that I can get…I got 11 weeks, I didn't get 12. But I got 11 weeks because normally the newer nurse orientation at this facility was 12 weeks. But I got 11 because they needed me in a hurry. You know, they gotta have staffing." Some facilities are not so generous. Susan exclaimed, "I got 2 weeks of orientation, total, and one of those days I was told, 'you'll give meds today.'" On the other hand, Henry described his thorough ICU orientation,

> I had 6 months of orientation. …the way it started out the first 3 months, the preceptor was with me and their assignments were my assignments. And so the most patients we'll have will be three. And so I would start out by taking one patient, then taking two, then taking three, and she would just shadow. And then the second 3 months of the orientation program, she would actually just take other patients, and she was really just a resource.

Two concepts are related to *orienting* in the *getting started* stage: *fast paced – more of the same* (in vivo code). While *orienting* to their new job, some new ASDBGNs perceived similar experiences between the *fast paced* ASDBGN program and the *fast paced* world of clinical nursing practice. Mary found, "…when I graduated, practice was just *more of the same*" (in vivo code). Likewise Henry saw, "similarities between how I had to prepare and what was expected of me in practice." When discussing the ASDBGN program, Grace noted, "In nursing you are always flying around the unit." Lisa added, "I mean nursing in general is very fast paced."

Despite the rigor of the ASDBN program, *being unprepared* explains the feelings of the group once they begin working on nursing units. Some ASDBGNs had limited practice related to

nursing skills due to lack of opportunities in clinical. Susan declared, "…it is different doing it on an actual person rather than on a mannequin." *Being unprepared* was a disappointment to Grace, "They didn't really give you tips of the trade to do time management or deal with maybe specific situations…like violence in the workforce or how to deal with difficult patients. I felt like more of those general things with how to interact with patients and family members wasn't taught in nursing school." She further espoused, "I don't know the law and regulations about all that. I am learning that now." She was concerned about her lack of knowledge of contemporary nursing issues such as, "Why are nurses in unions? What is the difference in hospital with unions or nonunion and those kinds of situations?" With 3 months of RN experience, Lisa described her assignment as charge nurse, "I… have been charge nurse a couple of times and it is real interesting because I feel like I have so much to learn, and I feel like because I have worked as a professional before that maybe the perception may be it is a bit easier for me to handle some things than perhaps somebody in their 20s."

Credentializing. In the U. S., RNs are registered by the state through a c*redentialing* process. Qualified RN applicants must complete and pass the NCLEX-RN in order to practice as professional nurses. The RN *credentializing* process is a source of stress for most ASDBGNs. In addition, the time between graduation and licensure is a tenuous time for new ASDBGNs. Although they were able to perform most RN duties while supervised by an instructor or preceptor during their nursing program, graduate nurses must assume a graduate nurse status until they are licensed. During this time job duties are restricted until nurse leaders obtain verification that the ASDBGN is duly licensed as an RN by the state. Tracy had the stressful experience of failing boards. When she passed on the second attempt, she illustrated her delight, "…I am sort of on this cloud that I passed, and I am a nurse and it is so amazing."

On my own. Despite efforts from those in academia and practice, being *on my own* following orientation and the precepted experience was described as *stressing*. Pam revealed that she, "cried a lot when…first started practice." Susan stated, "…after the first week after orientation I was 'on my own'." Margaret described an incidence when she was on night shift with an LPN. She explained, "…which wasn't supposed to happen but it did. It was just an LPN and I.… I was thinking I needed to call a doctor…it is a lot harder at night." Erica explained the situation, "…you have done your clinical but it was entirely different when you get out and you are doing your work as a nurse."

Team work. Based on *life experiences* as members of successful teams, ASDBGNs envision themselves as 'team players'; thus, this vulnerable group arrives unprepared for the chaotic nursing environment where *team work* is a challenge. *Team work* develops slowly and may involve a group of nurses, a particular shift, a rotation within the shift, an entire unit or facility. Having just left the intimacy of their ASDBGN cohort where *team work* among their accelerated student peers augmented the survival of the *fast paced, accelerated learning* experience, the initial feeling of not being part of the team is upsetting to ASDBGNs. The time required for new ASDBGNs to feel that they are part of the team varies from a few months to years depending on the dynamics of the individuals and the unit.

Processes and fundamental patterns of behavior that facilitate transition and that are related to *team work* include *precepting, rescuing, and supporting relationships. Precepting*, the pairing of a seasoned nurse with a novice, is an accepted practice within the nursing ranks. Preceptors serve as role model, advisor, teacher, and advocate for new ASDBGNs. Betty described a good preceptor,

> …a good preceptor's been a nurse for a while so they have seen a lot of different situations in whatever area that you've been in…they know how to do the work and they know what fits within the policies and procedures… they know how to acquaint you with that so you know how to make that work. They also help you to know what the lay of the land is in terms of the doctors and the specialties that you'll deal with. And the different areas…

Pam stated, "Having a preceptor is what helped the most." The importance of excellent preceptors cannot be over emphasized. Referencing his preceptor, Henry stated, "…it helped a lot, because otherwise I probably would have just sunk."

The new ASDBGN may be singled out as a target by an influential professional. This can have the reverse effect by bringing the ASDBGN into the team as other nurses feel empathy for the plight of the new graduate, and thus demonstrate *rescuing* behaviors as articulated by Walter. Walter appreciated another nurse's support when she declared, "He was just showing out" following a healthcare team member's declaration that the new graduate, "was slow."

During *getting started*, *supporting relationships* are critical. Maintaining *supporting relationships* with ASDBGN colleagues provides a starting point. Social networking sites such as *Facebook* are used as a means to keep in touch with ASDBGN classmates who provided *supporting relationships* in the past, regardless of their current address. Maintaining past *supporting relationships* with peers from the ASDBGN program while cultivating new *supporting relationships* is important because ASDBGN colleagues have a unique understanding of the lived experience of an ASDBGN.

Supporting relationships are fragile in the healthcare environment and may be compromised by lack of adequate staffing on a unit, staffing mix, change in shift assignments or

rotations within the shift, and job turnover. *Supporting relationships* is vital in this stage because new ASDBGNs do not have sufficient experience, nursing skills, or *clinical judgment* to function in the role of an expert nurse. Grace voiced gratitude toward other nurses, "I have been very fortunate and very grateful. All the nurses that I have worked so far have been very supportive and understanding and helpful for me." Betty described *supporting relationships*, "…there are certain people you know that you can go to… who've been around for a long time."

The processes and fundamental patterns of behavior that hinder *team work* include *lacking team work, fragmenting, voicelessness, oppressing, moral distress, territorial behaviors*, and *reality shock*. Several factors contribute to the ASDBGNs' initial feelings of *lacking team work*. Census and workload have a direct effect on unit and facility finances. These staffing and financial constraints dictate inconsistent shift and rotation assignments with consequential *fragmenting* of team building. Inconsistent shift and rotation assignments dictate that ASDBGNs must work with many different people. This *fragmenting* of team building, although readily apparent to an ASDBGN whose previous job enhanced team work through consistent assignments of the same people all day, every day, is not a priority within the healthcare system.

Lacking team work ranges from *voicelessness* as punctuated by Walter, "Sometimes I feel invisible. The other night some of the nurses were planning to go out to eat and my preceptor looked around me to invite another nurse to go with them" to *oppressing* as articulated by Henry, "They like to see if you fall, will you be able to get back up?" *Oppressing* may be demonstrated by members of the healthcare team who see the new ASDBGN as different and less powerful. *Oppressing* may escalate to extreme conditions in which both the ASDBGN's and patients' safety are at risk. Margaret explained several examples of *oppressing* by a nurse in a position of authority and her ensuing *moral distress*. These exploits included assigning the ASDBGN

additional patients without notification, screaming at the new graduate in front of patients, requiring the graduate to call the physician regarding trivial matters while ignoring serious commissions and omissions, and further forcing the new graduate to give medications against facility policy. Margaret described her *moral distress* as, "I felt like a kicked dog once I stopped and thought about it."

Nurses who demonstrate *territorial behaviors* are unwelcoming to new ASDBGNs. Feelings of being unwelcome on the unit result from occurrences such as derogatory comments made to the new nurse, sometimes in front of patients, as well as a general bad attitude toward the new arrival. Attempts to set territorial boundaries may be exemplified through nurses' "showing off" their knowledge to the ASDBGN. Nurses already on the unit may also demonstrate *territorial behaviors* because the addition of a new nurse decreases opportunities for financial or personal gain. Examples include less overtime, being floated to other units, or a work schedule that is personally less attractive. The threat of the new ASDBGN may be as simple as the revision of the schedule to which they have grown accustomed, even if the new schedule meets their personal needs. Thus, *territorial behaviors* are demonstrated because the addition of a new ASDBGN upsets the status quo. *Territorial behaviors* may be especially acute because ASDBGNs are not afraid to challenge the familiar way of life within the nursing environment. This can be upsetting to the nurses on the unit even if changes improve their work conditions. This phenomenon was exemplified by Margaret:

> Sometimes when you bring on new people, and they don't accept things the way they are. The others think 'it has always been that way.' For example, there was no hot water in the rooms. We had to microwave water to have hot water. I was the new person, and I said, 'This is dangerous'. I was told that it had been a problem for 15-20 years, and it had

something to do with the building, and it had always been that way and could not be changed. I said I thought there was something that could be done. It got fixed, and it was hard for some to accept that something that had been that way for years got changed, because it had, 'always been that way'.

The dissonance between theory and practice related to team work is a *reality shock* for ASDBGNs. For example, both clinical and didactic faculty highlight the importance of *team work* as explained by Betty whose clinical faculty sanctioned, "You will work as a team, because when you are on the floor even though you're working by yourself...you will have to work with the rest of the nurses. You will work as a team." Nevertheless, *team work* is an iterative process that builds over time. Henry noted, "You have to *give* if you want to *get back*." The ASDBGN may *give* in the form of nursing skills that are valued within the nursing group such as competently inserting intravenous catheters and nasogastric tubes. As articulated by Grace, possessing nursing skills allows the new graduate nurse to work with the nurses on the unit and to, "not be a bother to them". Once an ASDBGN possesses skills that are valued by others, nurses on the unit are willing to ask ASDBGNs for assistance, and the new nurse becomes a part of the team. This process is further encumbered during the first months because the new ASDBGN is focused on learning nursing skills, which leaves little time for team building with other nurses. *Getting back* for ASDBGNs equates to receiving assistance from nurses on the unit. After 4 months as an RN, Grace stated she felt that she was an integral part of the team. She noted that her coworkers supported her and further, "They go out of their way to help me."

Coming Out On Top

The fourth stage of the substantive *Theory of Overcoming: ASDBGN Transition to Professional Nursing Practice* is *coming out on top* (see Table F3). *Coming out on top* begins

with 1 year of clinical nursing practice when the ASDBGN begins to have *confidence* and starts *feeling like a nurse* and ends when the ASDBGN commonly has 2 years of clinical nursing practice and possesses *clinical judgment,* and thus transitions to the *mastering* stage. Once again the transition process is not linear and some ASDBGNs take less time, while some require a longer time frame in order to move to the next stage of the process. It is important to recall that job turnover or inconsistent unit assignments delay advancement through these stages because ASDBGNs must acclimate to unfamiliar assignments. There is no critical event that distinguishes *coming out on top* from the next stage *mastering*. The ASDBGN must reflect on clinical nursing practice and with self awareness assess the transition to the *mastering* stage.

The following three categories explain *coming out on top*: *confidence, prioritizing,* and *team work.* This stage provides solace from *stressing, lacking team work,* and other processes and behaviors that hinder ASDBGNs in the *getting started* stage because the ASDBGN begins to have *confidence* in their nursing ability as the first incidences of *feeling like a nurse* occur. At this stage the ASDBGN begins *prioritizing*, thus *fast paced* becomes manageable and *pressing for time* becomes the expected pace. Nevertheless, *team work* and *supporting relationships* remain essential and must be cultivated.

Confidence. The perils of the *getting started* stage are stressful for the new ASDBGN; nevertheless, as the ASDBGN gains experience and clinical skills, *confidence* improves. One fundamental pattern of behavior related to *confidence* and that facilitates ASDBGN transition to professional nursing practice is *feeling like a nurse*. *Feeling like a nurse* may occur gradually over time or may be brought about by a particular incidence. *Feeling like a nurse* provides encouragement for the new ASDBGN to continue on the transition to professional practice journey. Some ASDBGNs describe *feeling like a nurse* as feeling less anxious and uncertain

regarding clinical nursing practice. Pam explained, "Nothing particular happened…just began to feel like…I could handle it." Susan, on the other hand had a clear occurrence related to feeling like a nurse, "The turning point when I began to feel comfortable was when a surgery unit charge nurse could not get an IV, and I was able to get it." Henry had a similar experience, "…I realized I was a nurse because these other nurses, who probably had a lot more experience than me…were just like, 'Aah! We need somebody else to come take care of this!' And I said, 'Okay. I'll take care of her'." Not all occurrences of *feeling like a nurse* are related to clinical skills. During this stage Margaret had a terminal patient whose family required a caring, compassionate nurse. She articulated, "The sister was leaving, and she said to me, 'You are a real nurse'."

One process and fundamental pattern of behavior that is dissimilar to *confidence* and that hinders ASDBGN transition is *being unprepared*. A particular chasm for ASDBGN during *coming out on top* are continued issues with nursing skills especially those that are not used frequently or if the job requires caring for many different types of patients. Erica noted, "…if someone coded, I didn't feel good about it." At 16 months as an RN, Pam expressed, "...wished…could have the same type patients every day because having so many different type patients and what all you have to know is 'sometimes overwhelming'."

Prioritizing. As ASDBGNs gain experience, *prioritizing* care becomes less of a task and the *fast paced* clinical nursing environment becomes *manageable,* although *pressing for time* is a constant battle. Henry found that *prioritizing* was easier at approximately 1 year of clinical nursing practice. Pam explained *prioritizing*, "…ability to focus on the primary issues rather than the many others things that were going on that weren't that important…"

Team work. During the *coming out on top* stage, *team work* remains a priority. Nurse turnover hinders *team work* as new nurses join the team and others leave. Betty spoke of *team*

work, "…one of the biggest compliments I got when I worked my first nursing job was, 'I'll work behind you anytime'."

The fundamental pattern of behavior that facilitates transition and that is related to *team work* during the *coming out on top* stage is *supporting relationships. Supporting relationships* provide a buffer for the chaotic clinical practice environment and may decrease nurse turnover. Pam noted, "…relationships with others that work on the unit are primary motivators for staying on the unit."

Lacking team work is similar to incidences in the *getting started* stage. Henry explained, "…they kind of watch you. And if something's going wrong, they just watch. They don't really help unless you are just begging them for help, and I think it's just they figure out how much you can do on your own. But even then, they're not as quick to help." A difference in this stage is that the ASDBGN is gaining confidence and, thus becomes more assertive. Henry further explained, "I had to be the squeaky wheel. I had to be like, 'Hey! I'm not very proficient with this. I don't know what's going on with this…'You got to get over here and show me how to work this…drain'."

There is no critical event that distinguishes *coming out on top* from *mastering*, however, ASDBGNs' assessment of clinical nursing practice through reflection and self awareness allows insight into transition. *Mastering* is heralded by incidences of trusting *clinical judgment* and occurs at approximately 2 years of clinical nursing practice.

Mastering

The fifth and final stage of the substantive *Theory of Overcoming: ASDBGN Transition to Professional Nursing Practice* is *mastering* (see Table F4). *Mastering* begins with approximately 2 years of clinical nursing practice. This stage is distinguished from *coming out*

on top by the acquisition of *clinical judgment.* Four categories explain *mastering*: *clinical judgment, camaraderie, beyond licensure,* and *pressing for time*.

The beginning of the *mastering* stage is heralded by incidences of *clinical judgment* in which the ASDBGN applies discrete clinical findings to nursing practice. As previously discussed, the transition process is not linear and some ASDBGNs take less time, while some require a longer time frame in order to move *from coming out on top* to *mastering*. It is also important to recall that job turnover and inconsistent unit assignments delay advancement through these stages because ASDBGNs must acclimate to unfamiliar assignments. There is no critical event that distinguishes *coming out on top* from *mastering*. The ASDBGN must ascertain the stage through self-awareness and reflection on clinical practice. The *mastering* stage completes the transition to professional practice for ASDBGNs.

During *mastering*, the ASDBGN accomplishes a sense of *camaraderie* with other members of the healthcare team. *Camaraderie* is a stabilizing force for the fast paced, chaotic clinical nursing practice environment. *Going beyond licensure* and *specializing* also facilitates transition. *Fast paced* remains a reality but is viewed as manageable.

Clinical judgment. Prior to the *mastering* stage, ASDBGNs depend for the most part on received knowledge from faculty, nurses, members of the healthcare, and others to guide their clinical nursing practice. Incidences of *clinical judgment* in which the ASDBGN applies discrete clinical findings to nursing practice boosts the ASDBGNs' confidence. Henry explained that he recognized a patient's distress and reacted immediately in order to rescue the patient.

Continuous learning, both experiential and continuing education, promotes self-confidence and provides additional underpinnings for *clinical judgment* beyond *feeling like a nurse*. At times, ASDBGNs are unable to articulate "how they know what they know" related to

clinical judgment, a phenomenon that reaches beyond intuition. Betty explained, "You just see something and you go, 'Something ain't right'." Nevertheless, 24 months of clinical nursing experience does not equate to being an expert nurse, and ASDBGNs generally understand the limitations of their knowledge and experience. With 24 months of RN clinical experience, Pam noted, "I learn every day." She acknowledged her limitations, "There are still times I question something, and then I have someone else look too."

One concept related *to clinical judgment* in the *mastering* stage that facilitates *clinical judgment* is *continuous learning*. Having completed at least two baccalaureate degrees, ASDBGNs understand the importance of *continuous learning*. Accelerated second-degree baccalaureate graduate nurses are assertive regarding learning needs because they understand the mandate to remain competent within the ever changing healthcare environment. Erica summarized, "There is an awful lot I would have to learn and an awful lot that I would have to do to become very good at what I am doing."

Camaraderie. Defined as, "a spirit of friendly good-fellowship" (Camaraderie, 2010, ¶ 2) camaraderie encompasses *team work*, but is more powerful. One concept related to *camaraderie* was deemed important related to the processes and fundamental patterns of behavior that facilitate ASDBGN transition, *team work. Team work* has significant ramifications for patient care. Following 2 years of nursing experience, most ASDBGNs accomplish being part of the team as voiced by Erica, "The physicians, the nurses and me as part of the team can handle anything." When this spirit is substantiated, *team work* becomes *camaraderie*.

Camaraderie among nurses reaches beyond *team work* and is a powerful motivator for new ASDBGNs. The motivation realized through *camaraderie* becomes a sense of nursing identity as espoused by Grace who declared, "Because of them, I feel good about my job." As

ASDBGNs build friendships with peer nurses and members of the healthcare team, the resultant self-confidence as stated by Pam elevated her to, "the caliber of the other nurses" and thwarted her thoughts of leaving her nursing unit. Nevertheless, *camaraderie* among nurses is an elusive attribute as supported by Pam, "Nurses…are not quick to let some in, to know them personally." At times, the obscure nature of camaraderie is the result of the high graduate nurse turnover rate, especially in intensive care units and emergency departments, which are required training ground for students planning to return for some graduate degrees. Pam described the feeling of nurses in these units, "They feel like they have helped them along, and then they leave." This is important because job turnover is associated with *lacking continuous learning*.

Lacking team work is a category property of *camaraderie* and thus dissimilar to the distinguishing attributes explained previously. *Lacking team work* ranges from seasoned nurses' refusal to seek help from others when it is needed while working on stressful units to showing off in order to demonstrate the nurse's knowledge and identified place on the unit. Henry expressed that much of *lacking team work* was based on the particular environment and culture. Betty had 23 months of clinical nursing experience as an RN. Referencing "attitudes you gotta deal with", she noted, "…you don't really see as a student. You don't see it until you're, until you're working as a nurse."

Beyond licensure. Included in incidences of *beyond licensure* are *specializing* that facilitates ASDBGN transition and a dissimilar incidence of *beyond licensure, keeping ties to patient care. Beyond licensure* includes the ASDBNs' deliberation of returning to nursing school for a master's or doctoral degree. As discussed under *benefiting* in the first stage of the substantive *Theory of Overcoming: ASDBGN Transition to Professional Nursing Practice, Reality Check,* some individuals make the decision to complete an ASDBN program with a

career trajectory that includes graduate school. Erica had considered medical school, however, after allowing for the impact of a medical career on her family, she set her career plans to include completion of an ASDBN program, working as an RN after graduation, and finally CRNA School, "…we decided that would be a good option for our family…" In fact, 29 months post ASDBN program graduation; Erica had quit work and was attending CRNA School. Mary's career trajectory was clear and steadfast. At 17 months postgraduation from her ASDBN program, she completed her master's in nursing degree and planned to enroll in a DNP degree program.

Some individual's plans *beyond licensure* were less structured. Wilma noted, "I'm going to work for a while at least. I could see myself getting a year or two in, and ideally I think working as a …I'd really like to be a nurse practitioner." Likewise, Tracy established, "I do want to teach, go on and teach…", however, her discovery was made as a result of her accelerated nursing school experience, "…when I eventually get to teach I would definitely know what I would like to correct in the process."

Specializing denotes the ASDBGNs' consideration of seeking certification in a nursing specialty. Thoughts of a favored nursing specialty begin early in the transition process as nurses make decisions about clinical and jobs. Specialty nursing certification becomes an option for professional nurses during this stage because 2 years of clinical practice in a specialty is required for most certifications. Nursing specialty certification recognizes knowledge and skills beyond licensure. Preparation courses often precede taking the examination, and once qualified, the professional nurse must schedule and pass the exam in order to be certified in the specialty area. Having met the requirements for specialty certification in her clinical nursing area, Betty was preparing for her specialty exam and summed up, "So…this is for me."

Keeping ties to patient care represents dissimilar incidences of ASDBGNs who choose to remain in clinical practice without going *beyond licensure* for an advanced degree. Returning to graduate school is viewed as a pathway away from bedside nursing. Some ASDBGNs plan to return to graduate school. On the other hand, when the pull of *keeping ties to patient care* is strong, ASDBGNs make plans to work as much as possible while attending school, although they acknowledge that graduate level work generally requires a reduction in hours as a staff nurse. Pam stated, "I love working at the bedside, but would like to go back to school." In order to keep ties to the bedside, some ASDBGNs postpone returning to graduate school until they have 2 or more years of clinical practice.

Pressing for time. During the mastering stage, the fast pace of clinical nursing practice is described as manageable, yet difficult. When elaborating on the chaotic environment of her clinical nursing unit, Betty described *pressing for time*, "…you are running…". Henry explained that he was always *pressing for time* at work; nevertheless he equated the pace of the clinical nursing environment to the pace he had grown accustomed to because he worked fulltime through the accelerated nursing program.

Mastering is the final stage of the substantive *Theory of Overcoming: ASDBGN Transition to Professional Nursing Practice.* Accelerated second-degree baccalaureate graduate nurses transition to professional nursing practice when they have experienced approximately 2 years of nursing practice in a clinical area At the end of *mastering,* ASDBGNs are capable of acceptable performance.

Study Limitations

The substantive *Theory of Overcoming: ASDBGN Transition to Professional Nursing Practice* provides a beginning explanation of what is going on in the complex world of

ASDBGNs . Grounded theory is grounded and tested against human experiences; therefore, the substantive *Theory of Overcoming: ASDBGN Transition to Professional Nursing Practice* may be applied directly to practice or used in the evaluation of practice without quantitative theory testing or instrument development within the limited scope of ASDBGNs. The identified properties of the transition process explain processes and behavioral patterns that facilitate and hinder ASDBGN transition. These properties of process are not time or place bound and may be applied to practice and will transfer with modification from the limited scope of this substantive theory to processes of a larger scope, formal theory. Generalizability is not through description of the theoretical sample, rather through the BSP, *overcoming*, which had emergent fit and may relate to seemingly disparate situations (Glaser, 2002).

Modification of the substantive *Theory of Overcoming: ASDBGN Transition to Professional Nursing Practice* will be based on emergent fit of subsequent research. The substantive theory may be generalized following modification to different, but similar social structures in the same substantive area, and thus used to understand *overcoming* in different areas.

Summary of Results

This modified grounded theory study generated a substantive *Theory of Overcoming: ASDBGN Transition to Professional Nursing Practice* that explains how ASDBGNs transition to professional nursing practice by progressing through five stages: *reality check, goaling, getting started, coming out on top,* and *mastering.* The five stages differentiate and account for variations in transition processes and participant patterns of behavior, denote change and movement over time, and describe the phenomenon theoretically. These five stages explain,

overcoming, the BSP that accounts for most of the variation in the process of ASDBGN transition to professional nursing practice.

CHAPTER 5

DISCUSSION AND RECOMMENDATIONS

Overview

The purpose of this investigation was to generate a substantive theory of ASDBGN transition to professional nursing practice. A large amount of graduate nurse research and anecdotal findings are found in the literature related to the transition experiences of traditional BSN students, however, the transition experiences of ASDBGNs are not well defined. The scant research findings related to ASDBN programs reflect the absence of an evidence-based foundation for these programs.

A qualitative approach was used to reach beyond the known in order to make discoveries leading to empirical knowledge to guide nursing education, policy, and clinical practice. This modified grounded theory study produced the substantive *Theory of Overcoming: ASDBGN Transition to Professional Nursing Practice.* The following modified ground theory methodologies were used: conceptualization, theoretical sensitivity, allowing the data to emerge through the use of grounded theory methods, establishing credibility of the theory, and identification of a basic social process. The meticulous use of constant comparative method of joint data collection, coding, analysis, and memoing revealed five stages that explained the processes and fundamental patterns of behavior that facilitate and hinder the transition process for ASDBGNs. Given the state of the science in graduate nurse transition research, what was needed was to move beyond description to an understanding of the processes by which they transpire.

Integration into the Literature

Four theories and models were particularly relevant to this study. However, none are in the substantive area of ASDBGNs. The transition to professional practice in these theories and models describe and explain graduate nurse transition to professional practice following program graduation, however, they do not address the entire process from potential nursing student through the transition to professional nursing practice.

Kramer's (1974, p. 3) "reality shock" theory outlined the problematic socialization of graduate nurses into professional nursing practice. Some of the problematic behaviors described by Kramer were replicated in this study and additional challenging processes and patterns of behavior were elucidated. In this study, these processes and problematic behaviors represent dissimilar incidences of a category related to processes and patterns of behavior that facilitate ASDBGN transition to professional nursing practice. *Reality shock* was identified as a category property of *team work* in the third stage, *getting started,* in the substantive *Theory of Overcoming: ASDBGN Transition to Professional Nursing Practice.* Three codes, *precepting, rescuing,* and *supporting relationships,* were identified as processes and behaviors that facilitated transition related to the category *team work.*

The researcher used Benner's (1984) novice to expert model for the initial purposeful participant sample for the study because Benner described that the process of graduate nurse transition to professional nursing practice occurred over the first 2 years. Benner explained that nurses at the advanced beginner level, with approximately 2 years of professional nursing practice, were capable of marginally acceptable performance. Her focus was on the development of nurses' knowledge embedded within nursing practice. Findings from the current study concur because ASDBGNs progress to the final stage of their transition, *mastering,* at approximately the

second year of clinical practice in a nursing area. In this study, *mastering* was heralded by incidences of *clinical judgment* in which the ASDBGN applied discrete clinical findings to nursing practice.

Benner's (1984) model emphasized the skill acquisition that occurred for new graduate nurses as well as nurses in new practice settings. This was important because findings from the current study found that job turnover and inconsistent unit assignments delayed advancement through stages three, four, and five; and advancement to the next stage from stages three and four because ASDBGNs require additional time in order to adjust to unfamiliar assignments.

Duchscher's (2007) *Transition Shock Model*© contrasted the expectations of graduate nurses from the familiar world of academia to the less familiar world of practice. Although Duchscher's sample consisted of newly graduated acute care female RNs, the results of the first year of graduate nurse transition were similar to those in the current study. Examples from this study that concur with Duchscher's study include factors that hinder transition during *getting started*, the first six months of clinical nursing practice: *being unprepared, stressing,* and *lacking team work.* In the second stage, *coming out on top,* all three categories *confidence, prioritizing,* and *team work* that facilitate ASDBGN transition to professional nursing practice were similar to Duchscher's findings.

One model provides a time-specific theoretical framework for understanding graduate nurse transition in acute care facilities, Duchscher's (2007) *Stages of Transition Model*©. Duchscher explained three stages encompassed in the first 12 months of professional nursing practice for female graduate nurses as, "doing, being, and knowing" (p. 122). These stages are similar to stages three and four, *getting started* and *coming out on top,* in the substantive *Theory of Overcoming: ASDBGN Transition to Professional Nursing Practice.* Graduate nurses in

Duchscher's study progressed through similar stages from threats to their personal and professional selves to familiarity and comfort in their nursing roles, responsibilities, and relationships after one year of clinical practice. In this study, *getting started*, the first year of clinical nursing practice for ASDBGNs was *stressing*. From employment to 1 year, ASDBGNs experienced *getting started* and at 1 year *coming out on top* characterized as having *confidence* in their ability as a nurse and the capacity of ASDBGNs to articulate *feeling like a nurse*.

Implications for Nursing Education, Policy, Practice, and Research

Findings from this study provide a beginning evidence-base related to ASDBGN transition. The research findings also contribute to the literature related to the efficacy and outcomes of ASDBGN programs. Understanding the substantive *Theory of Overcoming: ASDBGN Transition to Professional Nursing Practice* will provide insight into transition problems and clarify strategies that may improve the graduate nurse transition process. Outcomes of the study are important for nursing education, policy, and clinical practice related to this growing student population.

Nursing Education

The results of this study have several implications for nursing education. Findings are provided related to each stage of the transition to professional practice for ASDBGNs.

Reality check. During the *reality check* stage, potential ASDBN students are *considering options* and are particularly amenable to *influencing* and *encouraging* by others, especially a nurse. Nursing program recruitment staff should consider retaining a nurse as a team member, particularly an *encouraging* individual with awareness of *lacking confidence* of potential ASDBN students. Additional areas of focus during this stage when potential ASDBN students

are *considering options* are excellent customer service skills for advisors and faculty as well as the quality characteristics of the school of nursing website.

Particularly important associated to this stage is the need for effective advisement, especially related to *financing* and *preparing to start* issues including program prerequisites. Waiting lists for admission are particularly *discouraging* and may require policy revisions, partnering with others, or political action.

Goaling. Academia is the primary area of focus during this stage. Caution is advised related to *being special* which sets the stage for *factioning* between traditional and accelerated cohorts. Efforts should be made to socialize ASDBN students across student groups. Following graduation these two groups will be working collaboratively as members of the healthcare team in which *supporting relationships* are needed for survival. Fostering *supporting relationships* among student groups and between faculty and students sets the stage for success.

In this study, *being special* resulted in ASDBGN self-confidence that provided the students with an advantage during job interviews; therefore, efforts to enhance *being special* across student groups should be considered. Caution is advised because socializing students to *being special* may translate to others as over confidence, thus *being special* is both an opportunity and a threat.

Accelerated second-degree baccalaureate degree nursing students bring rich *life experiences* and diversity to the academic setting and faculty and students must respect such multiplicity. Reflective journaling by faculty and ASDBN students may assist with self awareness and social appropriateness related to diversity.

Curriculum planning and evaluation are vital parts of successful ASDBN programs. Building on previous learning is especially important for this group because of their prior

baccalaureate degree; therefore, previous academic and experiential learning of ASDBN students should be considered at the beginning of the program of study and throughout the accelerated curriculum. During curriculum evaluation academic leaders and faculty should also scrutinize for *busy work* especially if the course or content repeats previous learning for ASDBN students. *Accelerated learning* requires students to amass a large body of knowledge *fast paced*, thus it is important that university leaders and faculty analyze key student and program outcomes during curricula evaluations.

Faculty must also be cognizant of ASDBN students' approach to *fast paced* that include setting goals, then *cramming* to meet the goals and then moving on to the next goal. Repercussions of these *accelerated learning* tactics include scant time for reflection and dialogue related to course work and clinicals. Considering that the intense nature of the program is stressful and *not for everyone*, faculty should remain alert for students who may be at risk for *being decelerated* or for attrition. Attrition rates must be monitored closely and program planners should consider a balance of the fast paced program of study with needed breaks to recover.

Faculty play a role related to *competing* and *staturing*. Being respectful, active listening, and acknowledging the accomplishments of ASDBN students decreases the need for *staturing*. Including teaching strategies that focus on learning rather than grades is another tactic.

While *standardized testing* is a source of stressing for ASDBG students, the strategy is also *motivating* for students related to personal learning and focus on preparation for NCLEX-RN. Faculty and academic leaders must carefully assess the benefits and risks of *standardized testing*. Of upmost importance is student awareness of policies and procedures related to *standardized testing*.

Getting started. While academia's primary role resonates in the *goaling* stage, *getting started* should be a joint responsibility between education and practice arenas. *Precepting* was identified as a major factor in the successful transition of ASDBGN to professional nursing practice. Education and practice personnel could collaborate and create a common preceptor training program. Following graduation, faculty should play a role in *supporting relationships* that are vitally important during this stage of ASDBGN transition to profession practice. Faculty would be invaluable in counseling, sponsoring, and mentoring roles.

Coming out on top. From 1 to 2 years of clinical nursing practice, faculty could continue in the *supporting relationships* previously described. An additional consideration is a formal residency program accredited by the AACN which was discussed in the review of the literature.

Mastering. Beginning the second year of professional nursing practice many ASDBGNs consider *specializing* or returning for a graduate degree *beyond licensure*. Academic and practice setting might partner to complete a join study program prior to specialty exams. Collaborative continuing education is another option because *lacking continuous learning* hinders *clinical judgment* in this stage. Finally, academic and practice partnerships for ASDBGNs who desire a graduate degree would benefit both entities.

Nursing practice leaders have a lack of understanding regarding the curricula and required outcomes for ASDBN programs. Academic leaders are charged to raise awareness because *biasing* related to this program of study has the potential to harm the reputation of the programs, students, and graduates.

Nursing Policy

Findings from this study reveal some areas of needed nursing policy. *Financing* is a major barrier for enrollment for ASDBGNs. Although there is limited financial aid and some

healthcare systems offer monies secured by contract agreement with students for work at the facility following graduation, additional funding must be sought because the intense nature of the ASDBGN curricula negates fulltime employment. Students in ASDBN programs who work during the course of study report that it was the *hardest thing I have even done*.

Orienting and *precepting* vary greatly throughout the U. S. healthcare nursing structure. There are no universally accepted standards related to the introduction of these vulnerable professionals to the chaotic healthcare environment. This is a crucial juncture for ASDBGNs, and a uniform approach such as the nurse residency program accredited by AACN would enhance the commencement of the ASDBGNs' professional nursing career. This approach would assist to standardize and stabilize the processes that facilitate and hinder ASDBGN transition to professional nursing practice.

Nursing Practice

As described above, personnel in the practice arena would benefit from collaborative work with academia related to nursing residencies, continuing education, and *supporting relationships* for ASDBGNs. This is particularly important because in this study *supporting relationships* provided a buffer for the chaotic healthcare environment and thwarted nurse turnover.

A critical area of focus in practice settings is the first year of professional practice for ASDBGNs, the *getting started* stage. Thirteen category properties were identified during this stage that hinder ASDBGN transition. Grounded theory is grounded in the data of human experiences, thus the findings may be applied directly to practice. Practice leaders should provide human and financial resources needed to overcome these barriers to successful transition for ASDBGNs.

Nursing Research

Subsequent research will be used to expand upon the substantive *Theory of Overcoming: ASDBGN Transition to Professional Nursing Practice* through emergent fit. The substantive theory may be generalized following modification to different, but similar social structures in the same substantive area, and thus used to understand *overcoming* in different areas. The transition experience of additional populations that are not well understood include males and minority populations.

An additional area of potential research is related to the unintentional finding in this study that ASDBGNs were acclimated to the fast pace of nursing through exposure to the intense accelerated program. Participants voiced that the *fast paced* nature of clinical nursing practice was just *more of the same*. Additional study to identify whether traditional students would benefit from modification in the usual nursing program to a more compressed curriculum might ease the transition to professional nursing practice for traditional nursing program graduates.

Conclusion

Accelerated second-degree baccalaureate graduate nurses transition to professional nursing practice by way of the BSP, *overcoming*, which is the aggregate pattern of behavior used to resolve the main concern of participants in this modified grounded theory study. The identified BSP encompassed five stages: *reality check, goaling, getting started, coming out on top,* and *mastering*. Due to the modifiable nature of grounded theory methodology, ETSU Campus IRB Approval – Continuing Expedited Review (see appendix G), and an Updated IC document (see appendix H) were secured. This study provides a beginning explanation of how ASDBGNs transition to professional nursing practice as well as the processes and fundamental patterns of behavior that facilitate and hinder transition for this growing student population.

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APPENDICES

Appendix A

ETSU Campus IRB Approval

ETSU

East Tennessee State University
Office for the Protection of Human Research Subjects • Box 70565 • Johnson City, Tennessee 37614-1707 • (423) 439-6053
Fax: (423) 439-6060

APPROVAL
Initial Expedited

April 10, 2009

Sandy Calhoun
College of Nursing
Box 70658

Re: A Theory of Accelerated Second Degree Baccalaureate Graduate Nurse Transition to Professional Nursing Practice
IRB#: c08-223s
ORSPA#: none

The following items were reviewed and approved:

- Form 103
- Narrative (04/07/2009)
- ICD
- Advertisement for American Nurse Today
- Telephone Script
- Demographics sheet
- Cover letter for ICD
- Potential Conflict of Interest Form (no conflict of interest identified)
- Assurance Statement
- CV

On **April 9, 2009** a final approval was granted for a period not to exceed 12 months and **will expire on 04/10/2010**. Your Continuing Review is scheduled for **02/04/2010**. The expedited approval of the study and requested changes will be reported to the convened board on May 7, 2009.

The following **enclosed stamped, approved ICD** has been stamped with the approval and expiration date and this document must be copied and provided to each participant prior to participant enrollment:

Full AAHRPP Accreditation

Accredited Since December 2005

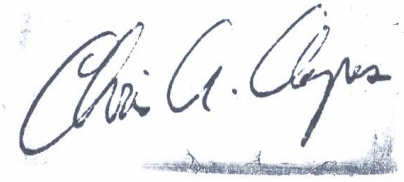
- Informed Consent Document and cover letter **(expires 4/10/2010)**

Federal regulations require that the original copy of the participant's consent be maintained in the principal investigator's files and that a copy is given to the subject at the time of consent.

Unanticipated Problems Involving Risks to Subjects or Others must be reported to the IRB (and VA R&D if applicable) within 10 working days.

Proposed changes in approved research cannot be initiated without IRB review and approval. The only exception to this rule is that a change can be made prior to IRB approval when necessary to eliminate apparent immediate hazards to the research subjects [21 CFR 56.108 (a)(4)]. In such a case, the IRB must be promptly informed of the change following its implementation (within 10 working days) on Form 109 (www.etsu.edu/irb). The IRB will review the change to determine that it is consistent with ensuring the subject's continued welfare.

Sincerely,



Chris Ayres, Chair
ETSU Campus Institutional Review Board

Appendix B

Cover Letter

Sandy K. Calhoun, PhD(c), MSN, RN
108 Arondale Court
Kingsport, Tennessee 37664

Date

Name, Title
Address of Recipient

Dear Perspective Study Participant:

Thank you for your interest in the research study, "A Theory of Second Degree Accelerated Baccalaureate Graduate Nurse Transition to Professional Nursing Practice." To continue the informed consent process, the Informed Consent document is forwarded to you with this letter. Please read the Informed Consent document carefully and contact the Principal Investigator (PI), Sandy K. Calhoun, toll free, at 866.976.GRAD (866.976.4723) if you have any questions or concerns or if you decide that you do not want to participate in the study.

The informed consent document is attached. Please read the document carefully, sign, and print name and date on the informed consent document. Scan the written signed informed consent, and forward the signed document to the PI via attachment to E-mail to calhouns@etsu.edu or send via U.S. Postal Service to: Sandy K. Calhoun, 108 Arondale Court, Kingsport, Tennessee 37664. Please retain the written signed copy of the informed consent document for your records.

Your interest in the study is appreciated.

Sincerely,

Sandy K. Calhoun
Principal Investigator

APPROVED
BY THE ETSU / VAIRB
APR 09 2009
BY cw
CHAIR/IRB COORDINATOR

Document Version Expires
APR 10 2010
ETSU/VA IRB

Appendix C

Informed Consent

PRINCIPAL INVESTIGATOR: Sandy K. Calhoun, PhD(c), MSN, RN

TITLE OF PROJECT: A Theory of Accelerated Second Degree Baccalaureate Graduate Nurse Transition to Professional Nursing Practice

This Informed Consent will explain about being a participant in a research study. It is important that you read this material carefully and then decide if you wish to be a part of the study.

PURPOSE

The purposes of this research study are to:

1. Learn what assists and hampers graduate nurses' transition to professional nursing practice and use the knowledge to inform nurse educators, facility leaders, and policy makers.
2. Generate a theory of accelerated second degree baccalaureate gradate nurse transition to professional nursing practice.

DURATION

The initial interview will last approximately one to two hours. As the study progresses, based on study findings, the investigator may request additional interviews each lasting approximately one to two hours. You may decline or stop an interview at any time. Participants will be provided with a summary of study findings. You will be requested to read a summary of the study findings and share your perceptions with the investigator over the telephone or via E-mail; estimated time to complete is 30 minutes.

PROCEDURES

You will be interviewed individually either via telephone or face to face regarding your experience of transition to professional nursing practice. You will also be asked a set of demographic questions such as age, gender, address, length of time as an RN, etc. Examples of interview questions include: "Tell me why you chose to become a nurse." "Tell me about your first six months as an RN." "Discuss a situation when your nursing education program made a difference in your transition from student to RN." The interview(s) will be audiotaped and transcribed. You will be sent a summary of findings and asked for your opinion regarding whether findings match your experiences.

ALTERNATIVE PROCEDURES/TEATMENTS

There are no alternative procedures to participation.

POSSIBLE RISKS/DISCOMFORTS

You may feel uncomfortable talking about some things. You are free to decline to answer any question(s) that you do not want to answer, or you may withdraw participation in the study at any time without penalty.

APPROVED
BY THE ETSU / VAIRB
APR 09 2009
BY CW
CHAIR/IRB COORDINATOR

Document Version Expires
APR 10 2010
ETSU/VA IRB

PRINCIPAL INVESTIGATOR: Sandy K. Calhoun, PhD(c), MSN, RN

TITLE OF PROJECT: A Theory of Accelerated Second Degree Baccalaureate Graduate Nurse Transition to Professional Nursing Practice

POSSIBLE BENEFITS

There will be no direct benefit to you for participating in the research study other than the opportunity to share your perceptions of the experiences of accelerated second degree baccalaureate graduate nurses' transition to professional nursing practice.

FINANCIAL COSTS

The investigator will provide a toll free number to conduct telephone interviews. If you decide to send the informed consent document back to the Principal Investigator via U.S. Postal service, you will incur the cost of a first class stamp.

COMPENSATION IN THE FORM OF PAYMENTS TO RESEARCH PARTICIPANTS

You will receive an honorarium of $10 for each interview that you complete. Your honorarium, in the form of a check, will be mailed to you within one week of completion of an interview to the address that you provide to the investigator.

VOLUNTARY PARTICIPATION

You are free to choose to not participate in this research study. You may quit at any time. There is no penalty if you decide to not participate or if you decide to stop at any time. You may quit by notifying Sandy K. Calhoun by telephone at 866.976.GRAD (866.976.4723).

CONTACT FOR QUESTIONS

If you have any questions or research-related problems at any time, you may contact Sandy K. Calhoun, principal investigator, at 866.976.GRAD (866.976.4723) or Dr. Kathleen Rayman, Dissertation Chair, at 423.439.4589. You may call the Chairman of the Institutional Review Board (IRB) at 423.439.6054 for any questions you may have about your rights as a research participant. If you have any questions or concerns about the research and want to talk to someone independent of the investigator or you cannot reach the principal investigator, you may call an IRB Coordinator at 423.439.6055 or 423.439.6002.

CONFIDENTIALITY

The records from this study will be kept as confidential as possible. No individual identities will be used in any reports, presentations, or publications resulting from the study. All tapes, transcripts and summaries will be given codes and stored separately from any names or other direct identification of participants. Research information will be kept in locked files at all times at the principal investigator's residence.

APPROVED
BY THE ETSU / VAIRB
APR 09 2009
BY CW
CHAIR/IRB COORDINATOR

Document Version Expires
APR 10 2010
ETSU/VA IRB

PRINCIPAL INVESTIGATOR: Sandy K. Calhoun, PhD(c), MSN, RN

TITLE OF PROJECT: A Theory of Accelerated Second Degree Baccalaureate Graduate Nurse Transition to Professional Nursing Practice

You may return the signed informed consent document to the PI via U. S. postal service, fax, or an an attachment to E-mail. Be advised that postal service and fax will assure your confidentially. If you choose to send the signed informed consent to the PI via an attachment to E-mail, your confidentially cannot be assured due to the public nature of E-mail access. Please initial your preference for correspondance here:

U. S. mail ( )
Fax ( )
E-mail ( )

Although your rights and privacy will be maintained, the East Tennessee State University/V. A. Medical Center IRB and research related personnel will have access to the files and the audio tapes. Your records will not be revealed unless required by law, or as noted above. After the study is completed and all data has been transcribed, the tapes will be erased. The transcripts and summaries will be kept in a locked file at the principal investigator's residence for at least five years after the study is complete and then securely destroyed.

By signing below, you confirm that you have read or had this document read to you. You will be given a signed copy of this informed consent document. You have been given the chance to ask questions and to discuss your participation with the investigator. You freely and voluntarily choose to be in this research project.

SIGNATURE OF PARTICIPANT	DATE
PRINTED NAME OF PARTICIPANT	DATE
SIGNATURE OF INVESTIGATOR	DATE
SIGNATURE OF WITNESS (if applicable)	DATE

APPROVED
BY THE ETSU / VAIRB
APR 09 2009
BY CW
CHAIR/IRB COORDINATOR

Document Version Expires
APR 10 2010
ETSU/VA IRB

Appendix D

Advertisement

Seeking Participants for Important Research Study
East Tennessee State University
College of Nursing

Purpose: To understand the experiences of accelerated second-degree baccalaureate graduate nurse transition to professional nursing practice

Eligibility: 1. *Accelerated Second-Degree Baccalaureate Graduate Nurses and RNs*, who have
2. Graduated within the past 24 months, and have a
3. History of fulltime employment as a Graduate Nurse or RN in the U. S. within the first 24 months following graduation

Description: 1-2 hour audio tape recorded telephone or face-to-face interview(s) and 30 minute review of study findings
$10 Honorarium for each completed interview

Contact: *Sandy K. Calhoun, PhD(c), MSN, RN*, Principal Investigator
108 Arondale Court
Kingsport, TN 37664
Toll Free: 866.976.GRAD (866.976.4723)

Appendix E

ETSU Campus IRB Approval – Minor Modification

East Tennessee State University
Office for the Protection of Human Research Subjects • Box 70565 • Johnson City, Tennessee 37614-1707 • (423) 439-6053
Fax: (423) 439-6060

IRB APPROVAL – Minor Modification

June 16, 2009

Sandy Calhoun
College of Nursing
Box 70658

Re: A Theory of Accelerated Second Degree Baccalaureate Graduate Nurse Transition to Professional Nursing Practice.
IRB#: c08-223s

The following was reviewed as a minor modification:

- Revised narrative (6/8/09)
- Revised advertisement (6/8/09)
- Modification - Minor
  As a result of my advertisement in "American Nurse Today", I enrolled two participants. In order to reach additional potential participants, I would like to send an email to the Deans/Directors of all 205 Accelerated Second Degree Bachelor's of Science in Nursing (ASDBSN) degree programs accredited by the American Association of Colleges of Nursing requesting the Dean/Director to post my attached advertisement on university/college bulletins boards and forward to all former ASDBSNs who graduated within the past two years. The only modification to the advertisement would be the deletion of the reference to "American Nurse Today". This modification is necessary in order to reach additional potential participants because the current enrollment did not reach saturation of study findings, thus additional participants/data are needed.

On **June 15, 2009**, a final approval was granted for the above mentioned minor modification. The minor modification approval will be reported to the convened board on July 2, 2009.

Unanticipated Problems Involving Risks to Subjects or Others must be reported to the IRB (and VA R&D if applicable) within 10 working days.

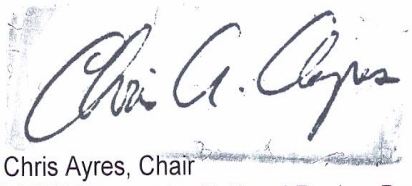
Proposed changes in approved research cannot be initiated without IRB review and approval. The only exception to this rule is that a change can be made prior to IRB approval when necessary to eliminate apparent immediate hazards to the research subjects [21 CFR 56.108 (a)(4)]. In such a case, the IRB must be promptly informed of the change following its implementation (within 10

Association for the Accreditation of Human Research Protection Programs, Inc. Full AAHRPP Accreditation

Accredited Since December 2005

working days) on Form 109 (www.etsu.edu/irb). The IRB will review the change to determine that it is consistent with ensuring the subject's continued welfare.

Sincerely,



Chris Ayres, Chair
ETSU Campus Institutional Review Board

Appendix F

Theory Tables

Table F1

Preprofessional Stages: Reality Check and Goaling. From Considering Options through Graduation from an ASDBGN Program: Categories, Concepts, and Category Properties

Stage	Categories	Concepts	Category Properties
Reality Check	Considering Options	Influencing	Lacking Confidence
		Encouraging	Discouraging
	Benefiting	Timing	Financing
		Faith	Lack of Supporting Relationships
	Preparing to Start		
Goaling	Being Special	Old People	Young People
		Life Experiences	Being Disrespectful
	Accelerated Learning	Fast paced	Cramming
		Clinicals	Not for Everyone
			Being Decelerated*
			The Hardest Thing I Have Done*
			Busy Work
	Team Work	Supporting Relationships	Competing
			Factioning
			Staturing
	Standardized Testing	Motivating	Being in the Dark
	Networking		

* In vivo codes

Table F2

Getting Started. ASDBGNs from Employment through One Year of Professional Nursing Practice: Categories, Concepts, and Category Properties

Stage	Categories	Concepts	Category Properties
Getting Started	Being Employed	Being Special	Biasing
		Being Prepared	New Grad Jobs are Scarce – West
	Orienting	Fast Paced- More of the Same*	Being Unprepared
	Credentialing		Failing Boards
	On My Own		Stressing
	Team Work	Precepting	Lacking Team Work
		Rescuing	Fragmenting
		Supporting Relationships	Voicelessness
			Oppressing
			Moral Distress
			Territorial Behaviors
			Reality Shock

* In vivo code

Table F3

Coming Out On Top. ASDBGNs with One to Two Years of Professional Nursing Practice: Categories, Concepts, and Category Properties

Stage	Categories	Concepts	Category Properties
Coming Out On Top	Confidence	Feeling Like a Nurse	Being Unprepared
	Prioritizing	Fast Paced-Manageable	Pressing for Time
	Team Work	Supporting Relationships	Lacking Team Work

Table F4

Mastering. ASDBGNs with Two Years of Professional Nursing Practice: Categories, Concepts, and Category Properties

Stage	Categories	Concepts	Category Properties
Mastering	Clinical Judgment	Continuous Learning	Lacking Continuous Learning
	Camaraderie	Team Work	Lacking Team Work
	Beyond Licensure	Specializing	Keeping Ties To Patient Care
	Pressing for Time		

Appendix G

ETSU Campus IRB Approval – Continued Expedited Review

ETSU

East Tennessee State University
Office for the Protection of Human Research Subjects • Box 70565 • Johnson City, Tennessee 37614-1707 • (423) 439-6053
Fax: (423) 439-6060

IRB APPROVAL – Continuing Expedited Review

April 6, 2010

Ms. Sandy Calhoun
108 Arondale Court
Kingsport, TN 37664

Re: A Theory of Accelerated Second Degree Baccalaureate Graduate Nurse Transition to Professional Nursing Practice
IRB#: c08-223s

The following items were reviewed and approved pending requested changes:

- Form 107
- Previously approved narrative (4/7/09)
- Previously approved ICD (ver. 03/31/09)
- Protocol History

On **April 1, 2010**, a final approval was granted for a period not to exceed 12 months and will expire on March 31, 2011. The expedited approval of the study will be reported to the convened board on the next agenda.

The following **enclosed stamped, approved ICD** has been stamped with the approval and expiration date and this document must be copied and provided to each participant prior to participant enrollment:

- Informed Consent Document (ver. 03/31/09)

Federal regulations require that the original copy of the participant's consent be maintained in the principal investigator's files and that a copy is given to the subject at the time of consent.

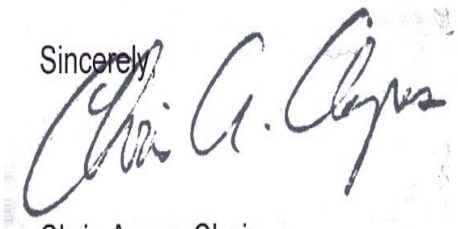
Unanticipated Problems Involving Risks to Subjects or Others must be reported to the IRB (and VA R&D if applicable) within 10 working days.

Association for the Accreditation of Human Research Protection Programs, Inc. Full AAHRPP Accreditation

Accredited Since December 2005

Proposed changes in approved research cannot be initiated without IRB review and approval. The only exception to this rule is that a change can be made prior to IRB approval when necessary to eliminate apparent immediate hazards to the research subjects [21 CFR 56.108 (a)(4)]. In such a case, the IRB must be promptly informed of the change following its implementation (within 10 working days) on Form 109 (www.etsu.edu/irb). The IRB will review the change to determine that it is consistent with ensuring the subject's continued welfare.

Sincerely,



Chris Ayres, Chair
ETSU Campus IRB

Appendix H

Renewed Informed Consent

PRINCIPAL INVESTIGATOR: Sandy K. Calhoun, PhD(c), MSN, RN

TITLE OF PROJECT: A Theory of Accelerated Second Degree Baccalaureate Graduate Nurse Transition to Professional Nursing Practice

This Informed Consent will explain about being a participant in a research study. It is important that you read this material carefully and then decide if you wish to be a part of the study.

PURPOSE

The purposes of this research study are to:

1. Learn what assists and hampers graduate nurses' transition to professional nursing practice and use the knowledge to inform nurse educators, facility leaders, and policy makers.
2. Generate a theory of accelerated second degree baccalaureate gradate nurse transition to professional nursing practice.

DURATION

The initial interview will last approximately one to two hours. As the study progresses, based on study findings, the investigator may request additional interviews each lasting approximately one to two hours. You may decline or stop an interview at any time. Participants will be provided with a summary of study findings. You will be requested to read a summary of the study findings and share your perceptions with the investigator over the telephone or via E-mail; estimated time to complete is 30 minutes.

PROCEDURES

You will be interviewed individually either via telephone or face to face regarding your experience of transition to professional nursing practice. You will also be asked a set of demographic questions such as age, gender, address, length of time as an RN, etc. Examples of interview questions include: "Tell me why you chose to become a nurse." "Tell me about your first six months as an RN." "Discuss a situation when your nursing education program made a difference in your transition from student to RN." The interview(s) will be audiotaped and transcribed. You will be sent a summary of findings and asked for your opinion regarding whether findings match your experiences.

ALTERNATIVE PROCEDURES/TEATMENTS

There are no alternative procedures to participation.

POSSIBLE RISKS/DISCOMFORTS

You may feel uncomfortable talking about some things. You are free to decline to answer any question(s) that you do not want to answer, or you may withdraw participation in the study at any time without penalty.

APPROVED
By the ETSU IRB
APR 01 2010
by PB
Chair IRB Coordinator

DOCUMENT VERSION EXPIRES
MAR 31 2011
ETSU IRB

PRINCIPAL INVESTIGATOR: Sandy K. Calhoun, PhD(c), MSN, RN

TITLE OF PROJECT: A Theory of Accelerated Second Degree Baccalaureate Graduate Nurse Transition to Professional Nursing Practice

POSSIBLE BENEFITS

There will be no direct benefit to you for participating in the research study other than the opportunity to share your perceptions of the experiences of accelerated second degree baccalaureate graduate nurses' transition to professional nursing practice.

FINANCIAL COSTS

The investigator will provide a toll free number to conduct telephone interviews. If you decide send the informed consent document back to the Principal Investigator via U.S. Postal service, you will incur the cost of a first class stamp.

COMPENSATION IN THE FORM OF PAYMENTS TO RESEARCH PARTICIPANTS

You will receive an honorarium of $10 for each interview that you complete. Your honorarium in the form of a check, will be mailed to you within one week of completion of an interview to the address that you provide to the investigator.

VOLUNTARY PARTICIPATION

You are free to choose to not participate in this research study. You may quit at any time. There is no penalty if you decide to not participate or if you decide to stop at any time. You may quit by notifying Sandy K. Calhoun by telephone at 866.976.GRAD (866.976.4723).

CONTACT FOR QUESTIONS

If you have any questions or research-related problems at any time, you may contact Sandy K. Calhoun, principal investigator, at 866.976.GRAD (866.976.4723) or Dr. Kathleen Rayman, Dissertation Chair, at 423.439.4589. You may call the Chairman of the Institutional Review Board (IRB) at 423.439.6054 for any questions you may have about your rights as a research participant. If you have any questions or concerns about the research and want to talk to someo independent of the investigator or you cannot reach the principal investigator, you may call an IRB Coordinator at 423.439.6055 or 423.439.6002.

CONFIDENTIALITY

The records from this study will be kept as confidential as possible. No individual identities wil be used in any reports, presentations, or publications resulting from the study. All tapes, transcripts and summaries will be given codes and stored separately from any names or other direct identification of participants. Research information will be kept in locked files at all time at the principal investigator's residence.

PRINCIPAL INVESTIGATOR: Sandy K. Calhoun, PhD(c), MSN, RN

TITLE OF PROJECT: A Theory of Accelerated Second Degree Baccalaureate Graduate Nurse Transition to Professional Nursing Practice

You may return the signed informed consent document to the PI via U. S. postal service, fax, or an an attachment to E-mail. Be advised that postal service and fax will assure your confidentially. If you choose to send the signed informed consent to the PI via an attachment to E-mail, your confidentially cannot be assured due to the public nature of E-mail access. Please initial your preference for correspondance here:

U. S. mail ( )
Fax ( )
E-mail ( )

Although your rights and privacy will be maintained, the East Tennessee State University/V. A. Medical Center IRB and research related personnel will have access to the files and the audio tapes. Your records will not be revealed unless required by law, or as noted above. After the study is completed and all data has been transcribed, the tapes will be erased. The transcripts and summaries will be kept in a locked file at the principal investigator's residence for at least five years after the study is complete and then securely destroyed.

By signing below, you confirm that you have read or had this document read to you. You will be given a signed copy of this informed consent document. You have been given the chance to ask questions and to discuss your participation with the investigator. You freely and voluntarily choose to be in this research project.

SIGNATURE OF PARTICIPANT DATE

PRINTED NAME OF PARTICIPANT DATE

SIGNATURE OF INVESTIGATOR DATE

SIGNATURE OF WITNESS (if applicable) DATE

VITA

SANDY K. CALHOUN

Personal Data:	Date of Birth: October 19, 1955
	Place of Birth: Pennington Gap, Virginia
	Marital Status: Married
Education:	Public Schools, Jonesville, Virginia
	A.D. Nursing, Virginia Appalachian Tri-college Nursing Program, Big Stone Gap, Virginia 1979
	B.S. Nursing, East Tennessee State University, Johnson City, Tennessee 2002
	M.S. Nursing, East Tennessee State University, Johnson City, Tennessee 2003
	Ph.D. Nursing, East Tennessee State University, Johnson City, Tennessee 2010
Professional Experience:	Staff Nurse, Lonesome Pine Hospital, Big Stone Gap, Virginia 1979 – 1980
	Head Nurse, Lonesome Pine Hospital, Big Stone Gap, Virginia 1980 – 1983
	Quality Assurance Coordinator/Risk Manager, Lee County Community Hospital, Pennington Gap, Virginia 1983-1987
	Director of Nursing, Lee County Community Hospital, Pennington Gap, Virginia 1987-1990
	Director of Nursing, Carter Hall Nursing Home, Dryden, Virginia 1990-1991
	Staff Nurse, Medical-Surgical-Pediatrics, Indian Path Medical Center, Kingsport, Tennessee 1991
	Director of Quality Management, Indian Path Medical Center, Kingsport, Tennessee 1991-2001
	Director of Clinical Integration, Indian Path Medical Center, Kingsport, Tennessee 2001-2004

Adjunct Faculty, East Tennessee State University, Johnson City, Tennessee 2003-2004

Instructor, East Tennessee State University, Johnson City, Tennessee 2004-2007

Project Manager, Mountain States Health Alliance, Johnson City, Tennessee 2005-present

Assistant Professor, East Tennessee State University, Johnson City, Tennessee 2007-present

Publications:

Calhoun, S. (2009). Strategic planning: Facing the future with confidence. In J. Dunham-Taylor, & J. Z. Pinczuk (Eds.) (2nd ed.), *Health Care Financial Management for Nurse Managers*. Sudbury, MA: Jones & Bartlett.

Dunham-Taylor, J., Malcolm, D., Snyder, K., & **Calhoun, S.** (2009). Providing value-based services while achieving quality and financial accountability. In J. Dunham-Taylor, & J. Z. Pinczuk (Eds.) (2nd ed.), *Health Care Financial Management for Nurse Managers*. Sudbury, MA: Jones & Bartlett.

Calhoun, S. (2005). Generations at work. *American Association of Occupational Health Nurses, 53*(11), 469-470.

Calhoun, S. (2005). Strategic planning: Facing the future with confidence. In J. Dunham-Taylor, & J. Z. Pinczuk (Eds.), *Health Care Financial Management for Nurse Managers*. Sudbury, MA: Jones & Bartlett.

Dunham-Taylor, J., Malcolm, D., & **Calhoun, S.** (2005). Providing value-based services while achieving quality and financial accountability. In J. Dunham-Taylor, & J. Z. Pinczuk (Eds.), *Health Care Financial Management for Nurse Managers*. Sudbury, MA: Jones & Bartlett.

Honors and Award:

Ph.D. Student Dissertation Grant, East Tennessee State University, Center for Nursing Research, Johnson City, Tennessee 2009

Nurse of the Year, Education, East Tennessee State University, Johnson City, TN 2007-2008

National League for Nurses Foundation Dissertation Scholarship for Nursing Education Scholars, National League for Nursing Foundation for Nursing Education, New York, NY 2007

Nurse of the Year, Service, East Tennessee State University, Johnson City, TN 2005-2006

The Nursing Excellence Award, Mountain States Health Alliance, Johnson City, TN 2003

Sigma Theta Tau International Honor Society of Nursing, Epsilon Sigma Chapter