

Month 3 – Recognizing Your Strengths

When we are in a period of transition and learning new things, it can be challenging to remind ourselves of our strengths and skills that we bring with us, especially in new environments. Sometimes, imposter syndrome kicks in. It's important to recognize the contributions you are making as a new team member and the skills you bring with you.

Discussion Questions:

- What strengths and/or previous experience have you been able to put into practice already?
- What are you excited to put into action as soon as you're ready or the time is right? (clinical, leadership, etc.)
- What do you feel are some positive contributions you have been able to bring to this setting based on your previous nursing experience?
- What new skills or situations are you gaining confidence/comfort with?
- What growth are you seeing in yourself?
- As someone who's been in this department for a while...
 - Did you see your skills and experience being used right away?
 - Did you struggle to focus on your strengths when you transferred into this team?
 - How did you leverage your skills and strengths?

Check-in:

- How is orientation/being off orientation going?
- Can I support you with anything or help communicate any needs/concerns/requests with you?

Resources:

New-to-Setting Nurse Transitions by J. Chicca & S. Bindon

New-to-Setting Nurse Transitions

A Concept Analysis

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New graduate nurses transitioning to practice have gained significant attention and dedicated resources. Less obvious are the transitions experienced nurses make to new settings or specialties during their careers. Experienced nurses still need support as they make these adjustments. This article explores the concept of nurse transition and specifically analyzes the concept of *new-to-setting nurse transition*. Nursing professional development practitioners and others can support experienced nurses through the challenges of new-to-setting transitions.

Most nurses will undergo at least one setting, specialty, or role transition during their professional careers, with many making multiple transitions as interests, skills, and opportunities develop (Dellasega, Gabbay, Durlock, & Martinez-King, 2009). Successful nurse transitions help to build a skilled nursing workforce and improve healthcare safety, quality, and outcomes (Hirschkom, West, Hill, Cleary, & Hewlett, 2010; Lartey, Cummings, & Profetto-McGrath, 2014). As such, national organizations, such as the Association for Nursing Professional Development (ANPD), National League for Nursing (NLN), and National Council of State Boards of Nursing (NCSBN), call for structured support programs to ensure successful transitions (ANPD, 2018; NCSBN, 2018; NLN, 2018).

Although professionals acknowledge the importance of ensuring that nurses experience successful transitions, resources (time, money, effort, personnel) are most commonly focused on new graduate nurse transitions, frequently in transition-to-practice or new nurse residency programs (ANPD, 2018; NCSBN, 2018; NLN, 2018). Increasing patient acuity and complexity, comorbidities, and intricate healthcare technologies challenge recent new graduate nurses as they transition from student to practicing nurse (Clipper &

Cherry, 2015; Duchscher, 2008; Hofler, 2008; Hunt, 2016; Silvestre, Ulrich, Johnson, Spector, & Blegen, 2017). Although it is imperative to support new graduate nurses as they experience this sometimes difficult transition to practice, it is also necessary to assist experienced nurses as they undergo the numerous transitions they may make throughout their careers. Experienced nurses are critical to healthcare systems as they positively influence improvements in safety, quality, and patient outcomes (Hill, 2010; Hirschkom et al., 2010; Lartey et al., 2014). Some authors recognize the need to support experienced nurses as they transition to academic faculty, clinical educator, and advanced practice roles. However, nurses' need for support during lateral transitions, wherein a registered nurse (RN) moves from one clinical area to another, goes largely without notice in the literature.

Experienced nurses will likely transition to several new organizations or specialties as they progress through their careers. The term *new-to-setting nurse* will be used to describe this type of experienced nurse lateral transition. For example, a new-to-setting nurse may transition from a medical-surgical unit to a critical care unit. New-to-setting nurse transition needs may be overlooked by nursing and human resources leaders, current staff, and nursing professional development (NPD) practitioners, with an assumption that these nurses will have less difficulty when transitioning and acclimating to a new environment (Dellasega et al., 2009). This may be an unsafe assumption according to empirical and experiential evidence; some authors suggest new-to-setting nurses have unique and perhaps even more challenging needs when transitioning (Dellasega et al., 2009). The authors witnessed and experienced these challenges and the need for improved support for individuals engaged in new-to-setting nurse transitions. Understanding and improving new-to-setting nurse transitions begins with the concept of transition itself. Different conceptualizations of the concept *transition* can create different ideas on supporting and managing (Gale & Parker, 2014) new-to-setting nurses' transition experiences; thus, a concept analysis of new-to-setting nurse transitions was warranted.

PURPOSE OF THE ANALYSIS

Despite the term *transition* being used frequently in the literature, it is not often explicitly defined. Thus, the purpose of this concept analysis was to (a) clarify the often used and vaguely defined concept of transition, (b) analyze the concept of transition as it relates to new-to-setting nurse transitions,

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(c) develop a theoretical definition of the concept new-to-setting nurse transitions, and (d) contribute to the body of evidence regarding transitions in nursing. These aims are consistent with the purposes of concept analyses (Walker & Avant, 2011). The remaining six concept analysis steps followed here are iterative in nature and include identifying (a) all uses of the concept; (b) defining attributes; (c) a model case; (d) borderline, related, and contrary cases; (e) antecedents and consequences; and (f) empirical referents (Walker & Avant, 2011). It is anticipated that this analysis will lay the groundwork for deeper understanding and ongoing support of nurses making a transition to a new professional setting.

LITERATURE REVIEW

Search Methods

Various sources were examined in an effort to capture comprehensive definitions and uses of the concept of transition. First, dictionary definitions and thesaurus synonyms were reviewed. Next, nursing professional organizations' websites, specifically ANPD, NCSBN, and NLN, were searched to ascertain uses of the concept of transition. An NPD expert was consulted regarding the definition of transition. The *Core Curriculum for Nursing Professional Development, 5th Edition* (Dickerson, 2017) was also examined. In addition, the CINAHL, PubMed, PsycINFO, and ERIC databases were explored using the search terms [transition], [concept], [theory], [definition], and [change] across nursing, medicine, psychology, and education disciplines. Advanced search criteria included peer-reviewed articles available in English with full-text online. Articles published prior to 2008 were excluded in an effort to target current conceptualizations. Dissertations and gray literature were also excluded. The search of both qualitative and quantitative sources yielded 99 results. Reference lists of located resources were also searched using the same criteria. After applying inclusion and exclusion criteria and verifying that the concept of transition was present, 20 articles were selected for review. Finally, Meleis' transitions theory (Meleis, Sawyer, Im, Hilfinger Messias, & Schumacher, 2000) was reviewed for use of the concept transition. In all sources, implicit and explicit uses of the concept transition were considered.

Findings and Analysis

Table 1 summarizes the sources, definitions, and uses of the concept transition explored during the search. Once selected, sources were examined for themes. Transition was explored first to enable the authors to then further analyze the concept new-to-setting nurse transitions. The various sources revealed the themes of transition as a (a) linear shift or (b) complex process.

Transition as a linear shift

Merriam-Webster defines transition as a "passage from one state, stage, subject, or place to another" (Merriam-Webster,

Inc., 2018, para. 1). Several authors from various professional perspectives support this definition, understood by their explicit definitions of transition (Duchscher, 2008; Gale & Parker, 2014; Hussey & Smith, 2010; Im, 2014; Jonczyk, Lee, Galunic, & Bensaou, 2016; Meleis et al., 2000). For example, Im (2014) defines transition as a "passage from one life phase, condition, or status to another" (p. 20). Duchscher (2008) defines transition as "a passage or movement from one state, condition, or place to another" (p. 442). One can appreciate the notion of a linear shift in these definitions. Implicit definitions and synonyms of transition also align with the idea that a transition is a linear shift (ANPD, 2018; Dickerson, 2017; Dictionary.com, LLC, 2018; Fritz, 2018; Grassley & Lambe, 2015; Hofler, 2008; Hunt, 2016; Levin, 2010; NCSBN, 2018; NLN, 2018; Silvestre et al., 2017; Suplee & Gardner, 2009). The terms *movement* and *change* can be understood in the implied definitions of transition. Hofler (2008), for example, discusses new graduate nurse transitions, or movements, to the work environment. Grassley and Lambe (2015) and Fritz (2018) consider the change from the role of nursing clinician to nurse educator.

In addition, of the authors who offered an explicit definition of transition, several outline multiple definitions for transition (Duchscher, 2008; Gale & Parker, 2014; Im, 2014). Duchscher (2008), for example, differentiates between transition and new graduate nurse transition by presenting the stages of professional role transition. These definitions seem to suggest authors see the concept of transition and their specific concept, for example, new graduate nurse transitions and care transitions, as separate. In other words, though transition is seen as a linear shift, specific transition concepts are often seen as complex processes instead.

Transition as a complex process

Merriam-Webster's second definition of transition describes transition as "a movement, development, or evolution from one form, stage, or style to another" (Merriam-Webster, Inc., 2018, para. 1). Although this definition still clearly denotes a shift, the definition also suggests a process in transitions. Various sources agree and describe transition as a complex, nonlinear process (Ashley, Halcomb, Brown, & Peters, 2018; S. Bindon, personal communication, February 28, 2018; Cavendish, Connor, & Rediker, 2017; Clipper & Cherry, 2015; Dellasega et al., 2009; Duchscher, 2008; Gale & Parker, 2014; Holt, 2008; Hui et al., 2014; Lerner, 2014; Meleis et al., 2000; Phillips & Evans, 2017). Holt (2008), for example, states that role transition is "a process of moving from one role to another through a series of events or episodes" expanding upon this to say it "may be an ongoing developmental process" (p. 119). Meleis et al. (2000), in their transition theory, also suggest transition complexity by listing over 10 distinct properties of transition, including time span, process, milestones, questions, skills, and capacities.

TABLE 1 The Concept Transition: Definition(s) and Use of the Concept From Various Sources

Source	Definition(s)	Use of the Concept
Ashley et al. (2018) <i>Nursing</i>	Complex movement process (<i>explicit</i>)	Nurse transition from acute care to primary care
Association for Nursing Professional Development (ANPD, 2018)	Movement (<i>implicit</i>)	Mosby's medical-surgical nursing orientation course helps bridge the transition to practice gap
S. Bindon, DNP, RN-BC, CNE (S. Bindon, personal communication, February 28, 2018) <i>Nursing Professional Development Expert</i>	"A staged change process, either voluntary or mandatory, wherein one moves from one role, setting, identity, or set of responsibilities to another. The outcomes of positive transition are growth and development. A poor or negative transition can lead to frustration, disappointment, apathy, or a sense of loss" (<i>explicit</i>)	Expert opinion
Cavendish et al. (2017) <i>Education</i>	Development (<i>implicit</i>)	Transition-focused individualized education programs; conceptual
Clipper & Cherry (2015) <i>Nursing</i>	<u>Transition</u> "orient" (p. 450) (<i>explicit</i>) <u>Transition shock</u> "an acute and dramatic change in the process of professional role adaption by the [new graduate nurse] and is the experience of moving from the familiar role of nursing student to the unfamiliar role of an independently practicing professional nurse" (p. 450) (<i>explicit</i>)	Evaluating preceptor programs to support new graduate nurse transitions
Dellasega et al. (2009) <i>Nursing</i>	Change process (<i>implicit</i>)	Orientation needs of experienced nurses, for example, new-to-setting nurses; exploratory
Dickerson (2017) <i>Nursing</i>	Movement (<i>implicit</i>)	<i>Core Curriculum for Nursing Professional Development, 5th Edition</i>
Dictionary.com (Dictionary.com, LLC, 2018)	Change, often major; changeover; conversion; development; evolution; growth; passage; progress; progression; shift; transformation; upheaval (<i>synonyms</i>)	Thesaurus alternate terms
Duchscher (2008) <i>Nursing</i>	<u>Transition</u> "passage or movement from one state, condition, or place to another" (p. 442) (<i>explicit</i>) <u>New graduate nurse transition</u> "non-linear experience that moves [the new graduate nurse] through personal and professional, intellectual and emotive, and skill and role relationship changes and contains within it experiences, meanings, and expectations" (p. 442) (<i>explicit</i>)	Stages of new graduate nurse professional role transition; qualitative
Fritz (2018) <i>Nursing</i>	Movement (<i>implicit</i>)	Transition from clinician to educator; integrative review

(continues)

TABLE 1 The Concept Transition: Definition(s) and Use of the Concept From Various Sources, Continued

Source	Definition(s)	Use of the Concept
Gale & Parker (2014) <i>Education</i>	<u>Student transition</u> process of “change navigated by students in their movement within and through formal education” over time (p. 735) (explicit) <u>Transition as induction</u> “fixed turning point which takes place at a preordained time and in a certain place” (p. 739) (explicit) <u>Transition as development</u> “shift from one identity to another”; fixed (p. 741) (explicit) <u>Transition as becoming</u> Subjectivity; flux (implicit)	Student transitions in higher education; conceptual
Grassley & Lambe (2015) <i>Nursing</i>	Change; movement (implicit)	Transition from clinician to educator; literature review
Hofler (2008) <i>Nursing</i>	Movement (implicit)	Transition to the work environment; conceptual
Holt (2008) <i>Nursing</i>	“A process of moving from one role to another through a series of events and episodes. Role transition may be an ongoing developmental process, or may be viewed as a specific response to a trigger event such as a job promotion or move to a different context, or differing focus” (p. 119) (explicit)	Role transition experienced by advanced practice nurses in primary care; mixed methods
Hui et al. (2014) <i>Medicine</i>	“Evolving place, level, and goals” (p. 86) (explicit)	Cancer concepts, including transition of care; literature review
Hunt (2016) <i>Nursing</i>	Rite of passage; change (implicit)	Strategies for transition to practice; conceptual
Hussey & Smith (2010) <i>Education</i>	“Significant change in [one’s] life, self-concept and learning: a shift from one state of understanding, development, and maturity to another” (p. 156) (explicit)	Transitions in higher education; conceptual
Im (2014) <i>Nursing</i>	<u>Transition</u> “passage from one life phase, condition, or status to another” (p. 20) (explicit) <u>Care transitions</u> “hospital discharge or movement from one healthcare setting to another” (p. 24) (explicit)	Middle-range transitions theory development
Jonczyk et al. (2016) <i>Psychology</i>	“Period where individuals become immersed in a new role and detached from the previous one” (p. 958) (explicit)	Psychological and relational changes during promotions to management positions; quantitative
Larner (2014) <i>Nursing</i>	“Passage or change from one state, stage, condition to another”; occurs over a period of time and is also multidimensional and complex (p. 710) (explicit)	Chronic pain transition; concept analysis

(continues)

TABLE 1 The Concept Transition: Definition(s) and Use of the Concept From Various Sources, Continued

Source	Definition(s)	Use of the Concept
Levin (2010) <i>Psychology</i>	Movement (<i>implicit</i>)	New leader assimilation; structured intervention
Merriam-Webster (Merriam-Webster, Inc., 2018)	"1 a. passage from one state, stage, subject, or place to another: change 1b. a movement, development, or evolution from one form, stage, or style to another 2a. a musical modulation 2b. a musical passage leading from one section of a piece to another 3. an abrupt change in energy state of level (as of an atomic nucleus or a molecule) usually accompanied by loss or gain of a single quantum of energy" (para. 1) (<i>explicit</i>)	Dictionary definitions
National Council of State Boards of Nursing (NCSBN, 2018)	Change (<i>implicit</i>)	Transition to practice programs
National League for Nursing (NLN, 2018)	Movements; changes (<i>implicit</i>)	Clinical transitions
Phillips & Evans (2017) <i>Nursing</i>	<u>RN to BSN transition</u> "a time of personal and professional growth through formal academic education culminating in the attainment of a BSN degree" (p. 79) (<i>explicit</i>)	RN to BSN transition; concept analysis
Silvestre et al. (2017) <i>Nursing</i>	Movement (<i>implicit</i>)	New graduate nurse transition program return on investment; randomized controlled trial
Suplee & Gardner (2009) <i>Nursing</i>	Movement (<i>implicit</i>)	Transition to the faculty role developmental program
Transitions theory (Meleis) <i>Middle-range nursing theory</i> (Meleis et al., 2000)	"The experience during a passage from one state to another state" (p. 2) (<i>explicit</i>) <u>Transition properties</u> time span; involve a process; disruption; discontinuity; disconnectedness; different levels of awareness; critical points/ milestones; require new skills; loss of familiarity; loss of support; gain new network and support; questions about skills and capacities	Transition theory regarding transitions experienced by patients, families, and healthcare systems

Note. Sources are presented in alphabetical order.

The sources reviewed for this analysis revealed two themes of transition as a (a) linear shift or (b) complex process. Although some authors presented explicit definitions, others used the concept of transition without defining it, thus leaving the reader to gather meaning implicitly. It is evident that transition is a concept of universal interest as all perspectives attempt to define, understand, and improve various transitions for the individual(s) experiencing them. Professional role transitions are frequently described and are clearly an area of great concern. The authors analyzed

the specific concept of new-to-setting nurse transitions, including developing a theoretical definition for the concept.

DEFINING ATTRIBUTES

The defining attributes of the concept new-to-setting nurse transitions are that it is a complex, nonlinear process involving movement from one setting to another. The authors determined these attributes by ascertaining characteristics "that appear[ed] over and over again" in the explored sources (Walker & Avant, 2011, p. 162). Once identified, the attributes

were then appraised and altered as needed for the concept new-to-setting nurse transitions.

A Complex, Nonlinear Process

Although some authors view transition as a linear shift, many consider it a complex, nonlinear process (Ashley et al., 2018; S. Bindon, personal communication, February 28, 2018; Cavendish et al., 2017; Clipper & Cherry, 2015; Dellasega et al., 2009; Duchscher, 2008; Gale & Parker, 2014; Holt, 2008; Merriam-Webster, Inc., 2018; Phillips & Evans, 2017). This complex, nonlinear view was deemed most appropriate for the concept new-to-setting nurse transitions. As true with job and role transitions, new-to-setting nurses can experience a tremendous amount of stress when transitioning to new settings, organizations, or units (Ashley et al., 2018; Dellasega et al., 2009; Levin, 2010). Levin (2010) discusses role transition as one of the most stressful and challenging life events one can experience. The new-to-setting nurse may be expected to “hit the ground running” despite unfamiliarity with their new setting (Dellasega et al., 2009, p. 312; Levin, 2010, p. 57). The new-to-setting nurse may feel confident in some respects, whereas at other times they will feel frustrated, lost, or even angry (Ashley et al., 2018; S. Bindon, personal communication, February 28, 2018; Dellasega et al., 2009). These feelings will likely occur throughout the transition process as the nurse grows accustomed to his or her new environment. In their exploratory study, Dellasega et al. (2009) describes three stages in the experienced nurse transition process, that is, assessing expectations, realistic appraisal, and adjusting. An accompanying graphic denotes the complexity and nonlinear nature of this process with its bidirectional arrows between processes (Dellasega et al., 2009). These stages reflect some of the same experiences described in the phases of reality shock experienced by new nurses; honeymoon, shock, recovery, and resolution (Kramer, 1974). New-to-setting nurse transitions are complex, nonlinear processes that continue to evolve as the nurse experiences the transition.

Involving Movement From One Setting to Another

In addition to being complex and nonlinear processes, new-to-setting nurse transitions involve moving from one setting to another. This attribute was discovered across sources (ANPD, 2018; Ashley et al., 2018; S. Bindon, personal communication, February 28, 2018; Clipper & Cherry, 2015; Dickerson, 2017; Duchscher, 2008; Fritz, 2018; Hofler, 2008; Holt, 2008; Hussey & Smith, 2010; Im, 2014; Jonczyk et al., 2016; Lerner, 2014; Levin, 2010; Meleis et al., 2000; Merriam-Webster, Inc., 2018; NCSBN, 2018; NLN, 2018; Silvestre et al., 2017; Suplee & Gardner, 2009). Movement was thus identified as key in new-to-setting nurse transitions. *Setting* (organization, unit, area, and/or specialty) clarifies this attribute to new-to-setting

nurse transitions. The element of detaching oneself from the previous setting (Jonczyk et al., 2016) was omitted. It is not clear whether new-to-setting nurse transitions involve or should involve an element of detachment.

CONCEPT CASES

According to Walker and Avant (2011), a *model case* provides a clear example (Walker & Avant, 2011) of the concept of interest. A model case (Table 2) was constructed to include all defining attributes of new-to-setting nurse transitions. In this model case, the nurse moves from one setting, as an acute care RN role, to another, as a critical care RN role. The process is complex, influenced by many factors including preceptor support. The RN experiences both feelings of accomplishment and frustration during her transition, denoting a nonlinear process.

A *borderline case* contains most but not all defining attributes of a concept (Walker & Avant, 2011). A borderline case for new-to-setting nurse transitions is presented in Table 2. Though this process is complex, requiring new accesses and introductions, among other things, it is linear. The nurse gains confidence and continues to grow as an RN in the ICU.

Related cases include instances related to the concept new-to-setting nurse transitions but do not contain all of the defining attributes. Related cases describe similar or parallel concepts and have names of their own (Walker & Avant, 2011), for example, *new graduate nurse transitions*. Two related cases are provided in Table 2. In Related Case 1, the nurse undergoes a complicated 3-month onboarding process as the nurse moves from student nurse to practicing nurse. However, the newly licensed nurse does not have experience as an RN and thus does not qualify as moving settings. The newly licensed nurse has experienced a new graduate nurse transition. In Related Case 2, the nurse moves into a nurse educator role after being a direct care staff nurse. Though this process is complex and nonlinear, it is not a lateral transfer and thus cannot be considered a new-to-setting nurse transition. The nurse is experiencing an advanced role transition, transitioning from a clinician to a nurse educator.

Contrary cases are ones that are clearly not reflecting the concept new-to-setting nurse transitions (Walker & Avant, 2011). In the contrary case (Table 2), no process is occurring nor has any movement taken place. This contrary case does not represent a new-to-setting nurse transition.

ANTECEDENTS

The antecedents in new-to-setting nurse transitions are (a) an experienced nurse who holds a current position, (b) motivation(s), and (c) an open position. Antecedents are “events or incidents” that must occur or be in place before the concept (Walker & Avant, 2011, p. 167).

TABLE 2 Case Examples Constructed by the Authors Based on the Walker and Avant (2011) Concept Analysis Method

Type of Case	Case Example
Model	Mary has been a direct care registered nurse (RN) for over 5 years in her hospital’s medical-surgical unit. Mary decides she would like to challenge herself and try critical care nursing. She discusses this prospect with her manager and interviews with her hospital’s intensive care unit (ICU) nurse manager. Six weeks later, Mary starts in the ICU as a direct care RN. At first, Mary feels overwhelmed but soon feels like she is doing well in her new setting. Then Mary is assigned to care for an unstable one-to-one care patient. Mary feels frustrated by her lack of ability to manage her patient. She is surprised that she is struggling with one patient when she had eight assigned to her on the medical-surgical unit. Many factors, including her preceptor’s support, influence her movement to the ICU. Alternating feelings of accomplishment and frustration continue during Mary’s first year as an ICU nurse.
Related Case 1	Emily is a new graduate registered nurse (RN), having just passed her licensure exam 1 month ago. Emily has accepted a job as a direct care RN in a mother–baby unit. Emily begins on the unit and experiences a 3-month onboarding process, including new graduate classes and practicing with the supervision of a one-to-one preceptor. Through her first year as an RN, Emily struggles as she develops as a professional nurse. Some days Emily feels accomplished whereas others she feels frustrated, overwhelmed, and wonders why she became a nurse.
Related Case 2	Diane has been a direct care registered nurse (RN) in her hospital’s intermediate care unit (IMC) for 15 years. Recently, Diane completed her master’s degree in nursing education. After the unit educator retires, Diane’s manager approaches her to see if she is interested in filling the vacant unit educator position. Diane interviews with staff and is offered the position. Diane goes through additional training and mentorship as she moves into her role as the unit educator. In this role, Diane is considered a member of the unit’s leadership team. Diane finds it challenging to lead her former peers. She sometimes feels confident in her abilities, but at times is confused on how to best prioritize the competing responsibilities of an educator.
Borderline case	Joe has been a staff registered (RN) for 10 years in his hospital’s emergency department (ED). The hospital has decided to close a wing of the ED and will need to downsize its ED nursing workforce. Joe decides to transfer to his hospital’s intensive care unit (ICU) as a direct care RN as a result. Much needs to happen as Joe moves to the ICU including, for example, giving him access to the ICU’s medication dispensing machine and introducing him to a new leadership team and coworkers. Joe feels confident in his skills and quickly becomes accustomed to his new role in the ICU. Joe’s familiarity with the hospital also helps ease his move. Joe’s confidence increases in his first year as an ICU nurse.
Contrary case	Karen is an experienced registered nurse (RN), working as the charge nurse of the Endocrinology Clinic in her hospital’s outpatient facility. Karen has been in this role for 3 years. She is respected by her patients, peers, supervisees, and the clinic’s physicians. Karen is confident and satisfied in her role.

An Experienced Nurse Who Holds a Current Position

In order for a new-to-setting nurse transition to take place, an experienced nurse needs to be present. There is disagreement on exactly what constitutes an experienced nurse; however, generally sources agree the nurse must have at least 1 year, with some suggesting 2–5 years, of experience to be considered experienced (Hill, 2010). For this concept, new-to-setting nurse transitions, at least 1-year practicing as a nurse will constitute an experienced nurse. This experience could be in a different organization, specialty, or level of care than the intended movement setting. The nurse must hold a current position in order for him or her to move *from* a position *to* a position.

Motivation(s)

For a new-to-setting nurse transition to take place, there needs to be a motivation or reason for the movement. Motivations can be varied, including internal, external, voluntary, or mandatory (S. Bindon, personal communication,

February 28, 2018; Dellasega et al., 2009; Hussey & Smith, 2010; Im, 2014; Jonczyk et al., 2016; Levin, 2010; Phillips & Evans, 2017). Multiple motivations may also be present. These motivations will be important influences in concept processes and subsequent consequences. In other words, nurses who voluntarily engage in new-to-setting nurse transitions will likely have different experiences and different outcomes than do nurses who had no choice in making a professional transition.

An Open Position

In order for the new-to-setting nurse to experience a transition, there must be a position for him or her to go *to*. Thus, an open position is an essential antecedent in new-to-setting nurse transitions.

CONSEQUENCES

The consequences, or outcomes (Walker & Avant, 2011), of the concept new-to-setting nurse transitions are successful or unsuccessful transitions. Example benefits from successful

transitions and detrimental outcomes from unsuccessful transitions are presented in Table 3.

EMPIRICAL REFERENTS

Empirical referents help one recognize or measure the defining attributes of the concept of new-to-specialty nurse transitions (Walker & Avant, 2011). The first empirical referent emulates the defining attribute of involving movement from one setting to another; empirical referents and defining attributes often match in concept analyses (Walker & Avant, 2011). Also, changes in individual factors, such as fluctuating changes in skills, confidence, competence, satisfaction, self-image, or attitudes, will be present and can help identify the complex, nonlinear process. Existing tools could be used and/or modified to measure these changes. Example tools include the Casey–Fink Nurse Retention Survey (Casey & Fink, 2009) or Press Ganey Survey (Press Ganey Associates, Inc., 2018). Empirical references will help subsequent instrument development and measurement of the concept new-to-setting nurse transitions (Walker & Avant, 2011). Table 3 summarizes the defining attributes, antecedents, consequences, and empirical referents for the concept new-to-setting nurse transitions.

STATEMENT DEVELOPMENT

Based on the preceding analysis of the concept, new-to-setting nurse transitions, the following theoretical definition was formulated:

A new-to-setting nurse transition is a complex, nonlinear process wherein an experienced nurse makes a lateral movement from one setting to another, with consequences for healthcare professionals and systems.

This theoretical definition introduces the critical defining attributes of the concept new-to-setting nurse transitions and will be important in future practice, research, and theory (Walker & Avant, 2011). Potential applications of this concept to other areas of nursing must also be considered.

APPLICATION TO NURSING PRACTICE, RESEARCH, AND THEORY

Nursing Practice

This concept analysis revealed new-to-setting nurse transitions as complex, nonlinear processes; however, current practices seem to suggest new-to-setting nurse transitions are instead considered to be linear shifts. This difference in conceptualization results in a need for different support and management of new-to-setting nurse transitions (Gale

TABLE 3 Defining Attributes, Antecedents, Consequences, and Empirical Referents for the Concept New-to-Setting Nurse Transitions

Defining Attributes	Antecedents	Consequences	Empirical Referents
<p>A complex, nonlinear process</p> <p>Involving movement from one setting to another</p> <p>✓ lateral (clinical to clinical) experienced nurse transfer</p>	<p>An experienced nurse who holds a current position</p> <p>Motivation(s), internal, external, voluntary, and or mandatory, for example,</p> <ul style="list-style-type: none"> ✓ nurse who gets laid off from his/her current position ✓ nurse who wishes to try a new nursing specialty ✓ nurse who has to transfer hospitals due the relocation of a spouse's job <p>An open position</p>	<p>Successful transitions, for example, resulting in^a</p> <ul style="list-style-type: none"> ✓ personal and professional growth and development ✓ self-efficacy, confidence, and satisfaction ✓ retention ✓ decreasing costs, including personnel costs ✓ improvements in healthcare safety, quality of care, and outcomes <p>Unsuccessful transitions, for example resulting in^b</p> <ul style="list-style-type: none"> ✓ personal and professional stagnation ✓ feelings such as frustration, disappointment, apathy, resentment, and a sense of loss ✓ turnover ✓ high costs, including personnel costs ✓ decreased healthcare safety, quality of care, and outcomes 	<p>Involving movement from one setting to another</p> <ul style="list-style-type: none"> ✓ lateral (clinical to clinical) experienced nurse transfer <p>Changes in individual factors, for example,</p> <ul style="list-style-type: none"> ✓ job satisfaction ✓ confidence ✓ attitudes ✓ skills <p>to help identify the complex, nonlinear process</p>

^aReferences: Ashley et al., 2018; S. Bindon, personal communication, February 28, 2018; Clipper & Cherry, 2015; Dellasega et al., 2009; Fritz, 2018; Grassley & Lambe, 2015; Haag-Heitman, 2012; Hill, 2010; Hirschhorn et al., 2010; Hoffer, 2008; Lartey et al., 2014; Lee, Tzeng, Lin, & Yeh, 2009; Phillips & Evans, 2017; Sandau & Halm, 2010; Silvestre et al., 2017; Sorrentino, 2013; Suplee & Gardner, 2009.

^bReferences: Ashley et al., 2018; S. Bindon, personal communication, February 28, 2018; Clipper & Cherry, 2015; Dellasega et al., 2009; Duchscher, 2008; Hill, 2010; Hirschhorn et al., 2010; Hoffer, 2008; Lartey et al., 2014; Lee et al., 2009; Sandau & Halm, 2010; Silvestre et al., 2017; Suplee & Gardner, 2009.

& Parker, 2014). This change in perspective can help to inform NPD practitioners on approaches to individualize transition experiences for nurses new to a setting. New-to-setting nurses are often expected to quickly become contributing team members despite being new to an environment (Dellasega et al., 2009; Levin, 2010). Orientation and postorientation programs for new-to-setting nurses may be inadequate or even nonexistent. For example, Ashley et al. (2018) reported that new-to-setting nurses transitioning from acute care to primary care had five or fewer orientation days to support their transition. Conceiving new-to-setting nurse transitions as complex, nonlinear processes instead of linear shifts reminds nurse leaders, human resources partners, staff colleagues, and NPD practitioners that experienced nurses possess valuable knowledge and skills but still need focused support and education to succeed in a new setting. Adjustments are needed beyond simply shortening orientation time based on assumptions that they can orient more quickly than a new graduate nurse. Close attention must be given to assessing existing competencies and learning needs, establishing relationships on the unit, and maintaining a close connection with NPD practitioners and other resources. Structured training, mentorship, and preceptor development programs must be established and tailored for new-to-setting nurse needs. For example, Ashley et al. identified support factors, which could have assisted acute to primary care new-to-setting nurse transitions, such as (a) improved and longer orientations; (b) greater leadership, colleague, preceptor, and mentor supports; (c) opportunities for team meetings; (d) improved communications between nurses and with medical staff; and (e) enhanced socializations. Current literature regarding new graduate and advanced nursing transitions can serve as a foundation in creating orientation and support programs. However, future study is needed to adequately support, manage, and evaluate new-to-setting nurse transitions. From both a unit and organizational perspective, goals for new graduate nurses and new-to-setting nurses are the same, that is, that nurses are safe, competent, satisfied team members who intend to stay in their position. The benefits of successful transitions (Table 3) can be realized with thoughtful planning and consistent support of nurses making complex, nonlinear new-to-setting transitions.

Nursing Research and Theory

Though this concept analysis identified characteristics of new-to-setting transitions, the analysis was not able to identify exactly what processes are occurring. In their exploratory study, Dellasega et al. (2009) were the only ones to address the new-to-setting nurse transition process; they identified the phases as assessing expectations, realistic appraisal, and adjusting. It is not clear if these phases are accurate in describing new-to-setting nurse transitions. Future, more rigorous research is needed to verify, alter,

or discover the new-to-setting nurse transition process. Research questions could include the following:

- *What is involved in a new-to-setting nurse transition?*
- *What are the perceived needs in new-to-setting nurses' transitions from the perspective of the transitioning nurse, preceptor, and organization? What are the challenges to a successful transition? What facilitates a successful transition?*
- *What evidence-based strategies can help support new-to-setting nurse transitions?*
- *How does new-to-setting nurse transition reflect novice to expert and/or reality shock models?*

In addition to guiding future study, this concept analysis and the theoretical definition introduce the critical attributes of new-to-setting nurse transitions, which may be helpful in developing an instrument to measure the concept (Walker & Avant, 2011). The concept may also be a vital building block in future or existing nursing theories (Walker & Avant, 2011). From an operational perspective, this work may contribute to future consideration and subsequent development of new-to-setting nurse transition programs.

CONCLUSION

Though nurses undergo at least one transition during their professional careers, many will make multiple transitions as they define their skills and interests and refine their practice. Included in these transitions is often at least one new-to-setting transition. Though nursing professionals acknowledge the many benefits of successful transitions, attention and resources are often focused on new graduate transition needs. New-to-setting nurse transition needs can be overlooked if we assume that these nurses will transition more smoothly than a new graduate nurse. This concept analysis revealed new-to-setting nurse transitions can be considered equally if not more challenging as new graduate nurse transitions. Conceptualizing new-to-setting nurse transitions as complex, nonlinear processes represents a divergence from current perceptions and suggests subsequent adjustments are needed to improve the transition experience. Though current literature can serve as a starting point in new-to-setting nurse transition support and management, future research is needed to identify processes occurring within new-to-setting nurse transitions. In properly supporting new-to-setting nurse transitions, individual, team, and organizational benefits of successful transitions will be realized.

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