

Month 5 – Gaining New Clinical Skills & Expertise

Transitioning to a new practice setting, new acuity level, or patient population brings an exciting opportunity to gain new clinical skills and knowledge. This is often one of the drivers for Nurses pivoting to a new opportunity. And figuring out who your resources are can be invaluable!

Action: Take some time to discuss what connections your new colleague has made. Identify who are great resources for various practices, equipment, procedures, etc. and any additional resources that will be helpful.

Discussion Questions:

- What new patient scenarios/procedures/practices have you experienced? How did they go? How did you feel working through the situation?
- Are there any scenarios that you are nervous about?
- Are there specific practices or procedures or experiences that you haven't had a chance to do that you're anxious about or are eager to gain experience from?
- How are you feeling, overall, about practicing in this new environment?
- As someone who's been in this department for a while...
 - What patient scenarios, procedures, practices, etc. were you most nervous about?
 - How did you work through it?
 - Who/What were your resources and connections that helped you the most during your first year?

Check-in:

- How are things going?
- Anything new pop up that we can talk through?

Resources:

Nurses' perceptions and experiences of work role transitions: A mixed methods systematic review of the literature V. Arrowsmith, M. Lau-Walker, I. Norman & J. Maben

REVIEW PAPER

Nurses' perceptions and experiences of work role transitions: a mixed methods systematic review of the literature

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Abstract

Aim. To understand nurses' perceptions and experiences of work role transitions.

Background. Globally an uncertain healthcare landscape exists and when changing work roles nurses experience periods of transition when they may not cope well. A greater understanding of work role transitions may help facilitate workforce retention and successful careers.

Design. Mixed methods systematic review.

Data sources. Six data bases were searched for peer reviewed primary empirical research, published in English language between January 1990 and December 2014, supplemented by hand and citation searching.

Review methods. Evidence for Policy and Practice Information and Co-ordinating Centre methods for systematic reviews principles were followed. Analysis and synthesis of the qualitative and quantitative papers was conducted separately using thematic analysis. A third synthesis combined the narrative findings and a narrative synthesis of results is presented.

Results. Twenty-six papers were included. Across nurses' work role transitions two pathways were found: Novice and Experienced. 'Novice' comprises pre-registration and newly qualified nurses. 'Experienced' comprises, Enrolled/Licensed Practical Nurse to Registered Nurse, experienced to specialist nurse and clinical role changes. Each pathway results in different emphasizes of two themes; 'Striving for a new professional self' includes emotional upheaval and identity while 'Know how' includes competence and boundaries. Novice nurses are more susceptible to the extremes of emotional upheaval while experienced nurses' competence eases aspects of transitions while boundary issues pervade.

Conclusion. Informed work and educational environments are required for all groups of nurses. Using existing models of transition can facilitate successful individual transitions and develop the workplace.

Keywords: literature review, mixed methods, nurses, systematic review, transitions, work role

Why the review is needed?

- Work role change and transition is currently set against a globally volatile and uncertain healthcare environment, compounding potential difficulties.
- No previous reviews have systematically explored transitions experienced across a range of changes in nurses' work roles.
- Understanding of work role transitions has the potential to facilitate the process and guide those involved.

What are the key findings?

- Themes of 'striving for a new professional self' and 'know how' were experienced differently across two pathways of transition: novice and experienced nurses.
- Work role transition is characterized by discomfort and is challenging across all work role changes nurses' experience.
- Experienced nurses use prior role experience to mitigate difficult aspects of transitions but boundary issues pervade.

How should the findings influence policy/practice/research/education?

- Supportive work and academic environments which demonstrate understanding of transitions are imperative to facilitate change and successful transitions.
- Nurse leaders, policy makers and academics can play key roles by using existing models of transition to facilitate role change.
- Gaps exist in studies of: role transitions of pre-registration students, clinical to management and clinical to academic nurses; experienced nurses' attitudes, values and communication skills.

Introduction

Work role change is inevitable for all workers, including nurses, as no one is assigned or can assume a position or status forever (Glaser & Strauss 1971). Work careers are comprised of sequences of roles (Gunz & Peiperl 2007), yet the question of how the transition between roles is experienced by different groups of nurses has been largely overlooked. Internationally studies abound of nurses transitions to specific roles, for example, from student nurse to newly qualified nurse (see: Dufault 1990, Duchscher 2001, 2008, 2009, Rungapadiarchy *et al.* 2006, Cleary *et al.* 2009, Deasey *et al.* 2011) but no reviews have examined the full range of nurses' role changes and the range of nurses' perceptions and experiences. Individual nurses need to

understand work role transitions across their careers. Increased knowledge and understanding of different work role transitions can also highlight for employers how best to support the nursing workforce and how this knowledge and understanding can inform policy development. For academic institutions greater insight into role transitions can facilitate better teaching and student support. It is difficult to support work role change without an understanding of work role transitions (Bridges 1995, Meleis 2010).

Background

Globally a volatile and uncertain healthcare landscape exists (Butterworth 2014) and against this background when nurses' change work roles they experience periods of transition when they may, or may not, cope well (Bridges 1995, Meleis 2010). Transitions theories suggest transitions involve movement from one state to another, prompted by change and characterized by stages which take place over time (van Gennepe 1960, Glaser & Strauss 1971, Burr 1972, Nicholson & West 1989, Bridges 1995, Kralik *et al.* 2006, Meleis 2010). Moreover, theories of transitions are taken from different perspectives, Bridges (1995) from work role, van Gennepe (1960) from an anthropological perspective and Meleis (2010) from a nursing perspective, contend that experiences of transitions are universal, staged and disconcerting. They involve a generalized sense of disequilibrium for people deep in the throes of change. As Bridges (1995) warns, unless transition occurs change will not work. Therefore, developing an understanding of role transitions and supporting staff to meet the challenges of role change is an ongoing and important issue.

The review

Aim

The aim of this mixed methods systematic review was to understand nurses' work role transitions. The review question is:

What are nurses' perceptions and experiences of work role transitions?

Design

This review follows standard search procedures (EPPI-Centre 2010). It begins with the review question, searches for and samples the literature, applies inclusion/exclusion criteria and a diagram summarizes the overall flow of the search. The Harden and Thomas (2005) methodological

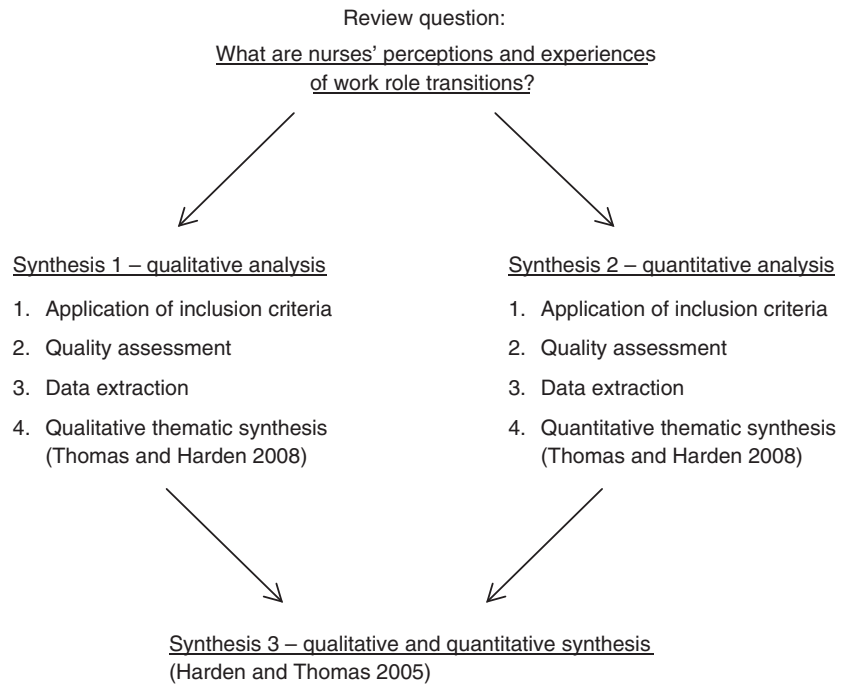


Figure 1 Mixed methods study design.

approach for combining diverse study types and the Thomas and Harden (2008) approach for thematic synthesis were adopted.

Both 'quantitative' and 'qualitative' papers were included to fully address the review question. The terms quantitative and qualitative relate to numerical data analysis (e.g. descriptive/inferential statistics) and textual data analysis (e.g. thematic analysis) respectively and the papers included in this review were classified accordingly (Harden & Thomas 2005). Analysis and synthesis of the qualitative and quantitative papers took place separately and a third synthesis combined the outputs (Figure 1).

The inclusion/exclusion criteria were the same for both qualitative and quantitative papers and the quality of papers in each stream was appraised separately using adapted published templates (see below). Data were abstracted from the qualitative papers' textual data and from the quantitative studies from the narrative of their descriptive and inferential findings. Findings from both streams were thematically synthesized (Thomas & Harden 2008). The themes taken from the qualitative synthesis provided the mechanism for combining the quantitative narrative of the descriptive and inferential statistics with the qualitative findings (Harden & Thomas 2005). Table 1 summarizes the studies and includes pathways identified through work role transitions and the aspects of transitions codes. The study characteristics, the codes and the themes generated from the codes and the pathways identified through the transition process created a matrix which

facilitated constant comparative analysis. Movement back and forth between the codes and descriptive themes found in the thematic analysis of textual data and the thematic narrative descriptions of statistical analyses facilitated integration of each synthesis and generated analytic themes common to both (Supplementary file: Table S1). A narrative empirical synthesis of the literature is the resulting outcome (EPPI-Centre 2010).

Search methods

The search was completed in December 2014 using the electronic databases: CINHAL; British Educational Index; Australian Educational Index; ERIC; PsyINFO; PUBMED. Papers were identified using the key terms and truncation symbols: transition*, role and nurs*. The Boolean operator AND was also selected to retrieve a full and focussed range of papers. Hand searching of reference lists for papers which were not identified in electronic data bases was performed and citation searching supplemented this approach.

Inclusion criteria

Primary empirical research in peer reviewed English language publications from 1990–2014 were included. The start date reflects the integration of nurse education in the UK into Higher Education, including the change from rostered worker to supernumerary status for pre-registration students.

Table 1 Nurses' perceptions and experiences of work role transitions: summary of findings ($n = 26$).

Author (year) location	Role change	Design, methods & number (n) of participants	Summary of findings		
			Findings	Pathway	Aspects of transition codes
Qualitative studies					
Barton (2007) Wales	Experienced to specialist nurse	Ethnography Interviews x2 over 2 years	Themes: social; professional; clinical authority; clinical knowledge; clinical skills. Reflects van Gennepe's model- Rites of Passage	Experienced nurse	Frustration, Skills & competence Conflict Identity
Bjorkstrom <i>et al.</i> (2006) Sweden	Pre-registration student to experienced staff nurse	Field notes ($n = 21$) Phenomenology Survey x3 Pre-registration start ($n = 164$);Pre-registration end ($n = 123$);3-5 years' postregistration ($n = 77$)	Categories: Being a good nurse; To do good for others; Competence and skills; Professional courage and pride.	Novice to Experienced nurse (3-5 years post graduation)	Reference groups Competence & skills Identity
Bombard <i>et al.</i> (2010) USA	Experienced to specialist nurse	Action research over 15 months; Reflective journals; notes from seminar discussion; analytic discussions ($n = 4$)	Dominant theme: What is a Clinical nurse leader (CNL); Subthemes: coming to the edge; trusting the process, rounding the corner; valuing becoming.	Experienced nurse	Frustration Identity
Boychuck Duchscher (2001) Canada	Newly qualified RN	Phenomenology Interviews at 2 & 6 months; Journals monthly ($n = 5$)	Themes: Doing nursing; the meaning of nursing; being a nurse. Staff attitudes problematic.	Novice nurse	High levels of anxiety & stress. Disappointment
Boychuck Duchscher (2008) Canada	Newly qualified RN	Grounded theory Interviews and focus groups at;1, 3, 6, 12 and 18 months ($n = 14$)	New nurses feel anxious, insecure, inadequate and unstable in their work. By 12 months graduates had reached stability. A model of transition is presented	Novice nurse	Stress & anxiety. Fear of failure & disappointing family, friends & reference groups. Excitement at outset. Comfort & confidence Competence Identity
Boychuck Duchscher (2009) Australia & Canada	Newly qualified RN	Four studies included: 1998: Phenomenology – data collected over 6 months ($n = 5$) 2001: data collected over 12 months ($n = 9$). 2004: retrospective analysis of a three part study. 2007: data collected over 18 months ($n = 15$)	Model of transition shock based on: doubt, loss, confusion, disorientation: relationships, knowledge and responsibilities	Novice nurse	Transition shock: doubt, loss, confusion, disorientation; physical, emotional, intellectual, socio-developmental
Brown and Olshansky (1997) USA	Experienced to specialist	Grounded theory. Interviews-individual at 1,6,12 months ($n = 11$) Seven focus groups ($n = 24$)	Main themes: Laying the foundation; launching; meeting the challenge; broadening the perspective. Model of transition presented.	Experienced nurse	Anxiety, skills competence, confidence Identity

Table 1 (Continued).

Author (year) location	Role change	Design, methods & number (<i>n</i>) of participants	Summary of findings		
			Findings	Pathway	Aspects of transition codes
Cubit and Lopez (2012) Australia	Enrolled/Licensed Practical Nurse to RN	Descriptive qualitative Focus groups x3 Week one (<i>n</i> = 8); 6 months (<i>n</i> = 5); 12 months (<i>n</i> = 4)	Categories: Stepping out of comfort zone; Being taken advantage of; Needing support as much as others. Feared being judged as a capable RN once qualified due to prior experience	Experienced nurse	Worry, anxiety, fear and discomfort. Skills
Dearnley (2006) England	Enrolled/Licensed Practical Nurse to RN	Phenomenology. Interviews 5 x over 2 years (<i>n</i> = 58)	Core category: Finding a professional voice. Subcategories hesitant, liberated and dynamic practitioner. A model of transition is proposed	Experienced nurse	Competence and skills, confidence Identity
Etheridge (2007) USA	Newly qualified	Phenomenology. Interviews at end of preceptorship, 2/3 months & 8/9 months following. Numbers unavailable.	Main theme: Learning to think like a nurse. Subthemes: developing confidence, learning responsibility; relationships with others, thinking critically	Novice nurse	Stress, confidence, boundary blurring and uncertainty Identity
Fagerberg and Ekman (1998) Sweden	Pre-registration student to RN	Phenomenology. Interviews at the end of each academic year (<i>n</i> = 27) Diaries analysed at end of years 2 & 3 (<i>n</i> = 26)	Themes: Self esteem; identification as a nurse; theoretical knowledge and technical skills; co-operation in healthcare team, caring for elderly patients; preceptor and educator support	Novice nurse	Stress and anxiety Skills competence, confidence Identity Reference groups
Gerrish (2000) England	Newly qualified Staff Nurse to	Study 1: 1985, University A Grounded theory, interviews (<i>n</i> = 10) Study 2: 1998, University B Grounded theory, interviews (<i>n</i> = 22)	Compares education pre- and post PK2000. Both groups felt inadequately prepared. Transition to qualified nurse less stressful for 1998 group and the concept "fumbling along" (1985) no longer felt to the same extent	Novice nurse	Stress, shock Competence, confidence & skills
Glen and Waddington (1998) England	Clinical Nurse Specialist	Case studies Taped supervision sessions; Group interviews; reflective accounts collected over 1 year (<i>n</i> = 2)	Dimensions of CNS roles: Acting independently of superiors; setting work targets; choosing the order of work; choosing with whom to deal. Nicholson and West (1984) and Wanous (1992) transitions models enabled role exploration of roles	Experienced nurse	Stress and frustration Competence & skills Identity Boundaries
Godinez <i>et al.</i> (1999) USA	Newly qualified	Descriptive qualitative Daily feedback sheets during first 3 weeks of orientation Nurses & preceptors (<i>n</i> = 27)	Themes: Real nurse work; Guidance; Transitional process; Institutional context; Interpersonal dynamics. Model of transition presented	Novice nurse	Skills & Competence Boundaries blurring & uncertainty Identity Reference groups

Table 1 (Continued).

Author (year) location	Role change	Design, methods & number (<i>n</i>) of participants	Summary of findings		
			Findings	Pathway	Aspects of transition codes
Holt (2008) England	RN clinical role change	Grounded theory Participant & non-participant observations; job descriptions analysis; group interviews (<i>n</i> = 11)	Theory to transition: who; what where; how Four concepts: centring identities; focussing roles; enacting roles; shaping roles A model of transition for primary healthcare practitioners presented.	Experienced nurse	Identity Reference groups Boundaries Stress
Kapborg and Fischbein (1998) Sweden	Newly qualified	Qualitative constant comparative analysis Daily diary entries for 2 months (<i>n</i> = 8)	Difficulties: relaxing off duty; High workload; dissatisfied; management of paperwork; patients with serious illness; delegating; knowing when to call physician; prioritizing	Novice nurse	Reality shock, stress, dissatisfaction Skills competence, Identity Reference groups Time management
Melrose and Gordon (2011) Canada	Enrolled/Licensed Practical Nurse to RN	Phenomenology Interviews, beginning, middle and end of 3 years (<i>n</i> = 10)	Themes: mentors helped students apply learning; personal learning goals sustained motivation; time management included terminating full time employment.	Experienced nurse	Competence and skills Identity Stress
Newton and McKenna (2007) Australia	Newly qualified	“Qualitative” Focus groups x3 4-6 months & 11-12 months post qualification: 4-6 months following graduate programme (<i>n</i> = 25)	Themes: Gliding through; Surviving; Beginning to understand; Sheltering under an umbrella; Knowing how to; We’ve come a long way	Novice nurse	Stress, overwhelmed, Confidence & competence Reality shock
Ross and Clifford (2002) England	Newly qualified	Qualitative Survey (free text only analysed) & interviews pre- & post qualification T1 survey (<i>n</i> = 19) interviews (<i>n</i> = 4); T2 survey (<i>n</i> = 13) interviews (<i>n</i> = 0)	The transition remains very stressful for some nurses because of both pre-registration education issues and level of support once qualified.	Novice nurse	Stress, fear of harming patients, anxious nervous & frightened Disappointed, dissatisfied, disillusioned Boundaries; blurring & uncertainty
Rungapadiarchy <i>et al.</i> (2006) England	Newly qualified	Grounded theory Interviews T1 pre-registration (<i>n</i> = 14) T2 6 months postregistration (<i>n</i> = 11).	Themes: Transition; Role ambiguity; Lack of support; Theory practice gap. T2: no drastic change in perceptions.	Novice nurse	Frustration, Competence Boundaries blurring and uncertainty Conflict Reality shock
Schloessler and Waldo (2006) USA	Newly qualified	Phenomenology Graduate nurses “met regularly” over 18 months for discussions	Themes: Relationships with patients and families; Organizing for patient care; Relationships with healthcare team; Experience of marker events. Model of transition proposed	Novice nurse	Stress, anxiety, fear Skills competence Conflict Identity Shock

Table 1 (Continued).

Author (year) location	Role change	Design, methods & number (<i>n</i>) of participants	Summary of findings		
			Findings	Pathway	Aspects of transition codes
Seng and Sanubol (2004) USA	Experienced to specialist	Ethnography Interviews x3 over 1 year (<i>n</i> = 6); Analysis of internal organizational documents	Themes: transition to NP role; contextual factors; inter-professional relationships; provincial politics and policies; educational preparation. Prior experience eased transition; role expansion rather than transition; stress not as great as anticipated	Experienced nurse	Stress not as great as anticipated Skills, competence
Sullivan-Benz <i>et al.</i> (2010) Canada	Experienced to Specialist	Ethnography Interviews x3 over 1 year Nurse practitioners (<i>n</i> = 23) Co-participants (<i>n</i> = 21) Analysis of internal organizational documents	Themes: Role adjustment; contextual factors; inter-professional relationships; policy and politics; educational preparation. Familiarity with reference groups roles & employers important. One third of participants left new role due to inter-professional conflict and lack of role recognition.	Experienced nurse	Stress, overwhelmed, Confidence Reference groups Boundary blurring & conflicts
Walker (1998) New Zealand	Newly qualified	Qualitative descriptive approach Focus groups with same participants:T1 4 months (<i>n</i> = 5) T2 9 months (<i>n</i> = 5)	Themes: accepting responsibility; accepting knowledge level; becoming a team member; professional standards; workplace conditions. Some knowledge was utilized, could self critique, difficult to challenge others & the wider organization	Novice nurse	Stress and anxiety Skills Reality shock Reference groups
Quantitative studies					
Bjorkstrom <i>et al.</i> (2008) Sweden	Pre-registration student to experienced staff nurse	QUAN Survey x3 Pre-registration start (<i>n</i> = 163) Pre-registration end (<i>n</i> = 124) Three-five years' post reg. (<i>n</i> = 82)	Generally rated professional self highly and stably over time on items related to humanistic values, practice, affective and social skills. Six of 19 items increased significantly during the transition from student to nurse. Two items decreased after graduation: knowledge mastery; desire to contribute to research.	Novice nurse to experienced (3-5 years post graduation)	Increases in competence, skills, confidence Identity changes over time & prior experience can influence results
Deasey <i>et al.</i> (2011) Ireland	Pre-registration student to RN	QUAN Surveyx2 T1 6 months prior to registration (<i>n</i> = 116) T2 6 months postregistration (<i>n</i> = 96)	Expectations of feedback and support; confidence in clinical abilities; stress; participation in direct patient	Novice nurse	Stress Competence, confidence

Transitions theories suggest changes occur over time and longitudinal study designs which collect data at more than one point in time can indicate the direction of change, its causes and effects (Bowling 1997). This design was therefore a prerequisite for inclusion in this review to gain a full understanding

of the changes over time nurses' experience when changing work roles. In addition, both pre-registration and postregistration nurses across all geographical locations were included to gain a comprehensive understanding of experiences and perceptions and all work roles nurses might occupy.

Exclusion criteria

Studies whose primary focus was on the structures and processes which can act as facilitators and constraints to transitions were excluded, although the included studies were intrinsically related to learning and formal educational programmes. The opinions of ‘observers’ including workers other than nurses, caregivers, patients and midwives were also excluded because nurses’ experiences of transitions were the focus of the review. Cross-sectional studies were excluded because of their limited ability to chart change over time. Non-empirical research studies including editorials, brief items, conference paper summaries, tips and opinion pieces, personal accounts and policy documents were excluded due to their perceived lack of research rigour. Unpublished dissertations and theses were also excluded and instead their findings sought in the published literature.

Search outcome

The initial search located 2204 references and two more were located through hand searches. After duplicates were removed 2104 papers remained. A further 1741 papers were excluded based on one or more of the exclusion criteria discussed above. Following these initial exclusions, a

total of 363 full text papers were accessed, of which a further 337 were excluded after close reading. This left a total of 26 papers for review (Figure 2). One paper was reported as part of a larger PhD study (Holt 2008), but a citation search found no further publications from this study.

Quality appraisal

Adapted templates for ‘quantitative’ studies were based on Long *et al.* (2002) and for ‘qualitative’ studies Walsh and Downe (2005) (see supplementary information file Figures S1 and S2). The debate as to whether it is either possible or desirable to establish quality criteria for qualitative enquiry has ranged from positions which reject criteria altogether to those which support concepts common to both qualitative and quantitative data (Snape & Spencer 2003, Downe 2008). The approach adopted herein was not rigidly procedural and takes account of key features of the study (Guba & Lincoln 1981). It allowed the reviewer’s judgement to remain at the heart of quality considerations (Snape and Spencer 2003), to avoid a tick box approach. The papers were appraised by one reviewer as high, medium or low according to the quality criteria listed in the relevant template. In addition, the reviewer’s judgments on the relevance of each study to the review, appropriateness of the methodology and design and topic focus (EPPI-Centre

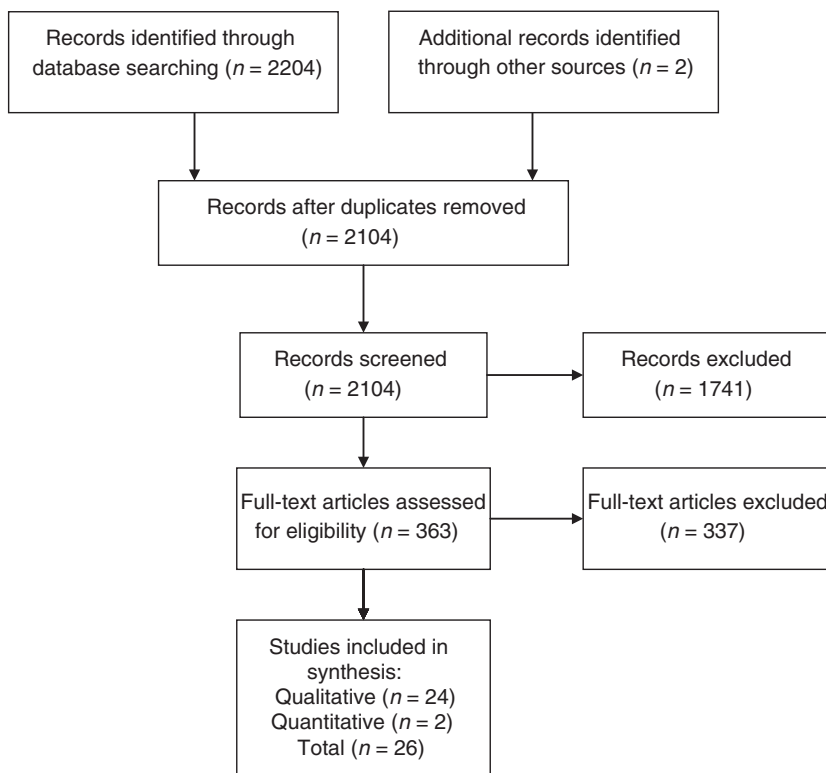


Figure 2 Overall flow of the literature search.

2010) were taken into account. No studies were excluded on the basis of quality, but lower weight was given in the discussion to lower quality papers (Jones *et al.* 2014).

Data abstraction

Thematic abstraction and synthesis of the qualitative papers was undertaken by adopting the principles outlined by Thomas and Harden (2008). After quality assessment each paper was closely read and a three part process of identifying themes was undertaken. These were not discrete steps and overlapped to some degree, but nonetheless were characterized by three stages:

- line by line coding of the findings of the primary studies
- organization of codes into related areas to construct descriptive themes
- development of the descriptive themes into analytic themes.

This method draws on established methods and techniques commonly described as ‘thematic analysis’ (Thomas & Harden 2008) and the bedrock is the identification of ‘repeatable regularities’ (Miles & Huberman 1994, p.,64). Key concepts relating to the substantive meaning in the studies were identified and coded, then taken from one study and translated into others. They may not be expressed using identical words (Thomas & Harden 2008), though in this review most are. Codes and themes were taken from the ‘Findings’ sections of the included papers. The ‘Discussion’ and ‘Abstracts’ sections were also checked for findings not presented elsewhere, though none were found in this set of papers.

For quantitative papers, the data were abstracted and coded as for qualitative papers using the same principles (Thomas & Harden 2008). Codes were taken from the narrative descriptions of statistical analyses and inserted in the summary/matrix (Harden & Thomas 2005).

Synthesis

The table summarizing the papers (Table 1) created a matrix which facilitated constant comparative analysis (Harden & Thomas 2005) and movement back and forth between the codes found in the qualitative and quantitative analyses. Findings from qualitative studies were distilled down to their essential features to form descriptive themes. This provided the mechanism for incorporating the quantitative findings which could be supplemented by additional codes and themes found in the quantitative studies. Note was taken of matches, mismatches and gaps in the quantitative

data codes when compared with the qualitative data codes and descriptive themes.

From the descriptive themes generated from the two data sets, analytic themes were inferred. The codes and themes which were generated when the findings from each type of study were first interrogated were re-examined, compared and contrasted, refined and then grouped into higher order themes (Thomas *et al.* 2003, : Thomas & Harden 2008). A small set of generalizations resulted (Table 2) which cover the consistencies discerned in the data (Miles & Huberman 1994). The process was guided by constant recourse to the question underpinning the review to ensure that the perceptions and experiences of nurses work role transitions remained at the heart of the review. As Thomas and Harden (2008) suggest, this stage is the most difficult stage to describe since it is dependent on the judgement and insights of the reviewer.

Results

Study characteristics

Twenty-six papers were included in this review, 24 qualitative and two quantitative. No experimental studies comparing groups were found which met the inclusion criteria. Twenty five studies were conducted in one country and one paper (Duchscher 2009) reported four empirical studies; three from Canada and one from Australia. All studies were from ‘developed’ nations: ten from North America; six from England; four from Sweden; three from Australia and one each in Wales, Ireland and New Zealand. Only one paper attempted to track changes over more than one role change and that was from student to newly qualified nurse to RN 3-5 years after graduation (Bjorkstrom *et al.* 2006). The numbers of participants in each study ranged from a

Table 2 Nurses’ perceptions and experiences of work role transitions: Analytic and Descriptive Themes and Codes.

Analytic themes	Descriptive themes	Codes
Striving for a new professional self	Emotional upheaval	Stress, anxiety, fear, frustration, disappointment, dissatisfaction, shock, excitement
	Identity	Reference groups Attitudes, values
Know How	Competence	Skills Confidence
	Boundaries	Blurring; uncertainty; conflict

case study of two (Glen & Waddington 1998) to Bjorkstrom *et al.*'s (2006) survey totalling 247 participants. Interviews of various kinds were the most common method of collecting data ($N = 20$) although one study conducted both surveys and interviews (Ross & Clifford 2002) and two collected survey data only (Bjorkstrom *et al.* 2006, 2008, Deasey *et al.* 2011). However, the numbers of participants in Deasey *et al.* (2011) study were reported as too low to allow convincing non-parametric tests associations. No studies were reported as mixed methods studies although the papers by Bjorkstrom *et al.* (2006, 2008) report separately on the qualitative and quantitative findings of what appears to be the same study. Six papers took a phenomenological approach, three ethnographic and three grounded theory while the remainder of the qualitative papers were either case studies or described as 'qualitative' (see Table 1). The large number of qualitative papers is reflective of this tradition which prioritizes experiences, including perceptions, meanings and emotions (Silverman 2005).

Personal journals were analysed in six studies (Fagerberg & Ekman 1998, Glen & Waddington 1998, Kapborg & Fischbein 1998, Duchscher 2001, Bombard *et al.* 2010). Job descriptions were analysed by Holt (2008), Ross and Clifford (2002), Seng and Sanubol (2004) and Sullivan-Benz *et al.* (2010) analysed organizational documents while two studies employed the observational method (Barton 2007, Holt 2008). Data collection periods, ranged from 3 weeks (Godinez *et al.* 1999) to 8 years (Bjorkstrom *et al.* 2006, 2008) and all studies tracked change over time.

Models of transition were proposed by: Holt (2008) with respect to clinical role change in primary care settings; Duchscher (2008), Godinez *et al.* (1999) and Schloessler and Waldo (2006) for newly qualified nurses: Dearnley (2006) for transition from Enrolled Nurse to Registered Nurse; Brown and Olshansky (1997) from experienced to specialist nurse. In addition, Barton (2007) and Glen and Waddington (1998) suggest that generic models of transition (van Gennep 1960, Nicholson & West 1989) can explain the transitions of experienced nurses moving to specialist roles.

Pathways

The included studies indicate pathways through transition are traversed by two groups of nurses. The first are novice nurses and the second group are experienced professionally qualified nurses. Novice nurses comprise pre-registration students ($N = 4$) and newly qualified nurses ($N = 12$). The

second group are experienced nurses who comprise: Enrolled Nurse/Licensed Practical Nurse to RN ($N = 3$); clinical role change ($N = 2$); and experienced to specialist ($N = 5$). No papers which met the inclusion criteria were found charting the transition of experienced nurse from clinical nurse to nurse manager, or from clinical to academic role.

Codes and themes

Sixteen codes taken directly from the data were identified and grouped into four descriptive themes which stay close to the data. The papers were then re-examined alongside the descriptive themes and analytic themes were inferred with constant recourse to the review question concerning experiences and perceptions of work role transitions. Through further examination more abstract analytical themes began to emerge and the processes were repeated until two overall analytic themes were found which were sufficiently abstract to explain/describe the initial descriptive themes. (Thomas & Harden 2008) (Table 2). The themes are presented in Figure 3 alongside the pathways through transition.

Theme One: Striving for a new professional self

The journey through transition involves change and struggle to compose a new professional self. As nurses wrestle to reshape their identity both experienced and novice nurses encounter **emotional upheaval**. These feelings include: stress, anxiety, fear, frustration, disappointment, dissatisfaction and in the case of newly qualified novice nurses-shock. There is also some evidence of alternative feelings, for example feelings of excitement and of exhilaration (Duchscher 2008), but the overwhelming emotions found in all pathways are **tied to feelings of discomfort**.

Novice pre-registration nurses reported stress, anxiety and fear, occurring most markedly prior to registration at the prospect of becoming a registrant (Fagerberg & Ekman 1998, Deasey *et al.* 2011). Newly qualified novice nurses also reported stress, anxiety and fear (Walker 1998, Duchscher 2001, 2008, Rungapadiarchy *et al.* 2006, Schloessler & Waldo 2006, Etheridge 2007). Backed by evidence from a series of four Canadian studies over a 10 year research programme into newly qualified nurses work role transitions, Duchscher (2008) describes nurses as stressed about 'absolutely everything'. This included caring for patients who were clinically unstable, multi tasking, anxious about applying skills to clinical contexts and fearing failure and incompetence. She also found neophyte nurses were stressed about disappointing family, friends and colleagues, as did Walker (1998) and Schloessler and Waldo (2006). A particular aspect of stress was the anxiety and fear of causing

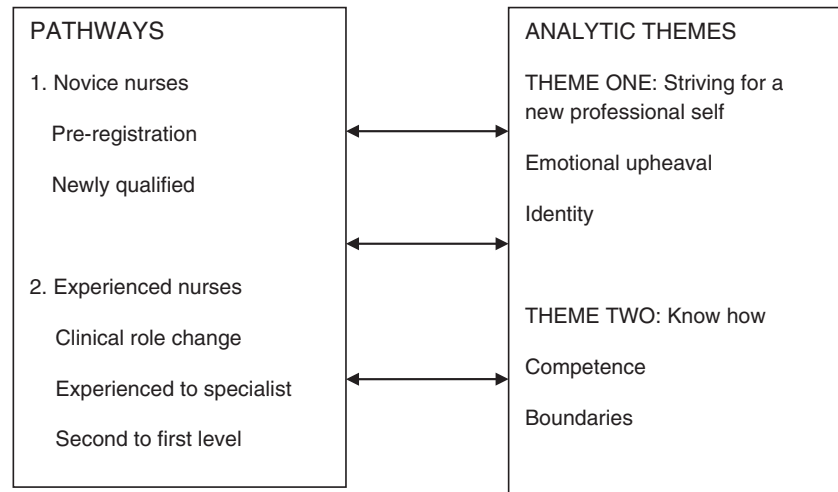


Figure 3 Pathways through transition and analytic (themes).

harm to patients, particularly through medication errors (Rungapadiarchy *et al.* 2006, Duchscher 2008). In addition, newly qualified novices are strongly associated with one extreme aspect of work role transition; shock. They were found to experience the extreme emotional upheaval of both reality and transition shock as they sought to gain recognition, by self and by others as an RN (Kapborg & Fischbein 1998, Walker 1998, Gerrish 2000, Rungapadiarchy *et al.* 2006, Schloessler & Waldo 2006, Newton & McKenna 2007, Duchscher 2009).

Experienced nurses, like novices, are reported to feel anxiety and stress when moving to new roles (Brown & Olshansky 1997, Glen & Waddington 1998, Seng & Sanubol 2004, Sullivan-Benz *et al.* 2010, Cubit & Lopez 2012) but not the extreme emotional upheaval of shock experienced by newly qualified novices. Sullivan-Benz *et al.* (2010) discuss Canadian nurses moving to the role of Nurse Practitioner initially feeling overwhelmed and stressed before becoming confident in their abilities. Similarly, Brown and Olshansky (1997) reporting from the USA found that nurse practitioners initially felt like imposters in the role and anxious about their performance and their abilities and feared making mistakes.

When working to gain knowledge and understanding of their new work, roles both novice nurses (Rungapadiarchy *et al.* 2006) and experienced nurses (Glen & Waddington 1998, Barton 2007, Bombard *et al.* 2010) feel frustration and newly qualified novice nurses experience disappointment and dissatisfaction (Kapborg & Fischbein 1998, Duchscher 2008).

Striving for a new professional self for novice pre-registration nurses involved gaining a new identity by taking up the role of student nurse (Bjorkstrom *et al.* 2006, 2008). Novice newly qualified nurses must shift their identity from

student to professionally qualified nurse (Schloessler & Waldo 2006, Etheridge 2007, Duchscher 2008). These novices together with experienced nurses (Brown & Olshansky 1997, Glen & Waddington 1998, Griffith 2004, Barton 2007, Holt 2008) established new identities with reference to and in relation to roles, role boundaries and identities of colleagues.

Gaining a new identity is also associated with changes to attitudes and values for both novice nurses (Fagerberg & Ekman 1998, Glen & Waddington 1998, Bjorkstrom *et al.* 2006, Etheridge 2007) and for experienced nurses moving from second to first level registration (Dearnley 2006, Melrose & Gordon 2011). But for the other two groups of experienced nurses, those undergoing clinical role change and those moving from experienced to specialist practitioner, changes in attitudes and values were not reported in this review.

Theme Two: Know how

'Know how' is concerned with applying nursing skills with competence and confidence in clinical situations. Across a range of skills: assessment and intervention; communication; critical thinking; caring skills; management skills; and knowledge integration, the studies in this review highlights both novice and experienced nurses felt it important to know how to perform clinical skills (Brown & Olshansky 1997, Fagerberg & Ekman 1998, Glen & Waddington 1998, Kapborg & Fischbein 1998, Walker 1998, Gerrish 2000, Seng & Sanubol 2004, Dearnley 2006, Bjorkstrom *et al.* 2006, 2008, Schloessler & Waldo 2006, Barton 2007, Melrose & Gordon 2011). Throughout the included studies management competencies are more widely reported than either critical thinking or humanistic caring skills. Time management and workload management issues are most

reported. These can be a particular problem for newly qualified nurses (Kapborg & Fischbein 1998, Schloessler & Waldo 2006), although they can also be an issue for experienced nurses (Glen & Waddington 1998). In addition, in a range of studies (Fagerberg & Ekman 1998, Dearnley 2006, Barton 2007, Melrose & Gordon 2011) both novice and experienced nurses acknowledged the importance of being able to integrate theoretical with practical knowledge for competence and know how.

As skills and competence increased so nurses gained confidence in their new roles at pre-registration level (Fagerberg & Ekman 1998), when newly qualified (Gerrish 2000, Etheridge 2007, Duchscher 2008) and as experienced nurses (Brown & Olshansky 1997, Dearnley 2006).

'Know how' is also associated with knowing the extent and limits of the professional and practice boundaries associated with the new role. In this review, novice pre-registration and experienced nurses moving from second to first level did not report boundary issues. However, novice newly qualified nurses did seek to understand the boundaries of their new role and clarify its extent (Ross & Clifford 2002, Rungapadiarchy *et al.* 2006, Duchscher 2008). In contrast, experienced nurses' boundary experiences are often associated with new and expanding roles and with conflict where boundaries are not well established (Glen & Waddington 1998, Griffith 2004, Barton 2007, Holt 2008). Some evidence suggests that dual roles perpetuate the issues (Barton 2007). However, boundary conflict can also be experienced by newly qualified nurses (Schloessler & Waldo 2006).

Discussion

This review demonstrates that the analytic themes of 'Striving for a new professional self' and 'Know how' and their associated descriptive themes (emotional upheaval, identity, competence and boundaries), can be found across the work role transitions of both novice and experienced nurses. However, while core experiences are similar for both groups there are differences in how each group deals with their situation.

Striving for a new professional identity

Findings indicate that striving for a new identity is an uncomfortable experience for all nurses traversing all pathways through role change. This is evident in the emotional upheavals nurses' experience through all pathways of role change found in this review. Anxiety was experienced as their existing social systems, their work place and their

relationships with colleagues, changed. It has long been recognized that these changes provoke heightened anxiety in nurses (Menziés 2002). The transition process is characterized by anxiety and discomfort as old roles are left behind, new ones not yet fully incorporated and an in limbo period of feeling in 'no man's land' is experienced.

One outcome of discomfort and disequilibrium that of stress, although present in all nurses' pathways through transition is particularly evident in newly qualified nurses. Evidence from studies (Brown & Olshansky 1997, Fagerberg & Ekman 1998, Dearnley 2006, Schloessler & Waldo 2006, Barton 2007, Etheridge 2007, Duchscher 2008) indicate across time and geographical locations, stress is evident in these novices. Moreover, newly qualified nurses also experience reality shock which according to Kramer (1974, p. 4) is 'the reaction to the discovery that school bred values conflict with work- world values' and 'the disparity between the expectations and reality'. Duchscher (2009) building on Kramer's work suggests transition shock is experienced including physical, intellectual, emotional, developmental and socio-cultural change. This review adds weight to calls for effective preceptorship programmes, which are particularly important for newly qualified nurses given they are the single most vulnerable group who experience that extreme form of emotional upheaval- shock.

Experienced nurses in this review were found not to be subject to this extreme of emotional upheaval. In addition, this evidence suggests they may be able to use their prior experience to mitigate stress. Studies reported (Glen & Waddington 1998, Seng & Sanubol 2004, Deasey *et al.* 2011, Melrose & Gordon 2011) suggest that prior experience of the workplace alongside use of existing skills, facilitated ease of transitions. For example, Seng and Sanubol (2004) described the transition to sexual assault nurse more akin to role expansion rather than transition because as experienced nurses they already had pre-existing skills and mechanisms in place to deal with stress associated with the new role.

Striving for a new professional identity is tied to how nurses perceived themselves relative to colleagues; their reference group. This was evident in a range of papers across geographical locations and novice and experienced nurses work role transitions. Ohlen and Segesten's (1997) concept analysis of nurses' professional identity supports this finding, defining identity as comprising two dimensions; personal and interpersonal. Ibarra (1999) adds a constellation of attributes including beliefs, values and motivations. The link between identity, attitudes and values was found in this review to be tied to novice nurses and pre-registration Enrolled/Licensed Practical nurses. In contrast, the remaining literature on experienced RN does not discuss

their attitudes and values, perhaps suggesting that desirable attitudes and values of a nurse are assumed by participants and researchers alike to be already embedded in experienced RNs. However, a useful reminder is provided by Bombard *et al.* (2010) that transition and a new identity is not always achieved. Bombard and colleagues participated in a programme to prepare them for Clinical Nurse Leaders (CLE) roles but record they did not experience successful transitions. Perhaps this is not surprising given they were direct-entry master's students and 'non-nurses' with approximately 8 months clinical practice experience prior to starting the CLE programme.

Know How

The acquisition of skills to fulfil the demands of new roles is an important step in developing competent practice, as noted in papers of novice nurses (Brown & Olshansky 1997, Bjorkstrom *et al.* 2008, Bombard *et al.* 2010) and experienced nurses (Glen & Waddington 1998, Sullivan-Benz *et al.* 2010). However, some evidence suggests that experienced nurses already have clinical skills in place to meet some demands of new roles (Brown & Olshansky 1997, Seng & Sanubol 2004). This contrasts with novice nurses who may not have sufficient skills to draw on to ease their transition (Rungapadiarchy *et al.* 2006). Moreover, communication skills are a concern for novice nurses, although competence increases over time (Bjorkstrom *et al.* 2008). In contrast, the studies of experienced nurses did not report on their communication skills, perhaps suggesting they are already well developed. This remains an area to be more fully researched since as Benner (1984) suggests, any nurse entering a clinical situation where she has no experience may be limited to the novice level of performance.

Gaining an understanding of boundaries, their extent and limits, is central to achieving successful transitions and a new identity for both novice newly qualified nurses and experienced nurses. Boundary work is closely tied to identity work (Allen 2002) and boundary conflicts found in this review were most evident when experienced nurses took up new and extended roles. Conflicts feature to a lesser extent in the experiences of newly qualified nurses and do not feature in this literature review on pre-registration student's experiences. This suggests that pre-registration students' boundaries are more tightly prescribed than others, due to the highly prescribed frameworks which bound pre-registration programmes. Managers have a role to play in ensuring that the boundaries of work roles are clear to all individuals. Furthermore, Kramer *et al.* (2013) suggests moving from focussing on individuals to

work environments and developing them to facilitate successful transitions. It has long been suggested that work role transitions are generally neglected development opportunities not only for individuals but also for organizations (Nicholson & West 1989).

Limitations

This review adopted a systematic approach, including a focused question and search, application of inclusion and exclusion criteria and quality assurance processes. However, one reviewer conducted the search and it is possible that some relevant studies were not identified. No studies from developing nations were found. In addition, the decision to exclude cross-sectional studies, of which there are many, could provide additional evidence and snapshots of work role transitions, if not the entire transition process.

The quality of the included studies also influences this review (Supplementary File Table S1). In addition, the design and methods of included studies impacted on this review. For example, case studies may not be generalizable (Bowling 1997) and surveys with larger samples might have been more likely to more closely reflect the populations studied (Field 2009). However, the systematic review process and synthesis, adopted herein, is less likely than single studies to draw incorrect or misleading conclusions (Harden & Thomas 2005).

In addition, no studies which met the inclusion criteria for this review were found for nurses moving from clinical to management or to academic roles. This prevents the exploration of the widest scope of role change for experienced nurses.

Conclusion

This is the first known mixed methods review which encompasses novice and experienced nurses' work roles transitions. Previous reviews have focussed on single types of role transitions, most notably the transitions experienced by newly qualified nurses (see: Morrow 2009, Higgins *et al.* 2010, Jewell 2013, Teoh *et al.* 2013). This is perhaps unsurprising given the interest in and volume of papers on this particular transition. Gaps in the literature exist for studies of pre-registration students and of clinical to management and clinical to academic role change and in exploring experienced nurse attitudes and values and their communication skills.

Work role transitions involve personal and professional change and development and are inherently discomfiting experiences which create disequilibrium. The nursing

literature is replete with suggestions for special programmes of support (see: Yuet Foon Chung *et al.* 2008, Patterson *et al.* 2010) and effective support and mentorship (see: Newton & McKenna 2007, Melrose & Gordon 2011) to facilitate good and successful transitions. Unfortunately, current fiscal constraints make this a challenge for education providers and clinicians alike. Nonetheless, supportive managers and working cultures are important (Kramer *et al.* 2013), including for experienced nurses, despite these nurses having some prerequisite skills to ease their transition pathway. This review has highlighted that models of transition are available in the existing literature which can support not only nurses involved in work role transitions but also developments in work environments and in educational provision and support.

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Conflict of interest

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Author contributions

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- substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data;
- drafting the article or revising it critically for important intellectual content.

Supporting Information

Additional Supporting Information may be found in the online version of this article at the publisher's web-site.

References

Allen D. (2002) Doing occupational demarcation. The boundary work of nurse managers in a district hospital. In *Exemplary Research for Nursing and Midwifery* (Rafferty A.M. & Traynor M., eds), Routledge, London, pp. 205–230.

Barton T.D. (2007) Student nurse practitioners – a rite of passage? The universality of van Gennep's model of social transition. *Nurse Education in Practice* 7, 338–347.

Benner P.E. (1984) *From Novice to Expert. Excellence and Power in Clinical Nursing Practice* Prentice Hall Health, Upper Saddle River, NJ.

Bjorkstrom M.E., Johansson I.S. & Athlin E.E. (2006) Is the humanistic view of the nurse role still alive – in spite of an academic education. *Journal of Advanced Nursing* 54(4), 502–510.

Bjorkstrom M.E., Athlin E.E. & Johansson I.S. (2008) Nurses' development of professional self- from being a nursing student in a baccalaureate programme to an experienced nurse. *Journal of Clinical Nursing* 17, 1380–1391.

Bombard E., Chapman K., Doyle M., Shippee-Rice R. & Raduis Kasik D. (2010) Answering the question, What is the clinical nurse leader?": transition experience of four direct-entry masters' students. *Journal of Professional Nursing* 26(6), 332–340.

Boychuck Duchscher J.E. (2001) Out in the real world: newly graduated nurses in acute care speak out. *Journal of Nursing Administration* 31(9), 426–439.

Boychuck Duchscher J.E. (2008) A process of becoming: the stages of new nursing graduate professional role transition. *Journal of Continuing Education* 39(10), 441–452.

Boychuck Duchscher J.E. (2009) Transition shock: the initial stage of role adaptation for newly graduated Registered Nurses. *Journal of Advanced Nursing* 65(5), 1103–1113.

Bowling A. (1997) *Research Methods in Health. Investigating Health and Health Services* Open University Press, Buckingham.

Bridges W. (1995) *Managing Transitions* Nicholas Brearley Publishing, London, Making the most of change.

Brown M.A. & Olshansky E.F. (1997) From limbo to legitimacy: a theoretical model of the transition to the Primary Care Nurse Practitioner role. *Nursing Research* 46(1), 46–51.

Burr W.R. (1972) Role transitions: a reformulation of theory. *Journal of Marriage and Family* 34(3), 407–416.

Butterworth T. (2014) Board Editorial: The nursing profession and its leaders- hiding in plain sight? *Journal of Research in Nursing* 19(7–8), 533–536.

Cleary M., Matheson S. & Happell B. (2009) Evaluation of a transition to practice programme for mental health nursing. *Journal of Advanced Nursing* 65(4), 844–850.

Cubit K. & Lopez V. (2012) Qualitative study of enrolled nurses' transition to registered nurse. *Journal of Advanced Nursing* 68(1), 206–211.

Dearnley C.A. (2006) Knowing nursing and finding the professional voice: a study of enrolled nurses converting to first level registration. *Nurse Education Today* 26(3), 209–217.

Deasey C., Doody O. & Tuohey D. (2011) An exploratory study of role transition from student to registered nurse (general, mental health and intellectual disability) in Ireland. *Nurse Education in Practice* 11, 109–113.

Downe S. (2008) Methasynthesis: a guide to knitting smoke. *Evidence Based Midwifery* 6(1), 4–8.

Dufault M.A. (1990) Personal and work milieu resources as variables associated with role mastery in the novice nurse. *Journal of Continuing Education in Nursing* 21(2), 73–78.

EPPI-Centre (2010) EPPI-Centre Methods for Conducting Systematic Reviews. *Evidence for Policy and Practice Centre*. Retrieved from <http://eppi.ioe.ac.uk/cms/LinkClick.aspx?fileticket=hQB8y4uVwI%3d&tabid=88> on 16 January 2015.

- Etheridge S.A. (2007) Learning to think like a nurse: stories from new nurse graduates. *The Journal of Continuing Education in Nursing* 38(1), 24–30.
- Fagerberg I. & Ekman S.L. (1998) Swedish nursing students transition into nursing during education. *Western Journal of Nursing Research* 20, 602–620.
- Field A. (2009) *Discovering Statistics using SPSS*. Sage, London.
- van Gennep A. (1960) *The Rites of Passage*. Routledge & Keegan Hall, London.
- Gerrish K. (2000) Still fumbling along? A comparative study of the newly qualified nurse's perceptions of the transition from student to qualified nurse. *Journal of Advanced Nursing* 32(2), 473–480.
- Glaser B.G. & Strauss A.L. (1971) *Status Passage*. Aldine Atherton, Chicago, IL.
- Glen S. & Waddington K. (1998) Role transition from staff nurse to clinical nurse specialist: a case study. *Journal of Clinical Nursing* 7, 283–290.
- Godinez G., Schweiger J., Gruver J. & Ryan P. (1999) Role transition from graduate to staff nurse: a qualitative analysis. *Journal for Nurses in Staff Development* 15(3), 97–110.
- Griffith H. (2004) Nurse practitioner education: learning from students. *Nursing Standard* 18(30), 33–41.
- Guba E.G. & Lincoln Y.S. (1981) *Effective Evaluation*. Jossey Bass, San Francisco, CA.
- Gunz H. & Peiperl M., eds (2007) *Handbook of Career Studies*. Sage, London.
- Harden A. & Thomas J. (2005) Methodological issues in combining diverse study types in systematic reviews. *International Journal of Social Research Methodology* 8(3), 257–271.
- Higgins G., Spencer R. & Kane R. (2010) A systematic review of the experiences and perceptions of the newly qualified nurse in the United Kingdom. *Nurse Education Today* 30(6), 499–508.
- Holt I.G.S. (2008) Role transition in primary care settings. *Quality in Primary Care* 16, 117–126.
- Ibarra H. (1999) Image and identity in provisional selves: experimenting with image and identity in professional adaptation. *Administrative Science Quarterly* 44, 764–791.
- Jewell A. (2013) Supporting the novice nurse to fly: a literature review. *Nurse Education in Practice* 13(4), 323–327.
- Jones C.E.L., Maben J., Jack R.H., Davies E.A., Forbes L.J.L., Lucas G. & Ream E. (2014) A systematic review of barriers to early presentation and diagnosis with breast cancer among black women. *BMJ Open* 4, e004076. doi:10.1136/bmjopen-2013-004076.
- Kapborg I.D. & Fischbein S. (1998) Nurse education and professional work: transition problems? *Nurse Education Today* 18, 165–171.
- Kralik D., Visentin K. & van Loon A. (2006) Transition: a literature review. *Journal of Advanced Nursing* 55(3), 320–329.
- Kramer M. (1974) *Reality Shock: Why Nurses Leave Nursing*. Mosby, St Louis, MO.
- Kramer M., Brewer B. & Maguire P. (2013) Impact of healthy work environments on new graduate nurses' environmental reality shock. *Western Journal of Nursing Research* 35(3), 348–383.
- Long A.F., Godfrey M., Randall T., Brettle A. & Grant M.J. (2002) HCPRDU evaluation tool for mixed methods studies. Retrieved from <http://usir.salford.ac.uk/13070> on 02 Feb 2015.
- Meleis A.F. (2010) *Transitions Theory. Middle-range and Situation-specific Theories in Nursing Research and Practice*. Springer Publishing Company, New York.
- Melrose S. & Gordon K. (2011) Overcoming barriers to role transition during an online post LPN to BN program. *Nurse Education in Practice* 11, 31–35.
- Menzies I. (2002) A case study of the functioning of social systems as a defence against anxiety. In *Exemplary Research for Nursing and Midwifery* (Rafferty A.M., Traynor M., eds), Routledge, London.
- Miles M. & Huberman A. (1994) *Analysis*. Sage, London.
- Morrow S. (2009) New graduate transitions: leaving the nest, joining the flight. *Journal of Nursing Management* 17(3), 278–287.
- Newton J.M. & McKenna L. (2007) The transitional journey through the graduate year: a focus group study. *International Journal of Nursing Studies* 44, 1231–1237.
- Nicholson N. & West M. (1989) *Handbook of Career Theory*. Cambridge University Press, Cambridge.
- Ohlen J. & Segesten K. (1997) The professional identity of a nurse: concept analysis and development. *Journal of Advanced Nursing* 28(4), 720–727.
- Patterson B., Bayley E.W., Burnell K. & Rhoads J. (2010) Orientation to emergency nursing: perceptions of new graduate nurses. 36(3), 203–211. doi: 10.1016/j.jen.2009.07.006. Retrieved from <http://www.JENONLINE.ORG>, on 09 October 2012.
- Ross H. & Clifford K. (2002) Research as a catalyst for change: from student to Registered nurse. *Journal of Clinical Nursing* 11, 545–553.
- Rungapadiarchy D.M., Madill A. & Gough B. (2006) How newly qualified mental health nurses perceive their role. *Journal of Psychiatric and Mental Health Nursing* 13, 533–542.
- Schloessler M. & Waldo M. (2006) The first 18 months in practice. A developmental transition model for the newly graduated nurse. *Journal for Nurses in Staff Development* 22(2), 47–52.
- Seng J. & Sanubol M. (2004) The first year as Sexual Assault Nurse Examiner: role transition and role related stress within a new SANE team. *Journal of Emergency Nursing* 30(2), 126–133.
- Silverman D. (2005) *Doing Qualitative Research. A Practical Handbook*. Sage, London.
- Snape D. & Spencer L. (2003) The foundations of qualitative research. In *Qualitative Research Practice. A Guide for Social Science Students and Researchers* (Richie J. & Lewis J. eds) Sage Publications Ltd, London. pp. 2–23.
- Sullivan-Benz M., Humbert J., Cragg B., Legault F., Laflamme C., Bailey P. & Doucetter S. (2010) Supporting primary health care nurse practitioners' transition to practice. *Canadian Family Physician* 56(11), 1176–1182.
- Teoh Y.T.E., Pua L.H. & Chan M.F. (2013) Lost in transition – a review of qualitative literature of newly qualified registered nurses experience on the transition to practice journey. *Nurse Education Today* 32(2), 143–147.
- Thomas J. & Harden A. (2008) Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Medical Research Methodology* 8(45), 1–19. doi:10.1186/1471-2288-8-45.
- Thomas J., Sutcliffe K., Harden A., Oakley A., Oliver S., Rees R., Brunton G. & Kavanagh J. (2003) *Children and Healthy Eating:*

- A systematic review of barriers and facilitators EPPI-Centre, Social Science Research Unit, Institute of Education, University of London, London.
- Walker J. (1998) The transition to registered nurse: the experience of a group of New Zealand degree graduates. *Nursing Praxis in New Zealand* 13(2), 36–43.
- Walsh D. & Downe S. (2005) Meta-synthesis for qualitative research: a literature review. *Journal of Advanced Nursing* 50, 204–211.
- Yuet Foon Chung L., Wong Kam Yuet F. & Ching Man Cheung S. (2008) Fostering maturity for senior nursing students: a pre-graduation clinical placement. *Nurse Education Today* 28, 409–418.

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