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TRANSITION SHOCK AND SELF-EFFICACY AMONGST NEW GRADUATE

NURSES POST-PANDEMIC

BY

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Approval of Thesis

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TRANSITION SHOCK AND SELF-EFFICACY AMONGST NEW GRADUATE NURSES POST PANDEMIC

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Dedication

To my parents who have never ceased to support me and continuously encouraged me to push barriers and reach for the stars, this would not have been possible without you. Thank you for being my biggest fans. The values you have instilled in me are what I aspire to ingrain in my own children someday soon.

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Abstract

The COVID-19 pandemic presented new challenges for newly graduated nurses entering professional practice. Transition shock theory supports the hardships, confusion, and doubt felt by this population during their initial entry to practice. Self-efficacy is believing in one's abilities to succeed despite overcoming challenges. Understanding the consequences of the pandemic on the transition shock of new graduates and examining the influence of self-efficacy is lacking. The research questions guiding this study were: 1) How do NGNs working in an acute care setting post-pandemic make sense of and perceive their transition shock experience? and 2) What does self-efficacy during this transition shock period mean to NGNs? Interpretive Phenomenology Analysis methodology guided this study. Four themes emerged: self-doubt, emotional whirlwind, silver lining, and pandemic effects. As the nursing shortage worsens, and new graduate nurses' attrition rates increase, further understanding how to support new graduates entering the workforce is needed to increase retention.

Keywords: transition shock, self-efficacy, new graduate nurse, transition to practice, COVID-19 pandemic

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Glossary of Key Terms

Contemporary healthcare: patient-centered care, where medical professionals and patients work together in harmony to reach a state of wellness as perceived by the patient (Souliotis, 2016).

New graduate nurse (NGN): a nurse registered through a regulated body who graduated from a Bachelor of Nursing program within the last two years (Sandler, 2018).

Self-efficacy: believing in your abilities to succeed despite working through the challenges endured (Bandura, 1977).

Self-confidence: embedded within the definition of self-efficacy provided by Laschinger and Fida (p. 21, 2014), the sense of trusting in one's belief in their ability to overcome adversities (Laschinger et al., 2015).

Senior practicum: (also known as a consolidation period) the final clinical placement where nursing students apply their theoretical and practical knowledge and skills as they strive to achieve caring for a typical nursing caseload, with the consistent support of a registered nurse preceptor (CRNM, 2018).

Transition shock: the NGN's initial response to the events of moving from a comfortable and familiar academic environment to the unaccustomed realities of their professional nursing practice (Duchscher, 2009; Duchscher, 2012).

Chapter 1. Introduction

Background

New graduate nurses (NGNs) perceive their first year of transitioning to practice as the most wearing of their professional careers (Duchscher & Windey 2018; Martin & Wilson, 2011; Wilkinson, 2017). The distress of role transition constitutes 30% of attrition rates amongst NGNs within their first year of professional practice (Sparacino, 2016), and increases to approximately 50% within their second year (Sandler, 2018). Unrealistic and unachievable entry-to-practice expectations, and inconsistent perceptions of the nursing profession while being in a student role have been identified as frustrating and demoralizing by NGNs (Duchscher, 2012). Poor working conditions and lack of support in the clinical environment have also been shown to contribute to NGNs intending to leave or leaving the profession within their first two years of employment (Concilio et al., 2019; Frögli et al., 2019; Martin & Wilson, 2011). Consequently, NGNs who continue to feel inept and incompetent in their new professional role find themselves experiencing a more difficult transition to practice, leading to intent, or leaving the profession, worsening the nursing shortage (Mannino et al., 2021; Sandler, 2018).

The healthcare system has endured major consequences within the last few years due to the ramifications of the COVID-19 global pandemic (Duchscher et al., 2021; Mannino et al., 2021; Simon & Regan, 2021). As high patient volumes continue to overwhelm hospital settings, the desperate need to increase and maintain nursing professionals to adequately care for and tend to their growing complex needs is crucial (Concilio et al., 2019; Ellerton & Gregor, 2003; Jaimet, 2016), as the effects of the global pandemic on the healthcare system further evolve (Elsevier Health, 2022; Hallaran et al.,

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2022; Russell & Juliff, 2021). A recent literature review identified that younger nurses with decreased experience in the nursing workforce amidst the pandemic were more likely to leave the profession due to stress, depression, and burnout (Falatah, 2021). Additionally, a recent global report by Elsevier Health (2022), noted that 66% of nurses believed their roles had drastically changed with increased responsibilities since the beginning of the pandemic, including having a greater influence on patient care management, such as early symptoms diagnoses and treatment strategies. This underlines the importance of refining and adjusting nursing students' training and education to overcome the complexities and growing responsibilities of the contemporary healthcare setting that awaits the next generation of NGNs (Tsimane & Downing, 2020).

The transition shock experience is defined as the NGN's initial period of adjustment into their professional nursing practice roles and responsibilities (Duchscher, 2009). It is described as a crucial period for NGNs, as it encompasses feelings of anxiety, insecurities, inadequacies, and instabilities while forming one's professional identity (Duchscher, 2012; Labrague, 2024). Self-efficacy, also recognized in the literature as *capability beliefs* (Ehrenberg et al., 2016, p. 454) is an individual's motivation and thought that one's actions and behaviors can directly impact the production of a desired outcome (Bandura, 1999; Terry et al., 2024). The relationship between self-efficacy and the transition to practice shock amongst NGNs is beneficial to assess, as it may provide insights to overcome these transitional challenges and help reduce the attrition rate of NGNs within that initial first year of professional practice (Concilio, et al., 2019; Duchscher & Windey 2018; Halfer & Graf, 2006; Logina & Traynor, 2019; Martin & Wilson, 2011; Wang et al., 2023; Wilkinson, 2017).

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Further research suggests that NGNs with perceived low competency skills during the transition shock phase may be a contributing hindering factor that affects NGNs' attrition rates (Duchscher 2012; Wilkinson, 2017). This corroborates with Bandura's self-efficacy theory, which explains that individuals with low self-efficacy skills are more inclined to avoid workplace challenges and demonstrate poorer coping skills (Bandura, 1977; Terry et al., 2024). Identifying ways to strengthen self-efficacy skills amongst NGNs is pivotal as evidence shows individuals with high self-efficacy skills have increased confidence in their capabilities to overcome challenging situations and tasks (Terry et al., 2021). By assessing and understanding the contributing stressors the next generation of NGNs must overcome during the transition shock period, the appropriate self-efficacy skills can be implemented to increase NGNs confidence, diminishing the intensity of the transition shock phase, and subsequently decreasing NGNs attrition rates.

Statement of the Problem

The pandemic has created challenges and barriers within healthcare delivery and nursing education, influencing NGNs' experience as they enter the nursing workforce (Blevins, 2021; Duchscher et al., 2021; O'Brien, 2021). Role transition challenges persist for NGNs due to constant changes within the healthcare system (Duchscher, 2009; Sparacino, 2016), which contributes to increased attrition rates, intent to leave, and burnout amongst NGNs (Graf et al., 2020; Sandler, 2018). Continued redeployment and unpredictability of working environments are now new stressors endured by nurses, as the profession faces majors understaffing issues, increased job demands, high patient to

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nurse ratios, and complex patient workloads (Cao et al., 2021; Duchscher et al., 2021; Falatah, 2021; Naylor et al., 2021).

The transition to practice period experienced by NGNs is already difficult regarding learning their new role as a novice nurse (Sparacino, 2016), but now, there is the added layer of navigating the current healthcare environment impacted by the COVID-19 pandemic (Duchscher et al., 2021). Mental health challenges arising throughout the course of the pandemic have also noted to significantly affect and contribute to NGNs attrition rates, as nurses admit to having symptoms such as decreased appetite, nightmares, reluctance to return to work, and feelings of depression (Kovancı & Özbaş, 2022; Naylor et al., 2021).

Due to the strains faced by the healthcare system, the nursing profession is counting on NGNs to transition quickly and smoothly, and to remain satisfied with their chosen profession (Russell & Juliff, 2021). This increases the importance of ensuring that the next generation of NGNs are adequately prepared to face the new challenges to overcome as they transition to practice (Mannino et al., 2021; Musallam et al., 2021; Naylor et al., 2021). Unfortunately, there is a lack of experiential research pertaining to the NGN's transition shock period amidst or post-pandemic, including a lack of literature discussing if self-efficacy skills influence the transition shock experiences. Therefore, my research project focuses on understanding the transition shock experience of NGNs post-pandemic and exploring the influence of self-efficacy from the perspective of NGNs.

Purpose

The purpose of this research is to gain a deeper understanding of how NGNs perceive and make sense of their transition shock experience and self-efficacy post-

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pandemic. The literature has already identified that NGNs who commenced their career working amidst a pandemic were more susceptible to decreased coping mechanisms in relation to the unpredictable and critically acute working condition they were faced with (Cao et al., 2021; Duchscher et al., 2021; Naylor et al., 2021; O'Brien, 2021). However, there is a lack of literature exploring the depth of those working conditions and the complexities as perceived by the NGNs themselves.

These experiential findings could assist nursing academic and clinical educators to better understand NGNs transition to practice shock experience in today's healthcare setting post-pandemic, as in reality, eliminating the new stressors and challenges may not be quickly achievable. Ensuring NGNs are adequately sensitized and prepared to fulfill their new entry to practice roles and responsibilities is crucial in maintaining their self-assurance while they transition from student to professional (Duchscher, 2008; Duchscher et al., 2021; Musallam & Flinders, 2021; Wilkinson, 2017; Wolff et al., 2010). If not achieved, this could have major negative consequences on the nursing profession, specifically within the frontlines.

Researcher Positionality

I am a registered nurse working the frontlines in an intensive care unit (ICU) and a nurse educator affiliated with a local Bachelor of Nursing program. In both roles, I have served as a preceptor, mentor and advisor for students, NGNs, and newly hired ICU nurses. Over the last several years, I have grown a strong passion for nursing education which has led me to pursue this academic journey and complete a thesis. My passion lies in helping student nurses successfully transition into NGNs working the frontlines in healthcare. As a senior practicum student advisor, I have had the privilege to support and

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guide student nurses during their final clinical placement, helping to prepare them for the realities of their future as nursing professionals. Within this role, I have had the unique opportunity to understand and assist student nurses to overcome challenges during their senior practicum to enable successful transition into the nursing role as future NGNs. However, I have also witnessed challenges NGNs face as they learn to transition into nursing practice independently, no longer having the same degree of academic support and mentorship they previously had as nursing students.

These observations sparked my curiosity to pursue and complete this research, assessing and understanding how we can better support NGNs transitional journey in the early weeks of their new professional practice in today's dire healthcare system. I found it interesting that student nurses admitted to feeling confident and comfortable by the end of their senior practicum to move forward into an independent NGN role, however, this confidence and comfort diminished quickly as they commenced in the new graduate role. I hope this research will provide clarity and insight on how nursing educators, mentors and advisors can further support NGNs in easing their transition from their student role into their new professional role.

Summary

The COVID-19 pandemic has gravely impacted the healthcare system and the healthcare workforce. This first year of entry to practice for NGNs is deemed the most wearing of a nurses' career in the literature. Unfortunately, NGNs have been stripped from a traditional transition to practice journey due to the effects of the pandemic. Transition shock examines the hardships, confusion, and doubt felt by this population during their initial four months of practice. Self-efficacy is believing in ones abilities to

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succeed despite overcoming challenges. Further understanding the implications the pandemic brought on the transition shock for new graduates and identifying if self-efficacy influences its effects. This knowledge will aid nursing retention and preparedness, as well as inform nurse educators and leaders how to better support the next generation of NGNs.

Chapter 2. Review of the Literature

Background

NGNs have been impacted by challenges and barriers induced by the COVID-19 pandemic, from their nursing education to their transition to professional practice (Musallam & Flinders, 2021; Urban et al., 2022). Quickly transitioning to online self-directed learning with reduced clinical hours and commencing their professional practice amidst high workloads and complex working environment are examples of these challenges and barriers NGNs must now confront and overcome (Sessions et al., 2021; Suplee et al., 2022; Zhang et al., 2021). A recent quantitative study completed by Urban et al. (2022) noted that NGNs rated their transition to practice and the COVID-19 pandemic as their top workplace stressors. Duchscher et al. (2021) provided their concerns of the impact the COVID-19 pandemic has placed on adequately preparing and supporting NGNs to transition to professional practice. They identified that institutions face difficulties in offering stability, consistency, predictability, and familiarity within the workplace, essential factors required to guide NGNs to successfully enter the nursing practice and reduce the transition shock period (Duchscher, 2012).

Transition Shock amongst NGNs

The transition shock period (usually situated within the initial three months of post-orientation practice) examines the hardships, disorientation, confusion and doubt NGNs feel as they begin their new professional practice (Duchscher, 2009; Duchscher, 2012; Kim & Yeo, 2019). This experience is necessary to understand and mitigate as research has linked its' negative impact to lowering job satisfaction as well as increasing burnout, turnover and attrition rates amongst NGNs (Cao et al., 2021; Kim & Kim, 2021;

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Kim & Yeo, 2019; Labrague & De los Santos, 2020; Laschinger et al., 2016).

Contributing factors affecting the transition shock experience amongst NGNs prior to the COVID-19 pandemic included the theory-practice gap (Hallaran et al., 2022; Ho et al., 2021; Kaihlanen et al., 2018; Kim & Kim, 2021, Kim & Yeo, 2019), unrealistic expectations in the workplace (Hallaran et al., 2022; Higgins et al., 2010; Laschinger et al., 2016), a supportive working environment (Ho et al., 2021; Kim & Kim, 2021; Laschinger et al., 2016), and mental well-being with a balanced work-life (Labrague & De los Santos, 2020; Laschinger et al., 2016).

Limited research has explored post-pandemic factors affecting the transition shock experience amongst NGNs. However, some authors have identified that the lack of clinical exposure NGNs encountered during their nursing education preparation due to the COVID-19 pandemic has gravely impacted their transitional experiences as NGNs (Li et al., 2023; Powers et al., 2022). These factors include difficulties bridging theoretical knowledge into the practice setting (Li et al., 2023; Powers et al., 2022), diminished abilities within clinical reasoning, task prioritization and completing tactical skills (Li et al., 2023; Powers et al., 2022), as well as managing the physical aspects of adapting to their new working environment (Zhang et al., 2023).

The Impact of Self-Efficacy amongst NGNs

Self-efficacy is an individual's inherent motivation and belief that its' actions and behaviors can directly impact the production of a desired outcome (Bandura, 1999; Dos Santos, 2020). Laschinger and Fida (2014) also refer to self-efficacy as "a person's self-confidence in his or her ability to act and perform task" (p. 21), and Ehrenberg et al. (2016) as "capability beliefs" (p.454). The literature identifies benefits in enhanced self-

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efficacy amongst NGNs included high goal setting, willingness to confront challenging tasks, increased self-motivation, heightened effort towards accomplishing goals, and maintaining perseverance when facing adversities (Grightmire, 2009; Laschinger & Fida, 2014; Ohr et al., 2021). Laschinger et al. (2015) concluded that when NGNs were provided with a reasonable patient assignment (considering number of patients and their level of acuity) and a supportive community of colleagues, these factors positively reinforced the development of their self-efficacy levels. Additionally, Mannino et al. (2021) identified that NGNs with higher self-efficacy scores were noted to have a higher interest in the nursing profession, demonstrating greater motivation, persistence, and desire to continue in this profession during the COVID-19 pandemic.

Aim of the Review

There is considerable literature on the transition shock experience and the influence of self-efficacy amongst NGNs before the global COVID-19 pandemic. However, due to the severity and lasting effects this pandemic has placed on nursing education and the healthcare system, it is crucial to understand and explore if NGNs perceive they are experiencing new challenges and barriers during their initial transition to practice period. The aim of this qualitative evidence synthesis review was to synthesize the available evidence exploring NGNs transition shock experiences as they transitioned to professional practice amidst the global COVID-19 pandemic and identify if self-efficacy influences this contextual transition shock experience.

Research Question

The research questions driving this literature review utilized the modified PICO (Population, Intervention, Comparison, Outcome) framework, PCO, as this alternative has been deemed better suited for qualitative approach (Stern et al., 2014). Therefore, the

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research questions informing this literature review are: 1) What are the experiences of NGNs as they transition to professional practice amidst the global COVID-19 pandemic? 2) Does self-efficacy influence the transition shock period experienced by NGNs as they enter the healthcare setting amidst a global pandemic?

Approach

I chose to complete a qualitative systematic review, as this approach allowed me to present an extensive understanding of individual's experiences and perceptions (Butler et al., 2016). Additionally, it enables me as a researcher to compare findings from multiple qualitative studies, increasing ones understanding and interpretation of a particular phenomenon (Grant & Booth, 2009).

Search Strategy and Inclusion Criteria

Athabasca University Library's Nursing and Health Studies database was employed to search EBSCO Host, CINAHL Plus, and Proquest Nursing and Allied Health sources. Key words and search terms included: "new graduate nurse, or new nurse, or novice nurse" AND "transition shock in nursing" AND "self-efficacy" AND "COVID-19 pandemic". Search was limited to qualitative studies published between January 1st, 2020, and November 1st, 2022, as context of interest, the COVID-19 pandemic, was relevant within this time. Further inclusion criterion included NGNs from 3 months to 2 years of professional practice. Non-English (aside from French) articles were excluded, as were theses or dissertations. These inclusion and exclusion criteria provided boundaries for review and helped reduce the researcher personal biases (Stern et al., 2014).

Results

Search Outcome

Applying search terms in EBSCO Host yielded 6 results. 5 results were excluded after further review as one was not a study, one focused on critical care nurses, one compared the perceptions of senior nurses and NGNs, another pertained to student nurses, and the other was a quantitative study. The only remaining result included (Zhang et al., 2022).

CINAHL Plus database provided 1 result, a duplicate result from the ECSO Host search, which was excluded due to its quantitative study.

Proquest Nursing and Allied Health yielded 40 results, 2 of them duplicates. Of the 38 remaining results, 37 were excluded, as they did not pertain to NGNs, were solely abstract posters or submission, or were quantitative studies or scoping reviews. The only article included was (Sessions et al., 2021).

Due to the low yielded results, supplemental publications from Google Scholar database and reference lists from reviewed articles were utilized. 27 publications were uncovered and reviewed. 17 were excluded due to either being a dissertation, not pertaining to NGNs, or not being a qualitative study. The remaining 10 articles were included in the review: (Suplee et al., 2022), (Bultas & L'Écuyer, 2022), (Willman et al., 2022), (Jerome-D'Emilia et al., 2022), (Kovancı & Özbaş, 2022), (Naylor et al., 2021), (Gracia-Martín et al., 2021), (Crismon et al., 2021), (Casey et al., 2021), and (Aukerman et al., 2022). A PRISMA flowsheet diagram can be found (Appendix A) to illustrate the review of this search outcome.

Critical Appraisal

Critical appraisal of the quality of the articles was completed using the Critical Appraisal Skills Program (CASP) qualitative studies checklist (CASP, 2018). This 10-question checklist is not a scoring system but enabled the researcher to maintain critical analysis of the publications yielded throughout the literature review (Butler et al., 2016).

Data Extraction

Two types of data can be extracted within a qualitative research review, the participants' quotes and authors' interpretation, assumptions, and ideas from those participant statements (Butler et al., 2016). Extracting both participants' quotes and authors' interpretations, assumptions, or ideas helps the researcher conducting a qualitative systematic review to maintain the rooted authentic experiences of the participants, while also attributing the authors' interpretation of the data (Butler et al., 2016). A table of the articles (Appendix B) was created with the extracted data (author, country of origin, sample size, research design, summary of the findings, weakness and strengths, themes) to keep the list of articles organized and provide a quick reference of the findings from each article. Additionally, participants' quotes were also catalogued, ensuring both forms of data were extracted throughout the review.

Data Synthesis

A thematic analysis approach was employed during the synthesis of the data collected. This approach aids the researcher to identify prominent themes within qualitative literature and provide a summary of the findings from different studies (Dixon-Woods et al., 2005). Themes and participants quotes were coded during the data extraction process. Collective findings within the extracted data were coded into

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categories and subcategories. Seven themes were identified through the reviewed qualitative articles.

Theme 1: Emotionally challenging working conditions

Aukerman et al. (2022) and Jerome-D'Emilia et al. (2022) studies revealed that NGNs were riddled with fear, overwhelm, and felt uncomfortable while transitioning into their new professional practice environment amidst the global pandemic. One participant stated “...*I just want to emphasize the fear of the whole thing... the fear of taking patient loads that you're not comfortable with, seeing things that you're not comfortable with day after day, and knowing that even though I'm not comfortable with this, I have to do this. But if I mess up, I might lose my license... I was afraid every single day for months...*” (Aukerman et al., 2022, p. 3). Furthermore, participants from numerous studies related their feelings of overwhelm to having to provide complex care to multiple patients at once, adapting to the constantly changing dynamics within the workplace and managing high patient acuity levels (Aukerman et al., 2022; Casey et al., 2021; Jerome-D'Emilia et al., 2022; Naylor et al., 2021; Sessions et al., 2021; Willman et al., 2022).

Constantly changing dynamics included changes within COVID-19 infection control protocol policies (Bultas & L'Écuyer, 2022; Casey et al., 2021; Crismon et al., 2021; Garcia-Martin et al., 2021; Naylor et al., 2021), as NGNs recalled receiving multiple emails per day related to new and conflicting infection control protocols which heightened feelings of overwhelm and fear surrounding the virus (Casey et al., 2021; Jerome-D'Emilia et al., 2022; Naylor et al., 2021; Sessions et al., 2021).

“And they can't say like what protocol is right? Because the world is still trying to figure that out” (Jerome-D'Emilia et al., 2022, p. 775) *“Everything has changed a bit.*

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It is sometimes hard to keep up with all the changes that have happened” (Crismon et al., 2021, p. 861). *“It was just every day, so many emails with so many changes”* (Casey et al., 2021, p. 1076).

Unit redeployment or shuffling staff throughout the hospital added to the sense of unpredictability and inconsistency further contributing to feelings of anxiety, overwhelm and stress (Aukerman et al., 2022; Sessions et al., 2021). *“I had six or seven patients during the day shift on a very busy floor with a buddy nurse, but my buddy nurse couldn't really hang medications and... it was overwhelming because [the patients] were more sick than I've ever seen in my entire life.”* (Aukerman et al., 2022, p 3).

Managing high patient acuity levels was also frequently mentioned in the literature. NGNs felt that they were required to care for patients with acuity levels which normally required a senior nurse to manage (Aukerman et al., 2022; Sessions et al., 2021). NGNs described feeling scared, anxious and ill prepared based on their lack of knowledge, understanding, and experience caring for acutely ill patients (Aukerman et al., 2022; Naylor et al., 2021; Sessions et al., 2021).

“The level of acuity of my patients increased exponentially overnight with no training and we just had to go with the flow and figure out how to handle it” (Naylor et al., 2021, p. 387).

“It's been a very stressful and a bit overwhelming experience. I work on a floor that the patients are very acute to begin with. It was a lot of learning and then relearning things pretty quickly” (Sessions et al., 2021, p. 297).

Additionally, NGNs noted that their transition to practice was gravely affected by the lack of staff their units bared (Bultas & L'Écuyer, 2022; Naylor et al., 2021), as this

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shortage led to increased nurse-to-patient ratios, as well of overtime requests (Naylor et al., 2021).

Theme 2: Concerned about infecting others

NGNs perceived having an inadequate supply of PPE to be a major occupational safety concern, which they also felt drove the ever-changing PPE requirement (Jerome-D'Emilia et al., 2022; Naylor et al., 2021; Sessions et al., 2021; Suplee et al., 2022).

“PPE ran out within a week” (Jerome-D'Emilia et al., 2022, p. 775).

“It was hard to know if changing PPE requirements were based on new evidence and knowledge or because the hospital has to mitigate low stock of N95s” (Naylor et al., 2021, p. 386).

Others also noted the incongruity it created from what they were taught in nursing school, and what protocols they were now being taught to follow within the workplace (Casey et al., 2021). One NGNs explained *“This is not the gold standard that we were taught, and this really isn't good patient care”* (Casey et al., 2021, p. 1076). The lack of PPE and working amidst the COVI-19 virus also made NGNs weary of their own health and the health of their loved ones (Bultas & L'Écuyer, 2022; Garcia-Martin et al., 2021; Jerome-D'Emilia et al., 2022; Kovancı & Özbaş, 2022; Naylor et al., 2021; Suplee et al., 2022).

“We always know that part of the job is putting other people's lives before you. I didn't realize it was gonna be this. Like that much of a risk. But I don't think it would have altered my decision” (Suplee et al., 2022, p. 5).

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“I remember coming home, I still lived with my parents. And I would just come home from work and just go directly ...to the shower, and then just hide in my room for like months” (Jerome-D'Emilia et al., 2022, p. 776).

“For me, my greatest fear was infecting my family and loved ones. Since I knew I would have had to work alongside patients with coronavirus, my family left our home. I didn't want to bring something home, which may not have an effect on me, but it may have on them” (Garcia-Martin et al., 2021, p. 6).

Theme 3: Lack of senior staff presence

NGNs cited having a lack of available senior staff to help guide them with new experiences (Casey et al., 2021; Garcia-Martin et al., 2021; Jerome-D'Emilia et al., 2022), noting that NGNs with 18 months of work experience were now some of the most experienced nurses on their units (Willman et al., 2022). This unfortunately led NGNs to feel worried about their future regarding being overworked and burnt out, as many noted that the nurses with most experience would often be asked to work extra hours (Willman et al., 2022).

“It's the blind leading the blind . . .Just new grads working with new grads” (Casey et al., 2021, p. 1076).

Theme 4: Feeling forgotten

Working with many isolation and infectious protocols lead to healthcare providers minimizing their exposure to patient contact. NGNs also described that they felt they were the only ones going into patients' rooms, in comparison to nursing assistants, techs, doctors and housekeepers (Jerome-D'Emilia et al., 2022). Furthermore,

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the challenges of NGNs being left alone in an isolation room with their patient made them feel isolated and abandoned, specifically when patients were deteriorating.

“I felt scared... I was stuck in there because of the whole precaution, closed-door thing...I wanted someone to stay with me and stay for longer... I just felt abandoned... I was just afraid and felt alone and felt like no one could hear me or listen to me...the video call was super short and once it shut off my communication with the doctor was over, and I was still in the room, and he was gone. All the nurses were gone” (Aukerman et al., 2022, p. 5).

Theme 5: Dying patients and families in distress

NGNs identified a lack of experience caring, supporting, and communicating with dying patients and their families (Jerome-D'Emilia et al., 2022; Suplee et al., 2022). They also described the hardships of frequently facing death at work (Jerome-D'Emilia et al., 2022), such as experiencing mood and sleep disturbances, intrusive thoughts, anxiety, depression, fear, and feelings of decreased connection with their patients (Aukerman et al., 2022; Naylor et al., 2021).

“I would just say... it's been sad. I feel like in my first year, I have seen so many people die. Talking to their families has also been –the worst experience thus far” (Jerome-D'Emilia et al., 2022, p. 777).

“The amount of loss that I've seen since March, at first it was always in front of my mind. I would say, I've lost four patients so far, I've lost six patients so far and now the sad truth is, I can't even keep track anymore” (Naylor et al., 2021, p. 386).

Additionally, limited visitation rules enforced by institutions due to infection control protocols added to this difficult challenge, as NGNs found their patients feeling

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isolated and alone (Aukerman et al., 2022; Jerome-D'Emilia et al., 2022). This affected NGNs emotionally, as they felt they were letting their patients down by not being able to spend more time with them (Aukerman et al., 2022). They also expressed the difficulties they had witnessing and coping with patients dying without family presence, “...*that was the worst situation, it was people not being able to see their loved ones...these patients are isolated and by themselves, and we're isolating them more by them not seeing their friends. FaceTime can only do so much. Having someone there to actually hug you and holding you is a huge difference*” (Aukerman et al., 2022, p. 5).

Theme 6: Supportive environments

NGNs reflected on the team support they received during their transition to practice which supported them and helped them get through the hardships of the COVID-19 pandemic (Aukerman et al., 2022; Jerome-D'Emilia et al., 2022; Willman et al., 2022) with a sense of resilience (Sessions et al., 2021; Zhang et al., 2022). They admitted that the main reason they would agree to work extra shifts was to support their colleagues (Aukerman et al., 2022; Naylor et al., 2021).

“The teamwork aspect of it and the support aspect of it was huge. I feel...my floor and the older nurses on my floor had been very, very much open to...supporting me, and teaching me, and helping me” (Sessions et al., 2021, p. 298).

“Colleagues are willing to share their work and experiences with me; that helps me a lot” (Zhang et al., 2022, p. 2050).

Others appreciated the social outreach from colleagues, such as texts, calls or emails during or after clinical hours to provide support, indicating that friends and family could not offer the same means of support as colleagues (Naylor et al., 2021).

Theme 7: Mental Health and wellbeing

NGNs reported the importance of maintaining an adequate work-life balance, but noted it was difficult to achieve this goal (Bultas & L'Écuyer, 2022; Kovancı & Özbaş, 2022; Sessions et al., 2021). One NGN stated, *“balancing work and social life in a pandemic...basically (I) do not do anything socially”* (Bultas & L'Écuyer, 2022, p. 260). Additionally, inability to prioritize self-care strategies was also reported by NGNs, contributing to poor mental health and wellbeing (Casey et al., 2021; Suplee et al., 2022; Zhang et al., 2022). Another NGNs reflected her experience with burnout, *“Nurse burn-out is so real. I was burnt out after 9 months on my floor. I didn't even know what it could feel like until it happened. And I couldn't believe that it happened so quickly. So, I think that there should be more of a focus in nursing school on how to maintain your personal life”* (Suplee et al., 2022, p. 9).

Discussion

These findings suggest that the challenges related to transitioning to the workplace for NGNs were further accentuated amidst the COVID-19 pandemic. Emotionally taxing work environments, concerns of infecting others, lack of leadership or mentorship, isolation, and facing death have placed a toll on maintaining mental health and well-being for NGNs. Linking these challenges to the foundational elements embedded in Duchscher's the Stages of Transition[©] theory and Transition Shock[©] model (Duchscher, 2012; Duchscher & Windey, 2018) was an important factor in deepening the understanding of these challenges. These foundational elements include stability, predictability, familiarity, and consistency.

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Stability

Stability speaks to the likelihood of a NGN's the practice environment having a low probability for change or destabilization (Duchscher et al., 2021). Factors influencing stability include constantly changing working environments, high patient acuity with increased workloads, and dying patients and families in distress.

Constantly changing work environment. This COVID-19 reality created profound instability and added feelings of uncertainty, doubt, and frustration among the new graduates (Aukerman et al., 2022; Casey et al., 2021; Jerome-D'Emilia et al., 2022; Sessions et al., 2021). Navigating the continuously and rapidly changing policies to follow became added stressors and heightened the feeling of lack of control endured by NGNs due to the ramifications of the pandemic (Bultas & L'Écuyer, 2022; Casey et al., 2021; Crismon et al., 2021; Garcia-Martin et al., 2021; Naylor et al., 2021; Willman et al., 2022).

High patient acuity. This was found to increase NGNs' stress levels and anxiety as they transitioned to professional practice. Rapid altering and deteriorating patient conditions were noted to be a particularly challenging aspect of NGN's new responsibilities, intensifying their transition period as they admitted feeling anxious, scared, inadequate, and feared harming patients or making a medical error (Kovancı & Özbaş, 2022). They also expressed feeling uncertain and doubted their abilities as new nurses to appropriately provide safe care to their acute patients considering the lack of training and experience, they possessed (Naylor et al., 2021; Sessions et al., 2021). NGNs identified that adaptation skills were crucial to acquire as they began their career

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amidst a pandemic to successfully manage those higher acute patients (Crismon et al., 2021).

Increased workloads. This was described as overwhelming for NGNs who felt they were too focused on being “task-masters” and “crisis navigators,” instead of care providers and clinical case managers (Duchscher et al., 2021, p. 44). Managing increased patient workloads (4 patients) was a task NGNs felt unconfident and ill-prepared to take on, which further contributed to heightening the transition shock period (Cao et al., 2021). NGNs reported that at times they had to remind their peers that they were new to professional practice and that their assigned workload exceeded their level of clinical readiness (Casey et al., 2021). They also admitted to feeling they lacked control over their excessive and inappropriate workloads, which resulted in amplifying stress during their transition to practice (Crismon et al., 2021; Kovancı & Özbaş, 2022).

Dying patients and families in distress. This COVID-19 reality added stressors that complicated the clinical context due to the pandemic, which negatively impacted NGNs’ socio-cultural and intellectual (knowledge) stability during their transition to practice (Duchscher et al., 2021). Caring for dying patients who had little to no family at their side contributed to the emotional distress felt amongst NGNs (Aukerman et al., 2022; Naylor et al., 2021). Additionally, NGNs felt they lacked experience and were underprepared to care for dying patients, particularly in the context of high-level isolation which further distanced patients from family and friends. This inexperience in such a high-risk clinical context heightened the NGN’s emotional distress (Jerome-D’Emilia et al., 2022; Suplee et al., 2022). Musallam and Flinders (2021) identified that more preparation and support are needed for NGNs in understanding, treating, and

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coping with patients who are dying, as this topic is often not explored enough within the nursing students' curricula.

Predictability

Predictability is defined as the capacity to anticipate situational or clinical outcomes, as well as knowing with whom, and in what clinical context the NGN would be situated from shift to shift (Duchscher et al., 2021). NGNs mentioned the unpredictable nature of their new work environment as a cause of increased stress, vulnerability, and anxiety, and suggested this led to unhealthy coping strategies such as increased eating and alcohol intake when off duty (Sessions et al., 2021). Factors identified by NGNs that reduce predictability included working short-staffed, being redeployed to different units, the unknowns of the COVID-19 virus, and the dissonance between assumptions and realities of the nursing profession.

Working short staffed. The reduced availability of staff created additional stressors as NGNs struggled to adjust to their new roles and responsibilities; this capacity to meet the expectations of the workplace felt unattainable for the NGNs at times (Aukerman et al., 2022; Duchscher et al., 2021; Sessions et al., 2021). Unpredictable staffing ratios led to NGNs reporting greater stress levels, feeling burnt out, and being hindered in their self-confidence, all adding further difficulties to their transition to practice experience (Cao et al., 2021; Crismon et al., 2021; Naylor et al., 2021). NGNs felt that they had to undertake a large amount of responsibility in a brief period, with minimal training to prepare them, further affecting their transition to practice shock period (Casey et al., 2021).

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Unit redeployment. COVID-19 added stressors for NGNs, which heightened their transition shock period (Duchscher et al., 2021). Not only did these new nurses face the challenges of acclimatizing to their new professional responsibilities amidst a pandemic, but they had to do so under the additional duress of a pandemic, which required them to quickly adjust to new work environments and specialty units (Aukerman et al., 2022; Kovancı & Özbaş, 2022; Sessions et al., 2021). This form of unpredictability adds to NGN's feelings of a lack of sense of control, decreases their job satisfaction, and increases NGNs' stress, self-doubt, loneliness, and frustration (Casey et al., 2021; Duchscher et al., 2021; Sessions et al., 2021).

The unknowns of the COVID-19 virus. The COVID-19 global assault brought fear and concern for NGNs as they worried about infecting others and themselves. The frequently changing infection control protocols and lack of PPE brought significant occupational safety concerns to new graduates and for the health and safety of their families (Jerome-D'Emilia et al., 2022; Naylor et al., 2021; Sessions et al., 2021; Suplee et al., 2022). The lack of predictability related to each new safety measure weighed on NGNs, with some choosing to isolate themselves from family and friends (Bultas & L'Écuyer, 2022; Garcia-Martin et al., 2021; Jerome-D'Emilia et al., 2022; Kovancı & Özbaş, 2022; Naylor et al., 2021; Suplee et al., 2022).

Dissonance between assumptions and realities of the nursing profession. The distance between the assumptions fed by the ideals of undergraduate education and the realities of 'real world' practice felt amplified during the pandemic, further hindering NGNs transition to practice (Casey et al., 2021; Crismon et al., 2021; Duchscher et al., 2021). NGNs admitted that their expectations of their roles as a new professional nurse

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far exceeded the realities they were faced with amidst the pandemic, which had a crucial negative impact on the acclimatization process to their new roles and responsibilities (Cao et al., 2021). This resulted in overwhelming psychological effects, such as having nightmares, trouble sleeping, depression, anxiety, and fear, over a lack of ability to cope with the abrupt burst of professional responsibilities that they could not have predicted (Naylor et al., 2021). NGNs felt that they had to remind their peers at times that they were new graduates and that they felt the expectations of them in the clinical context were too high (Casey et al., 2021).

Consistency

Consistency is described as situations or experiences that occur repeatedly and present similarly such that they support a certain level of familiarity and predictability for the NGN (Duchscher et al., 2021). Adjusting to constant change, such as frequent unit redeployment, being floated to other units, and reduced availability of senior practitioners due to being short staffed were factors noted to gravely impact and increase NGNs practice shock period (Casey et al., 2021; Sessions et al., 2021).

Familiarity. This foundational element works in harmony with predictability and stability, as it involves situations or individuals to which NGNs are exposed to repeatedly, facilitating an understanding of basic relationships between situations over time (Duchscher et al., 2021). Contributing factors supporting familiarity amongst NGNs included a supportive work and social environment, and the presence of senior staff.

Supportive environment. A supportive environment, whether at work or in a social context, has been linked to positively impact the transition to practice for NGNs (Duchscher, 2012). Teamwork enhanced the feeling of well-being, self-confidence, and

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support amongst NGNs, resulting in their willingness to continue to work extra shifts to support their colleagues (Aukerman et al., 2022; Naylor et al., 2021). Having a grounded support system within their healthcare team, whether at work or through social networking (e.g., texting, calling, cyber support groups) was noted to be essential in easing the transition to practice shock (Naylor et al., 2021). It was important for NGNs to feel a part of the healthcare team to better adapt to their new roles and responsibilities (Kovancı & Özbaş, 2022).

Lack of presence of senior staff. The absence of senior nursing colleagues was noted to hinder the familiarity for NGNs, as senior staff were not available to help guide and mentor NGNs with new or difficult experiences (Casey et al., 2021; Garcia-Martin et al., 2021; Jerome-D'Emilia et al., 2022). This issue also contributed to NGNs with <18 months of experience being placed in leadership roles as they were deemed to be the most experienced practitioners on their units (Willman et al., 2022). This further hindered familiarity, as it normally takes years for nurses to feel comfortable within their roles, and diminishing this time prevents grounded experience and knowledge (Casey et al., 2021; Willman et al., 2022).

Gaps in the Literature

Throughout my literature review, few qualitative Canadian studies were found investigating the transition to practice experience, specifically within the transition shock context for NGNs during the COVID-19 pandemic. Furthermore, a lack of employed IPA methodology was noted within this context. Also, no studies were found that focused on further understanding the transition shock period amongst NGNs during the COVID-19 pandemic. Finally, a lack of literature was identified that specifically focused on the

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relationship between self-efficacy development and the mitigation of transition shock experienced by NGNs before, or during the pandemic.

Few studies identified links between self-efficacy, nursing education, and transition to practice. A study conducted by Kim and Yeo (2019) explored the relationship between self-efficacy and the transition shock period, focusing on NGNs' pre-graduation characteristics (i.e., age, familial status, grade point average) and their new working environment (i.e., type of hospital, working unit). They found that higher self-efficacy as a nursing student contributed to a reduced transition shock experience. Ehrenberg et al. (2016) conducted a 3-year longitudinal study of nurses' capability beliefs (self-efficacy) towards patient-centered care and identified that self-efficacy related to patient-centered care was lowest in the first-year professional compared to years 2 and 3. Lastly, Hallaran et al. (2022) discussed the implication of enhancing self-efficacy development during student nurses' educational period by creating simulations on how to manage challenging colleagues, however lacked linking evidence supporting this notion.

Future Considerations

Generation Z is the next generation of future nurses being prepared to serve our healthcare system. Gaining knowledge of generational differences, such as their behaviors and social values, plays a key role in understanding how to adequately employ teaching and learning strategies that best suits their needs (Serafin et al., 2020). Cartwright-Stroupe & Shinnars (2021) recently published their research comparing generational self-efficacy levels. Their results identified that Generation Z had the lowest self-efficacy levels in comparison to Generation X and Millennials. However, they

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further explained that there is hope, as individuals in the Generation Z category have a desire to work hard, seek stable jobs, and prove themselves to others, which also correlated with the research by Serafin et al. (2020).

Enhancing self-efficacy skills amongst Generation Z will be crucial, not only because of their already inherently low levels but also because of their greater rates of suffering from anxiety and depression, impacting their mental health and well-being more than previous generations (Cartwright-Stroupe & Shinnars, 2021; Chicca & Shellenbarger, 2018). These findings should be alarming for nursing practice, as nurses and NGNs continue to report suffering from horizontal violence, and bullying, specifically within the workforce and with fellow nursing colleagues and physicians (Dos Santos, 2020; Dyess & Sherman, 2009; Hallaran et al., 2022; Laschinger et al., 2016) affecting their already delicate mental wellbeing (Cartwright-Stroupe & Shinnars, 2021). Peer network support groups, frequent check-ins, additional communication training, and periods of debriefing are essential to optimizing well-being and self-efficacy among this next generation (Cartwright-Stroupe & Shinnars, 2021; Serafin et al., 2020).

Summary

There is growing evidence to support the impact of reducing transition shock and retention of NGNs in the healthcare workforce. Unfortunately, during the pandemic NGNs were stripped of an adequate adjustment to professional practice period due to the ramping effect of the COVID-19 pandemic on the healthcare system. Emotionally challenging working environments, infection control concerns, lack of senior staff, feeling forgotten, and dealing with a dying patient and their families were noted to be pandemic-related contributing factors that impacted their transition period. There is a

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dearth of literature addressing a relationship between the transition shock period experienced by NGNs, and the influence of self-efficacy to abate it. Nursing faculty and nursing administration must work together to help support NGNs as they transition to their new roles and responsibilities. Improvements within this preparation may also be required as we develop and support a new generation of NGNs. Generation Z will constitute most of the next generation of nurses, who have been found to have lower levels of self-efficacy in comparison to prior generations.

Chapter 3. Theoretical Framework

The research being proposed is informed by Duchscher's stages of transition and transition shock theory, and Bandura's social cognitive theory of self-efficacy. Both theories anchor the theoretical framework of my proposed study. This chapter provides more information and discussion of the application and implications of these theories within the nursing profession, especially pertaining to NGNs.

Theory of Transition

The transition shock theory originated from Duchscher's (2008) initial work conceptualizing the transition stages of NGNs as they entered the nursing profession, known as the Stages of Transition theory. Duchscher's (2008; 2012) now a 25-year program of research and grassroots work with NGNs explored the experience of NGNs transitioning to the workforce and has delineated a set of stages these new novice nurses go through over the initial 12 months of their practice. Duchscher's work built on Kramer's (1974) reality shock theory, with Duchscher adding a contemporary component as she assessed the nonlinear transition from university to workforce, which provided a more current outlook of the realities NGNs are currently facing in their transition to practice (Duchscher & Windey, 2018; Graf et al., 2020; Kim & Kim, 2022).

Stages of Transition

The term *transition* is described as "passages or movements from one state, condition, or place to another" (Duchscher 2008, p. 442). Based on Duchscher's (2008) work, the NGN's stages of transition occur during the first twelve months of their entry into practice, also known as the process of *becoming*. Through this process, three stages arise and shape NGNs' professional and personal development, doing, being, and

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knowing (Duchscher, 2008). The initial stage, “doing,” is the period when the NGNs face the overwhelming challenge of adjusting to the new realities of their professional practice roles and responsibilities (Duchscher & Windey, 2018). During the first three to four months in the workforce, NGNs begin having heightened feelings of anxiety and intensity regarding their workplace (Duchscher, 2008). NGNs perceived this issue to be due to the incongruity between their academic preparedness expectations and anticipations towards the professional practice they were now encountering (Duchscher & Windey, 2018). It is during this “doing” phase that NGNs discover, learn, perform, conceal, adjust, and accommodate to their professional practice, which has been described as emotionally taxing, as they admit feeling inadequate, unsure, anxious, and burdened with self-doubt and lack of confidence in comparison to their senior nursing colleagues (Duchscher & Windey, 2018; Graf et al., 2020).

“Being” is the second stage and occurs during months four to eight of the NGNs transition year (Duchscher, 2008; Graf et al., 2020). This stage is reported to be one of swift growth regarding their perceived critical thinking skills, level of knowledge, and skill competencies (Duchscher & Windey, 2018). NGNs reveal feeling more at ease and confident with their roles and responsibilities, which allows them to focus on other aspects of the nursing profession, such as medical intervention rationales and the efficacy of the healthcare system (Duchscher, 2008). They desire validation of their own thought, decisions, and actions from senior nurses they highly regard and praise, as they require fewer directive instructions (Duchscher & Windey, 2018). It is at this stage that NGNs steer away from the “transition crisis,” which is described as the period when NGNs become worried about failing their patients, colleagues, and themselves, creating

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insecurities and self-doubt (Duchscher & Windey, 2018; Graf et al., 2020). However, this fear of failing was seen to later help motivate and inspire them to continue to pursue new challenges and foreign clinical situations to support their professional growth (Duchscher, 2008).

The third stage, “knowing,” occurring in months nine to twelve, encompasses the NGNs’ new views of their profession, as they explore and criticize its sociocultural and political problems (Duchscher, 2008). NGNs start becoming irritated by issues such as lack of staffing, increased patient workloads, shift work, and being called to work on days off (Duchscher & Windey, 2018; Graf et al., 2020). However, they do express being satisfied by having the capacity to answer questions as opposed to always asking them and helping colleagues complete tasks from their workloads (Duchscher, 2008). Additionally, in this stage, NGNs show increased confidence and competency skills when working in complex clinical scenarios, as their organizational and prioritization skills are enhanced (Duchscher & Windey, 2020). NGNs also show readiness for more roles and responsibilities, such as increased patient complexity, becoming preceptors, or tending to charge nurse roles (Duchscher & Windey, 2020).

Transition Shock

It is during the ‘doing’ stage of transition that transition shock surfaces for NGNs entering professional practice (Duchscher, 2012). Transition shock is claimed to be “the most immediate, acute, and dramatic stage in the process of professional role adaptation for the NG (nursing graduate)” (Duchscher, 2009, p. 1104). It appears to stem from the moment the NGN realizes the incongruity between a student nurse's roles, responsibilities, knowledge, and performance expectations, and the ones embedded

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within a professional practicing nurse (Duchscher, 2008; Kim & Kim, 2022). It is during this phase, lasting one to four months post-orientation, that NGNs report lacking professional preparedness and enhanced self-doubt towards their competency skills, which places them in a whirlwind of emotional, physical, socio-cultural-developmental, and intellectual changes (Duchscher & Windey, 2018).

Emotional. The emotional transition experienced by NGNs is described as overwhelming, intense, and relentless, highly influenced by the professional practice environment. There was a significant difference noted within NGNs' emotional coping outcome about the practice environments' stability, consistency, predictability, and familiarity (Duchscher, 2012). Lack of functional and emotional support, insufficient confidence and clinical practice experience, lack of confidence in effective communication skills with new colleagues, and unrealistic performance expectations by institution, NGNs, and their colleagues contribute extensively to this emotional transition shock phase (Duchscher, 2009). Dread of failing as a safe care provider, being thought of as incompetent, and being unable to fulfill their roles and responsibilities as professional practitioners fueled their anxieties and fears (Duchscher, 2009). Access to peer support systems through practice or networking was identified as a mechanism to decrease the emotions of frustration and guilt NGNs face as they overcome this emotional whirlwind (Duchscher, 2009).

Physical. The physical aspect of the transition shock model encompasses the NGNs' energy is spent hiding the hardship of adjusting to the demands and expectations of their performance within their new unclear roles and responsibilities (Duchscher, 2012). The new professional accountability faced by NGNs, such as making advanced

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clinical decisions and interventions, was felt to be over their beginner-level qualifications, which led to them creating more self-doubts and insecurities (Duchscher, 2009). Additionally, adapting to shift work, and having sleep and resting time disturbed by processing and reimagining work scenarios, and mentally preparing for the next shift provided considerable professional growth exhaustion (Duchscher, 2009).

Sociocultural-developmental. Uncovering and trusting their professional identity, feeling accepted by their colleagues, balancing personal and professional lives, and linking knowledge acquired in academia to their practice, are elements of the initial sociocultural and developmental tasks for NGNs (Duchscher, 2009). Evolving into mature professional practitioners is noted to be simultaneously exhilarating and intimidating as they alter relationships with friends and family and remold the way they view themselves (Duchscher et al., 2021). NGNs begin this period of transition by being task-oriented, overseeing other responsibilities encompassed within the profession such as advocating, teaching, and providing counseling for patients and families (Duchscher, 2009). NGNs also admitted feeling ill-prepared and stressed when faced with having to communicate, supervise, delegate, or direct other colleagues who are either senior and/or from another professional background, due to lack of leadership practice received during their undergraduate education, and their desire for social acceptance (Duchscher, 2009).

Intellectual. The shock of NGN's professional reality sets in once their orientation process is complete, as they go from feeling excited and eager, to feeling doubtful, stressed, and apprehensive towards their new professional responsibilities (Duchscher, 2009). A key influencing factor to those feelings is that senior nurses, clinical educators, and managers do not approach this transition phase with an adequate

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understanding of the inflexibility NGNs possess to quickly adapt to the expected seasoned nurse workload within only a few weeks (Duchscher, 2009). Unfortunately, NGNs hesitate to approach and consult their senior nursing colleagues to help with their demanding workloads, as they are also burdened by overwork. This impedes NGNs from further seeking help from their colleagues, as they fear being seen as a burden, or being rejected due to lack of awareness and sensitivity to their working environment (Duchscher, 2009). This creates heavy concerns as NGNs commence their professional roles amidst a constantly changing environment, such as floating to different units, or being placed in clinical situations they do not feel cognitively ready to confront (Duchscher et al., 2021). Lack of consistency and mentorship support was noted to hinder their professional cognitive growth and development, adding more stressors to their taxing new practitioner role (Duchscher, 2009).

Self-Efficacy Theory

Bandura presented the concept of self-efficacy in 1986, after his work in developing the social cognitive theory in 1977 (Bryan, 2019). The social cognitive theory is based on one's self-directed ability to develop, adapt, and change with intention, to secure an intended goal (Bandura & Locke, 2003). Bandura defines efficacy as "a generative capability in which component cognitive, social, and behavioral skills must be organized into integrated course of action to serve innumerable purposes" (Bandura, 1982, p. 122). He further explains that efficacy is a firm belief in one's ability to successfully achieve a desired result through a series of behavioral efforts (Bandura, 1977).

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Self-efficacy, also known as personal efficacy, is described as an individual's motivation and beliefs that its actions and behaviors can directly impact and help produce desired outcomes (Bandura, 1999; Dos Santos, 2020). It reflects one's perceived confidence in their capabilities to adequately reach and execute a pre-determined goal while overcoming a challenging task or situation (Terry et al., 2021). Additionally, it empowers the implementation of decisions made, particularly in difficult or challenging scenarios (Bandura, 1999). Individuals who show stronger self-efficacy skills will pursue greater challenges and set bigger goals, as they believe in their ability to succeed and confront obstacles (Bandura, 1982). This positively encourages individuals to continue working on their self-development, and encourages increased involvement in their work (Adams, 2012; Dos Santos, 2020). Alternatively, individuals who possess lower levels of self-efficacy tend to display inferior coping mechanisms, such as stress and avoidance of situations or skills that may intimidate them (Bandura, 1977). This impedes individuals' self-development and growth, as it decreases the amount of time and effort, they will spend trying to find solutions to overcome the obstacles they confront (Bandura, 1999).

However, a distinct advantage of self-efficacy is that it is flexible, which aids in attaining developmental growth at any rate or time (Terry et al., 2021). This generates the ability for individuals to build on, and enhance their self-efficacy skills, through sources of efficacy, such as personal mastery, vicarious experiences of others, emotional arousal, and verbal persuasion (Bandura, 1977). In short, *personal mastery* is linked to performance accomplishments. When an individual persistently achieves a desired outcome or task without failure, they gain a stronger sense of efficacy towards that particular outcome or task (Bandura, 1982). This enhances the gratifying "mastery"

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feeling, which later diminishes the impact of the periodic botched events (Bandura, 1977). *Vicarious experiences*, also known as modeling, consist of the effects of watching others “do,” and learning from their efforts, performance, and achievements (Bandura, 1982). To successfully gain efficacy through modeling, the desired outcome of the modeled behavior must be adequately explained to the individual (Bandura, 1977).

Emotional arousal involves the high degree of stress and anxiety individuals experience when faced with intense situations to which they feel ill-prepared and vulnerable to overcome (Bandura, 1977).

These burdensome emotions, such as fear of failing and ineptitude, can lead to physiological consequences, which further hinder their ability to perform (Bandura & Locke, 2003). This increases the importance placed on teaching effective coping mechanisms that can produce efficient methods of combating stressful situations (Bandura, 1977; Bandura 1999). Finally, *verbal persuasion*, also recognized as feedback, is stated to be the simplest way to enhance efficacy as it positively influences an individual’s behaviors (Bandura, 1982). Verbal persuasion from peers which individuals admire and respect intensifies the significance of their feedback, if the message ensues that it aims to help and improve the individual (Bryan, 2019).

Summary

Many studies have utilized Banduras’ theory in assessing perceived nurses and student nurses’ self-efficacy skills within their professional roles and responsibilities (George et al., 2017). Within the last twenty years, Duchscher has also made an impact with her contemporary transition model within the literature (Graf et al., 2021). When we consider transition shock theory, the self-efficacy model, and the new realities faced by

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our healthcare system impacted by the pandemic, the relationships between all three components cannot be dismissed. As we link all three concepts, we can better prepare the next generation of NGNs to overcome the transition shock period, by employing self-efficacy skills required to positively overcome the transition.

Chapter 4. Methodology and Methods

Introduction

Qualitative researchers strive to study individuals or events in their natural setting, while attempting to make sense of or interpret the meaning individuals give to those events in a common language (Creswell & Poth, 2018). Qualitative research has us making meaning of individuals' experiences by exploring and understanding those said experiences from their perspectives and in their words, describing human experiences that are usually less perceptible to the naked eye (Tuffour, 2017). It focuses on the "what," "why" and "how" within the investigation of complexities found in our social worlds (Shinebourne, 2011).

A phenomenological approach to my qualitative thesis research was an appropriate methodology to employ as its philosophical foundations are consistent with the goal of my research, which is to understand the phenomenon of the transition shock phase amongst new graduate nurses (NGNs) post-pandemic. More specifically, interpretative phenomenological analysis (IPA) helped me understand and articulate the essence of the phenomenon through its meticulous procedures as I engaged in "giving a voice" and "making sense" of significant lived experiences of NGNs as they transitioned to their initial professional practice post-pandemic (Noon, 2018).

When completing a thesis research study as a novice researcher, it is important to gain an in-depth understanding of the methodological process chosen before undertaking the research (Rettie & Emiliussen, 2019). The purpose of this chapter is to describe the philosophical foundations of the IPA method, followed by an explanation of its

theoretical underpinnings. I will continue by describing my research design, limitations, and the role of reflexivity and rigor throughout this research project.

Interpretative Phenomenological Analysis (IPA) Methodology

IPA is a qualitative research methodology that facilitates a comprehensive examination of individuals' lived experiences pertaining to a phenomenon of interest (Smith et al., 202; Smith & Osborn, 2015). It is known for its self-reflective and self-interpretative notions in qualitative research (Clarke, 2015). IPA was first used in psychology and has recently been integrated in human, social, and health sciences research studies (Clarke, 2010; Smith et al., 2021; Tuffour, 2017). IPA researchers gain detailed and thorough understandings of experiential emotions, feelings, and thoughts, while concurrently examining and exploring the interpretive aspect by the individuals of those lived experiences (Shinebourne, 2011). It is also noted to be useful in exploring complex, ambiguous, and intense topics, as it requires individuals to recall a full account of their perceptions of their own experiences (Smith & Osborn, 2015). In other words, IPA research aims to interpret the meaning of lived experiences in a deeper, more extensive, and complete manner, also referred to as convergence and divergence of experiences (Callary et al., 2015; Tuffour, 2017). It has been argued that IPA is the opposite of discursive psychology (DP), as IPA aims to give meaning and depth to understanding individuals' lived experiences through their lenses, whereas DP prioritizes text over the individuals constructing the text (Clarke, 2010). IPA researchers provide rich detailed descriptions of experiences within particular or specific cases, through empathetic and critical interpretations (Kirn et al., 2019).

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Jonathan Smith (1996) first described IPA methodology in the mid-1990s (Callary et al., 2015; Clarke, 2010; Tuffour, 2017), as a distinctive research approach in the discipline of psychology (Shinebourne, 2011; Smith et al., 2021). The purpose of this novel approach was to gain qualitative and experiential data, while maintaining dialogue with mainstream psychology (Shinebourne, 2011). Smith supported the notion that psychology added both experiential and experimental dimensions within its research, which led to combining three theoretical views of phenomenology, hermeneutics, and idiography (Callary, 2015; Kirn et al., 2019; Shinebourne, 2011; Tuffour, 2017).

Phenomenology

Phenomenology is a philosophical outlook pioneered by Husserl that focuses on assembling individuals' lived experiences and defining them as their own, rather than classifying them in a pre-existing theoretical phenomenon (Callary et al., 2015; Smith & Osborn, 2015). Smith et al. (2009) adapted this theoretical framework by engaging in other people's experiences while trying to make sense of them. Smith and colleagues also utilized Heidegger, Merleau-Ponty, and Sartre's views within the cultural and social context embodied and embedded within phenomenology (Shinebourne, 2011, Smith et al., 2021). What IPA gleans from phenomenology, is that it aims to examine and explore individuals' lived experiences, and the meaning those same individuals give when interpreting those same experiences (Kirn et al., 2019; Shinebourne, 2011). It focuses on the perspective quality in terms of the meaning that something has for someone, which is personal for every individual (Smith et al., 2021; Tuffour, 2017).

Hermeneutics

Hermeneutics is based on the theory of interpreting textual meaning, such as speaking and writing (Callary et al., 2015), and views individuals as “sense making” organisms (Smith et al., 2021; Smith & Osborn, 2015). The hermeneutic approach, first described by Heidegger, aims to disclose, uncover, discover, and reveal “what lies hidden within” (Shinebourne, 2011). IPA integrates the interpretive process with finding the meaning of those lived experiences, as it blends the hermeneutic approach in a “double” stance while not only relying on the participants to make sense of their own lived experiences (Callary et al., 2015). Rather, it also requires the researcher to try to make sense of the way the participants make sense of their experience within a personal and social context (Smith, 2004). IPA’s focus from a hermeneutic stance is to draw out and disclose the meaning of the experience, providing opportunities for interpretation within the analysis of the data, and linking it to findings within the psychological literature (Kirm et al., 2019; Smith et al., 2009).

Idiography

The third theoretical underpinning of the IPA approach is idiography, which concerns itself with the particular (Smith et al., 2021). Idiography explores in detail the lived experiences of individuals, case by case, rather than in a more general process (Smith & Osborn, 2015), and is characterized by a meticulous analysis of small case samplings (Callary et al., 2015). It is considered an in-depth approach and focuses on specifics, which construct a meticulously detailed and exhaustive analysis of that same (Shinebourne, 2011). Idiographic knowledge has been described as the understanding of unique events, entities, and trends within a particular phenomenon (Kirm et al., 2019). Its

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contribution to IPA consists of providing the research study with a microscopic approach, such as a detailed, extensive, and carefully examined analysis of each case separately, which is why this methodology requires small sample sizes (Smith et al., 2021). It acknowledges that every case provides a unique source of data, and an opportunity to learn from its context (Kirn et al., 201; Shinebourne, 2011).

Conducting IPA Research

The researcher's goal within IPA is to help create sense and meaning from individuals trying to make sense of a situation familiar to them and link its description to social, cultural, and theoretical contexts (Smith & Osborn, 2015). The two primary objectives of an IPA study are to make sense of experiences in a thorough and detailed approach and interpret that experience in a way to further understand its detail (Tuffour et al., 2017). Because of this, researchers need to be mindful that participants' experiences are drawn from specific situations and contexts, which may require the researcher to change or tweak their data interpretation based on those responses (Callary et al., 2015). The researcher's main goal is to accompany the participants as they recover and explore the experiences from the phenomenon being examined, about which both researcher and participant feel passionate (Kirn et al., 2019).

Research Questions

An IPA research question is developed with phenomenological and interpretative approaches. The basis of the research questions stems from the researcher exploring how participants experience, understand, perceive, and make sense of a particular phenomenon (Smith et al., 2009). When formulating the primary research question, the researcher considers formulating an open-ended exploratory question, focusing on

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meaning-making (Pietkiewicz & Smith, 2014; Smith et al., 2009). Therefore, I decided to compose a primary research question that would generate an exploration and deeper understanding of the meaning of the transition shock experience felt by NGNs.

Primary Research Question

How do NGNs working in an acute care setting post-pandemic make sense of and perceive their transition shock experience?

This question follows the IPA approach as it focuses on gaining personal meaning and sense-making in a specific context (i.e., acute care setting post-pandemic) while exploring a specific experience (i.e., NGNs' transition shock period) (Smith et al., 2009).

Secondary Research Question

What does self-efficacy during transition shock mean to NGNs?

To further explore my hunch that self-efficacy may influence the transition shock period. I acknowledge that I endeavored to formulate a neutral secondary question to avoid hypothesizing or attempting to “test” my hunch about transition shock and self-efficacy being related, as my secondary question is solely to increase the data surrounding my primary question (Smith et al., 2009).

Research Design

Participants

NGNs were the intended participants for this proposed study. IPA methodology focuses its' sampling in a homogeneous and purposeful process. The reason for a homogenous sample is to ensure that a thorough and focused examination of the experiential meaning of a particular phenomenon is explored within a group of individuals (Smith & Fieldsend, 2021). It was suggested that inclusion and exclusion

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criteria be integrated to maintain homogeneity, therefore one was completed (Noon, 2018; Smith et al., 2021).

Inclusion Criteria

There were three inclusion criteria for my research project. First, NGNs having completed a Bachelor of Nursing program within Canada from an accredited nursing education program were considered for this study. The Canadian Association of Schools of Nursing (CASN) is the national accrediting body in Canada, which reviews nursing schools every year to promote excellence, and recognize strengths and areas of improvement within a nursing program's organizational structure and curriculum (CASN, 2022). Incorporating nursing programs that have been accredited helped in creating a homogenous sample, as it portrays similar educational underpinnings from the NGNs at a national level.

Second, NGNs who were no longer than 2 months into their transition to professional practice were considered, due to the transition shock period being most prominent between months 1 to 2 of their transition to practice (Duchscher, 2012). The reason for this was to ensure that the participants' experiences and recollections accurately reflect how they are making sense of this specific transition shock period, and not confusing those experiences and emotions with a different period of their transitional journey.

Third, NGNs who were practicing in acute care units (i.e., acute medical or surgical units, and emergency departments) in a rural or tertiary care center as I wanted this study to be specific to acute care nursing to again maintain a homogenous sample.

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Furthermore, it was implied that participants were 18 years old and older, with no gender specifications. The exclusion criteria included individuals no longer practicing in the first setting of their professional nursing practice or with previous Licensed Practical Nursing (LPN) experience as this could cloud the initial transition to practice shock experience felt by the NGN.

Sampling and Sample Size

Purposeful sampling is required, as IPA methodology values the details and quality of findings rather than quantity, which is why small sample sizes are preferred (Smith & Fieldsend, 2021). It allows the researcher to extensively explore and examine each case with the required time, energy, and detail to conduct a thorough analysis of the data collected (Callary et al., 2015). Smith et al. (2009) recommend three to six participants as a reasonable sample for a graduate student IPA thesis study. I recruited four participants from across Western Canada to participate in my study. One identified as male, and three identified as female. The participants were between three weeks and two months along in their NGN's transitional progress at the time interviews were conducted.

Recruitment

Recruitment took part within a virtual platform across Canada, specifically utilizing the Nursing the Future organization website and social media platforms such as Facebook and subscriber email updates. Nursing the Future is a Canadian platform created by Dr. Judy Boychuk Duchscher, author of the Transition Shock and Stages of Transition Theory, and her team to support nursing students, and NGNs from multiple nursing disciplines, including practical psychiatric and registered nurses (Nursing the

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Future, 2022). This organization aims to provide an educational and supportive platform to help NGNs navigate their transition to professional practice. For recruitment purposes, a virtual recruitment poster (Appendix C) was posted on the Nursing the Future website and Facebook account, as well as on Instagram and Twitter through my personal accounts, to gain wide exposure and awareness of this study. This virtual poster contained a brief description of the study, followed by point-form inclusion criteria and my contact information.

Screening Tool

A screening tool was used to ensure and maintain a degree of homogeneity as required with IPA research (Callary et al., 2015; Smith et al., 2021). The virtual poster contained a hyperlink to the screening tool (Appendix D), which was used to obtain potential participants' contact information (i.e., first name and preferred email address) and ensure that they met inclusion criteria. The screening tool was in Microsoft Forms which is password protected for only the principal investigator, to access responses.

Ethical Considerations

I completed my Tri-Council Policy Statement: *Ethical Conduct for Research Involving Humans Course on Research Ethics* (TCPS 2: CORE) in October 2020 (Appendix F) and gained ethical approval from Athabasca University's Research Ethics Board (Appendix G) after I passed my thesis proposal exam in December 2022.

Eligible participants were emailed the information letter and informed consent form (Appendix E); the letter provides a more detailed explanation of the research project, and what will be asked of the participant. The informed consent process ensures that participants know that their participation is completely voluntary, with the right to

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refuse or withdraw from participating in this research project at any time. This form also included the potential risks and benefits of study participation and the measures taken to maintain anonymity and confidentiality throughout the analysis and dissemination of the data. A virtual consent form (link provided in Appendix E) was created in case an electronic consent form was easier to complete. The electronic informed consent form was in Microsoft Forms and password-protected for my access only.

Safeguarding Participants

Safeguarding participants is important when a sensitive research topic is being investigated on a vulnerable population (Dempsey et al., 2016), such as investigating the transition shock experience of NGNs. Implementing a sensitive interview approach is recommended in IPA research as it involves conducting in-depth examination and explorations of events enabling intense and emotional experiences, which could trigger negative emotional responses by the participants, such as discomfort, shame, or anger (Dempsey et al., 2016; Noon, 2018; Smith et al., 2021). As a novice researcher to ensure ethical practice adhering to a sensitive interview approach, I had a plan of action for the possibility of participant distress during the interview process, to safeguard boundaries and therapeutic relations (McCoy, 2017; Smith & Fieldsend, 2021; Whitney & Evered, 2022). I created an interview distress protocol (Appendix H), derived from Whitney and Evered (2022) recently developed qualitative research distress protocol framework, which assisted me in the unfortunate event that the participant may need to step away from the interview process or reschedule the interview for a later day. Thankfully, this protocol did not have to be employed during my study.

Data Collection

Semi-structured interviews are typically preferred in IPA research, as they enable the researcher to have flexibility during their interview process, exploring what matters to the participants without having to be fixated on a questioning schedule, or asking questions the same way (Callary et al., 2015; Smith et al., 2009; Smith & Osborn, 2008). This one-on-one interview structure encourages the researcher to engage with the participant as they try to make sense of the phenomenon in question, transition shock in this case, while reliving their account of the experience, providing the researcher with rich data to later analyze (Smith et al., 2021).

The interview process is crucial within an IPA study, as this is the main method of data collection available to the researcher to explore, define, and interpret how the participant makes sense of their experience (Smith et al., 2009). This requires the researcher to have a degree of creativity and flexibility while conducting the interview, which is typically attained when researchers have developed their interview skills (Pietkiewicz & Smith, 2014). Authors suggest beginning the interview process with broader questions to create a therapeutic relationship with the participant prior to exploring the main topic (Callary et al., 2015; Noon, 2018). Once a rapport is built and trust has been gained from the participant, primarily through active listening and asking open-ended questions, the researcher can start leading the conversation toward answering the primary research question (Pietkiewicz & Smith, 2014).

The creation of an interview guide was suggested to ease the natural flow of conversation, especially for novice researchers who may not have much experience interviewing participants (Pietkiewicz & Smith, 2014). It is important to note, that this

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interview guide was aimed at assisting the novice IPA researcher with formulating questions and keeping the flow of the conversation, and not about posing the questions in a certain order, or necessarily in the same way for every participant (Smith et al., 2021). Smith et al. (2021) also encourages the researcher to limit themselves by asking one question at a time, as asking too many questions at once could pose difficulties for the participant to reflect on multiple experiences at once and could later cause challenges during the researchers' analysis process. Therefore, I developed a semi-structured interview guide (Appendix I). The interview guide contained questions that guided me to maintain a flow of conversation and helped participants reflect on transition shock and self-efficacy.

The recommended time for each interview is approximately one hour, as IPA requires that each part of the interview be analyzed to maintain the rich, exhaustive analytic process (Noon, 2018). Smith et al. (2021) emphasized the necessity for the researcher to be patient and attentive while conducting the interviews by giving the participant sufficient time to register and answer the questions, as participants may need time to reflect on the question being asked to provide rich and detailed answers. I ensured to keep the interview meetings no longer than 90 minutes, allowing myself 15 minutes to introduce myself and conclude our session, and answer any questions before and after the interviews. Microsoft Teams was the chosen software as it not only provided a protected meeting platform but also could produce transcripts of the interviews, as verbatim quotes were required for the analytic process. The recorded interviews were password protected, and I gave the participant the option to have their camera on/off during the interview. The recorded files, participants' signed consent forms, and archived data were saved and

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securely stored on my Athabasca University (AU) Office 365 password-protected Outlook account.

Data Analysis

IPA analysis is described as a repetitive and inductive process (Smith et al., 2021). A systematic analytic approach is taken to thoroughly analyze each case separately, prior to conducting cross-case analyses (Smith & Fielsend, 2021; Smith et al., 2021). An IPA study requires verbatim quotes to be extracted from the data and placed within its analysis to provide support for identified themes, allowing the readers to inspect the interpretations being explained (Callary et al., 2015; Shinebourne, 2011). Individual case analysis is conducted prior to grouping the analyzed data to enable a thorough case-by-case analysis of each transcript, which has been noted to be an extensive process. Coding and gathering themes occur separately before grouping together all those findings (Callary et al., 2015).

Smith et al. (2021) recently revised their IPA analysis process, as many researchers criticized the previous analytical procedures as being broad and incongruent, making the replication of the study harder to attain (Tuffour, 2017). Authors suggested that a more detailed methodological process may be beneficial, specifically for beginner researchers using this methodology (Callary et al., 2015; Rettie & Emiliussen, 2019). Smith et al. (2021) analytic process was refined to further guide the novice researcher navigating the analysis of the transcripts in a 7-step approach, which I employed.

Step 1: Reading and Re-Reading Each Transcript. Smith et al. (2021) suggest listening to the audio recording while reading the transcripts for the first time, to help the researcher fully immerse themselves in the data, bringing you back to that original

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interview with the participant. Taking notes of observations and recollections of the interview while reading and re-reading the transcripts is recommended, as it may help reduce the possibility of the researcher feeling overloaded with retaining ideas or potential links for future considerations (Smith et al., 2021). As I read each transcript while listening to the audio recording, I ensured that the transcripts were anonymized. I utilized a separate notebook to record my observations and ideas. This notebook was separate from my reflexive journal; however, the contents of the notebook were linked to my reflexive work.

Step 2: Exploratory Noting. It is in this step that the researcher explores the meaning the participant places on the phenomena being studied while keeping an open mind and taking notes within the transcripts (Smith et al., 2021). During this step, the researcher should feel familiar with the transcript as this step requires a phenomenological focus, understanding how the participant conceptualizes and describes the meaning of the experience being examined (Smith et al., 2021). Interpretative noting may also aid this process, keeping in mind that those notes can be later removed or altered. Smith et al. (2021) emphasize the need for the researcher to avoid employing an exploratory lens when making notes within the transcripts, as this can skew the analysis of the data. Instead, they suggest placing those notes in the researcher's reflexive journal. During this step, I placed notes on the actual transcripts electronically in a separate column. I also reviewed the notes thoroughly to ensure they were explanatory. Notes that were more my thoughts were journaled.

Step 3: Building Experiential Statements. This step involves synthesizing the data analyzed (transcripts and notes) in steps 1 and 2 and constructing experiential

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statements with the most prominent themes identified in those exploratory notes (Smith et al., 2021). Transforming the exploratory notes into succinct experiential statements is the key task in this step, as it links the participant's personal words, emotions, and thoughts to the researchers' interpretations of it all (Smith et al., 2021). It is important that the experiential statements stem from the exploratory notes taken by the researcher from the transcripts to reduce the risk of contaminating the statements with explanatory details (Smith et al., 2021). To reduce the risk of creating explanatory statements during this step, I created a column beside the transcripts and exploratory notes that was utilized to insert the experiential statements constructed while linking the two together. This allowed me to ensure that the statements stemmed from those exploratory notes and facilitated an easier review of my analytic process for my supervisors to review when I required or requested feedback.

Step 4: Finding Connections within the Experiential Statements. This step involves creating charts or maps linking the experiential statements that focus on the interesting and important aspects the participants have verbally expressed toward the primary research question (Smith et al., 2021). It starts by clustering the experiential statements and verbatim texts while keeping an open mind and flexibility to changing the groupings throughout this analysis process. This creative step leads to mapping the interrelationships and patterns within the statements and transcripts (Smith et al., 2021). As I conducted the analysis process on a computer, I used a separate document to copy and paste the transcript phrases that were connected to experiential statements identified, which helped me to visually cluster those phrases into groupings. This also allowed me

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to track my changes and gave me the flexibility to easily maneuver the phrases to different groupings as I tried to find connections between those experiential statements.

Step 5: Creating Personal Experiential Themes (PET). This step requires the researcher to bring together the clustered groupings completed in step 4, and develop emerging themes based on those clustered groupings (Smith et al., 2021) for each case. This step can take many approaches, such as abstraction, polarization, narrative, or functional strategies, to organize the data analyzed and compile them into experiential themes (Smith et al., 2021). I employed a narrative approach to organize the clustered statements into themes, as it allowed me to gain a better essence of each theme. I also ensured to journal my thought process in developing these experiential themes, to ensure rigour.

Step 6: Moving on to the Next Case. I will complete these steps for each case. Smith et al. (2021) remind the researcher that it is crucial to analyze the preceding cases individually, being cautious of not being influenced by previously analyzed content. I allocated a few weeks in between case analyses to try to decrease the influence the prior cases may have on the next case. Again, utilizing my reflexive journal helped place those influences in another document, separate for the analysis.

Step 7: Grouping Experiential Themes (GET) Across Cases. This stage requires the researcher to identify patterns within the PET, either similarities or differences, which can be organized into categories to create GETs (Smith et al., 2021). This cross-sectional examination can be creative and starts by reviewing all the PETs and finding connections and links to create GETs. It is suggested that GETs be placed in a table to best represent the data analyzed (Smith et al., 2021). I displayed my results in a

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diagram format to create a visually organized illustration of the findings identified in this proposed study.

Write-Up

A narrative approach is used as the researchers' analytic interpretation is presented (Smith et al., 2021). The narrative process is required as the researchers must be mindful of elaborating and writing what the participants said, and not the researcher's interpretations of what was said (Noon, 2018). Therefore, verbatim quotes were necessary, so that readers can appreciate the distinction between interpretations from the participants themselves and assumptions from the researcher (Callary et al., 2015; Noon, 2018). The goal of the write-up phase is to invite the readers to engage in how the participants felt about the lived experience under investigation (Smith & Fielsend, 2021).

Rigor and Reflexivity

As IPA methodology relies on philosophical underpinnings of the hermeneutic approach, it requires that the researcher maintain an open mind related to their preconceived assumptions, biases, or suspicions prior to, and while conducting the research. It is the researcher's goal to "walk with" the participant (Kirn et al., 2019) which can be challenging as the researcher is tasked with interpreting the participants' experiences concurrently while collecting and analyzing the data (Shinebourne, 2011; Smith et al., 2021). Therefore, reflexivity becomes crucial, as the researcher must acknowledge their pre-determined assumptions, biases, and personal or professional influences throughout the research process; failure to do so could skew the findings of the research (Alase, 2017; Rodham et al., 2015). Keeping a reflexive journal has been noted to increase validity and transparency within the IPA research study, as it provides a

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descriptive journey of the course for the research process (Alase, 2017; Callary et al., 2015). I first started reflexive journaling in the summer of 2022, while completing my qualitative research methodology course, and I ensured to continue using a reflexive journal throughout my research journey, to maintain that transparency and increase validity within my proposed research study.

Limitations

With any methodology, there are limitations. The interview process is no exception, especially for beginner researchers. It is important that the researcher simultaneously tailors and evaluates how to best pose questions to the participant during the interview process, to maintain a therapeutic comfort level and gain rich, detailed, and complete responses to the questions being asked (Smith et al., 2021). As the researcher, I also needed to be mindful of ensuring and encouraging participants to use the word “I,” instead of “we” when answering questions, as this methodology focuses solely on the participants’ experiences and the meaning they make from those said experiences (Callary et al., 2015; Smith et al., 2021). I addressed this limitation by practicing my interviewing abilities as a graduate research assistant with the AU. I have also read interview guides in the literature, specifically from Smith et al. (2021) on conducting IPA interviews to better understand how to effectively develop and pose questions to extract thorough, raw, and detailed data. My thesis supervisors also listened to my interviews and provided feedback on my interviewing skills.

Second, the interpretation routed within this approach has been implied as vague and noted to be a difficult skill to acquire for novice researchers to navigate without proper guidance (Rettie & Emiliussen, 2019). Doubt has been raised as to whether or not

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this method can indeed discover experience and its meaning, rather than the researcher's inherent opinions of the lived experiences of participants (Tuffour, 2017). To reduce this possibility as a novice researcher, Smith et al. (2009) recommended that the researcher review their interpretative texts by comparing them to the transcripts themselves and ensure that the interpretative writing does correlate with the participant's verbatim words. I ensured to adopt this process while completing the data analysis and requested feedback from my supervisors with the first transcript to ensure that interpretative texts and writing correlated.

Third, this study had a sample size of four participants. In qualitative research, small sample sizes regularly raise concerns about the representation and transferability of the findings (Callary et al., 2015). Additionally, small sample sizes can result in difficulties for IPA research studies to reach scholarly publication (Noon, 2018). However, demonstrating that data saturation has been reached is a crucial indicator to determine that the sample size is adequate in qualitative research (Hennink & Kaiser, 2022). While cross-examining the themes during the final step of the analysis process, no new themes were emerging within the data, making me confident that although small, the sample size for this research was sufficient in answering my research questions.

Summary

IPA engages the researcher in exploring and extensively examining the "how" in how individuals make sense of their own personal major life experiences (Miller et al., 2018; Smith et al., 2021). Thus, IPA is applicable when the researcher is pondering concerns over personal experiential meanings of a particular phenomenon. The objective of my anticipated research was to understand the perception of NGNs' lived experience

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navigating the transition shock phase, as they enter a new profession. As IPA methodology focuses on exploring specific significant lived experiences with complex topics (McCoy, 2017; Smith & Osborn, 2015), utilizing this approach helped me uncover what it means to experience the transition shock period embedded within the transition to practice in the nursing profession. Additionally, transition shock is a new concept in the discipline of nursing, and a lack of IPA research was noted while conducting my own literature review on this subject. Contributing to an IPA study may add new rich detailed findings, as the meaning of the experience of transition shock as perceived and interpreted by the individuals themselves was examined and explored (Callary et al., 2015; Shinebourne, 2011).

Finally, I am mindful of how the COVID-19 pandemic impacted healthcare systems and nursing education, and NGNs' transition to practice, as they had altered academic schedules due to isolation and social distancing protocols (Bliss, 2021; Duchscher et al., 2021; Russell & Juliff, 2021). Since IPA provides researchers with a microscopic lens, with extensive detail and meticulous analysis of the data (Alase, 2017; Shinebourne, 2011), utilizing this approach could provide a thorough understanding of the impact of the global pandemic as perceived by NGNs themselves. Additionally, using IPA allowed NGNs to recount their lived experience going through the transition to practice shock and noting if self-efficacy influenced mitigating hardships they experienced.

Chapter 5. Results

Introduction

By completing this research, I strived to establish how NGNs working in an acute care setting post-pandemic made sense of and perceived their transition shock experience. I also aimed to identify if self-efficacy influenced the transition shock experience, to better understand how to ease the transitional experience of NGNs. Participants recalled their transitional experiences during their first weeks to month as NGNs as emotionally, mentally, and physically intense. During the interviews, participants were asked to reflect deeper into those recalled experiences by making sense of those moments.

Each interview transcript was analyzed independently, and themes were identified to gain an essence of the participants' interpretation of their transition shock experience, as each case is unique as per IPA research. Once all participant transcripts were interpreted with themes identified, a cross-sectional exam was completed. This chapter examines the four main themes that emerged while exploring the participants' lived experiences and perceptions weathering the transition shock period as NGNs post-pandemic. The themes are as follows: 1) burden of self-doubt, 2) emotional whirlwind, 3) silver lining, and 4) pandemic effects. Subthemes were identified, described, interpreted, and supported by verbatim participant quotes, ensuring detailed experiential findings within this IPA study.

Description of Participants

All participants were from Western Canada. Sam was the only male-identifying participant. Laura, Elle, and Annie identified as female. Sam, Laura, and Annie had

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previous experience in various roles within the healthcare setting excluding experience as an LPN. Sam and Laura commenced their professional practice in an acute medicine unit, while Elle and Annie commenced in an Emergency Department. Laura, Elle, and Annie started as new graduate nurses on the same unit they had completed their consolidation practicum prior to graduating with their Bachelor of Nursing degree.

Table 1

Demographic Information (N=4)

Characteristics	N (%)
Gender	
Female	3 (75%)
Male	1 (25%)
Past Healthcare Working Experience (excluding LPN)	3 (75%)
Working Unit	
Acute Medicine	2 (50%)
Emergency Department	2 (50%)

Theme 1: Burden of Self-Doubt

All four participants explained that early on during their transitional period they doubted their abilities to take on their roles and responsibilities as NGNs. They questioned their nursing knowledge and capabilities to make sound decisions independently, clouding their professional judgment and diminishing their self-confidence. This increased their levels of stress and anxiety as they navigated the transition shock period. The burden of self-doubt led to participants feeling like imposters in their new workplace as they determined how to independently manage their patient care assignment. Participants also felt that workplace expectations were higher than anticipated, leading them to the realization that the nursing profession was more demanding than initially expected.

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Imposter Syndrome

Sam, Laura, and Elle described having “*imposter syndrome*” during their transitional experience. Although each participant had their own interpretation of their sense of being an imposter in their clinical setting influenced their transition, negative mental and emotional effects were described by these three participants. They described feelings of uncertainty about the adequacy of their nursing skills and knowledge that left them doubting their abilities and competencies to complete tasks and think critically. These emotions led to participants feeling ashamed and discouraged during their first weeks as new graduates, as self-doubt clouded their professional judgment and confidence. Sam shared that he felt embarrassed for doubting his nursing skills and knowledge which presented difficulties for him in bridging theoretical knowledge into his practice. Laura was terrified of making mistakes and found herself asking colleagues questions to which she already knew the answers, hoping to gain the reassurance of her professional judgment and critical thinking capacity. She also questioned whether she was fit to fulfill the role of a new graduate nurse despite completing her nursing degree.

I've put so much... blood, sweat and tears into this degree. And now I feel like once I'm here, I can't do it. And why can't I do it like I should have the skills to do it. Laura

These insecurities led to participants' increased levels of stress, anxiety, and dread as they prepared for their next shifts and arrived on their units. Sam and Laura found that doubting their nursing knowledge and abilities inflicted increased stress and anxiety during their transitional period. Sam constantly compared himself to his peers, reducing his confidence in his nursing practice, and increasing his feelings of stress and

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anxiety. Laura and Elle felt they were impersonating a new graduate nurse as they continued to feel they were falsely assuming a graduate nurse role despite having their new graduate nursing license, creating an intimidating transitional experience. Elle recalled feeling “*illegal*” as she practiced as a new graduate nurse:

You show up to work and you feel like you're there illegally, or you feel like you're, you're not meant to be there because you still feel like a student.

Demands for Independence

Participants expressed that adjusting to working independently was a profound learning curve during their transition shock experience. Throughout their nursing education, they always had someone at their disposal to guide their practice and provide feedback, especially during their final clinical placement, the consolidation practicum. Participants expressed that the realization of being independent was lonely, frightening, and critical, hindering their transition shock experience.

Laura, Elle, and Annie found it beneficial to have completed their senior practicum on the same unit they were transitioning into new graduate nurses as they found being familiar with their working environment helped to ease their transition shock. Despite having this familiarity, they still expressed having challenging moments during their transitional experience navigating transitioning from the student role into the new graduate nurse role. Annie described her initial experience as a lonely and frightening learning curve without the constant support of her senior practicum preceptor. She found it difficult to make clinical decisions, ask for help, and delegate tasks independently without the support of her preceptor, increasing feelings of self-doubt and apprehension prior to her next shift. Elle expressed that adjusting to this new

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independence was the most challenging aspect of her transitional experience as she missed having her preceptor available as a reassuring sounding board:

It's weird because I feel like I'm going to see patients and I'm missing a step, which is telling my preceptor my plan.

Laura recalled that she continued to feel she was in a student role instead of stepping into a new graduate role throughout her buddy unit orientation as she felt that there were skills she was not able to participate in while being in a student role. During those orientation shifts paired with a registered nurse to mentor them on the unit, Laura and Elle recalled becoming frustrated when nurses would help them complete tasks, as they worried about feeling ill-prepared when they would be left to work independently. Elle and Annie also described having similar challenges during their senior practicum which made them feel less prepared to take on the entirety of the new graduate roles and responsibilities. They found that small tasks their preceptors would complete for them during the preceptorship affected their time management and task prioritization skills as they transitioned into NGNs. Small tasks included completing patients' requisitions, getting supplies, or providing patients with water. Annie recalled how she felt overwhelmed and flustered the first time she realized how the small tasks made a significant difference within her independent practice:

For me, it's like, oh my gosh, that three steps that I have to do now by myself. So, it is a little bit harder just like especially like the paperwork and the forms.

Although the participants expressed how they appreciated the mentorship they received during the early stage of their transition, for example, during the buddy shifts for their orientation, less assistance with the small tasks from preceptors could have

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helped further develop the transitioning nurse with increased independence prior to completing orientation. It formulated misleading assumptions as they thought they had a good grasp of the new graduate responsibilities, but quickly realized when they had to work on their own, they still had skills and timing to task completion to refine. For Laura and Annie, this increased feelings of being overwhelmed and stressed during their transition, while Elle described feeling nervous.

Heightened Workplace Expectations

Sam and Laura specified that they intentionally sought employment as NGNs in environments that would enhance their nursing knowledge and skills early in their professional career and allow them to build a stronger professional foundation. They both expressed contentment with commencing their professional careers on units that provided professional growth with increased learning opportunities and skill acquisition. However, they felt that they faced heightened workplace expectations during their transition shock period due to the acuity and nature of their work environment.

Sam explained how he felt he was under a critical microscope by his peers, feeling that he was expected to be immediately proficient in all his nursing skills and competencies. This significantly challenged Sam's transition, as he faced decreased confidence in attaining this goal of proficiency, as he described feeling as though he was "*getting thrown to the wolves*", making him feel that his transitional journey was not going well. Laura described the increased level of expectations she felt as a NGN increased her anxiety, making her doubt her nursing capabilities as she described the unit as "*heavy*" and "*one where it'll kind of run you over if you're not keeping up with the pace.*" This pressure made Laura and Sam believe that they were expected to be

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proficient seasoned nurses as opposed to newly immersed graduate nurses, increasing their self-doubt and decreasing their self-confidence within their new workplace.

Having these influences in mind, Sam found that he often compared himself to other NGNs who seemed to be progressing more effectively than him. This heightened his feelings of self-doubt in his capabilities to successfully transition into an accomplished NGN, as he strove to prove himself to his colleagues. He found it difficult to navigate what was expected of him, as he found that the nursing profession involved more roles and responsibilities than he expected and unfortunately management and colleagues were not forthcoming with clear and constant expectations.

More Expanded View of Nursing

All participants reflected on how the nursing profession was more complex and multi-faceted than they had anticipated, especially within their NGN role. Some participants had minimal expectations of the nursing profession at the beginning of their nursing education. Others found that they thought they were prepared for their new graduate role while completing their senior practicum, but quickly realized that there were more responsibilities to undertake. Although 3 of 4 participants with previous work experience in healthcare found this to be helpful and valuable in preparing them for their transitional experience, they still felt that they never fully understood what the nursing profession entailed until being immersed in the role of an NGN.

Annie found that the nursing profession entailed more roles, responsibilities, expectations, and verbal abuse than she anticipated due to having minimal insight into the profession prior to nursing school. Sam admitted that due to his lack of initial expectations of the nursing profession, he was surprised at the charting expectations and

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overall abundance of responsibilities the nursing profession entailed. Laura and Elle described how their perception of the nursing profession had been continuously changing, even during their transitional experience.

Laura, Elle, and Annie explained their experience adjusting from a student role to a nursing professional role had been a learning curve they had not anticipated. Sam and Laura felt that the expectations and responsibilities they had as student nurses were less than they now felt they had as new graduate nurses, which made the transition more difficult to grasp and overcome due to having decreased confidence in themselves.

I had a smaller view of what nursing truly was, and now I appreciate it a lot more because I see how much of an impact they have on our healthcare system. Elle

The burden of self-doubt negatively affected the participants as they confronted the transition shock period. The participants' self-doubt was driven by feelings of being an imposter, the inability to instantly effectively manage patient care assignments independently, conforming to the high workplace expectations, and realizing the extent of the nursing profession's demands. These circumstances left participants questioning their competence and abilities as NGNs early on in their transitional journey, significantly impacting their self-confidence and outlook on the nursing profession. The next theme further explores the emotions and feelings the participants expressed facing during their transition shock period, elaborating on factors influencing their transitional experiences.

Theme 2: Emotional Whirlwind

The transition shock period involved a significant emotional response from participants which affected their transitional experience. They described aspects of their

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transition as overwhelming, stressful, and anxiety-provoking, which left participants dreading their next shifts. They discussed how the unpredictability of their workplace was an added stressor during this transitional period, and how they strove to be liked by their peers, hoping this would ease their transition shock. Adjusting to the nursing profession was another challenge felt by participants, which affected their ability to achieve an adequate work-life balance.

Dread, Overwhelm, Stress and Anxiety

Participants often referred to feeling “*overwhelmed*”, “*stressed*”, and “*anxious*” when asked to make sense of their transition shock experiences. These emotions not only affected them mentally and physically at work but also followed them home on their days off or after their shifts.

Laura, Elle, and Annie expressed that their transitional experiences were unexpectedly overwhelming as they realized there were tasks and work scenarios they had not yet experienced and now had to confront independently. Sam described his emotions on an average day as a new graduate nurse as “*feeling like I’m kind of walking on thin ice a lot of the time leading up to a shift. I feel a little bit tense and a little bit uncertain and maybe, yeah, a little bit fearful*”. He expressed how the anxiety he would have while working on the unit made it difficult for him to bridge theoretical knowledge into his clinical practice. Laura found that when she became stressed and overwhelmed while at work, it decreased her self-confidence, further inflicting doubt within her nursing capabilities. This made Laura continuously double-check her work throughout the day and re-prioritize her care as best as she could:

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I'm at lunchtime and I'm like, I don't think I even did half of what I was supposed to do, you know, just sitting there and like just repeating it over and over in your head and like, "OK, what did I miss? What did I miss?" and like being convinced that I missed something.

Sam admitted enduring elevated levels of anxiety during the transitional period which led to sleep deprivation, worsening his mental and physical health. Laura and Annie worried about their nursing performance on their days off, worsening their feelings of stress and anxiety. Laura recalls coming home after a shift and crying as she thought she would not be able to manage the roles and responsibilities of this new nursing profession:

I'm someone with anxiety so already, so it kind of just escalated it. I'm coming home and I'm stressing about something about work, or how am I gonna do this stuff...

Annie found that some of her anxiety stemmed from learning how to be transparent with her patients, specifically when faced with patient questions she did not immediately have the answers to. Having to face patients and telling them that she did not have answers to their questions was uncomfortable and unpleasant for Annie, as she felt it was part of her role and responsibility to know these answers to adequately educate patients. Additionally, she found that taking the time to find the proper answers for her patient brought on added stress as she already felt that she was falling behind on other tasks:

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Sometimes it can be upsetting when they ask a question that I don't know because if I'm already super busy... So it's like, Oh my gosh, it just adds another thing to the to-do list.

Patient Unpredictability

All participants expressed feeling worried, stressed, and fearful about the unpredictable nature of their nursing role within their workplace. These feelings impacted the participants emotionally, mentally, and physically during their transitional experience prior to and during a shift, and on days off.

Laura, Sam, and Annie described how they would worry and stress about the unpredictable nature of their workplace, even on days off, which increased feelings of overwhelm and anxiety. Before a shift, Sam mentioned that he felt physically tense and anxious as he worried about his nursing assignment and how he would manage it efficiently. They worried about not being able to keep up with the demands of their patient assignments and falling behind on their tasks, such as timely medication administration, orders to be completed, and tests to follow up on.

I definitely do get the pre shift like dreads... Just like a lot of anxiety and like, "Oh my gosh, I have to go and there's gonna be so much stuff to do when I get there and everything." Annie

Similarly, Elle described feeling nervous going into a shift due to the fear of not being prepared to act appropriately to an unpredictable or urgent scenario that she had no previous experience confronting or that may be out of current training and scope of practice as a new graduate. Elle described how her unit had different sections based on patient acuity with various levels of trained nurses and scopes of practice:

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I think it was the fear of encountering a situation that I'd never seen before and how to act on it. So I was just so afraid that someone was gonna just code on me on (unit). And obviously, you know like press the code blue button, but it's a lot different when you're in that moment. It's like, "Am I gonna freeze? Am I gonna act quickly?" And I was just afraid that I just wouldn't know how to react.

Elle and Annie reflected that the shift that set them back from increasing their confidence overcoming the unknown was when they endured “*bad shifts*”, increasing their anxiety or nervousness going into their next shift. To cope with these feelings, Elle tried not to get consumed by the “*what ifs*” on her days off, which was still something she was struggling with at this point in her transitional process.

Desire to be Liked and Accepted

All participants described how they valued and worried about being liked by their colleagues, as they felt that feeling accepted within their work environment eased their transition-related emotional whirlwind. The participants who had completed their consolidation practicum on the unit they were now NGNs, they found that they had an advantage within their transition as they had already established relationships with colleagues and felt a developed degree of trust from them. However, Sam found it challenging and difficult to build relationships with his colleagues as he started as a NGN with no previous experience on the unit, which he felt negatively impacted his transitional experience.

Sam was genuinely concerned about being liked by his colleagues during his transitional process. He admitted that this stemmed from being worried about how his colleagues viewed him personally and his abilities as a new graduate nurse as he

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harbored negative previous experiences as a nursing student on different units. He recalled how challenging it was as a new graduate nurse to create relationships with his colleagues, as he referred to as “*feeling like the new kid on the block.*” He explained how “*being the outsider*” was an intimidating process to navigate while attempting to build relationships with colleagues, and fearing being bullied. Feeling like the newcomer on the unit, Sam found himself compelled to prove himself to his colleagues to gain their acceptance and feel like a member of the team.

Alternately, Laura, Elle, and Annie felt liked by her peers due to having built relationships with colleagues during her consolidation practicum. They noticed that this degree of support was not had by other NGNs who had not completed their senior practicum on the same unit. This made them feel grateful that this had been a benefit for them as NGNs, but they also felt poorly for their new graduate colleagues. Having a degree of familiarity with the working environment and its’ colleagues had a positive influence on the participants’ transitional experience, alleviating the stress of being liked that Sam possessed.

I think that I got support that not everyone gets on the unit. Laura

Life After Work

Each participant described having different views on how they managed their transitional experience. Sam admitted that his transitional experience has been difficult, however, he felt that his determination was helping. Sam stated, “*I’m getting up and I’m going to work every day.*” Laura found that she had not managed her transitional experience as well as she would have desired. Elle felt that she handled her transition well aside from her first few orientation shifts, as she felt she had stepped backward from

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her competency level in her student role, placing fear and self-doubt towards her abilities preparing for her as an NGN. Annie believed that she had managed her transitional experience well due to having previous experience on the unit during her final practicum, as she compared her transition to other new graduates on her unit. All participants mentioned they found challenges finding a proper balance between work and life, as they found themselves frequently thinking about work on days off.

Laura and Sam both described their transitional experience as isolating, as they strove to establish an adequate work-life balance. In the early weeks of their transition, Laura and Annie found themselves feeling upset and stressed in their personal life as they recalled thinking about work and their nursing capabilities on their days off. Annie sometimes found herself being in a negative mindset on days off, which made her withhold from social settings and avoid socializing with friends. Elle also mentioned struggling to not think about work and its unpredictable scenarios on her days off as it increased her nervousness as she prepared for her next shift.

Sam, Laura, Elle, and Annie felt that creating and incorporating a self-care routine was essential in promoting a healthy work-life balance to cope with the emotional toll this transitional period provoked. They found that spending quality time with their family and significant others, staying connected with friends, and doing things they enjoyed enhanced their work-life balance easing their transitional experience.

I'm trying to actually do things that are fun on my days off and not think OK, you can do something when you have your stretch of seven days off. Elle

Unfortunately, implementing these measures was challenging at times, especially for Laura, Elle, and Annie as they expressed feeling fatigued on their days off, affecting

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their mood and personal relationships with friends and family. Laura admitted that increased stress levels affected her desire to incorporate self-care measures like physical activity and socializing with others, further affecting her mental health, and causing her to feel like a “robot.” She recalled that her boyfriend found her to be withdrawn when they would spend time together, which was a depressing thought for Laura:

I'm not connecting with anything. I'm just going to work, coming home, going to bed, and then doing it all over again.

Elle and Annie found it difficult to adjust their sleeping regimens to working night shifts despite having had the experience of doing so during their senior practicum, which affected their level of exhaustion on days off.

I am like tired and exhausted. So I'm not out and about very much on my days off, just kind of recovering and preparing for the next shift. Annie

The transition shock period involved a whirlwind of emotions elicited by the unpredictability of the participants' new workplace, being liked by their peers, and adjusting to the nursing profession as a new nurse instead of through the lens of a nursing student. This emotional whirlwind not only affected the participants within their new workplace but also within their personal lives, a realization that was not anticipated by many participants. The next theme discusses how the participants coped with these realizations and remained motivated to continue to confront the transition shock period, regardless of its' challenges to overcome.

Theme 3: Silver Lining

Despite facing the challenging aspects brought on by the transition shock period, every participant was able to acknowledge that this period was a steppingstone in their

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transitional journey. They all had moments of clarity as they recounted with peers their hardships and the encouraging experiences within their transitional process. Ensuring they were surrounded by a strong support system was imperative in sustaining the transition as they strove to become nursing professionals. Participants recalled coping mechanisms utilized to stay motivated to persevere through the transition shock period despite facing its' trials and tribulations.

Time Limited

Each participant exhibited self-reflective abilities as they contemplated their transitional journey within their first few months as NGNs. They acknowledged that the heightened emotions they now felt towards their transitional experience would pass, as they were slowly noticing more ease with their transition. They also explained coping mechanisms they had been employing during their transitional process which helped to alleviate the burden of self-doubt and emotional whirlwind.

Sam, Laura, and Annie recognized that the hardships of transitioning would get better with time, refusing to give up hope on their goal of stepping into the nursing role feeling confident and competent. Sam understood that nursing skills continue to require improvement and practice over time to gain further confidence with patient care tasks and provision of care to attain feeling like an expert. Sam and Annie acknowledged that not having the answer to every question was an expected part of transitioning as a NGN and understood that learning and adapting to a new working environment was an individual journey.

I still know that I'm gonna come out of this and it's not forever. Laura

I can't let this piece of my life experience take over in its entirety. Sam

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To face the transitional challenges experienced during the transition shock period, all participants reflected on strategies they employed to overcome these challenges. Sam explained how taking mental breaks was necessary to stay grounded and control his anxiety at work. He mentioned how managing anxiety triggers throughout his shifts helped him stay calm and focused. He also reflected on continuing to remind himself to be kinder to himself, that he does not have as much to prove as he thinks he does, and that he is not a failure for needing help. Laura, Elle, and Annie learned to take moments during busy shifts to gather their thoughts and restructure their task prioritizations as tasks were compiled. Annie looked forward to her breaks to mentally decompress for a while before going back and finishing her shift.

Elle found that developing a routine on the unit at the beginning of a shift helped her reduce her stress and gain more confidence and comfort with her time management skills. Annie started implementing a routine prior to getting to work to help decrease her “*pre-shift dreads*” and lift her spirits to start her shift on a positive note. She also ensured to continue to self-reflect throughout her transitional journey, ensuring to maintain a level of mindfulness related to her emotions.

Shared Experience

Sam, Laura, and Annie understood that the discouraging emotions they felt during their transition were not unique to them solely. Elle and Annie felt reassured when other nurses expressed feeling the same way she did during their initial transitional experience and seeing how much they had grown as nursing professionals. Sam, Elle, and Laura valued receiving feedback from their colleagues to gain guidance and reassurance of their transitional progress. When faced with a difficult situation or task to

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accomplish, Laura discussed how she would approach her nursing colleagues to learn from their ways of doing. Elle described how she would recount challenging experiences with senior colleagues to help her uncover alternative solutions if faced with similar experiences, assisting her problem-solving skills and learning from those difficult moments.

Ask charge or even talk to the educators, they're very good the educators there, and just say like "hey, how like what could I have done differently because that's just, I don't wanna relive the same scenario twice if I don't have to. Elle

Laura and Annie found comfort and relief in sharing their emotions and experiences with nursing school friends who were also struggling with similar transitional challenges. This helped remind Laura and Annie that they were not alone in overcoming the whirlwind of emotions inflicted during this transitional journey. Annie described that being aware of these shared experiences increased her motivation in believing that she would successfully overcome the challenges faced within this transitional period of her nursing career.

You kind of learn that this is normal for new grads. And this is like not umm, an individual experience. And so that's really comforting knowing that other people feel the same way. Laura

It makes me feel like, OK, like maybe I'm not a horrible nurse, like I'm just a new nurse. Annie

Supportive Work Colleagues and Families

All participants admitted that their transitional experience would have been gravely different if it were not for the support system they were surrounded by during

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their transition. While participants found support through family and friends, the support, guidance, and mentorship from their work colleagues were paramount.

Sam commented on how building relationships with colleagues made him feel like a member of the team instead of feeling as though he was a student nurse. He and Laura found that learning from their colleagues enhanced their critical thinking and problem-solving skills as they moved from a task-focused approach to building more of a critical thinking approach. They also mentioned that working on a unit with welcoming and positive staff who displayed mentorship qualities promoted a positive transitional experience. Laura explained,

I think that was a big comfort and a big reason to go back because I don't think I would have done well on, or maybe I would have done well, but I would have been very, very stressed without that... coworker support.

Laura, Elle, and Annie found their colleagues to be extremely supportive during their transition as new graduates which they felt eased their transitional experience. They attributed this level of support was due to their colleagues being familiar with them and having been able to form relationships with their colleagues during their senior practicum. Annie mentioned how she felt more comfortable asking her colleagues for help as she felt that they understood what it was like being in her shoes as an NGN. Elle recalled having a positive experience with her charge nurse helping her with tasks during a busy shift. Annie and Elle explained that having this level of support and understanding from their colleagues left them feeling as though they were never alone, even during busy and unpredictable shifts, helping to alleviate their transitional experience.

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I have gotten better and more comfortable at going like, “hey, I need some help over here” and they're all super understanding of being a new nurse. Annie

Sam and Laura also reflected on how receiving support from their families during their transitional experience helped to ease the great emotional toll they were facing during this transition. They expressed immense gratitude for their families and their willingness to be by their sides as they navigated finding their new professional identity as NGNs.

Care Tasks and Compassion

Sam, Elle, and Annie explained that becoming a nursing professional meant being able to connect theory and practice within the clinical setting, being aware of practice limitations, and creating relationships with patients. Sam and Elle associated being comfortable bridging theory and practice within the clinical setting with successfully transitioning into the nursing role. Annie and Elle described how providing patient education and finding proper resources to provide sound and complete information to patients independently increased their confidence that they were successfully transitioning into the nursing profession.

I think it means just a finally putting together all the pieces that you've learned over four years into practice. Elle

Laura and Elle described striving to become nurses that are knowledgeable and confident in their professional abilities, while also demonstrating compassionate care to their patients. Laura found that task repetition and continuity of patient care provided her with familiarity which helped her gain more confidence and comfort with her nursing skills and competencies. This degree of familiarity also allowed Laura to spend time

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connecting with her patients, which she valued as being an integral part of her nursing values. Laura, Elle, and Annie mentioned how they ensured and valued being mindful of taking time to communicate with their patients, being a source of support, and being an advocate. When unable to provide patients with this standard of patient care, Elle recalled feeling upset with herself, and this weighed on her conscience on her days off.

Providing patients with compassionate and competent care was imperative to all the participants. When providing compassionate and competent care was more difficult to attain due to busy shifts, it hurt the participants' professional self-esteem. The next theme will discuss the participant's perception of the influences of the COVID-19 pandemic on their nursing practice and their colleagues.

Theme 4: Transitioning During a Pandemic

All participants found it difficult to identify if the COVID-19 pandemic had affected their transitional experience as NGNs, as the pandemic itself was not as prevalent during the time of their transition as NGNs. Some participants however identified that the challenges they faced during their nursing education impacted the way their colleagues perceived their abilities, knowledge, and skill during their transition. All participants also noted a degree of burnout within their colleagues, which they attributed to the impact of the healthcare demands on healthcare professionals, including nurses, during the COVID-19 pandemic.

Short Comings Due to the Pandemic

Elle found that the effects of the COVID-19 pandemic impacted new staff members' transitional experience, including NGNs and new medical residents. She recalled more experienced colleagues complaining and comparing the lack of knowledge

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and skills these NGNs and medical students possessed to previous cohorts pre-pandemic. This upset Elle, as she was a product of this effect, and she felt that her clinical nursing education was impacted due to reduced hours in practice settings, impeding knowledge acquisition and skill development as a student nurse:

We lived through it (COVID-19 pandemic) as trying to become nurses, and that's where you're supposed to gain a lot of your knowledge and learn how to do the basic skills, so that when you start, you're not completely overwhelmed because you know the basics. You just don't know as much of the complexities of the profession.

Elle wished that her colleagues would have displayed more empathy and sensitivity to this reality new graduates were facing in the workforce, instead of complaining and bringing them down for something that was beyond their control.

Laura and Elle also commented on the healthcare system and how it affected the nursing profession. They recognized how high nursing vacancy rates, poor staffing ratios, and healthcare budget cuts affected their colleague's well-being at work and the care patients were receiving. Elle mentioned how she's driven home feeling guilty after a busy shift as she found she was unable to effectively answer patient questions and provide adequate patient teaching.

But I have seen also over the past... since my practicum, how broken of a profession it is also with how short we (nurses) are, how burnt out a lot of the nurses are right now. Elle

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Burnout Amongst Colleagues

Annie recognized a degree of burnout and exhaustion in her colleagues, which she wasn't certain was fully attributed to the COVID-19 pandemic. Sam found that his colleagues seemed tired and that management worried about retaining NGNS, as he recalled being approached multiple times by educators wanting to ensure he was still enjoying his time on the unit. Laura and Elle felt that the healthcare system was flawed from the effects of the COVID-19 pandemic, affecting the nursing profession as they noted that their colleagues appeared burned out from enduring poor nursing staff ratios, leaving them unsatisfied with management within their facilities. They also found that their co-workers seemed distant and displayed less patience towards their patients, which left them feeling saddened by the dismissal displayed towards the patients.

I would definitely say like a little bit more closed off to others and I think I would also say like what kind of compassion burnout. Laura

This made Elle mindful of watching for signs of burnout within herself, as she was fearful of becoming a victim, not wanting to lose the compassion component of patient care she valued most within the nursing profession.

I do feel I'm, I'm afraid to get to that point. Like I'm trying really hard to not let myself become a nurse that is so just shielded off to the patient's feelings. Elle

The COVID-19 pandemic has affected the nursing profession in many ways, from its sudden change in educational trajectory for nursing students to the ongoing disparities within the healthcare system. Being mindful of its impact on the future of nurses is necessary to adequately support NGNs as well as patient care, specifically within the context of burnout in this profession.

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Summary

My research findings explore, discuss, and interpret the experiences NGNs recounted overcoming during their transition shock period in a post COVID-19 pandemic context. Four main themes were identified within the data and further explained through subthemes. The burden of self-doubt examined why participants questioned their abilities and capabilities to become competent NGNs. Emotional whirlwind discussed the feelings the participants expressed having during the transition shock period. Finding the silver lining explored the participants' coping strategies as they navigated this transitional period. Finally, the pandemic effects examined the participants perception of the COVID-19 pandemic on their transitional experience. The transition shock period elicited many strong and impactful emotional, intellectual, and physical experiences for the participants as they recalled their initial transitional journey as NGNs, aligning with Duchscher's research (2012). Further dissection and interpretation of these findings will be discussed and compared to the existing body of literature within the next chapter.

Chapter 6. Discussion

Introduction

The purpose of this study was to gain a deeper understanding of how NGNs perceived and made sense of their transition shock experience post COVID-19 pandemic. Additionally, I was interested in exploring if self-efficacy could ease the impact of the transition shock period amongst NGNs. In this chapter, I will be discussing the findings from my IPA research with the existing body of literature, focusing on the impact of self-doubt, self-efficacy within the transition shock period, and the effects of the COVID-19 pandemic. Each discussion point will also explore the foundational elements of the transition shock theory from Dr. Duchscher's research. Furthermore, clinical practice, nursing education, and research implications will be explored, limitations and recommendations will be discussed, and study conclusions will be made.

The Impact of Self-Doubt

The findings within my research demonstrated that NGNs are flooded with emotions during the transition shock period, aligning with Dr. Duchscher's extensive research on this experience (Duchscher, 2012). The most common theme emerging from the data is *the burden of self-doubt*. The factors leading to increased feelings of self-doubt during the transition shock period will be discussed. All four participants expressed how possessing a degree of self-doubt during the transition shock period induced a whirlwind of emotions such as stress, anxiety, fear and overwhelm as they navigated their new professional roles, responsibilities, and practice. I will end this discussion section by bringing together both themes 1) *the burden of self-doubt*, and

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theme 2) *whirlwind of emotions*, as both themes were found to go hand in hand while I completed this examination of the findings.

Imposter Phenomenon

Half of the participants within my study verbatim referred to having *imposter syndrome* during their initial transitional experience, while another referenced it, as they described doubting their nursing skills abilities and questioning their competencies.

Imposter syndrome, also known as imposter phenomenon or impostorism, has been a prominent phenomenon studied amongst healthcare practitioners and has recently gained further research interest in the nursing profession since 2016 (Peng et al., 2022). It is described as an individual's inability to accept success due to feeling like an intellectual fraud, leading to emotions of incompetence and self-doubt (Clance & Imes, 1978).

Within my study's findings, participants shared how they recalled feeling embarrassed and ashamed as they doubted their capabilities in taking on their new roles and responsibilities as nursing professionals. One participant recalled fearing making a mistake and frequently questioned their capacity to fulfill the role of a new graduate despite graduating with a nursing degree. Two other participants claimed feeling they were impersonating the NGN role, encompassing fraudulent and burdensome feelings towards their practice. These insecurities led to participants experiencing feelings of stress, anxiety, depression, and decreased self-confidence while transitioning as NGNs within acute clinical settings.

Although Duchscher's work does not directly mention *imposter syndrome* within the concept of transition shock, it has been implied, as her research reports NGNs having increased levels of self-doubt within their competency skills, fearing being unable to

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fulfill their roles and responsibilities as professional practitioners (Duchscher, 2009; Duchscher, 2012; Duchscher & Windey, 2018). A case analysis conducted by Gomez-Morales (2021) determined that feelings of intellectual self-doubt embedded within imposter syndrome led to physical and behavioral responses such as lack of confidence, anxiety, and depression, aligning with my study's findings. Two scoping reviews on the prevalence of imposter syndrome among nurses discovered that there was no existing research investigating this phenomenon among NGNs (Edwards-Maddox, 2023; Peng et al., 2022). However, Toothaker et al. (2022) identified imposter syndrome as a prevalent theme within their study amongst NGNs with no more than 6 months of nursing experience, as did my study.

Is it known that NGNs are more susceptible to experience self-doubt and feelings of incompetence at some point in their transition into the nursing profession, confirming the need in finding solutions to reduce these emotions (Edwards-Maddox, 2023). My findings suggest that imposter syndrome can surface as early as during the transition shock period of a NGN's transitional process, supporting the need to address this gap within the literature and further investigate and strategize ways to overcome this phenomenon.

Skewed Perceptions of the Nursing Profession

Participants within this study identified feeling misled as a contributing factor leading to self-doubt; believing they were fully prepared to independently take on all the roles and responsibilities of the nursing profession but finding this not to be accurate. Participants reflected on how they wished their preceptors and mentors would have been more hands-off during their senior practicum as student nurses, and orientation shifts as

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NGNs. They found that when their preceptors or mentors helped to complete even the smallest tasks during their formation, it skewed their perception of what it meant to take on an independent nursing role, especially post-orientation. Participants recalled how this contributed to their self-doubt and reduced their ability to effectively manage their workload. Furthermore, one participant explained how this incongruence resulted in difficulties making clinical decisions, asking for help, and delegating tasks; intellectual factors known to hinder the transition shock experience (Duchscher, 2012).

Previous research noted that when NGNs reported lacking professional socialization, this negatively impacted their transition shock experience as they realized the incongruities between a student and nurse's role, responsibilities, and performance expectations, aligning with my research findings (Duchscher, 2009; Duchscher & Windey, 2018; Kim & Kim, 2022). My findings suggest that increasing preceptor and mentor awareness on mentorship strategies to facilitate role independence in student nurses and NGN orientees would be beneficial to ease their transition shock experience. A previous study identified that the quality of support provided by preceptors and mentors significantly influenced the transitional experience in role acquisition of NGNs, validating the need to assist preceptors and mentors to acknowledge this issue (Toothaker et al., 2022). Identifying tools and reflective interventions to help prepare, educate, and support preceptors and nursing mentors may provide more clarity for these mentors on their impact on NGNs' transitional outcomes.

Links Between Emotional Whirlwind and Self-Doubt

A whirlwind of emotions linked to the burden of self-doubt was identified within this study's findings. The emotions most described by participants as they recounted their

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transition shock experience were dread, overwhelm, stress, and anxiety. Participants expressed how they felt their transitional experience was unexpectedly overwhelming, which they attributed to being faced with tasks and scenarios they had not previously experienced and now had to confront independently. Insufficient clinical practice experience has been linked to contributing extensively to the emotional transition concept embedded within the transition shock theory, which is described as overwhelming, intense, and relentless feelings influenced by the professional practice environment (Duchscher, 2012).

All the participants in my study found that the unpredictable nature of their workplace inflicted high levels of stress during their transition. They worried about being ill-prepared to act appropriately to an unpredictable or urgent patient scenario. Previous research also identified that NGNs noted the unpredictability of their work environment caused increased stress and anxiety associated with the dread of failing as a safe care provider and being thought of as incompetent by their peers (Duchscher, 2009; Sessions et al., 2021). Additionally, participants in my study felt that heightened levels of anxiety contributed to difficulties bridging acquired theoretical knowledge into the practice setting and affected their work-life balance.

The findings noted within the *emotional whirlwind* theme were not found to be new within the transition shock theory. This theme discussed socio-developmental, emotional, intellectual, and physical characteristics embedded within the transition shock theory identified by Duchscher's research and *Transition as a w'HOLE'* model (2012). My research supports that Duchscher's transition shock theory is still relevant within today's healthcare setting and the NGN transitional context post COVID-19 pandemic.

Self-Efficacy Within the Transition Shock Period

Although this study did not quantify levels of self-efficacy amongst participants, it is possible to assess self-efficacy via semi-structured interviews qualitatively (Gong et al., 2022; Mansouri et al., 2023). The final three interview questions posed to participants while conducting my study were formulated based on the Generalized Self-Efficacy Scale of Schwarzer and Jerusalem (1993) to assess the participant's level of self-efficacy. Participants were asked to reflect on how they felt they handled the obstacles and challenges faced during their transition shock period. While conducting these interviews, I realized that I was able to gain deeper insight into the participants' self-efficacy capabilities by guiding participants to reflect further as they interpreted their transitional experiences. All four sources of efficacy derived from Bandura's (1977) self-efficacy theory were identified within my study, including personal mastery, vicarious experiences, emotional arousal, and verbal persuasion. Positive and negative factors that influenced participants' self-efficacy during their transition shock period were identified and explored.

Participants in my study expressed how they looked up to and appreciated gaining feedback from their nursing colleagues during their transitional progression, aligning with *verbal persuasion* embedded within the development of self-efficacy (Bandura, 1982). They discussed how seeking and receiving feedback from their nursing colleagues helped promote positive experiences during their transition shock period, which Bandura (1982) notes to be the simplest way to increase efficacy levels. One participant discussed how she valued discussing cases and situations with her supportive nursing colleagues as it enabled her to gain deeper insight and knowledge as she reflected with her peers on

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those experiences. Verbal persuasion from admired and respected colleagues helps to intensify the significance of their feedback, if the message ensues as it aims to help and improve the individual within their role (Bryan, 2019). Supportive colleagues within the healthcare team have been noted in easing the transition shock period experienced by NGNs (Naylor et al., 2021). Inversely, one participant within my research recalled how the lack of feedback received during the transitional experience created more self-doubt and apprehension, hindering self-efficacy skills. This confirms that NGNs who are provided with a supportive community of colleagues who provide appropriate feedback can positively reinforce the development of their self-efficacy during the transition shock period (Laschinger et al., 2015).

Participants also mentioned how task repetition and feeling as though they were performing tasks successfully helped to decrease negative emotions they had during their transition, associated with the concept of *personal mastery* (Bandura, 1977). Most participants expressed they acknowledged that in time and with practice, their ability to perform as competent and proficient nurses would surface. This realization demonstrates motivation in confronting challenging situations, a characteristic found among individuals with heightened self-efficacy skills (Laschinger & Fida, 2014; Ohr et al., 2021). Two participants recalled how they would gain confidence within their capabilities as NGNs after having consecutive “good” shifts, which they attributed to being able to efficiently manage their workload throughout their shift. Reasonable work assignments provided to NGNs have been found to positively reinforce the development of self-efficacy skills (Laschinger et al., 2015). Alternatively, when participants felt they were faced with difficult working assignments, they felt as though they were falling

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behind in their transitional progress, making them reluctant to return to work the next day. This aligns with Bandura's theory that consecutive negative or undesirable outcomes may lead to diminishing an individual's sense of self-efficacy (Bandura, 2008).

Two participants recalled how they would watch their colleagues complete certain tasks they found difficult to grasp; this mirroring is consistent with the *vicarious experience or social modeling* embedded within the development of self-efficacy (Bandura, 1982). Observing colleagues attain a desired outcome reinforces individuals' motivation and effort to achieve that same or similar goal (Grightmire, 2009). Participants mentioned that observing their colleagues helped elicit a sense of motivation to one day become as efficient and professionally competent as their nursing peers, demonstrating self-efficacy (Bandura, 1977). Another participant found that when he compared himself to another recent NGN on his unit, it further reinforced his feelings of stress and self-doubt as he found he was much less professionally advanced than she was. A similar finding was identified in Edwards-Maddox (2023) research noted that when new graduates compared themselves to other nurses or colleagues and doubted their ability as nursing professionals, it decreased their confidence and self-efficacy.

Some participants expressed having more significant negative transitional emotions compared to other participants. The impact of self-doubt, stress, anxiety, and ineptitude that these participants recalled possessing during their transition shock period can be associated with *emotional arousal*. *Emotional arousal* is recognized as the source having the least impact on enhancing self-efficacy, as high levels of stress have been noted to negatively impact the development of self-efficacy (Bandura & Locke, 2003).

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Factors affecting the concept of *emotional arousal* were heightened workplace expectations, the desire to be liked by colleagues, and maintaining a work-life balance.

Two participants recalled feeling that their colleagues had increased expectations of them as NGNs, as they felt they were expected to become proficient nurses overnight. This significantly affected their self-confidence and increased their self-doubt and anxiety as they felt added pressure to perform at high levels within their new workplace. This aligns with previous research identifying that NGNs felt what was expected of them in the clinical context were too high (Casey et al., 2021) and unrealistic, negatively affecting their transition shock experience (Duchscher, 2009; Hallaran et al., 2022; Higgins et al., 2010; Laschinger et al., 2016). One participant found it difficult to establish relationships with colleagues while being a NGN, inflicting feelings of intimidation, worry, and fear of horizontal violence. Feeling accepted by colleagues and seeking their validation is noted within the emotional and socio-developmental context impacting one's transition shock experience (Duchscher, 2012).

Finally, participants frequently discussed the challenges they faced in finding a healthy work-life balance, as they found themselves frequently thinking about work on their days off or being fatigued from adjusting to shift work. Participants described how they found themselves feeling distant from family and friends, as they were consumed with thinking of the "what ifs" of their next shifts. Altered work-life balance and mental well-being have been noted to negatively impact the transitional experience of NGNs, inflicting trouble sleeping, depression, anxiety, and fear, aligning with my research findings (Labrague & De los Santos, 2020; Laschinger et al., 2016; Naylor et al., 2021).

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Duchscher (2012) describes how the intensity of the transition shock experience can vary from one individual to the next due to personal history, coping mechanisms, support systems, co-existing life issues, and stress resilience levels. This may imply that NGNs with higher self-efficacy levels and effective coping mechanisms can in fact ease their transition shock period. My findings suggest that there is a connection between the transition shock experience and self-efficacy of NGNs. Influences that were identified to heighten the transition shock period were noted to be linked to factors negatively influencing self-efficacy, while influences that were found to ease the transition shock period aligned with factors positively influencing self-efficacy amongst NGNs.

Lack of feedback and mentorship, heightened work expectations, desire to be liked by colleagues, and poor work-life balance negatively impacted NGNs' transitional experience and decreased self-efficacy. Alternately, supportive nursing colleagues, reasonable patient care assignments, mirroring peers, and maintaining work-life balance positively influenced the transition shock period and self-efficacy skills. Additionally, we cannot fail to recall the generational link between lower self-efficacy skills and Gen Z nurses. Although my research did not formally obtain age demographics to support that the participants within this study were Gen Z NGNs, it does not omit that future research should pertain to Gen Z nurses, as they are the next prominent generation of nurses entering the workforce. Further research is needed to strengthen this notion; however, my findings provide a starting point to invite future research initiatives on this matter.

Effects of the COVID-19 Pandemic

The effects of the COVID-19 pandemic did not seem to significantly impact the transition shock period of NGNs within my study. Initially, when asked to reflect on

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whether they felt the effects of the COVID-19 pandemic impacted their transitional experience, they claimed that this question was difficult to answer as the prevalence of the pandemic had subsided significantly at the time of their transition to practice. This may have been due to the way I formulated the question and the participants trying to associate COVID-19 cases with their initial transition, rather than reflecting on the effects of the pandemic.

One participant was able to reflect and identify that experiencing a shift within clinical education from reduced hours on hospital units and increased hours spent in virtual simulation labs brought challenges to her transitional experience. The participant attributed this shift in practical hours to having set her back in gaining confidence, competence, and practice developing nursing skills, clinical knowledge, and professional socialization. Similarly, Toothaker et al. (2022) research noted that NGNs felt that their lack of practical knowledge (skill dexterity and real-world knowledge) served as a crucial obstacle during their transition to professional practice. All their research participants admitted wishing they had had more direct patient clinical practice time to meet their perceived professional entry to practice expectations.

This shift in clinical education due to the COVID-19 pandemic affected NGNs by limiting their socialization to the nursing profession while being a student, and growing reliance on virtual simulations (Agu et al., 2021; Morin, 2020), which some authors have implied is not yet ready to substitute for clinical practicum (Kang & Hwang, 2023; Powers et al., 2022). This suggests that reduced direct patient clinical exposure replaced by virtual simulation or other academic exercises while in a student role may hinder the transitional experience of NGNs post-pandemic. Additionally, reduced clinical hours and

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practical experience during nursing school have been associated in generating imposter or fraudulent thoughts, eliciting feelings of self-doubt and emotional distress (Carolan et al., 2020; Christensen et al., 2016). These findings demonstrate how a connection exists between direct patient clinical practice hours and the development of imposter feelings. Further investigating the ramifications of these curriculum changes on the transitional process of NGNs is needed as the nursing students impacted are now entering the nursing profession (Powers et al., 2022).

Furthermore, we must recognize that the healthcare system has been significantly affected by the effects of the COVID-19 pandemic, which directly impacts the NGN's transitional experience (Toothaker et al., 2022). Every participant in my research commented that they felt their colleagues seemed to have a degree of burnout or compassion fatigue, which worried some participants about their future within the nursing profession. Recent studies have indeed shown that burnout has remarkably increased amongst healthcare practitioners since the declaration of the COVID-19 pandemic (Apaydin et al., 2021; Gualano et al., 2021), corroborating the impressions of burnout from my study's participants. This issue should be taken seriously as burnout could also be increasing amongst NGNs post-pandemic as early as the transition shock period (Edwards-Maddox, 2023). This assumption is alarming as NGN attrition rates continue to increase, further affecting the nursing shortage, delivery of safe patient care, and decreased job satisfaction (Toothaker et al., 2022).

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Implications

Several implications have been identified within this research study. These implications will be further explained within these next paragraphs, specifically pertaining to clinical practice, nursing education, and future research.

Clinical Practice

This study supports that expert nursing mentorship influences the transitional experience of NGNs. Encouraging nurses mentoring NGNs to reflect on their mentorship fundamentals may be helpful in better preparing and guiding NGNs for the realities of their new profession. Nurse managers and educators can also help mentors prepare for this role by discussing their roles and responsibilities prior to the mentorship, fostering an optimal transitional experience for NGNs.

The findings within my research also address the gap within the literature about the impact of imposter syndrome amongst NGNs during their initial transition to practice period. The implication of this finding is to recognize that imposter-like emotions weigh heavily on NGNs, hindering their transitional experience. Lack of self-confidence and increased self-doubt have been noted to impact patient care, placing even more importance on identifying solutions to overcome this issue.

Finally, identifying ways to sensitize nurses within the clinical setting to encourage the development of self-efficacy among NGNs to mitigate negative transition shock experiences could greatly benefit their transition to practice. This implication is critical as research suggests that Gen Z nurses, the next prominent generation of nurses entering the workforce, have inherently lower levels of self-efficacy skills compared to previous generations (Cartwright-Stroupe & Shinnars, 2021). My findings support that a

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link exists between the transition shock experience and the influence of self-efficacy. However, further research solely focusing on these two concepts could better inform clinical nursing practice and meet the generational needs of Gen Z nurses preparing to transition to professional practice.

Nursing Education

Nursing education holds great responsibilities to ensure that the next generation of nurses are adequately prepared to take on their future professional roles and responsibilities. As the healthcare system landscape changes and new generations are entering nursing schools, nursing education must adapt to these constant changes to provide relevant training and education to support student nurses. The final preceptorship practicum, also known as a student nurse's senior practicum placement, is known to possess significant importance as its focus is to prepare the student to successfully transition into a new graduate role. Sensitizing nursing students to the realities they may face as they transition into the nursing profession prior to program completion may help to reduce the impact of the transition shock period. Addressing the challenges embedded within the nursing profession to nursing students specifically in their last year of their nursing education could help provide a realistic impression of what they can expect during their transition as NGNs. My research findings noted that the concepts within Duchscher's transition shock theory continue to be relevant in today's NGNs, suggesting that her book *From Surviving to Thriving* would be an effective resource supporting nursing students as they prepare to transition to professional practice (Laskowski-Jones & Castner, 2022).

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Preceptors play a crucial role in mentoring and preparing nursing students for their new graduate roles, influencing their transitional experience. Alternatively, the more awareness a preceptor has of the challenges NGNs face while they transition to practice, the better these mentors can help prepare nursing students during their final practicum to overcome those said challenges. Being aware of their own mentorship implications during the preceptorship can further help the nursing student achieve an optimistic transitional experience, such as facilitating role independence within nursing students during their senior practicum. Nursing faculty members could address this issue by providing preceptors with support and resources during the nursing student's practicum, such as frequent check-ins, providing effective feedback, and showing interest in the student's progression.

Finally, this study's findings noted that lack of clinical practice hours during student nurses training, or hours replaced by virtual simulation or other academic activities negatively affected the NGN transition shock experience. The lack of direct patient clinical practice hours that nursing students endured due to the COVID-19 pandemic social distancing protocols was considered to have contributed to the development of feelings of being an imposter as they transitioned to professional practice. Furthermore, Gen Z nursing students have described preferring hands-on experiences in the clinical nursing setting compared to the use of virtual simulations (Hampton & Keys, 2016). This suggests that further research is needed to increase understanding of the link between the imposter syndrome development amongst NGNs, as well as nursing student clinical practice environment and hours of hands-on exposure required to reduce this imposter feeling.

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Future Research

First, my study revealed that further research initiative is needed to investigate imposter syndrome amongst NGNs and identify its' influence on their initial transitional experience. Additionally, formulating strategies to overcome this imposter syndrome phenomenon would also help provide further direction in resolving this issue especially among Gen Z NGNs who are forming the next cohort of nurses. Second, assessing preceptor and mentor awareness of the transition shock and self-efficacy theories may also provide further direction on how to mitigate NGNs' transitional experiences. Bringing awareness and understanding of mentors' impact on the transitional progression of NGNs may help them gain greater realization and motivation to support NGNs to the best of their abilities. Finally, measuring NGNs' levels of self-efficacy and the intensity of their transition shock period may be an avenue for future research, as this would bring forth quantifiable data to support the theory described within my research findings.

Limitations

Being a novice researcher with limited experience conducting interviews may have affected the reflective data compiled from participants. Probing opportunities may have been missed during the interview process which an experienced interviewer may have been able to efficiently navigate and further collect deeper and richer data. Inquiring about the effects of the COVID-19 pandemic could have elicited better findings if I had posed the question more effectively by asking participants to reflect on the full extent of the pandemic, instead of only within the transitional context.

The small sample size of this study must not be excluded. Fortunately, gaining widespread perspectives of NGNs' transition shock experience within Western Canada

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has helped to build research credibility that these experiences aren't based on one specific background (organizational or institutional). However future studies on a larger scale would help to strengthen these research findings.

Finally, my personal experience working closely with nursing students and NGNs cannot be overlooked, as it informed the assumptions built within this study. The assumptions included the belief that self-efficacy was in some way linked to the transition shock experience of NGNs. My positionality was discussed within the first chapter to maintain transparency. I also kept a reflexive journal throughout the study, which helped me minimize unconscious bias and personal opinions.

Recommendations

Several recommendations can be made from this study as it provides detailed insight into the experiences felt by NGNs entering the nursing profession post-pandemic. The recommendations below may help nursing educators, managers, faculty members, nursing students, and NGNs in providing more efficient support, guidance, and resources to ease their initial transitional journey into the nursing workforce.

1) NGNs within this study expressed how the lack of clinical hours and reduced hands-on patient care exposure replaced by simulations during their nursing school program due to the COVID-19 pandemic negatively impacted their level of preparedness for their transition to practice. They reported feeling as though the nursing profession was more expanded than they originally thought while being in the nursing student role. With these key findings in mind and considering Gen Z nurses, developing supportive resources, and sensitizing nursing students as well as NGNs to the realities of today's nursing workforce could help ease their transition shock experiences. Nursing students

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and NGNs who are aware of the expectations awaiting them within their new roles and responsibilities as nursing professionals can provide better means of preparation and goal setting, easing their initial transitional journey. Most importantly, examining the impact of these curriculum changes implemented during the pandemic on NGNs that are now transitioning to professional practice could provide further insight and direction for future crises or current curriculum design.

2) The final practicum preceptorship cannot be overlooked as being a key influential factor within the initial transitional experience of NGNs. Encouraging a collaborative approach between nursing faculty members, preceptors, and nursing students can promote a positive transition to professional practice process. Frequent check-ins between preceptors, students, and faculty members could help ensure that the student is progressing adequately within the preceptorship, and that tailored guidance and supportive resources are provided in real time to preceptors and students. Furthermore, providing self-efficacy strategies to preceptors and students can help foster effective coping mechanisms that students can continue to utilize while in the NGN role. The final practicum remains a crucial component within the nursing program, and paying close attention to the progression of the nursing student is important in ensuring that they are adequately prepared for their transition to professional practice by the end of their educational journey.

3) Finally, increased mentorship support, education, and collaboration are needed for preceptors during the final practicum and senior nurses providing orientation and mentorship for NGNs. NGNs within this study reflected on mentors' shortcomings, specifically when they helped complete small tasks, whether this was during the final

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practicum or during their new graduate orientation. They expressed that although this gesture provided a teamwork approach, it created new challenges for them while adjusting to practicing independently and having to adjust their time management and prioritization skills. Nurse educators and managers can help mitigate this occurrence by providing mentors and preceptors with resources, knowledge, and guidance on best practice approaches to facilitate successful transitional experiences tailored to the next generation of NGNs. Additionally, having set mentors and preceptors who are provided with a reasonable orientation to these mentorship roles by listing expectations and current challenges NGNs are facing during their initial transition to practice period could help reduce NGNs' professional role stress and foster a positive transitional experience.

Conclusion

NGNs are an integral part of the nursing workforce. Understanding their transitional experiences as they transition from students to professional nurses in today's healthcare context is crucial to ensuring that adequate and efficient supports are provided to ease their transitional experiences. The transition shock period is a complex experience that sets the tone of the NGNs' transition to professional practice journey. Transition supports to overcome the current professional challenges embedded within the nursing profession are required to foster optimal transitional experiences for NGNs, encouraging nursing recruitment and retention.

The purpose of this study was to gain a deeper understanding of NGNs' transition shock experience in an acute care setting post-pandemic to determine whether new barriers or challenges have emerged due to the ramifications of the COVID-19 pandemic. This research has provided further insight and knowledge on the transition shock

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experience of NGNs in the post-pandemic context. My study suggested that imposter syndrome is a new finding within the transition shock period of NGNs which requires further investigation. Furthermore, it confirms that Duchscher's transition shock theory remains relevant in today's healthcare setting and NGNs transition context post COVID-19 pandemic.

My findings also support that self-efficacy influences do exist in impacting the transition shock experience amongst NGNs; however, this link demands further examination. Finally, increasing preceptor and nursing mentor awareness of mentorship strategies to facilitate role independence amongst student nurses and NGN orientees would help ease their transitional experience by better preparing them for the realities of their professional roles and responsibilities.

Our healthcare system in Canada has taken a major setback post-pandemic, which has placed significant strains on healthcare providers, especially the nursing professions. Although many Canadian provinces have implemented financial incentives to help retain and recruit NGNs (Baumann & Crea-Arsenio, 2023), supporting and facilitating optimal transitional experiences must not be overlooked and replaced by monetary rewards. Ensuring a holistic approach to recovering the dampened nursing profession is key to upholding its' foundation, specifically within the transition to professional practice of NGNs. Ensuring that the next generation of nurses is well versed, supported, and adequately prepared for their roles and responsibilities as nurses is crucial in maintaining job satisfaction, retention, and mental well-being. Even small measures can come a long way in making a difference within the transitional experience of NGNs, and their impact should not be overlooked.

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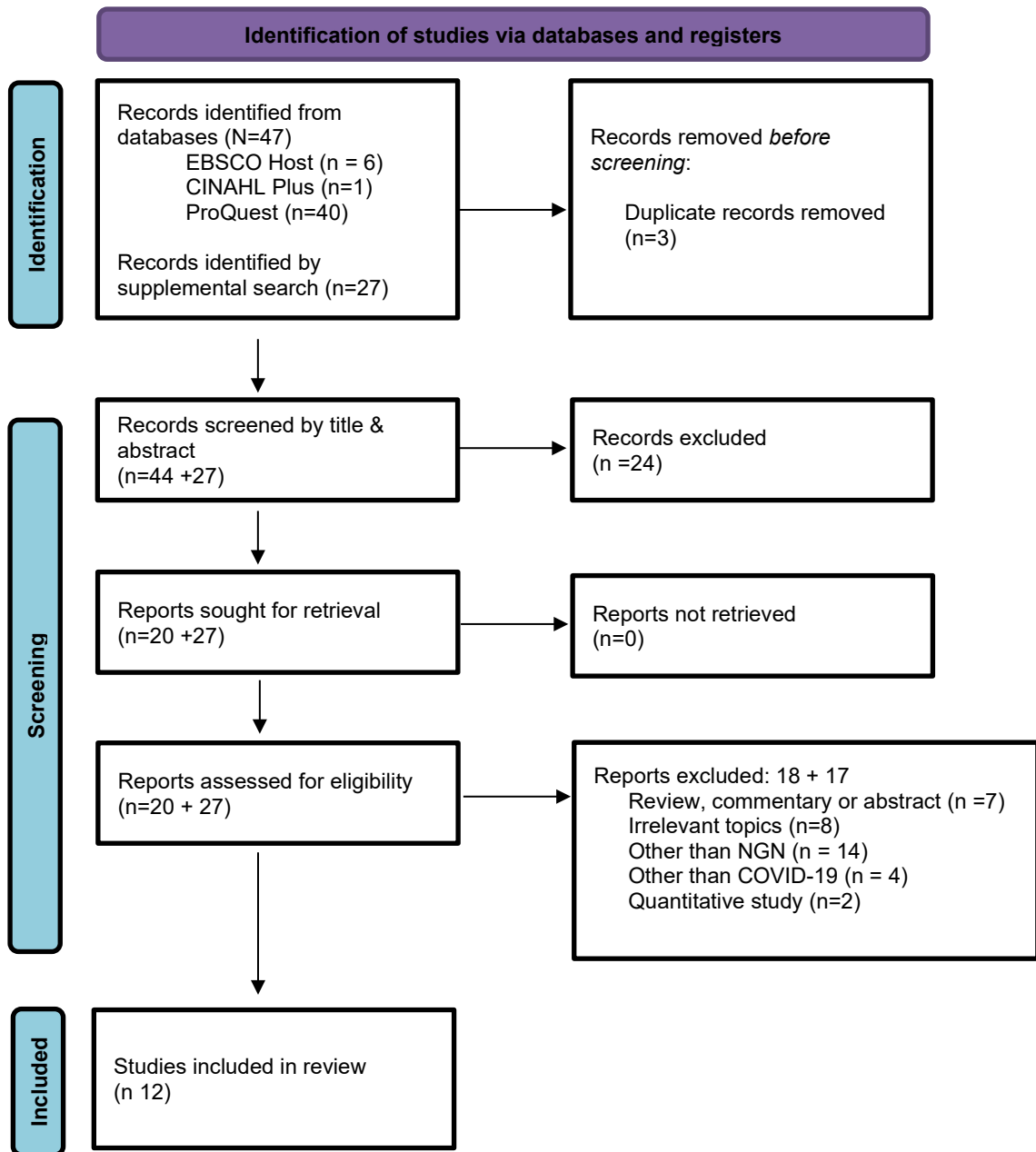
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Appendix A: PRISMA 2020 Flow Diagram



From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71

For more information, visit: <http://www.prisma-statement.org/>

Appendix B: Literature Review Table

Table 1. Included articles

Author(s) (date) Country Sample size	Study title	Research design Purpose	Summary of the findings	Limitations (L) and strengths (S)	Literature Review Themes
1) Casey et al., (2021) USA n=15	The lived experiences of graduate nurses transitioning to professional practice during a pandemic	Hermeneutic phenomenology with focus group interviews Explore the experiences of NGNs as they transitioned to practice amidst COVID-19 pandemic	- New and overwhelming: NGNs noted that “being new” is overwhelming on its own, and the pandemic experience accentuated that experience □ “blind leading the blind,” sudden increase in responsibility (much to learn in a short period of time), feeling that they under-served their patients due to being overwhelmed by their acuity level, increased levels of burnout, high expectations from other seasoned nurses - Constant change: changes of infection control policies, changes being “double standards”, frustration in constant communication (emails) of bombarding changes, increased workloads (high patient assignments and/or patient acuity), being floated to different units, mandatory overtime shifts - Communication barriers: wearing masks created hardships with communicating with patients, family, and interdisciplinary team □ lack of non-verbal facial communication, lip reading, phone communication - Lack of self-care: being robbed of self-care activities due to being a “COVID nurse” and having to set the “right” examples (e.g., going out to eat, spending time with family) leading to increased stress, physical and emotion exhaustion - Still happy with their choice of being a nurse.	L: -Participants were all working at the same hospital -Participants were also enrolled in a residency program S: - NGNs in their initial first 3-4 months in practice -Based on transition to practice during COVID- 19 pandemic -Demographic data provided	Transition to practice amidst COVID-19 -Transition shock: increased due to staffing and PPE shortages -Overwhelming feeling -Lack of predictability, familiarity, and consistency -Communication barriers -Mental well-being -Unrealistic/high expectations
2) Crismon et al., (2021)	COVID- 19 pandemic impact on experiences	Qualitative description with content analysis of	-Altered transition to new professional roles -Adapting to change -On-the-job training	L: -Study did not only pertain to solely Registered Nurses	-Transition to practice (during COVID-19) -Transition shock is intimated related to lack

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<p>USA <i>n</i>= 82</p>	<p>es and perception of nurse graduates</p>	<p>online surveys with free response questions</p> <p>Explore NGNs' perception of the impact of COVID-19 on their transition to professional practice</p>	<p>-Low patient census (due to cancelled surgeries) for some NGNs</p> <p>-Overwhelming census (medicine/COVID units) for others</p> <p>-Constant change: adapting to changing hospital policies, staffing, workloads (patient acuity and ratio) and responsibilities (working on multiple units)</p> <p>-Delay in educational/continuing competency courses/programs due to COVID</p> <p>-Pride in being a nurse</p> <p>-Incongruity between expectations and reality of the nursing role</p>	<p>-Study conducted at the beginning of the pandemic with low reported COVID-19 cases</p> <p>S:</p> <p>-Identified type of nurse participant responses (e.g., BSN).</p> <p>-Focused on recent NGN</p>	<p>of control during transition period</p> <p>-Stability</p> <p>-Predictability</p> <p>-Continuing education</p> <p>-Exacerbated stress and frustration of transition to practice</p> <p>-Incongruity of the perceived nursing role</p>
<p>3) Gracia-Martín et al., (2021)</p> <p>Spain <i>n</i>=16</p>	<p>Novice nurse's transitioning to emergency nurse during COVID-19 pandemic: A qualitative study</p>	<p>Hermeneutical Phenomenology</p> <p>Examine the experiences and perceptions of recent NGNs in an emergency department during COVID-19 pandemic.</p>	<p>-Uncertainty, fear, concern, stress regarding their professional capability</p> <p>-Fear of infecting patients and loved ones</p> <p>-Continuous changes: infection control protocols and policies, PPE, and re-location of patients within the ED for infection control reasons</p> <p>-Supportive work environment: "feeling sheltered" by their peers</p> <p>-Importance of continuing education and development perceived as being necessary from the NGNs in this study</p>	<p>L:</p> <p>-Limited to NGNs working in an emergency department.</p> <p>S:</p> <p>-Participants had 6 months or less of experience as NGNs</p>	<p>- Transition shock</p> <p>-Supportive workplace environment</p> <p>-Continuing education</p> <p>-Continuous change</p>
<p>4) Naylor et al., (2021)</p> <p>USA <i>n</i>=13</p>	<p>Novice nurses' experiences caring for acutely ill patients during a pandemic.</p>	<p>Qualitative phenomenological study.</p> <p>Explain the experience of novice nurses (NGNs) providing care to patients with COVID-19 in an acute care setting.</p>	<p>-Frequent exposure to dying patients: taking over the family support for the patient, emotional impact on withdrawing care and frequent ethical committee meetings to deliberate end of life discussions</p> <p>-High patient acuity: required NGNs to quickly increase their knowledge and skill to care for their patients, leaving them feeling unprepared with increasing stress levels</p> <p>-Continuous changing environment (PPE and infection control policies): created feelings of chaos in the workplace</p> <p>-Working short staffed: due to senior nurses having left their employment, having to take on the role of other disciplines (tech, nursing assistant)</p>	<p>L:</p> <p>-Participants included were alumni from only one fast-track university</p> <p>S:</p> <p>-Diverse working facilities were examined</p> <p>-69% of respondents had been in the profession for less than a year</p>	<p>-Transition Shock</p> <p>-Increased stress</p> <p>-High patient acuity</p> <p>-Supportive work environment</p> <p>-Continuous changes</p> <p>-Work/life balance</p>

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			<p>-Work/life balance: bringing home thoughts of work and patients leading to increased stress at home, lack of sleep, decreased appetite, nightmares, reluctance to return to work, feeling depressed</p> <p>-Supportive work environment: helping with tasks, mental support/debriefing (sharing feelings and experiences)</p> <p>-Still chose nursing as their profession</p>		
5) Sessions et al., (2021)	Coming of age during Coronavirus: New nurses' perceptions of transitioning to practice during a pandemic	Phenomenology Examine the lived experiences of NGNs as they transition to practice amidst a global pandemic.	<p>-Uncertainty: when caring for acute patients, doubted their nursing competences and abilities to cope with the adversities of the challenging workplaces, also contributing to anxiety, being scared and overwhelmed</p> <p>-Continuous changes: (e.g., PPE, protocols, policies, high email volume) and being floated to other units added to feelings of uncertainty, stress and overwhelm.</p> <p>-Mental wellbeing: lack of support from own families and self-care resulted in increased vulnerable feelings</p> <p>-Increased workloads: having lost auxiliary supports (housekeeping, transport) due to new COVID-protocols lead to overwhelm and vulnerability to be further placed in COVID harm.</p> <p>-Supportive work environment: enhanced NGNs ability to navigate a smoother transition to practice amidst a pandemic</p> <p>-Promoting and implementing self-care improved resilience amongst NGNs</p>	<p>L:</p> <p>-</p> <p>S:</p> <p>-Focused on NGNs amidst a pandemic</p> <p>-NGNs = 30 days to 12 months into practice experience</p> <p>-Participants were from 5 different acute care facilities</p>	<p>-Transition to practice</p> <p>-Transition shock (implied)</p> <p>-Self-efficacy (indirect): coping, overcoming adversities</p> <p>-Predictability</p> <p>-Consistency</p> <p>-Familiarity</p> <p>-Stress, scared, overwhelming, fear, grief, loneliness</p> <p>-Mental well-being</p> <p>-Supportive workplace environment</p> <p>-mentoring/preceptors</p> <p>-Crisis of professional identity</p>
6) Zhang et al., (2021)	Career adaptability of newly graduated nurses at an obstetrics and gynaecology hospital in China: A qualitative study	Descriptive qualitative study with thematic analysis Investigate the challenges of career adaptability among NGNs in an OB/GYN hospital.	<p>-Personality: NGNs who were described [or did they describe themselves as...] as optimistic and extroverted deemed more likely to seek solutions to problems</p> <p>-Self-confidence: NGNs who described themselves as quick learners stated being able to adapt to their new roles better</p> <p>-Work-related stress: unfamiliar and complicated new tasks increased NGNs' stress and challenged their transition to practice</p> <p>-Changing the perception: "the perception of difficulties</p>	<p>L:</p> <p>-Focused on "adaptability" and not necessarily "transition shock"</p> <p>-NGNs had varying educational levels (masters, bachelors, college degree)</p> <p>S:</p> <p>-Included NGNs with 3 to 12 months of professional working experience.</p>	<p>-Conducted during COVID-19 pandemic</p> <p>-Reduced clinical hours related to social distancing.</p> <p>- Transition to practice but not transition shock</p> <p>-Unfamiliar working environment</p> <p>- "Changing the perception" could be argued as a self-efficacy skill</p>

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			determines how individuals react to them” p 5. -Work-life balance: poor balance negatively impacted their transition process	-Interview guide included experiential questions	-Work-life balance
7) Aukerman et al., (2022)	The lived experience of nurses transitioning to professional practice during the COVID-19 pandemic	IPA Understand and explore the lived experience of new graduate nurses that entered nursing practice in the spring of 2020	-Constant changing conditions led to unfamiliarity and unpredictability -Increased workloads added to feelings of overwhelm -Trauma related to increased dying patients without family presence -Teamwork helped NGNs get through their shifts and was a contributing factor to picking up additional shifts on their unit -Self-doubt clouded NGNs frequently during their transition experience	L: -Excluded nurses that had needed to be floated to other units. -Only included nurses that cared for COVID-19 patients -Participants 10 to 12 months into their professional practice S: -Provided rich and detailed information on NGNs lived experience during the COVID-19 pandemic	-Teamwork -Death and dying patients -Self-doubt -Increased workloads -Learning quickly Constant change
8) Bultas & L'Écuyer (2022)	A longitudinal view of perceptions of entering nursing practice during the COVID-19 pandemic	Longitudinal, observational descriptive study with a qualitative description component Exploring the concerns about COVID-19 and the effects of the pandemic on the experience of NGNs entering the workforce	-Loss of clinical exposure due social distancing protocols created a feeling of “loss” amongst NGNs during their first month of entry to practice -Constantly changing working environments related to the COVID-19 pandemic - Working in a stressful environment, working short staffed, completing new skills with no support -Worry of contracting COVID or spreading it to others contributed to lack of socialization in the workplace -Work satisfaction and optimism decreased with time amongst NGNs	L: -Altering sample size as the research went on due to its longitudinal component. S: -Longitudinal study reflective of the lasting effects of the COVID-19 pandemic on NGNs	-Loss of clinical experience due to COVID-19 social distancing and isolation protocols -Unpredictable working environment -Lack of familiarity -Lack of safety in the working environment.
9) Jerome-D'Emilia et al., (2022)	Challenges faced by new nurses during the COVID-19 pandemic	Qualitative description Determine how NGNs (less than 2 years' experience) were coping with COVID-19 challenges in acute care hospital settings.	-Lack of PPE -Constant change in the workplace (e.g., reassigned to different units, new COVID-19 protocols) -NGN felt they missed their expanding their nursing knowledge by only being exposed to a majority of COVID-19/respiratory cases. -Supportive working environment -Fear of infecting others	W: -Did not identify participants' period of nursing experience S: -information about challenges within the pandemic	-Predictability -Familiarity -Consistency -Diversity of what? -Working environment
10) Kovancı & Özbaş (2022)	“Young saplings on fire” newly graduated nurses on the	Descriptive qualitative study. Describe lived experiences of NGNs during	-Uncertainty, anxiety, and fear related to the virus itself, and their ability to safely care for patients (increased workloads and patient acuity). -Lack of proper orientation, and insufficient clinical practice	L: -Large time lag between participants graduating from a nursing program, and working in newly built clinics	-Transition to practice amidst COVID-19 pandemic -Supportive workplace

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n=14	COVID-19 pandemic: A qualitative study.	the COVID-19 pandemic	prior to independently working the front lines -Absence of teamwork, inappropriate workloads, lack of acceptance or encouraging behaviours lead to a more negative transition experience. -Work/life imbalanced created further difficulties on the transition to practice, leading NGNs to consider leaving their current workplace	S: -Focus placed on NGNs amidst a pandemic and their perceptions	-Uncertainty, fear, stress -Work/life balance
11) Suplee et al., (2022) USA n=29	The lived experiences of new nurses during the COVID-19 pandemic and their contributions to nursing education and professional development	Qualitative description Explore the experience and perception of novice nurses working in acute care settings during the early stages of the COVID-19 pandemic.	-Lack of available and accessible PPE on the units -Lack of learning about infectious disease protocols in nursing school prior to starting professional practice. -Workplace trauma/ dealing with excessive number of dying patients and limited experience caring for the dying patients and their families negatively impacted the NGNs -Incongruities between the student nurse and nursing professional (practicing time management skills, critical thinking skills, not being accepted as a student nurse in the clinical setting, practicing filling out flow sheets, communicating with other disciplines). -Achieving a healthy work-life balance was a struggle for NGNs	L: - Months of NGN work experience not specified S: -Interview questions focused on what nursing faculty could do to better to ease the transition to practice amidst a pandemic	-Transition to practice amidst COVID-19 pandemic -Lack of PPE -Dying patients -Incongruity between the nursing student and professional nurse -Mental health and well-being
12) Willman et al., (2022) Sweden n=14	Professional development among newly graduated registered nurses working in acute care hospital settings: A qualitative explorative study	Explorative qualitative study Exploring NGNs' perceptions of their working situation and management of complex patients after 18 months of work.	-Confidence gained through experience (NGNs felt more confident about their RN roles with more experience) -More confidence led to decreased fear of confronting new clinical situations -Teamwork, delegation, and communication were important factors in caring for the complex patient -NGNs were considered "senior nurses" on their units after only 18 months -Being reassigned to different units led to feelings of uncertainty in NGNs' competencies for assessing the complex patient	L: -Explored experiences lens of NGNs with 18 months of RN experience. -Focused on caring for complex patients S: -Provided insight on how NGNs feel as they gain more experience in the nursing field	-Did not pertain to transition shock or first year of transition to practice. -Early need to gain leadership skills -Familiarity -Predictability

Appendix C: Virtual Poster

RESEARCH PARTICIPANTS NEEDED

Transition Shock and Self-Efficacy Amongst New Graduate Nurses Post-pandemic

We are looking for volunteers to take part in a study to help further understand the transition shock experience for new graduate nurses as they enter their professional nursing practice.

As a participant in this study, you will participate in a one-on-one virtual interview.

Your participation, 1 to 2 hours of your time, is entirely voluntary, with anonymity maintained.

We are looking for volunteers who:

- A. Have recently completed a Bachelor of Nursing degree in Canada
- B. Are a new graduate nurse 3 to 5 months into their transition to professional practice
- C. Are currently working in an acute setting (e.g., L&D, Ante or Post Partum, Emergency, Acute Medical or Surgical Units, Acute Rural Units, Northern Nursing Station)

To learn more about this study, or to participate in this study, please contact:

**Principal Investigator:
Danica Nolette BScN RN
Master of Nursing student
Athabasca University**

Please fill out this [screening tool](#) if you are interested, or contact me at dnolette1@learn.athabascau.ca

This study is supervised by: Dr. Venise Bryan & Dr. Gwen Rempel

This study has been reviewed by the Athabasca University Research Ethics Board. Should you have any comments or concerns about your treatment as a participant, the research, or ethical review processes, contact the Research Ethics Officer at 1.780.213.2033 or by e-mail to rebsec@athabascau.ca

Appendix D: Screening Tool

Screening Tool

Transition Shock and Self-Efficacy Amongst New Graduate Nurses Post-pandemic

[Insert Date]

Principal Investigator (Researcher):

Danica Nolette

Master of Nursing

dnolette1@learn.athabascau.ca

Thesis Supervisors:

Venise Bryan PhD RN

vbryan@athabascau.ca

Gwen Rempel PhD RN

grempel@athabascau.ca

Dear Potential Participant,

You are invited to take part in a research project entitled **Transition Shock and Self-Efficacy Amongst New Graduate Nurses Post-pandemic**.

My name is Danica Nolette and I am a Master of Nursing student at Athabasca University. For my thesis, I am conducting a research project about the transition shock experienced by new graduate nurses as they enter an acute health care setting post-pandemic. I am conducting this project under the supervision of Dr. Venise Bryan and Dr. Gwen Rempel.

This **screening tool** is to ensure that you meet the study's inclusion criteria including recent completion of an accredited Canadian Bachelor of Nursing program, and being within the first 5 months of your initial professional practice position in an acute setting.

The purpose of this research project is to deepen understandings of what it is like to experience the transition shock period as a newly graduated nurse in an acute contemporary care setting. This research explores how newly graduated nurses perceive their transition shock experience amidst the lingering effects of the global pandemic.

Your participation would involve completing a semi-structured interview with me scheduled at your convenience. The interview, conducted over Microsoft Teams, will be about an hour. During the interview, I will ask you about your experience going through the first 3 to 4 months in your new professional nursing career as a newly graduated nurse. The interview will be recorded and transcribed for data analysis. All personal identifiers will be removed from your interview responses prior to the data analysis to ensure your participation remains anonymous. We may have a

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follow-up conversation about the analysis of your interview transcript to provide you the opportunity to alter or clarify your comments.

The benefit of participating in this study is giving you the opportunity to have your voice heard by the nursing education and health care communities. Sharing your personal lived experiences with me can help create change within nursing education and the healthcare system to better support and prepare the next generation of newly graduated nurses to successfully transition to professional practice. You may also find our conversations to be cathartic.

Thank you for considering this invitation. If you have any questions or would like more information, please contact me, (the principal investigator) by e-mail dnolette1@learn.athabascau.ca, or my supervisors by e-mail at vbryan@athabascau.ca and grempel@athabascau.ca.

If you are interested in possibly participating in this research, please complete this **SCREENING TOOL**. If you are deemed eligible to participate in this study based on your answers, I will contact you to complete the Informed Consent process with you.

Sincerely yours,

Danica Nolette BScN, RN

This project has been reviewed by the Athabasca University Research Ethics Board. Should you have any comments or concerns about your treatment as a participant, the research, or ethical review processes, please contact the Research Ethics Officer by e-mail at rebsec@athabascau.ca or by telephone at 780.213.2033.

Microsoft Form Fields for **Screening Tool**:

- 1) Where did you complete your Bachelor of Nursing Program? (Please state name of school and province where school is located)
- 2) When did you graduate with your Bachelor of Nursing Degree?
- 3) What unit did you start working on after graduation?
- 4) What was your start date?
- 5) Are you still currently working on this same unit?
- 6) What was your previous employment prior to working as a new graduate nurse?
- 7) Please provide your first name in this box.
- 8) Please provide the best email address for me to contact you for next steps.

Appendix E: Letter of Information/Informed Consent

LETTER OF INFORMATION / INFORMED CONSENT FORM

Transition Shock and Self-Efficacy Amongst New Graduate Nurses Post-pandemic

[Insert Date]

Principal Investigator (Researcher):

Danica Nolette
Master of Nursing
dnolette1@learn.athabascau.ca

Thesis Supervisors:

Venise Bryan PhD RN
vbryan@athabascau.ca
Gwen Rempel PhD RN
grempel@athabascau.ca

You are invited to take part in a research project entitled **Transition Shock and Self-Efficacy Amongst New Graduate Nurses Post-pandemic**.

This letter is part of the process of informed consent. It gives you the idea of what this research is about and what your participation will involve, should you choose to participate. It also describes your right to withdraw from the project. To decide whether you wish to participate in this research project, you should understand enough about its risks, benefits and what it requires of you to be able to make an informed decision. This is the informed consent process.

It is entirely up to you whether you take part in this research. If you choose not to take part, or if you decide to withdraw from the research once it has started, there will be no negative consequences for you now, or in the future.

Introduction

My name is Danica Nolette and I am a Master of Nursing student at Athabasca University. I am conducting research about the transition shock experienced by new graduate nurses as they enter an acute health care setting post-pandemic. I am conducting this project under the supervision of Dr. Venise Bryan and Dr. Gwen Rempel.

Why are you being asked to take part in this research project?

I am inviting you to participate in this research because you have recently completed an accredited Bachelor of Nursing program within Canada, and you have worked for no longer than 5 months in your initial acute care professional practice position.

What is the purpose of this research project?

The purpose of this research is to deepen understandings of what it is like to experience the transition shock period as a newly graduated nurse in an acute care

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setting. We know that the COVID-19 pandemic presented challenges for nursing students as they navigated their theoretical and practical education during a time of social distancing and newly implemented protocols. We also know that the first year of professional nursing practice is the most stressful and critical of a nurse's career, yet there is a lack of understanding how the lasting effects of COVID-19 pandemic on our healthcare and educational systems have impacted newly graduated nurses as they enter the nursing profession. This research explores how newly graduated nurses perceive their transition shock experience amidst the lingering effects of the global pandemic, and if increased self-efficacy skills influences this transition to practice period.

What will you be asked to do?

1. Complete a short online screening tool to ensure that you meet the study's inclusion criteria.
2. Participate in a semi-structured interview with me that will be scheduled at your convenience.

The interview will be conducted over Microsoft Teams and will last on average 90 minutes. During the interview, I will ask you about your experience going through the transition shock period (the first 3 to 4 months in your new professional nursing career) as a newly graduated nurse. The conversation will follow points that you raise, and may include personal questions about how this transition shock experience impacted you, your interprofessional relationships, and your social dynamics. The interview will be recorded (either audio or video, as per participants choice), and transcribed for data analysis. All personal identifiers will be removed from your interview responses prior to the data analysis.

3. Participate in a follow-up conversation to review interview analysis and provide feedback.

What are the risks and benefits?

Discussing sensitive and personal topics such as your experiences navigating your transition to professional nursing practice may cause emotional or psychological distress and may make you feel vulnerable during or after the interview. If at any point during the interview you feel you can no longer continue, you are more than welcome to stop the interview. You can tell me whether you want to continue the interview at a future time or if you want to withdraw your participation from this study. You are under no obligation to complete the interview, as participation in this research is completely voluntary through every stage.

The benefit of participating in this study is giving you the opportunity to make your voice heard by nursing education and health care communities. Providing your lived experiences through research can help create change by helping nursing educators

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and healthcare leaders better understand the impact the transition shock period places on a newly graduated nurse in today's healthcare settings. This understanding is vital for developing knowledge to support better practices and training for newly graduated nurses and supports a successful transition to practice and encourage nursing retention. You may also find our research conversation to be cathartic.

Do you have to take part in this project?

Involvement in this research is entirely voluntary. If at any point you wish to withdraw your participation, please inform myself, Dr. Bryan, or Dr. Rempel. You are welcome to email me any time prior to the interview to withdraw your participation. If you wish to stop the interview partway through, you are more than welcome to do so. I will ask you whether you would like the data collected up until that point to be discarded or used in the study. If you would like me to remove the data, the recording will be stopped and your data will be permanently deleted immediately following the interview. If you choose to withdraw from the study after completing the interview process, you will have until May 1st, 2023 to let me know of your decision and the data will be excluded from the study. After May 1st, 2023, the data will not be able to be removed, I will be in the process of disseminating the data for the research study. However, the data will be de-identified and anonymity will be maintained throughout the data analysis, results, and research write-up.

How will your privacy and confidentiality be protected?

The ethical duty of confidentiality includes safeguarding participants' identities, personal information, and data from unauthorized access, use or disclosure.

During the online screening questionnaire, the form's viewing capability will be password protected and only visible and accessible to the principal investigator. All information will be kept in a password-protected document and then deleted after study completion.

Throughout the interview, the video call application's safety features will be used in full to ensure that risks are minimal, and to ensure your privacy is protected. The call will require that I allow access to the meeting, as the meeting will have restricted access to solely include you. The interview recording and transcripts will also be stored in a password-protected online storage application – Microsoft Office 365 through Athabasca University.

In the research write-up and documentation, you will remain anonymous and given a number to protect your identity. All audio recordings will be permanently deleted after the research project is completed and accepted by my committee.

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To learn more about Microsoft Teams and Forms privacy policies, visit <https://www.microsoft.com/en-ww/microsoft-teams/security>
<https://support.microsoft.com/en-us/office/security-and-privacy-in-microsoft-forms-7e57f9ba-4aeb-4b1b-9e21-b75318532cd9>

How will my anonymity be protected?

Anonymity refers to protecting participants' identifying characteristics, such as name or description of work or university setting.

Your participation will remain anonymous throughout the study. During the recruitment phase, you will have to disclose your first name and email address to facilitate contact to schedule an interview. Once that process is completed, you will be given a number as your identifier throughout the research process and your name will be removed. Additionally, you, the participant, will have the option to choose to proceed with an audio only interview. You will be asked to identify your province of residence for demographic purposes; however this should not pose any substantial risk to anonymity. While reviewing the transcripts, I will complete a data de-identifier process, which refers to removing any data that may refer to you, such as name or your references to your education setting, or specific employer identifiers. I will be using verbatim quotes from your interview in the research write-up, however every reasonable effort will be made to ensure your anonymity; you will not be identified in publications without your explicit permission.

How will the data collected be stored?

Study data (screening tool, audio recordings and transcripts) will be saved and stored on encrypted and password-protected Athabasca University's Microsoft Office 365 software, including Teams, Forms, One Drive and Sharepoint. Only I will have access to the audio recordings, however the interview transcripts will be made available to my supervisors from Athabasca University. The data will be stored until the research project is completed, approximately one year, and accepted by the principal investigators committee, then, it will all be permanently deleted.

Who will receive the results of the research project?

The research results will be disseminated to my supervisory committee and any external reviewers as part of the completion of my degree. I may seek to have the results published in a scholarly journal. With your consent, the write-up of the final project may use direct quotations from the interview to illustrate themes that emerge from the data, leaving out any identifying information.

The existence of the research will be listed in an abstract posted online at the Athabasca University Library's Digital Thesis and Project Room and the final research paper will be publicly available.

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Who can you contact for more information or to indicate your interest in participating in the research project?

Thank you for considering this invitation. If you have any questions or would like more information, please contact me, (the principal investigator) by e-mail dnolette1@learn.athabascau.ca, or my supervisors by e-mail at vbryan@athabascau.ca and grempel@athabascau.ca.

If you are ready to participate in this project, please complete and sign this [Informed Consent Form](#).

Thank you.

Danica Nolette

This project has been reviewed by the Athabasca University Research Ethics Board. Should you have any comments or concerns about your treatment as a participant, the research, or ethical review processes, please contact the Research Ethics Officer by e-mail at rebsec@athabascau.ca or by telephone at 780.213.2033.

Informed Consent:

Your signature on this electronic form means that:

- You have read the information about the research project.
- You have been able to ask questions about this project.
- You are satisfied with the answers to any questions you may have had.
- You understand what the research is about and what you will be asked to do.
- You understand that you are free to withdraw your participation in the research project without having to give a reason, and that doing so will not affect you now, or in the future.
- You understand that if you choose to end your participation **during** data collection, any data collected from you up to that point will be retained by the researcher, unless you indicate otherwise.
- You understand that if you choose to withdraw **after** data collection has ended, your data can be removed from the project at your request, up until data analysis begins.

	YES	NO
I agree to be audio-recorded	<input type="radio"/>	<input type="radio"/>
I agree to be video-recorded	<input type="radio"/>	<input type="radio"/>

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I agree to the use of direct quotations such as actual words, phrases, and sentences from my responses to illustrate study findings.	<input type="radio"/>	<input type="radio"/>
I allow anonymized transcripts of my interview to be securely archived on Athabasca University's Office 365.	<input type="radio"/>	<input type="radio"/>
I allow anonymized audio recordings of the interview to be securely archived on Athabasca University's Office 365.	<input type="radio"/>	<input type="radio"/>
I am willing to be contacted following the interview to verify that my comments are accurately reflected in the transcript.	<input type="radio"/>	<input type="radio"/>

Your signature or typing your name in the electronic box confirms:

- You have read what this research project is about and understood the risks and benefits. You have had time to think about participating in the project and had the opportunity to ask questions and have those questions answered to your satisfaction.
- You understand that participating in the project is entirely voluntary and that you may end your participation at any time without any penalty or negative consequences.
- You have been given a copy of this Informed Consent form for your records; and
- You agree to participate in this research project.

Signature of Participant

Date

Principal Investigator's Signature:

I have explained this project to the best of my ability. I invited questions and responded to any that were asked. I believe that the participant fully understands what is involved in participating in the research project, any potential risks and that he or she has freely chosen to participate.

Signature of Principal Investigator

Date

Appendix F: TCPS 2: Core Certificate



Appendix G: AU Research Ethics Approval



CERTIFICATION OF ETHICAL APPROVAL

The Athabasca University Research Ethics Board (REB) has reviewed and approved the research project noted below. The REB is constituted and operates in accordance with the current version of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2) and Athabasca University Policy and Procedures.

Ethics File No.: 25112

Principal Investigator:

Ms. Danica Nolette, Graduate Student
Faculty of Health Disciplines/Master of Nursing

Supervisor/Project Team:

Dr. Gwendolyn Rempel (Supervisor)
Dr. Venise Bryan (Co-Supervisor)

Project Title:

Transition Shock and Self-Efficacy Amongst New Graduate Nurses Post Pandemic

Effective Date: February 01, 2023

Expiry Date: January 31, 2024

Restrictions:

Any modification/amendment to the approved research must be submitted to the AUREB for approval prior to proceeding.

Any adverse event or incidental findings must be reported to the AUREB as soon as possible, for review.

Ethical approval is valid for a period of one year. An annual request for renewal must be submitted and approved by the above expiry date if a project is ongoing beyond one year.

An Ethics Final Report must be submitted when the research is complete (*i.e. all participant contact and data collection is concluded, no follow-up with participants is anticipated and findings have been made available/provided to participants (if applicable)*) or the research is terminated.

Approved by:

Date: February 01, 2023

Barbara Wilson-Keates, Chair
Faculty of Health Disciplines, Departmental Ethics Review Committee

Athabasca University Research Ethics Board
University Research Services Office
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E-mail rebsec@athabascau.ca
Telephone: 780.213.2033

TRANSITION SHOCK AND SELF EFFICACY



CERTIFICATION OF ETHICAL APPROVAL - RENEWAL

The Athabasca University Research Ethics Board (REB) has reviewed and approved the research project noted below. The REB is constituted and operates in accordance with the current version of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2) and Athabasca University Policy and Procedures.

Ethics File No.: 25112

Principal Investigator:

Ms. Danica Nolette, Graduate Student
Faculty of Health Disciplines/Master of Nursing

Supervisor/Project Team:

Dr. Gwendolyn Rempel (Supervisor)
Dr. Venise Bryan (Co-Supervisor)

Project Title:

Transition Shock and Self-Efficacy Amongst New Graduate Nurses Post Pandemic

Effective Date: January 30, 2024

Expiry Date: January 31, 2025

Restrictions:

Any modification/amendment to the approved research must be submitted to the AUREB for approval prior to proceeding.

Any adverse event or incidental findings must be reported to the AUREB as soon as possible, for review.

Ethical approval is valid *for a period of one year*. An annual request for renewal must be submitted and approved by the above expiry date if a project is ongoing beyond one year.

An Ethics Final Report must be submitted when the research is complete (*i.e. all participant contact and data collection is concluded, no follow-up with participants is anticipated and findings have been made available/provided to participants (if applicable)*) or the research is terminated.

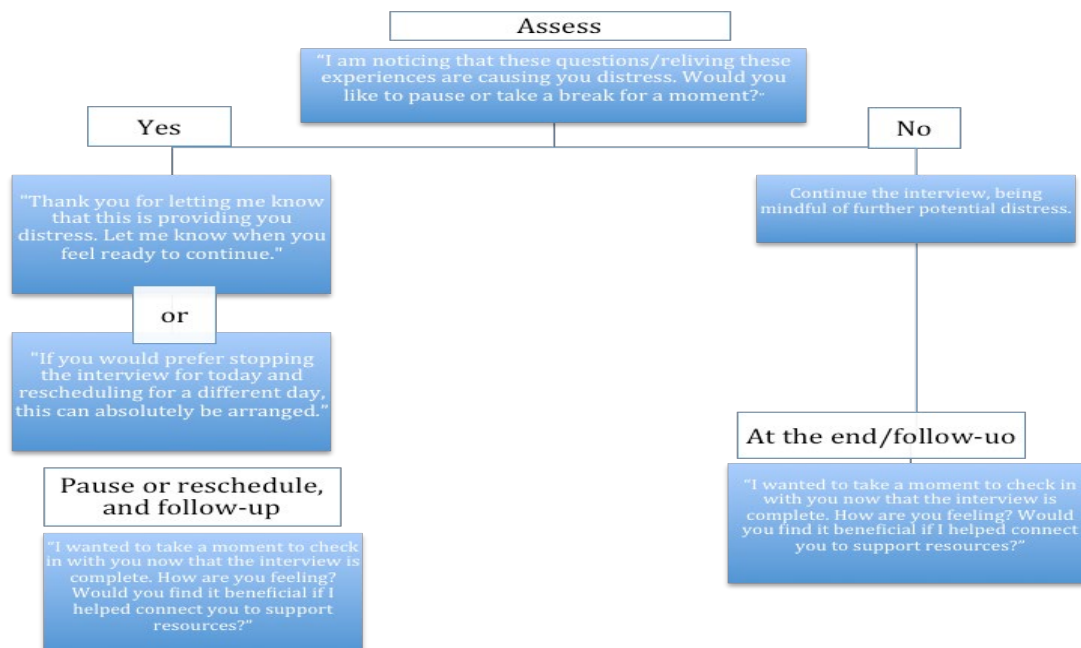
Approved by:

Date: January 30, 2024

Paul Jerry, Chair
Athabasca University Research Ethics Board

Athabasca University Research Ethics Board
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Appendix H: Interview Distress Protocol



RESOURCES:

Canadian resource tools to direct distressed participants:

<https://www.canada.ca/en/public-health/services/mental-health-services/mental-health-get-help.html> (quick link access to webpage for services to provinces and territories specific to the participant)

Mental Health Hotline: 1-866-585-0445 (24/7 one on one mental health support from a health professional).

Talk Suicide Canada: 1-833-456-4566 (24/7 support hotline)

Nursing the Future: support group "Bridge Club," connecting new graduate nurses and recent graduates to chat and support one another during their transition to practice journey. <https://nursingthefuture.ca/bridge-club/>

Seeking resources at the workplace: "Do you know of a resource at your place of work? Asking your manager or unit educator of this resource may be beneficial."

Appendix I: Interview Guide

Intro Questions

1. When did you graduate with your bachelor's degree in nursing?
Rational: Helping the interview start from the beginning of the NGNs transition to practice journey, by recalling their initial milestones.
2. When did you decide to start working as a new graduate nurse?
Rational: Helping the interview flow from the start of the transitional journey, to help situate the participant into those initial first months of professional practice.
3. What factors made you consider working on the unit that you are working on now?
Probe: How do you feel about those factors now in influencing your decision to start your professional practice on this unit?
Rational: Identify if any external or internal factors contributed to the participant to consider working on this unit.
4. Did you work elsewhere prior to being a nurse? If so, what did you do?
Probe: What have you taken away from your past employment in correlation with how you have felt transition to nursing practice? (Can be positive or negative outcomes or “lessons learned”).
Rational: Assess if external experiences affect the transition shock experience.

Transition shock questions:

1. How would you describe your experiences as you've transitioned from student to a nursing professional in the past 4 months?
 - a. How have those experiences affected you?
 - b. How do you make sense of those said experiences?
 - i. In your work life?
 - ii. In your home life?*Rational: Starting to help the participant recall experiential moments during their transition shock period, to help lead the conversation to a more focused assessment of the experience.*
2. What does the transition to a nursing profession experience mean to you?
 - a. How would you describe this initial transitional journey?

TRANSITION SHOCK AND SELF EFFICACY

Rational: Guiding the participant to make sense of the experiences they have gone through, and recalling those experiences to gain further data and detail.

3. How would you describe the emotions you feel on an average day as a newly graduated nurse?
 - a. How have those emotions affected you?
 - b. How do you overcome those emotions?

Rational: Situating the participant to recall the experiences of their transition shock period by recalling emotions they feel or have felt, and how they have overcome those emotions.

Self-efficacy questions: Derived from the [Generalized Self-Efficacy Scale](#) © Schwarzer and Jerusalem, 1993.

1. How do you feel you have handled or confronted this transition shock experience?
2. How do you feel you experience overcoming obstacles in your new workplace, or managing to solve difficult problems?
3. How do you feel when you are faced to handle an unforeseen situation?

Rational: To gain qualitative data on the participants' thoughts of their self-efficacy skills during their transition shock period.

Interviewing tips (Smith et al., 2021)

-Asking clarification when describing an event (i.e., "a big deal", asking "why is it a big deal?" or "are you able to elaborate the meaning of "big deal.")

-If the participant answers questions by saying "we" or "they," politely remind/encourage the participant that if they feel comfortable doing so, this interview is more about their own experiences and feelings.

Interview tips (Smith et al., 2021)

-Repeating the participants responses makes the participant feel that they are being heard, and that it is a participant-led interview/ "agenda-setting."

-Earlier you talked about x, can you elaborate a little more on that?