4-15-2018

Applying Transition Theory to Preparation of Experienced Nurses for New Clinical Roles

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APPLYING TRANSITION THEORY TO PREPARATION OF EXPERIENCED NURSES FOR NEW CLINICAL ROLES

by

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Bachelor of Science in Nursing, University of Northern Colorado, 2013

An Independent Study

Submitted to the Graduate Faculty

of the

University of North Dakota

in partial fulfillment of the requirements

for the degree of

Master of Science

Grand Forks, North Dakota

April

2018

PERMISSION

Title	Applying Transition Theory to Preparation of Experienced Nurses for New Clinical Roles
Department	Nursing
Degree	Master of Science

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Date: April 14, 2018 April 14, 2018

Abstract

Transitions are a widespread and universal concept in nursing which have been described as the passage between life phases. Transitions are often accompanied by emotional turmoil, as individuals struggle to redefine themselves and adjust and adapt to new life circumstances. One such transition is when experienced nurses leave their current role to follow new career pathways or areas of clinical practice. Experienced nurses are highly valued for their requisite skills, clinical judgment and knowledge, and can fill the demand for highly skilled nurses in complex specialized settings such as radiology.

Ineffective orientation processes have been linked to higher nurse turnover rates and poor retention within the first year of hiring. The critical demand for competent nurses should drive efforts to ease the transition of these experienced nurses to new clinical areas of practice. The purpose of this project was to develop a transition program for nurses moving into the complex role of interventional radiology nurse.

We used Bridges' transition theory to form our framework of interventions and strategies to help experienced nurses successfully transition and adapt their prior knowledge and skills to new clinical areas. Successful transition of experienced nurses can help to fill the demand for highly skilled competent nurses in complex specialty areas such as interventional radiology.

Introduction

As the largest segment of health care providers in the United States, nurses play an essential role in the delivery of high quality and safe patient care (Snavely, 2016). An aging U.S. population will contribute to a nationwide nursing shortage in the coming years, as the need for health care grows and baby boomer nurses near retirement (AACN, 2017). Nursing schools have struggled to meet the expanded need for student capacity in response to the rising demand for care in the wake of national healthcare reform (AACN, 2017). Nursing shortages have significant impact on patient care, as studies correlate adequate levels of registered nurse staffing with several key patient quality indicators such as mortality rates, readmission rates, infection rates, and length of stay (AACN, 2017). Complicating matters is high nurse turnover, as nurses are leaving their jobs at alarming rates (Kiel, 2012).

Increasing nurse satisfaction and nurse retention is critical to maintain adequate staffing levels and high quality patient care in an era of nursing shortages. This is especially true in complex specialty areas, where experienced nurses are valuable members of the workforce and highly sought after to fill roles in unique, high-risk procedural environments such as interventional radiology. Even with prior experience, the unique skill sets and knowledge required of nurses in interventional radiology can leave individuals feeling anxious and vulnerable as they embark on a new career course in unfamiliar territory (Jeffery & Werthman, 2015). Attracting and retaining experienced nurses in interventional radiology departments presents its own set of unique and distinct orientation challenges, and can be quite daunting without defined processes aimed at enhancing and easing the transition into this unique and complex environment.

Significance

The literature indicates that nurses often leave their job within the first year because of poor orientation (Bullock, Groff Paris & Terhaar, 2011). Kiel (2012) examined nurse turnover rates in the first year of employment and found that the orientation process for nurses transitioning into new roles was vital to nurse retention. She concluded that orientation processes grounded in educational theory and solid teaching strategies are necessary to reduce first-year nurse turnover rates (Kiel, 2012). Kozub, Hibanada-Laserna, Harget and Ecoff (2015) demonstrated that incorporating a theoretical basis into comprehensive orientation programs has been shown to increase the number of nurses completing orientation as well as improving nurse retention and turnover rates (p. 213).

However, discomfort does not end with entry into practice, instead there is also an inherent emotional response when nurses transition to new roles, regardless of whether the nurse is experienced or newly graduated (Ashley, Halcomb, Brown & Peters, 2017; Arrowsmith, Lau-Walker, Norman & Maben, 2016; Dellasega, Gabbay, Durdock & Martinez-King, 2009; Kinghorn, Halcomb, Froggatt, & Thomas, 2017). Transitions are a universal and fundamental aspect of life and are marked by change and adaptation. Stress, anxiety, disequilibrium, dislocation, and disruption are common feelings of the transition experience as the individual's life adjusts to the changes that accompany the transition and new ways of being (Kralik, Visentin & van Loon, 2006).

Being an expert in one role or area of nursing practice does not effectively translate into being an expert in another clinical role (Bell, Bossier-Bearden, Henry & Kirksey, 2015). There is an erroneous belief that experienced nurses who change job

roles can be orientated and encultured more quickly into their new role, often leading to feelings of vulnerability and uncertainty in the transitioning nurses (Bell et al., 2015; Dellasega et al., 2009). Understanding transition processes can help guide individuals towards healthy outcomes of transition. To achieve these desired outcomes, the nurse must master new skills needed to manage the transition and gain a new sense of identity (Meleis et al., 2000). The results of successful (healthy) transitions benefit both nurses and organizations. Individual discomfort is eased, when nurses are able to integrate into their new environment and begin to apply nursing skills with confidence and competence in new contexts and clinical situations (Arrowsmith et al., 2016). For the organization, this can be a boon to orientation efforts and nurse retention in complex clinical environments (Kozub et al., 2015). Improved stability in staffing levels through increased nurse retention and decreased turnover, contributes to patient safety by having sufficient numbers of competent nurses with the right skill set and knowledge to provide quality care (IOM, 2011).

Purpose

This comprehensive literature review sought to broadly identify current evidence and best practices for orientation of nurses to new areas of clinical practice and more specifically to develop an orientation blueprint for radiology nurses. Transition theory provided the structural framework to use evidence to develop an orientation curriculum for experienced nurses transitioning into the role of an interventional radiology nurse. Transition theory and processes helped inform strategies to manage and ease the journey of experienced nurses orienting to new clinical roles. The ultimate goal of this project

was to improve nurse retention and reduce turnover rates attributed to inadequate orientation processes.

Theoretical framework

Transitions are a universal and central concept in nursing (Hart & Swenty, 2016; Kralik et al., 2006; Meleis et al., 2000). Whereas change is situational and described as an external event taking place, which results in something being done differently, transition is the internal process of reorganizing oneself in response to the situation that is brought about by the change (William Bridges Associates, n.d.). Transition has been further defined as a passage through change over time and between life phases, and which is accompanied by some degree of redefining oneself or transforming oneself in response to a disruptive event (Buckingham Poronsky, 2013; Hart & Swenty, 2016; Kralik et al., 2006; Meleis et al., 2000). Transition has been characterized by its emotional turmoil and upheaval; individuals undergoing transitions are subjected to periods of greater vulnerability followed by adjustment, adaptation and stabilization (Buckingham Poronsky, 2013; Hart & Swenty, 2016; Kralik et al., 2006; Meleis et al., 2000).

Examples of transitions can be found throughout the lifespan and involve health, relationships and our environments, and can be generally classified as developmental, organizational, situational, and health-illness (Kralik et al., 2006; Meleis et al., 2000). The transition process consists of stages or phases, with attributes and conditions that affect or impact the process and may prolong the adjustment to change (Buckingham Poronsky, 2013; Hart & Swenty, 2016; Kralik et al., 2006; Manning & Neville, 2009; Meleis et al., 2000). Not only are nurses at the forefront of supporting patient transitions

from ill health towards wellness, but nurses also navigate through personal and professional transitions. Common professionally driven situational transition experiences for nurses include changes in clinical practice settings or changes in job role or function, e.g. the transition from student nurse to (licensed) professional nurse, career advancement from nurse to nurse leader, educator, administrator or advanced practice RN. Leaving nursing to explore other careers or retirement from professional nursing are also examples of situational transitions.

Numerous sources described healthy outcomes of transitions as mastery of skills necessary for individuals to manage their new environment or situation, emotional well-being with a feeling of connectedness and belonging, and forming a new sense of identity (Buckingham Poronsky, 2013; Hart & Swenty, 2016; Kralik et al., 2006; Meleis et al., 2000). Increased knowledge acquisition, decreased anxiety, increased self-confidence, and self-efficacy is an operational definition of successful transition into a new clinical environment (Buckingham Poronsky, 2013; Hart & Swenty, 2016).

Through understanding transition processes, therapeutic strategies can be developed to facilitate and ease the transition journey and promote healthy outcomes (Hart & Swenty, 2016; Manning & Neville, 2009; Meleis et al., 2000). Nurses and educators help individuals take stock of resources available to them in order to manage the transition (Buckingham Poronsky, 2013; Hart & Swenty, 2016; Manning & Neville, 2009; Meleis et al., 2000). Formalized mentorship and a supportive environment are crucial for successful transitions (Arrowsmith et al., 2016; Buckingham Poronsky, 2013; Manning & Neville, 2009). More importantly, the quality of the transition experience

impacts future success or failure in the new role (Buckingham Poronsky, 2013; Hart & Swenty, 2016).

The emotions and support needs of experienced nurses transitioning to new roles and nurses new to practice are similar (Klingbeil et al., 2016; Kinghorn et al., 2017). It is challenging for experienced nurses to assimilate into new clinical specialty areas. These nurses are vulnerable, as they experience self-doubt and the loss of their confidence and prior expertise (Dellasega et al., 2009). When transitioning to a new role, an experienced nurse, who once felt comfortable and familiar in an established role, now feels more like a novice, because the new role requires necessary knowledge and skills which are not familiar (Bell et al., 2015; Buckingham Poronsky, 2013; Dellasega et al., 2009; Manning & Neville, 2009; Thomes, 2003).

Unfortunately, the transitional experience is also complicated by the myth that prior nursing experience prepares a nurse to practice safely regardless of the population or setting. Dellasega et al. (2009) described the concern of experienced nurses asking for support and education during transitions. This concern is centered on the erroneous assumptions that experienced nurses will adjust easier or don't require much orientation to a new role. When in fact, regardless of previous experience, transition to a new role that requires a specific set of skills a nurse does not hold will cause uncertainty and stress. This underscores the need to use evidence-based strategies and theoretical frameworks to develop transition programs with the unique needs of experienced nurses in mind. To this point, the Institute of Medicine (IOM) recommended transition to practice programs for experienced nurses changing careers to new clinical practice areas (IOM, 2011). These programs have demonstrated decreased nurse turnover rates and

increased stability in staffing levels, which can contribute to improved patient outcomes (IOM, 2011).

We examined two models and frameworks of transitions that can be applied to nursing, and more specifically, for nurses transitioning to specialty roles. The first model that we examined was the middle-range theory of transitions by Meleis et al. (2000) for example, described the nature of transitions through their types, patterns, and properties, and defined conditions that can facilitate or impede progress towards achieving healthy transitions. The significance of preparation and expectation of what to anticipate during a transition in order to plan strategies to manage it are particularly important in this theory (Meleis et al., 2000). Insufficient support or resources can hinder healthy transitions (Meleis et al., 2000) and prolong the time needed for role adjustment (Buckingham Poronsky, 2013). Understanding the transition process is required for nurses to implement therapeutic strategies "aimed at promoting healthy responses to transition" (Meleis et al., 2000, p. 27).

Bridges' transition model identifies three stages that adult individuals experience while adapting to life changes and which form the cornerstone of his theory: endings, a neutral phase, and new beginnings (Buckingham Poronsky, 2013; Hart & Swenty, 2016; Manning & Neville, 2009; Schoessler & Waldo, 2006). In Bridges' model, transition begins with the endings phase, as the individual lets go of "old relationships and ways of being" (Manning & Neville, 2009, p. 44). A grieving process characterizes this phase, as individuals wrestle with feelings of loss such as depression, anger, anxiety and disorientation (Manning & Neville, 2009; Schoessler & Waldo, 2006). The neutral phase is a time of significant confusion and distress as individuals leave familiar roles,

environments, and routines for new relationships and roles that are not yet fully established (Buckingham Poronsky, 2013). The last phase of Bridges' model is beginnings, which marks the period when individuals adjust to new roles by shedding their old identities to embrace new ones (Manning & Neville, 2009). Studies that explore the experience of nurses transitioning into new clinical areas of practice are limited but suggest that these nurses experience a range of challenges that may be improved through effective orientation (Kinghorn et al., 2017). To address these concerns, we determined that the Bridges' model of transition would be an appropriate framework to use to develop an orientation curriculum, which addressed the unique needs of experienced nurses transitioning into the radiology department. Bridges' three phase model was selected because it mirrors the three themes of assessing, appraising and adjusting that emerged from Dellasega et al.'s (2009) study of the orientation needs of experienced nurses transitioning into new specialized roles. Dellasega et al. (2009) and others have described the period of adjusting to new clinical roles as being more consistent with transition than orientation (Ashley et al., 2017; Bell et al., 2015; Kinghorn et al., 2017).

Transition Program Development Process

Extraordinary advances and developments in radiology imaging capabilities have revolutionized the ways physicians diagnose, treat and cure diseases using minimally invasive percutaneous approaches (Sousa, 2011). Changes and growth with the increased use of technology has amplified the demand for nurses in radiology (Sousa, 2011; Sousa, 2013). As a result, radiology nursing has emerged as a unique, specialized area of nursing that requires a distinct set of skills and knowledge (Cefaratti, Benninger & Nguyen, 2013; Jeffery & Werthman, 2015).

Due to its unique blend of outpatient and ambulatory patients combined with critical care patients, radiology nurses' skill sets, orientation and training differ widely from traditional orientation in an acute setting (Jeffery & Werthman, 2015). Even experienced nurses often lack knowledge of what radiology nurses do or how their prior experience might fit into the new setting. Nurses may feel uncomfortable and vulnerable because the reality is often quite different than initial expectations (Jeffery & Werthman, 2015) and thus, the need for support and mentorship must be addressed when planning the curriculum.

Preparation for transition to the role of a radiology nurse should include skill development to match the distinct and unique needs of patients undergoing moderate sedation for noninvasive procedures using all modalities of imaging technology (computed tomography, magnetic resonance imaging, fluoroscopy, nuclear medicine and ultrasound) (Sousa, 2011; Sousa, 2013). Important knowledge and skill areas in radiology include maximizing efficient workflows, interprofessional communication, critical thinking skills involving monitoring and interpreting changes in patient status, airway management, and safe medication administration for all ages of patients across the lifespan (Cefaratti et al., 2013; Sousa, 2011). With increased technology and sophistication of the procedures performed in radiology and imaging settings, Sousa (2011) compared the skills needed of a radiology nurse to a combination of an operating room nurse, critical care nurse, post anesthesia nurse, emergency room nurse, and ambulatory care nurse.

Sousa (2013) described an approach to new radiology nurse orientation modeled after the nursing process, which began by reviewing deficiencies of the existing

orientation plan. Creating a collaborative task force of nurse stakeholders to examine strengths and weaknesses of other orientation tools and identify best practices followed this important first step in the revision process (Sousa, 2013). This created "buy-in" from radiology nurses eager to contribute their expertise, and who were committed to the success of the new process moving forward (Sousa, 2013). Implementation and evaluation of the new orientation process followed (Sousa, 2013).

Background

We used an approach similar to Sousa (2013) to identify content necessary for inclusion in our new curriculum. The strength of this approach is that the nursing process is easily understood as a scientific model of critical thinking and unites nurses across all areas of practice (ANA, 2018). A needs assessment and gap analysis was previously conducted by the facility staff to gather information regarding current orientation processes. Information was gathered through interviews with both current and former radiology nurses about their orientation experiences, examination of the current orientation curriculum to identify strengths and weaknesses, and review of current Association for Radiology and Imaging Nursing (ARIN) scope and standards of practice for evidence of best practices. The ARIN scope and standards are the "authoritative statements of the duties" of radiologic and imaging nurses, and are evidence of the standard of care (ANA & ARIN, 2013, p. x). Highlights from the findings revealed that the current orientation plan was outdated, did not reflect new procedures being performed in the department nor current staffing resources. The plan was not structured with clear objectives or measurable outcomes that considered the needs of experienced nurses with prerequisite skills. The existing orientation plan also lacked formal structure and

organization. It was evident from our review that the new curriculum would require substantial revisions in order to mirror evidence-based orientation strategies and which were consistent with current accepted ARIN standards of care. The curriculum was built on the framework of Bridges' model of transition, with three distinct phases that aligned with the themes of endings, neutral zone, and new beginnings.

Endings Phase

The transition to the role of radiology nursing begins with phase one of the program, which was established as the endings phase. According to Bridges' model, every transition begins with an ending as individuals identify what they are losing in the transition and how to manage these losses (William Bridges Associates, n.d.). It is during this phase that individuals start to realize what has been left behind and lost in making a change, including friends, security and support (Hart & Swenty, 2016; William Bridges Associates, n.d.). This process involves individuals disconnecting or letting go of previous roles, and experiencing the loss of their familiar reference points (Buckingham Poronsky, 2013). According to Manning and Neville (2009), letting go of old relationships and ways of being can result in feelings commonly attributed to grief, such as depression, disorientation, anger and anxiety. Similarly, Dellasega et al. (2009) found that nurses transitioning into new jobs experienced feelings of uncertainty, doubt, and anxiety in the initial stage of orientation.

Given the nature of the Bridges model, phase one of the orientation plan recognized the need for intense support and mentoring throughout the endings phase of transition. The goals for the endings phase were to: (1) establish a culture where transitioning nurses feel valued and supported, (2) introduce the transitioning nurse to the

expectations of the new role within the radiology department, (3) provide support from a formal preceptor and mentoring relationships with the interprofessional team, and (4) recognize and anticipate needs of the transitioning nurse as seen through the lens of the transition theory (Cefaratti et al., 2013; Dellasega et al., 2009).

The priority of this phase was to establish new relationships with a designated experienced preceptor and supportive mentors within the department of radiology. This intervention was based on abundant evidence in the literature that recognizes positive relationships, support networks and a preceptor enhances the quality of the orientation and is critical to the success of the transition (Ashley et al., 2017; Buckingham Poronsky, 2013; Manning & Neville, 2009; Thomes, 2003).

The endings phase of this transition program began with a short course to prepare preceptors for their important role as facilitators of learning. This eight-hour course included a basic introduction to adult teaching and learning principles, learning styles, communication skills, and principles of transition theory. We felt it particularly vital that the preceptor become aware of the emotional upheaval transitioning nurses experience during transitions and strategies to assist with coping. The preceptor was equipped with strategies, such as reflective journaling to address the uncertainty that is inherent with transition.

The literature cautioned that significant variability in the consistency and quality of preceptors was a potential threat to successful orientation programs (Baxter, 2010; Bell et al., 2015). Preceptor preparation helps to address this concern. Preceptors need to be "clinically competent, supportive, and have a desire to teach" (Baxter, 2010, p. E13). Intentional selection of preceptors with these desired characteristics, as well as initial and

ongoing training and professional development is imperative and should be a priority (Ashley et al. 2017; Baxter, 2010; Kozub et al., 2015). A formal preceptor course should include training in adult learning styles and communications skills (Bell et al., 2015; Kinghorn et al., 2017). Preceptors must also be educated about the transition theory, which will help them to recognize and understand the unique needs of nurses transitioning into new clinical roles. This information will enable them to support the incoming nurses in their role transition (Manning & Neville, 2009).

According to Sherman (2013), situations such as taking on a new role can lead to what psychologists have termed "imposter syndrome" in which individuals feel inadequate and fear being exposed as a "fake" when they cannot live up to others' expectations of being immediately proficient in new roles. Experienced nurses who come into their new roles with prerequisite skills and knowledge, in turn, often have unrealistic expectations of themselves, which can compromise successful transitions (Sherman, 2013). Preceptors can help discourage the unrealistic expectations that transitioning nurses have about being able to confidently jump right into the new clinical area without hesitation (Thomes, 2003). For instance, preceptors can validate and reassure the transitioning nurse that feelings of self-doubt and uncertainty are normal, by acknowledging that it takes time, practice and lots of preparation to integrate prior knowledge and skills into new settings (Sherman, 2013). Encouraging the transitioning nurse to identify his or her strengths and the progress they are making as a newcomer to the role can lift their confidence and help them combat feelings of inadequacy (Sherman, 2013).

Knowing what to anticipate during a transition can help transitioning nurses to develop coping strategies to navigate through the phases and manage it (Buckingham Poronsky, 2013; Manning & Neville, 2009; Meleis et al., 2000). With that goal in mind, intentional strategies were added to the program curriculum to increase both knowledge of the transition process and to prepare the nurse shifting to a new role for change. Strategies utilized offered anticipatory guidance. Regular ongoing dialogue and frequent "check-ins" between transitioning nurses and their preceptors, through the lens of transition were established to help in this endeavor and to help build resilience (Dellasega et al., 2009).

Resiliency is a characteristic important to individuals experiencing life changes or transitions and is believed to help them cope with everyday stressors and adversity (Stephens, Smith & Cherry, 2017). Therefore, part of the ending phase must be devoted to intentional activities within the interactions that facilitate the resiliency of the nurses to help them to experience career transitions more successfully (Stephens et al., 2017). Stephens et al. (2017) defined resilient individuals as those who are able to successfully navigate stress and adversity using "personal protective factors" (p.278). Protective factors are intrinsic personality traits or extrinsic skills that individuals use to cope with adversity (Stephens et al., 2017). Guiding transitioning nurses through self-reflection to become aware of these protective factors can increase their use and help the transitioning nurse become aware of their ability to cope with the stress and challenges of transitions (Stephens et al., 2017). For instance, preceptors asked transitioning nurses to reflect on previous transitions in their lives in order to recognize potential stressors and triggers and identify successful coping strategies used previously such as faith, humor, exercise,

perseverance, optimism, and positive social support (Stephens et al., 2017). Stephens et al. (2017) suggested that this reflection needs to be "intentional and ongoing" in order to "reinforce the growth and development of personal resilience" (p. 278). An initial self-assessment ideally should be completed at the beginning of the transition program to identify stressors and coping mechanisms and include protective factors and goals that the transitioning nurse wishes to develop through an individualized plan (Stephens et al., 2017). Ongoing debriefings and frequent check-ins with the preceptor included discussions on the progress and effectiveness of the coping strategies in order to make revisions as appropriate (Stephens et al., 2017).

The need to feel and stay connected is another prominent theme in transitions (Meleis et al., 2000). Kralik et al. (2006) reported that relationships and connections with others are linked to healthy transitions. Mentoring is another strategy that can help a nurse integrate into a new work culture. Mentoring is a less formal, more interpersonal relationship than a preceptor and can help acclimate and support the transitioning nurse through socialization (Ashley et al., 2015). Mentors are critical to new nurse retention (Ashley et al., 2017; Kozub et al., 2015). Mentors are positive role models, friends and counselors (Gazaway, Schumacher & Anderson, 2016) who support the need for the transitioning nurse to feel valued and included by welcoming and introducing them to the staff and environment that make up the new workplace and explain routines and cultural norms (Jakubik, Eliades, Weese & Huth, 2016a). Through active listening and coaching related to job issues, and offering advice and encouragement during stressful times, mentors perform important psychosocial functions that contribute to the transitioning nurses' socialization and job satisfaction (Gazaway et al., 2016). Mentoring activities that

support the transitioning nurse include role modeling, listening, empathy, and challenging the experienced nurse to move out of his or her comfort zone (Jakubik et al., 2016b).

Beyond individual interpersonal interactions, the entire staff of a unit is important to helping the transitioning nurse successfully move through the ending phase. Galt (2000) reported that socialization activities within orientation programs contributed to an overall sense of belonging in the organization. A welcoming environment with welcome signs and pictures with biographic information of new nurses (Baxter, 2010; Jakubik et al., 2016a) can contribute to a sense of belonging and feeling valued. Dellasega et al. (2009) suggested welcome dinners and informal gatherings that incorporate team building to celebrate the arrival of new staff helped create a sense of togetherness. We also recognized that the culture of the unit must be one that is supportive and welcomes and values newcomers. Establishing this kind of culture, required staff to understand the importance of embracing the new nurse. Therefore, we established staff in-services to educate the group on the importance of creating a culture of mentoring and acceptance. This phase was anticipated to last two to four weeks.

Finally, it is essential that the transitioning nurse also engage in *intrapersonal* activities to help cope with the endings phase. Reflective journaling is an effective strategy that has supported both new graduate and experienced nurses during role transitions (Dellasega et al., 2009; Sewell, 2008; Stephens et al., 2017). Reflective journaling allows for creative self-expression that can be emotionally cathartic and help the transitioning nurses gain a deeper understanding of self and their emotions, as they experience the role change (Sewell, 2008). In this program, each transitioning nurse is provided with a bound journal for his or her journaling activities. The reason and

expectations for reflective journaling will be thoroughly discussed with the nurse. The reflective journal is not intended to be shared with the preceptor or mentor, although sharing of the journaled insights will be encouraged so that the transitioning nurse can be guided to reflect on stressful situations and identify their positive and negative coping mechanisms (Stephens et al., 2017). Consequently, these feelings experienced by the transitioning nurse are validated through reflective writing and will help them to identify and develop effective coping strategies (Dellasega et al., 2009; Lepianka, 2014; Stephens et al., 2017).

Neutral Zone

The "letting go" of previous roles that is characteristic of the endings phase is followed by an in-between phase known as the neutral zone (William Bridges Associates, n.d.). William Bridges Associates (n.d.) described the neutral zone as the very core of the transition process, where critical psychological realignments and "repatternings" occur. The in-between phase or neutral zone is the time between the individual's former reality and sense of identity, and their new one. With old realities and identities now gone, and new ones not yet fully formed, this in-between phase is often described as a state of flux and chaos (William Bridges Associates, n.d.).

Unfortunately, the neutral zone can also be distressing and challenging for individuals in transition as they leave old roles, routines, and relationships behind to form new ones, which are still evolving (Buckingham Poronsky, 2013). In this phase, experienced transitioning nurses are striving to establish their credibility and integrate new skills and knowledge about the new roles. Nevertheless, this phase is accompanied by uncertainty as the transitioning nurses try to "make adjustments between former sets

of expectations and those that exist in the new situation" (Buckingham Poronsky, 2013, p. 351).

In their study of experienced nurses transitioning to nurse educator roles, Manning and Neville (2009) characterized the neutral zone as chaotic, with participants reporting difficulty stepping backwards to a novice role and feeling overwhelmed trying to learn new sets of skills. These feelings led individuals to report feeling like "imposters" who lacked the appropriate skills for their new position and who feared making mistakes and being exposed as incompetent for requiring education and support (Arrowsmith et al., 2016; Buckingham Poronsky, 2013; Dellasega et al., 2009; Manning & Neville, 2009). Emotional support from preceptors and mentors is important throughout this phase to help to validate these concerns as normal among transitioning nurses, and to help them to overcome their fears (Manning & Neville, 2009; Sherman, 2013).

Phase two of the program was established to mitigate the challenging reactions to new work expectations and environment. In this in-between or neutral zone, the transitioning nurse begins to integrate new skills and knowledge into their new role. This phase continues to maintain emotional support and strongly emphasizes skill development, with the nurse adapting his or her prior skills and experience to the radiology setting. The goals for phase two of the program were: (1) emotional support; (2) beginning assessment of skills; (3) content delivery; and (4) ongoing assessment of clinical competence. These goals focused on the preparation of the transitioning nurse for independent practice by building on pre-requisite nursing knowledge and skills, and

conducting realistic appraisals of the transitioning nurses' readiness and progress towards achievement of radiology-specific competencies and outcomes.

Continued preceptor and mentor support is essential in this neutral phase to help the transitioning nurse normalize the anxieties they feel by transitioning from expert back to novice related to required nursing competencies in radiology (Manning & Neville, 2009; Thomes, 2003). The experienced preceptor can acknowledge the difficult transition from expert to novice and guide the new novice towards acquisition of competence in their new skills (Thomes, 2003). As such, it is important for preceptors in this phase to build on the past experiences of transitioning nurses and validate their progress through radiology specific competency tools and rating scales (Cefaratti et al., 2013). Past workplace experiences allow transitioning nurses to identify knowledge deficits, as well as their abilities to manage learning needs and to tap into pre-existing stress management skills to manage anxiety associated with the new role (Arrowsmith et al., 2016; Dellasega et al., 2009). Drawing on their past successes can also help nurses moving through the transition gain confidence and persevere through challenging times (Dellasega et al., 2009). According to Meleis et al. (2009), making comparisons to previous experiences is a way of individuals "situating" themselves, in order to make meaning of their new life. Dellasega et al. (2009) recommended that these experienced nurses be allowed to identify their own learning needs and progress through this phase of transition at a comfortable, self-identified pace.

Careful selection of the strategies used to deliver the content was also a consideration for development of the program. Carcich and Rafti (2007) found that experienced nurses were more satisfied with traditional lecture/discussion methods versus

online self-learning modules for orientation, because these methods provided more opportunities to exchange ideas and experiences with their peers. The rich diversity of learning style preferences found among age and generational perspectives must be considered when planning and developing learning content in the transition program (Vlach, 2018). Adult learners, for instance, are problem-centered and motivated to learn by understanding the usefulness, relevance and importance of the information (Candela, 2016; Vlach, 2018). Adult learners are self-directed and are active participants in their learning and can monitor their own progress (Candela, 2016). Content delivered during this phase of the program included familiar nursing skills taught in the context of radiology, e.g. medication administration and radiation safety, principles of monitoring the sedated patient, airway management, and radiology specific documentation requirements. The aim of this phase was to acknowledge and value established nursing competencies. Anxiety and uncertainty during this phase can be reduced by building upon the baseline knowledge of an experienced transitioning nurse and supporting his or her efforts to develop proficiency and competency in required skills unique to the radiology setting.

Assessment of baseline knowledge and clinical judgment of the experienced transitioning nurse was established through self-assessment tools and explicit observation of the nurses' performance in an experiential setting (Bell et al., 2015; Cefaratti et al., 2013). A self-assessment of knowledge and skills tool is an effective way for transitioning nurses to rate their self-achievement, current competence and to build confidence in their ability to meet the radiology unit expectations (Cefaratti et al., 2013). This program used this as a formative assessment tool for transitioning nurses to evaluate

their own clinical competencies and to identify individual strengths and weaknesses together with areas necessary for further learning and continued development (Cefaratti et al., 2013; Oermann & Gaberson, 2017). Results of the self-assessments were shared during regular weekly meetings and debriefings with the transitioning nurse and his or her preceptor in order to establish goals, priorities, and plan future learning activities for improving performance in meeting the program outcomes (Cefaratti et al., 2013; Oermann & Gaberson, 2017).

Self-assessment alone will not ensure safe practice and quality care of the patients in radiology. As the individual primarily responsible for facilitating their learning, preceptors collected data about the knowledge, skills, and attitudes demonstrated by transitioning nurses' in order to evaluate their competency and qualifications to meet the demands of patient care (Oermann & Gaberson, 2017). A unit-specific evaluation tool to objectively measure the transitioning nurses' clinical judgment was adapted from the Lasater Clinical Judgment Rubric (LCJR). This model provides a framework to evaluate clinical judgment in four dimensions important to nursing: noticing, interpreting, responding, and reflecting (Lasater, 2011; Lasater, Nielsen, Stock & Ostrogorsky, 2015). The LCJR is based on Tanner's research (cited in Lasater et al., 2015) and is an evidence-based clinical judgment rubric with established reliability and validity which is used to measure clinical judgment in both new graduates and experienced nurses (Lasater et al., 2015). The trajectory of development of clinical judgment measured by the LCJR tool is beginning, developing, accomplished, and exemplary level (Lasater, 2011; Lasater et al, 2015). These categories reflect demonstrated behaviors and differences in the levels of clinical judgment development within each dimension on a spectrum starting with the

beginning level on up to the exemplary level (Miraglia & Asselin, 2015). For instance, actions or behaviors rated at the beginning level earn one point, while actions at the developing, accomplished and exemplary levels earn two, three, and four points respectively (Miraglia & Asselin, 2015). Using the LCJR tool, a total score can then be assigned to evaluate overall nursing clinical judgment, defined as developing (12-22 points), accomplished (23-33 points), or exemplary (34-44 points) (Miraglia & Asselin, 2015).

An exact time frame for movement through this critical phase was not pre-determined. The time frame was tailored to the needs of the transitioning nurse (Kozub et al., 2015). The learning goal for the transitioning nurse at the end of this phase was to perform at the accomplished or exemplary level. This level of performance demonstrated readiness for independent practice and the professional development activities of phase three. On the other hand, an evaluation that determined a nurse was performing at the beginning or developing levels in any of the dimensions on the LCJR, supplied evidence that the transitioning nurse required additional time and resources devoted to further development in that area (Lasater et al., 2015).

The neutral zone of the transition program was the link between letting go of the transitioning nurses' former experienced self and embracing their emerging identity as a novice nurse in a new role. The experienced nurse entered this phase with pre-requisite nursing skills and knowledge to be adapted to the unique and specialized setting of radiology. This phase of the transition was devoted to developing radiology-specific skills through various proctored and independent learning activities such as hands-on skills labs, case studies and simulations, assigned readings, interactive on-line learning

modules, and clinical rotation through each of the radiology modalities. We recognized the need to vary learning activities for diverse and self-directed adult learners as well as honor and value their past experience through self-assessment and evaluation tools which identified their learning needs. Preceptors and mentors provided ongoing support and encouragement to transitioning nurses by normalizing their doubts and anxieties while emphasizing progress made. This phase of the transition was anticipated to last 8 to 12 weeks.

Beginnings Phase

The final phase of transition in Bridges' model is the beginnings phase. In this phase, individuals shed their old identities as experienced nurses in past roles and embrace new possibilities and their new role (Manning & Neville, 2009). The new identities result when a transitioning nurse breaks old habits, patterns and routines and establishes new ones that fit the new work demands (Buckingham Poronsky, 2013). The individual emerges from the transition with new understandings, values and attitudes accompanied by a release of energy towards a fresh new direction (William Bridges Associates, n.d.). The individual firmly establishes themselves in their new role with an understanding of their purpose, the part they play on the team and how to effectively participate and contribute to the overall goals of the organization or team (William Bridges Associates, n.d.).

The new beginnings phase of the program was established to foster the continued growth of the nurse professionally. Goals of this phase were for the nurse to emerge from the transition with: (1) self-confidence; (2) mastery of new skills; and (3) acknowledgement of his or her new identity as a radiologic and imaging nurse while

continuing to refine competence specific to the radiology specialty area. Pursuit of ongoing professional development activities in the area of radiologic and imaging nursing furthers knowledge and competence (ANA & ARIN, 2013). Establishing a new identity and role is important to the ultimate goal of patient safety, because identify formation in a specific role is linked to independent nursing decisions and accountability for competent practice in the new clinical area (Kinghorn et al., 2017).

Learning opportunities provided in the new beginnings phase of the program emphasized professional development and the role of the nurse in the department as team leader and change agent. Activities in the lesson plan for this phase included shadowing nurse leaders, participation in hospital-wide quality initiatives and magnet committee functions, and completion of an individual or group education project that contributed to the body of knowledge in the radiology department (Cefaratti et al., 2013).

To encourage professional engagement and development, transitioning nurses were allotted time monthly to observe nurse leaders in the radiology department, attend management meetings, and participate in quality initiative and magnet committee meetings (Cefaratti et al., 2013). Morrell and Detty-Gin (2016) suggested that job shadowing is beneficial to help individuals identify career interests or advancement options that align with their passions. Job shadowing may help transitioning nurses to better appreciate and facilitate understanding of the role of nurse leaders in the radiology setting to advance their own practice and become leaders themselves in creating unit-based change (Morrell & Detty-Gin, 2016).

Participation in magnet and quality improvement teams informed transitioning nurses of real world strategies to improve systems where they work to benefit patient care

(Murray, Douglas, Girdley & Jarzemsky, 2010). From this experience, transitioning nurses were able to identify and lead their own educational project to improve patient care processes in the radiology department (Cefaratti et al., 2013). According to Cefaratti et al. (2013), learning projects help boost confidence and support professional growth and development of the transitioning nurses by engaging them in activities of professional nursing and empowering them to implement changes to improve patient care. Lacey et al. (2017) reported that nurses experience personal and professional growth by tackling improvement projects. They gain leadership and project implementation skills, gain influencing and persuasion abilities, learn collaboration, and improved feelings of empowerment (Lacey et al., 2017). In short, unit-specific projects help nurses to realize their full potential as professional nurses and innovators and leaders of change (Lacey et al., 2017).

These projects and activities were recorded in a learning portfolio that was a collection of the nurses' cumulative work and evaluations during the transition program and which showcased their progress and achievement towards their growth and professional development (Phillips, 2016). Portfolios provide an efficient way for the department manager and preceptor to evaluate progress of the transitioning nurse in meeting competencies and transition program outcomes (Oermann & Gaberson, 2017). The portfolio can also be an excellent vehicle for the transitioning nurse to engage in self-assessment in order to identify future learning needs and plan for future professional growth and development (Casey & Egan, 2010).

During this phase, the support of preceptors and mentors remained present although on a diminished, monthly or as-needed basis. The transitioning nurses were

encouraged by their mentors to join the professional organization for radiology nurses and participate in continuing education conferences as well as unit quality improvement projects (Cefaratti et al., 2013). Journaling (Dellasega et al., 2009) remained an effective strategy during this phase and was used to document continued development and reflections. Throughout the orientation process, but especially in phase three, preceptors encouraged transitioning nurses to review their journal entries. In addition to the portfolio, this review provided credible evidence of personal and professional growth and successful transition into the role of a radiologic and imaging nurse.

In the new beginnings phase of the transition, the transitioning nurse emerged from the competency-driven neutral phase to take the next steps in their careers by focusing on constructing their new professional identity as radiology nurses. This phase can last up to one year. But at the end of the phase, the transitioning nurses were expected to demonstrate a commitment to continuous, lifelong learning, be self-directed, and assume personal responsibility to pursue ongoing education required for certifications and professional growth and development. Support and coaching from mentors remained available throughout the phase and to a lesser degree after the program has completed. We recognized and supported the need for transitioning nurses in this phase to seek out and pursue new challenges and learning opportunities as consistent with the expectations of professional nurses in any specialized area, to ensure that their care is up to date, evidence-based and of the highest quality (ANA & ARIN, 2013).

Summary and Recommendations

For new and experienced nurses alike, the transition to a new clinical role is inherently stressful and challenging. Additional pressure is felt by experienced nurses due

to the common misconception that they can adapt or assimilate quicker and easier to new clinical areas or roles, because of their prior knowledge and requisite skills. However, we found that the emotional upheaval and vulnerability that experienced nurses feel when transitioning to new clinical areas is similar to new graduate nurses' transition from student to professional nurse. Transitioning nurses require extensive support from dedicated preceptors and strategies that recognize and value their prior experience in order to ease the transition. The three phases of Bridges' transition theory provided us with the framework to effectively support and guide these experienced nurses towards mastery of skills and competency in the highly specialized setting of radiology.

In complex specialty settings such as radiology, experienced nurses with critical care skill sets are highly valued for their expertise and clinical judgment. Recruitment and retention of experienced nurses is critical to maintain highly qualified staff that ensures patient safety. The literature suggests that nurses who leave their jobs within the first year can be attributed, in part, to ineffective orientation processes. It was evident that orientation programs lay the groundwork for nurses' success, however, significant variability and inconsistency in these programs was recognized in the literature. An abundance of literature discusses the orientation needs of newly graduated nurses; however, less literature explores needs of experienced nurses transitioning into new roles required by complex, specialized practice areas. We found understanding the unique emotional response related to transition was crucial to creating effective strategies to facilitate and ease the journey of experienced nurses towards successful assimilation and adaptation into new clinical roles. Transition theory-based programs are helpful to appreciate the unique needs of experienced nurses transitioning into new clinical areas of

practice and help reduce nurse turnover attributed to poor and ineffective orientation (IOM, 2011; Kiel, 2012).

Research exploring the developmental needs of experienced nurses transitioning into new clinical roles can further illuminate this concept and contribute to the body of knowledge to increase effectiveness of the orientation and support nurses through the phases of role transitions. Nursing education programs may be able to help nurses anticipate the emotional responses of transitioning to new roles during a long career, by adding content about transitional theory. Moreover, the curriculum should also include learning activities designed to build coping ability and resilience that will sustain the nurse through a long career with multiple transitions.

Conclusion

There have been extraordinary advances in radiology technology and imaging capabilities, which has increased the demand for experienced nurses to provide safe and high quality care. When it comes to the preparation of nurses to transition into new clinical practice areas, a “one size fits all” approach does not consider the unique needs of experienced nurses who bring with them their requisite knowledge and skills. Transitioning nurses struggle with emotional upheaval from leaving familiar surroundings and established roles as they seek to form new relationships and identities in different practice environments. Understanding the needs of these experienced nurses transitioning to new clinical roles as seen through the lens of Bridges’ transition theory helped to provide support for these nurses through anticipatory guidance and interventions to manage the associated disequilibrium of transition. These strategies facilitated experienced nurses to successfully adapt prior knowledge and skills to new

contexts where they fill the demand for highly skilled competent nurses in complex specialty areas.

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