

**USING INTERPRETIVE DESCRIPTION TO EXPLORE HOW
PARTICIPATION IN A CLINICAL EXTERNSHIP INFLUENCES THE
TRANSITION TO PRACTICE OF NEWLY GRADUATE NURSES**

A thesis submitted to the Committee on Graduate Studies in partial fulfillment of the requirements for the Degree of Master of Science in Nursing in the Faculty of Arts and Science

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ABSTRACT

Using Interpretive Description to Explore How Participation in a Clinical Externship Influences the Transition to Practice of Newly Graduated Nurses

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The transition from student to newly graduated nurse (NGN) can be a period filled with significant stress and uncertainty as NGNs are required to develop and refine practical skills, learn to work with interdisciplinary team members, and adjust to their new professional identity. Clinical externships provide students an opportunity to work alongside nurses as unregulated healthcare workers in hospitals. This study explored how NGNs felt their participation in a clinical extern program influenced their transition from student to nurse. Interpretive description (ID) guided the research of this study and produced a qualitative description of the experiences from a sample of eight NGNs working in Ontario.

Three main themes emerged from the data collection: developing self-efficacy, developing a professional identity, and being on the inside. Implications from this study address the need for research on how clinical externships influence transition to practice and the continuation and development of such programs.

Keywords: newly graduated nurse, novice nurse, transition, transition to practice, clinical extern, externship, self-efficacy, professional identity

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Chapter 1: Introduction

The transition period from student to nurse is universally challenging, and a source of significant stress amongst newly graduated nurses (NGNs) (Chernomas et al., 2010; Duchscher, 2009; Teskereci & Boz, 2019; Wakefield, 2018). Newly graduated nurses are expected to ‘hit the ground running’ upon graduation, leading to conflict between the needs of the NGN and the realities of the workplace (Chernomas et al., 2010; Laschinger et al., 2016). The transition period, the time between when a NGN moves from being a student to beginning their first professional job as a nurse, requires a refinement of practical skills and socialization into the role of being a professional individual learning new responsibility, critical thinking, decision making, and working with interdisciplinary team members (Cantrell & Browne, 2005; Frögéli et al., 2019). While clinical placements and nursing curricula are structured to address some of this dissonance, NGNs continue to struggle with the transition from student to NGN creating stress and, in some instances, intention to leave the profession (Laschinger et al., 2016).

Healthcare facilities and government organizations have acknowledged this difficult transition and established programs to help alleviate strain on novice nurses. The Nursing Graduate Guarantee (NGG) program, in Ontario, Canada, was started in 2007 as a response to providing full-time employment and to help with the transition of NGNs. The program provides, “*12 weeks (about 3 months) of funding for the nurse’s transition into practice period and 8-weeks of funding to reinvest in existing frontline nurses and their professional development*” (Ministry of Health of Ontario, 2022). The NGG differs from clinical externships in that participants must have graduated from school and have

not been employed as a nurse in Ontario in the six months prior to starting the program whereas extern program focuses on students working in unregulated roles (Ministry of Health of Ontario, 2022). Potentially, an individual could participate in both programs in Ontario, hence, receive support as a student and nurse. The development of these programs has been inconsistent between organizations and sectors of healthcare. In Ontario, Canada, clinical extern programs were widely implemented in hospitals during the COVID-19 pandemic as a strategy to address staffing challenges (Ministry of Health of Ontario, n.d.). The intent of this study is to explore new nurses' experience of participating in clinical extern programs.

Significance of Issue

Nowrouzi-Kia and Fox (2020) reported that Canada would be short almost 11,000 full-time equivalent Registered Nurses (RNs) by 2022. Nurses between the ages of 26 and 35 were reported to be leaving the nursing profession in elevated numbers prior to the COVID-19 pandemic but a recent Registered Nurses Association of Ontario (RNAO) survey suggests the exit rates will increase significantly (2021). More than 20 percent of the RNs surveyed, in the age range of 26 to 35 years, indicated they are likely or highly likely to leave the profession (RNAO, 2021). The probability of leaving the profession rises when reported stress levels are very high and is inversely related to coping and adjustment scores (RNAO, 2021). Newly graduated nurses are the largest recruitment pool for the healthcare system so strategies must be employed to ease this transition into practice and to retain staff.

Clinical Externs

Clinical externship programs were developed in the 1970s as an effort to recruit and retain NGNs (Cantrell et al., 2005; Ruth-Sahd et al., 2010). Prior to April 2021, few Ontario hospitals had employed clinical externs or had an externship program. During the pandemic, the Ontario government provided funding opportunities to support externship programs within hospitals. The programs were created to support staffing, with shortages of nursing and unregulated care providers, such as personal support workers, and maintain the provision of care (Friesen, 2021). In 2021, 38 hospitals in Ontario implemented the Clinical Extern Program and added clinical externs to their staff (Friesen, 2021).

For the government program, clinical externs are students enrolled in their second, third or final year of study of a Bachelor of Science in Nursing (BScN) program employed by hospitals as unregulated healthcare providers (Ministry of Health of Ontario, n.d.). Externs work as part of the interprofessional team under the supervision of a registered nursing professional (Ministry of Health of Ontario, n.d.). The responsibilities, including tasks and skills, of externs are determined by each organization, and influenced by provincial legislation.

In Ontario, the *Regulated Health Professions Act, 1991* defines controlled acts as an activity that can cause harm if not performed by a qualified individual and can be performed by healthcare professionals in Ontario (College of Nurses of Ontario [CNO], 2020). The *Nursing Act, 1991* specifies which of these controlled acts can be performed by nurses in Ontario (CNO, 2020). Using delegation, students in clinical extern positions have the authority to perform many tasks such as venipuncture, wound care,

administering injections, and completing other components of the care plans that may have previously been assigned to the nurse. With these skills and abilities, externs offer support to hospitals in maintaining aspects of care while facing nursing shortages as well as providing a recruitment avenue for the facility. The intent of the proposed study is to learn how NGNs feel that a clinical externship program influenced their transition to the nursing workforce including their socialization into the NGN role.

Definitions

Clinical extern: Students in their second, third or final year of study in a recognized BScN program who provide direct patient care in clinical areas as unregulated health care providers (Ministry of Health of Ontario, n.d.).

Newly Graduated Nurse (NGN): A RN who has worked in the profession for less than one year.

Professional Identity: "... sense of oneself, and in relationship to others, that's influenced by the characteristics, norms, and values of the nursing discipline, resulting in an individual thinking, acting, and feeling like a nurse" (Hinkley et al., 2023 p. 174)

Self-efficacy: An individual's confidence in their ability to successfully perform a task (Bandura, 1977)

Socialization: The process wherein professional knowledge, skills, attitudes, and identity are acquired (Teskereci & Boz, 2019)

Transition: The experience of moving from the role of a student to the professional registered nurse (Wakefield, 2018).

Rationale for Study

Limited research is available related to clinical extern programs in Ontario, Canada with most research focusing on programs in the United States (US). Of the articles found related to externships, most focused on retention rates (Rugs et al., 2020) or student experiences during or immediately after the extern program (Kilpatrick & Frunchak, 2006; Rush et al., 2004; Ruth-Sahd et al., 2010; White et al., 2019). There is a lack of available research focused on the critical transition that occurs when an individual moves from student to novice nurse, and the influence that clinical extern programs have on this transition.

The importance of creating and providing appropriate transition programs for students and NGNs has been heightened by the COVID-19 pandemic and shortages to the nursing profession. The COVID-19 pandemic caused significant disruptions to both nursing education and the healthcare system in Ontario, and throughout Canada. Some nursing schools were forced to move from traditional face-to-face classes, labs and clinical experiences to online learning experiences due to policies of both the academic institutions themselves and the health care facilities (Powers et al., 2022).

Newly graduated nurses are now also entering workplaces amid a staffing crisis with high patient acuity and loads, staff burnout and turnover. Nurses working on the frontlines during the COVID-19 pandemic reported high levels of fear, anxiety, depression, burnout and intent to leave (Lou, 2022; McMillan, 2023). The RNAO reports that 75.3% of RNs in Ontario are feeling burned out while others feel exhausted or disengaged from their work (2023). Approximately 84% of surveyed RNs also reported that regular staffing was now insufficient or inappropriate in meeting the needs of the

patients (RNAO, 2023). Due to short staffing, many orientees are also being pulled from orientation to take on patient assignments.

The aim of this study is to learn from NGNs, within their first year of nursing practice and after some time for reflection, how they feel participation in an externship program affected their transition from student to novice nurse.

Chapter 2: Literature Review

A search of multiple online databases including the Cumulative Index to Nursing and Allied Health Literature (CINAHL), Ovid Medline and PsychINFO through Trent University's Bata Library occurred from September 2022 to January 2023. The results were limited to peer-reviewed articles written in English and published within the last ten years. Key words included clinical externs or externships, novice or new graduate nurse, and transition. Additionally, a manual search of reference lists from articles and simplified searches in Google Scholar were used to obtain relevant material. Seminal works were also included in the literature review.

Newly graduated nurses face several challenges when they first join the profession. While clinical placements within nursing curriculum, including final clinical practicums or consolidations, are designed to provide the opportunity to apply knowledge to clinical practice, develop clinical judgment and decision-making and work with role models, many students graduate feeling unprepared in facing the realities of the workplace, creating tension and role confusion in new graduates (Duchscher, 2009; Kavanagh & Szweda, 2017; Shipman et al., 2016).

Stages of Transition

The different stages of transitions experienced by NGNs have been studied since the 1960s. Kramer (1974) first coined the phrase 'reality shock' when describing a four-phase approach to novice nurses entering professional practice. Kramer theorized that NGNs go through a learning and growing transition characterized by the honeymoon, shock, recovery and finality phases. The first phase, the honeymoon phase, is

characterized by excitement about finishing nursing school and beginning a new job (Kramer, 1974). NGNs are excited about joining a new profession and are eager to learn as much as possible. According to Kramer, the shock phase comes next as NGNs start to experience feelings of disillusionment with the professional role. This phase is characterized by negative feelings as individuals start to realize the differences and inconsistencies between their expectations of new role and the realities (Kramer, 1974). The next phase, the recovery phase, comes as the nurses make decisions about adapting to their new role as they see the job realities with a more open and positive perspective. The fourth and final stage usually occurs after 12 months of practice and is when a NGN can clearly see their full professional role and according to Kramer, starts to fully contribute to the profession (1974).

Benner later developed the model of novice to expert nurse identifying that nurses and students go through a number of nursing stages: novice, advanced beginner, competent, proficient, and expert (2010). In the novice stage, NGNs are very limited in their behaviour and inflexible, not dealing well with clinical changes in their patients. Due to this situation, NGNs are capable of only basic nursing skills but require support and guidance in providing patient care (Benner, 2010). Beginning nurses focus on 'to do' lists and are heavily fixated on the tasks at hand. As NGNs advance into the advanced beginner and competent stages, they start to gain more experiences and from these, start to recognize patterns of clinical situations more quickly but do not have enough in-depth experience (Benner, 2010). Benner contends that in these two stages, NGNs still lack the speed and flexibility of more proficient nurses. The fourth stage, proficient, is characterized by nurses being able to see situations as "wholes" rather than parts leading

them to be able to modify care plans in response to different events. A nurse reaches the last and final stage, expert, when they no longer rely solely on rules to guide their actions but instead use their experience, knowledge and resources to obtain an intuitive understanding of the situation. Expert nurses are no longer focused on a 'to do list' but instead can focus on the most relevant problems.

Building on the work of both Kramer and Benner, Duchscher's (2012) Transition Shock describes the experience of moving from the comfortable and familiar role of the student to that of a professional nurse. This process is not linear and moves the NGN through multiple changes including responsibilities, knowledge, roles and relationships and is based on Duchscher's research with NGNs working in western Canadian hospitals (Duchscher, 2009). Duchscher further breaks this transition into stages of doing, being and knowing. The first stage of doing occurs over the first three to four months post orientation and can be both overwhelming and exciting as NGNs adjust from the relatively predictable academic environment into the nursing profession. It is in this phase that NGNs will experience transition shock because of a lack of personal experience, insecurities around communication, lack of support and feeling physically, mentally and emotionally exhausted (Duchscher, 2009).

Over the next four to five months, an NGN enters the being stage. This stage is characterized by a rapid advancement in thinking, knowledge and skill development (Duchscher, 2009). As NGNs start to gain a level of comfort in their role, they are also confronted with a crisis of confidence as greater responsibilities are placed on them. The third and final stage is knowing. Duchscher states that in this stage, NGNs start to see themselves as professionals and develop their own identities (2009). Duchscher contends

that there are five intersecting elements that can influence this initial transition to practice: stability, predictability, familiarity, consistency, and success (2012). One can feel in control and successful when an environment is stable, predictable, familiar and consistent otherwise energy is spent instead on thinking back to what is familiar and not moving forward (Duchscher, 2012).

The transition period was explored by Chernomas et al. (2010) who looked at the perspectives of new nurses on their role transition from students to practicing nurses. A convenience sample of 51 new nurses working in Manitoba participated in focus groups addressing broad topics of transition and the integration into the workplace (Chernomas et al., 2010). The participants reported that, as part of the transition period, they required time beyond the one-month orientation to work with experienced nurses and educators in clinical practice to role-model their own nursing practice and receive feedback to affirm professional development (Chernomas et al., 2010). A crucial factor that facilitated learning was this guidance and support provided by experienced nurses in their work environment. In addition, the novice nurses reported a need for more knowledge and skill for working with interdisciplinary teams (Chernomas et al., 2010)

Toothaker et al. (2022) reported comparable results in their phenomenological study looking at the lived experiences of 11 NGNs during their first six months of transition to practice in the United States. The overarching theme that emerged from the participants was a feeling that they lacked the practical knowledge of working within the ever-changing healthcare environment. Participants reported lacking skill dexterity, real-world knowledge, and working with supplies they were unfamiliar with. These factors led to participants feeling a lack of confidence and uncertainty in their new roles leading to

impostor syndrome (Toothaker et al., 2022). Due to a desire to fit in with their new colleagues, participants concealed these feelings and felt uncomfortable asking questions for fear of being viewed as incompetent (Toothaker et al., 2022).

Readiness to Practice

The Casey-Fink Readiness for Practice tool was developed in 2007 to evaluate specific skills and activities that senior students would be expected to perform prior to graduation as well as analyze levels of perceived readiness to practice taking into consideration personal characteristics and experiences (Casey et al., 2011). The survey consists of three sections: demographics, student's comfort with a list of clinical and relational skill performance, and a self-report about confidence and comfort in key practice areas on a Likert scale. Casey and colleagues sampled 429 senior students from three nursing programs in the United States to identify skills students found difficult to perform, understand the perception of student readiness, and to identify and correlate readiness with individual characteristics and reasons for entering the nursing profession (Casey et al., 2011). The results indicated that participants felt confident in their communication with patients and family but needed more time to feel comfortable with delegation of tasks, handling multiple patients and responding to a change in patient condition (Casey et al., 2011).

Using the Performance-Based Development System (PBDS), Kavanagh and Szweda assessed the entry-level competency and practice readiness of over 5000 NGNs hired over a period of five years (2017). The PBDS is used by many hospitals in the United States to evaluate clinician competency to help ensure quality patient care by identifying critical thinking, learning needs, thought processes and can also be used in the

development of individual onboarding (Kavanagh & Szweda, 2017). The PBDS was administered to participants prior to them working with patients as NGNs. The results indicated that an average of 23% of NGNs scored in the safe or acceptable range of entry-level competency (Kavanagh & Szweda, 2017). The researchers concluded that the results showed a major gap between acquiring sufficient knowledge to write and pass the NCLEX compared to what is necessary to provide safe and competent care. Kavanagh and Szweda (2017) caution against relying on techniques such as listening and memorizing and emphasize a need to focus on experiential learning that allows students to use their critical thinking and apply knowledge into practice.

Clinical Externships

The following section will review literature examining the effect of externships on developing confidence, interprofessional teamwork, beliefs about nursing, and retention.

Confidence

White and colleagues (2019) used a quasi-experimental before-and-after design to examine the influence of a summer extern program on nursing students' confidence and anxiety with clinical decision making in the northeastern United States. Students were divided into three groups – those participating in a nursing extern program, those who worked in health care (i.e., nursing assistants), and those not employed in healthcare. Using repeated measures analysis of variance, the researchers reported that participants in the nursing extern program had significant improvements in self-confidence and reduced anxiety in comparison to the other groups (White et al., 2019). The extern group consistently improved in clinical decision making by gathering information, and developing listening skills, to see the 'big picture', and knowing and acting (White et al.,

2019). The researchers concluded that summer extern programs reinforce curricular content, reduce psychological barriers to self-confidence and reduce anxiety (White et al., 2019).

Shipman and colleagues (2016) identified similar themes in their phenomenological study of twelve NGNs who had participated in an 800-hour clinical extern program in their last senior year. NGNs with three months to two years of experience were interviewed. The participants reported feeling confident in their transition to practice, making decisions, prioritizing care, delegating, and interacting with the interprofessional team. Specifically, the participants believed their transition to practice was made easier by the extern program as it provided an opportunity to better understand what the role of an RN entailed, including responsibilities and scope of practice. In addition, the participants interviewed reported that the experience helped them decide where they wanted to work as NGNs. Lastly, the participants identified that the extern program provided opportunities to repeatedly practice skills and engage in therapeutic communication with patients, family members, and the interprofessional team. Participants reported that they felt more comfortable collaborating with the interprofessional team because they had had experience as externs and did not feel “new at it because [they] had communicated with doctors in the externship program” (Shipman et al., 2016; p. 32).

Knepp and colleagues (2022) explored the experiences of one student's perception of providing care to critically ill patients during an externship. The participant, a student in her last year of study, externed for ten weeks in an Intensive Care Unit at an acute care hospital in the United States. Reflecting in a journal, the participant concluded

that the experience had led to “an enormous amount of personal growth, enhanced self-confidence and lower levels of anxiety in providing care for critically ill patients” (Knepp et al., 2022, p. 7). The ability to transition theoretical knowledge into practice was another pivotal lesson exercise for the participant. During the externship, the participant reported being able to review lab values, observe interventions being implemented according to care plans and practicing skills.

Interprofessional Teamwork

Ruth-Sahd (2016) explored how participation with the interprofessional team influenced externs' knowledge of healthy working environments as well as participant and patient outcomes. A convenient sample of 60 nursing students participated in an eight-week long externship that focused on fostering interprofessional relationships and socialization and the RNs role within the team. Participants also attended a post-conference that outlined the essentials to creating a healthy, healing environment which promotes nurse and patient safety and quality care (Ruth-Sahd, 2016). By the end of the study, participants were able to better understand how work environments can have effects on both staff and patients. Part of this included being mindful to work with the interprofessional team to improve decision making and patient outcomes (Ruth-Sahd, 2016). Participants also recognized the importance of open and skilled communication among all interprofessional team members.

An increase in confidence and interprofessional collaboration was also reported by Ruth-Sahd and colleagues (2022). Anonymous questionnaires and exit interviews were conducted on a group of 20 nursing students who completed an eight-week externship developed to foster an awareness of interprofessional collaboration and self-

advocacy (Ruth-Sahd et al., 2022). In addition to working side-by-side with nurses, planned observation sessions were planned to provide education on the different roles in the hospital. The participants reported that the ability to witness interprofessional practice over an extended period of time gave them an appreciation of teamwork and continuity of care. Ruth-Sahd and colleagues concluded that when students are immersed in clinical environments and exposed to interprofessional practice over an extended period, these real-life opportunities benefit their knowledge and confidence.

Beliefs about Nursing

Ruth-Sahd et al. (2010) conducted a qualitative study interviewing nursing students who had participated in an eight-week clinical extern program at a magnet trauma hospital in Pennsylvania. They asked the externs to reflect on ways in which participation in the program affected their assumptions, beliefs, and values regarding the nursing profession and to identify whether these factors were interpreted in either a positive or a negative way (Ruth-Sahd et al., 2010). The participants were interviewed throughout the program and a focus group was held halfway through the program. While the participants did not express a change in values or beliefs, overall, they felt the experience was beneficial to them. It validated and confirmed the researchers' thoughts about communication, the importance of patient care, the value of time and what it means to be a good nurse (Ruth-Sahd et al., 2010). Many externs also attributed the extern program as leading to greater self-confidence as a person and as a future nurse (Ruth-Sahd et al., 2010).

Retention

Martin (2015) investigated the effects of an externship program that hired 17 senior nursing students over a span of fifteen years into an Inpatient Blood and Marrow Transplant Program at a Wisconsin hospital. The externship was a three-month commitment and gave students an opportunity to be immersed in and learn about a specialty area that is not often taught in nursing curriculum (Martin, 2015). Descriptive statistics showed that 30% of the current staff completed the externship and their five-year retention rate was 95.2% (Martin, 2015). Martin (2015) concluded that the externship allowed for a smoother transition into the role of RN leading to low turnover rates and high retention rates.

Summary of Literature Review

The transition period from student to NGN is acknowledged as a time of great stress, confusion and skepticism as NGNs attempt to make connections between theory and practice. The studies presented found participation in clinical externships to increase confidence in clinical decision-making, managing multiple patients and task mastery, improve communication with the interprofessional team and provide students with an opportunity reflect on their beliefs about nursing.

The review found limited literature on clinical externships in Canada within the last ten years with most studies occurring in the United States. Additionally, most research on the effects of clinical externships on the participants themselves occurs during or immediately after the extern program has finished and does not focus on how

the experience affects their transition to practice. Other longitudinal studies focused on organizational benefits such as retention and cost-savings. This study was conducted to help address these limitations.

Chapter 3: Methodology

The study used a qualitative design, interpretive description to answer the following research question: How do newly registered nurses feel that participation in a clinical externship program influenced their transition to the nursing workforce?

Interpretive description (ID) was introduced by Dr. Sally Thorne in 1997 to explore associations, relationships and patterns within a phenomenon while borrowing elements from the more traditional qualitative techniques (Thorne, 2016). Thorne proposed that elements of methodological borrowing are found in ID including constant comparative analysis from grounded theory, multiple ways of data collection from ethnography, and the acknowledgement that multiple realities contribute to the subjective human experience from phenomenology (Thorne, 2016). The uniqueness or defining feature, and the reason this methodology is appropriate for this study, rests in ID's emphasis on the generation of clinically relevant knowledge. Interpretive description research generates an understanding of clinical phenomena that would be optimally relevant and useful to the practice of nursing (Thorne, 2016). The desired outcome of using the ID approach for nursing research is creating a "product" that is equally relevant to the bedside nurse, the academic nurses, the nurses working in leadership, policy and other areas of practice.

Locating myself as a researcher

When choosing the methodology that would best answer my research question, it was important that the method fit well with my own ontological and epistemological beliefs, in addition to being relevant to the practice of nursing. Currently, my beliefs align

with a naturalistic orientation in which multiple subjective realities can coexist and cannot be separated from what we are studying (Thorne, 2016). These personal beliefs align with ID. Additionally, I struggled with connecting abstract theories to bedside clinical nursing so ID provided an avenue where I could explore a research question and develop practical knowledge that I could apply to the clinical setting.

I came to this study as both a practicing RN and a clinical educator. After making the transition myself from student to NGN and then, to working with students who were themselves making the transition to practice, I wanted to understand how as an educator and mentor, I could help facilitate the transition from student to nurse. As I entered graduate studies, I found myself more interested in this topic and started to read more about transitions and readiness to practice of NGNs. During this time, my employer introduced clinical externs, and I began to question how this specific role may influence the transition to practice, as well as what things worked in the program and what things needed to change. I knew I wanted to develop recommendations that would make sense to, and be relevant for, practicing nurses, management, and clinical educators while also producing a study that was rigorous.

You have entered the study not to discover the basic nature of a phenomenon in the classic sense of a social scientist as much as to understand it better – what conditions it works in, how it feels when it is happening, what features of it become important to those experiencing it, or how it makes sense to those involved . (Thorne, 2016, p. 165)

In traditional qualitative methods, the experience of the researcher is often viewed as bias but in ID, this experience and knowledge is considered a valuable tool for the

researcher with data collection and analysis occurring through this ‘expert lens...with a particular focus on information that would be pertinent to providers’ (Thompson Burdine et al., 2020, p. 339).

As a novice researcher, I reflected on situating myself within the role of a researcher as suggested by Thorne (2016) throughout the study planning and implementation phases. Notes were kept in a diary and consultations were made with my thesis committee about the implications of my role in the data collection. As an Emergency Department (ED) Nurse, I am accustomed to sometimes leading conversations with patients as I begin to work through the differentials of what brings them into the ED. As Thorne states, an important aspect of being “an effective researcher has to do with undoing your clinical practice engagement and communication techniques” (2016, p. 119). I shared my initial two transcriptions with my thesis committee and after discussion became aware of some instances of leading language used. With the succeeding interviews, I was careful in my choice of language and avoided leading questions, phrases or words.

Methods

The following section details the sampling and recruitment strategies, and sample size used in the study. The interviews and data analysis techniques are outlined along with approaches used to maintain rigour, and ethical considerations.

Sampling

Interpretive description lends itself to various sampling procedures and the use of more than one is encouraged (Thorne, 2016). Purposive sampling is a form of non-

probability sampling used to include participants who possess certain qualities and was employed to gather data from individuals who were experienced with clinical extern programs firsthand (Thorne, 2016). Following this ID approach and guided by the current state of knowledge and the research question, a purposive sample of RNs who participated in a clinical extern program while in school and were within their first year of employment as a RNs in Ontario was sought.

Inclusion criteria for the participants included: (1) participation in a clinical extern program while in school; (2) within their first year of practice as a RN; (3) working in a health care facility within Ontario; and (4) proficiency in English. Those who had previously worked in health care as either a Personal Support Worker or Registered Practical Nurse were excluded from the study.

Sample size

According to Thorne (2016), representation and sample size are constructions of the researcher, and she suggests that true representation of a population is something to strive for while also acknowledging it is impossible and ultimately goes against the “epistemological foundations of practical knowledge” (p. 107). Thorne maintains that a careful selection of a small number of participants can yield sufficient in-depth data to answer a research question. Interpretive description allows for variable sample size and recognizes the very real constraints of time and resources when recruiting participants for an applied study (Thorne, 2016). Lastly, Thorne cautions against using the term ‘saturation’ when using ID because claiming that there is no other possible variation is in opposition to the epistemological claim of “infinite experiential variation” (2016; p. 192). For Thorne, the researcher must acknowledge “...that there would always be more to

study” (2016; p. 108). For this study, a sample size of between six to fifteen participants was proposed to enable discovery of what constituted common themes and experiences across the sample.

Recruitment of participants

Many recruitment techniques were used to reach participants. A poster outlining the study (Appendix A) was shared on LinkedIn™, and with management at several hospitals in Ontario, who in turn, shared the poster with former clinical externs and other staff at their respective sites. Participant recruitment started in January 2023 and continued into June 2023.

Initially, recruitment relied on potential participants reaching out via email once they had seen and responded to the poster either on LinkedIn or at their place of employment. Upon completion of the fourth interview, recruitment to potential participants was targeted to new nurses not working in the ED. Individual messages were sent to newly graduated RNs outlining the purpose of the study and asking if they were interested in participating. If they expressed interest, an invitation letter (Appendix B) and consent form (Appendix C) was sent to them. After the poster was shared on LinkedIn™ and with staff at various hospitals throughout Ontario, snowball recruiting was used as participants were encouraged to share their interview experience with fellow colleagues. The recruitment efforts achieved a sample size of eight.

Interviews

Data collection began in March 2023, and concluded in July 2023. Data was collected through semi-structured interviews, guided by an interview guide comprised of

open-ended questions (Appendix D). Interested participants were given a choice for the time of the interview and means of interview, face-to-face or virtual. Providing participants with the opportunity to interview virtually or face-to-face helped to reduce geographical constraints and allowed greater opportunities to reach participants throughout Ontario (Irani, 2019). Virtual interviewing also offered more scheduling flexibility with more options for participants to fit the interview into busy and often conflicting, unpredictable work schedules (Irani, 2019). Seven of the participants chose to interview virtually while one chose face-to-face. Irani (2019) suggests that virtual interviews allow participants to pick a location in which they are comfortable which can benefit the discussion. Virtual interviews, however, also have their own challenges. Technology is not always reliable and, in this study, the recording from one interview was lost due to connectivity or recording issues. In this instance, notes were made immediately after the interview.

Interviews typically lasted between 30 to 40 minutes with the purpose of understanding how the participants felt their externship had influenced their transition to practice. Though questions were structured with the interview guide, they were open-ended and probing questions were asked when necessary to clarify participants' meaning in their response. I allowed the participants to guide the interview and did not stick to a specific order of questions to allow for a more natural progression of the interview but ensured each question was asked during the interview.

Data analysis

Interpretive description lends itself to analytical frameworks which progress through a process of inductive reasoning. The constant comparative method was used to

categorize and compare the data collected for this study (Thompson Burdine et al., 2020). Developed for use in Grounded Theory, constant comparative method is an approach whereby every piece of data is compared both within and between each participant, to find similarities and differences to support interpretations starting to emerge from the data (Charmaz, 2014; Thompson Burdine et al., 2020; Thorne, 2016). This type of data collection is immersive. Thompson Burdine and colleagues (2020) suggest six methodological steps involved in constant comparative method: immersion in data, development of an initial thematic template, organization of the data, condensing of the data and reflecting, comparing and contrasting within and between participants.

Interviews were audio recorded and then transcribed verbatim using Otter, an online transcription service. Additional manual transcription by the researcher was completed to correct and finalize the transcripts and allowed for careful review of the interviews. Once the interviews were transcribed, they were copied into Microsoft word and broad codes were initially identified by underlining and adding comments to the document. To become immersed in the data, the first step was to listen to the recordings multiple times as well as reading and rereading the transcripts to develop some initial codes and themes. Interviews were read and reread to gain an overall understanding of the experiences and to identify which statements and phases seemed particularly revealing to develop themes that captured the essence of the experiences. These initial thoughts were recorded in a diary.

Thompson Burdine et al. (2020) suggest that researchers should carefully evaluate their interview guides throughout the process to determine whether modifications are necessary. After reflecting on the first two interviews and the information being gathered,

and after consultation with the thesis committee, some changes were made to the interview guide to add more probing questions. Notes were also taken during the interviews to capture some of the non-verbal language of the participants such as capturing when participants were smiling and laughing when discussing a specific situation.

Thorne encourages the use of a very broad-based and ‘generic’ coding schemes in the initial analysis of the data “that steers you toward gathering together data bits with similar properties and considering them in contrast to other groupings that have different properties” (Thorne, 2016, p. 160). In the initial coding of the transcripts, incident by incident coding was completed based on the emerging findings, the purpose of collecting this data, and the level of abstraction anticipated (Charmaz, 2014). As codes were developed and examined, an initial thematic template was developed to organize and sort through the codes. Continual examination of the themes occurred both within and between the participants to identify similarities and differences in their experiences.

Rigour

Approaches to ensure rigour in interpretive description include epistemological integrity, representative credibility, analytic logic, and interpretive authority (Thorne, 2016).

Epistemological integrity. Epistemological integrity can be demonstrated when there is a logical plan of action that aligns all aspects of the study from the nature of knowledge through to the research methods (Thorne, 2016). Based on rigour criteria and techniques outlined by Jackson et al. (2022), different qualitative methods were explored

before selecting ID and guidance was sought from professors with knowledge and training in qualitative methods. For example, grounded theory was briefly considered as a method but was felt to be too abstract for the research question and desire to use findings from the research to inform future practices with NGNs. When ID was examined as an approach to answer the research question, the compatibility with the research question and my epistemological leanings and experience as a qualitative researcher was evident. Additionally, guidance was sought from the research committee throughout the collection, analysis, and presentation of this paper to ensure integrity to interpretative description.

Representative credibility. To ensure representative credibility, theoretical claims must be consistent with the population sampled (Jackson et al., 2022). Relevant techniques to provide representative credibility include appropriate sampling and the use of participant quotes to provide a thick description (Jackson et al., 2022). The study sample included novice nurses from several different settings and locations throughout Ontario to ensure a representative sample of the population of interest. Midway through the data collection, the sampling technique was altered to target participants from several different care areas to add representation to the sample. The diverse experiences were captured in the participants' quotes found in the findings section and provide a description of how they felt the externship influenced their transition to practice.

Analytic logic. Analytic logic is outlined in the reasoning of the researcher from the development of the research question through to the interpretive claims made and can be achieved with an audit trail that another researcher could follow (Thorne, 2016). For this study, an audit trail was kept in a journal and discussed with the thesis committee

throughout the entire process to support clear and logical steps and to document some of the findings that were emerging from the data.

Interpretive authority. Lastly to ensure interpretive authority, assurance is needed that a researcher's interpretations are trustworthy and illustrate some true knowledge beyond the researcher's own experience and bias (Thorne, 2016). Jackson et al. (2022) outlined several techniques including keeping a research journal to reflect on the data collection and analysis, discussion of the analysis and interpretation frequently with committee members and the recording of an audit trail. All of these strategies were used in this study.

Ethical Considerations

This research was conducted in compliance with the Trent University's Research Ethics Board's (REB) requirements for research with human participants. Prior to the start of the study, REB approval was obtained (File # 28243; see Appendix E). Written informed consent was obtained from each participant before an interview occurred and confirmed before interview recordings began. All participants were reminded that confidentiality would be maintained, and all transcriptions would be anonymized. Information was stored on an encrypted computer and the Trent SharePoint cloud storage. The Multi Factor Authentication on my Trent account was used to protect both emails and files following Trent University expectations. Participants were assigned a pseudonym alphabetically based on when they were interviewed; for example, the first participant was given the pseudonym Anna; the second participant, Brittany; the third, Cara and so forth.

Chapter 4: Findings

The purpose of this study was to examine how participation in a clinical extern program influenced the transition of NGNs. This research is based on the information gathered from eight participants who worked as clinical externs while in school and were within their first year working as a RN in Ontario. The findings in this study are presented according to the three main themes that emerged during the collection of data. The three main themes are developing self-efficacy, developing a professional identity, and being on the inside. Many of the themes that have emerged are interrelated and share some factors yet are presented separately to provide a thorough exploration of these various factors influencing transition to practice.

Participant profiles

All names used in this section are synonyms. Anna completed her clinical externship in the ED of a small, rural hospital in Ontario. She worked in this position for approximately one year before graduating. At the time of the interview, Anna had been working in the ED of a large, regional centre for approximately seven months. Brittany worked on an orthopedic unit as a clinical extern before graduating and starting in the ED for the same organization. Cara participated in two externships the first in a large mental health facility lasting only three days, and the second in the ED of an urban, community hospital where she has worked as a RN for 10 months at the time of the interview.

Daniel also participated in two extern programs while in school, one in a mental health facility followed by an externship in the ED of an urban community hospital. At the time of the interview, he had been practicing for approximately nine months. Ellen

externed in the Intensive Care Unit (ICU) for just under two years. She now is practicing on a surgical unit at the same organization. Fran completed three different externships while in school, all within a children's hospital. Although initially accepting a job at the children's hospital, Fran had transferred to a neonatal unit at a regional health centre at the time of the interview. Gail externed on several different medical units at a large regional hospital and is now working on the float team at a rural hospital. Henry worked as an extern for about a year on a medical unit. He graduated and has been working in the ICU at the same facility for about three months.

Developing self-efficacy

As data analysis progressed, a theme related to the development of psychomotor and communication skills and a resulting sense of self-efficacy emerged. Discussions with the participants showed that they were able to learn both by doing and through vicarious learning. Some initial codes for this theme included learning the basics, learning assessment skills, troubleshooting, not sweating the little things, gaining independence, learning to speak with patients and the interprofessional team, learning by observation, listening, being able to ask questions, seeing different perspectives, and watching interprofessional interactions. These initial codes have been grouped together into two themes: learning by doing and learning vicariously.

Learning by doing

Many of the participants reported that one of their main motivations for entering the clinical externship was the opportunity to become comfortable completing many of the hands-on skills expected of them as a nurse. One participant reported that her motivation for being a clinical extern was "to be competent, like, just with basic skills

such as taking vitals” (Ellen). Participants reported that they felt like the opportunity for practicing skills was limited in lab settings and that the clinical extern experience gave them the opportunity to practice skills.

...we only got to practice skills from one week in lab and then it was on to the next skill. So being able to take that and put that into practice was huge, because catheterizing a dummy is much different than catheterizing an actual person or really anything. (Anna)

While the participants reported learning many of the skills in lab, they often felt that the lab environment was too artificial and did not necessarily allow them to learn the skills effectively. Participants did not discuss what opportunities occurred during their clinical placements during these interviews. Getting more hands-on experience as a clinical extern provided the participants with more exposure to these skills.

Even something as simple as positioning a patient, or something as simple as helping a patient get up and using a walker. Those are skills that I learned, you know, in lab, so we're kind of doing it with, with our colleagues and so my, like, my fellow student would be a patient and I'd have to help them get up but it's not the same as when a patient can't actually weight bear on that one side.

(Brittany)

Yeah, even skills like feeding patients right, or dysphasia. I've never done that before. And you know, it's not something you can learn in a lab effectively. (Gail)

When asked if practicing any specific skills as an extern helped her gain confidence as an NGN, Brittany talked about how something as simple as priming Intravenous (IV) tubing as an extern has helped her gain independence.

I like pretty much know how to do certain things. So, like, even some nurses would just ask “Hey, do you mind priming like an IV line for me?” and I said, “Sure.” I wasn’t the one hooking up the patients necessarily but just doing that task for them made me feel like I knew what I was doing. (Brittany)

Participants reported that they were able to practice many hands-on skills as externs under the supervision of other nurses. Daniel, for example, reported that he was able to practice blood draws and IV insertions as an extern – all skills that he now uses as a RN in the ED. Anna also reported being able to practice a number of different skills including IV insertions and catheters. Participants reported that overall, they felt comfortable with practicing these skills as an extern because the nurses would “walk you through exactly what [they] were doing and why” (Anna). By practicing these skills in a controlled environment, participants reported that it led to an increase in confidence once they were practicing on their own. They took pride in their achievements, thus assisting with the overall transition to being a practicing nurse.

So as an extern, I did a lot of, like, hand expression for, like, breast milk letdown and like latching and positioning and things like that. Like, if the mom ever needed help, it would just be me really helping with that or like getting the colostrum out and really coaching them through that if the lactation consultant wasn't available, or the nurse wasn't available. So, in the NICU, that's exactly

what I did. I would do the exact same thing basically, and I really learned those skills in my externship. (Fran)

Repeated exposure to different skills and situations allowed the participants to start to build a foundation of skills necessary in their role as an NGN. Being exposed during the clinical externship helped the participants gain confidence as well as a sense of independence when it came to completing the basic tasks such as daily care of their patients and troubleshooting small technical issues that arose during their shifts. Participants felt that they did not need to worry about some of the more trivial tasks they practiced during their externship leading to increased confidence and a sense of self-efficacy.

...I at least had a basic understanding of how to care for a patient even if I didn't know how to you know, hang the medications or, you know, use the various machines that they had. It just kind of helped give me a foundation for what I was doing. (Brittany)

I think a lot of it was as I had more and more and more exposure to all those little things because, you're right, you don't think so much about those little things, like, get bothered. Not bothered but you're not as stressed as much because of even just the exposure. (Henry)

... I have those issues come up. I know how to troubleshoot them without having to run to my colleague and asking them. I can kind of think back to what I learned in my externship, from those nurses, and apply those things to my practice.

(Brittany)

As clinical externs, many of the participants were able to practice skills including blood glucose testing. Henry talked about how in the beginning something as simple as taking blood glucose was “like a big deal” (Henry) but with repeated exposure he “hit [his] growth curve and it was just smooth from there” (Henry). He discussed how the first time he got a critically high blood glucose reading, he panicked but eventually came to realize how to respond to these situations.

Oh no, the blood sugar is really high! It was the first step when those things happen. So, realizing, oh, it's actually not bad, that it will be handled. It is...you get familiar with it. It doesn't, it doesn't freak you out. Yeah, you don't freak out as much because you know how to respond to these things that happened. (Henry)

One participant, Fran, discussed the various skills that she learned as a clinical extern on both on a Pediatrics Unit and the Neonatal Intensive Care Unit (NICU). When asked about one specific skill she learned as an extern, she discussed a nurse who taught her to complete a Critical Congenital Heart Defects screening (CCHD). This assessment is done to assess circulation and oxygen levels of newborns. This was one important skill that Fran learned during her externship and was brought with them into practice now as an NGN and something that made her feel more confidence in her own abilities.

...made me feel pretty competent. Made me feel like I knew what I was doing, and I can actually help them out rather than, like, just being clueless about things. I feel like it really helped me gain confidence and important skills. (Fran)

In addition to practicing hands-on skills, participants also reported that they were given the opportunity to practice assessment skills during their clinical externship under

the supervision of their mentors or other staff nurses. Assessment skills are critical to patient safety with timely and comprehensive assessments being needed to inform a patient's plan of care and ongoing decision-making about the client's health status which may include identifying urgent or emergent needs. Participants reported that they are now able to apply those assessment skills to their practice as NGNs. While working as externs, they were able to practice these skills while receiving feedback and knowledge from other nurses. Overall, they reported that this experience helped in their own assessments now as NGNs.

...when I was externing, I was helping my nurses take patients' vital signs. I would actually go in and practice my assessment skills and any you know, anything that I had any questions about, I would ask the nurse and they would, you know, explain their perspective and their train of thought to me, so I feel like that really helps with my assessment skills. (Ellen)

...she would ask me to go do my own assessment, my own head to toes on them so I'd go in and do my own. And then she would come in with me later. Like right, I'd tell her what my assessment was like. Then she'd come in with me later and she'd like really help me like, like help me listen...because at the time my, one of my hardest... like I was trying to figure out how to like listen to the lungs properly with people, like with certain individuals. They would check in with me later and help me out or if I was having difficulty like finding a pulse or things like that. So that was really another good thing she actually did. She helped me with that so that was really great. (Henry)

Daniel was one participant who was very precise and earnest in his discussion about his transition to practice. When asked about when he worked as an extern for example, he consulted his LinkedIn™ account to provide exact dates and when asked to describe how his transition from being a student nurse to an NGN was going, he didn't feel comfortable providing an answer instead feeling like "that judgment should be given from someone else's perspective. Someone evaluating me." Despite this, Daniel talked several times about being able to practice assessment skills as a clinical extern in the ED and how this experience has translated into his current practice. In fact, he stated "I thought I learned more there [as an extern] than I did as a nursing student." These experiences lead to him being able to put theory into practice allowing him to gain independence and confidence as an NGN.

...I got to auscultate a lot of lungs. I got to auscultate a lot of abdomens while I was externing. I really did look for you know, I looked for nurses who were willing to teach me these things. And so, I feel like when I finally became a nurse, I was able to apply those assessment skills that I got to practice with those nurses into practice (Daniel)

This idea of the participants learning by doing was also translated into how they felt the externship influenced how they now communicate as an NGN. For many of the participants, the externship provided them with their first opportunity to work as an employee with the interprofessional team over and above their experience as a student nurse. Overall, the participants talked about feeling supported and felt that the externship "reinforced teamwork and collaborative efforts...since as an extern, you still have to communicate with different disciplines" (Ellen). The actual process of working as part of

and communicating with the interprofessional team as a clinical extern helped the participants feel supported and confident now as NGNs.

Like I know, I kind of know what I want and what I can say that I want from the doctor from that experience because it's a good experience... [you] learn how to talk, to part of the team or just like even going to physio and saying hey, "Can you assess the patient because I'm not sure they're stable on their feet". Whereas, you know, a brand new nurse might not have had that experience, might not know to go to physio to have somebody assessed before they go home or stuff like that.

(Anna)

...I would say [it] made me a little bit more competent and helped me, like, compared to just not doing it at all versus actually doing it. Its definitely made me more confident. (Fran)

Participants also reported that their experience as clinical externs helped them to develop some confidence when talking with patients. Ellen talked about how the externship helped her gain confidence in communicating with patients. She talked about how when in school, she felt that the placements and theory she was learning “did not help me with my interactions with patients” (Ellen). In doing the externship, she hoped that the experience would supplement what she was missing through school. She reported that the externship made her feel less anxious when approaching patients which benefited her not just in her own practice but earlier in her consolidation.

I did the externship and it helped me get more comfortable with patient care, speaking to patients, and just, just having simple conversations with them. I don't

feel that, like, anxiety of walking into a patient room and then that patient looking at me as a professional and me here feeling like I have no idea what I'm doing. So I definitely got more comfortable with just talking with patients, doing basic care even. And I felt that it really benefited me for my consolidation and for my practice as a nurse. (Ellen)

Fran also talked about how her experience as an extern not only helped her feel more comfortable communicating with patients but also left her with a feeling of self-efficacy when it came to patient teaching.

...it definitely made me more confident in terms of, like, learning how to speak with the moms and teaching them about like safe baby practices, which is a lot of things that I learned in my postpartum externship that I could transfer now to my new job. (Fran)

Learning vicariously

As clinical externs, the participants also expressed that they were able to see a number of different skills performed by their mentors and the other nurses that they worked with. Through this repeated exposure to different skills, assessments, and situations, participants perceived that they had gained confidence through vicarious learning.

Participants recalled learning by hearing and seeing the actions of the nurses they worked with as clinical externs. One participant reported that “watching was good and also made it more comfortable to attempt [skills] on my own when the time came” (Brittany). As with learning by doing, participants reported that watching nurses complete

and succeed with specific hands-on skills allowed them to feel more comfortable with completing the tasks themselves as NGNs.

I like got to, like, see some things, like sit in on some skills with like, like simple things, but like really important, like just watching when they're doing foley's or, um, watching them do an IV. I think it really helped in that department as well.

(Henry)

It was probably the best decision I've ever made in my entire life was to take an extern job and then work in a similar department afterwards. I just... it made it a lot easier because I got to see a lot of things then in a controlled environment as a student when there's other nurses taking care of people. (Anna)

...like the nurses are great to, like, show you things that you maybe haven't done in school, like in your practice. As an extern you don't get to put in NG tubes or IVs or things like that, but you get to see and like you get to learn from that.

(Brittany)

Throughout her interview, Brittany talked enthusiastically about the skills she both did and observed during her externship in the ED. As an NGN in the ED now, Brittany talked with confidence and contentment about her work. She talked about learning the theory behind inserting nasogastric tubes in school but never actually having a chance to insert one as a student but after observing a nurse insert one during her externship, she felt much comfortable doing the task once she started practicing on her own.

...as an extern, I saw the nurse put it in. I'm like okay, cool. And then the next time when I became a nurse, I put it in. Like, it just all makes sense together. So, I think it was beneficial. (Brittany)

Participants reported that they felt more confident in their own assessment skills after watching and hearing nurses' complete assessments. Participants benefited from nurses who were willing to take the extra time to explain their rationales and provide that extra education to the externs as they were performing their assessments. For example, Anna talked about how while she was observing the triage process, a nurse would ask her to write down what kind of questions she would ask and then they would review them afterwards.

... super grew like my assessment skills, which obviously is so, so important in any nursing. It's so important. So, I learned super, like great focus assessment skills just by being able to listen to the triage and listen to their assessments and that was probably the most valuable thing (Anna)

This repeated exposure to clinical situations allowed participants to start to understand how to work through certain clinical situations and also the clinical progression, and signs and symptoms of specific diagnoses. For example, David reported that he felt more comfortable identifying diabetic ketoacidosis based on clinical presentation due to his exposure as a clinical extern. While studying for his National Council Licensure Examination (NCLEX), this vicarious experience allowed him “to make more sense” of the diagnosis allowing for a translation from textbook to a real-life scenario. This learning by watching also expanded to other clinical situations for him.

And I got to see everybody's perspectives on you know, working through a clinical situation and just identifying signs and symptoms and, you know, subtle changes in clinical presentation of the patients. (Daniel)

One participant, Ellen, completed her externship in the ICU. Due to acuity of the patients and the small nurse to patient ratio, Ellen discussed how she did not have the opportunity to practice as many hands-on skills as some of her other classmates who were externing on medical or surgical units. Despite this lack of hands-on experience, Ellen talked about how important just watching and listening in the ICU made her more comfortable as an NGN in terms of both scenarios and communicating.

I found that starting in ICU, when I went to the floor, I noticed I was comfortable. I'd seen everything. So, it was an easy transition. I mean, it didn't really ease the anxiety as much but it still made me okay, like it made me feel like I've seen everything. (Ellen)

As with learning hands-on and assessment skills, participants reported that they learned how to communicate and work as part of the team by observing the interprofessional team as a clinical extern. The staff, and especially the nurses around them, offered them a chance to model their own behaviour on what they saw as working and not working for other nurses.

I feel like it definitely helped with conversations there and I often was able to listen to difficult conversations by nurses and doctors so I kind of formulate what works for me and what didn't work and kind of gauge that. (Anna)

It was a lot of listening in, in the ICU, like the conversations... Because a lot of ICU nurses are suggestive of what they recommend, what should be done for the patient and the doctors are receptive obviously because they know the patient more. (Ellen)

Developing a professional identity

In addition to developing confidence in completing psychomotor skills and communicating with staff and patients, participants discussed the development of other competencies through their externship. This theme of developing a professional identity will be discussed under the following sub-themes: developing leadership skills, developing values, knowing where you want to work, and developing nursing knowledge. Initial codes to develop this theme included working with externs, delegating tasks, willingness of nurses to teach, valuing time with patients, practicing ‘soft skills’, advocating for patients, knowing where you want to work, developing a ‘nursing radar’, connecting the dots, and connecting theory to practice.

Developing leadership skills

Many of the participants talked about their experiences working with nurses as clinical externs and how willing the nurses were to teach them. Participants talked repeatedly about how the nurses took their time to explain what they were doing, provided explanations about patient presentations, and actively sought them out when things were happening.

...I guess just like the willingness of nurses to teach. I think it was really cool seeing especially like once I got you know, to be familiar with the nurses, they'd be, "Oh my gosh, Brittany, you're on today. Do you want to buddy up with me?"

Or they would actually, like, actively seek me out for various things or tell their colleagues, “Hey, if you have something interesting, she's an extern and like make sure you call her for that just, so they can see what goes on”. (Brittany)

Now as practicing nurses, several of the participants talked about their own experience working with clinical externs and how they wanted to continue this willingness to share and teach students, clinical externs and newer nurses. Reflecting on their own experience, they try to share what knowledge they have as NGNs. For example, Cara talked about how she wants to share with the students she works with and Brittany, after seeing “what the nurses did for [her], [she] would want to be able to do that for nursing students coming in”. Ellen talked about how much “now as a nurse, [she] appreciates the externs. They do so much for us.” Brittany also shared the same sentiment.

I actually met one of the externs during one of my first days down there and like anytime I see her, I always asked “Hey, do you want to, like, do you want to see this or is there any question? Are there any questions that you have about a patient?” I still feel fairly new, and I might not have the right answer or a very good answer, but at least hopefully she knows that she can come to me if she has any questions. I mentioned to her I was an extern, so I know she remembers that because she came up to me one time and asked me a few things. (Brittany)

While working as clinical externs, participants talked about learning from nurses who were both new themselves and some who were very experienced. Daniel, who talked about learning some important skills from new nurses, has now taken on the role of teacher himself. He talked about how despite feeling like he is still learning a lot about

the role himself, he is still willing to share what he does know with the clinical externs he now works with. He also goes out of his way to ensure that they are not just delegated the more menial tasks such as providing care.

...I thought my externship was very, very enriching. And I feel like other externs should also have an enriching experience as well. So, if they're just doing vital signs and brief changes, that's not a very enriching experience for them. So, I tried to, you know, with my limited experience as a nurse... I try to shed some, at least some knowledge at least you know, some of my experiences to them from my transition into being a nurse (Daniel)

Cara expressed a similar sentiment that despite being an NGN herself, she feels that she can share some of her knowledge to help the clinical externs she works with.

At this point in time, I would not want a consolidation student, but I can definitely teach some externs about, you know, some medications or like just some stuff that they might not be aware of at this point in their, in their education and hopefully that would help them with some things because whatever I learned in my externship... things were really solidified for me (Cara)

Brittany further talked about delegating tasks to other members of the interprofessional team.

It's my colleagues in different roles, like PSWs, ED techs, like I understand how busy they are. So, if I find they don't want to help me out, then I will try and find someone else or you know, ask my nursing colleagues to help me out so I guess

it's helped me, I guess, communicate with other members of the team more.

(Brittany)

Developing values

Many of the participants talked about how much they valued spending time with patients. Having just gotten home from working a night shift, Ellen talked about how she wished she could have spent more time with a patient who had received some devastating news. She expressed frustration that as a nurse, she often did not have the time to sit and connect with her patients. Gail talked about how her time as an extern showed her how important it is to spend time with patients.

I think it really makes a big difference. I think as a nurse, like, I could see how much you know, the patient's really appreciated that, you know, that extra time and I think in some ways it's helped me to like prioritize that, like patient interaction, you know, like relationship development, because I think it's really important. (Gail)

...I think the ability to like, like connect with patients. And just to, like, listen to them because sometimes I'm running around and someone's just not having a good day...just that little time even though you need to get out (Ellen)

Several of the participants also discussed that they valued being able to practice 'soft skills' with their patients. They valued things such as making patients comfortable through therapeutic touch, listening, and meeting their psychosocial needs.

I feel like it's...when I really can, like, make a kind and positive impact on somebody. The rest of the things, like the skills and the catheters, everything else I

do, that's just kind of part of the job for me. Like, it doesn't really make me feel like a nurse but it's the little things that I can do to make people comfortable and happy. (Anna)

You know, like, going from, from all the soft skills I do, bringing blankets to patients, you know, getting them water. You know, therapeutic touch, active listening to those things to you know, blood draws, medication administration. (Daniel)

As discussed in the previous section, many of the participants reported that they started to feel more comfortable communicating with both patients and the interprofessional team. As they became more comfortable, participants discussed being able to advocate for their patients. For example, Brittany talked about an experience she had working closely with a resident as an extern that helped her to feel more comfortable reaching out when she had concerns about her patients.

...I realized that residents are people too despite them having MD at the end of their name. I'm still very anxious at times, calling in doctors or going to speak to doctors but it helped me gain confidence because my patients, so if I have a concern or if I'm unsure of something, I just go straight to the doctor. (Brittany)

Ellen shared a similar sentiment. During her externship in the ICU, she listened to nurses who “were suggestive of what they recommend, what should be done for the patients...because they know the patient”. As an NGN, she acknowledges the need to advocate for her patients.

I'm still anxious but the externship definitely helped in the sense that I'm more comfortable in asking, um, in talking like...you always hear stories about like, oh, like doctors being mean or this person is mean. Yeah, like at this point, I don't care. There's no wrong answer. There's no wrong question. If you yell, if you yell at me, that's okay. (Ellen)

Knowing where you want to work

The clinical externship also gave the participants opportunities to work in different clinical settings. Four of the participants externed in EDs leading them to seek positions in EDs as NGNs. Anna detailed that she would not be in the ED as an NGN if it hadn't been for her externship.

...I think that super prepared me for the emergency department and kind of sparked my love for emergency medicine. I absolutely fell in love with it and I was like, well I need to work in an emergency department because that's what I want to do. (Anna)

Some participants who externed or had consolidation on inpatient units discovered that they were not compatible with floor nursing. A few participants talked about “being bored” during these experiences. For example, Brittany, after completing her externship on an orthopedic unit, sought out a consolidation in the ED after feeling dissatisfied with the experience. She now works in the ED at the same facility she completed her externship at. Daniel expressed a similar conclusion after his consolidation on a telemetry unit.

...it also helped me learn I did not want to be in an inpatient unit. Like, regardless of what it was, like, I just at that point, I knew okay, inpatient is not for me. I feel like I'd get too bored, and it was true. I was getting quite bored with my days.

Whereas now... I'm never bored. (Brittany)

I also did consolidation on a cardiology unit. It was, like, a cardiology/medicine Unit. And I thought that was too boring for me. So, it was either mental health or emergency in my opinion. (Daniel)

Fran completed three different externships while she was in school in pediatrics, maternity, and neonatal intensive care. The different experiences on the units gave Fran a better sense of what kind of nurse she wanted to be once she graduated. In fact, she stated that if it was not for this experience, she likely would have been stuck on a unit she did not want to work on.

And that's where I found I didn't want to do pediatrics afterwards... then I also knew I didn't want to do postpartum after being in postpartum extern, so NICU was only thing left. Like, I loved the externship but I knew I didn't want to be a nurse in there. So, I'm really grateful for that experience because if I didn't have it then, I would have just started in a unit that I didn't want to be in. (Fran)

Henry had a similar experience and discussed how his clinical extern experience showed him that he did not want to continue working on the floor where he completed his consolidation. He talked about how he could see nurses on inpatient units getting burnt out from the heavy patient loads, so he chose instead to start his career in the ICU.

It did help shape my choice of where I chose to work. But if I hadn't, if this opportunity had not come up, I probably would have stayed on my consolidation floor for a little bit, but I already, as an extern I was seeing it, I was already doing the math of how long I could actually stay working on these floors. (Henry)

Developing nursing knowledge

Anna talked about how her experience in the ED as a clinical extern helped her to start developing her ‘nursing radar’. She started to feel comfortable trusting that feeling she got that something was not quite right with her patient.

...I also got super comfortable with, like, asking questions and asking, like, other nurses to say like, “Oh, is this all right? Like, I don't know how I feel about this patient”. Like, I was able to kind of get like that nursing radar, that something might be a little more than just that stable abdominal pain. (Anna)

When Gail was asked about how the externship influenced her transition to practice, she discussed one scenario where she noted a change in the level of consciousness of one of the patients she was attending.

That gave me more confidence, right, to be like, “Okay, there's something going on”. It wasn't, you know, it looks different than earlier so I'm getting a second opinion. (Gail)

Daniel also discussed that his experience as an extern in the ED gave him exposure to different diagnoses which ultimately led to him being more comfortable with “connecting the dots”.

...helps me sort of connect the dots between you know, signs and symptoms and the patient's clinical presentation. As well as, like, it helped me connect their clinical presentation to, to their chief complaint basically, and maybe help me understand why, you know, certain things were happening. (Daniel)

As clinical externs, participants were often tasked with multiple jobs at the same time. Nurses would ask them to complete vitals on multiple patients, assist with activities of daily living, and answer call bells. Several participants found that this experience made them more aware of how to prioritize.

For example, if I had three things due at the same time, like which ones can be done earlier, which ones can be done later. So that's a big thing in nursing as well because everything is so busy, you need to learn how to time manage, so it definitely helped with those skills. (Fran)

...as externs we are also allowed to help the ward clerks so like if lab called and give us critical results and with our nursing experience from school, we could kind of gauge like okay, "what's normal for them?". Let's say the nurse for that patient is in the middle of something, can it wait or can it not? (Ellen)

Being on the inside

Working as clinical externs provided participants with an insider view of nursing. The sub-themes that emerged including the realities of nursing, knowing the organization and feeling supported were developed from initial codes of knowing what nurses do, floating to different floors, being okay with uncertainty, knowing how to contact people,

knowing how to find things, being comfortable with the charting system, and feeling supported.

The realities of nursing

Several of the participants talked about how their extern experience helped them to understand what nurses actually do. This day-to-day exposure and the opportunity to float to different units gave participants a better sense of what might be expected of them as an NGN.

...with the externship I felt like it did change my perspective on nursing, because I actually saw what nurses do in a day rather than just, I guess, thinking about it or reading about it in a book. (Brittany)

...sometimes we were given the opportunity to float to different floors. So, then you were able to see, like, what a new grad nurse, where they might start out, what they might have to do certain things like that. (Ellen)

...they'd let me, yeah, like go around and, you know, observe what [a NGN] did in the day so it gave me more of an idea of what nurses do in a today, so that was a great experience and then yeah, I think after that first, probably a couple of weeks right of figuring out the pace of it because it was very different than what I was used to. (Gail)

Cara talked about how externing at her current workplace helped her not just adjust to the realities of Emergency nursing but also allowed her to familiarize herself with “the flow of the department”. Anna felt that her experience in an ED as a clinical extern was especially informative because it allowed her to know what nurses do

specifically in the ED, which has translated to her feeling more comfortable in her role now.

... it super prepared me, just, taught me a lot of the role and a lot of what nurses do in the emergency department so I think if I had been on a different floor though, I think it would have been a lot more difficult because you know emergency is a lot different than regular floor nursing and stuff. (Anna)

Gail talked about being able to float to different units as a clinical extern and this helped her not just get comfortable with the uncertainty of what a shift may bring but also in the end made her more satisfied with her decision to go into nursing.

...having that, that experience that, like, you don't know what you're gonna get anytime and you think you might, like, you think you know how the day's going go and then it just never ends up going that way. So getting to, like, knowing that. (Gail)

...certainly at first, less, yeah. Yeah, towards the end, it was more satisfying that you know, I knew what to expect more so, you know, than if I would have just had clinical. (Gail)

Participants were also exposed to the effects of staffing shortages on patient care. Anna described one situation in which she worked outside of the scope of a clinical extern when two trauma patients came into the ED.

So it was one nurse, a doctor, me and two trauma patients. Um, and so I did a

lot that day that probably wasn't necessarily in my scope of practice, like I gave a lot of medications. (Anna)

Knowing the organization

Many of the participants talked about how the clinical extern experience made them more comfortable when they started as an NGN because they were already familiar with the organization. For example, Brittany talked extensively about how she felt more comfortable starting as an NGN because she had done her externship in the same organization. Things such as knowing how to contact people, how to chart, and “knowing the flow of the department” were all things that she did not have to worry about as an NGN.

... I feel like the extern role specifically has helped ease the transition a little bit because I'm already familiar with the organization and you know, how to contact various people if needed, how to even just work power chart, which was completely different than what I was using at school, like, in my placements at school. (Brittany)

Cara also discussed how externing on the same floor that she was now working on gave her a good sense of the flow of the department and made her more confident when she started as an NGN.

...it was nice because I was very familiar with the floor, like you know where everything is, so it gives you the confidence. You kinda know what kind of environment you're in because it can definitely get a little bit hectic so you

understand the environment. I think it definitely did, like, making me more confident. You just know the flow because it takes a second. (Cara)

Henry completed his externship on a medical unit but is now practicing in the ICU at the same facility. When telling a story about watching a nurse perform a catheterization, he was surprised to see the materials she was using were different from what he used in lab. He went on to say that it was a good experience because he now knew “what was needed and the adjustments that [he] needed to make” with these new supplies. He talked about how his externship allowed him to get comfortable with a number of things about the facility including where to find diagnostic imaging, different policies and procedures and the clean utility rooms.

...it allowed me to, what's the word, get more familiar with the hospital and just know where things are. Just like knowing where a CAT scan is and where, where X ray or where this unit keeps things and the kit room and how to, like, find things. I was thinking where you know, where the things are, what the procedure is, the policy or the way that things run. It just kind of helps. (Henry)

Feeling like part of the team

Most of the participants talked about how they felt supported and like part of the team when they worked as clinical externs. To some participants, this support and sense of belonging felt different than their clinical placements. One participant talked about how as a student on clinical placement it “felt very like [the students] versus [the nurses]”. For example, they felt like they were not welcome in the nursing station. Gail discussed how working as an extern made her feel more like part of the team.

...even like in the break room, you know, I could be with the nurses. When I was in my placements, you know, like separate in the basement, like the cafeteria area, and we weren't allowed to discuss stuff like, political things like that. But yeah, it was like, I felt more part of the team. (Gail)

This sense of belonging and support was carried over into their transition to practicing on their own. When asked towards the end of the interview what stood out to her the most about her externship, Brittany commented on the relationships that she had made. She talked about how it was “super beneficial” and that “it’s nice having that support to fall back on when things get rough”. Ellen also left her externship feeling very supported which has led to her feeling more supported as an NGN.

...it didn't really ease the anxiety as much but it still made me, okay, like, it made me feel like I have support. If anything goes wrong, like everyone's still there. It reinforced teamwork, collaborative efforts, then you still like as an extern, you still have to communicate with different disciplines. (Ellen)

Cara shared similar sentiments stating that making friendships with coworkers was one of the most influential takeaways from her externship.

Yeah, that makes a big difference because when you start. You're not hesitant to ask people (Cara)

On the other hand, Fran had a very different experience during her externship. She talked about how the nurses didn't even call her by her name and she felt more like a student than an extern.

I would say, like, when you are an extern communicating with the nurses, you're not really like talking to them like they're your colleague, I feel like because you're just helping them out with things but they view you as, like, a student or like, they don't really ever call me by my name and they will call me extern and things like that. (Fran)

Summary of findings

Three main themes have been identified that clarify how participation in a clinical externship influenced the transition to practice of eight NGNs. Participants reported that they were able to gain a sense of self-efficacy in psychomotor and communication skills through both the doing of the actions and by learning vicariously from the nurses around them. Participants reported that both ways of learning led them to feel more confident once they started practicing on their own. Developing a professional identity was another theme that emerged from the interview data. Separate from psychomotor and communication skills, participants reported that they were beginning to develop a sense of themselves as nurses. This sense of professional identity presented itself as leadership skills, developing professional values, knowing where you want to work, and developing nursing knowledge. Lastly, participants reported that being on the inside, or feeling like an insider influenced their transition to practice. Their experiences as clinical externs showed them the realities of nursing, oriented them to the facilities they were employed at, and made them feel supported and part of the team.

Chapter 5: Discussion

The findings from this study advance the current knowledge of how participation in a clinical externship influences the transition to practice of NGNs in Ontario. The data suggests that participants perceived their experiences as positively influencing their transition to practice. Three themes were identified: developing self-efficacy, developing a professional identity, and being on the inside. In this chapter, the themes will be explored in the context of existing literature and implications to nursing practice, education, and policy. Limitations of the study will be discussed, and opportunities for future research suggested.

Self- Efficacy

The concept of self-efficacy is explored in Bandura's Social Learning theory. Bandura defined self-efficacy as an individual's self-perceived ability to successfully perform specific tasks (1977). According to Bandura, self-efficacy is very task specific and impacts both behaviour and performance with individuals being more inclined to succeed if they feel confident in their abilities. Self-efficacy and confidence have been used concurrently in literature, but Bandura differentiates between the two. According to Bandura, confidence refers to the strength of someone's belief in completing a task whereas self-efficacy refers to an individual's perceived ability to execute a specific task (Bandura, 1977). In this study, participants reported using strategies to develop their skills, which were consistent with Bandura's theory. Although not using the term 'self-efficacy' itself, the participant words such as confidence, comfort and competent, and those words are used in this discussion to stay connected to the findings.

Bandura identifies four ways in which an individual builds their sense of self-efficacy: enactive attainments (performance accomplishments), vicarious experience, verbal persuasion, and physiological state (Bandura, 1977). High self-efficacy can have numerous benefits for an individual including resilience to stress, healthy lifestyle choices, and improved job satisfaction (Bandura, 1977). These ways of developing self-efficacy have been shown to be used by NGNs when learning their new profession. Prokop and colleagues (2021) found that NGNs working in neonatal settings were able to positively influence their confidence in supporting breastfeeding by employing the self-efficacy strategies including extra practice, observing others and role modeling, receiving support to undertake these challenges, and feeling of resilience when faced with obstacles.

Enactive attainments

The transition from student to NGN requires the development of several different skills including but not limited to psychomotor skills, assessments, and communication skills yet NGNs often struggle with their self-efficacy in completing these skills independently which can lead to stress and feelings of inadequacy (Chernomas et al., 2010; Kachaturoff et al., 2020; Toothaker et al., 2022). When asked what motivated them to work as clinical externs, many participants reported a desire to become more comfortable with the everyday tasks of nursing such as taking vital signs, assessing patients, providing care, and communicating with patients and families. As reported by participants, students learn and practice a skill in the laboratory, then move quickly onto the next skill. This situation was made even more difficult for some of the participants who reported missing some clinical placements due to COVID-19 restrictions. Smith et

al. (2021) found that NGNs in the United States who entered professional practice with even one semester of clinical experiences disrupted reported feeling anxious and less competent. They surveyed faculty perceptions of how the lack of clinical experience affected NGNs and reported that they missed opportunities to make theory to real world connections, had fewer opportunities to work as a team, and practice important skills such as prioritization, technical skills and time management (Smith et al., 2021)

Stagnation from initial skill learning in laboratory or clinical practice has been shown to occur over time without repeated refreshing and practice, and that the ability to perform a psychomotor task accurately and consistently over time, comes with repetition (Barsuk et al., 2015; Gonzalez & Kardong-Edgren, 2017; Gunberg Ross et al., 2015; Oermann et al, 2016). Lacking opportunities for repetition and skill development is congruent with research related to the challenges of transition to practice for NGNs. Many NGNs come into practice feeling that they lack practical knowledge and dexterity leading to a lack of confidence and self-efficacy (Ortiz, 2016; Prokop et al., 2021; Toothaker et al., 2022). In a phenomenological study of 11 NGNs within their first six months of practice in the United States, Toothaker and colleagues (2022) found that participants felt they needed more time to practice skills prior to graduating and that this lack of confidence in their abilities left them feeling incompetent compared to their peers and hesitant to ask questions. This finding aligns with the current study in which several participants reported that they were able to take skills learned as a clinical extern and apply them to their own practice giving them a sense of confidence and independence.

Vicarious learning

In relation to Bandura's theory, participants reported the benefit of being able to observe skills in the clinical setting; hence, recognizing the benefit of vicarious experience in developing self-efficacy. Even in cases where participants were not able to perform many skills due to being placed in critical care areas, they still reported that observing the procedures made them feel more self-efficient once they started their own practice. For example, a participant who externed in the ICU and was not allowed to complete many hands-on skills reported having "seen everything" leading the participant to feel more comfortable once they started independent practice. This vicarious learning expanded beyond just psychomotor skills. Participants also reported learning how to communicate with patients, families and professional staff through observation and listening. By observing other people accomplish and succeed at a task, Bandura stated that a person can persuade themselves that they should be able to achieve at least some improvement in performance and this immersion exposure to clinical scenarios may have benefited the participants through vicarious learning (1977).

There is ample evidence that students and NGNs can learn through expert modeling (EM) which is a form of vicarious learning. Expert modeling allows individuals to observe expert behaviour prior to practicing, and building their own skills (Jarvill et al., 2018). The use of videos and demonstrations in laboratory settings are examples of expert modeling that are reported to increase safe and competent skill completion by students (Jarvill et al., 2018) and increase their self-efficacy (Franklin et al., 2020). Chernomas and colleagues (2010) identified the importance of NGNs working closely with experienced nurses to develop a sense of self-efficacy as they hone their skills and

develop clinical judgment remarking that “learning is facilitated, and self-efficacy is supported if new nurses have repeated opportunities to integrate complex cognitive skills in the service of patient care” (p. 81). Hunter and Cook (2018) explored the concept of the “hidden curriculum”, a set of influences that function to convey behavioural expectations, values and norms at the level of the organizational culture. In their qualitative exploration of NGNs experiences of professional socialization, Hunter and Cook concluded that NGNs learn from observing role-models. As NGNs observe behaviours, critical thinking, decision making, and skills performed by more experienced nurses, they translate these into their own practice (Hunter & Cook, 2018). Hence, the opportunity for vicarious learning provided to externs presents an opportunity to support the development of self-efficacy in relation to psychomotor skills, clinical judgement, and social expectations of practice settings.

Verbal persuasion

According to Bandura, self-efficacy is also influenced by the verbal encouragement of an individual’s performance or ability to perform a skill (1977). Multiple participants talked about how important the support, encouragement, and willingness of nurses to teach influenced their experiences as clinical externs and this finding supports the significance of verbal persuasion to developing self-efficacy. This finding showcases the importance of support as students and NGNs are building their skills. Participants reported that their advancement depended on having ongoing access to approachable RNs willing to teach them which aligns with previous research (Hunter & Cook, 2018; Regan et al., 2017). Regan and colleagues (2017), in their qualitative study on the perspectives of NGNs and nurse leaders in the Canadian healthcare settings, found

that constructive feedback and supportive mentors were important factors to facilitate transition to practice. Participants reported that supportive mentorship helped to build confidence, foster connections to other staff and learn the professional role of an RN (Regan et al., 2017).

Physiological feedback

The last influence on an individual's self-efficacy comes from the emotions, physical reactions, and stress levels we feel when accomplishing a task (Bandura, 1977). While participants did not talk specifically about their physical reactions when completing tasks as NGNs, their nonverbal cues and choice of words indicated a certain level of comfort. While reminiscing about a specific experience, one participant was observed laughing and smiling. He appeared at ease discussing this event and found the humour in how a specific scenario caused him to panic as a clinical extern. It was clear from his story and how he was telling it that he felt more confident in responding to similar situations now as an NGN. Additionally, participants used words such as competent, confidence and comfortable to describe their feelings towards specific skills, assessments, and communication that they gained experience with during their externship that they now practiced as NGNs.

When asked about how their experience as a clinical extern influenced their transition to practice, one participant, David, reported that he learnt more as an extern than he did as a nursing student. This statement is congruent with findings from Oja (2013), who studied the cost effectiveness of clinical extern programs, reported that the experience of participating in an extern program allowed students to “learn so much [more] than [they] ever did in school” (p. 292) and allowed for experiences that clinicals

could not have provided. Similarly, White and colleagues (2018) found that participation in a clinical externship helped to mitigate barriers such as low self-confidence and high anxiety leading to improved clinical decision-making in their participants. Another important consideration is that extern programs provide an opportunity to be immersed in the clinical setting allowing externs to learn without the stressors of academics and grades (Ruth-Sahd et al., 2022; White et al., 2018).

Overall, self-efficacy has been shown to have a positive effect on the transition of NGNs. Kim and Yeo (2019) reported that higher self-efficacy was associated with lower transition shock and that those NGNs who developed self-efficacy in their undergraduate program showed greater confidence when providing nursing care in the acute setting in South Korea. Furthermore, Frögéli and colleagues found that NGNs who experienced higher levels of task mastery experienced lower levels of stress during their transition period in Sweden (2019). The extern program provided participants with an opportunity to bridge the theory-practice gap by giving them real-world nursing experiences outside of clinical placements and the laboratory. This experience influenced their transition to practice as it allowed for additional time for nursing skill development leading to a feeling of self-efficacy and control.

Professional Identity

In addition to building a sense of self-efficacy in skills and communication, NGNs must also begin the process of developing a professional identity. Creating a professional identity is closely related to the socialization of NGNs. The socialization process is the way in which individuals learn and internalize the values, norms, roles and behaviours associated with nursing. This process plays a significant role in shaping a nurse's

professional identity. As NGNs learn the values, behaviours, roles, and expectations associated with the nursing profession, they develop a sense of professional identity that shapes their approach to patient care, their interactions with colleagues, and their commitment to the profession as a whole. Effective socialization is essential for helping NGNs transition successfully into their roles as competent and confident providers.

Professional identity in nursing is defined as “a sense of oneself, and in relationship to others, that’s influenced by the characteristics, norms, and values of the nursing discipline, resulting in an individual thinking, acting, and feeling like a nurse” (Hinkley et al., 2023 p. 174). Elements of professional identity include values and ethics, knowledge, leadership skills and professional comportment or the ability for words, actions, and presence to demonstrate professional behaviour (Hinkley et al., 2023). A well-developed professional identity has been correlated with resilience to stressful situations (St-Martin et al., 2015), intention to stay in the profession especially within the first year of practice (Zhang et al., 2016), and be closely related to self-confidence with NGNs struggling to develop a professional identity if they lack self-confidence in their own abilities (Vabo et al., 2022).

Nurse as Leader

One of the most enlightening themes that emerged from this study was nurse as leader as it stands in contrast with some previous research on NGNs and leadership. Multiple participants discussed how significant the willingness of nurses to teach had been and that they now try to emulate this in their own practice. While acknowledging they are still NGNs and have plenty to learn, participants sought to include the clinical externs in their own practice, showing them skills, educating them about medications, and

delegating tasks to them. Reflecting on their own experiences as clinical externs, they wanted to make sure this new group of students had similar, positive experiences.

Participants discussed wanting to share information with the clinical externs and ensuring that they were participating in more than just brief changes and checking vital signs.

The comfort of working with externs extended beyond just providing some education and knowledge. Some participants discussing being able to delegate tasks to other professionals in their departments including externs, personal support workers, and physiotherapists. The finding of this study contradicts earlier research on the leadership skills of NGNs. Previous research has identified that NGNs often struggle with providing direction to other registered and non-registered staff as they have difficulty asserting themselves and had limited or no experience in this role during their undergraduate education (Casey et al., 2011, Duchscher, 2009; St- Martin et al., 2015).

Based on the current literature, leadership moments and opportunities to work directly with other members of the interprofessional team are lacking in weekly clinical placements or school curriculum (Casey et al., 2011, Duchscher, 2009; St- Martin et al., 2015). The clinical extern experience allowed participants to consistently and more frequently work with different members of the interprofessional team enabling them to comprehend the different roles and to understand the importance of interprofessional teamwork to improve patient care. The immersion into the interprofessional team gave externs added familiarity and consistency. These results are similar to those of previous studies (Ruth-Sadh and Cawood, 2022; Shipman et al., 2016) who reported that externships allowed participants to witness interprofessional teamwork over an extended

period giving them a better appreciation for continuity of care, teamwork, delegation, and collaboration.

Values

Several participants discussed the effect of the clinical externship on their sense of what is important in their nursing practice. One theme that emerged was valuing time with patients. One participant discussed that being a clinical extern gave her the freedom and opportunity to spend additional time with patients and build relationships. To this participant, spending time with patients was important in order to build therapeutic relationships and she expressed the importance of this in her current practice. Several other participants expressed that practicing “soft skills” to make their patients more comfortable was another priority. As NGNs, participants were valuing the use of touch, providing warm blankets, and making their patients comfortable. Previous studies suggest that NGNs are often task-oriented rather than being focused on building relationships and communicating with patients (Chernomas et al., 2010; Duschscher, 2012; St-Martin et al., 2015). Hence, for participants in the study, the extern role provided an opportunity to focus on the relationship building that NGNs may have difficulty finding time for. St-Martin and colleagues (2015) found that as NGNs progressed through their first year of practice, they started to become less task-oriented and felt more comfortable attending to the psychosocial needs of their patients. Interestingly, the participants of the current study, regardless of length of practice, reported valuing time with patients and meeting their psychosocial needs with the length of practice for participants who reported these values ranging from two to nine months.

Participants also discussed the importance of advocating for patient care. During their clinical externships, participants reported that they overheard nurses speaking up on behalf of patients and making suggestions to the interprofessional team. Participants became aware that nurses are often the ones that know patients the best and that “there’s no wrong answer. There’s no wrong question” (Ellen). Participants understood the importance of advocating for patients and taking their concerns to the interprofessional team regardless of whether their concerns are not well received by other members. There are similarities between the experiences of the participants in this study and those described by Kee and de Jong. Kee and de Jong (2022) conducted a qualitative descriptive study of NGNs working in the Netherlands to determine what factors affected their voice behaviour, the different ways and means that individuals speak up, attempt to have a say in and potentially influence matters. The study showed that NGNs were able to speak up based on their level of confidence, whether they felt encouraged and welcomed to speak up, their relationship with the team and the content of the message (Kee & de Jong, 2022).

The clinical extern experience exposed participants to diverse patient populations, each with their unique needs and challenges. By providing direct patient care and witnessing the experiences of patients and families, this participation may have allowed participants to relate to patients on a more personal level and recognized the significance of time in building trust and providing holistic care.

Knowledge of Nursing and the Nursing Profession

Transitioning to practice involves understanding the role of an NGN and their scope of practice and clinical externships provided participants with an inside view of the

clinical environments they would be practicing in. A widening gap between NGN's expectations and the realities of their practice environment can lead to shock, confusion, and stress within the first year of practice (Duchscher, 2012; Regan et al., 2017; Vabo et al., 2022). Participants reported that their time as clinical externs gave them a better understanding of the role of an RN, made them feel like part of the team, and allowed them to get to know the organization.

Working as a clinical extern meant that participants were immersed in the clinical environment allowing them to become more comfortable with the culture of the unit as well as the roles and responsibilities of an NGN. Researchers have reported that professional identity and confidence are not able to develop when expectations and realities differ significantly (Frögéli et al., 2019; Vabo et al., 2022) and this mismatch between NGN's expectations and the reality of practice can be a major barrier to their transition (Regan et al., 2017). In Regan et al.'s study of new nurses across Canada and nursing leaders, participants in their study reported that the nursing curriculum did not offer "the full holistic experience" (2017; p. 251) and they lacked familiarity with how things work on the floor (2017). Nursing leaders in the study felt that NGNs had difficulty adapting to their work environment when they struggled to understand the workplace and the patient population (Regan et al., 2017).

The participants of this current study reported that the experience gave them a much clearer view into what the day-to-day role of a nurse was, including what the roles and expectations of an NGN may be. Working with multiple nurses and patients at a time provided participants with an opportunity to learn how to prioritize and start to apply critical thinking. The immersion into the clinical environment gave participants a sense of

familiarity and predictability offering participants a glimpse into the multifaceted aspects of the nursing profession. As previous literature has outlined, individuals experience greater shock when expectations and realities differ. Some participants in this study reported being float to different units and working with staff of varying experience. This movement between units and working with varied teams in a clinical extern program may ease transition to practice as it allowed participants to gain insight into the roles and responsibilities of nurses including their responsibilities to patients (Shipman et al., 2016).

Feeling like part of the team

Duchscher describes that another factor leading to transition shock is the loss of the support system that NGNs employed during their undergraduate education including educators and other peers (2009). Participants reported feeling supported by the interprofessional team during their externships and that this translated into feeling supported during their transition to practice. According to several participants, this support felt very different when they worked as a clinical extern as opposed to a student. Participants discussed how, when on clinical placements as students, they felt very separate from the interprofessional team but felt engaged as clinical externs.

In several cases, friendships and connections were carried over from their time as an extern to their new role leaving them feeling supported and more comfortable seeking advice from colleagues. Interestingly, this finding was even present when participants transitioned to practice in different settings or organizations. The clinical externship could be viewed as providing a bridge between relying on the support of the academic environment and that of the new nursing profession. By becoming comfortable in the

clinical environment and being supported by the clinical staff prior to graduation, participants reported a continued sense of support during this critical transition period.

In contrast, one participant talked about not feeling like part of the team. While she talked about learning skills and improving her communication with patients and families, she was not left feeling like part of the team. Specifically, she stated that nurses did not even bother to learn her name. This is interesting when you consider that she is the only NGN who, despite having started as an NGN at the same facility as her externship, actively sought out and is now working in a different hospital.

Knowing the Organization

Working as clinical externs provided the participants with an opportunity to become familiar with organizations and to assess their potential fit with employers. This extended beyond getting to know the role and the personalities they could be working with but also the physical environment and culture. Participants discussed that becoming familiar with supplies, policies and even the physical construction of the organization aided in their transition. Something as simple as knowing where to locate Diagnostic Imaging, who to contact about a specific issue, and how to use the charting system helped to ease the transition to practice of the study participants. These results reflect those of Sheen and colleagues (2011) who reported that new nurses' familiarity with the nursing staff and being aware of organizational routines facilitated transition to practice. Being familiar with one's environment promoted a level of comfort in contrast to the unfamiliarity a new hire may otherwise encounter in a similar position (Sheen et al., 2011).

In navigating transition shock, Duchscher (2012) suggests that being able to complete a consolidating practicum in the unit you will be working on has advantages as you are familiar with the staff and the flow of the unit as well as just being aware of where things are physically. Duchscher suggests that this increased familiarity may help to decrease some of the transition stress (2012). Frögéli and colleagues (2019), in their study examining the relationship between the socialization process and NGN's experiences of stress, concluded that NGNs experienced lower levels of stress when their levels of role clarity, task mastery, and social acceptance were higher.

Overall, participants felt that their clinical extern experiences had positively influenced their transition to practice, but it is also important to acknowledge that participants still expressed feelings of anxiety and uncertainty when discussing their experience as NGNs. In their discussions, participants used phrases such as “still anxious” and “limited knowledge” when talking about their experiences as NGNs. Newly graduated nurses often experience anxiety despite their participation in clinical externships. While externships are designed to provide students with real-world experience and hands-on training in healthcare settings, the transition from the controlled environment of nursing school to the fast-paced and high-stakes world of nursing can still be overwhelming.

This study also revealed that participants, at times, worked outside of their scope as clinical externs raising issues of safety. One participant who externed in the ED talked about her experience with short staffing and how it led her to work outside of her scope of practice as a clinical extern including the administration of medications. Having clinical externs work outside of their scope of practice can pose several safety concerns

for both patients and the externs themselves. It is essential that clinical externs are adequately trained, supervised, and provided with clear guidelines to prevent them from performing tasks or responsibilities that are beyond their level of competence. To mitigate these safety concerns, facilities must establish clear guidelines and protocols for the roles and responsibilities of clinical externs.

Limitations

There were several limitations in this study. The study utilized a convenience sampling which Thorne warned can result in a homogenous sample that may impair the breadth and depth of interpretation (2016). Although the writer attempted to invite a number of NGNs through social media and distributed posters throughout local hospitals, not all those contacted or were presented with the study details agreed to participate. Use of convenience sampling may have also presented a response bias, whereby only participants who had positive experiences volunteered to talk about their experience. The data collection relied on self-reported experiences and perceptions of the participants, and they may have provided socially desirable responses or may not have accurately recalled their experiences during clinical externships, potentially introducing response bias. Those who had negative or neutral experiences with a clinical extern program and transition to practice may not have reached out to the researcher.

It is also possible that the participants in this study were driven individuals who applied for clinical extern positions due to personal attributes and may have made the transition from student to NGN with less difficulty than some of their colleagues. Additionally, personal attributes were not considered when examining how the clinical externship influenced the participant's transition to practice. The transition to nursing can

be influenced by various external factors, such as personal attributes, the specific healthcare facility, and mentor quality. It is possible that the results could differ between participants with different levels of prior employment experience, age, life experiences, et cetera. In addition, there are also no means to investigate the differences between NGNs who participated in clinical externships and those who did not. However, this qualitative study was aimed at investigating how participants perceived the clinical externship influenced their transition to practice so this should not constitute a major problem but may present a future avenue for research.

Implications

The findings of this study hold several important implications for various stakeholders in the field of nursing, including nursing educators, healthcare institutions, and policymakers.

Implications for Nursing Educators

Opportunities for developing student's self-efficacy exist for nursing educators. Strategies such as advocating for adequate clinical exposure and hands-on experience, integrating more experiential learning opportunities, including simulation exercises, and case-based learning, can better prepare students for the diverse challenges they may face during their transition to practice. The importance of providing experiential learning opportunities has been further highlighted after the disruption of nursing curriculum during the COVID-19 pandemic. Smith and colleagues (2021) found that missed opportunities to apply knowledge to actual patient care, due to missed clinical

placements, led to increased feelings of anxiety and incompetency for NGNs who missed at least one semester of clinical experiences.

Implications for Policy Makers

Policymakers play a critical role in the future of nursing education and the healthcare workforce and based on the findings of this study should continue financial support for clinical extern programs in Ontario. Public funding or incentives for healthcare organizations to participate in externship programs can enhance the availability and quality of these critical learning experiences as well as encourage collaboration between academia and healthcare organizations by creating incentives for partnerships to bridge the theory-practice gap. In addition, policymakers may consider other sectors that are also facing shortages yet are not part of the funded externship programs.

Implications for Health Care Facilities

Clinical extern programs present a recruitment strategy for nursing managers and administrators, providing an opportunity to seek potential new hires and showcase their organization (Rugs et al., 2020). Several participants talked about the advantages of floating to different units to gain a better understanding of what the different unit specific roles and responsibilities of nurses were. Organizations may consider evaluating their current programs to ensure that clinical externs are being exposed to different units and teams.

The previously reported importance of a supportive teaching environment and benefits of effective mentorship on the transition to practice was articulated by the

participants of this study. Organizations may assess existing orientation and education for mentors and other nursing staff and further develop programs to ensure that mentors and clinical externs are supported. Mentors and clinical externs may also benefit from clinical supervision. Participants who reported not feeling supported during their clinical externships eventually chose to leave the organization and seek employment elsewhere. Clinical externships provide a great recruitment tool for facilities so ensuring that both mentors and externs feel supported is important for the success of these programs. Clinical supervision provides participants with a space to reflect on their own development, discuss clinical issues and team dynamics, and has been shown to provide support for those who are feeling inexperienced or unsupported in their roles (Ernawati et al., 2022).

Implications for Nursing Researchers

While this study provides valuable insights, it is essential to recognize that the transition to nursing practice is a complex and evolving process. Future research needs to explore specific aspects of clinical externships and the influence on different nursing specialties and healthcare settings. The use of different research methods, both quantitative and qualitative, can broaden our understanding of the role of clinical extern programs in supporting the transition to practice and subsequent recruitment and retention in the workplace.

Conclusion

The participants spoke positively when reminiscing about their experience as clinical externs and felt that the experience had been beneficial to their transition to

practice. Clinical externships gave participants exposure to the clinical setting over and above those offered by clinical placements and consolidations. The clinical extern programs gave them opportunities to develop self-efficacy in skills, assessment, and communication, start to develop a sense of themselves as nursing professionals and an insider glimpse into the realities of nursing.

The findings of this qualitative study have practical implications for nurse educators, policymakers, and hospitals. By incorporating these recommendations into practice, stakeholders can contribute to the development of more competent and confident nursing professionals, ultimately improving the quality of patient care and the overall healthcare system.

Chapter 6: Conclusion

The aim of this study was to investigate how participation in a clinical externship influenced the transition to practice of NGNs. Using an Interpretive Descriptive approach, a thematic analysis of the material revealed several key findings.

Participation in clinical extern programs provided participants with an opportunity to gain self-efficacy in psychomotor skills, assessments, and communication. Participants emphasized that these learning opportunities came in the form of accomplishing the tasks themselves but also by observing and listening to those around them. The presence of experienced RNs offered support and guidance and served as role models on how to care for, treat, and communicate with patients, families, and the rest of the interprofessional team. This immersive experience allowed NGNs to bridge the gap between their classroom learning and real-world patient care which helped to mitigate their transition to practice.

Developing a sense of self-efficacy has also been closely linked to building a professional identity. Participants in this study discussed how their experiences as clinical externs provided them with the opportunity to spend time with patients, work closely with the interprofessional team, and start to understand the importance of prioritization and advocacy. One of the most interesting themes to emerge from the data was nurse as leader. Contrary to previous literature, the participants reported that they endeavored to emulate the mentors from their clinical externships and now were more comfortable teaching and mentoring novice staff as well as delegating tasks to other members of the interprofessional team.

Lastly, participation in a clinical externship gave respondents an opportunity to see the healthcare environment from the inside. Research has shown that the transition to practice can be more difficult when expectations and realities are significantly different. By being immersed in clinical practice beyond clinical placements and consolidations, these participants were able to see the realities of nursing including what might be expected of them as NGNs and the uncertainty that can come with each shift. Additionally, this immersion allowed them to become better familiarized with the organization in terms of infrastructure, policies, culture, and people. Participants reported that being comfortable with the organization eased their transition.

This study contributes to the knowledge of how clinical externships may influence the transition of practice of NGNs in Ontario. Externships provide invaluable opportunities for students to apply theoretical knowledge, develop clinical skills, cultivate a sense of professional identity, and get to know the organization. The results of this study have several practical implications for nurse educators, policy makers, and healthcare organizations that can help support the transition to practice of NGNs.

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Appendix A: Study Poster

DID YOU WORK AS A CLINICAL EXTERN WHILE IN SCHOOL?

Are you now in your first year of work as a Registered Nurse? You may be eligible to participate in a study looking at your experience as a clinical extern and how it influenced your transition to practice.

To sign up please contact

jhembrey@trentu.ca

OR

Scan and fill out this survey.



This project has been approved by the Trent Research Ethics Board (File No. 28243)



Appendix B: Invitation Letter

Invitation Letter – Qualitative Study

Dear

PARTIPATION IN A CLINICAL EXTERN PROGRAM AND ITS EFFECT ON THE TRANSITION OF NOVICE NURSES

You are being invited to take part in a qualitative study on your clinical extern experience and its effect on your transition to becoming a nurse.

The study team is inviting nurses who participated in a clinical extern program while they were in school. The intent of this study is to learn how new nurses feel participation in a clinical extern program influenced their transition to the nursing workforce. Aside from acquiring new practical skills, new nurses also must learn new responsibilities, critical thinking, decision making, and how to work with members of the interdisciplinary team. The results of this study are intended to develop new knowledge about this transition as well as informing future strategies to support student and novice nurses. You are being asked to take part in this research study because of your own participation in a clinical extern program. Information will be gathered during interviews, which should last between one and one and a half hours. These interviews will take place at a time of your choosing and in a quiet and secluded area of the hospital.

Before you decide whether you would like to participate, it is important for you to understand why we are doing this study and what it would involve you if you decided to participate. Please take the time to read the enclosed information sheet carefully and take time to think about whether you would like to take part.

If you have any questions about the study, please contact Jessi Hembrey at jhembrey@trentu.ca and we will be happy to discuss with you any questions you may have. Please sign the consent form included if you are interested in taking part in this study and email it back to jhembrey@trentu.ca.

Appendix C: Consent Form



Invitation Letter – Qualitative Study

PARTIPATION IN A CLINICAL EXTERN PROGRAM AND ITS INFLUENCE ON THE TRANSITION OF NOVICE NURSES

You are being invited to take part in a qualitative study on your clinical extern experience and its influence on your transition to becoming a nurse.

The study team is inviting Registered Nurses who worked in a clinical extern program while they were in school to participate in the study. The intent of this study is to learn how new nurses feel participation in a clinical extern program influenced their transition to the nursing workforce. The results of this study are intended to develop new knowledge about this transition as well as inform future strategies to support students, novice nurses, and advocate for government programs and related policies. You are being asked to take part in this research study because of your own participation in a clinical extern program. Information will be gathered during interviews, which should last between 30-60 minutes. The interview will take place in person or over Google Meet at a time of your convenience

Before you decide whether you would like to participate, it is important for you to understand why we are doing this study and what it would involve you if you decided to participate. Please take the time to read the consent form carefully and take time to think about whether you would like to take part.

If you have any questions about the study, please contact Jessi Hembrey at jhembrey@trentu.ca and we will be happy to discuss with you any questions you may have. Please sign the consent form included if you are interested in taking part in this study and email it back to jhembrey@trentu.ca.

This project has been approved by the Trent Research Ethics Board (File No. 28243). If you have comments or concerns regarding participation that you do not wish to discuss with the researchers, you can contact the Research Ethics Board by calling or emailing Jamie Muckle, Certifications and Regulatory Compliance Officer, at 705-748-1011 ext. 7896, or email jmuckle@trentu.ca

Appendix D: Interview Guide

Category	Scheduled Question Stem and Follow-ups	Reference for Category Development
General Questions	<p>When did you start your externship? How long did you participate in the program? Did you complete the program at the same hospital as you are now employed?</p> <p>What inspired you to become an extern?</p> <p>What did you want to get out of your experience?</p> <p>Did it meet your expectations?</p>	
Transition from Student to Novice Nurse	<p>How would you describe your transition from being a student nurse to practicing on your own?</p> <p>Do you feel that your externship influenced your transition?</p>	Wakefield, 2018
Education-Practice Gap	<p>How did the externship help prepare you for nursing practice?</p> <p>Did you get to practice hands-on skills?</p> <p>Did you complete assessments on patients?</p>	Rush et al., 2004; Ruth-Sahd & et al., 2010
Socialization	<p>During your externship, how was it working as part of the team?</p> <p>Did you feel supported? Can you explain if this affected your current working relationships? How do you relate to your colleagues?</p>	Chernomas et al., 2010; Duchscher, 2009; Wakefield, 2018

<p>Profession Satisfaction</p>	<p>In which ways did the externship make you more or less satisfied with your decision to go into nursing?</p> <p>In what ways did the externship change your perspective of nursing?</p>	<p>Friday et al., 2015</p>
<p>Clinical Decision Making/Confidence</p>	<p>Did the externship help you gain or develop confidence in your abilities and skills needed for nursing?</p> <p>Can you describe a specific encounter/experience from your externship that built your confidence?</p>	<p>White et al., 2018</p>
<p>Acting Like a Nurse</p>	<p>What are your thoughts on acting like a nurse?</p> <p>Can you describe something that makes you feel like a nurse?</p>	<p>Teskereci & Boz, 2019</p>

Appendix E: Trent University Research Ethics Board Approval



January 17, 2023

File #: 28243

Title: Participation in a Clinical Extern Program and Its Effects on the Transition of Novice Nurses

Dear Mrs. Hembrey,

The Research Ethics Board (REB) has given approval to your proposal entitled "Participation in a Clinical Extern Program and Its Effects on the Transition of Novice Nurses".

When a project is approved by the REB, it is an Institutional approval. It is not to be used in place of any other ethics process.

To maintain its compliance with this approval, the REB must receive via ROME0:

An Annual Update for each calendar year research is active;

A Study Renewal should the research extend beyond its approved end date of December 22, 2023;

A Study Closure Form at the end of active research.

This project has the following reporting milestones set:

Renewal Due-2023/12/22

To complete these milestones, click the Events tab in your ROME0 protocol to locate and submit the relevant form.

If an amendments to the protocol is required, you must submit an Amendment Form, available in the Events tab in your ROME0 protocol, for approval by the REB prior to implementation.

Any questions regarding the submission of reports or Event forms in ROME0 can be directed to Jamie Muckle, Coordinator, Research Conduct and Reporting, at jmuckle@trentu.ca

On behalf of the Trent Research Ethics Board, I wish you success with your research.

Best Wishes,

Dr. Liana Brown

REB Chair

Phone: (705) 748-1011 ext 7238

Email: lianabrown@trentu.ca