ORIGINAL RESEARCH

Reflections on the nurse residence experience: Burgeoning confidence and advocacy

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ABSTRACT

New graduate nurse residency programs provide structured, extended orientation that supports the transition of newly licensed nurses into professional practice. Typically, these programs provide structured training and mentorship opportunities aimed at enhancing clinical skills and confidence. These programs have demonstrated success in improving job satisfaction and increasing career retention rates. At the study site, graduates of the nurse residency program are encouraged to write a reflection paper, describing salient experiences of their first year of clinical practice. Guided by Colaizzi's phenomenological method of analysis, significant statements of the 75 participants were identified and then organized into clusters of themes. Inter-rater reliability was secured through agreement of all authors. Three themes emerged from these data: (1) The ability to advocate using one's voice, (2) being proactive in asking questions and seeking assistance – 'fitting' in, and (3) the physical and emotional strain of clinical practice. These results were viewed within the context of the American Association of Colleges of Nursing academic core curriculum revisions and the Transition to Practice work done by the National Council of State Boards of Nursing. Both organizations emphasize professional development and the need to provide an unencumbered transition to practice. The results of this study justify the value of competency-based education, ethical leadership, and advocacy as critical variables in the development of a strong professional identity.

Key Words: Evidence-based practice, Nursing, Professionalism, Qualitative, Residency program

1. INTRODUCTION

Nurse residency programs, implemented in 2004, have a documented promise as an intervention for increasing nurse retention rates.[1] Two professional nursing organizations have implemented activities focusing on enhancing the transition to practice experience. The National Council of State Boards of Nursing (NCSB) has embraced an evidenced-based Transition To Practice Program (TTP).[2] Guided by five modules (1) Patient-centered care, 2) communication and teamwork, 3) evidenced-based practice, 4) quality improvement, and 5) informatics) the 6–9-month program is provided by trained preceptors. Independent reviews of the literature demonstrate positive impact on retention, competence, and confidence.[3–5]

Within their 2021 core competency revisions for professional nursing education, the American Association of Colleges of Nursing (AACN) added professionalism.[6] The AACN competency document provides the academic framework required for a career in nursing while embracing competency-based education. As the 9th Domain, professionalism focuses on the formation and cultivation of a sustainable nursing professional identity. Domain 9 emphasizes a career that includes ethical leadership, advocacy, and identity-driven professionalism. Infusion of the new essentials into curriculum began in 2022; 2025 was identified as the target date for complete

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alignment, which was accomplished by the academic institution of each study participant.

At the study site, graduates of the nurse residency program are encouraged to write a reflection paper, describing events that were pivotal in supporting their transition to professional practice. This activity allows the graduate nurse the opportunity to reflect on their journey and realize how much they have learned since completing their academic education. Analysis of these papers provide program feedback, which is used to modify and alter residency activities where indicated.

The hypothesis guiding this study was a desire to explore the impact adding competency-based education and professionalism in academic content became embedded in the development of one's professional identity. Previous research by Norton et al.[7] describes the effect the COVID-19 pandemic had on the academic and transition to practice experiences of new graduates. The aim of this qualitative study was to describe the experience of the new graduate nurse who completed their education after the AACN core competencies[6] were implemented and whose nurse residency program adhered to the TTP program designed by the NCSB.[2] Continued monitoring of our nurse residency program maintains its relevancy and provides a method to evaluate program revisions by professional organizations with an interest in supporting the new graduate nurse.

2. METHODS

Institutional Review Board approval for this study (14576) was secured as exempt, non-human research, where consent was not appropriate. Data analysis used a phenomenological approach to search for common patterns. The outcome of a phenomenological analysis is a description of the experience through the identification of themes.[8] Content analysis of reflection essays, written at the completion of a one-year residency program, were qualitatively analyzed to identify salient themes reflective of the experience of these nurses.

All identifying content were removed from the reflection papers written by new graduate baccalaureate prepared nurses (BSN) upon completion of the nurse residency program in 2025. These individuals were employed at a 451-bed community hospital located north of Kansas City Missouri. A nurse residency program has been available at the study site since 2012 and was accredited as a Transition to Practice (TTP) with Distinction site by the American Nurse Credentialing Center (ANCC)[9] in 2025. The site has also been accredited as a Magnet organization since 2018. The nurse residency program includes didactic, case study, simulation, presentations, performance improvement projects, and access to preceptors and mentors.

The removal of any identifying information resulted in analysis performed on anonymous study data. Additionally, the researcher performing the analysis had no contact with the participants. Reflection papers were obtained from two nurse residency groups, the Spring of 2024 (n=26) and the Summer of 2024 (n = 49), for a total study population of 75. Each study group is demographically described in Table 1.

Table 1. Participant demographics

Variables	Spring 2024 (n = 26)	Summer 2024 (n = 49)
Clinical Area		
Medical -Surgical	13	10
Critical Care	4	10
Emergency Department	3	7
Maternal-Child	1	8
Did not disclose	5	14
Previous Healthcare Experience Nursing Assistant [NA], Clinical Nurse Associate [CNA], or Licensed Practical Nurse [LPN]	4	4

Study analysis was guided by a modified version of Colaizzi's method with HyperRESEARCH providing data management.[10,11] Colaizzi's method of analysis includes seven steps (1) read each transcript to obtain a general sense, (2) extract significant statements, (3) formulate meanings, (4) organize meanings into significant statements, (5) integrate the findings into a description, (6) describe the fundamental structure of the phenomenon, and (7) validate the findings by the study participants.[10] The research methodology prevented the ability to have the results verified by the participants, requiring a modification of step seven, where the results are validated by the participants. The results were reviewed and validated by members of the Nursing Professional Development Department who provided much of the nurse residency program. HyperRESEARCH[11] was used to guide the identification of keywords, significant statements, and theme development. This qualitative analysis software provides a platform in which text can be coded, the frequency of word use captured, and themes identified. Initial analyses, guided by HyperRESEARCH,[11] failed to identify any appreciable keyword or significant statement differences between the two study groups; thus, it was decided to combine the groups prior to further analyses.

Once the study groups were combined, the study data set was re-analyzed. This resulted in the identification of 781 keywords. Reviewing these identified several instances where the keyword was different, but synonymous. For example, workload and patient assignment have the same meaning. Advocating and speaking up are similar. Adjectives used

to describe the physical consequences of providing care included exhaustion, completely wiped out, unable to get off the couch, and beat. When keywords were similar, they were combined, resulting in 502 keywords. As described in step four of Colaizzi's method,[10] each keyword was organized into a content cluster. Significant statements were formulated, based on the content. Each significant stamen was validated as reflective of a keyword by the authors. Thirty-two significant statements emerged from these keywords, which were categorized into three themes. Once all analyses were completed, the significant statements were re-grouped, based on the disclosed previous experience in a healthcare setting and the clinical area of the participant. The decision to do this was guided by the findings of Sterner and associates.[12] The results of their work alluded to these two variables as important predictors of the development of trust in one's clinical judgement and the ability to provide appropriate and timely care. Once analysis was completed, the process was again review by each author to ensure each theme reflected essay content. A collaborative process among each author was used to label each theme, in which there was unanimous agreement.

3. RESULTS

Three themes emerged from these data. These are (1) the ability to advocate using one's voice, (2) being proactive is asking questions and seeking assistance – 'fitting in', and (3) the physical and emotional strain of providing care. In addition, the impact of early recognition and benefits of having several preceptors descriptions did not rise to the level of a theme but were novel content and not heard previously.

3.1 Theme One: The ability to advocate using one's voice

This theme was overwhelmingly present in the essays. These participants described advocating for their patients and for themselves. Within the descriptions, rationale for advocating was provided as well as the outcome.

"It was my second day taking care of the patient. He seemed different than before – quieter and harder to engage. His vital signs were okay, and when asked, he stated he just felt 'weird' and asked me to stay with him. I decided to do another assessment, stay alert, and page his physician. I asked for the code cart to be moved close by. Sure enough, he stopped breathing. The doc was already on the way, and it was the smoothest code I ever saw. I am so glad I listened."

"I have learned that listening is just as important as the clinical skills. Patients know what works for them and they try to tell you. My patient had an external fixator placed and was nervous getting up for the first time. He asked me (I am short and not muscular) to get assistance. The first person I asked told me I could handle it .... I went to the charge nurse, who told me that that was a good idea. It really took both of us to get him to stand. I'm glad I listened to the patient and got help."

"Despite my desire to help return people to full health, is noble, but not realistic. When this is not possible, I can advocate to assure that they will be treated with dignity and comfort while getting the care they want and not getting care they do not want. That's hard, but my job."

Advocating for oneself was also prevalent in the essays. These scenarios were framed by their academic experiences, where they were taught *"I don't know everything, so asking is okay. Thus, I get knowledge and personal growth."*

"The manager of the unit I work in really provides a judgement-free zone, where all questions are welcome. The answers include the 'why' – why I should triage my care assignment based on the patient's schedules for off-unit activities – why critical thinking sometimes ends in the decision to request help. Despite the fact that I feel like a three-year old (always asking why) all my questions are answered. I have a ton of respect for the nurses I work with."

"I can't explain it, but I did not like my unit. Nothing in particular but everything. I talked to my preceptor, the manager, and the nurse residency coordinator. Everyone was really nice and I paused my employment. Then I interviewed several other unit managers. My experience made me realize that my needs and preferences matter. While I never considered the unit I was hired for, I love it here. It's nothing like I thought it would be, but I feel like I am blooming as a nurse. Advocating for yourself is hard – it feels selfish – but if I did not, I would have just quit."

Comparing the significant statements within this theme among those with previous healthcare experience or clinical area failed to identify differences. One participant, who reported having Certified Nurse Assistant (CNA) experience, explained that speaking up, as a nurse, is something she never would have done as a CNA. She confessed that she liked the status of being a nurse – she was listened to. There were examples of advocacy from all clinical areas. It seems reasonable to conclude that patient and personal needs are present throughout the healthcare organization.

3.2 Theme Two: Proactive in asking questions and seeking assistance – 'fitting' in

Asking questions and seeking assistance was separated from the advocacy theme due to the context. Advocating was perceived as supportive behavior, whereas asking questions was content specific. Being proactive in asking questions was

described as a method to ensure the care they were providing was timely and appropriate. Prior to performing an intervention, the new graduate 'practiced' with their preceptor, which provided an opportunity to ask questions and learn. There were also examples describing seeking psychological assistance.

"I know I will never stop learning which means I will always be asking questions. That develops and improves my technical skills - but beyond that, the relationships with my coworkers are invaluable. Finding people you are comfortable with including making a mistake in front of them. That's what keeps me going."

"I have learned that, if I need help, to ask for it when I only 'think' I will help. Waiting and believing that I can do everything means help gets here when I am drowning – then my stress adds to everything. When I ask early-on, the help I need is minimal (often) and provided in a supportive manner. Otherwise I need everything, and feel like a failure."

"At the start of one of my shifts, we were totally getting hammered with admissions. I must have looked panicked, because my preceptor said that we would work together, rather than have separate assignments. I felt a little like she knew I was ill-equipped to handle the caseload, but she explained that sharing was another way to mentor – one that worked better for her. I got to keep my pride and I really respect her ability to see I was overwhelmed and intervened to prevent a meltdown."

"I thought being familiar with the unit, the equipment, and where stuff was stored would make my transition to being a nurse easy. What a laugh. When one of my patients got angry and their family member started yelling, I asked my preceptor for help – quickly. She remained respectful, calmed the situation down, and together, her and I, made a treatment plan for the patient and family. I'm glad I asked for help - I did not know how to do that – and it was scary."

Comparing the content of this theme to previous experience in a healthcare setting revealed fewer instances of requesting clinically-based assistance (skill-based) and an equal number of requests for psychological assistance. There were no instances from any participant describing a hesitancy in requesting either type of assistance.

3.3 Theme Three: The physical and emotional strain of clinical practice

Participants in this study described physical and emotional strain associated with providing care. The physical struggles appeared to be 'expected', while the emotional challenges were frequently described as 'overwhelming.' Previous experience in a healthcare setting or clinical area did not affect this theme.

"When the unit is really busy – beyond the usual pace – I really just dig in and keep moving. Then, when I get home, I realize that I simply cannot move – I mean not one more step. Sometimes it's a good tired – but it is still tired."

"There is a hidden side to healthcare – patients refusing treatment, accusing nurses and doctors of harming them, bullying, and the heartache of losing a patient. I expected to be tired, but the emotional strain makes this overwhelming."

"There is physical strain, lifting and moving patients, equipment, and just generally busy. I was prepared for that. I was unprepared for the intensity of hospital nursing. Maybe the physical strain is one challenge, and the emotional strain is another, but together is exhausting. I have developed a great support system – co-workers, family, friends – that assist with the emotional strain, and venting with them really helps."

Interventions for the physical strain of providing healthcare include assuring that breaks and meals, while on duty, are taken. Assistance with the physical aspects of care (lifting) should be routinely available, and all assistive devices should be in working order. Interventions for the psychological strain need to be personalized, provided as needed, and non-judgmental.

Table 2 provides a summary of the results and links each theme to a section within Domain 9 of the AACN core competencies.[6]

3.4 Other results

While not rising to the level of a theme, two variables were mentioned by a significant number of participants. These include (1) the impact of early career recognition and (2) an unexpected outcome of having several preceptors. Participants who received formal acknowledgement of the care they provided, either by internal recognition programs or DAISY™ Awards described how these validated their ability to provide excellent care and strengthened their commitment to nursing as a career.

"I got a Daisy Award – nominate by a patient and family I will never forget. It took along time to get the patient comfortable – nothing I did seemed to work. Toward the end of my shift, she finally fell asleep. Her daughter thanked me for my care, and I went home feeling successful. The fact that they took the time to acknowledge me put me on cloud nine for days!"

Table 2. Thematic Results

Theme	Exemplar from this study population	Characteristic described in AACN's Core Competency Domain 9
Theme One: The ability to advocate using one's voice	"…His vital signs were okay, but he stated he just felt weird and asked me to stay with him. I decided to do another assessment, … and page his physician. … When he stopped breathing the doc was already on the way. … I am so glad I listened"	Section 4. Collaboration and communication. The example demonstrates the ability to hear and listen to the patient, and the confidence to notify the physician of a change in status not reflective in a vital sign change.
Theme Two: Proactive in asking questions and seeking assistance – 'fitting in'	"… if I ask for help when I only 'think I will need it, the help I need in minimal and provided in a supportive manner. … When I need everything, I feel like a failure."	Section 2. Accountability and Section 3. Professional Identity Formation. The example demonstrates one taking responsibility for seeking help for the care they provide and when the assistance sought is provided in a supportive manner, the ability to ask questions becomes part of one's professional identity.
Theme Three: The physical and emotional strain of clinical practice	"There is a hidden side to healthcare …. Patients refusing treatment, accusing nurses and doctors of harming them, bullying, and the heartache of losing a patient. I expected to be tired, but the emotional strain is overwhelming."	Section 1. Ethical Comportment Section 5. Advocacy and Social Justice The physical strain was expected; the emotional strain was described as overwhelming and unexpected. The use of advocacy or supportive techniques allow one to remain professional when clinical situation will not result in the desired outcome.

While unintended, staffing schedules often resulted in a new graduate nurse having several preceptors during the course of the nurse residency program. Management's desire to minimize this may be unnecessary, for these participants described the exposure to several preceptors allowed them to experience a variety of methods toward time management, conflict resolution, and leadership styles.

"Having different preceptors was challenging, it was also quite refreshing to see how other people handled different situations."

4. Discussion

Reflected in these essays, the participants in this study described the ability to advocate for themselves and their patients and to be proactive in developing their professional identities. The essays articulate how nursing has changed them, and how the care they provided benefited their patients. Descriptions of the emotional stress associated with providing care identify an area in which further interventions may be needed. Interventions, such as routine breaks, assistance with the physical aspects of providing care (lifting, transferring) are routine; interventions aimed at providing emotional support occur, but are not routine.

Recognizing the impact and importance of being a nurse, while not implicitly stated, was alluded to in several exemplars. Within these data there are an acknowledgement that *"… listening is just as important as the clinical skills. Patients know what works for them, and they try to tell you."* Another participant explained *"the manager of the unit I work in really provides a judgement-free zone, where all questions are welcome."* Another participant realized that *"my needs and preferences matter."* Changing units allowed this person to *"bloom as a nurse."* These statements have not been made in previous reflective essays.

Receiving recognition for providing excellent care while in the residency program, especially when it came from a patient or family member, solidifies one's career choice and validates that they 'can do it.' Placing with several mentors, rather than adhering to the one mentor-mentee model afforded exposure to alternate ways of navigating and developing clinical skills. Further research is needed to identify the pros and cons of altering the mentoring practice.

The journey toward becoming a professional nurse was best explained by one of the participants who was a CNA prior to returning to school. This participant explained that, speaking up as a nurse, something she would never do as a CNA, was *"… powerful. I was actually listened to."* Including the skills described in Domain 9 of the AACN core competencies into academic curriculums appears to start that journey for new graduate nurses.

Providing a nurse residency program, as outlined by the SCSB, has positively impacted the transition to professional

practice. Since then, the AACN has implemented professional practice development as a core competency for academic programs of nursing. Participants in this study were enrolled in their academic programs after Domain 9 was included in the curriculum and completed a certified TTP. It was hypothesized that the addition of professional development as an essential skill, along with the academic focus on competency-based learning, altered the perception(s) of nursing for new graduates. The ability to use one's voice and participate in the development of their professional identity is present in the content of these essays.

4.1 Limitations

Data for this study was obtained from one clinical site. The site has a Magnet® designation and provides an ANCC accredited TTP. Thus, generalizability is not possible, and these results should be implemented with caution. Further research is needed in which these results are compared to the experiences of new graduate nurses who do not have a residency program, hospitals in different geographical areas, and where the academic program has not fully implemented Domain 9.

4.2 Implications for nurses

Research provides overwhelming evidence in support of new residency/internship programs.[13,14] Despite these results, Alshawush and colleagues[15] identified workplace violence and bullying as the impetus that every fifth or sixth nurse states as the reason they intend to change jobs or leave the profession. Fowler and associates[16] posit that emotional intelligence as the missing concept. Further research is warranted, as that will provide evidence-based interventions to be developed, implemented, and evaluated which reduces or prevents these activities.

The concept of emotional intelligence may explain the content within Theme 1 and Theme 2. Emotional intelligence has been defined as "the ability to understand and manage emotions in oneself and others".[17] Emotional intelligence has been correlated to clinical competency, resilience, and clinical reasoning.[18–21] Problem solving, emotional behavior, and stress management, pillars of emotional intelligence, should be routinely assessed during any residency program for the new graduate nurse. Research does support the addition of emotional intelligence education during the new graduate's first year. Emotional intelligence is an additional skill which is useful in the development of navigating any healthcare environment and included in one's professional identity. Fowler and associates[22] recommend that the results of emotional intelligence assessments be used to guide the experiences for the new graduate nurse.

4.3 Implications for nurse leaders

Providing a seamless transition from nursing education to practice requires collaboration between academic educators and clinical educators.[14] At the study site, there is a Nurse Residency Advisory Board which includes academic and community members. This forum provides an information exchange setting which keeps all members aware of on-going and planned changes. This allows academic and clinical settings to pivot, alter, and/or amend their activities in response to fluctuations.

Nurse leaders in the clinical setting have access to evaluation results and skills checklists maintained by the new graduate nurse. Using these results, in collaboration with clinically based nurse educators, provides the opportunity to identify individual needs and personalize orientation. The adherence to one mentor for each new graduate nurse may need to be re-explored. Participants in this study identified benefits to being exposed to other clinical champions. Research which describes the pros and cons of an altered mentorship program should be explored. Research which identifies the new graduate nurse that will benefit from this format also needs to occur prior to implementation. Thus, the format of a nurse residency program will be evidenced-based.

Finally, routine analysis of new graduate nurses' reflection papers provides front-line data that can guide revisions for academicians and clinicians. As healthcare needs and the ability to financially afford healthcare, along with technological advancements remain a challenge, academic and healthcare institutions need to be flexible in how they teach and deliver care. Data, directly from those with a lived experience of this phenomenon, is critical to assessing our ability to rise to this challenge. On-going analysis will ensure that the transition from academia to practice remains as seamless as possible and both remain relevant and valued.

4.4 Conclusion

The results of this study reaffirm the need and value of nurse residency programs. Hanamura and Panayi[13] determined that nurse residency programs resulted in a 93% retention rate. This finding is replicated in a 2024 systematic review by Mohamed and Al-Hmaimat,[1] which concluded that new graduate residency programs have the potential to improve retention rates. Continued assessments of these programs, which include data from the new graduate nurses, will keep them relevant and valued.

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AUTHORS CONTRIBUTIONS

SS and AP were responsible for study design, recruiting participants, and data collection. Dr. PWS secured IRB approval for the study, performed all data analysis, and drafted the manuscript. SS, AP, and Dr. PWS review the analysis and identified and named the themes. All authors contributed equally to the theme labels. Each author read and approved the manuscript as written and requested edits.

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The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

DATA SHARING STATEMENT

No additional data are available.

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