Résumé

Vers une prestation de soins de qualité : l'orientation et le mentorat offerts aux nouvelles infirmières bachelières

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Les nouvelles infirmières bachelières (NIB) peuvent se sentir dépassées par les demandes du travail clinique et vivre beaucoup de stress dans leur premier emploi. Les auteures examinent les effets d'un programme parrainé par le gouvernement offrant une période prolongée d'orientation et de mentorat pour faciliter la transition des NIB à la pratique professionnelle. Une étude longitudinale des tendances a été menée sur trois années du programme (2008, 2009 et 2010). Chaque année, un tiers des NIB interrogées et plus des trois quarts des employeurs interrogés ont répondu aux questions. Les chercheuses ont animé 21 groupes de discussion avec 106 organisations de services de santé, et réalisé 53 entrevues avec des NIB et 15 entrevues avec des infirmières de première ligne agissant comme mentors. Les résultats de l'étude indiquent que le programme joue un rôle clé dans le développement par les NIB de leur capacité à travailler de façon indépendante. Le mentorat a amélioré la confiance des NIB et leur a permis de prendre des décisions cliniques dans un environnement sûr et protégé. Le programme a fourni aux NIB un soutien vital et leur a permis de passer d'étudiantes à infirmières exerçant leur profession.

Mots clés : nouvelles infirmières bachelières, orientation, mentorat, transition

The Road to Providing Quality Care: Orientation and Mentorship for New Graduate Nurses

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Clinical work demands can overwhelm new graduate nurses (NGNs) and cause significant stress as they begin practice in their first place of employment. The authors examine the impact of a government-supported extended orientation and mentorship program intended to facilitate the transition of NGNs to professional practice. A longitudinal trend study was conducted over 3 years of the program (2008, 2009, and 2010). In each year, 1 third of surveyed NGNs and over 3 quarters of surveyed employers responded. The researchers conducted 21 focus groups with 106 health-care organizations, 53 interviews with NGNs, and 15 interviews with nurse mentors from the frontline staff. The findings indicate that the program is instrumental in developing NGNs' ability to practise independently. Mentorship increased the NGNs' confidence and allowed them to make clinical decisions in a safe, protected environment. The program provided vital support and helped NGNs move from students to practising nurses.

Keywords: new graduate, orientation, mentoring, transition, policy

Introduction

More than three decades ago, Kramer (1974) observed that new graduate nurses (NGNs) experience "reality shock" stemming from the conflict between what they learned in school and what is expected in practice. Boychuk Duchscher (2009) has expanded this concept through extensive research and coined the term "transition shock" to describe a graduate's initial experiences in the workplace. The prevailing gap between the preparation of new graduates and workplace demands results in high levels of psychological stress for NGNs, which increases the likelihood of workplace errors and nurse turnover in the health-care sector (Bowles & Candela, 2005; Chernomas, Care, McKenzie, Guse, & Currie, 2010). Boychuk Duchscher (2012) has developed a model depicting the transition stages of NGNs. The model suggests that graduates need time to adjust as they move into a professional role. It is critical that employers recognize the needs of new graduates and create responsive programs to support their safe transition to practice. This article reports on the evalu-

ation of a unique province-wide government-supported orientation and mentorship program for NGNs in Ontario, Canada.

Background

The Ontario health ministry has introduced an employment policy, the Nursing Graduate Guarantee (NGG), to stabilize the nursing workforce and build capacity within the health-care system (Ministry of Health and Long-Term Care [MOHLTC], 2007). It funds employers to hire NGNs for temporary full-time supernumerary (above staff complement) positions for up to 6 months.

Following general orientation, experienced staff nurses provide daily supervision and guidance in all aspects of direct patient care and role development related to working within the organization. NGNs in supernumerary positions share in the care of patients assigned to the mentors and do not receive a separate patient assignment (Baumann, Hunsberger, & Crea-Arsenio, 2011b).

The government uses the term "extended orientation" to describe the supernumerary positions (MOHLTC, 2011). In this article, "program" refers to an extended orientation, including mentorship. In keeping with NGG policy, "mentor" refers to a nurse who provides clinical instruction and support to an NGN. We report on the impact of extended orientation and mentorship using a triadic approach that includes the perspectives of employers, NGNs, and mentors who participate in the NGG (Jakubik, 2008). Findings are based on a longitudinal trend study conducted over 3 years (2008, 2009, and 2010).

NGN Work Environment

Use of technology and increasing patient acuity challenge the readiness of NGNs for practice. There is a perceived gap "between today's nursing practice and the education for that practice, despite some considerable strengths in nursing education" (Benner, Sutphen, Leonard, & Day, 2010, p. 4). Stress associated with the transition of NGNs to the workplace is well documented (Boychuk Duchscher, 2008, 2009, 2012; Chernomas et al., 2010). Identified sources of anxiety include not knowing what to do in unexpected situations (Craig, Moscato, & Moyce, 2012), interaction with physicians (Casey, Fink, Krugman, & Propst, 2004), and role issues such as ambiguity and work overload (Chang & Hancock, 2003).

Stressors in the workplace can overwhelm NGNs and lead to burnout, a risk that is exacerbated by unsupportive practice environments (Rudman & Gustavsson, 2011). Laschinger, Grau, Finegan, and Wilk (2012) found that job demands and bullying predicted NGN burnout and subsequent mental health problems. NGNs who left their first posi-

tion have reported patient safety, stress levels, and the work environment as priority concerns (Bowles & Candela, 2005).

NGN Orientation Programs

The difficult shift from education to practice has prompted the creation of employer-based orientation programs and models reflecting the unique developmental process of new graduate transition (Boychuk Duchscher, 2008, 2009; Hoffart, Waddell, & Young, 2011). In the United States, standards have been developed for transition to practice programs and a Transition to Practice™ regulatory model has been designed for use by all health-care settings that hire NGNs (Spector & Echternacht, 2010).

Globally, there is little consistency across programs, which vary in length and teaching strategies. Orientation is described by most authors as 12 weeks in duration, but it may be longer in specialty areas (Baxter, 2010). It usually includes formal classes relevant to the organization and a practice component in the clinical area of employment. Clinical practice components may be called preceptorship, residency, internship, or mentorship. The individual guiding the new graduate is generally called a preceptor or mentor, but these terms are often used interchangeably in the literature (Baxter, 2010).

Mentorship is intended to facilitate professional growth and foster relationships that benefit mentors and mentees by enhancing career satisfaction and reducing attrition (American Nurses Association, 2011). It focuses less on supervision and assessment of performance and more on role modelling and guidance (Canadian Nurses Association, 2004). In an integrative review of new graduate transition programs, Rush, Adamack, Gordon, Lilly, and Janke (2013) found that variability in research design limited the conclusions that could be drawn about best practices. However, a predominant finding in the literature is that transition programs result in increased retention and decreased turnover (Pine & Tart, 2007; Ulrich et al., 2010).

NGG Program

The NGG is a joint effort of employers, nursing leaders, researchers, and the government. According to government guidelines, organizations are expected to provide NGNs with at least 12 weeks of orientation, including 3 to 6 days of general orientation; clearly define the roles of NGNs, mentors, and orientation leaders; and ensure the use of a learning plan by NGNs and mentors (MOHLTC, 2011).

The NGG is designed to provide a comprehensive orientation, including elements of preceptorship and mentorship. The 3-to-6-month supernumerary positions allow for in-depth clinical instruction (similar

to preceptorship) and the opportunity for NGNs to receive professional guidance from the same expert nurse over time (similar to mentorship). Supervision is generally one-to-one. In some cases, however, the NGN rotates to a different unit for increased clinical exposure, and thus is supervised by more than one mentor.

Methodology

Research Design

A trend study design was used to examine the impact of extended ori-entation and mentorship on the transition of NGNs to professional prac-tice over a 3-year period (2008, 2009, and 2010). Trend studies draw from the same population repeatedly over time but different people are sampled each year (Cohen, Manion, & Morrison, 2000). A mixed-method approach was used for data collection. Quantitative methods included online surveys of NGNs and employers who participated in the NGG. Participating employers were defined as organizations that received government funding to hire new graduates for NGG positions (Baumann, Hunsberger, & Crea-Arsenio, 2012). Qualitative methods included semi-structured individual interviews with NGNs and mentors and focus groups made up of employers.

This study was part of a policy evaluation of the NGG conducted annually from 2007 to 2010. Results of the overall evaluation have been published elsewhere (Baumann et al., 2012; Baumann, Hunsberger, & Crea-Arsenio, 2010, 2011a; Baumann, Hunsberger, Idriss-Wheeler, & Crea-Arsenio, 2009). All participants provided informed consent prior to data collection and approval was obtained from a research ethics board.

Surveys

Surveys were developed using SurveyMonkey.© The NGN survey was pilot-tested for face and content validity using a convenience sample of 77 new graduates. It included questions about demographics, employ-ment, and mentorship. New graduates were asked to rate their mentor-ship experience on a five-point Likert scale (1 = poor; 5 = excellent) and whether it had been helpful in their transition to practice (1 = strongly disagree; 5 = strongly agree).

The employer survey was pilot-tested with five employers for face and content validity. It included questions about demographics, satisfac-tion with the NGG, implementation experiences (including mentorship), and perceptions about the effectiveness of the program. Employers were asked to rate the mentorship provided by their organization using a five-point Likert scale (1 = poor; 5 = excellent).

To participate in the NGG, employers and NGNs had to register on a Web–based employment portal created by HealthForceOntario. Upon registration, NGNs were asked for their consent to be contacted for research purposes related to evaluation of the NGG. HealthForceOntario services were used to e-mail all newly graduated registered nurses (RNs) and registered practical nurses (RPNs) in each year studied: 3,550 in 2008, 4,630 in 2009, and 4,817 in 2010.

At the time of survey distribution, 1,198 employers (155 hospitals, 613 long–term–care facilities, and 430 community organizations) were eligible to participate in the NGG (MOHLTC, 2012). The MOHLTC provided the researchers with the names and contact information of the employers who participated in the NGG in each year of the study. The survey was e-mailed to 301 employers in 2008, 197 in 2009, and 211 in 2010.

Interviews

Focus groups were held with employers and individual interviews were conducted with NGNs and mentors. Semi–structured interview guides were developed separately for each group (see Appendix 1).

Employer focus groups were arranged according to size of organization (large teaching hospitals, mid-sized community hospitals, small community hospitals); geographic region (urban/rural); and employment sector (hospital, long–term care, community, public health). Employers were contacted by e-mail and invited to take part in a focus group.

The sample of NGNs was obtained by asking survey respondents to provide contact information if they were willing to be interviewed. A convenience sample of NGNs was chosen from among the resultant e-mails by selecting across geographic locations and sectors (hospital, long–term care, community, public health). A convenience sample of mentors was also selected across sectors; the sample was obtained by asking employers at participating organizations to identify frontline nurses who mentored NGNs and who agreed to be contacted.

Data Analysis

Survey data were entered into PASW version 18.0 (SPSS Inc.). Responses to each item were summarized using descriptive statistics and compared across the 3 years. Frequency distributions were calculated on demographic data and satisfaction ratings obtained from the NGN and employer survey data collected each year. The focus groups and individual interviews were conducted by phone, recorded, and transcribed verbatim. The research team followed a sequence: interview, transcription, analysis, reflection, and modification of the interview questions.

Interviews were coded using QSR NVivo version 7.0 (QSR International). Texts were then interpreted using thematic analysis methods (Boyatzis, 1998). Preliminary coding was carried out by three members of the research team, who coded several texts independently. Team members then collaborated to develop a refined scheme for coding the texts. Additional codes were assigned as new themes emerged. Major themes were highlighted and key findings were categorized appropriately under each thematic heading. The texts were coded by year and compared over time so the team could explore common themes across the years.

Results

Surveys

In each year studied, one third of NGNs and over three quarters of employers responded (see Table 1).

As shown in Table 2, most of the employer respondents were from acute-care hospitals and long-term-care facilities.

Across the 3 years of the study, the majority of NGN respondents were RNs (63%–72%), female (90.5%–91.2%), and under the age of 30 (68%–71%). Respondents were asked whether they believed the NGG facilitated their transition to nursing. An average of 90% agreed or completely agreed with this statement; a small percentage (< 1.0% over the 3 years) completely disagreed.

Across the 3 years, an average of 93% of employers rated the mentoring they provided as excellent, very good, or good. An average of 82% of NGNs rated the mentorship they received as excellent, very good, or good.

Interviews

Across the 3 years, 21 employer focus groups (7 groups per year) were conducted with 106 health-care organizations (34 in 2008, 36 in 2009, and 36 in 2010); 53 interviews were conducted with NGNs (16 in 2008, 18 in 2009, and 19 in 2010); and 15 interviews were conducted with mentors (4 in 2008, 4 in 2009, and 7 in 2010). Employers, NGNs, and mentors reported their perspectives on the NGNs' transitioning experiences. The findings, which were compared across the groups over the 3-year study period, indicate that working with a mentor helped NGNs transition to professional practice. The perceived value of the mentorship and its impact are described below, as are common themes.

Theme 1: Stress Associated With Transition to Clinical Practice

Transition to clinical practice is stressful for NGNs. Employers described NGNs as "very, very nervous" upon entering the workplace. There was a

Table 1   **NGG Survey Response Rates: 2008, 2009, 2010**

Year	Survey	Sent	Received	Response Rate (%)
2008	NGN	3,550	998	28
	Employer	301	254	84
2009	NGN	4,630	1,358	29
	Employer	197	162	82
2010	NGN	4,817	1,457	30
	Employer	211	163	77

Table 2   **Employer Survey Respondents, by Sector: 2008, 2009, 2010**

	2008 *n* (%)	2009 *n* (%)	2010 *n* (%)
Acute-care hospital	103 (40.6)	67 (43.2)	68 (44.7)
Long-term-care facility	91 (35.8)	48 (31.0)	50 (32.9)
Public health	14 (5.5)	11 (7.1)	2 (1.3)
Community[a]	12 (4.7)	10 (6.5)	7 (4.6)
Other hospitals[b]	11 (4.3)	9 (5.8)	14 (9.2)
Other[c]	23 (9.1)	10 (6.5)	11 (7.2)
Total[d]	**254 (100.0)**	**155 (100.0)**	**152 (100.0)**

[a] Community health centres, Community Care Access Centres, mental health facilities, physicians' offices, nursing agencies, and hospices.
[b] Includes continuing complex care/rehabilitation and addictions/mental health.
[c] Family health teams, combined acute and long-term care, colleges, and universities.
[d] Missing data: 2009 (*n* = 7), 2010 (*n* = 11).

sense that not all new graduates were prepared for the realities of their professional role. One manager from a mental health hospital said, "They're not getting as much clinical as they need . . . they absolutely need that extra time . . . in the workforce on a full-time basis to cement the skills."

NGNs indicated that upon graduation they lacked confidence and were concerned about their ability to navigate the work environment. One commented, "There's nothing coming out of school that can . . . prepare you for the actual workplace." They also reported not feeling job-

ready. Mentors likewise indicated that NGNs lacked confidence and that many were "afraid to hurt somebody" while on the job. One mentor explained that they were "not familiar with the environment" and consequently could become overwhelmed.

Theme 2: The Value of Mentored Time

A unique feature of the NGG is the length of time NGNs are able to work with mentors. One employer noted, "The big difference . . . [is that] 2 years ago we had 10 days for integration [and] now [we have] 6 months." An employer described how NGNs were able to "get a lot of learning out of the way in protected [i.e., mentored] time." As a result, NGNs more quickly acquired the confidence, competence, and experience needed to work with acute patients. Working with mentors also enabled NGNs to establish relationships with staff nurses. Employers believed "the mentor/mentee relationship [within the NGG] is stronger than in the old way, where you would come in and . . . be buddied in orientation with . . . whoever was on that day."

The support of a mentor increased the NGNs' comfort level as practising nurses. They liked "having someone there" to answer questions and did not "feel judged." Some NGNs felt reassured by their mentors: "It's okay for us to make the decision because . . . we're registered staff now. . . . So it's good just to have somebody to say, 'Yes, you're right in this decision'."

Nurse mentors from frontline staff reported that there was plenty for NGNs to learn during the supernumerary period: "There's an awful lot for them to absorb, and I think being on the unit for a fair amount of time [is] beneficial . . . and not just a few shifts." Extended orientation allowed mentors to increase the responsibilities of NGNs gradually. Initially, the NGNs shadowed their mentors. The mentors then gradually let them assume patient-care responsibilities.

Theme 3: Towards Better Clinical Decisions and Safer Patient Care

Extended orientation and mentorship helped NGNs manage the demands of clinical practice. Employer focus group interviewees agreed that NGNs who participated in the NGG were better prepared than those who received only the usual orientation. One nurse educator described the difference between the two groups:

From our perspective, hiring new graduates [through the NGG] versus new graduates [not through the NGG] and evaluating them after 3 to 6 months, there's a huge difference in their ability to think critically, to respond to patient needs in a timely manner, and to understand the safety issues of patients and other factors that really impact on patient care.

The NGNs indicated that mentorship helped them become more confident about documentation and in administering medication according to patients' preferences. One new graduate said, "Whenever you're doing something, you're so cautious." However, having a mentor helped "take the fear away" and facilitated "safer practice." As a result, NGNs were more self-assured and felt better prepared to work alone.

The mentors highlighted the importance of helping NGNs develop their assessment and decision-making skills in the clinical practice setting: "It definitely helps take the skills that they learn in the classroom to a whole new level . . . it's the hands-on that makes all the difference in the world." The mentors allowed the NGNs to make decisions and assisted them throughout the process:

> *[The NGN] could do her medications and deal with incidences, [but] if it was a particular incident — say, a heart attack or something like that — then, I would usually be there . . . but I would let her take the lead role . . . and see what kind of decision she would make.*

Theme 4: Greater Productivity

Employers noticed that NGNs who participated in the NGG had increased productivity. They attributed this to the NGNs having learned effective time management during mentorship. Some employers also indicated that mentorship helped NGNs function more effectively in their nursing role: "They [were] not afraid when they actually hit the ground on their own . . . [their] confidence ha[d] already been gathered and they [were] able to be very productive."

New graduates indicated that mentorship helped them develop organizational skills and control work demands. Moreover, it made them "feel capable of doing the job." Over the course of the 6-month mentorship, NGNs went from being overwhelmed by the requirements of practice to knowing how to prioritize their workloads:

> *In the first 3 weeks there, I hardly took a lunch break [and] didn't take a morning break. Now I take a quick, 10-minute, break in the morning, I take my full lunch, and I take another quick break in the afternoon. I've been able to manage my time to get to that point.*

Mentors viewed their role as instrumental in teaching NGNs how to organize their tasks. They reported that NGNs wanted advice on how to be productive and function optimally within the organization. One mentor said, "A lot of them want to do the calling, they want to do the reporting, [and learn] what things doctors are going to ask for when they call so that they're organized and they look professional."

Theme 5: Integration Into the Workplace

The results of our 3-year trend study suggest that employers, NGNs, and mentors believe the NGG helps NGNs transition to practice and facilitates their integration into the workplace. Employers indicated that after NGNs have gone through the NGG, "they are very confident," "know who to go to," and have established social relationships. In addition, they reported that the NGG provides NGNs with "a really robust opportunity to integrate into the culture of the unit," which results in NGNs being more satisfied with their positions.

New graduates indicated that mentorship made them feel part of the team. They reported that staff nurses, nurse managers, and other allied health professionals responded positively to mentorship and created a supportive environment that helped them integrate. One NGN felt she was "respected for [her] experience . . . people say, 'You were on the Surgical floor for 7 months — you must know your stuff'." How others responded to NGNs affected their confidence: "If I . . . [had] any questions, I could ask anyone on my team or anyone from anywhere. I felt very comfortable."

Over the course of mentorship, the NGNs were transformed, as perceived by their mentors, from students and learners to colleagues and peers. Many mentors described how successfully the NGNs functioned upon completing their mentorship. One mentor described her mentee as "unbelievable and knowing [how] to take initiative. She never was afraid to ask questions. She feels right at home with all of the nurses." Another said of her mentee, "I worked with her the other day, just as a peer now, and she had her first code and she did so well. I was so proud." Clearly, mentorship was viewed positively by employers, NGNs, and mentors.

Discussion

The issue of new graduates transitioning to the workplace is not new, but the problem of an education–practice gap has yet to be resolved. Without an effective approach to the transition, employers could lose investments made in recruiting and orienting new hires and quality patient care could be jeopardized. Our study provides vital information pertaining to best practices in new graduate transition programs and presents longitudinal, quantitative, and qualitative data and responses across various groups, sectors, and regions.

The positive responses from employers, NGNs, and mentors in the focus groups and interviews were consistent across the three groups. Employer and NGN survey data confirmed the interview data with respect to satisfaction with the program. Although implementation of the program was viewed slightly more positively by the employers than by

the new graduates, an average of over 90% of NGNs gave the program a very high rating for facilitating their transition to nursing practice.

Interview findings indicate that NGNs enter the workforce feeling unprepared and anxious. The supernumerary role and mentorship for an extended period were critical features of the program. The supernumerary position allowed the NGNs to work for a period of time without having to carry a full workload. Employers referred to this period as "protected time." New graduates who participated in the NGG gained confidence and refined their clinical skills. They were not expected to provide total patient care immediately upon entering the work environment. Instead, they were able to accept responsibility gradually. They progressed from job shadowing to playing a dependent role, which led to greater independence. This progression and gradual development of skills and confidence is consistent with the findings of Boychuk Duchscher (2012).

Working with a mentor on a shared assignment had a significant impact on the NGNs because of the reduced pressure. According to Laschinger et al. (2012), the "job demands of new graduate nurses may be reduced by ensuring that workloads are manageable" (p. 83) and "adequate staffing levels and reasonable nurse:patient ratios reduce the possibility of exhaustion and subsequent stages of burnout" (p. 183). The NGNs took comfort in knowing that "someone was there" when they were making decisions that could affect patient care. The mentor represented a safety net for NGNs testing their assessment and clinical judgement skills.

Mentorship provided the NGNs with consistent clinical practice supervision and facilitated a learning partnership between mentors and mentees. According to Chernomas et al. (2010), supernumerary positions "allow for the time, guidance and support that new nurses need to develop clinical judgment and complex patient management skills in a less stressful environment but are rarely available to every new graduate" (p. 81). In our study, the supernumerary position created a supportive environment for the gradual development of the skills required for safe patient care. As the NGNs became increasingly productive and better able to manage their work schedules, they felt more like valued members of the team and the organization. Extended orientation and mentorship helped them integrate and transition to professional practice.

Nurse turnover is costly for an organization and can affect the quality of patient care (Bland Jones & Gates, 2007). Orienting and mentoring an NGN for 3 to 6 months may be less costly for an organization than losing that nurse within the first or second year of practice. Moreover, it may contribute to the provision of quality care, which continues to be a concern, particularly given changing practice variables (e.g., aging pop-

ulations and increasing patient acuity). Researchers recommend that educators, employers, and regulatory bodies work together to develop transition programs, which should be evaluated for cost efficiency and applicability (Hoffart et al., 2011; Wolff, Pesut, Regan, & Black, 2010).

Implications

The NGG is available to all employers in Ontario who are willing to support the initiative and all NGNs who are successful in matching with a participating employer. It is important that researchers continue studying the impact of transition programs and identify best practices to help employers respond to the needs of NGNs. Further research is needed to develop a database around the impact of transition programs in relation to the changing health-care population and changing workplace demands.

Conclusion

There is an identified need to integrate NGNs into the workforce efficiently and effectively. However, changes in the work environment have resulted in increasingly more complex practice settings that challenge NGNs. As a result, it is vital to continue developing a database of NGN needs and clarifying the key features of the most successful transition programs. Changes in the variables that affect the transition of NGNs to practice need ongoing research to determine the effectiveness of transition programs from the perspectives of employers, NGNs, and mentors. Our study examined a unique province-wide employment policy intended to bridge the education–practice gap. Future research could examine the impact of the NGG on employment status, job turnover, and the professional practice of NGNs in Ontario.

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Appendix 1 *Interview Questions*
Employers
1. Can you describe how the mentoring process works within your organization with respect to working above staff complement?
2. How does the NGG orientation differ from your usual orientation?
3. What do you think is an ideal orientation and why?
NGNs
1. Can you describe the kind of mentorship provided during the temporary full-time supernumerary position?
2. Do you feel that the mentoring/supervision met your needs during this temporary full-time supernumerary position?
3. What do you think is an ideal orientation?
4. Tell us what you liked and did not like about the NGG mentorship?
5. Do you think the NGG helped you to feel prepared to transition into your job?
6. How job-ready did you feel upon graduation? How about now?
7. What is your perception of how you have been able to integrate into the workplace as a result of the NGG?
Mentors
1. Can you describe the mentorship model that was used?
2. How did you establish the roles of mentor and new graduate in patient care for the new graduate to achieve autonomy?
3. From your experience, how did the orientation/mentorship facilitate transition of new nursing graduates into the workforce?
4. Were there any negative aspects?
5. How does the NGG compare to the standard orientation program for new nurses in your organization?
6. If you had new graduates through the NGG last year, how do you think they are functioning now with respect to usual expectations in your organization?