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Carman Dean
ctempl13@students.kennesaw.edu

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**Exploring the Millennial Novice Nurses' Transition Experience in Hospital Setting:
An Integrative Review**

Carman Dean

Kennesaw State University

Wellstar School of Nursing

Abstract

The nursing shortage coupled with a high demand for healthcare services necessitates retention of the current workforce comprised of a majority of millennial generation nurses. This generational cohort has previously demonstrated a lower job commitment and job satisfaction as compared to prior generations as well as individual work preferences. The purpose of this integrative review was to evaluate and synthesize previous studies that capture the millennial novice nurse's experience in the hospital setting and to answer the question, "What are the initial transition experiences of millennial generation novice nurses in the hospital setting?" An integrative review design was used to present the current state of peer reviewed quantitative and qualitative literature between the dates of 2011 and 2021. Eligibility criteria included graduates of associate and bachelor's degree programs who were in their first two years of practice within a hospital setting. The review resulted in five primary themes surrounding this generational cohort's hospital transition experience: stress and uncertainty, coping, positive and negative professional relationships, developmental support, and ability to provide care. The literature analysis revealed that stress is a profound part of the experience and that a successful transition may be possible with effective coping mechanisms, supportive professional relationships, and targeted professional development. The review findings provide nurses, educators, and leaders a better understanding of the transition experience as they seek to support and retain the millennial novice nurse within hospitals.

Keywords: millennial, novice nurse, transition experience, retention to hospital, nurse engagement

Exploring the Millennial Novice Nurses' Experience in Hospital Setting: An Integrative Review

The current nursing shortage will be exacerbated by the loss of a million registered nurses by 2030 stemming from baby boomer retirements and the inability of nursing schools to produce enough new graduates to meet the demand (AACN, 2020). Furthermore, the demand for nursing health services is rising due to an aging population, number of comorbidities, and a rising life expectancy (Haddad et al., 2021). Most nurses entering the workforce today are classified as millennials and are predicted to be the workforce majority by 2020 (Tyndall et al., 2019). Schaffer & Curtin (2020) report that 17.5% of nurses resign hospital jobs within one year of assuming their position, with the resignation rate increasing approximately 10% at year two and at year three. The result is a cost of over four million dollars each year to hospitals (Shaffer & Curtin, 2020). With the millennial generation rapidly overtaking the nursing workforce in a climate of increased healthcare demand and increased nursing turnover, it is important to specifically understand the experience of the millennial-generation novice nurse as they transition to the hospital setting.

Background

Nurse engagement produces a better patient experience, higher clinical quality, and reduced burnout and turnover (Dempsey & Reilly, 2016). Hisel (2019) concluded that millennial nurses are less engaged when compared to veteran, baby boomer, and Generation X nurses. When comparing new graduate nurse commitment levels between 2011 and 2016 to the previous decade, Tyndall et al. (2019) found that millennial nurse turnover intentions increase at the two-year mark and suggested this generation is engaged but less loyal. Feeling a part of the team and

goodness of fit for the hospital are job embeddedness factors that predict why millennial nurses stay in a job (Halfer, 2011).

Job satisfaction impacts nursing retention (Heidari et al., 2018). Younger nurses demonstrated lower job satisfaction scores than their nursing colleagues aged 40 and older who were also more likely to stay on their current unit (Steele-Moses, 2021). In their examination of generational work satisfaction level, Dols et al. (2019) found that millennials anticipated staying at their current job 3.03 years, as compared to Generation X, who reported 5.83 years. Age-specific differences related to coping with the work environment and age-tailored organizational strategies were recommended (Tomietto et al., 2019). A dimensional analysis by Campbell et al. (2020) revealed that all four working generations recognized the importance of incentive, leadership, work environment, and team preferences. However, millennial nurses uniquely had self-focused preferences related to pay, personal time, and manager support (Campbell et al., 2020).

As the impending dominate workforce, there is a need to understand the millennial nurse's experience as a novice in the hospital setting. Benner (1982) defined the novice nurse as one without any experience. Experience occurs as a result of being affected by or gaining knowledge through direct observation or participation (Merriam-Webster, n.d.). While there are exceptions, a generational cohort may share similar experiences and perspectives and typically spans 15-20 years (Havens et al., 2013). For the purposes of this review, the millennial generation nurse, also sometimes referred to as Generation Y, was born between 1981 and 2000 (age 21-40) (Dols et al., 2019; Hisel, 2019).

The aim of this integrative review was to evaluate and synthesize previous studies that capture the millennial novice nurse's experience in the hospital setting and to answer the

question, “What are the initial transition experiences of millennial generation novice nurses in the hospital setting?” Findings are useful to nurse educators, nurse leaders, hospital administrators, and professional colleagues as they seek to support the millennial nurse in their initial practice and retain them within hospitals.

Design

An integrative review design was used to present the current state of literature about the phenomenon of the millennial-generation novice nurse experience in the hospital. Toronto and Remington (2020) guided the integrative review process and included a six-step process of formulating purpose and review question, systematic search and selection of literature, quality appraisal, analysis and synthesis, discussion and conclusion, and dissemination of findings.

Literature Search

A literature search was performed using the key terms “novice nurse” and “retention” within CINAHL, Medline, and APA PsychInfo databases. Inclusion criteria were English language, peer reviewed quantitative and qualitative research between the dates of 2011 and 2021. Graduates of associate and bachelor’s degree programs who were in their first two years of practice were included. In addition to non-hospital settings, studies involving nurse practitioners, nursing faculty, and a majority non-millennial population were excluded. After duplicate articles were removed, abstracts were reviewed to determine if studies met inclusion criteria. Full text articles were obtained for abstracts meeting criteria and a full article review was completed to determine eligibility.

The importance of understanding the experience of the millennial novice nurse as a method of learning ways to retain this population became apparent during the review of articles. Consequently, a secondary search was performed to include search terms “novice nurse” and

“hospital” resulting in additional articles which added to an understanding of this experience. Some studies did not define sample age of novice nurses and were assumed to include an age representative of millennial generation based on the publish date. A hand search of the reference list resulted in additional articles meeting eligibility criteria. A PRISMA diagram (Appendix A) demonstrates the literature search process that resulted in 17 articles included in the final integrative review. All eligible articles were saved and imported into a software system for maintenance of bibliography.

Analysis and Synthesis

The data were evaluated using John Hopkins Research Evidence Appraisal Tools, which use a Level I-V evidence level and a quality level of high, good, and low (Dang & Dearholt, 2018). Data analysis was completed using a review matrix to consider the basic elements of each literature source including author, year, evidence type, sample population, setting, findings, evidence level and quality, and limitations (Appendix B). A thematic analysis method was used to look for repeated patterns and themes specific to the millennial novice nurses' experience within the hospital setting (Toronto & Remington, 2020). This involved reading and rereading the articles and developing article summaries. Codes were initially written in the margin of the article and summaries. The codes were then transferred onto note cards and grouped by themes. Themes were refined, and the articles reviewed to confirm accuracy, resulting in final themes which described the millennial novice nurses' transition experience in the hospital setting. Articles were also reviewed with faculty chair confirm accuracy of patterns and themes.

Results

A total of 155 abstracts were screened, resulting in 35 full text articles for review. Eighteen full text articles were excluded based on study setting, participant age, and participant

degree type. Seventeen articles were included in the final review, of which seven were quantitative studies and 10 were qualitative studies. Six of the qualitative studies were considered phenomenological. Multiple countries were represented in the review, with 10 studies from the U.S., two from China, and one each from the Netherlands, Italy, Turkey, Istanbul, and England. Various hospital types and sizes were represented in the review. Study participants worked in a variety of acute care units, including intensive care, intermediate care, medical-surgical, emergency, and pediatric units. While a literature search was specific to studies within the last 10 years, 10 of the 17 studies meeting criteria were published within the last four years.

The intention of the integrative review was to evaluate and synthesize previous studies which capture the millennial novice nurse's experience in the hospital setting by answering "What are the initial transition experiences of millennial-generation novice nurses in the hospital setting?" Five primary themes emerged from the review: stress and uncertainty, coping, positive and negative professional relationships, developmental support, and ability to provide care.

Stress and uncertainty

A theme of stress and uncertainty was obvious in the analysis of the millennial novice nurses' transition experience in the hospital. Participants in eight of the studies described the experience as stressful, difficult, or overwhelming (Chu & Taliaferro, 2019; Coyne et al., 2020; DeGrande et al., 2018; Li et al., 2014; Maria et al., 2018; McCalla-Graham & De Gagne, 2015; Naylor et al., 2021; Yildiz & Ergun, 2020). Stress and uncertainty presented as emotional responses, low self-confidence, and insecurities during the transition period for this population (Brown et al., 2018; Chu & Taliaferro, 2019; DeGrande et al., 2018; Maria et al., 2018; Martin & Wilson, 2011; Naylor et al., 2021; ten Hoeve et al., 2020; Yildiz & Ergun, 2020). Many of the study participants described a disconnect between their expectations of practice and reality

(Brown et al., 2018; DeGrande et al., 2018; Maria et al., 2018; Martin & Wilson, 2011; McCalla-Graham & De Gagne, 2015; O'Kane, 2012). Stressors during the participants' transition experience involved work and social life imbalances, the work environment, vulnerabilities of being a novice nurse, and crisis-related uncertainties (Brown et al., 2018; Camveren et al., 2020; Chu & Taliaferro, 2019; Coyne et al., 2020; DeGrande et al., 2018; Li et al., 2014; Maria et al., 2018; Martin & Wilson, 2011; McCalla-Graham & De Gagne, 2015; Naylor et al., 2021; O'Kane, 2012; ten Hoeve et al., 2020; Yildiz & Ergun, 2020; Zhang et al., 2017). Stress and uncertainty have a profound impact during the first two years of professional experience of the millennial nurse working in a hospital setting. Stress was attributed to factors that can be monitored and potentially improved by leaders and educators.

Coping

An overall theme of coping was apparent in the literature as specific coping measures were described and both positive and negative experiences resulted. Participants described positive coping strategies that were used during their experience including having courage, being inquisitive, taking initiative, practicing self-care, and seeking support (Brown et al., 2018; Chu & Taliaferro, 2019; DeGrande et al., 2018; Maria et al., 2018; Naylor et al., 2021). Those who endured the transition experience reported development of confidence and knowledge over time which resulted in a greater comfort level (Brown et al., 2018; Chu & Taliaferro, 2019; DeGrande et al., 2018; Maria et al., 2018; Martin & Wilson, 2011). Inabilities to cope during the experience led to decreased or discontinued professional and organizational commitment (Li et al., 2014; Maria et al., 2018; Martin & Wilson, 2011; Naylor et al., 2021; Yildiz & Ergun, 2020; Zhang et al., 2017). Effective coping skills are essential to a successful transition for the millennial novice nurse within the hospital environment.

Positive and negative professional relationships

The literature analysis revealed the importance of assimilating into the hospital work environment through professional relationships as a common theme during the millennial novice nurse transition experience. Quantitative studies demonstrated that work group cohesion positively and negatively impacted this population's work satisfaction (Bontrager et al., 2016; Coyne et al., 2020; Li et al., 2014). Colleague relationship and support was overwhelmingly expressed as impacting the transition experience (n=14) (Bontrager et al., 2016; Brown et al., 2018; Camveren et al., 2020; Coyne et al., 2020; DeGrande et al., 2018; Maria et al., 2018; Martin & Wilson, 2011; McCalla-Graham & De Gagne, 2015; Naylor et al., 2021; O'Kane, 2012; ten Hoeve et al., 2020; Tomietto et al., 2015; Yildiz & Ergun, 2020; Zhang et al., 2017). Leadership support practices (Camveren et al., 2020; Coyne et al., 2020; McCalla-Graham & De Gagne, 2015; O'Kane, 2012; Yildiz & Ergun, 2020) impacted the novice nurses' acculturation process and professional commitment. Horizontal violence in the form of disrespectful behavior had a negative impact on the novice nurse work environment and resulting experience (Camveren et al., 2020; Maria et al., 2018; Martin & Wilson, 2011; ten Hoeve et al., 2020; Yildiz & Ergun, 2020). This theme demonstrates the importance of work group assimilation through collegial relationships and suggests that disruption of this process prevents a successful transition.

Developmental support

The literature exposed the need for developmental support during the transition experience. Novice millennial nurses conveyed that academic programs had prepared them for entry-level nursing within the hospital setting, yet they expressed they were lacking skills, were ill-prepared for more complicated clinical situations, and needed more real-life exposure (Brown

et al., 2018; DeGrande et al., 2018; Maria et al., 2018; Martin & Wilson, 2011; McCalla-Graham & De Gagne, 2015; Naylor et al., 2021). Programs designed to train and support the new nurse were commonly described as facilitating a positive adaptation and supplying knowledge and skill acquisition (Bontrager et al., 2016; Brown et al., 2018; Coyne et al., 2020; DeGrande et al., 2018; Maria et al., 2018; O'Kane, 2012; Tomietto et al., 2015). Inadequate orientation and transition support were expressed as a negative experience by novice nurses leading to a negative work environment (Camveren et al., 2020; Yildiz & Ergun, 2020; Zhang et al., 2017). Several novice nurses reported barriers to achieving support even when this resource was available (Brown et al., 2018; Maria et al., 2018; O'Kane, 2012; Schroyer et al., 2020; Yildiz & Ergun, 2020). The millennial novice nurse requires professional development beyond baseline training and exposure provided by academic programs. They desire a structured program that will allow them to gain additional knowledge and skills during their transition period.

Ability to Provide Care

The ability to execute patient care was important to the millennial novice nurse. Participants expressed a desire to incorporate learning into practice during the transition experience (Maria et al., 2018; Yildiz & Ergun, 2020). Issues surrounding a negative work environment and deficits associated with being a novice nurse were concerns during the adaptation period (Brown et al., 2018; Camveren et al., 2020; Chu & Taliaferro, 2019; Maria et al., 2018; McCalla-Graham & De Gagne, 2015; Naylor et al., 2021; O'Kane, 2012; Yildiz & Ergun, 2020; Zhang et al., 2017). When novice nurses believed that they provided meaningful care, their transition experience involved personal gratification and job satisfaction (Chu & Taliaferro, 2019; Coyne et al., 2020; Maria et al., 2018; Martin & Wilson, 2011; Naylor et al., 2021). The millennial novice nurse working in the hospital setting seeks to execute effective

patient care early in their transition period. When they perceive they are unable to meet the patient's or family's needs, they feel ineffective in their new role.

Discussion

Stress was a frequently reported experience by the millennial novice nurse in the hospital setting. A previous literature review unspecific to age indicated that novice nurses experience low to moderate stress during their initial new hire transition (Labrague & McEnroe-Petitte, 2018), indicating that transitional stress is not unique to this generation. Reality shock was attributed to heavy workloads, complexity of care, and their work's disruption to personal life. The reality of the actual work environment coupled with the realization that the novice nurse no longer had the protection of being a student led to lack of confidence and insecurities. Labrage & De los Santos (2020) similarly found that expectations related to work environment, work-life balance, and adverse patient events contributed to transition shock for a sample of nurses primarily under age 30. The impact of stress and the work environment on personal life was commonly mentioned in the review articles. This is consistent with literature that has emphasized the millennial novice nurse's need for work-life balance, which may involve self-scheduling and taking time off (Campbell et al., 2020).

Coping skills impacted the transition experiences both positively and negatively. The participants adapted to the hospital environment and resulting stress through resilience measures. These included recognizing the need for self-care, seeking support, debriefing, and taking initiative to learn independently. This ability to take initiative supports prior literature that millennials are indeed engaged (Tyndall et al., 2019) and prioritize their personal needs (Campbell et al., 2020). Coping was noted to influence job satisfaction and resulted in decreased retention or intent to stay for the millennial nurse within their first two years. This review

strengthens previous evidence that millennial generation nurses' turnover intentions increase after the transition period and that their anticipated length of stay within the organization is lower than previous generations (Dols et al., 2019; Tyndall et al., 2019)

Being accepted by the team and being supported by colleagues and leaders was a substantial part of the transition experience. The term "teamwork" was commonly credited with making the transition easier. This sense of belongingness was found to protect the novice nurse from burnout caused by stress (Li et al., 2014). However, lack of support from colleagues caused negative emotions which decreased professional commitment (ten Hoeve et al., 2020). Existing literature indicates that feeling like a part of the team and "fitting in" the hospital is important to retaining the millennial novice nurse (Campbell et al., 2020; Halfer, 2011; Hisel, 2019; Mokoka, 2015). The review demonstrated a need for manager oversight of horizontal violence (Camveren et al., 2020) and follow through for concerns (Coyne et al., 2020). Feedback from colleagues and managers was viewed positively by the millennial novice nurse (Maria et al., 2018; McCalla-Graham & De Gagne, 2015; Yildiz & Ergun, 2020). This was consistent with prior literature indicating desire for a leader who is dependable and non-judgemental (Dols et al., 2019), preference for personal attention from leaders (Campbell et al., 2020), and motivation by praise or recognition (Hisel, 2019; Steele-Moses, 2021).

The transition experience hinged on knowledge and skill through professional development. Studies within the review acknowledged perceptions of being insufficient to provide end of life care, being ill-equipped for pandemic-related care, and needing preparation for higher acuity patients (Chu & Taliaferro, 2019; McCalla-Graham & De Gagne, 2015; Naylor et al., 2021). Mokoka (2015) previously offered that millennial generation nurses appreciate skill development, which is consistent with the requested need for training and development in this

review. Several studies acknowledged the positive experience related to preceptorship, formal and informal mentorship, and residency programs. Disappointment when professional development could not be provided due to inadequate staffing, lack of training oversight, and program unavailability was also conveyed in the analysis. Steel-Moses (2021) suggested that educators and leaders be aware of generational motivators, which include clear goals and structure as well as direct supervision and mentorship for the millennial generation.

Being unable to deliver care while having fervent desire to be helpful was communicated by the millennial novice nurse during their transition. Previous literature indicated that millennial nurses perceive they are unable to meet their patient's needs more often than baby boomer and Generation X nurses (Dols et al., 2019). Inability to provide care was related to issues common for a novice nurse, such as physician communication, time management, and inability to answer patient or family questions. Other barriers were related to high nurse-patient ratios and staffing shortages. This experience supports the millennial novice nurses' preference for manageable nurse-patient ratios (McGill Nursing Collaborative, n.d.). Those that endured the difficult transition described being honored to be involved in care and belief that they made a difference. They were satisfied when they could apply learning and began to feel competent. For others, it confirmed their love of the nursing profession. This professional gratification confirms literature indicating the millennial's altruistic nature and desire to be a part of something meaningful (Campbell et al., 2020; Hisel, 2019; McGill Nursing Collaborative, n.d.; Mokoka, 2015).

While pay and quick advancement have been recognized as a priority for the millennial generation nurse (Campbell et al., 2020; Mokoka, 2015), this review did not identify these as an important part of the transition experience. The review suggested that becoming a competent

practitioner through supportive leadership and relational practices superseded the desire for compensation and career growth during the first two years of practice.

Implications

Understanding the millennial generation cohort's unique experience and needs is essential to employing specific improvement strategies. The millennial novice nurses experienced stress related to working in the hospital setting that calls for organizational support. Standard opportunities to debrief have been recommended in environments with high stress or moral distress (Anniello, 2021). Resilience and self-care resources should be explored, availability communicated, and resources assured.

The value of team acceptance to the millennial novice nurse must be understood by senior nurses, professional colleagues, and leaders. The process of selecting positive role models as preceptors and mentors can lead to improved socialization (Bodine, 2020). Providing opportunities to strengthen teamwork is imperative. While there has been much emphasis on discouraging horizontal violence, this review demonstrated its continued occurrence. Educational interventions have been demonstrated to positively impact workplace incivility perception and behavior (Howard & Embree, 2020). Hospitals should not only devise horizontal violence policies but also ensure a mechanism for surveillance.

The millennial novice nurse acknowledged the need for a supportive leader who will provide feedback and recognition. Dedicated employee-leader conversations lead to improved staff satisfaction (Bashaw, 2011) and allow for open communication while also providing an opportunity to assess transition progress. Opportunities to become involved in meaningful work through unit-based or hospital-based committees and assistance with professional growth activities should be provided early to facilitate loyalty (Ulep, 2018). Hospital leadership should

additionally address work-life balance issues that were expressed as dissatisfiers, such as overtime and nurse patient-ratios. The novice nurse would benefit from evaluation and monitoring of staffing ratios during training. Practices that allow the preceptor and newly licensed nurse to share patient care assignments and allow an opportunity to provide realistic oversight of the new nurse positively impact retention (Blegen et al., 2015).

The value of training and support programs for the millennial novice nurse was noted. Educators and leaders must recognize the need for exposure to a variety of clinical scenarios and higher acuity care during a time when senior nurses can closely monitor skill acquisition and provide feedback. Due to staffing and unit contingency plans during COVID-19 (Bader et al., 2020), this need should not be assumed as exclusive to critical care novice nurses. Competency occurs at the two-year mark (Benner, 1982), while many nurses leave the workplace within 3 years (Ulep, 2018). Extending transition programs beyond the initial orientation is a prudent strategy.

Continued research is needed related to generational specific retention strategies. Generation Z, born in the latter part of the nineties, has begun entering the nursing workforce. While there is information about Generation-Z related characteristics, research must shift to examination of their actual experience for the industry to support and retain the newest generation of nurses. The pandemic has caused a unique stress over the last two years which could be considered trauma (Naylor et al., 2021). Future research should explore the impact of crisis care on the novice nurse to understand how to prepare and support current and future nurses. Working in a hospital, being a student on the hiring unit, nursing as a second career, and accelerated bachelor's degree programs had an impact on the transition experience and warrant further study.

Limitations

There were various limitations amongst the sample studies that may prevent the review findings from being applicable to all millennial novice nurses during their initial transition experience within the hospital setting. Most studies involved a small sample size. In addition, there was one study that involved a predominantly male sample (DeGrande et al., 2018), while the majority involved female participants. Two of the surveys included second career or accelerated bachelor's degree nurses. Cultural differences related to how nurses are viewed may be unique to some countries, and staffing practices vary between hospitals. For example, Chinese studies mentioned extremely high nurse to patient ratios and mandatory shift rotations (Maria et al., 2018; Zhang et al., 2017), while a Turkish study recognized the standard practice of using contractual workers and resulting insecurities (Camveren et al., 2020). Some variation in survey compliance included mismatched data and low satisfaction survey return (Li et al., 2014; Schroyer et al., 2020). The millennial generation group may be subject to interpretation by readers based on different age ranges identified in various resources. Consequently, an overlap or blurring of generational groups may have occurred. Two of the studies did not provide a sample age which led to an assumption of a millennial-age sample based on publish date (Martin & Wilson, 2011; O'Kane, 2012). While an attempt was made to capture only millennial generation novice nurses, some studies were selected based on a majority millennial population. This may have resulted in the influence of other generations in the review findings.

Conclusion

This integrative review sought to capture the millennial novice nurse's transition experience in the hospital setting through evaluation and synthesis of previous literature. The review identified themes of stress and uncertainty, coping, positive and negative professional

relationships, developmental support, and ability to provide care. The results serve to inform nurses, educators, and leaders as they seek to support and retain this generation of nurses who are soon to be the dominant workforce. An abundance of generation-specific strategies was evident and should be employed to help the millennial nurse transition from novice to competent. Engaging these strategies could improve the patient experience and decrease organizational turnover costs.

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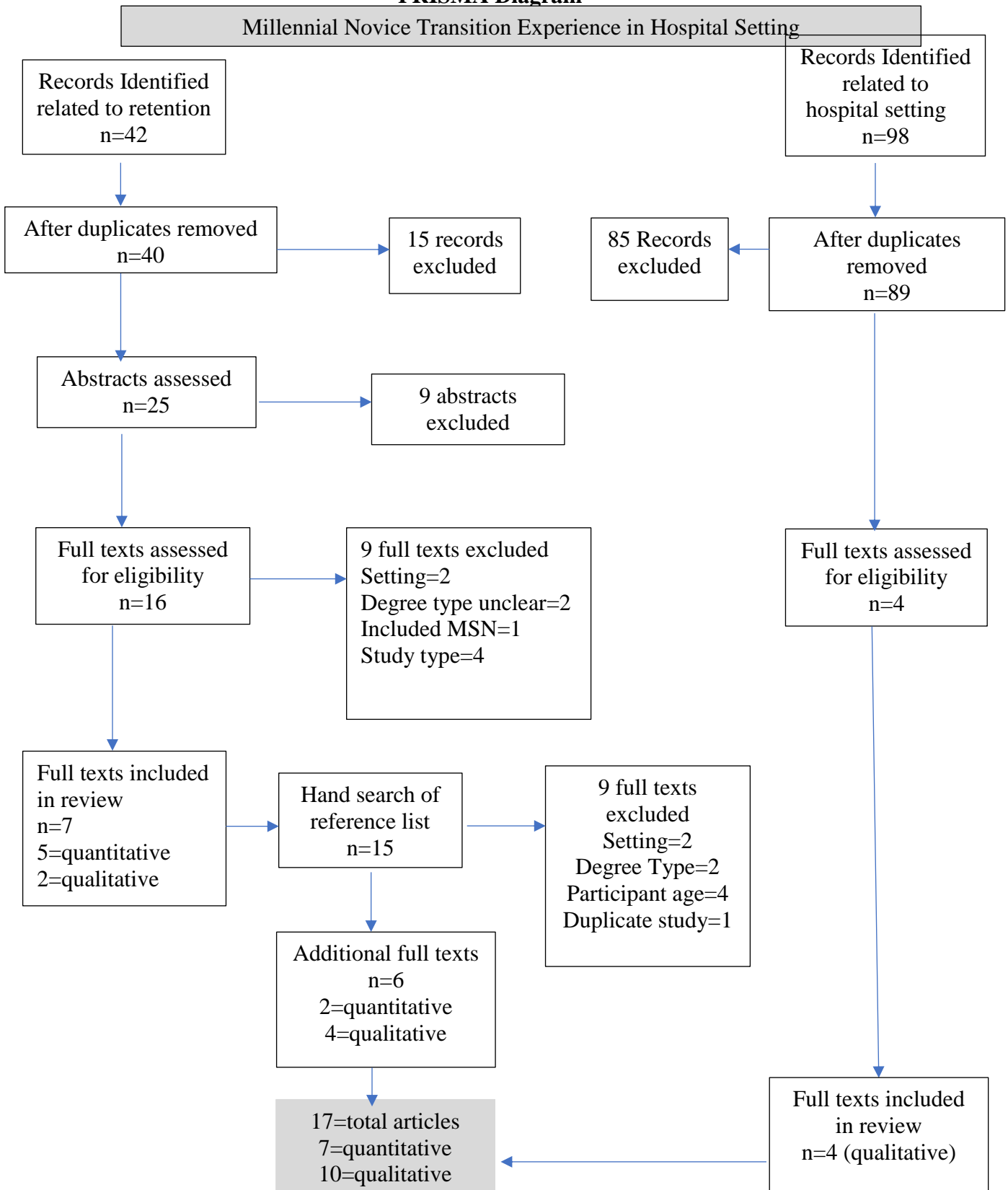
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**Appendix A
PRISMA Diagram**



Appendix B
Evidence Summary Tool

What Are the Initial Transition Experiences of Millennial Generation Novice Nurses in the Hospital Setting?				
Author/Year	Evidence Type	Sample Population/Setting	Findings	Evidence Level & Quality/Limitation
Li et al./2014	nonexperimental quantitative	251 new graduate nurses with less than 1 yr. experience in nurse residency program; age 23-30 years; pediatric unit in large, urban hospital in U.S.	Majority of nurses had experienced stress prior to hire and continued to have stress at 3 months (some triggering PTSD); Group cohesion moderates effects of stress, PTSD symptoms, especially related to compassion fatigue and burnout, and decreased compassion satisfaction; organizational commitment promotes job satisfaction and compassion satisfaction	<p><i>III-Good</i></p> <ul style="list-style-type: none"> •Data collection timeframe mismatch for one of the hospitals related to group cohesion and organizational commitment scores •Specific population pediatric nurses at Children's Hospital Los Angeles makes study nongeneralizable •Demographic variables may have impact •Personality characteristics such as hardiness not evaluated •Other variables related to job satisfaction not evaluated (i.e., mentorship, salary)

What Are the Initial Transition Experiences of Millennial Generation Novice Nurses in the Hospital Setting?				
Author/Year	Evidence Type	Sample Population/Setting	Findings	Evidence Level & Quality/Limitation
Schroyer et al./2020	quasi-experimental descriptive quantitative	70 novice nurses to critical care (35 mentored & 35 non-mentored); mean age of mentored group = 27.4 years; critical care unit in 325 bed community hospital in U.S.	Mentored nurses had a 25% higher retention rate than non-mentored	<i>II-Good</i> <ul style="list-style-type: none"> • Retrospective data; No information on non-mentored nurses about their experience • Low return rate of satisfaction surveys • Additional training and designated time for communication to eliminate barriers to mentorship
ten Hoeve et al./2020	observational cohort nonexperimental quantitative	18 novice nurses with no more than 1 yr. exp.; mean age = 24.3 years; large university medical center in Netherlands	Lack of support from colleagues, negative pt. experiences, existential events, complexity of care, lack of control and work-life balance indirectly related to professional commitment through negative emotions. Conflicting job demands and lack of control directly/negatively linked to professional commitment with conflicting job demands highest; Lack of support from colleagues, negative pt. experience, existential events were strongest factors that were indirectly related to novice nurse commitment through negative emotions; conflicting job demands was strongly directly and negatively related more so than lack of control	<i>III-Good</i> <ul style="list-style-type: none"> • Small sample in one hospital • Commitment level may have impacted number of diary entries

What Are the Initial Transition Experiences of Millennial Generation Novice Nurses in the Hospital Setting?				
Author/Year	Evidence Type	Sample Population/Setting	Findings	Evidence Level & Quality/Limitation
Tomietto et al./2015	cross-sectional nonexperimental quantitative	156 nurses first two years of employment; mean age = 31 years; varied units within public hospitals in Italy	At 0-6 mos. main factor impacting turnover intention was competence acquisition; 7-12 mos. workgroup integration was relevant; at end of second yr., main factor was opportunities for professional development	<i>III-Good</i> <ul style="list-style-type: none"> • Longitudinal design needed to confirm and validate findings; wider sample needed
Coyne et al./2020	non-research descriptive quality improvement	23 nurses with less than two years' experience; mean age = 27.3 years; med-surg & intermediate units within a Level I trauma center in U.S.	Support group benefits retention	<i>V-Good</i> <ul style="list-style-type: none"> • No highly validated/reliable survey for use in novice nurse population • Inability to standardize mentorship activities; variation in designated mentorship time occurred; were cancelled or considered work time due to workload • Small sample size • Variation in survey compliance
Camveren et al./2020	descriptive qualitative	15 contracted young nurses with average of 16.26 months experience; age range 24-29 years; ED, Med-Surg, & ICU within	Negative work environment (managers & peers), nursing shortage (unmanageable workload, senior nurses unavailable), and unsatisfied individual expectations (work-life balance, contract employment) were described	<i>III-Good</i> <ul style="list-style-type: none"> • University hospital in third largest province • Nurses had already left their job at time of interview; may have

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		large public university hospital in Turkey		been focused on negative experiences
Yildiz & Ergun/2020	qualitative	30 nurses with maximum of 1-year experience; age range 22-25 years; varied hospital types in Istanbul	Transition experience was described as causing emotional response and stressful; relationships with colleagues, manager, and patients had an impact; knowledge/orientation impacted confidence level and ability to adapt	<i>III-Good</i> •Reflects opinions of newly graduated nurses who participated in study and cannot be generalized
Zhang et al./2017	longitudinal quantitative	343 newly graduated nurses nurse graduates during first year of practice; mean age = 22.7 years; tertiary hospitals in China	Occupational stress related to tasks, roles/interpersonal relationships, and leadership management and professional identify related to professional social support, professional social skill, and dealing with professional frustration consistently predicted intent to leave	<i>III-Good</i> • Gender imbalance (mostly female participants) • Did not evaluate why the nurses intended to leave • Need to look beyond 12 months
Maria et al./2018	exploratory nonexperimental qualitative	14 new registered nurses with about one year of experience; age range 23-25 years; varied hospital types in China	Experience involved "experiencing stress and frustration" related to role change, feeling incompetent, undesirable relationships, and inadequate institutional/workplace support and orientation; sense of accomplishment when overcoming challenges/adapting to work environment; participants felt that they should be "accountable and competent" as a professional; those who "took initiative and were action-oriented"	<i>III-Good</i> •Provides information at one point in time

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Author/Year	Evidence Type	Sample Population/Setting	Findings	Evidence Level & Quality/Limitation
			fared better; relationships with colleagues helped or hurt; "orientation and workplace support was valued"	
Brown et al./2018	phenomenological qualitative	12 newly licensed nurses; majority age range 21-26 year; varied units in eight different U.S. hospitals	The lived experience of first-year nurses included themes: 1) impact of nursing school 2) hospital orientation 3) environment that promotes teamwork 4) time for self-care 5) confidence 6) expectation vs. reality in MD interactions	<i>III-Good</i> <ul style="list-style-type: none"> • Interpreted by inexperienced researchers • Small sample size
Bontrager et al./2016	descriptive, prospective, cross-sectional quantitative	34 nurses within 1st year of practice and enrolled in a residency program; mean age = 28.03 years; hospital system in U.S.	NLRNs reported high levels of preceptor role effectiveness, group cohesion, and job satisfaction; moderate levels of intent to stay	<i>III-Good</i> <ul style="list-style-type: none"> • Cross-sectional design limited ability to examine changes in the NLRN during orientation period • Surveyed one health system
Chu & Taliaferro/2019	hermeneutic phenomenology qualitative	14 novice RNs with range of 1-2 years' nursing experience and end-of-life experience; age range 20-44 years; varied acute care units in U.S.	Three themes identified: (a) obstacles in end-of-life care; (b) personal response; and (c) coping strategies;	<i>III-High</i> <ul style="list-style-type: none"> • Focused only on experiences within the context of one professional nursing organization in the U.S. • Majority of participants were Whites, females, and ICU nurses • Only included NRNs with less than 3 years' experience

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Author/Year	Evidence Type	Sample Population/Setting	Findings	Evidence Level & Quality/Limitation
				<ul style="list-style-type: none"> • Telephone sessions were interrupted leading to difficult communication • Researcher could not observe participants' non-verbal behavior
Naylor et al./2021	phenomenological qualitative	13 new graduates from accelerated BSN program with 2 years of less experience; average age = 29 years; varied acute care units in U.S.	Eight themes emerged: Dealing with death, which PPE will keep us safe, caring for high acuity patients with limited training, difficulties working short-staffed; everything is not okay; support from the healthcare team, nursing school preparation for the pandemic; I would still choose nursing.	<i>III-Good</i> <ul style="list-style-type: none"> • Teacher-to-former student relationship of the PI participants
McCalla-Graham & De Gagne/2015	phenomenological qualitative	10 new graduate nurses with up to 12 months exp.; age range = 22-56 years; acute care hospitals in one region of a U.S. state	Three themes were identified: knowledge, skills, and environment	<i>III-Good</i> <ul style="list-style-type: none"> • Localized findings in southwest Florida • 90% were second-career nurses
O'Kane/2011	comparative qualitative	8 newly qualified nurses employed in ICU for 1 year or less experience; inferred millennial age based on date	NQNs experienced anxiety about time management, accountability, and socialization, however cope well with complexity of ICU; student placements in ICU eased transition and eased some reality shock	<i>III-Good</i> <ul style="list-style-type: none"> • Participants were known to the author • Small-scale study

What Are the Initial Transition Experiences of Millennial Generation Novice Nurses in the Hospital Setting?				
Author/Year	Evidence Type	Sample Population/Setting	Findings	Evidence Level & Quality/Limitation
		of study; ICU in a large teaching hospital in England		
Martin & Wilson/2011	phenomenological qualitative	7 newly licensed RNs with at least one-year experience; inferred millennial age based on date of study; varied acute care units of U.S. hospital	Adaptation to the culture of nursing and movement from novice to competent nurse may sometimes be a treacherous journey	<i>III-Good</i> •The primary researcher taught the transition course for newly graduated nurses