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DECIDING IF HOMECARE IS RIGHT FOR ME: THE EXPERIENCE OF THE NEW GRADUATE NURSE

By

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BScN McMaster University, 2004

A Thesis

presented to Ryerson University

in partial fulfillment of the

requirements for the degree of

Master of Nursing

In the program of

Nursing

Toronto, Ontario, Canada, 2011

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Authors Declaration

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DECIDING IF HOMECARE IS RIGHT FOR ME: THE EXPERIENCE OF THE NEW GRADUATE NURSE

Master of Nursing Degree, 2011

Erin Patterson

Master of Nursing Program

Ryerson University

Abstract

The experiences of new graduate nurses who begin their careers in homecare are not well understood. As such, the purpose of the study was to understand the meaning of new graduate nurses employment in home health care in relation to their decision to remain in or leave homecare nursing practice. An interpretive phenomenological approach was used with the goal of understanding the new graduate nurses' experiences. Eight new graduate nurses who began their careers in homecare participated in this study. Through data analysis, the overarching theme *Deciding if homecare is right for me* emerged. The meanings of the participants' experiences are further understood through the three essential themes (a) *Do I have what it takes?* (b) *It's the relationships that count,* and (c) *It's not what I expected.* Several recommendations stemming for these study findings are presented as they relate to nursing education, practice, policy, and research.

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Chapter One: Introduction

The purpose of this phenomenological research study was to understand the meaning of the lived experience of new graduate nurses whose initial employment was in home health care. I sought to examine how new graduate nurses experience orientation, preceptorship, and transition into practice in the context of extended orientation programs provided for by the New Graduate Guarantee, a provincially funded program designed to ease the transition from the role of student nurse to registered nurse (Baumann, Hunsberger, Idriss-Wheeler, & Crea-Arsenio, 2009). The goal of this research study was to gain insight into new graduate nurses' personal and professional needs during the initial stages of employment, as well as their decision to remain working in homecare. In addition I sought to understand the meaning of their experience in relation to their intent to stay or leave their position in the future.

In this chapter, I introduce my thesis by providing the context for my research study. Specifically, I outline the context in which my study was inspired, including background information related to the homecare practice environment and homecare nursing workforce. I also provide a brief summary of the experiences of new graduate nurses working in both hospital and homecare settings. I then discuss extended orientation programs and the New Graduate Guarantee. Finally, I conclude by restating the study purpose and outlining the research questions.

Study Context

Health care in Ontario is currently shifting out of hospital settings and into the community (Nursing Health Services Research Unit, 2010). As of 2009, 18.4 percent of nurses working in Ontario identified themselves as employed in the community health care sector (College of Nurses of Ontario, 2010). Despite the growing number of nurses working in the

community sector, the number of homecare nurses (registered nurses and registered practical nurses) in Ontario has declined from 7,546 in 1999 to just over 5,000 in 2009, with the percentage of registered nurses dropping by slightly over 10 percent (Nursing Health Services Research Unit, 2010). As a result of challenges related to recruitment and retention of nursing staff, homecare agencies have begun to hire new graduate nurses (Meadows, 2009). This is a practice that was previously avoided due to the complexity of the practice environment and the independent nature of caring for clients in the community (Meadows, 2009).

Understanding the homecare practice environment. The following description of the homecare practice environment is based on my personal experience working in homecare as a registered nurse. I have two years experience working in the sector and have worked for two different homecare agencies in the province of Ontario.

The homecare practice environment is unique among the various settings in which nurses' practice. Homecare nurses work independently, traveling by car to clients' homes across rural, suburban, and urban areas. Unlike hospital settings, clinical support for homecare nurses can only be accessed via telephone. Furthermore, supplies and equipment must be ordered and delivered to the patients' homes. The nurse is responsible for a variety of administrative functions including transcribing of doctors' orders, maintenance of the clients' charts, and organization of clients' visit schedules. Similar to their peers working in hospital settings, homecare nurses provide care to clients with both acute and chronic health conditions. Nursing care varies greatly and includes providing chemotherapy treatments, peritoneal dialysis, intravenous antibiotic administration, wound care/dressing changes, diabetes management and providing diabetes education, central line maintenance, symptom management for clients diagnosed with cancer, and palliative care for clients nearing the end of life. Clients range in age

from infants to the very elderly who have been diagnosed with a broad range of health problems. The nurse is responsible for the comprehensive assessment of clients' needs. Based on the nurses' assessment of the clients' condition, doctors' orders are often obtained over the phone. Homecare nurses are also responsible for a great deal of client teaching, as the goal for many clients and their families is the independent management of their care. The nurse works in collaboration with the Community Care Access Centre's client care managers to establish adequate service provision for all clients in need of nursing care. The Ontario Ministry of Health and Long Term Care (MOHLTC) created the Community Care Access Centres to act as a single point of access for homecare services in the province. The client care managers are health care professionals who work with nurses and clients to manage the client's care needs (Doran et al., 2004).

Homecare nurses work as generalists and require the knowledge and skill to care independently for a wide variety of clients. It is due to the complexity of the work and the autonomous nature of homecare nursing that homecare service providers have generally avoided employing new graduate nurses (Meadows, 2009). It has been a long standing prerequisite for nurses to possess two years experience in a hospital setting before being hired into a homecare nursing position (Meadows, 2009). It was believed that new graduate nurses require this time to consolidate the skills and theory they learned throughout their nursing education in order to successfully transition into the role of independent practitioner (Meadows, 2009). However, in the face of the nursing shortage, this notion is now being challenged and homecare agencies are beginning to hire new graduate nurses (Meadows, 2009).

In a publication released in 2009, the Victorian Order of Nurses, a homecare service provider located in Ontario, reported hiring 18 new graduate nurses in the previous year (Beaty,

Young, Slepkov, Isaac, & Matthews, 2009). In addition, during the year in which I conducted my research (2009-10), one of the agencies from which I recruited participants hired 27 new graduate nurses (K. Ray, personal communication, October 8, 2010). This is evidence that hiring practices within the homecare sector are changing. However, little is known about new graduate homecare nurses' experiences of orientation, preceptorship, and transition into independent practice. Furthermore, minimal evidence exits related to the affect their experiences on their decisions to stay in or leave homecare practice. At present, the turnover rate for new graduate nurses employed in homecare is unknown. However it is reasonable to believe that it may be similar to, if not greater than, turnover among new graduate nurses employed in hospital settings, especially given the autonomy required of nurses in the homecare practice environment. Given that the turnover rate for new graduate nurses during the first year of employment in hospital settings is estimated to range anywhere from 20 percent (Fink, Krugman, Casey, & Goode, 2008) to greater than 60 percent (Duchscher, 2009), understanding the experiences of new graduates during their transition from student nurse to registered nurse is essential, regardless of the context in which they are practicing.

Elevated new graduate nurse turnover rates are costly to health care organizations, health care clients, and nurses (Godinez, Schweiger, Gruver, & Ryan, 1999). Costs incurred by the employing organization as a result of the turnover of nursing staff include financial loss reported to range from 10,000 to 60,000 dollars, depending on the nurse's specialty (O'Brien-Pallas et al., 2006). Employers also face decreased productivity as a result of the time required to orient a new employee to fill the vacant position (O'Brien-Pallas et al. 2006). Patient satisfaction with care and continuity of care also suffer as a result of nurse turnover (O'Brien-Pallas et al., 2006). Furthermore, when turnover results in inadequate numbers of nursing staff, greater pressures are

placed on existing nurses to continue providing the same level of care, despite decreased human resources (O'Brien-Pallas et al., 2006) The resulting increase in nursing workload often results in client care needs going unmet (O'Brien-Pallas et al., 2006). Although these estimates are related to turnover of nurses in hospital settings it is reasonable to conclude that homecare employers would incur similar losses, as these new hires also undergo costly, extensive orientation and training. Research (Cho, Laschinger, & Wong, 2010; Laschinger, Finegan, & Wilk, 2009; Suzuki et al., 2010) indicates that the impetus for new graduate nurse turnover in hospital settings may be related to the stress experienced by new graduate nurses during their transition to independent practice.

New graduate nurse transitioning: Hospital setting. Due to the scarcity of research exploring new graduate nurses working in homecare settings, the literature examining the experiences of their hospital counterparts may provide some insight into the new graduate homecare nurses' experiences of transitioning into independent practice. A number of studies (Casey, Fink, Krugman, & Propst, 2004; Ellerton & Gregor, 2003; Evans, 2001; Hodges, Keely, & Troyan, 2008; McKenna & Green, 2004; Newton & McKenna, 2007) regarding new graduate nurses working in hospital settings have shown that there is a period of transition from the familiar role of student to working competently and confidently as a registered nurse. Furthermore, research (Casey et al., 2004; Ellerton & Gregor, 2003; Evans, 2001; Hodges et al., 2008; McKenna & Green, 2004; Newton & McKenna, 2007) suggests that this has both emotional and practice-related implications. For example, new graduate nurses experience a mix of emotions as they transition from being nursing students to registered nurses. Feelings of enthusiasm, excitement, pride, and motivation have been found to be tinged with feelings of uncertainty, isolation, and anxiety (Evans, 2001; Newton & McKenna, 2007). Research also

indicates that new graduate nurses remain task-focused during their first six months of employment in an effort to acquire the necessary technical skills to practice independently (Casey et al., 2004; Ellerton & Gregor, 2003; Hodges et al., 2008; McKenna & Green, 2004). Greater levels of responsibility in decision-making and patient care provision have been shown to lead to feelings of fear and anxiety, as the new graduate nurse is no longer able to hide behind the status of student nurse (Newton & McKenna, 2007).

New graduate nurse transitioning: Homecare setting. Much like their peers employed in hospital settings, the increased responsibility of being a fully licensed registered nurse is stressful and anxiety provoking for new graduate homecare nurses (Sneltvedt, Odland, & Sorlie, 2010; Wangensteen, Johansson, & Nordstrom, 2008). Research (Sneltvedt et al., 2010) indicates that new graduates working in homecare experience added stress related to the fact that they require a more expansive set of competencies due to the generalist nature of the care they provide.

Several authors (Meadows, 2009; Sneltvedt et al., 2010; Wangensteen et al., 2008) suggest that differences do exist between what new graduate nurses experience in hospital settings versus homecare settings during their transition into independent practice. However, due to the paucity of research examining the experiences of new graduate homecare nurses, these differences remain largely unexplained.

Easing the transition: Orientation programs. The purpose of extended orientation programs is to ease the transition from the role of student nurse to registered nurse (Beaty et al., 2009). Extended orientation programs generally offer new graduate nurses formalized education sessions focusing on topics relevant to their practice setting as well as extended preceptorships. Preceptorship is the one-on-one, on-the-job orientation and training of new graduate nurses by an

experienced nurse, trained to act as a preceptor for new employees (Carignan, Baker, Demers, & Samar, 2007). Research (Casey et al., 2004; Delaney, 2003; Rosenfeld, Smith, Iervolino, & Bowar-Ferres, 2004) highlights the importance of the preceptor-preceptee relationship as part of a positive orientation experience for new graduate nurses employed in acute-care settings.

There exists an abundance of research exploring and evaluating the impact of extended orientation programs offered to new graduate nurses in the hospital setting (Scott, Engelke, & Swanson, 2008). These orientation programs have been shown to ease the new graduates' transition into the hospital practice environment, improve job satisfaction, and increase retention of new graduate hires (Scott et al., 2008). However, there is only limited research exploring the experiences of new graduate nurses' orientation and preceptorship in homecare settings. As homecare agencies have just recently begun to hire new graduate nurses, the lack of available research evaluating their experiences is not surprising (Meadows, 2009).

The New Graduate Guarantee. The New Graduate Guarantee, a program initiated in 2007 by the Ministry of Health and Long Term Care in the province of Ontario, is designed to support new graduate nurses and their employers during their orientation and transition into independent practice (Baumann et al., 2009). The New Graduate Guarantee is a program that provides employers with financial support for the extended orientation and temporary full-time employment of new graduate hires (Baumann et al., 2009). The objectives of the New Graduate Guarantee program are to (a) increase the availability of permanent positions for new graduate nurses by providing every new graduate the opportunity to work full-time following graduation, (b) promote the retention of new graduate nurses by nursing employers in Ontario, (c) enhance the integration and transition of new graduate nurses into the health care workforce, and (d)

strengthen Ontario's nursing workforce by offering full-time employment opportunities to nurses who may otherwise look for employment elsewhere (Baumann et al., 2009).

The New Graduate Guarantee has provided homecare agencies in Ontario with the resources necessary to offer extended orientation for new graduate nurses (Baumann et al., 2009). The initiative is accessed via an online employment portal through which new graduate nurses are connected with employers interested in participating in the New Graduate Guarantee (Baumann et al., 2009). The program finances a six-month, full-time, supernumerary position (i.e., the position is additional to the regularly required number of nursing staff) for all new graduate nurses who have been hired for positions through the online nursing graduate portal (Baumann et al., 2009). Once hired, the new graduate nurse works alongside a preceptor for a period of three to six months after which the employer is expected to have made a strong effort to hire the new graduate nurse into a permanent full-time position (Baumann et al., 2009). If unable to hire the new graduate nurse into a permanent full-time position after the first six months, the employer must offer an additional six weeks full-time employment to that new graduate nurse to enable them to find employment elsewhere (Baumann et al., 2009).

Extended orientation programs such as those provided for by the NGG allow new nurses the opportunity and support to consolidate their skills within the homecare practice environment (Meadows, 2009). Anecdotal accounts and research evidence support the notion that the transition from student nurse to visiting homecare nurse may potentially be made easier by the implementation of such programs (Beaty et al., 2009). However, little research evidence is available to support this observation. The dearth of research examining extended orientation programs for new graduate nurses employed in homecare further supports the relevance of my study.

Study Purpose and Research Question

The purpose of my research study was to develop an understanding of the meaning of the lived experience of the new graduate registered nurse who begins her/his career in homecare. Within the context of the New Graduate Guarantee, I sought to understand how new graduate nurses experience orientation, preceptorship, and transition from working along side a preceptor to working independently in the homecare practice environment. I aimed to explore how their experiences influenced their decision to remain in, or leave their jobs as homecare nurses and their intent to remain working in homecare in the future. Finally, I hoped to provide recommendations for education, practice, and research related to the education, orientation, preceptorship, and transitioning of new graduate nurses in the context of homecare nursing.

The following questions were used to guide my study: (a) "What are the experiences of new graduate nurses with formal orientation in the context of homecare?" (b) "What are the experiences of new graduate nurses with preceptorship in the homecare context?" (c) "What are the experiences of new graduate nurses working in homecare as they transition into independent practice?" and (d) "What factors make the new graduate nurse either decide to continue working or leave their position in homecare?"

Conclusion

In this chapter, I have set the context for my research study. With the advent of the New Graduate Guarantee, the number of new graduate nurses being hired by homecare service providers has greatly increased. However, little is known about how these nurses experience their beginning stages of employment. While there is ample research exploring and evaluating the orientation, preceptorship, and transition of new graduate nurses in the hospital setting, virtually no research exists exploring these experiences in the context of homecare.

In the next chapter, I synthesize and critique the relevant research related to new graduate nurses' experiences in homecare. I also include a synthesis of the research exploring new graduate nurse turnover, offering further background related to new graduate nurses' decision to remain, or leave their jobs during their initial stages of employment.

Chapter Two: Literature Review

In this chapter, I present the literature that informed my research study. I provide a critical review of the available literature related to new graduate nurses in homecare inclusive of the literature on extended orientation programs and the New Graduate Guarantee. I also review the literature on nurse turnover intent, with a specific focus on how this topic is addressed in relation to being a new graduate nurse working in homecare. Exploring these concepts helped to expand my understanding of the context in which the new graduate homecare nurses' experiences took place. In addition, I identify the shortfalls of the available evidence in providing an understanding of the phenomenon of new graduate nurses' experiences of working in homecare in relation to their decision to stay in or leave their positions, as well as their intent to remain working in homecare in the future.

For the purposes of this review, I chose to focus primarily on the literature specifically related to new graduate nurses working in homecare, as this was the focus of my research. Although I looked at literature examining the experiences of new graduate nurses working in hospital settings, I decided that due to several contextual differences, this body of literature did not adequately inform my research. The contextual differences included: (a) educational preparation, as less emphasis is placed on community nursing practice at the undergraduate level, leaving new graduate nurses with less training and experience related to community nursing practice than hospital nursing practice (Bramadat, Chalmers, & Andrusyszyn, 1996; Hickey, 2000); (b) the community practice setting and work environment differs from hospital settings, as well, community nursing competencies are unique to more independent, less institutionalized client care (Meadows, 2006, 2009); and (c) the autonomy required of nurses working in

homecare settings differs from that of nurses working in hospital settings (Astarita, Malerna, & Blevins, 1998; Humphrey & Milone-Nuzzo, 1996).

Although I did focus my review primarily on the homecare literature, the absence of literature exploring turnover among new graduate homecare nurses necessitated the inclusion of studies examining new graduate nurse turnover in hospital settings. I used this body of literature to develop an understanding of factors affecting the turnover of new graduate nurses in general, as these factors may also affect new graduate nurses employed in homecare.

Literature Search Strategy

I began my literature review by searching online databases including the Cumulative Index for Nursing and Allied Health Literature (CINAHL), Proquest Nursing, and Proquest Dissertations and Thesis. The search was limited to English language articles from peer-reviewed sources; no limits were placed on year of publication due to the anticipated lack of literature in my topic area. Search terms used in conducting the search included "new graduate nurse", alone and in combination with "home health care", "preceptorship", "orientation", "transition", "retention", "turnover", and "work environment". I also searched the term "home health care" alone, and in combination with "preceptorship", "orientation", "transition", "work environment", "turnover", and "retention". The title and abstract of each resulting publication were reviewed for relevance. Publications were deemed relevant for inclusion if they (a) were a research-based or non research-based publication exploring new graduate nurses employed in homecare, (b) explored new graduate nurse turnover in any setting, or (c) explored the turnover of nurses in homecare. Relevant articles were printed and pertinent information was extracted. The reference list of each article was also reviewed for further applicable literature. Articles included in the review consisted of selected research-based and non research-based publications

related to the new graduate nurses' experiences in homecare nursing, as well as to new graduate nurse and homecare nurse turnover/turnover intent.

Critical Review of the Literature

This review of the research-based and non research-based literature is organized into two sections. The first section explores the research-based literature and non research-based reports related to the experiences of the new graduate nurse in homecare. The second section examines the research-based literature relevant to understanding new graduate nurse and homecare nurse turnover/turnover intent.

New graduate nurses' experiences in homecare. Limited research exists exploring new graduate nurses' experiences in homecare nursing. Four research-based reports (Beaty et al., 2009; Meadows, 2006; Sneltvedt et al., 2010; Wagensteen et al., 2008) were located related to the phenomenon. These research studies examined the overall experience of the new graduate nurses working in homecare (Sneltvedt et al., 2010; Wagensteen et al., 2008), the anticipated needs of new graduate nurses working in homecare (Meadows, 2006) and the implementation of the New Graduate Guarantee initiative in the homecare context (Beaty et al., 2009). In addition, three non research-based reports (Cariganan et al., 2007; Gavin, Haas, Pendleton, Street, & Wormald, 1996; Meadows, 2009) were located which discussed the implementation of extended orientation and preceptorship programs for new graduate nurses employed in homecare. These three articles provided non research-based accounts that offered insight into the effectiveness of extended orientation programs in the context of homecare nursing (Carignan et al., 2007; Gavin et al., 1996; Meadows, 2009).

In the following sections, I present a synthesis of the findings of the research-based reports as well as the non research-based reports related to the new graduate nurses' experiences

in homecare. In addition, I identify the strengths and limitations of each set of articles focusing on (a) methodological factors, and (b) how well they informed my phenomenon of interest.

Research-based literature. Four research-based reports (Beaty et al., 2009; Meadows, 2006; Sneltvedt et al., 2010; Wagensteen et al., 2008) were located that provided insight into the experiences of new graduate nurses whose first employment was in home health care. Using a phenomenological research approach, Sneltvedt et al., (2010) and Wagensteen et al., (2008) found that new graduate nurses' transition into independent practice can be characterized by personal and professional growth and development (Wagensteen et al., 2008) as well as learning to "stand on one's own feet" (Sneltvedt et al., 2010, p. 262). Several studies (Meadows, 2006; Sneltvedt et al., 2010; Wagensteen et al., 2008) suggest that for successful transition into homecare nursing practice, new graduate nurses require confidence and support. However, new graduate homecare nurses also indicated that support and feedback were sometimes lacking, leaving them feeling isolated and unsure about their progress (Sneltvedt et al., 2010; Wagensteen et al., 2008). Meadows (2006) identified the importance of support for new graduate nurses in homecare. A supportive organization and team were found to be key for both the new graduate nurse and the preceptor during the orientation process. Meadows (2006) noted that consolidation of nursing skills and theory with nursing practice can occur in any setting provided the new graduate nurse is afforded ongoing support, validation, and feedback. While Meadow's (2006) study explored the anticipated needs of new graduate nurses employed in homecare in terms of orientation and support, Beaty et al. (2009) evaluated the implementation of the New Graduate Guarantee in home health care, a program that allows for enhanced orientation, preceptorship, and support for new graduate nurses. Beaty et al. found that new graduate nurses valued the additional support and time that was provided for their learning that resulted from the extended

preceptorship period, as it allowed them to feel better prepared for independent nursing practice (Beaty et al., 2009).

Wagensteen et al (2008) found that the level of responsibility for client care was the most noticeable difference between being a student nurse and a registered nurse. In another study (Sneltvedt et al., 2010), new graduate nurses also reported feeling surprised by what was expected of them in relation to their knowledge and skills for homecare nursing practice. Two studies (Sneltvedt et al., 2010; Wagensteen et al., 2008) also identified that new graduate nurses felt overwhelmed and burdened and that these feelings were associated with the high level of responsibility the new graduate nurses were required to assume regardless of their inexperience. Additionally, Sneltvedt et al., (2010) found that new graduate nurses were challenged in negotiating nurse-client relationships. These challenges lead the new graduate nurses to realize the importance of developing competencies and knowledge related to the homecare nursing role, communication skills, and the development of the nurse-client relationship (Meadow, 2006; Sneltvedt et al., 2010). Additional community nursing competencies were identified by Meadows (2006) that include knowing when to ask for help, having critical thinking and problem solving skills, and having skills related to family assessment (Meadows, 2006). Meadow's (2006) study also revealed the importance of community experience over hospital based experience at the undergraduate level for those new nurses who decided to work in homecare following graduation (Meadows, 2006). Undergraduate clinical experience in homecare exposed nursing students to homecare competencies that were different than those in hospital settings (Meadows, 2006).

Four studies (Beaty et al., 2009; Meadows, 2006; Sneltvedt et al., 2010; Wagensteen et al., 2008) provide evidence that new graduate nurses employed in homecare feel overwhelmed by the competencies required for homecare nursing practice. The new graduate nurses' need for

support, feedback, and time to learn and adjust were also highlighted (Beaty et al., 2009; Meadows, 2006; Sneltvedt et al., 2010; Wagensteen et al., 2008). While these reports provide insight into the experiences of new graduate nurses employed in homecare, they are not without their limitations. The studies by Sneltvedt et al. (2010) and Wagensteen et al. (2008) offer a detailed account of the experiences of new graduate nurses in homecare. However both studies were conducted in Norway. As such, the transferability of these studies' findings to the Canadian home health care context is challenging, especially given the lack of contextual information provided by the authors. Transferability "refers to the probability that the study findings have meaning to others in similar situations" (Speziale & Carpenter, 2007, p. 49). Without description of the context in which the studies (Sneltvedt et al., 2010; Wagensteen et al., 2008) were conducted, determining the transferability to the Canadian homecare context is difficult. Conversely, while the studies conducted by Beaty et al. (2009), and Meadows (2006) were carried out within the Canadian health care system, both studies focused on specific aspects of the new graduate nurses' experiences. As a result, neither study offers a detailed understanding of the overall experiences of new graduate nurses employed in homecare settings. Additional issues related to the transferability of the study findings include the inclusion of participants who were not new graduate nurses employed in homecare (Meadows, 2006; Wagensteen et al., 2008) and the recruitment of participants from a single organization or employer (Beaty et al., 2009; Meadows, 2006; Sneltvedt et al., 2010).

Although I was unable to address all of these issues in my research I have addressed several. First, my study was conducted in Ontario, Canada, with a sample comprised of only new graduate nurses employed in homecare. As such, the findings are relevant to new graduate nurses practicing in homecare in the province of Ontario. In addition, I have explored new graduate

nurses' experiences of employment in homecare using a phenomenologic research approach, which is a methodology that offers a detailed understanding of the participants' experience.

Non research-based literature. In this section, I have synthesized the non research-based literature (Carignan et al., 2007; Gavin et al., 1996; Meadows, 2009) reporting on extended orientation programs used by homecare nursing agencies in both Canada and the United States. Carignan et al. (2007) and Gavin et al. (1996) reported on the implementation of extended orientation programs for new graduate nurses in the homecare setting. Although neither article provides evidence of a formal evaluation of the programs, non research-based accounts by the authors suggests that these orientation programs helped to successfully integrate new graduate nurses into the homecare nursing team (Gavin et al., 1996), significantly decreasing the rate of turnover and the number of registered nurse vacancies (Carignan et al., 2007). The authors also state that they observed improved retention of experienced homecare nurses following the implementation of the extended new graduate nurse orientation programs (Cariganan et al., 2007; Meadows, 2009). Although not based on research findings, the authors attribute the improved retention of experienced nurses to be the result of the opportunity for advancement and ongoing education provided by the preceptorship education and training programs associated with the new graduate nurse internships (Cariganan et al., 2007; Meadows, 2009).

Meadows (2009) also reported on the implementation of an initiative involving three strategies aimed at integrating new graduate nurses into homecare practice environments in Alberta, Canada. These strategies included extended homecare clinical placements for nursing students, internship programs for nursing students, and extended orientation programs for newly graduated nurses (Meadows, 2009). This report indicated that following the implementation of the initiative, homecare employers reported that the retention of new graduate nurses improved,

thus demonstrating the importance of using multiple strategies in the recruitment and retention of new graduate nurses in the homecare setting (Meadows, 2009). The strengths of this article lie in the fact that the program was implemented in the Canadian health care context. However, like the articles by Carignan et al. (2007) and Gavin et al. (1996) the evidence is based on informal reports by the author and homecare employers. As such, the findings are not based on research. Therefore, empirical evidence examining extended orientation programs is necessary to effect change aimed at improving recruitment and retention of new graduate nurses in the homecare sector.

Each of these three articles (Carignan et al., 2007; Gavin et al., 1996; Meadows, 2009) provides accounts that provide support for the effectiveness of extended orientation programs for new graduate nurses employed in homecare. These articles add further weight to the notion that support, mentorship, and time for learning and skills' consolidation during the new graduate nurses' initial stages of employment in homecare are important (Beaty et al., 2009; Carignan et al., 2007; Gavin et al., 1996; Meadows, 2009, 2006; Sneltvedt et al., 2010; Wagensteen et al. 2008).

In addition to the literature described above, I also reviewed the literature on nurse turnover intent, as I chose to explore the new graduate nurses' experience in homecare in light of their decision to stay in or leave their positions. In the following sections, I present a synthesis of the literature on nurse turnover as it relates to new graduate nurses working in homecare.

Turnover among new graduate nurses in homecare. Literature exploring turnover of new graduate nurses employed in homecare is scarce. The research study by Beaty et al., (2009), which is also included in the synthesis of literature on new graduate nurses' experiences in homecare, explored the implementation of the New Graduate Guarantee at one homecare service

provider agency in Ontario. These authors identified several reasons why new graduate nurses leave the homecare sector following orientation and preceptorship. Although new graduate homecare nurse turnover is not the focus of the study by Beaty et al., the findings provide some insight into the issue of new graduate nurse turnover in the Canadian homecare sector. Beaty et al. found that although new graduate nurses appreciated the opportunities provided by the initiative, for example the extended orientation period and six-months of full-time employment, the participants also indicated that the New Graduate Guarantee did not provide sufficient incentive for them to remain working in homecare (Beaty et al., 2009). The participants cited extended workdays, pay differential between homecare and other practice settings, and the independent nature of homecare nursing work as reasons to leave the homecare sector for employment elsewhere (Beaty et al., 2009).

With the exception of the study conducted by Beaty et al., (2009), no further literature exploring new graduate nurse turnover in homecare settings was located. Therefore, exploration of the literature examining new graduate nurse turnover in hospital settings was necessary to allow me to better understand what is already known about this phenomenon. In addition I reviewed literature examining nursing turnover in homecare more broadly, to gain insight into factors affecting turnover of nurses in homecare settings regardless of how long they have been practicing. In the next section I discuss the literature regarding nurse turnover as it relates both to being a new graduate nurse, and a more experienced nurse working in homecare.

New graduate nurse turnover: Hospital setting. There exists a growing body of research exploring turnover intent among new graduate nurses employed in hospital settings. Nine studies (Beecroft, Dorey, & Wenten, 2007; Bowles, & Candela, 2005; Cho et al., 2010; Kovner, Brewer, Greene, & Fairchild, 2009; Laschinger et al., 2009; Lavoie-Tremblay, O'Brien-Pallas, Gelinas,

Desforges, & Marchionni, 2008; Parry, 2008; Robert, Jones, & Lynn, 2004; Suzuki et al., 2010) examined a variety of variables associated with turnover among new graduate nurses working in hospital settings. In relation to turnover intent, these studies examined job satisfaction (Bowles & Candela, 2005; Kovner et al., 2009; Robert et al., 2004), psychosocial work environment factors (Beecroft et al., 2007; Lavoie-Tremblay et al., 2008), burnout (Cho et al., 2010; Suzuki et al., 2010), satisfaction with unit assignment (Suzuki et al., 2010), perceived opportunities for employment elsewhere, mandatory over-time (Kovner et al., 2009), satisfaction with scheduling and satisfaction with pay (Bowles & Candela, 2005), autonomy, opportunity for promotion, and organizational commitment (Cho et al., 2010; Kovner et al., 2009), access to support/resources, and individual characteristics of the nurse (Beecroft et al., 2007; Cho et al., 2010; Kovner et al., 2009; Laschinger et al., 2009; Suzuki et al., 2010).

These studies indicated that new graduate nurses working in hospital settings experienced high levels of burnout which were found to negatively affect organizational commitment (Cho et al., 2010; Laschinger et al. 2009). Suzuki et al. (2010) found that burnout in new graduate nurses had a latent effect on turnover, whereby new graduate nurses reported feeling more affected by burnout during the later stages of their first year of employment. In addition to burnout, Suzuki, et al. found that reasons for new graduate nurse turnover during the 10th to 15th month of employment included the need to change living arrangements and the location of the hospital. Reasons for new graduate nurse turnover during the initial 10 months of employment included a lack of satisfaction with the patient care unit on which they were assigned to work, a lack of peer support, and education obtained from vocational schooling versus university level nursing education (Beecroft et al., 2007; Suzuki et al., 2010).

Two studies (Beecroft et al., 2007; Kovner et al., 2009) found turnover intent of new graduate nurses working in hospital settings to be significantly related to various individual characteristics of nurse respondents. Younger age, higher level of education, lower levels of self-confidence, problem-solving skills, and coping strategies were all related to increased turnover intent. Research (Lavoie-Tremblay et al., 2008) has also shown that personal reasons including the need for a job change, a desire to gain new skills, the need for additional career opportunities, and a desire for better working conditions influenced new graduate nurses' intent to leave their jobs.

A number of the cited studies (Kovner et al., 2009; Robert et al., 2004; Suzuki et al., 2010) found that job satisfaction of new graduate nurses working in hospital settings is either directly or indirectly related to turnover intent. In addition to job satisfaction, perceived availability of alternate job opportunities, a lack of autonomy, and a lack of opportunities for promotion were all significantly related to increased levels of turnover intent among new graduate nurses in the hospital setting (Kovner et al., 2009).

Various organizational and work environment factors have been found to be related to turnover intent among new graduate nurses in hospital settings. Studies have found that mandatory overtime, high client loads (Bowles & Candela, 2005; Kovner et al., 2009), high patient acuity, and feeling that client care was unsafe were often identified as reasons that new graduates leave their first jobs (Bowles & Candela, 2005). Additional reasons cited by new graduate nurses for leaving their initial places of employment included issues with management, being burdened with too much responsibility, a lack of guidance and support, and issues with salary, benefits, and scheduling (Bowles & Candela, 2005).

All nine studies (Beecroft et al., 2007; Bowles, & Candela, 2005; Cho et al., 2010; Kovner et al., 2009; Laschinger et al., 2009; Lavoie-Tremblay et al., 2008; Parry, 2008; Robert et al., 2004; Suzuki et al., 2010) that examined turnover intent among new graduate nurses in hospital settings used a descriptive-correlational study design. All of these studies used questionnaires to collect data on the variables being studied. Methodological limitations were few, but included a low response rate of 12 percent in one study (Bowles & Candela, 2005) and questionable strength of causal claims attributed to the use of a cross-sectional study design in two others (Cho et al., 2010 & Laschinger et al., 2009). The major limitation of this body of research as it relates to my current study, is the fact that all but one of the studies (Beaty et al., 2009) were conducted in hospital settings, leaving a gap in the literature related to turnover/turnover intent among new graduate nurses employed in settings other than hospitals. My research was designed with the intent to fill this gap in the literature as I explored new graduate nurses' experiences in homecare in light of their decision to remain or leave their positions. As such, I hoped that my findings would offer new insights into why some new graduate nurses remain working in homecare while others chose to leave their jobs for employment in other sectors.

Homecare nursing turnover. Due to the limited literature reporting on turnover of new graduate nurses working in homecare, I chose to review the literature examining turnover among homecare nurses in general. However, I was only able to locate one study (Flynn, 2007) examining the issue.

Flynn (2007) explored the relationships between various nursing outcomes and organizational outcomes in relation to nurses' intent to leave their jobs in homecare nursing. This quantitative study found that only nurses' level of education and the level of organizational

support were significantly related to the intent to leave (Flynn, 2007). Higher levels of organizational support were correlated with lower levels of nurse intent to leave (Flynn, 2007), while higher levels of education were correlated with higher levels of nurse intent to leave (Flynn, 2007). This study by Flynn is not without its challenges regarding application of the findings to new graduate homecare nurses. The mean age of study participants was 50.35 years, with a mean number of years at the employing agency of 9.92 (Flynn, 2007). The participants in this study differ greatly from the new graduate nurse sample of my study whose mean age and number of years in practice are significantly less, making it difficult to apply the findings of Flynn's study to new graduate nurses who begin their careers in homecare. As such there remains a gap in the literature related to turnover among new graduate nurses in homecare.

Summary. As evident above, there is a dearth of literature exploring new graduate nurses' experience of orientation, preceptorship, and transition into independent practice, as well as turnover rates within the Canadian homecare context. The existing literature falls short in several regards; first most of the research that explored new graduate nurses' experiences of employment in homecare was conducted outside of the Canadian health care system, making transferability of the results to the Canadian context challenging. In addition extended orientation and preceptorship programs were primarily discussed in non-research based reports and lastly research exploring new graduate nurse turnover was conducted primarily in hospital settings. As such, several gaps exist in the literature that need to be addressed.

My study begins to address these gaps in a number of ways. First my study was conducted in Ontario, Canada, and therefore my study findings are relevant to the Canadian context. In addition my study explores new graduate nurses' experiences in homecare in relation to their decision to stay in, or leave their jobs, as a strategy for bringing to light reasons for

turnover of new graduate homecare nurses. Finally, my study explores new graduate nurses' experiences in the context of the New Graduate Guarantee, thus offering research-based evidence examining new graduate nurses' experiences in extended orientation and preceptorship programs.

Due to the scarcity of research exploring new graduate nurses' experiences in homecare in the Canadian context, use of a qualitative research methodology was warranted as it allowed for the description and understanding of the meaning of the participants' whole experience (Burns & Grove, 2005). I chose to use a phenomenologic research approach to extend the understanding of the meaning of the lived experience for new graduate nurses employed in homecare in relation to their decision to remain in or leave their positions as homecare nurses. Using a phenomenologic approach to explore my participants' experiences allowed me to expand current understanding of this phenomenon, laying the groundwork for future research related to new graduate nurses in homecare.

Conclusion

Given the dearth of literature exploring the experiences of new graduate nurses employed in homecare it is evident that there is a need for further research into this phenomenon. Although the existing body of literature provides some insight, additional Canadian-based research is necessary to extend our understanding of the experiences of new graduate nurses employed in homecare within the Canadian health care system. Furthermore, the available research provides little insight into reasons why new graduate nurses decide to stay in or leave their positions in homecare. My study addressed these gaps by exploring the experiences of new graduate nurses employed in home health care, in the province of Ontario, in light of their decision to remain in or leave homecare nursing practice.

In this chapter I outlined the strategy used to locate literature relevant to understanding, new graduate nurses' experiences in homecare as well as new graduate homecare nurse turnover. I reviewed all relevant literature, identifying methodological strengths and limitations. In addition, I highlighted the gaps in the literature related to understanding the experiences of new graduate nurses in homecare in light of their decision to stay in or leave homecare nursing practice. Finally, I outlined how my study addressed several of the gaps identified in the literature. In the following chapter I present the methodology used to conduct my study.

Chapter Three: Methodology

In this chapter, I outline the phenomenological approach used to plan and conduct my research study exploring the experiences of new graduate nurses employed in home health care. Due to the scarcity of research describing this phenomenon, interpretive phenomenology was chosen as the methodological approach in order to expand current understanding. To help direct the reader, phenomenology is defined and the two principal schools of phenomenology, descriptive and interpretive, are described. Philosophical hermeneutics, an extension of interpretive phenomenology developed by Hans-Georg Gadamer, was used to guide my research study. Therefore, I have outlined the major conceptual elements underpinning this philosophy. I used the framework by de Witt and Ploeg (2005) for assessing the rigour of an interpretive phenomenologic research study. Hence, I outline de Witt and Ploeg's framework and demonstrate how decisions made throughout the research process strengthened the rigour of my study, while being true to the major conceptual elements of interpretive phenomenology. Finally, study limitations are discussed and ethical considerations are explored.

Phenomenology

The phenomenological movement began in the early 20th century (Speziale & Carpenter, 2007). The term phenomenology refers to philosophy, methodology and approach (Dowling, 2004). Speziale and Carpenter (2007) described phenomenology as a "way of thinking and perceiving" (p. 77) with the aim of describing the lived experience. Phenomenology is becoming an increasingly popular approach to nursing research, as its goal is to understand, rather than describe a phenomenon. Phenomenology can be carried out in an uncontrolled environment allowing for understanding that is embedded in the experiences of the participants (MacKey, 2005). Lopez and Willis (2004) related how the phenomenological research approach fits well

with the art and philosophy of nursing as it allows for "understanding unique individuals and their meanings and interactions with others and the environment" (p. 726).

Phenomenological schools of thought. There exist two main schools of thought with regards to phenomenological philosophy and methodology, namely descriptive (Husserlian) phenomenology and interpretive (Hiedeggerian and Gadamerian) phenomenology or hermeneutics (Koch, 1999; Priest, 2004). Descriptive phenomenology is concerned with the nature of knowledge or epistemology (MacKey, 2005). Developed by Edmund Husserl, descriptive phenomenology seeks to gather knowledge about a particular phenomenon with the aim of describing its essence (Dowling, 2004; Mackey, 2005). Husserl believed that the true nature of a phenomenon could be realized through the study of human consciousness (Lopez & Willis, 2004). He further believed that commonalities existed amongst all persons who have experienced the same phenomenon and that by remaining objective the researcher is able to identify these universal essences (Lopez & Willis, 2004). According to Husserl, objectivity is maintained using bracketing, the suspension of all prior knowledge and beliefs regarding the phenomenon being studied (Dowling, 2004). Husserl's phenomenology remains linked to the positivist paradigm in his belief that human experience can be described unbound by the history and context of the researcher (Lopez & Willis, 2004).

Martin Heidegger extended the work of Husserl to develop the ontological branch of phenomenology, seeking to understand the nature of existence (MacKey, 2005). Heidegger believed that humans are inseparable from their environment and as a result, individual realities are inevitably influenced by the cultural, social, and historical context in which we exist (Lopez & Willis, 2004). Bracketing, an essential aspect of Husserl's phenomenology was criticized by Heidegger who believed that one's presuppositions and life experiences are essential to and

inseparable from the research process (Lopez & Willis, 2004). Furthermore, Heidegger believed that it was impossible to purely describe a phenomenon free from interpretation (MacKey, 2005). In response, he developed interpretive phenomenology, which moves beyond pure description and seeks to understand a human being's nature of being in the world (MacKey, 2005).

Hans-Georg Gadamer expanded on the work of Heidegger through the development of philosophical hermeneutics (Fleming, Gaidys, & Robb, 2003). Although Gadamer's philosophy places greater emphasis on the contribution that language, history, and dialogue have in the creation of understanding, the underlying concepts remain congruent with those of Heideggerian hermeneutics and interpretive phenomenology (Pascoe, 1996).

I chose to use Gadamer's philosophical hermeneutics based on the suitability of the methodology to my research questions, as well as the congruence between philosophical hermeneutics and where I situate myself in relation to reality (ontology). I was drawn toward philosophical hermeneutics because I experience reality in a similar way to how Gadamer describes it; that is, humans are intrinsically connected to their history and context. I further believe, similar to Gadamer, that humans are always interpreting the world around them, that humans understand by interpretation in all situations, and that interpretation is bound by the experiences of the interpreter (Gadamer, 2004; Koch, 1999). I also identified with Gadamer's emphasis on language and conversation as the medium for understanding (Gadamer). In addition, I believe that the researcher can develop an understanding of the participants' experiences through conversation. In the following discussion, an exploration of the major concepts of philosophical hermeneutics further explicates my chosen interpretive framework.

Major concepts underpinning Gadamer's philosophical hermeneutics. In *Truth and Method* Gadamer (2004) clearly states that philosophical hermeneutics does not describe the

process of understanding, but outlines the conditions under which understanding occurs. Dialogue, historically effected consciousness and the hermeneutic situation, fusion of horizons, prejudice, and the circle of understanding are all conditions of understanding (Gadamer, 2004). These four concepts are intertwined; all occurring simultaneously in the act of interpretation and understanding (Gadamer, 2004).

Dialogue. Gadamer (2004) viewed understanding not as "a mysterious communion of souls, but sharing in a common meaning" (p. 292). Understanding is affected by history, which means that understanding occurs through interpretations made during conversation and dialogue (Gadamer, 2004). Understanding reflects a fusion of the viewpoints of both the researcher and the participant (Dowling, 2004; Gadamer; Koch, 1999; Pascoe, 1996). "Language is the universal medium in which understanding occurs" (Gadamer, 2004, p. 390). Through interpretation during conversation with participants and when reading the research texts (transcripts) the researcher's understanding of the participants' experiences results (Gadamer, 2004).

Historically effected consciousness and the hermeneutic situation. Gadamer (2004) explained that in all acts of understanding, history is present. *Historically effected consciousness* dictates what one identifies as worth researching and as such is another element necessary to the act of understanding (Gadamer, 2004). Historically effected consciousness is influential in determining the right questions to ask and who the appropriate research subjects should be (Gadamer, 2004). Gadamer argues that we are "always already affected by history" (p. 300), and that being conscious of this fact, is primarily possessing awareness of the hermeneutic situation. The hermeneutic situation is "the situation in which we find ourselves with regard to the tradition that we are trying to understand" (Gadamer, 2004, p. 301). Gadamer defines the concept of

situation as a point of view that limits ones' range of vision (Gadamer, 2004). The concept of situation is linked to the concept of *horizon*, "the range of vision that includes everything that can be seen from a particular vantage point" (Gadamer, 2004, p. 301).

Fusion of horizons. When one enters into dialogue with another for the purposes of understanding, both participants enter into the conversation with their own *horizon* or viewpoint on the subject being discussed (Gadamer, 2004). Through dialogue, the researcher attempts to open up to the experiences and viewpoints of the participant with the goal of reaching an understanding that overcomes the *horizons* of both researcher and participant (Gadamer, 2004). Horizons are in constant flux; the horizon of the present is "continually in the process of being formed because we are continually having to test all our prejudices" (Gadamer, 2004, p. 305). Testing of prejudices occurs through encountering the experiences of the other and seeking to understand where they come from (Gadamer, 2004). Researcher prejudices must also be tested against the past; researchers must develop an understanding of the basis of their *horizons* or viewpoints (Gadamer, 2004). Gadamer stipulated that:

> The horizon of the present cannot be formed without the past. There is no more an isolated horizon of the present in itself than there are historical horizons which have to be acquired. Rather understanding is always the fusion of these horizons. (2004, p. 305)

The understanding acquired through the *fusion of horizons* of the researcher and the participant is always greater than that possessed by either party upon entering into dialogue (Gadamer, 2004). However, in order for understanding to be reached, the researcher must acknowledge the presence of *prejudice* related to the subject of interest (Gadamer, 2004).

Prejudice. In the act of understanding, the acknowledgement of *prejudice* present in the interpreter's consciousness is necessary (Gadamer, 2004). In the case of philosophical

hermeneutics, prejudice refers to all judgments made regarding the subject of interest prior to the exploration of all of its elements (Gadamer, 2004). Prejudices can be negative or positive and are not always false judgments (Gadamer, 2004). However, these *prejudices* are not easy to access as the researcher "cannot separate in advance the productive prejudices that enable understanding from the prejudices that hinder it and lead to misunderstanding" (Gadamer, 2004, p. 295). As such, it is necessary to foreground or suspend one's prejudices in order to open up to the experiences of the other (Gadamer, 2004). It is through the encounter with the other, that one's *prejudices* are provoked and in the suspension of one's prejudices that a question is formed (Gadamer, 2004). The question opens the researcher up to the possibility of understanding the other, by placing the researcher's prejudices at risk against the experiences of the participant and their "claim to truth" (Gadamer, 2004, p. 299). Gadamer (2004) further elaborates on the act of understanding through description of the circle of understanding, which Gadamer describes as a useful strategy to describe the ontological structure of the act of understanding.

Circle of understanding. The circle of understanding does not illustrate a methodology for understanding but rather describes the movement of the interpreter, in the act of understanding, between the whole and the parts (Gadamer, 2004). The researcher's understanding of the phenomenon of interest is constantly changing as new participants are encountered and an expanded understanding of the phenomenon is formed (Fleming et al., 2003). The researcher's understanding of the phenomenon is not static; it is constantly changing (Gadamer, 2004). The meaning of the whole (i.e., a complete interview with one participant) must be understood in terms of the details or parts (i.e., paragraphs, sentences, or phrases within the interview) and that the meaning of the parts must be understood in terms of the whole (Gadamer, 2004). According to Gadamer (2004):

> The movement of understanding is constantly from the whole to the part and back to the whole. Our task is to expand the unity of the understood meaning centrifugally. The harmony of all the details with the whole is the criterion of correct understanding. The failure to achieve this harmony means that understanding has failed. (p. 291)

The researcher's anticipated understanding of the phenomenon (whole) becomes actual understanding when the themes (parts), which emerge from the interviews themselves, are also reflected in the researcher's understanding of the phenomenon as a whole (Gadamer, 2004).

Through the interaction of the concepts of dialogue, historically affected consciousness and the hermeneutic situation, prejudices, the fusion of horizons, and the circle of understanding the researcher is able to interpret the meaning of the phenomenon as experienced by the study participants. Maintaining an acute awareness of these concepts in relation to the research process and outcomes is vital when ensuring the study's rigour.

Methodology

Gadamer (2004) asserted in *Truth and Method* that the "work [of hermeneutics] is not to develop a procedure of understanding, but to clarify the conditions in which understanding takes place" (p. 295). Therefore, in the following sections of this chapter I demonstrate how the hermeneutic conditions of understanding were met during the conduct of my research study. I ensured that the conceptual elements of philosophical hermeneutics were congruent with my sampling and recruitment, reflexivity and openness, data collection, and data analysis.

Sampling and recruitment. Recruitment of participants occurred over a six-month period immediately following ethics approval. All participants were recruited through contacts at two home health care agencies. Specific sampling strategies are outlined below.

Sampling strategy. For the purposes of phenomenological inquiry it is necessary to include participants who have experienced the phenomenon being studied (Speziale & Carpenter, 2007). Therefore, purposive sampling was used to select participants for inclusion in my research study based on their having experienced the phenomenon of interest (Speziale & Carpenter, 2007). Purposive sampling is congruent with research being conducted using a phenomenological approach (Speziale & Carpenter, 2007).

I began recruitment through contacts at two homecare agencies. I requested those assisting in recruitment to contact all new graduate nurses if possible, in order to both optimize recruitment at each agency, and to better maintain the confidentiality of those who chose to participate. Each agency contact provided me with a list of new graduate nurses who had given permission for me to contact them. The names of those new graduate nurses who chose to participate were not shared with either agency.

I also chose to use snowball sampling as a means of contacting nurses who were no longer employed by the agencies. Snowball sampling is a purposeful sampling strategy used to locate potential participants through those who have already agreed to participate (Speziale & Carpenter, 2007). This strategy is useful when attempting to recruit participants who are challenging to locate (Speziale & Carpenter, 2007). I was interested in understanding the experiences of both those nurses who remained working in homecare as well as those who chose to leave their positions following orientation. As few of the participants interviewed had worked with other new graduate nurses, this recruitment strategy was unsuccessful. However, one of the new graduates I had recruited through my agency contacts decided to leave her position prior to our interview. Therefore, I did have one participant who was no longer working as a homecare nurse.

Inclusion criteria. Inclusion criteria for participation in the study included: (a) worked as registered nurses for a period of between six months and two years; (b) had their first employment experience in home health care; (c) able to read, write, and speak English; and (d) willingness to participate in the proposed research study. The time frame of between six months and two years was selected because research evidence describing the development of new graduate nurses indicated that role awareness does not begin to develop until towards the end of the first year of practice (McKenna & Green, 2004; Newton & McKenna, 2007). Inclusion of participants who had practiced for at least six months ensured that each participant had experienced orientation, preceptorship, and transition into practice. Limiting participation to those nurses who had practiced for two years or less ensured that participants were not too far removed from their experience as new graduate nurses in homecare.

Data saturation and sample size. Sample size was determined when the data had reached the point of saturation. Data saturation occurs when no new information is emerging from participant interviews and the data becomes repetitive (Speziale & Carpenter, 2007). Although I used data saturation to determine the end of my data collection for this study, it is necessary to acknowledge that this does not mean complete understanding has been achieved. It is important to note that Gadamer (2004) viewed understanding as temporary. Understanding the meaning of a phenomenon for those who experience it changes over time, and thus the process of understanding could continue indefinitely (Fleming et al., 2003). Therefore, it is up to the discretion of the researcher to determine the point at which participant recruitment and therefore, data collection/analysis are complete (Fleming et al., 2003).

Sample. Eight new graduate nurses, from two not-for-profit visiting nursing agencies were recruited to participate in my study. All eight participants' first employment was in

homecare nursing and all had participated in extended orientation and preceptorship programs provided through the New Graduate Guarantee. Participants ranged in age from 22 to 37 years of age. The mean age of the participants was 26.5 years. Seven of the eight participants were female. Orientation periods for the new graduates lasted between three and six months. Participants were employed as homecare nurses for between six and 18 months with the average length of employment being 10.25 months. All but one participant worked for the same homecare service provider. One of the eight participants had decided to leave her position as a homecare nurse after six months of employment. Therefore, seven of the eight participants were working as homecare nurses at the time of their interviews. Appendix A offers a more detailed description of each participant, providing further context for the reader.

Reflexivity and openness. Following recruitment of participants and prior to commencing data collection and analysis I began to record my thoughts and feelings about the phenomenon. I continued to maintain this reflexive journal throughout the research process, noting my ideas, interpretations, and emotions prior to each interview and following my initial review of the recorded data. I recorded ideas or concepts to explore in subsequent interviews and also made a list of potential codes or themes to be used during more in-depth data analysis. The specific strategies I used to identify potential codes or themes as well as areas for exploration at subsequent interviews are outlined in the Data Analysis section.

The hermeneutic situation and historically effected consciousness. Openness and reflexivity also entail maintaining an awareness of the hermeneutic situation. This means having an awareness of how one's history limits one's view of the phenomenon of interest (Gadamer, 2004). Possessing an awareness of the hermeneutic situation means acknowledging that our consciousness is affected by history (Gadamer, 2004). Historically affected consciousness is one

of the conditions of understanding (Gadamer, 2004). In my research this meant reflecting on where I situated myself in relation to the phenomenon in the context of my personal history and experience. I accomplished this through the initial entry in my reflexive journal where I reflected on my life experience in relation to the phenomenon; the experiences of new graduate nurses working in homecare and their decision to remain working as homecare nurses following orientation. I also included what I anticipated I would learn during my research study. The following excerpt from my reflexive journal provides an illustration of where I situated myself in relation to the phenomenon.

> Reflecting on my new graduate experience ... I remember feeling overwhelmed, scared, nervous, and excited every day that I worked. Looking back on the experience I cannot imagine working in a setting like homecare….I feel like it was at least one year to 18 months before I felt comfortable making decisions and providing patient care fairly independently. I will always value the support and expertise of the nurses who helped me through my initial year in practice. Approximately a year and a half after beginning my nursing career I decided to move out of the hospital and into homecare nursing….I was expected to care for large numbers of patients with a wide variety of illnesses. I was required to pick up more skills, in a short period of time because there were no other nurses available to see the patients. I remember feeling extremely overwhelmed, nervous and upset each day before working; and frustrated and angry each evening when I received my schedule for the following workday. I anticipate that many of the new graduates that I interview will have had many of the same experiences as I did working in homecare. However, I anticipate that their experiences and emotions will be magnified due to their status as new graduates.

Through the use of my reflexive journal I acknowledged how my experience as a new graduate nurse, and later as a homecare nurse, inspired and informed the research process. Maintaining a journal allowed me to bring my preconceptions and prejudices to the forefront prior to beginning data collection, allowing them to be tested against the experiences of the research participants.

Prejudice. Gadamer (2004) highlights the need for the researcher to confront his or her prejudices and maintain a historically effected consciousness as a strategy for remaining open to the experiences of the other. I chose to use my reflexive journal to maintain a conscious awareness of the prejudices I held towards the phenomenon. Gadamer asserts that:

> In fact our own prejudice is properly brought into play by being put at risk. Only by being given full play is it able to experience the other's claim to truth and make it possible for him to have full play himself. (p. 299)

Following each interview and the initial review of the recorded data I utilized my reflexive journal to reflect on how my prejudices had changed as a result of my new understanding of the experiences of the participants. My reflexive journal facilitated preliminary data analysis by providing me with a medium to explore my initial interpretations of the interviews. By journaling, following each interview, I was able to identify and record the initial meaning of the whole experience for the new graduate participant as well as potential codes or themes that I saw emerging from the data.

Data collection. Although the term data collection, as opposed to data generation, is used here it is important to note that data is actually generated or co-created though conversation and dialogue between the researcher and the research participant (Lowes & Prowes, 2001). However,

I chose to use the term data collection to maintain clarity in the presentation of my thesis work. The following section describes the data collection process.

According to Gadamer (2004) "language is the universal medium in which understanding occurs" (p. 390) and conversation "coincides with the very act of understanding and reaching agreement" (p. 389). Because the goal of my research study was to gain an understanding of the experiences of new graduate nurses whose first employment was in homecare, I chose to utilize individual interviews to engage participants in a conversation about their experiences. Individual interviews are the most common strategy used by researchers collecting data for use in a phenomenological study (Speziale & Carpenter, 2007). Interviews allow the researcher to gain the richness of data necessary to develop an understanding of the lived experience of the participants (Speziale & Carpenter, 2007). According to Koch "Gadamer equates the metaphor of dialogue with the logic of question and answer" (1996, p. 176). Interviews conducted in accordance with the philosophy of philosophical hermeneutics contain questions that are "non-directive", allowing the research participants to relate their experiences to the researcher "in which ever way they wish"(Koch, 1996, p.176).

Data were collected over an eight-month period between October 2009 and April 2010; eight interviews were conducted in total. The first two interviews were conducted one month apart. The second and third interviews were conducted approximately two months apart, followed closely by the fourth and fifth interviews. Interviews three, four, and five were conducted over a five-day period, followed by the sixth interview one month later. Interview seven and eight were conducted approximately one month after interview six and were separated by one week. Following the second interview I began transcription of the data. After transcribing the first and second interviews I analyzed the data using the strategies outlined below.

Unfortunately, the remainder of the interviews took place during a semester in which I had a heavy course load, as such I was unable to transcribe and analyze the data in-between interviews. In addition, several of the interviews were conducted over a short period of time, making transcription and analysis between each interview impossible. Consequently, in-depth data coding and analysis primarily occurred after data collection was completed.

I conducted one-time individual interviews lasting between 30 minutes and one-hour with each of the eight participants. As I was unable to transcribe and analyze data in-between interviews I prepared for each interview by re-reading the notes I had made following previous participant interviews, reviewed my reflexive journal entries, and listened to the most recent interview recording. In addition, I reviewed and revised the interview guide before each interview, being sure to include any additional prompts or follow-up questions generated from previous interviews.

I arranged to meet participants at a time and location that was convenient for them. As a result of the stipulations of one of the ethics committees, I was required to conduct the participant interviews in public areas. This meant that all of the interviews were conducted in small coffee shops. Initially, I was concerned about maintaining confidentiality in these public environments. I addressed this by asking participants to avoid using their own names, the names of their employers, the names of their patients, and their colleagues' names during the interviews. Participants were able to avoid the use of names during the interviews with few exceptions. If participants did mention a name during the interview I reminded them to not identify any names and removed the name from the recording following the interview. I was also concerned about the various distractions that were present in such environments. However, throughout the data collection process, participants were able to remain focused on our

conversations. Conversely, as a result of the noisy environments, the quality of the audio data suffered. I often had to listen to sections of the recordings several times in order to accurately transcribe the data. However, the challenges faced during transcription did not affect data analysis in any way.

I used a semi-structured interview guide (Appendix B) during the interviews to remind myself of the content I hoped to cover. However, I allowed the participants to lead the conversation as often as possible, using follow-up questions to further my understanding of their experiences. Follow-up questions included (a) probing questions included in the interview guide, (b) questions generated from previous participant interviews, and (c) questions aimed at clarifying participant statements. Follow-up questions did not add new thoughts or ideas into the conversation as prompts were primarily used as a means of encouraging participants to further discuss a point they had already made.

According to Creswell (2007) the researcher should prepare follow-up or prompting questions to ensure they obtain adequately detailed responses from research participants. Prompting questions were necessary for most participants as they were frequently unable to elaborate as much as I had anticipated. Although the use of prompts may have affected the flow of the conversation at times, encouraging participants to elaborate further on certain points allowed me greater understanding and added to the richness of data. Gadamer (2004) asserted that "the more genuine a conversation is, the less its conduct lies within the will of either partner" (p. 385). He continued by saying that "a conversation has a spirit of its own, and that the language in which it is conducted bears its own truth within it - i.e., that it allows something to 'emerge' which henceforth exists" (Gadamer, 2004, p. 385). Here, Gadamer is referring to the new, shared understanding that results from the fusion of horizons of the researcher and the

participant. By asking questions to clarify their statements and responses, I ensured that the participants and I had come to a common understanding of their experience. In addition, I frequently summarized what they had conveyed to me for affirmation that I understood their ideas and feelings correctly.

The outcome of data collection was a shared literal or basic understanding of the experience of the participants. At this point in the research process my understanding remained fairly concrete in that I understood the tangible aspects of the participants' physical and emotional experiences. However, I had yet to understand the more abstract meaning of their experience. Through in-depth data analysis I aimed to deepen my understanding of the data in order to further understand the meaning of the participants' experiences more conceptually.

Data analysis. For the purposes of my study, the goal of data analysis was to develop an understanding of the meaning of being a new graduate nurse working in homecare, in relation to their decision to remain in or leave their positions as homecare nurses. To accomplish this goal, I needed to move the concrete, shared understanding resulting from data collection to a higher level of abstraction; to develop understanding at a conceptual level. It was at the conceptual level of understanding where the meaning of the participants' experiences was discovered. To this end, I conducted my data analysis keeping in mind the conditions in which Gadamer (2004) asserts understanding takes place, which are the circle of understanding and the fusion of horizons. The following sections describe how I utilized these two concepts to inform the data analysis process.

Circle of understanding. According to Gadamer (2004) "the circle of understanding is not a 'methodological' circle, but describes an element of the ontological structure of understanding" (p. 294). As the outcome of hermeneutic research is the shared understanding of

the researcher and the research participants, it is logical that the researcher plays a fundamental role in the circle of understanding (Dowling, 2004; Fleming et al., 2003; Koch, 1996). Prior to entering into the circle of understanding the researcher has already developed an anticipated meaning of the phenomenon (Gadamer, 2004; Koch, 1999). The researcher brings into the circle of understanding his or her history and prejudices (Koch, 1999). The researcher must be conscious of his or her prejudices and open up to the experiences of the research participant (Gadamer, 2004). Being open to the experiences of the other will expand the researcher's understanding of the phenomenon as a whole (Gadamer, 2004). The circle of understanding describes the movement of the researcher between his or her understanding of the phenomenon as a whole and the new information or data (parts) collected through interviews with research participants. Gadamer asserts, "the anticipation of meaning in which the whole is envisaged becomes actual understanding when the parts that are determined by the whole themselves also determine this whole" (Gadamer, 2004, p. 291).

The process I used to collect and analyze data is best described in three phases. Phase one included data collection and preliminary analysis, phase two included data coding and the writing of my initial understanding of the participants' experiences as a whole, and phase three included the development of the themes and sub themes.

Phase one. I began the data collection and analysis process by acknowledging what I anticipated to be the meaning of the participants' overall experience in my reflexive journal, prior to conducting participant interviews. Following each interview, I noted in my reflexive journal how my understanding of the phenomenon had changed in light of what I had learned from each participant. I recorded potential codes or themes that I saw emerging from the raw

data, as well as areas or concepts to explore in subsequent interviews, thereby allowing my expanded understanding of the phenomenon to influence the data collection process.

The identification of areas to explore during subsequent interviews, as well as the identification of potential codes or themes, was accomplished in a four-step process. This process is a description of the preliminary data analysis that occurred between each interview. As noted above, due to time and workload factors transcription and analysis of each interview were not completed between interviews three through eight; as such, the following process was used. First, immediately following the interviews, I listened to the recorded data while taking notes about the interview. I recorded point form notes related to interview content, participant emotion and tone, and my perceptions or interpretations of the meaning of the participants' experiences based on both the content, and the participant's emotion/tone, while conveying that content. Next, I read through my notes, recording in the margins recurring concepts or themes. I then recorded, in my reflexive journal, my thoughts and feelings about the interview as a whole, as well as the meaning of the recurring concepts or themes to that participant. In addition, I reflected on what role the recurring concepts or themes may play in the experiences of other participants. Finally, I made notes on the interview guides for the up-coming participants, of possible probes that might elicit some discussion around the recurring concepts or themes.

My reflexive journal was integral to the data collection and analysis process. Although I did not analyze the content of my reflexive journal, referring to the entries during the data analysis process helped me to recall my initial reactions, thoughts, and emotions related to each interview. This helped me to delve deeper into the transcripts as I was reminded of particular aspects of each interview that stood out as being important to the participants at the time of data

collection. Referring back to my reflexive journal helped me to achieve my goal of representing the voices of the participants throughout the data analysis process.

Following the completion of data collection, my understanding of the phenomenon remained fairly concrete. I then entered into phase two of data analysis with the goal of understanding the phenomenon at a more conceptual level.

Phase two. First, I transcribed each participant interview verbatim (word for word). I then verified the transcripts by listening to the recorded interview while reading the transcripts. Necessary corrections were made to each transcript. I then read each transcript a second and third time recording in writing, my overall understanding of the phenomenon as a whole for each participant. Each transcript was then uploaded into a data management program called HyperRESEARCH. I used this program to organize my data during the coding process. Coding is the grouping and labeling of sections of the research text for use in data analysis (Speziale & Carpenter, 2007). I used coding to organize my data into sections or parts because the movement between the parts of the phenomenon and the whole is integral to the circle of understanding, however, Gadamer does not provide direction for selecting or organizing the parts. Additionally, coding provided me with a method to break the research texts up into manageable, meaningful parts to be used in the process of understanding.

Initial codes emerged from several sources including (a) my interview notes, (b) my reflexive journal, (c) the written record of my overall understanding of the whole phenomenon for each participant, (d) key issues in the literature, and (e) the transcripts themselves. The data management program, HyperRESEARCH, allowed me to organize my data while coding. The program allowed me to highlight a section of the text, assign that section of text a code, define

the code in the coding dictionary, and make notes as to why I assigned that particular code to that section of the text.

As described above, after recording my overall understanding of the participants' experiences as a whole, and uploading all of the transcripts into the data management program, I began the coding process. To code the transcripts I read through each transcript, line-by-line. While reading, I reflected on what each line, sentence or small group of sentences revealed about the phenomenon. I assigned each line, sentence or group of sentences a code when the section of text (a) reflected one of the recurring themes or concepts identified in my interview notes or reflexive journal; (b) reflected a key issue present in the literature; (c) reflected a concept or issue that the participant identified as important or significant to their experience; or (d) reflected an idea or concept that I felt was relevant to the participants' experience based on my understanding of the phenomenon as a whole. Consequently, new codes emerged as additional readings of each transcript allowed me to become further immersed in the data. These new codes represented ideas or content that was common across transcripts. As such, my coding dictionary grew as I coded each interview. Codes identified early on were applied where appropriate, to successive transcripts. Although the data management program allowed me to manage all of the codes that had emerged throughout the data analysis process I still needed to keep track of when the codes emerged. Thus, I also kept a written record of new codes that emerged during the coding of each transcript. This technique allowed me to go back and re-code earlier transcripts using codes that had emerged later on in the coding process. Once all of the transcripts had been coded, I used the data management program to generate reports for each code. The reports generated contained all of the selected data corresponding to a particular code. These reports were used, following data analysis, to select exemplars to support my analysis and interpretation of the data. Prior to

entering phase three of data analysis, I again reflected on the participants' experiences as a whole, and recorded a new paragraph reflecting my overall understanding of the phenomenon across participants.

Phase three. I began phase three by recording the name of each code on a post-it note. I then placed each note on a large piece of Bristol board. Next, I began to move the codes around, grouping codes together that reflected similar ideas or concepts. For example, several codes reflected participants' experiences of support, and as such I grouped these codes together. After grouping the codes, I had several codes remaining that did not fit into any one group. Therefore, I decided to again move the codes around to see where they best fit. Prior to creating new groups, I recorded the first set of groups in a word document on my computer. Included in the document was a label that represented the codes as a group, each of the codes contained within the group, and a memo noting why I grouped the codes together. I went through this process four times before I felt that the groups, as a whole, adequately represented the various elements of the participants' experiences. I then began to combine the groups that I felt represented a similar aspect of the phenomenon to create sub themes. Based on having a common meaning to the participants' experiences, the sub themes were then grouped into essential themes. Finally, based on the essential themes and sub themes, I developed an overarching theme that I felt represented the participants' experiences as a whole. Themes are meaningful units of data, each representing a different aspect of the participants' experiences (Speziale & Carpenter, 2007). For the purposes of this study, the overarching theme reflects the meaning of the phenomenon as a whole, the essential themes reflect the meaning of the fundamental parts of the phenomenon, and the sub themes represent the smaller more specific meaningful aspects of the participants' experiences.

Throughout the data analysis process, I kept in mind that the whole (overarching theme) must be reflected in the parts (essential themes and sub themes), and that the parts must be reflected in the whole. As Gadamer (2004) stated:

> We must understand the whole in terms of the detail and the detail in terms of the whole….The harmony of all the details with the whole is the criterion of correct understanding. The failure to achieve this harmony means that understanding has failed. (p. 291)

To ensure that I had achieved harmony between the whole and parts of the participants' experiences, I had my thesis committee read an outline of my research findings. We then met to discuss my tentative thematic structure. My committee was able to provide me with valuable feedback, indicating that my findings had not yet exhibited harmony between the whole (overarching theme) and the parts (essential themes and sub themes). In addition, in a few cases, the evidence or exemplars did not adequately support some of the conceptual ideas I had developed through analysis of the data.

I then went back to the data with my original research question in mind. I re-read each transcript to re-immerse myself in the data, keeping in mind that I wanted to look at the experiences of new graduate nurses in relation to their decision to remain in or leave homecare nursing. Keeping the purpose of my research front and centre allowed me to analyze the data with a fresh perspective. I was able to re-organize the themes and sub themes, again using post-it notes and Bristol board, developing a revised thematic structure.

This time, I decided to again start with the subthemes (parts). I re-organized the existing subthemes into factors that made new graduate nurses stay in homecare and factors that caused new graduate nurses to leave, or consider leaving the sector. By organizing my data in this way I

was able to remain focused on producing results that addressed the purpose of my study. As a result of the re-organization of the data, selected subthemes became irrelevant in so much as they did not speak to my study purpose. These now irrelevant subthemes and the corresponding data were set aside for future consideration. New themes and subthemes also emerged that represented the meaning of the participants' experiences of being a new graduate nurse in homecare in light of their decisions to stay or leave homecare nursing. Through further reflection, the re-organization of my data resulted in several subthemes, grouped into three essential themes, all of which are reflected in the overarching theme.

Following this second round of data analysis I again shared an outline of my findings with my thesis committee to ensure that I had achieved harmony between the whole and the parts of the research data. Once we all agreed that the findings were clear and adequately supported by the data, the data analysis process was considered complete.

In the section above I have demonstrated how the data collection and analysis process reflected the circle of understanding as described by Gadamer (2004). I reached an understanding of the phenomenon through the constant movement between the whole and the parts. Understanding is achieved when harmony exists between the researcher's understanding of the phenomenon as a whole and the details that comprise the phenomenon (Gadamer, 2004). Gadamer also asserted that understanding occurs when there is a fusion of horizons. In this case that is the horizon of the researcher and those of the participants.

Fusion of horizons. Horizon is defined as "the range of vision that includes everything that can be seen from a particular vantage point" (Gadamer, 2004, p. 301). Both the researcher and the participant enter into the research process with their own view, or horizon, related to the phenomenon under study. Understanding occurs when the horizon of the researcher fuses with

the horizon of the participant, resulting in a new shared understanding of the phenomenon (Gadamer, 2004). The fusion of horizons occurs though dialogue with research participants and the research text (Gadamer, 2004).

I experienced the fusion of horizons at two points during the research process. My first experience was during data collection. Conscious of the need to reach a shared understanding of the participants' experiences, I made sure to verify my understanding of their experiences during each participant interview. Throughout each interview I shared with the participant my interpretation of what they had told me, using phrases such as "what I hear you saying is…". This allowed participants to agree with my interpretation or to provide me with further information about their experience. Although the understanding reached during the interviews was at a descriptive or literal level I felt that a fusion of horizons had occurred between the research participants and myself. I left each interview with a deeper understanding of what new graduate nurses experience working in homecare.

My second experience with the fusion of horizons occurred during the data analysis process. As my viewpoint related to the phenomenon had changed considerably since beginning participant interviews, I entered into in-depth data analysis with a broader horizon. At this point in time the opposing horizon was no longer that of the individual research participants but the horizon presented by the research transcripts as a whole. Within the context of the circle of understanding I entered into dialogue with the research text. As described above I moved between the parts and the whole to further deepen my understanding of the experiences of the participants. Through dialogue with the research text I was able to move from a literal, concrete understanding of the phenomenon to a conceptual understanding of the meaning of the experience to the participants. The outcome of the fusion of my horizon with that of the research

text was an understanding of what the experience of being a new graduate nurse working in homecare meant to the participants in relation to their decision to remain in or leave their positions as homecare nurses.

Data collection and analysis were informed by the conditions under which Gadamer (2004) asserts understanding occurs. The hermeneutic situation, historically effected consciousness, and prejudice were reflected in my reflexive journal. Dialogue and conversation were integral to data collection. The circle of understanding and the fusion of horizons both informed, and were visible in, the process of data analysis. During my research, I maintained an awareness of these conditions in order to continually integrate the concepts of philosophical hermeneutics throughout the research process. This awareness was necessary to maintain the rigour of my research. The following section describes the framework I used to establish rigour in my research study.

Establishing Rigour

I chose to use de Witt and Ploeg's (2006) framework for establishing rigour in interpretive phenomenological research. The framework consists of five elements: balanced integration, openness, concreteness, resonance, and actualization (de Witt & Ploeg, 2006). Each element represents a unique feature of interpretive phenomenology (de Witt & Ploeg, 2006). The framework was derived from the synthesis and integration of various sources including (a) the theoretical phenomenological nursing literature; (b) the work of van Manen, a phenomenological scholar; and (c) the work of Madison whose proposed criteria for rigour are based on the work of Gadamer's philosophical hermeneutics (de Witt & Ploeg, 2006). I chose to utilize this framework because it is specific to establishing rigour in an interpretive phenomenological study. Utilizing a framework specific to this methodology allowed for the evaluation of rigour to

remain congruent with the methodology and philosophical underpinnings of interpretive phenomenology (de Witt & Ploeg, 2006).

According to de Witt and Ploeg (2006) the first two criteria, balanced integration and openness, are related to rigour in the research process. These two criteria, deemed "expressions of rigour" by the authors, have been used to ensure the rigour of my study (de Witt & Ploeg, 2006, p. 223). The first expression of rigour is *balanced integration*. This element is recognized when the following three criteria have been met: (a) the underlying philosophy is clearly articulated and its fit with the research topic and the researcher's ontological beliefs are evident, (b) the philosophical concepts are deeply integrated into the research method and findings, and (c) the philosophical explanation is balanced with the presence of the voice of the research participants (de Witt & Ploeg, 2006). *Openness,* the second expression of rigour, is evidenced by the maintenance of records accounting for decisions made throughout the study (de Witt & Ploeg, 2006). A researcher may exhibit openness by recording their thought process in a reflexive journal that they maintain throughout the research process (de Witt & Ploeg, 2006).

To incorporate balanced integration, throughout the research process I maintained a conscious awareness of the conditions of understanding as outlined by Gadamer (2004). I ensured that the concepts of philosophical hermeneutics were congruent with sampling and recruitment, reflexivity and openness, data collection, and data analysis. As I demonstrated earlier in this chapter I incorporated the hermeneutic situation, historically effected consciousness, and prejudice into the research process by maintaining a reflexive journal. Dialogue and conversation were integral to data collection and the circle of understanding and the fusion of horizons both informed, and were visible in, the process of data analysis. I was able

to maintain openness, the second expression of rigour through my reflexive journal and the maintenance of memo notes throughout data collection and analysis.

The final three expressions of rigour (concreteness, resonance, and actualization) are related to research outcomes, specifically, the study findings. De Witt and Ploeg (2006) suggest that it is the reader who must make the determination as to whether or not rigour has been demonstrated in the reporting of research results. The third expression of rigour, *concreteness* is apparent when the researcher presents the findings in such a way as to allow the reader to situate him/herself in the context of the phenomenon while simultaneously being able to relate the phenomenon to his/her own personal experiences (de Witt & Ploeg, 2006). *Resonance*, the fourth expression of rigour, is described as the feelings the reader experiences when reading the study findings (de Witt & Ploeg, 2006). Resonance is the point at which the reader understands the meaning of the phenomenon in relation to his or her own life experiences and self-understanding (de Witt & Ploeg, 2006). Criteria are not presented for evaluating the presence or absence of resonance; rather resonance is simply the "experiential effect" of the study's findings on the reader (de Witt & Ploeg, 2006, p. 226). Like resonance, the final expression of rigour, *actualization,* is challenging to evaluate. Actualization acknowledges the notion that the phenomenological interpretation of the study's findings does not end with the completion of the research (de Witt & Ploeg, 2006). In fact, actualization recognizes that future readers of research studies will continue to interpret the findings resulting in the ongoing realization of resonance (de Witt & Ploeg, 2006).

In summary, these five elements to evaluate rigour as outlined by de Witt and Ploeg (2006) are specific to assessing the rigour of interpretive phenomenological research studies. The

process related expressions of rigour, balanced integration and openness were used to ensure rigour in my research study.

Limitations

Although I worked to maintain rigour and methodological congruence throughout the research process, this study is not without limitations. As such, I have identified both methodological and researcher related limitations. The first methodological limitation relates to not always being able to analyze data between each interview resulting in in-depth data coding and analysis primarily occurring after data collection was completed instead of between each interview. As I was unable to transcribe and analyze data in-between interviews, I prepared for each interview by re-reading the notes I had made following previous participant interviews, reviewing my reflexive journal entries, and listening to the most recent interview recording. In addition, I prepared the interview guide being sure to include any additional prompts or follow-up questions generated from previous interviews. These strategies helped me to correct for not being able to conduct in-dept analysis in between interviews, as I was still able to build on my understanding from previous interviews with subsequent participants.

The second methodological limitation relates to the potential limited transferability of the study findings. As a result of the specific context in which the participants' experiences occurred, it is possible that the transferability of the study findings to other situations or groups of nurses may be limited. However, transferability of the results is indeed possible, as I have provided detailed information, in Chapter one, related to the context in which the study was conducted. Others wishing to apply my study findings can refer to the study context to determine the "fittingness" or transferability of my findings to their situation (Speziale & Carpenter, 2007). In addition I have provided a description of the participants, which may also inform the

transferability of my study findings. The scarcity of research related to new graduate nurses working in homecare necessitated a research approach that allowed for the exploration of the phenomenon to expand current understanding. Therefore, despite the limited transferability of the results of this phenomenological study, the deeper understanding gained through the use of this methodology can be used to inform future research on new graduate nurses employed in homecare.

The third methodological limitation relates to the study sample. First, seven of the eight participants were from the same homecare agency. This limits the understanding gained from this research to the context of a single agency. Furthermore, I was only able to recruit one participant who had left her position as a homecare nurse. Although I was able to collect data on participants' intent to leave, as well as reasons why they intended to stay in or leave their positions, participants who chose to remain working in homecare were more heavily represented in my sample.

The final limitation is related to the fact that I am a novice researcher and this research study was my first qualitative research experience. This fact may have affected the quality of data collection and analysis. However, I have worked closely with three experienced professionals, my thesis committee members, throughout the research process to ensure that my research study and research results are of the highest possible quality. In addition, I participated in two workshops focusing on the conduct of qualitative research. These workshops provided me with the opportunity to improve my skills in qualitative interviewing and qualitative coding and data analysis.

Ethical Considerations

Ethics approval was sought from the Research Ethics Board (REB) at Ryerson University as well as the Ethics Committee at one of the partnering agencies. The second agency granted permission to recruit participants once the Ryerson University REB approval had been obtained. Several other ethical considerations were made in addition to institutional/organizational REB approval. These ethical considerations included (a) informed consent, (b) confidentiality, (c) potential risks and discomforts, and (d) potential benefits.

Informed consent. Informed consent was obtained from each participant prior to conducting the interviews (Appendix C). The study purpose and study method as well as the potential risks and benefits of the proposed research were explained to participants through a letter of intention (Appendix D). Both the consent form and the letter of intention were sent to participants via email, with their permission, following our initial phone conversation. During our initial phone conversation I described the study purpose, established eligibility to participate, and informed the potential participants of what participation in the study entailed. I also answered any questions they had regarding the study at that time. At the time of each interview, I reviewed the consent from with each participant and answered any questions. Two copies of the consent form were signed, one of which the participants kept for their records. The other copy of the consent from is being kept in a locked filing cabinet in my personal office. Consent forms will be kept for five years following the completion of the research. Once the consent forms were signed, I began the audio taped interview. Prior to the beginning of each interview I also obtained verbal consent from each participant.

In addition, participants were reminded that participation in my study was voluntary and that they were under no obligation to participate. I informed the participants that their employer

would not be made aware of their participation or non-participation in my study. Furthermore, participants were reminded that they were free to withdraw their consent at anytime, without negative consequences. Participants were also informed of their right to refuse to answer any question or to stop the interview if they deemed it necessary.

Confidentiality. Confidentiality refers to the researcher's obligation to protect the identity of his/her study participants by ensuring that information provided by participants (a) cannot be linked back to the participant who provided it, and (b) cannot be accessed by others (Speziale & Carpenter, 2007). To protect the confidentiality of my participants, pseudonyms were used to label transcripts and to refer to participants in the research text and any future publications. I maintained a master list of participants, and their corresponding pseudonyms. This master list is kept in a secure, locked cabinet in my personal office in an area separate from the research data and consent forms. All documents containing the participants' names and personal information are being kept in a secure, locked cabinet in my personal office and will be destroyed five years following the completion of the research, as per the Ryerson University Ethics Board requirements.

Maintaining confidentiality was also a concern during the data collection process due to the stipulation by one agency, that interviews be conducted in a public place to ensure the safety of the researcher and the research participants. In an effort to maintain the confidentiality of the participants, their employing agency, and any colleagues or clients they might identify during the interview, I asked participants not to use people's names or the name of their employer. Any names accidentally mentioned by participants during the interviews were edited out of the recorded data immediately following completion of the interview. In addition, participants were reminded to refrain from mentioning names during the remainder of the interview. All audio-

recorded data and corresponding transcripts are kept on a non-networked, password protected computer to which only I have access. All audio and computer data will be erased five years following the completion of my research.

Potential risks or discomforts. A potential risk or discomfort associated with participation in this study was the possibility that participants might feel emotional discomfort as a result of being asked to share their feelings and experiences related to being a new graduate nurse employed in homecare. I encouraged participants to ask for a break from the interview should they experience discomfort, at which point the participant would be given the opportunity to end the interview if they wished not to continue.

Potential benefits: Participants and society. Although participants did not benefit directly from participation in my study, taking part in the data collection process may have provided them with the opportunity to reflect on their experiences, potentially building meaning as a result of the dialogue between themselves and the researcher. As well, the generation of an improved understanding of new graduate nurses' experiences in home health care, may provide insight into the needs of new graduate nurses in relation to orientation, preceptorship and transition into independent practice. Furthermore, considering the participants' experiences in relation to their decision to remain in or leave their positions in home care may provide the added benefit of insight into new graduate nurse turnover and retention in the homecare sector. A final benefit of this study is the generation of recommendations for education, practice, and future research related to the education, orientation, preceptorship, and transitioning of new graduate nurses in the context of homecare nursing.

Conclusion

In order to expand current understanding about the experiences of new graduate nurses employed in home health care I chose to use interpretive phenomenology, guided by Gadamer's philosophical hermeneutics. In this chapter, I outlined the philosophy and methodology used to guide this research study. I demonstrated how I ensured that the concepts of philosophical hermeneutics were congruent with my sampling method, data collection method, and data analysis strategies to remain true to the philosophical underpinnings of Gadamer's theory of understanding while maintaining rigour throughout the research process. I also described the site and the sample of nurses from whom data were collected and from whom the research findings were generated. I described the specific processes and strategies used to collect and analyze my data outlined the criteria used to establish rigour throughout the research process. I also addressed ethical considerations and the study limitations. Finally, I explored how I derived the meaning of the participants' experiences by establishing harmony between the themes and subthemes (parts) and the overarching themes (whole) that comprise the study findings.

The research methodology outlined in this chapter leads to findings that both support what is already known and extends current understanding of the experiences of new graduate nurses employed in homecare; in chapter four, my study findings are presented.

Chapter Four: Findings

The purpose of this phenomenological study was to understand the meaning of the lived experience of new graduate nurses employed in homecare in light of their decision to stay in or leave their jobs. I sought to explore how new graduate nurses experienced orientation, preceptorship, and transition to independent practice in the context of extended orientation programs provided for by the New Graduate Guarantee. In this chapter I present the findings of my research.

The findings outlined here reflect my interpretation of the experiences of the eight new graduate nurses who participated in my study. For that reason, my data analysis is not meant to be considered a complete explanation of the experience for all new graduate nurses employed in homecare. Indeed as understanding reflects a fusion of the viewpoints of both the researcher and the participants (Dowling, 2004; Gadamer, 2004; Koch, 1999; Pascoe, 1996), it is important to note that the study findings are informed by the experiences of the participants as well as my experience as a nurse employed in homecare prior to the research process. Furthermore, it is important to note the emphasis Gadamer places on demonstrating harmony between one's understanding of the meaning of the overall experience in relation to the meaning of its discrete parts. Consequently, in keeping with Gadamer's philosophical hermeneutics, each of the essential themes and sub themes must be considered in relation to the overarching theme, while the overarching theme must be considered in relation to the essential themes and sub themes.

My data indicate that the nurses in my study considered personal, relational, and systemic factors when deciding if homecare was where they wanted to continue working following orientation and preceptorship. As will be discussed in this chapter, these factors support the overarching idea that being a new graduate nurse in homecare means "Deciding if homecare is

right for me." The following description of the meaning of the new graduate nurses' experiences is organized by first presenting the overarching theme then discussing the three essential themes along with their sub themes.

Deciding if Homecare is Right for Me

The stories of the eight participants suggest that the meaning of being a new graduate nurse working in homecare can be understood through the various factors that affected their decision to remain in their jobs following orientation, preceptorship, and transition to independent practice. In particular I found there to be factors that pull the new graduate nurses into homecare nursing work and factors that push them away. These factors fall into three categories that reflect the personal, relational, and systemic realms of the new graduate nurses' experiences in homecare. Each category is represented by one of the three essential themes that together, tell the story of the new graduate nurses' experiences (Appendix E provides a visual representation of the participants experience).

Do I have what it takes? The data suggest that for new graduate nurses, there is a personal, internal process involved in deciding whether or not they are capable of doing the job. The outcome of this process is reflected in their decision to remain working in or to leave homecare nursing following preceptorship and orientation. The contrasting emotions experienced by the participants who felt capable of being homecare nurses and those who did not reflected issues around confidence and competence, experience, and independence. The following four sub themes a) *I can do this*; (b) *I don't have enough experience*; (c) *I was just so out of my comfort zone*; and (d) *I love the independence* represent the notion of "do I have what it takes?" and reflect the internal, personal processes and emotions experienced by the participants during the time they were transitioning from preceptorship to independent practice.

I can do this. The data suggest that the initial days or weeks during which new graduate nurses begin to work independently are especially challenging. The majority of participants recalled doubting their ability to do the job. However over time, most participants were able to overcome these feelings of doubt. The majority of participants emerged from their transition to independent practice with confidence, feeling as though they "can do this." These nurses described moving from feeling overwhelmed and unsure about their ability to do the job to feeling "comfortable" with their work, and feeling "good about" what they were doing. For example Robin, a 26-year-old new graduate nurse with seven months experience in homecare, mirrored the sentiments of the majority of participants when she reflected on how during her first week of independent practice, she progressed through feelings of self-doubt to increased confidence.

> Towards the end of my preceptorship, I went from being intimidated by the position and thinking "oh my god, I can't handle this"…to being out there on my own and within a week realizing that "okay I can do this and I'm comfortable with this."

Annie, a 22-year-old new graduate nurse with eight months experience in homecare also recalled how her feelings of confidence grew during her first week practicing independently:

> I came home and …I was like "oh my gosh, I don't know if I can do this." But I think that the next few days I came home and was like "you know what, I can do this. I just have to get faster"…. It took me about a week to really be like "you know what I can do this!"

The progression from self-doubt to increased confidence appeared to be important to the participants' successful transition to independent practice. Participants cited confidence as being especially important when independently providing care to clients. Furthermore, the data indicate

that those participants who described feeling confident in their ability to do the job were also more likely to state that they intended to remain in their positions as homecare nurses. Heather, a 26-year-old new graduate nurse who had been working in homecare for six months, reflected on how her feelings of confidence affected her decision to remain working in homecare:

> I found that when I went into nursing, I didn't have a lot of self-confidence…and… [homecare] was the one area of nursing that I've worked in that I actually felt that "I can do this, I know what's going on" and I felt good about what I was doing. I think that's what…has kept me here.

I don't have enough experience. However, not all the participants were able to overcome feelings of self-doubt related to their inexperience. Despite preceptorships lasting between three and six months, some participants entered into independent practice plagued with feelings of stress and anxiety related to their inexperience.

For one participant in particular, the negative feelings associate with being inexperienced affected her comfort in providing client care. Dana, a 26-year-old new graduate nurse who left her position after only six months, took seriously the responsibility associated with caring for clients, acknowledging the impact of her inexperience on her ability to provide client care. Dana reflected on how her feelings of inexperience affected her ability to provide certain types of care: "I knew I wasn't experienced enough to be able to pop in and do dialysis on someone. Like I was like 'wow, this is serious'." This type of comment suggests that feeling inexperienced may have led some new graduate nurses to question their ability to correctly perform complex procedures or skills, which may have further compounded their negative feelings about their job. Dana recalled the anxiety she felt as a new graduate in homecare:

> I think with community nursing…you have to have experience and I didn't have experience…. Like a lot of skills, sure I learned in nursing school…and maybe I did it once…. You don't have the practice and so that's why…I would always feel anxious about "oh my god, like, is this right, am I doing this right?" It just wasn't a good feeling to have.

For Dana, being unable to overcome the negative feelings associated with being inexperienced was directly attributed to her decision to leave her position following preceptorship and orientation. Dana, recalled how feeling inexperienced was one reason behind her decision to leave her job: "The inexperience I felt with it all, that was a big one [reason why I left]…I didn't want to wake up every day feeling unsettled and stressed out about it." Dana's decision to leave her position set her apart from the other participants.

The contrast between Dana's story and the stories of the other participants suggests that for some new graduate nurses, not having time to develop confidence and gain experience has a negative impact on their experience of orientation and preceptorship. Indeed, Dana's story, which illustrates what happens when confidence and experience do not occur, and the stories of participants who ultimately did gain confidence, highlight the role that confidence and being able to overcome self-doubt plays in the new graduate nurses' decisions to remain in or leave homecare nursing practice.

I was just so out of my comfort zone. Working independently also appears to play a role in the new graduate nurses feeling of comfort in the homecare context. For some participants, the independence required of the job was initially a source of stress. Reflecting on her first day working independently, Hanna described how "the whole day was just uncomfortable…. I was just so out of my comfort zone. I felt so lost. I felt clueless; I didn't know what was going on."

There were some aspects of independent practice that the new graduates found to be especially challenging. In particular, they did not like feeling unprepared or having a lack of knowledge about the care required. Participants described how they often lacked information about their clients and what needed to be done. Annie reflected the concerns of a number of participants when she stated:

> It's hard calling people that you don't know. I didn't know the times for the IV pumps or anything so I kind of felt lost. My first day, I didn't know where I was going. It was hard to coordinate my day when I didn't know….It was difficult going into other people's homes and having to go through the charts and figure out what was going on and what was changed last.

For some of the new nurses, working outside their comfort zone extended past their first day of independent practice. A number of participants identified ongoing feelings of stress and discomfort when faced with new or particularly demanding situations when providing care. Hanna expressed these feelings best when she explained how palliative care could be especially challenging:

> We don't really get any extra training for that [palliative care]. It can be stressful. I think that it is hard to know what to do…. I kind of feel like when they're getting to the end it's kind of hard to know what to do because you're not really ever taught. I wasn't taught that much in-depth in school, so it is stressful."

The data suggest that challenges associated with frequently working outside of one's comfort zone, or being asked to do more than one feels capable of doing, may be related to the new graduate nurses' intent to leave their jobs. Indeed, when asked about the impact of feeling

overwhelmed by the work Hanna admitted: "I will not lie, I've been looking for a new job probably since I started on my own a few months ago."

I love the independence. While the independent nature of homecare work was identified as stressful, it also seemed to be a positive aspect of the job. Although some new graduates described feeling discomfited by working outside their comfort zone, for others, having what it takes to do the job meant feeling capable of, and enjoying the independent nature of homecare nursing work. For some participants, the independent nature of the job complemented their personal work style. Robin recalled how the independence required of homecare nurses appealed to her because she knew she was capable of, and enjoyed working independently: "I knew that you are sort of out there on your own and that really appealed to me as well because I am a really independent worker."

For several participants, the independence they were afforded in planning their workday was a benefit of the independent nature of homecare nursing. For example, Hanna explained, "I like being out on my own. I like being able to kind of plan my own day." For others, working independently enabled them to get to know their clients; for these nurses, this was an additional benefit associated with the independent nature of the work. When asked what she liked about the independent nature of homecare work, Alana, a 37-year-old new graduate with 14 months experience, reflected on how working independently allowed her to spend time getting to know her clients: "I know that I can spend time with people, you know, to socialize, to speak with them more…you can actually build trust and relationships."

However, not all participants were as certain about their ability to practice independently, and many described feelings of self-doubt related to their inexperience. Annie expressed this feeling best when she recalled how she initially felt about working independently: "I thought that

[working independently] would be something that I wouldn't necessarily be good at because I am a new grad and I don't really have the experience." However, the majority of the participants were able to overcome these feelings, and acknowledged that working independently could also be a positive aspect of homecare nursing work. For example, when asked what she liked about homecare nursing Annie stated: "I love the independence, I really do….I love that independence!"

It's the relationships that count. While the personal factors were important to the new graduates when deciding, "Do I have what it takes", relationships were also integral to their experience. Participants identified relationships with preceptors, colleagues, peers, and clients as being important during preceptorship and independent practice, as these relationships were seen to help the participants develop confidence in their nursing skills and passion for the care they provide. The five sub themes of (a) *Feeling supported in the learning process: The preceptor-preceptee relationship*; (b) *Fostering independence*; (c) *Being there for each other*; (d) *Feeling the absence of supportive relationships*; and (e) *Building meaningful relationships with clients* all reflect the finding that "It's the Relationships that Count".

Feeling supported in the learning process: The preceptor-preceptee relationship. The importance of the preceptor-preceptee relationship was evident throughout the data. Relationships with preceptors were seen as especially meaningful to participants during their preceptorship and transition to independent practice. Hanna hypothesized how her experiences in homecare might have turned out, had she not had the support of her preceptors: "If I didn't have them [preceptors] and I was just thrown into it, I probably would have quit." This comment, which reflected the sentiment of several participants, suggests that preceptorships were integral to their success as homecare nurses. In particular, the preceptorship was seen to provide the new

graduates with time for learning and the development of confidence. As Heather stated: "the preceptorship…gave me time and enough hands on skills to really feel like I knew what I was doing and I should really be in nursing."

The majority of participants reflected positively on the relationships they developed with their preceptors. Feeling comfortable with one's preceptor was one aspect of the preceptor-preceptee relationship that the participants described as especially valued. Annie recalled how she felt comfortable approaching her preceptor with any concerns:

> She was great….I developed an amazing relationship with her and we became really, really good friends and she was really easy to talk to. I think that was another thing as well, I knew I could go to her with any of my concerns … it was really great and I loved her.

For others, feeling safe to ask their preceptor questions was an important aspect of the relationship. Eric, a 28 year old new graduate nurse with 15 months experience in homecare, recalled how the "friendships" he developed with his preceptors allowed him to feel safe asking any question:

> Because I was with some of them [preceptors] for a long time, a couple of them I built good friendships with and you can ask them anything and never feel stupid because they're like your friend, you know? I just asked and they would give me answers. I would always ask questions on questions so even stuff they've never seen before I would ask "what would you do if this happened?" or "what would you do if this happened?" The whole time that we're driving from this house to this house I'm just firing out questions.

The majority of the participants described developing relationships with their preceptors that went beyond the preceptorship period and into their initial stages of independent practice.

These participants described how they valued the ongoing support provided by preceptors, as many required continued assistance in decision-making and learning skills for client care. Eric reflected on the ongoing support he received from his preceptors:

> I built really great relationships with them [my preceptors]. They teach you so much and now if I have a problem I've built such great relationships that I can call them up and say "hey, what do I do here?" and they'll tell me so I don't have any problems to deal with anything.

Fostering independence. Preceptors were also seen by participants as encouraging autonomy by helping them develop confidence in their ability to think critically and provide client care. In particular, the data suggest that the move to independence was influenced by the way in which preceptors approached their teaching. Specifically, preceptor approaches that encouraged the new graduate nurses to think critically and problem solve independently were perceived by participants as more effective in improving self-confidence than approaches where participants were simply told what to do. As Robin recalled:

> I think with the first one [preceptor] that just sort of showed me how to do everything. I was really intimidated because it felt like "there is just this one way to do it and there is no room for error. This is how it has to be done." When I got with the second one [preceptor] it was like "no, there is flexibility. How would you like to do it?" Then I would sort of say what I would want to do and she would give me feedback on that. We would come to an agreement on how that would work best which definitely gave me more confidence in my critical thinking abilities.

Being given the opportunity to work independently in the presence of their preceptor was also perceived as helpful to the development of confidence in their client care skills. Robin

reflected on how being allowed to provide care with her preceptor present but not giving direction, affected her confidence level:

> I think my last month riding with the more mature preceptor really made me a lot more confident in my own skills because…she just sort of let me do my thing and sat back and was there if I needed her which I think…made the biggest difference.

In addition, the data indicate that preceptors continued to foster independence in their preceptees even after the preceptorship period. Participants talked about how preceptors encouraged independent thinking by encouraging independence in problem solving, while continuing to support the new graduate nurse when required. Reflecting on her first week practicing on her own, Annie recalled how, with the encouragement of her preceptor, she was able to acknowledge that she could figure things out on her own:

> That first week that I was on my own, yes, I spoke to my preceptor a lot and she was great and she reminded me " you need to remember that you are a good nurse and you can call me, that's fine but" – It's not that I was calling her for silly questions but I think in a way I was. She was like "you know the answer to this, you don't need to call me. Just think about it." And I did know the answer.

Being there for each other. Relationships with new graduate peers and nursing colleagues were also seen as important. Participants described how they were able to find meaning in relationships with new graduate peers and nursing colleagues. Although not all the participants in this study were able to connect with other new graduates as a result of the independent nature of the work, those who did connect described this as beneficial for providing both emotional support and practice-related advice. Hanna reflected on how one of her peers supported her following a difficult day at work:

> I called …one girl on my team that I went to school with so I talked to her that night and she was like "it's not that bad but honestly you had a really bad day"… so we kind of just debriefed.

For others, relationships with peers facilitated new learning experiences. Heather recalled how another new graduate nurse offered her the opportunity to attend a home visit where the client care required a skill that Heather had not yet acquired:

> The new grads know what I haven't seen and I kind of know what they haven't seen and so even last night she [another new graduate nurse] said "oh, I have a port access [use of a needle to access an implanted infusion device] today if you want to come."

Interaction with peers also provided some of the participants with the opportunity to evaluate their own progress. Annie recalled how interaction with her peers allowed her to feel that she was progressing at a good pace:

> I think that as a new grad you kind of wonder, "am I behind in my learning?" and "am I going along with all the other new grads?" and it seemed to be okay. It seemed like we were all kind of going at the same pace….

Interaction with peers also allowed participants to talk about their experiences with others who were in the same position. Annie reflected on how conferences with other new graduate nurses provided the opportunity to share their experiences:

> I think that the new grad conferences that we had were nice because we could all just express how we felt and just rely on each other and get advice…as far as being new to the profession.

Support from nursing colleagues and nursing team members was also seen as important. Participants identified support from other nursing colleagues and team members as central to

their experience, as it made working independently as a new graduate nurse easier. As Robin explained: "We really support each other…which is really nice. It definitely made it [working independently] a lot easier."

Support was integral in other ways as well. The data indicate that for the majority of the nurses in this study, the support they received from their team members played a role in their decision to remain working in homecare. Annie considered how not having a supportive team might have influenced her decision to stay in her job:

> If I were on a team that no one really got along and you couldn't call anyone for help then I probably wouldn't stay because you're really on your own and you need that support. I hate being out there and feeling like I have no support and feeling so lost. It's good to have a good team….If I didn't have them [my team] I don't know…how I'd do it. I'd be like "see you later!"

Feeling the absence of supportive relationships. A lack of supportive relationships also seems influential to the individuals' experience. Not all the participants had positive experiences with regards to relationships with their preceptors, peers and colleagues. Although the majority of participants identified supportive relationships, one described a very different experience. Dana, who decided to leave home care work only three months after completing her preceptorship, attributed an absence of supportive relationships as central to her decision.

Dana identified a number of factors within her preceptored experience as influencing her decision to seek other employment. In particular, she talked about how having a preceptor who was required to care for a full caseload of clients while also functioning as a preceptor, negatively affected her ability to acquire the hands on nursing skills necessary for homecare

nursing. In reflecting on how her preceptor's busy days limited her learning experience, Dana explained:

> In terms of the hands on nursing part…I don't think they [preceptors]…went out of their way to make it a good experience for me because they…still had their 10 patients to do everyday and they just wanted to be in and out…it was their schedule and it was their time and their clients so…when I was with them they would just let me follow them and um, they didn't really teach me things or tell me things unless I asked.

Dana's experience suggests that a lack of support may leave some new graduate nurses feeling disappointed with both their preceptorship experience and their preceptors. This is illustrated by Dana's summary of her experience with preceptorship:

> I was just disappointed….I was disappointed with the lack of organization with it all. I was disappointed in my preceptor…I was disappointed in… just the way it turned out with her….I felt like I didn't have as much guidance as I could have had.

The lack of ongoing support from supervisors also led Dana to feel disconnected and alone after orientation and at the start of preceptorship. As she explained:

> It would have been nice…If they had the supervisor check in…just give you a call, leave a voice message saying "I just want to make sure, I want to know your thoughts, any updates, what's going on?"…I felt kind of disconnected after I started my preceptorship.

For Dana, new graduate peer support was also described as missing. Dana reflected on how the absence of peer support affected her experience as a new graduate nurse in homecare:

> There wasn't any other new grads at the time of me being a new grad and I think that really hindered my feeling of how much support I was receiving…. at least if I had fellow new grads who were in the initiative with me.…we could have talked once a week, or at

the end of the week, or every now and then, and share our stories… with other new grads, they can relate.

The contrast between Dana's story and the stories of other participants illustrates the importance of support in the new graduate experience. Indeed, the differences between Dana, who ultimately left homecare practice, and the others who did not, indicates that having the support of preceptors, peers, colleagues, and supervisors may be important to the new graduate nurse's ultimate decision to remain in, or leave homecare practice.

Building meaningful relationships with clients. The data show that in addition to relationships with preceptors, colleagues, supervisors, and peers, building meaningful relationships with clients and their families was important to the participants' experiences. The majority of the participants spoke passionately about these relationships. Several identified how regular (often daily) client visits allowed for the development of meaningful relationships in which the nurse became like a member of the client's family. Robin for example, reflected on her experience with one client and his wife: "One client we saw everyday for six months; 9 o'clock in the morning every day we'd set up his dialysis and help him and his wife. You become part of their family."

Most of the participants attributed their ability to build meaningful relationships with clients and families to the homecare work environment and the flexible nature of the job. In particular, having time to spend with each client individually in his or her home was identified as central. Hanna mirrored the sentiments of a number of participants when she explained how: "It's nice being in people's houses, it's more comfortable and you actually get to know people because you're seeing some of them every day or every week." Similarly, Alana reflected on the impact of the time she is able to spend with her clients:

> You can spend time, especially if you don't have a lot for this day. For example, I have six people…so I know that I can spend some time with people even just to drink coffee, you know, to socialize, to speak with them more….You actually can build trust and relationships….You care not only for clients. You care for family.

For some participants, being able to build meaningful relationships with clients is what they loved about homecare nursing. As Eric explained: "I like going to people's houses and talking to them. You get to build relationships with them and that's kind of why I like it I guess. I love the community now. I love it!"

The ability to build relationships with clients was identified by participants as unique to practicing in homecare. As well, it was this type of relationship building that played into their decision to remain working in homecare. As Robin explained: "I don't think you get to develop types of relationships like that in other nursing jobs….That's what I love about it….It's the only thing keeping me in." Robin went on to say:

> You actually get to focus on people. You actually get to have conversations with people and learn about them. A lot of coworkers say the same thing, that the only reason they do the job is for the patients….It's a completely different experience. I'm really loving it.

These findings suggest that there are several relational factors that are critical to the new graduate nurses' experiences of homecare nursing work. Indeed, the presence or absence of support seemed to be particularly important to the new graduate nurses' decision to remain in or leave homecare practice.

It's Not What I Expected. Although personal and relational aspects of the work affected the new graduates' experiences and influenced their decision to stay in or leave their jobs, systemic factors were also important. Participants all described unexpected realities of the job

that stemmed from the structure of the homecare system. These included issues such as compensation for time and expenses, time for care provision, and job security. These issues, which became evident only once the new nurses began practicing independently, were often identified as reasons for leaving, or intending to leave homecare nursing work. The sub themes of "It's not what I expected" (a) *Never really being done*, (b) *Working for free*, (c) *Taking the care out of caring work*, (d) *The work is not steady enough*, and (e) *It's an expensive job*, reflect the systemic factors affecting the new graduate nurses' decisions or intent to stay in or leave homecare nursing practice.

Never really being done. The data indicate that for many nurses, homecare work never really seems done. Participants talked a great deal about how the work homecare nurses are required to do from home, after completing client visits, caused them to feel as though they were never really done working. For several participants, this was an unexpected reality of the job. Robin reflected on the time she spent checking voice mail and completing paper work from home: "every single day, even on my off days I'm checking my voicemail and doing paper work and doing orders. It's not entirely what I expected." For participants, the time spent completing paperwork, checking voicemails, and calling patients was described as a negative aspect of the job that takes up their personal time at home. Hanna similarly reflected on how having to complete these tasks in the evening and on her days off made her feel as though she never got a break from work:

> It takes up so much of my time when I come home at night and I listen to voicemail and I send voicemails and like today, my day off, at the end of the night I have to call everyone for tomorrow so it's like unless you have two days off in a row it's like I never have a

> break from work and that's what I hate. Some days I come home and I'm so tired and it's like I'm not done my day!

The feeling that the work never ends was best reflected by Annie's comment that: "it's not like I really get a full break of no work. I am always doing some kind of work and it's not something I like."

Working for free. The data suggest that time spent working from home is perceived as personal, unpaid time. The majority viewed this unpaid time as a negative aspect of homecare nursing work that affected their satisfaction with the job. For example, Hanna stated: "I just hate coming home with paper work, faxing and calling and ordering things. It takes up a lot of time that you're not getting paid for."

One participant in particular clearly related her perception that she was working for free as central to her decision or leave homecare practice. Dana talked about how unpaid time affected her decision to leave her job:

> The thing was…you're putting in more time than what you're getting paid for….I don't work for free you know. You need to make a living and you need to make a steady living so for me that was a big one [reason for leaving].

Taking the care out of caring work. Time constraints and workplace pressures seemed important to the individuals' experience of providing client care. Participants identified feeling sad and frustrated by the emphasis placed on getting the work done, as opposed to doing caring work. In particular, they described how the emphasis placed on the quantity of clients visited over the quality of work being done was difficult to deal with, especially when they were unable to provide care according to their personal standards for care. Alana reflected on how being pressured to visit a high number of clients made her feel:

> I don't like how they are pushing us now….I just feel that [at] the office, they don't want to know about us….They don't care what is going on, they just need money, that is it….I feel that if I should do 13 people a day 12 hours, 13 hours, nobody will work 13 hours, so I have to [spend] 15 minutes, half an hour for every client. It's not possible for me, I am not such a person. I like to spend time… and I don't feel …good about what I am doing.

Participants also described how time pressures resulted in the provision of task-focused care that felt rushed and in some cases, incomplete. A number of participants acknowledged that they felt unable to complete all of the care they knew the client needed in the time allotted for their visit. Dana reflected on the impact of decreased visit times on the way in which she provided client care:

> The thing that's hard about it is that when you're in the client's home, obviously they have questions, and they want to talk to you and you want to do a bit of teaching…to do your skill or skills, and the health teaching and the documentation in 30 minutes, like really?....You feel rushed, you feel like, oh, I'd like to do this and this, but I can't….I was just kind of working on the clock…I would in a way provide less care….I think it's sad.

Dana went on to acknowledge that feeling disappointed in the care she was able to provide clients within the time allotted for client visits was "one of the reasons why [she] left." Indeed this type of comment suggests that for some new graduate nurses, insufficient time to provide client care according to one's own standards affects the new graduate nurses' decisions to leave his or her job in homecare.

The work is not steady enough. Job security as it relates to the stability of hours was also described by participants as important to their experience of homecare work. The data indicate

that instability of work hours created a challenge for many of the participants, especially as it was unexpected. As Hanna explained:

> I think I thought it would be more steady and that it would be more predictable. I never really even thought that I might have two people one day and then a full day the next day. I think I just assumed that you would have full-time hours. I never really knew, no one ever told me.

Although some of the participants had been offered guaranteed hours, which meant that they received a regular pay check for a certain number of hours regardless of their hours worked, most of the participants described struggling to make up hours. If participants had not worked the hours they were paid, they were left owing the agency hours to be worked in the future. Owing the agency time was viewed as a challenging and negative aspect of the job. Brenda, a 24-year-old new graduate nurse, reflected on her struggle to make up the hours she owed her employer:

> They offered me 65 guaranteed hours instead of 80 but I don't get 65….I owe, I owe tons of hours right now. It's brutal and there's not really enough hours to make up and when there are, I don't really want to be working 13 hours a day trying to make up hours.

The lack of stability in their work was identified as sufficient cause for several of the participants to begin looking for new jobs. Hanna discussed her intent to leave as a result of the challenges she faced related to the stability of her work:

> I'll be here until I find something better. It's not enough full-time. I want an 80 hour, full time job. Sixty-five hours, and I'm not even getting 65, is not enough….It's not steady enough. Even if they said " you're going to have eight hours everyday" that'd be okay. But having two here and four here and 13 the next day…"

It's an expensive job. Financial expenses associated with working in homecare were also seen as a negative aspect of the job. Once they began practicing independently, participants described being faced with a variety of personal expenses that they had not anticipated. For example, a number of participants identified the costs associated with using their own vehicle as causing frustration. Brenda reflected on how the extensive amount of driving required by her job affected her car lease:

> For me, financially, it's really kicking in now, cause my car's on lease so my kilometers….I am already actually at the limit so I don't know what I am going to do, so like um that is frustrating for me.

This type of comment illustrates the uncertainty that homecare nurses can face due to unexpected expenses that are not covered by their employer. Indeed, the expense associated with using one's own car and cell phone, in combination with a pay rate that is lower than that of nurses working in other health care sectors, was described as influencing participants to consider leaving their jobs for one that has fewer personal financial costs. In commenting on the personal expenses associated with working in homecare, Robin mirrored the sentiments of a number of participants when she admitted:

> I see myself in another job in the future because I feel that this job is costing me a lot of money. I am making about four dollars an hour less than hospital nurses are making, I'm using my car and spending so much money on that. I'm using my cell phone and spending money on that. My full time position is 65 hours every two weeks so I'm being paid less, my full time hours are less. I'm spending money; it's an expensive job.

These findings suggest that there exist several systemic factors that are central to the new graduate nurses' experiences of homecare nursing work. Indeed, whether participants had

already left homecare nursing or intended to leave in the future, these unexpected realities of the job were particularly important to that decision.

Summary of Thematic Analysis

Through data analysis, *Deciding if homecare is right for me* emerged as the overarching theme of the meaning of the new graduate nurses' experiences of working in homecare. Three essential themes considered central to the meaning of the new graduate nurses' experiences were identified. These three themes were (a) *Do I have what it takes?* (b) *It's the relationships that count*, and (c) *It's not what I expected*. The themes represent the personal, relational, and systemic factors that seem to affect new graduate nurses' decisions or intent to remain in or leave homecare nursing practice. These factors however, are not discrete entities. Indeed the interrelationships between the factors (parts) contribute to understanding the participants' experiences as a whole. This is visible in the way the participants experience of *deciding if homecare is right for me* is reflected in each of the essential themes and sub themes, and the way in which the interaction of the essential themes and sub themes is reflected in participants' decisions to stay of leave.

In conclusion, the new graduate nurses' experiences of employment in homecare were reflected in the interplay between the personal, relational, and systemic factors that influenced the participants' decisions to remain in or leave homecare nursing practice. The new graduate nurses questioned if they had what it takes to work in the challenging homecare work environment, talked about the importance of relationships to their experience, and voiced their concern about the job not being what they expected. While confidence and the presence of supportive, meaningful relationships pulled the new graduate nurses into homecare nursing work, a lack of experience and the negative aspects of the job pushed the participants to search

for employment elsewhere. Ultimately the new graduate nurses had to decide if homecare nursing was right for them. Although the majority of the participants chose to stay in homecare nursing for the time being, several voiced their intent to leave in the future, suggesting that the pull of the positive aspects of the job and the push of the negative aspects of the job is ongoing. As such, for new graduate nurses "deciding if homecare is right for me" is a meaningful, ongoing process, the outcome of which is ultimately reflected in their decision to remain in or leave homecare nursing work.

In the following chapter, I elaborate on the study findings presented here. I discuss how the personal, relational, and systemic factors inform the concepts of new graduate transitioning, support in transitioning and the unexpected realities of the job. In addition, I discuss the impact of organizational and systemic factors on both the individual's experiences and the broader systemic issues of retention and turnover. Finally, I offer recommendations for practice, education, policy, and research.

Chapter Five: Discussion and Recommendations

In this chapter, I elaborate on my study findings as they relate to the participants' experiences of deciding to stay in or leave homecare nursing as well as to the broader systemic issues of retention and turnover. First, I present a review of the findings to provide context. I then discuss how the findings of this study, specifically those related to new graduate transitioning, support in the transitioning process, and the impact of unexpected realities of the job offer insight into issues of retention and turnover in homecare work. I then outline the implications and recommendations for education, practice, policy, and research.

Summary of Study Findings

Through data analysis, the overarching theme *Deciding if homecare is right for me* emerged. The meaning of the new graduate nurses' experiences was further captured in three essential themes, which were (a) *Do I have what it takes?* (b) *It's the relationships that count*, and (c) *It's not what I expected*. These themes represented the personal, relational, and systemic factors that affected my participants' decisions to stay in or leave their jobs. The study findings, which tell the story of the participants' experiences as new graduate nurses in a homecare context, shed light on how the interplay of the personal, relational, and systemic factors affected their transition from a new graduate to a nurse who is able to function independently. While factors such as confidence, supportive relationships, and the ability to find meaning in nurse-client interactions pulled the participants into homecare nursing, other factors pushed them away. These factors included being inexperienced, a lack of support from preceptors, peers, and managers, and unexpected realities of home care nursing work that were in conflict with what they had expected the job to be. These findings suggested that for some new graduates, *Deciding*

if homecare is right for me is akin to a tug of war between the factors pulling them into homecare work and the factors pushing them out.

The findings outlined above represent the experiences of the individual nurses who participated in my study. While the experience of the individual was where this study began, what was most telling was that the individual experience was solidly embedded in the context of a broader system. As such, focusing this discussion solely at the level of the individual does not adequately capture the scope of my findings. Though as a phenomenologic study, the research began with the experience of the individual, as I went deeper into the analysis of the data, it became clear that the individuals' experiences in homecare could not be separated from the system within which these experiences located. Therefore, I have chosen to frame this discussion around the impact of the organizational and systemic factors on the experience of transitioning and the availability of support during this process, as well as on the presence of unexpected realities of the job, as these factors seemed most salient for retention and turnover.

New Graduate Nurse Transitioning

The notion of new graduate transitioning has been identified in the literature that explores the experiences of new graduates during their initial stages of practice as they move from the role of student to the role of professional practicing nurse (Duchscer, 2008, 2009). Transitioning refers to "the process of making a significant adjustment to changing personal and professional roles at the start of one's nursing career" (Duchscher, 2008, p. 442). Transitioning is thought to occur over the new graduate nurses' first 12 months of practice. Transitioning involves the evolution of the nurse through intellectual and emotional, as well as personal and professional changes, in addition to changes in the nurses' clinical ability and role in relationships with clients and colleagues (Duchscher, 2008). The literature has identified a number of factors as important

to the process of transitioning. These factors include support from colleagues, the availability of a designated experienced nurse who has both the time and resources to support the new graduate, and a work environment that provides "consistency, predictability, stability and familiarity" (Duchscher, 2008). Yet, while there is extensive literature examining the transitioning experiences of new graduates employed in hospital settings, the idea that new graduate nurses evolve through a transitional period is only alluded to in the homecare literature (Sneltvedt et al., 2010; Wagensteen et al., 2008).

Understanding the process of transitioning in a homecare context is important. As discussed in chapter one, the homecare work environment is complex and variable, as nurses are required to perform a variety of clinical and administrative functions. Given the complexities of homecare nursing, it is important to consider how new graduate nurses cope with transitioning into this type of practice environment. The findings of my study, which demonstrate the high need for support, predictability in the work environment, and clear expectations of the parameters of the job, indicate that despite differences in the practice setting, new graduates working in homecare have needs that are similar to those of their hospital counterparts. My study also offers new insight into how the experience of transitioning may influence the retention of new graduates who begin their careers working in homecare, something that has not been described in the current literature. In particular, the contrast between the perceptions of participants who chose to remain in homecare and those of the one participant who left her position shortly after orientation, suggests that a well supported, successful transition is important to retention of new graduates beginning their careers in homecare settings.

The findings of the present study and other studies (Duchscher, 2008, 2009) show that transitioning is a process that requires time for new graduates to adjust to the realities of

healthcare settings and grow into their role as a nurse. The requirement for time to grow and adjust suggests that it is important for employers of new graduate nurses to consider this need for time when designing and implementing orientation programs, especially as new graduates may require more time to adjust than nurses who have previous practice experience. Indeed, many health care employers have taken note of the new graduate's need for more time for learning as extended orientation and preceptorship programs exist in healthcare organizations around the world (e.g., Carignan et al., 2007; Fink et al., 2008; Mckenna & Green, 2004). As discussed in chapter one, the Ontario provincial government has also taken into consideration the needs of new graduate nurses and implemented the New Graduate Guarantee. This program offers homecare agencies the ability to provide new graduate nurses with extended orientation programs that facilitate the time and support they need to transition into the practice setting, the importance of which cannot be underestimated. This present study confirms the importance of these programs to new graduate nurses beginning their careers in homecare. It also however, goes further as it provides insight into the impact of extended orientation programs on the turnover and retention of new graduate nurses in homecare settings.

Support in transitioning

The findings of this present study suggest that the availability of support during the transitioning process may be especially relevant for issues of retention in the complex context of homecare nursing. This present study mirrored conclusions from research and non research-based reports looking at nurses in both hospital (Casey et al., 2004; Delaney, 2003; Duchscher, 2008; Rosenfeld et al., 2004) and homecare environments (Beaty et al., 2009; Meadows, 2006, 2009) that highlight the importance of support from preceptors and others in the transitioning process. The findings of my study indicate that while support from preceptors seems central to

the experience of transitioning from student to competently practicing nurse, support from other players including peers, colleagues and supervisors also appears to be important.

Support has been found to derive from many sources in the new graduate nurses' experiences, each providing support that is meaningful to the new graduate in a different way. For example, the literature on new graduates in hospital settings indicates that support from management can provide new graduates with a sense of belonging and a feeling of connectedness to the unit on which they work (Fink et al., 2008), whereas support from other new graduates facilitates a "sense of solidarity" (Rosser & King, 2003, p. 212). In homecare nursing, support from nursing team members has also been identified as providing new graduates and their preceptors with the support necessary for the learning process (Meadows, 2006, 2009). The most important form of support identified in both my study and others (Fink et al., 2008; Meadows, 2006; Rosser & King, 2003), is the structured support received from preceptors and mentors. My study strongly confirmed literature which shows that preceptor support appears to best provide new graduate nurses with the opportunity to evolve and transition into their new role as a professional practicing nurse (Duchscher, 2008, Fink et al., 2008; Meadows, 2009; Rosser & King, 2003). It was also clear from my study that the importance of preceptor support goes past the orientation period and beyond simply teaching new skills. Indeed, preceptor support was specifically identified as instrumental in creating confidence, fostering independence, and offering ongoing assistance in problem solving and decision making beyond the completion of the preceptorship period. My study also confirmed the literature (Meadows, 2006, 2009) that indicates that support must be available from multiple sources. In fact, my findings clearly show that support from team members is perceived as integral to helping ease the transition into independent practice, while support from other new graduates provides a sense

of camaraderie. Recognizing the central role that support plays in the transition process is important for understanding the needs of new graduate nurses upon entry to practice in a homecare context. In particular, my findings highlight suggest that opportunities for support must be formally integrated into the organization of work for new graduate nurses, as incorporating adequate support structures for new graduates during orientation, preceptorship, and beyond may help prevent new graduate turnover. The perception of adequate support during the initial stages of practice is especially important as both my study and others (Scott et al, 2008) indicate that initial work experiences that do not meet the needs of new graduate nurses are associated with intent to leave.

Despite the clear evidence that support is central, creating a work environment where support is adequate may be challenging on a number of levels. The homecare work environment is one in which the provision of adequate support for new graduate nurses is not easily facilitated. Challenges related to adequate support are due in part to the independent nature of homecare nursing work as well as to the high workloads that are inherent in this type of practice (O'Brien-Pallas, Doran, Laporte, & Hiroz, 2009). High nursing workloads caused by both staffing shortages and the way in which homecare nurses are compensated (i.e., hourly or by client) offer little incentive for experienced nurses to act as preceptors and mentors (Budgen & Gamroth, 2008). Indeed, because the more clients a nurse is able to visit the more money he/she makes, nurses may choose not to precept new employees as it can negatively impact their income. Additionally, nurses may feel overburdened by the work that is already required of them and as a result, do not feel capable of taking on the responsibility of preceptorship (Budgen & Gamroth, 2008). At the agency level, issues related to workload are a reality of homecare work

that makes integrating formal support difficult. At the systemic level, the ongoing provision of support for new graduate nurses may be in peril as a result of economic realities.

During the writing of this thesis, Ontario's New Graduate Guarantee program provided new graduate nurses with the extended orientation and preceptorships that support transition into homecare nursing practice (Beaty et al., 2009; Carignan et al., 2007; Gavin et al., 1996; Meadows, 2006, 2009; Scott et al., 2008). However, the future of the New Graduate Guarantee is currently unknown, as the province has not promised long term funding. Even with the positive impact attributed to this program by employers and new graduates (Beaty et al., 2009; O'Brien-Pallas et al., 2009), the economic climate of 2011 may put programs like this at risk, as the Ontario provincial government is reporting the largest provincial deficit in Canada (Lammam, Veldhuis, Palacios, & Gainer, 2010). Although without government funding some of the larger, more established, homecare agencies in Ontario may be able to support the continued implementation of extended orientation programs for new graduate employees, smaller, newer agencies may not, especially given the expense associate with maintaining such programs. It can be argued however, that not continuing the New Graduate Guarantee may be shortsighted, as the absence of extended orientation programs in homecare may not only affect retention and turnover over for new graduates within the sector but could also have implications for recruitment. As this present study identified the central role that support plays, it may be that future new graduates interested in homecare work could be reluctant to accept jobs in a sector that cannot provide the time and formal preceptorship that they need to feel competent and confident in their work.

Given the reality that extended orientation programs for new graduate nurses in Ontario may not be funded in the long term, it is important to consider the role of nursing education in

preparing new graduate nurses for homecare practice. Currently in Ontario, undergraduate nursing curricula focus heavily on preparing nurses for work in hospital settings. Through a review of undergraduate nursing program requirements and course descriptions on four Ontario university websites (McMaster University, 2008; Ryerson University, 2011; The University of Western Ontario, 2011; University of Toronto, 2010) it was noted that homecare is rarely referred to directly. Indeed, it appears as though content related to homecare is combined with community nursing content. As such, the depth and breadth of education undergraduates receive related to homecare nursing is unclear, as "community" could refer to various practice settings. In talking with faculty who teach in the undergraduate nursing program at my university, it is evident that despite a strong interest in homecare nursing, the homecare content in the course most appropriate for its inclusion is minimal (C. Hart, Personal Communication, April 28, 2011). While it is possible that homecare content is included in courses where nursing of families is taught, it is nonetheless evident that homecare receives inadequate attention at the undergraduate level. The findings of this present study, which showed participants were unaware of the complexity of homecare nursing upon graduation, indicated that this unawareness created challenges for them, supporting the argument that there is a need for the inclusion of more homecare content at the undergraduate level.

There are, however, challenges to integrating greater homecare content into the undergraduate curriculum. First, the need for change has to be supported by faculty and practice partners. (Iwasiw, Goldenberg, & Andrusyszyn, 2009). In particular, although most graduates begin their careers in hospital settings, the importance of preparing students for direct entry into homecare practice must be acknowledged. Indeed, recent employment trends (Beaty et al.; K. Ray, personal communication, October 8, 2010) indicate that greater numbers of new graduate

nurses are choosing homecare as their first place of employment. There is also however, the reality that there is limited time and space in the curriculum, as well as limited resources to implement curriculum change (Iwasiw et al., 2009). Increasing homecare content requires room in the curriculum for the added content, faculty capable of teaching the new content, and clinical placements to support the theoretical learning, none of which is simple to implement. The availability of clinical placements to support theoretical concepts is of particular concern, as some homecare agencies are already struggling to accommodate even a small number of nursing students due to a lack of available preceptors (N. Grimaldi, personal communication, April 28, 2011). Yet, without homecare practica, the link between theory and practice will remain at the theoretical level only, leaving new graduates without the relevant clinical experience (Budgen & Gamroth, 2008). Therefore, new graduates will remain unprepared for practice in homecare settings. As suggested by my study, being unprepared could possibly result in difficulty transitioning and ultimately lead to turnover among this group of nurses.

Unexpected Realities of the Job: Connections to the Homecare System

While support plays an important role in issues of retention, this present study suggests that preparing new nurses for homecare work goes beyond providing adequate support to ensure a successful transition. My study, as well as the literature examining the experiences of new graduates in both hospital (Duchscher, 2001, 2008, 2009) and homecare settings (Sneltvedt et al. 2010; Wagensteen et al., 2008), indicated that new graduate nurses are faced with numerous unexpected realities of the job. How new graduates perceive these unexpected realities - whether these are seen as positive or negative - appears to be an additional factor in the decision to continue in or leave homecare work.

The impact of unexpected realities of homecare nursing on participants' intent to remain in or leave this work suggests that transitioning is not only an internal experience but occurs in, and is affected by, the broader homecare system. The literature exploring new graduate transitioning has traditionally called the discovery of the real world of healthcare "reality shock" (Kramer, 1974, p. 1), and more recently, "transition shock" (Duchscher, 2009, p. 1103). Research exploring reality or transition shock has been primarily conducted in hospital settings and describes the contrast between what nurses expect of their employment (founded on what they learned through their nursing education) and the reality of what is required of them in professional practice (Duchscher, 2009; Kramer, 1974). Specifically, the literature exploring new graduate transitioning attributes transition shock to heavy workloads, non-nursing duties for which nurses are nonetheless responsible, and the low value afforded to the provision of nursing care (Duchscher, 2009). New graduates employed in hospital settings have also been found to struggle with decreased levels of support in the clinical environment as compared to the academic setting, an inability to maintain the practice standards they had been taught in school, and the negotiation of their role in relationships with clients and colleagues (Duchscher, 2009). The findings of my study extend knowledge by showing that, like their peers employed in hospital settings, new graduates working in homecare experience a similar element of surprise at the various unexpected realities of nursing work. However, while graduates working in hospitals identify unexpected realities related to expectations around their knowledge and skills, new graduates employed in homecare express shock at both the complex clinical skills that they are required to have mastered, and non-skill factors that stem from the structure and function of the homecare system. In addition, unlike hospital nurses who experience these realities when they first begin their jobs, it appears that new graduates in homecare only experience these realities

once they have completed their orientation and begun independent practice. This delayed reality suggests that even lengthy orientation and preceptorship periods do not provide adequate opportunity to experience all aspects of the job. Indeed, the protection that is afforded to the new nurse during orientation - a period during which the new nurse has a regular schedule and does not assume a full client load - may hide issues related to the provision of client care, compensation for time and expenses, and instability in hours worked. The shock received when these realities come to light appears to be difficult for new graduates to overcome and hence seems to affect their intent to leave their jobs. Therefore, more information about the realities of homecare work is needed to help new homecare nurses anticipate the issues before they occur.

The tension between the quantity of visits versus quality of care has been cited as an issue in the delivery of homecare services (Armstrong-Stassen & Cameron, 2005; O'Brien-Pallas et al., 2009) that has particular implications for both the individual nurse and the homecare system as a whole. This tension was perhaps the most shocking reality of homecare nursing work for the participants in my study. The findings are consistent with other study findings (O'Brien-Pallas et al., 2009) that described homecare nurses working up to 15 hours a day and visiting up to 16 clients. Participants in my study described how being required to visit up to 13 clients a day affected the quality of client care they could provide, as there was little time for client teaching and emotional support. Being unable to provide the care they thought clients required created stress for the nurses as they struggled with a lack of congruence between their personal standards for practice and the need to meet the demands of the job. While the difficulty faced by new graduates in providing care in the time allotted could in part, be attributed to a lack of experience, knowledge, and efficiency (Duchscher, 2001), there are also systemic factors at play. Specifically, participants may have struggled as a result of reductions in client visit times, a trend

that the literature identifies as a concern among community nurses (Armstrong-Stassen & Cameron, 2005; O'Brien-Pallas et al., 2009). Either way, for nurses, the perception of being unable to provide adequate care for clients has been found to lead to emotional exhaustion, burnout, and eventually turnover (Erickson & Grove, 2008). What is also relevant is that the literature (Armstrong-Stassen & Cameron, 2005; O'Brien-Pallas et al., 2009) has consistently identified the ability to provide quality care to clients as an important factor in the job satisfaction of community nurses.

To better understand challenges related to workload and personal standards, it is important to reflect on how the structure of the homecare system in Ontario affects homecare agencies and the nurses they employ. Currently, homecare in the province of Ontario is structured through a model known as 'managed competition' (Doran et al., 2004). In this model, homecare services are procured through a competitive bidding process in which homecare agencies are awarded contracts based on both the quality and cost of the services they offer (Randall & Williams, 2006). The Community Care Access Center (CCAC) acts as a single point of access to homecare in the province and oversees the awarding and fulfillment of the service contracts (Doran et al., 2004). The effects of managed competition are visible at the agency level and reflected in the emphasis on quantity over quality. To remain competitive and to fulfill contractual obligations, homecare agencies are encouraged not to refuse new client referrals from the CCAC, even if staffing and workload make this difficult to accommodate. As a result of the non-refusal of client referrals, nursing workloads increase. The literature supports the idea that nurses who work in this type of 'quantity over quality' context often express dissatisfaction with their ability to provide high quality client care (Doran et al., 2007). Challenges are also evident at a broader systemic level. Overall funding to the homecare system represents only 4.5 percent of

provincial health care spending suggesting that cost savings, rather than quality of care is the priority (Ontario Health Coalition, 2011). Indeed, overall funding to homecare has decreased by one percent over the last decade, despite a 66 percent increase in the number of clients being cared for in the community (Ontario Health Coalition, 2011). Given the issues around homecare funding, contractual obligations, and the resultant heavy nursing workloads, the provision of quality client care remains a challenge. Challenges related to the provision of quality client care are a reality of the job that seems influential to issues of retention and turnover in homecare.

The structure of the homecare system has implications for retention and turnover beyond the impact on client care. Structural factors that both affect compensation for time and expenses and create a system where instability of work hours is a norm have financial consequences for the nurse and, indeed, may contribute to the intent to leave homecare work. Literature (O'Brien-Pallas et al., 2009) exploring issues of retention and turnover of nurses employed in community settings describes extended workdays, the consistent need to complete work from home, and having to incur the cost for office supplies, cell phone bills, and vehicle expenses. The instability of the work schedule has also been identified as a factor that affects job satisfaction and ultimately turnover rates among homecare nurses (Ellenbecker, 2004). It is important to note that the negative impact of these systemic factors for my participants did not seem to be mitigated by success and support in the transitioning process, as issues around compensation and fluctuating hours affected even those participants who transitioned into independent practice smoothly. As such, strategies implemented at the employer level to help new employees transition into work in the homecare sector may not be effective at combating the effects of these systemic factors. Ultimately, it may be the way in which homecare services are procured and

delivered at the systems level, rather than the supports put in place by individual organizations, that has the biggest implications for turnover.

What may be especially relevant is the service delivery model currently being used by the province of Ontario. The implementation of a managed competition model within the homecare sector has resulted in the casualization of the homecare workforce (Zeytinoglu, Denton, Davies, & Plenderleith, 2009). Casualization of the workforce refers to the wide spread use of employment conditions that result in unstable working conditions for homecare workers as they are paid either by the hour or per-visit, resulting in neither a stable income nor employment benefits (Zeytinoglu et al., 2009). Being compensated in this way leads to fluctuating paychecks and job insecurity for homecare workers (Zeytinoglu et al., 2009). The impact of fiscal restraint on homecare spending is visible in the sector's move to casualized employment, as this type of employment structure is thought to decrease an organizations's operating costs while optimizing the flexibility of the workforce (Richardson & Allen, 2001). Casualized employment is typically used in sectors where the demand for services fluctuates (Richardson & Allen, 2001), as is the case in homecare.

The casualization of the homecare workforce speaks to the notion of the value attributed to home-based care. Lilly (2008) argues that the greater value placed on the work of those employed in hospitals over those employed in homecare is as a result of the "historical privileging of hospital settings in Canada" (p. 285). Because the hospital sector "enjoys greater financing protection" than homecare (Lilly, 2008, p. 285), a system has evolved in which health care workers employed in hospital settings have superior wages and greater job security than their counterparts in home-based care. Thus in the homecare sector, where budgets are tight and less value is placed on the work of care providers, it is the worker who suffers when money

needs to be saved. Although much of the literature exploring casualization in homecare focuses on the work of personal support workers, it can be argued that nurses working in homecare contend with similar challenges, as they too receive lower wages and benefits and less stable work than their hospital counterparts (Flynn, 2007). Armstrong, Armstrong, and Scott-Dixon (2008) argued that work conducted in the home has historically been considered "women's work" (p. 89) and as such, this might explain why less value is attributed to the work of personal support workers and nurses employed in homecare. Historically, the value of women's work in general, and nurses' work in particular, has not always been acknowledged, as many of the skills inherent in nursing are viewed as natural expressions of being female (Armstrong et al., 2008). While nurses working in hospitals have succeeded at increasing both the visibility of and value placed on nursing skills through professionalization and unionization (Armstrong et al., 2008), the role of homecare nurses seems to have remained largely invisible and undervalued (Denton, Zeytinoglu, Davies, & Hunter, 2006). The discrepancy between the visibility of and value associated with hospital and homecare work may be attributed to the reality that hospital nurses comprise the largest group of nurses in the province (College of Nurses of Ontario, 2010) and as such, their visibility is greater. In addition, representation by unions has helped to strengthen the voice of hospital-based nurses, helping to make the public aware of the value they add to hospital care (Armstrong et al., 2008). As homecare workers represent a much smaller proportion of the healthcare workforce and often lack union representation (Lilly, 2008), they seem to lack the power to influence the large scale changes necessary to improve working conditions in the homecare sector. Indeed, while they have not been totally silent, collaborating with clients to stop the competitive bidding process at various points in the history of managed competition in

Ontario (Kushner, Baranek, & Dewar, 2008), to date they have been unable to create sufficient impact to enact change in the policy governing service delivery in the homecare sector.

It is important to consider the impact of casualization on the homecare nursing workforce. Literature (Armstrong-Stassen & Cameron, 2005; Doran et al., 2007) exploring casualized employment of nurses in the Ontario homecare sector describes casualized employment as resulting in increased workload demands, unpaid time spent completing paperwork and making evening phone calls, unpredictable hours and fluctuations in caseloads, and challenges in balancing work with personal time. Casualization has also been found to result in decreased job security, decreased continuity of care affecting both the client and the care provider, wages and benefits that are below par with other health care sectors, all of which ultimately lead to turnover (Denton et al., 2006; Aaronson, Denton, & Zeytinoglu, 2004; Aaronson & Neysmith, 2006). Yet despite the negative affects of managed competition and casualized employment on the homecare workforce, the Ontario provincial government appears to be committed to its continued use in the homecare sector (Ontario Health Coalition, 2011). As such there is a need for change at the policy level that would support the introduction of strategies to improve the homecare service delivery model. In particular, it is only through policy change that improved job security, equitable reimbursement for time and expenses, and improved working conditions (Ontario Health Coalition, 2011) can occur on a systemic level. It is disconcerting to note that although numerous strategies have been suggested since the inception of managed competition in homecare, few have been implemented (Ontario Health Coalition, 2011). Therefore, there remains a long way to go before employment conditions in the sector are reflective of conditions in other health care settings.

The continuation of managed competition and casualized employment conditions for homecare workers means that employment in homecare can be expected to remain undesirable for many nurses. This is especially true for nurses seeking full-time work, pay and benefits on par with other health care sectors, predictable work schedules, and a workplace in which quality client care is highly valued and facilitated. The undesirable nature of employment in homecare may, in turn, affect the recruitment and retention of both new graduate nurses as well as experienced nurses in the sector ultimately creating destabilization of the homecare workforce (Denton et al., 2006). Without a stable homecare work force, continuity of client care suffers, the nurse-client relationship known to be important to nurses and clients alike is disrupted, and as a result the quality and efficiency of care provision will continue to decline (Aaronson & Neysmith, 2006; Abelson, Gold, Woodward, O'Connor, & Hutchison, 2004; Denton et al., 2006). It is evident that the structure and organization of homecare nursing work affects both nurses and clients within the sector. Indeed, the individual experiences of my participants reflected the strain resulting from managed competition and the resultant decreasing quality of care they were able to provide. The interplay of these systemic factors with the personal and relational aspects of the new graduates' experiences was influential in my participants' decisions to stay in or leave homecare nursing, and as such, informs issues of retention and turnover among new graduate nurses.

Recommendations

A number of specific recommendations for education, practice, policy, and research derive from this study. Given the challenges related to nursing human resources (i.e., nurse staffing shortage) currently being faced by the homecare sector, the effective recruitment and retention of nursing staff, including new graduate nurses, is important (Meadows, 2009).

Therefore, the following recommendations focus on strategies to (a) improve recruitment of new graduate nurses into homecare nursing; (b) better prepare new graduate nurses for homecare nursing practice; and (c) improve retention of new graduate nurse hires in homecare nursing. In addition, directions for future research are suggested. Although my study was limited to eight participants, my findings seem to be supported by the existing research on new graduate nurse turnover and transition in homecare settings. Therefore, these are recommendations that may encourage retention among new graduate nurses in general, but more specifically new graduate nurses who choose homecare as their initial place of employment.

Education. My findings suggest several recommendations for nursing education aimed at increasing awareness of the homecare nursing role at the undergraduate level. First, recognizing that there exist challenges to doing so, it would be important to increase the homecare content in the undergraduate nursing curricula. This could help to create interest in the sector by allowing students to become aware of the variety and complexity of nursing skills and knowledge they could acquire in the homecare practice environment. Second, undergraduate nursing educators, in collaboration with homecare agencies, should work together when possible, to increase the number of opportunities for clinical practicum in homecare nursing at the undergraduate level. This may mean that schools of nursing need to partner with several homecare agencies to ensure adequate numbers of preceptors for students wishing to participate in preceptorships in homecare. In addition, increasing awareness among graduating nurses of the opportunity to work in homecare immediately following graduation is important to the continued recruitment of new graduate nurses into the homecare sector. Creating awareness and supporting recruitment could be accomplished by homecare agencies' participation in University-based job fairs targeting the soon to be new graduate nurses.

Other strategies to enhance homecare nursing in undergraduate curricula include incorporating homecare case studies or simulations into undergraduate coursework. These strategies could help nursing students understand the complexities of homecare clients while learning to apply their knowledge and decision making abilities to a hypothetical client and family. Nursing students could also be offered the opportunity to shadow a homecare nurse for a day. This would help to expand their understanding of the various roles nurses play, create awareness of the homecare practice environment, and hopefully, stimulate interest in homecare nursing. In addition, the inclusion of homecare content in undergraduate classes that explore issues related to the politics and policy of health care would be important, for as discussed earlier in this chapter, the homecare sector currently faces challenges (i.e. managed competition and casualized employment) related to health care policy.

Practice. Recommendations for practice are closely related to those for education as both educators and homecare employers play important roles in the preparation of new graduates for practice. Extended orientation and preceptorship programs, offered by homecare employers were found to have a positive impact on the preparation of new graduates for practice (Beaty et al., 2009; Carignan et al., 2007; Gavin et al., 1996; Meadows, 2006, 2009; Scott et al., 2008). Homecare employers should consider continuing to offer extended orientation and preceptorship programs for new graduate nurses, regardless of the continuation of funding for the New Graduate Guarantee. Although it must be acknowledged that the continuation of such programs, without government funding, may be financially difficult for homecare agencies, the costs associated with extended orientation and preceptorship programs may make fiscal sense when compared to the costs associated with the turnover of new graduate nurses.

In addition, homecare employers should create orientation and preceptorship programs that target the specific needs of new graduate nurses. It would be important for these programs to include strategies that foster independence among new graduate nurses while allowing for a more gradual transition from preceptorship to independent practice. The orientation and preceptorship programs should provide extra clinical and emotional support from preceptors, mentors and supervisors, in addition to facilitating interactions with peers either in person or via tele/video-conferencing. Furthermore, preceptors, clinical resource staff, and supervisors should be provided with education on strategies to support new graduate nurses while fostering independence in homecare nursing practice. As such, if not already in place, preceptor training programs should be offered to interested nursing staff, thus providing formal educational support to preceptors. Such programs would include content related to the needs of new graduate nurses during the process of transition, approaches to teaching and learning, strategies to foster independence, and strategies to assess the new graduate nurses' progress, confidence, and readiness for independent practice. In addition, homecare employers could provide preceptors further support by offering pay incentives for precepting new graduate nurses and incorporating paid time in preceptors' schedules to allow for the facilitation of the new graduate nurses' learning. Employers should also ensure that all employees recognize the need to support preceptors and preceptees, thus creating an organizational culture that supports both the learner and the teacher.

In addition to preceptorships, several recommendations are proposed to address the challenges nurses face related to the unexpected realities of nursing practice. To minimize the types of surprises that faced the participants in my study, employers should ensure that during the hiring and orientation process new graduate nurse employees are informed of the realities of

homecare nursing work. Although making new hires aware of the personal costs associated with working in homecare, during their orientation, might result in some new employees deciding not to continue work in the sector, the cost associated with turnover of employees later on in the orientation process are far greater than those associated with a new hire deciding to leave at the beginning of orientation. As such, it is suggested that employers inform new hires of the potential for extended workdays and the need for nurses to complete additional work at home following the completion of their client visits. New hires should also be made aware, through orientation programs, of the expenses associated with using ones' own car and cell phone and the potential for fluctuating work hours especially at the beginning of independent practice. Finally employers should be sure to inform new employees about what work related costs they can expect to be reimbursed for, and how to apply for this reimbursement. These recommendations may help new graduate nurses anticipate and strategize for the unexpected realities of the job, which in turn may decrease turnover as new graduate nurses will be better prepared for life as a homecare nurse.

While the implementation of these recommendations is the ideal, it is important to acknowledge that it may be challenging for homecare agencies to cope with the costs associated with several of these recommendations. The challenges faced by homecare agencies related to unmanageable costs speaks to the need for change at the policy level which will create better support for the implementation of recommendations in the realms of nursing education and practice. Additionally, homecare agencies, employees, and clients could be encouraged to continue advocating for improved funding to the homecare sector. Increased funding is especially relevant given the aging population and the provincial government's emphasis on

strategies that promote ageing in the home as opposed to long-term care facilities, including the increased use of homecare services.

Policy. As part of a provincial strategy for health human resources, the Ontario government needs to seriously consider ongoing funding for the New Graduate Guarantee as a cost avoidance strategy related to turnover. Continued funding would provide support for homecare employers in the recruitment and retention of new graduate nurses. In addition, ongoing funding of the New Graduate Guarantee would enable new graduates to continue to learn and work in the homecare system where the support available to new graduates is presently far less than those who begin their careers in hospital settings (Meadows, 2006). Although the continuation of this New Graduate Guarantee program may not be a fiscal priority at this point in time, it may make fiscal sense when compared to the costs associated with the turnover of new graduate nurses as well as issues that may result from the provision of care by nurses who are not adequately prepared to practice in the homecare context.

In addition to ongoing funding to support new graduates transition to homecare, the Ontario Ministry of Health and Long Term Care should re-consider the impact of managed competition and the resultant casualized employment on the homecare workforce. Although issues related to this service delivery model have been explored previously (Ontario Health Coalition, 2011), and moratoriums have been placed on the competitive bidding process on numerous occasions (Kushner et al., 2008), recommendations for change have not been implemented in their entirety (Ontario Health Coalition, 2011). The challenges being faced with in the homecare system warrants further consideration of the need for broad policy change in the way in which homecare services are procured and delivered across the province of Ontario.

Research. Further research is needed to examine the experiences of new graduate nurses employed in homecare in the context of the Ontario homecare system. Qualitative research approaches may be useful to explore various aspects of the new graduate nurses' experiences. Phenomenology could be used to further explore the new graduates experience of confidence, independence, and transitioning in the homecare practice environment. Grounded theory could be used to explain the social process related to the new graduates experience of support as well as the preceptor-preceptee relationship. The results of such research could be used to inform the development of preceptorship training and education programs, new graduate orientation programs, and preceptorship programs for new graduate nurses entering practice in the homecare sector.

In addition, research formally evaluating the effectiveness of the extended orientation and preceptorship programs in the homecare sector is warranted. While my study findings offer a glimpse into why such programs are effective, formal evaluation would allow for more substantive evidence of these programs' effectiveness. This could then provide evidence to support the need for ongoing funding of extended orientation and preceptorship programs for new graduate nurses employed in homecare in Ontario. For example, a quantitative, descriptive correlational study design could be use to explore the relationship between turnover intent among new graduate homecare nurses and each of the three categories of factors that seem to be related to the retention and turnover of new graduate nurses. An exploration of turnover intent among homecare nurses in general is also recommended, as it is logical to conclude that the unexpected realities of practice experienced by new graduate nurses may influence turnover among other groups of homecare nurses as well. Research exploring turnover of homecare nurses may inform strategies to increase retention of nurses within the homecare sector.

Study Usefulness and Application

While my study supported existing research, it also went beyond what is currently known by identifying the link between various factors in the new graduates' experiences in homecare and retention and turnover. My study findings, as well as the implications and recommendations that resulted from my research, have usefulness for application in nursing education, practice, policy, and research. First, the findings are primarily applicable to nursing educators, homecare agencies, and new graduate nurses within the province of Ontario where the study was conducted. The findings of my research can be used to support the need for more homecare content in the undergraduate nursing curriculum as well as to inform the development of orientation and preceptorship programs for new graduate nurses in homecare. The need for the continued funding of the New Graduate Guarantee by the Ontario provincial government is also supported by my research. Continuation of funding would allow homecare agencies to offer extended orientation and preceptorships programs to new graduates on an ongoing basis.

It is also possible that these current findings are transferable to nursing educators, homecare agencies, and new graduate nurses living and working in other provinces or countries. As I have provided sufficient information about the sample and context in which this study was conducted, determining the transferability of my study findings, to other groups of homecare nurses should be possible.

The use of phenomenological methodology allowed for the exploration of all aspects of the new graduate nurses' experiences in homecare. As a result, the three distinct dimensions of the new graduate nurses' experiences (personal, relational, and systemic), can act as a jumping off point for future research exploring new graduate nurses working in the homecare sector. Finally, insight gained into factors affecting turnover of new graduate nurses in homecare may

be useful for homecare employers in the development of strategies to retain new graduate nurses both during and following orientation, preceptorship and transition to independent nursing practice.

Conclusion

The purpose of this research study was to understand the meaning of the new graduate nurses' experiences in homecare in light of their decision to remain in or leave homecare nursing practice. I used a phenomenologic approach, guided by Gadamer's philosophical hermeneutics to gain an understanding of the meaning of the experiences of the eight new graduate nurses who participated in my study. Through data collection and analysis, my study findings emerged, providing insight into the new graduate nurses' experiences in homecare inclusive of the various factors that seem to inform the new graduate nurses' decision to remain working in or leave homecare. My study identified personal, relational, and systemic factors that appeared to impact turnover and retention of new graduate nurses employed in homecare. Therefore, my study has contributed new knowledge related to the needs of this group of nurses during their initial stages of employment. This new knowledge sets the stage for enacting the recommendations for education, practice, policy, and further research in order to better support new graduates in transitioning into work in the homecare sector.

Appendix A

Descriptions of Participants

This appendix offers a brief description of each participant, with the aim of providing further context for the study. In addition, these description offer insight into the similarities and differences between and across participants. It is important to note that any information that could potentially compromise the confidentiality of the participants has not been included in these descriptions.

Alana

Alana was a woman in her late thirties who, at the time of the interview had been working in homecare for 14 months. Alana decided to work as a homecare nurse following a practicum in homecare during the final year of her nursing education. She was positive and enthusiastic about her preceptored experience and valued the support of her colleagues. Alana's preceptorship lasted three months, at the end of which she felt ready for independent practice.

Although Alana was reluctant to discuss any challenges or negative aspects of her experience, she did express frustration in dealing with the CCAC, scheduling, and workload. It was clear from our interview that Alana was confident, standing up for herself when needed and questioning things she felt were not right. Although Alana planned on staying in homecare for the time being, she did express interest in returning to school to become a primary health care nurse practitioner.

Dana

Dana was a woman in her mid twenties who, at the time of the interview was no longer working as a homecare nurse. Dana chose to begin her nursing career in homecare because she did not like the lifestyle associated with hospital shift work, although she had no previous

experience in the homecare sector. She described her experience as primarily negative, with the lack of support from preceptors, colleagues, management, and peers being influential in her decision to leave. Dana's preceptorship lasted three months, at the end of which Dana described feeling "forced" into independent practice before she was ready. Once practicing independently, Dana regularly felt stress and anxiety about going to work, she struggled with feeling inexperienced and rushed. Dana described frustration with decreasing client visit times, as this prevented her from providing the care she knew the client required. For Dana, feeling inexperienced, a perceived lack of support, and challenges related to homecare nursing work were influential in her decision to leave her job.

Eric

Eric was a man in his late twenties, who chose to begin his career in homecare because of the job opportunities in the sector at the time of his graduation. Eric had no previous experience in homecare. At the time of the interview Eric had been working as a homecare nurse for 15 months, during six of which he was paired with various preceptors. For Eric, the relationships he developed with his preceptors were described as invaluable as they provided him with the support he needed for learning and later for independent practice. Although Eric's preceptorship was six months in length he described being "thrown in" to independent work at various points during this time due to staffing issues, however he did not describe this as negatively affecting his experience. Eric described his "laid back attitude" as helping him to cope with the challenges of the homecare work environment including issues around workload and scheduling. Eric described how he "loves the community" and intends on remaining in homecare for the foreseeable future.

Brenda

Brenda was a woman in her mid twenties who, at the time of the interview had been working in homecare for one and a half years. Although she had no previous experience in homecare, Brenda chose homecare work because it was the first job she was offered out of the many that she applied for. For the duration of her three-month long preceptorship, Brenda had only one preceptor whom she described as caring. Although Brenda did not elaborate much on her experiences, she described them as generally positive. Brenda however did recall the challenges she faced in building trust with clients as a result of her young appearance as well as the challenges she faced in caring for clients in the context of a family. Brenda described enjoying homecare work, however she did not intend to stay in homecare long as she was planning on attending school in the near future.

Robin

Robin was a woman in her mid twenties, who at the time of the interview had been working in homecare for close to seven months. Although she had no personal experience in homecare previously, she knew people employed in the sector and this influenced her decision to begin her nursing career in homecare. Robin described the independent nature of the job, relationships with clients, and the absence of shift work as drawing her to work as a homecare nurse. Robin's preceptorship was three months long, during which she had three different preceptors, one of whom was an RPN. She appreciated the variety in her experience with different preceptors and articulated the effect that different preceptor approaches to teaching had on her confidence level. Robin valued the support she received from her preceptors, colleagues, and peers. Although Robin described her orientation and preceptorship as positive aspects of her experience, she recalled frustration when describing employment conditions such as

compensation for time and expenses and stability of hours. Robin cited relationships with clients as influencing her decision to stay in the sector for the time being. However, Robin acknowledged her plans to leave homecare for work in another sector in the near future, largely as a result of the systemic issues related to employment as a homecare nurse.

Heather

Heather was a woman in her mid twenties, who at the time of the interview, had just begun practicing independently. Heather had been employed in homecare for six months, five of which comprised her orientation and preceptorship. She chose to begin her career in homecare following a practicum in her fourth year as an undergraduate nursing student. Heather described her experience as very positive; she received support and encouragement from preceptors, managers, colleagues, and peers. The main challenge Heather recalled was the anxiety she felt around the rapid transition to independent practice, she described going from having her preceptor present all the time, to working completely alone overnight, for Heather this invoked feelings of stress. However, the ongoing support she received made the rapid transition manageable. Heather described enjoying homecare work and relayed her plans to continue working in the sector for the foreseeable future.

Hanna

Hanna was a woman in her early twenties who, at the time of the interview had been employed in homecare for eight months. Hanna chose to begin her career in homecare because she was looking for an alternative to hospital nursing, although public health nursing was her preference. Hanna's preceptorship lasted for six months, during which she worked with two preceptors. At the end of her preceptorship Hanna recalled feeling ready to practice independently. However, Hanna described her first day of independent practice as extremely

overwhelming, and reflected on how her feelings toward homecare work have not changed much since that first day. She cited the support and knowledge of her preceptors, colleagues, and peers as particularly influential in keeping on the job this long, as she received little support from management or clinical support staff in the office. Hanna described how she has been looking for work since the first day she began practicing on her own. She did not intend to remain working in the homecare sector.

Annie

Annie, the youngest participant, was a woman in her early twenties. She began her career in homecare following a practicum in homecare during the final year of her undergraduate nursing program. Annie's preceptorship lasted six months, during which time she was paired primarily with one preceptor. Annie described her relationship with her preceptor as influential to her success in transitioning into independent homecare nursing practice. Upon the completion of her preceptorship Annie recalled feeling anxious, but ready for independent practice. She described her experience overall as very positive, but expressed some frustration with fluctuating workloads and instability of hours. Annie described loving homecare work, she reflected on her intent to remain working in the sector for at least another year. She did however acknowledge her intent to seek employment in another area of nursing in the future, in an effort to gain a greater variety of nursing skills and experience.

Appendix B

Interview Guide

Introduction: Thank you for agreeing to participate in my study. Today we will be discussing your experiences as a new graduate nurse working in home health care. I will be asking you questions regarding your orientation and preceptorship, as well as questions regarding your experiences with your co-workers, management and support staff. I will ask that you do not use any names when discussing co-workers or patients. Please remember that if a question makes you uncomfortable you may decline to answer, and you are free to withdraw from the study at any time. Do you have any questions before we begin?

Do consent to participate in this study?

Age?
Gender?
What school did you attend for your Nursing degree?
What made you decide to begin your career in home health care?
How long have you been employed in home health care?
How long have you been employed as a Registered Nurse?

1. Tell me about why you started your nursing career in home care? (If no conscious choice was made ask: why did you go into nursing?) (Prompts: expectations, hopes, aspirations)

2. When you found out you were hired by the agency, how did you feel?

3. Can you describe your experiences with orientation? (Prompts: who was there? Who led the orientation? What strategies did they use? How were the strategies effective/ineffective? Was it what you expected? In what ways? Would you make any changes? What would those changes look like?)

4. Can you describe your experiences with your preceptor? (Prompts: what was your relationship with your preceptor like? Was it what you expected? In what ways? What strategies did they use? How were the strategies effective/ineffective? Would you make any changes? What would those changes look like?)

5. Tell me about the decision to end your preceptorship (Prompts: how long what your preceptorship? Who made the decision to end it? Where you involved in that decision? Do you feel you needed more/less time? And why? How did ending the preceptorship make you feel? Would you make any changes? What would those changes look like?)

6. Tell me about working independently after your preceptorship (Prompts: how did you feel? Who provided you with ongoing clinical support? How was this support provided? Is it what you expected? In what ways?)

7. Aside from your preceptor describe to me your experiences with other agency and CCAC staff (Prompt: fellow nurses, clinical support, managerial support, administrative support. What were you relationships like? How did they support you? Did you face any challenges? What were the challenges? How did the challenges make you feel? Would you make any suggestions for change? What would those suggestions be?)

8. Describe your work environment (Prompts: Is it what you expected? How did you orientation prepare you for it? Have you faced any challenges? What have the challenges been? How did the challenges make you feel?)

9. Tell me about your decision to continue to work in home health care/leave your job in home health care (Prompt: what factors have led to this decision? Is working in home care what you expected it would be? In what ways?)

10. Is there anything else you would like to tell me about your experiences as a new graduate nurse in home health care?

Conclusion: Thank you again for participating in my study. I will be contacting you when I have completed my analysis and compiled my results. I will request that you review the results and provide me with feedback related to how you feel the results reflect your experiences.

Appendix C

Consent Agreement

Employment in Home Health Care: The Experiences of the New Graduate Nurse

Please read the following information before agreeing to provide consent to participate in this research study. Feel free to ask as many questions as necessary in order to fully understand what you will be asked to do.

Investigators: Erin Patterson RN, Masters of Nursing Student
Ryerson University, Daphne Cockwell School of Nursing
Supervisor: Dr. Corinne Hart

Purpose of the Study: This study is being conducted to gain an improved understanding of the experiences of new graduate nurses who begin their careers in home health care/visiting nursing. Participants will have worked in home health care as new graduates, for a minimum of six months and will have been working as a registered nurse for no more than two years. The study will include participants who have remained employed in home health care as well as participants who have chosen to leave their employment in home care sector. Approximately ten participants will be recruited for this study.

Description of the Study: Following your agreement to participate in the study, you will be contacted by phone and an interview will be arranged at a time and place that is convenient to you. The interview itself will last approximately one hour, the interview will be audio-recorded, and your real name will not be used to maintain confidentiality. Interview questions will be open ended, allowing for open dialogue between yourself and the researcher. Following the interview you will be contacted and asked to review the research results and provide feedback regarding the researchers interpretations. At your request, the researcher will send you a copy of the final research report. If you request a copy of the research report you will be asked to self-address an envelope provided by the researcher.

Risks or Discomforts: As a participant in this study it is possible that you may feel some discomfort related to the interview process, as you may reflect on unpleasant memories related to your experiences as a new graduate in home health care. If you do begin to experience discomfort you may end your participation temporarily or permanently.

Benefits of the Study: Potential benefits of this research include the generation of results that will add to the nursing literature related to new graduate nurses and home health care. Additionally it is anticipated that the results of this study will improve understanding of the needs of new graduates, in home health care, in relation to orientation, socialization, and support. An additional benefit may be the opportunity to reflect on you experiences and potentially build meaning as a result of the dialogue between yourself and the researcher. It is important to note that it cannot be guaranteed that you will receive benefits as a result of participating in the study.

Confidentiality: Confidentiality will be maintained by providing you with a pseudonym (fake name) to be used in audio-recorded interviews and the research text. All documents containing you name and personal information will be kept in a secure place and will be destroyed five years following the completion of the research. Only pseudonyms will be used in the completed thesis and other documents. Although the final report and other publications and presentations may contain direct quotes taken from interviews, care will be taken to ensure that all identifying information is removed. Furthermore, your employer will not know whether or not you have chosen to participate in this study.

Incentives to Participate: Following completion the interview and feedback process participants will receive a gift of thanks in the form of a bookstore gift card to a local bookstore. If for any reason the researcher ends the research project or you decide to withdraw from the study you will still receive your gift of thanks.

Voluntary Nature of Participation: Your participation in this study is voluntary. If you choose not to participate this will not influence you future relations with your employer or Ryerson University. You are reminded that you are free to withdraw from the study at anytime with out any negative consequence. Please note that you may withdraw consent to participate before, during, or after the interview and up until the data analysis phase of the study.

Throughout the study, you may refuse to answer any particular question or stop participation altogether.

Questions about the Study: If, at this time, you have questions about the research study, please ask prior to signing the consent. If you have any question related to the research at a later time please contact:

Primary Investigator: Erin Patterson

Thesis Supervisor: Dr. Corinne Hart

If you have questions regarding your rights as a human subject and participant in this study, you may contact the Ryerson University Research Ethics Board for information.

Research Ethics Board
c/o Office of the Vice President, Research and Innovation
Ryerson University
350 Victoria Street
Toronto, ON M5B 2K3
416-979-5042

Agreement:

Your signature below indicates that you have read the information in this agreement and have had a chance to ask any questions you have about the study. Your signature also indicates that you agree to be in the study and have been told that you can change your mind and withdraw your consent to participate at any time. You have been given a copy of this agreement.

You have been told that by signing this consent agreement you are not giving up any of your legal rights.

_____
Name of Participant (please print)

_____ _____
Signature of Participant Date

_____ _____
Signature of Investigator Date

Appendix D

Letter of Invitation For New Graduate Nurses in Home Care Participants

Dear Registered Nurse

First, thank you for considering participation in my study*: Employment in Home Health Care: The Experiences of New Graduate Nurses*. A literature review of current research on new graduate nurse experiences revealed that limited research exists on the new graduate experience in home health care. The Purpose of this study is to gain an understanding of the lived experiences of new graduate nurses who begin their careers in the home health care sector, improving insight into their educational, emotional and orientation related needs.

You are being invited to participate in this study because you are working in, or have worked in home health care as a new graduate nurse. You have spent at least six months working in home health care and have worked for no more than two years as a registered nurse. Ten home health care registered nurses will be recruited for this study.

Time Commitment and Participation

If you agree to participate in this study, you will be asked to participate in an interview, lasting approximately one hour. During the interview I will ask you to tell me about your experiences as a new graduate employed in home health care; topics will include orientation, preceptorship and workplace socialization. The interview will be conducted at a time and place that is convenient to you, examples of possible interview locations include a quite coffee shop or a university or public library. Following my analysis of the data I will ask that you review my results and provide me with feedback (this will most likely be done via email). You many refuse to answer any questions and may withdraw from the study at any time. Your participation in this study will be during you free time and is not a work requirement. In no way will your decision to participate in this study affect you employment or professional status.

Confidentiality

Your confidentiality will be maintained by providing you with a pseudonym to be used in audio-recorded interviews and the research text. All documents containing the participants' names and personal information will be kept in a secure filing cabinet to which only I have access. All documents will be destroyed following the completion of the research and the defense of my thesis. It is important to note that the final results of this study will be shared with other health care professionals and may be reported in the scientific literature. Although the final report and other publications and presentations may contain direct quotes taken from interviews, care will be taken to ensure that all identifying information is removed.

Risks and Benefits

There is minimal risk to you as a participant in this study. There is the possibility that discussing you experiences may result in some discomfort or anxiety. I am not aware of any other risks associated with your participation in this study.

There are no direct benefits to you as a result of participating in this study. However by contributing you will be adding a unique perspective to better understanding the experiences of new graduate nurses in home health care.

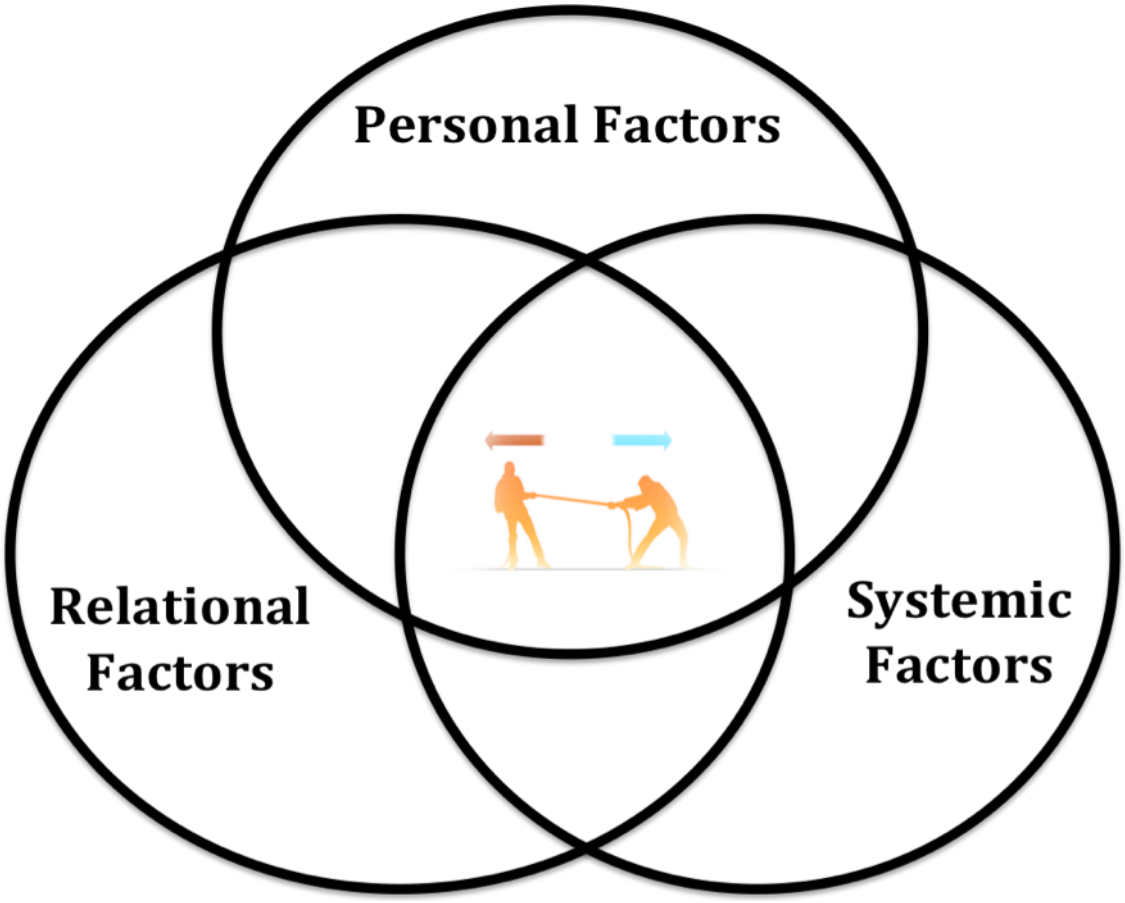
Thank you for taking the time to read this letter and for considering my request to participate in this research study. If you are interested in participating please contact me using my contact information provided below, thank you.

Sincerely,

Erin Patterson, RN
Daphne Cockwell School of Nursing
Ryerson University

Appendix E

Deciding if Homecare is Right for Me: Visual Representation



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