Designing and Validating a Guideline for Transition of Newly Graduate Nurses to Professional Practice at Mansoura University Hospital

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Abstract: High attrition rates suggest that new graduates do not easily transition into the role of registered nurse, having to come to terms with not only clinical issues and time management but also assimilating with their professional identity

Subjects and Methods: A descriptive design was used and the study was conducted on 82 head nurses and 53 new graduate nurses working at, Mansoura University hospital and25jury experts from different nursing faculties and hospital by using three tools as: transition requirement questionnaire aimed to evaluate the requirement for new graduate nurses' transition guideline observation check list aimed to determine the activity performed by participants related to the requirements for new graduate transition guideline

Results: The results indicated that there was a highly agreement of the transition sub items of the proposed guideline. As well, the proposed guideline was agreed upon its content and face validity by majority of jury experts.

Recommendation: collaboration between faculty of nursing and health care instiutions to ensurethat transition to practice guideline content is akey identifiable component in undergraduate nurse programs.

Keywords: Transition to Professional Practice, New Graduates Mansoura University, Guideline, Validation.

1. INTRODUCTION

One thing that remains constant in the ever-changing healthcare landscape is the need for nurses, and the need is now more urgent than ever. Due to declining reimbursements, increased regulatory oversight, and growing consumerism, healthcare practices are under pressure to work in a lean, efficient way. This demand requires nurses to be created by education programmes. To be work ready from the moment they flip their tassels **(Hofler, &Thomas, 2016).**

Newly graduate nurses ' transition to practice has been critical to recruiting and retention issues, compounded by the transfer of nursing education to colleges, the increasing acuity and quality of treatment, and new technologies advances. It has established evidence of a theory-practice discrepancy as a worldwide phenomenon. Findings from latest practice readiness research concluded that there is a major and troublesome developmental gap between being a student and being a graduate nurse entering the workforce **(Della Ratta, 2016).).**

Many researchers have observed that transitions are operations in which nursing professionals are interested. Transitions are described as "a fundamental nursing concept." They classify a multi-faceted transition theory that can be applied to many areas of human experience. Transitions are recognized in concepts of, transition conditions and response patterns. Nursing therapy is an evolving field of study as nurses devise approaches to encourage healthy adjustment in transition of individuals and groups **(Hohenleitner, 2017)**.

Transition is a "passage from one state, stage, subject or place to another." There is a difference between change and transition. Change is usually situational or physical, whereas transition is the degree of variation in the heart and mind of the individual experiencing the change **(Merriam-Webster, 2013)**. Transition is the emotional response and mental adaptation, which can either help or hinder the change process **(McLean, 2011).**

Although the transition into practice can be exhilarating initially, the experience often becomes traumatic during the first six months as new graduates experience the real world of health care **(Aqila, Rabi'atul, Annamma, Teh Halimaton, & Hamidah, (2019)**.   Newly graduates must quickly adapt to new responsibilities and roles, overcoming the discrepancies between the conceptual orientation of their education and the practical concerns of clinical practices, and incorporate into an environment that promotes team work, all in the initial three months of transition from student nurse to staff nurse. Stress that newly graduates counter are associated with a lack of skills which include responding appropriately to emergencies; skill performance; admitting new patients; communicating with physicians; establishing relations with peers, patient and families; handling workload requirements; arranging and prioritizing functions; reporting on shifts; and adapting to rotating shifts **(Cheng, Tsai, Chang, &Liou, 2014)**.

New graduate nurses feel stress, fatigue, performance anxiety, reality shock, and bullying. To compound the problem these issues often occur simultaneously which can lead to attrition **(Washington, 2012)**. If these transitional stresses are not addressed during this time, newly graduates nurses may quit their job **(Waddington, 2018).** Hence, the need for safe and smooth nurse graduates' transition to practice is of dominant importance for improving patient safety, increased job satisfaction, nurse retention and decreased costs of turn over **(Chang & Daly, 2012)**

Currently, the majority of graduate nurses commence employment in hospitals, typically in transition to professional practice programs implemented predominantly within hospital settings. These programs aim to promote nursing student to registered nurse transition through formal and informal education, facilitation of workplace learning, professional socialization, preceptor ship, and practice development, in a supportive environment. Importantly, it is also anticipated that by developing levels of competence and confidence commensurate with the professional role, graduate nurses participating in these programs will develop a commitment to a career in nursing, thereby impacting workforce retention **(Aggar, Bloomfield, Thomas & Gorden, 2017)**

Although hiring new newly graduate nurses has been described as significant, newly graduate nurses are restricted in technical skills and insufficient clinical experience, according to Benner's Novice to Expert Theory, and are therefore unprepared to start work. In particular, only 10% of health care managers viewed newly graduate nurses prepared for effective and safe patient care. Therefore, new graduate nurses require a period for transition before being a qualified clinical nurse. Many hospitals have developed guidelines for programs to enable the transition from student nurse to staff nurse for newly graduate's nurses. These enhance the clinical skills of newly graduate nurses in the first year of occupation, which in turn helps easing the high turnover problem **(Duchscher, 2009).**

In order to facilitate and support the development and integration of neophytes into the workplace, transitional programs guidelines have emerged. In some countries, this has led to the development of nationally standardized new graduate transition programs, such as the US National Council of Nursing Regulatory Model for New Graduates for Transitioning to Practice **(Rush, Adamack, Gorden, Lilly, &Janke,2013)**

These guidelines do not give a descriptive template for graduate nursing programs (GNP); they outline the main requirements and parameters that impact the new graduate nurse's ability to function safely and effectively and continue developing professionally. These should be used as a baseline, as each entity further increases the GNP to resolve the entity and participants identified aims and requests **(Maryniak, Markantes, & Murphy, 2017).** Once the guideline has been designed for the transition to professional practice. It can be validated through a panel of experts in nursing. The transition to professional practice guideline is designed to increase retention rates and provide the new nurse with the means necessary **(Haman, 2014).** So this study aims at designing and validating a guideline for transition of newly graduate nurses to professional practice.

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Significance of the study

The healthcare environments are changing rapidly, and the complexity of patient care is growing. Because of this complex environment for patient care, the transition of newly graduate nurses into practice is not smooth. Newly graduates experience job fatigue and leave the profession within the first year of service. Organizations are estimated to have to spend more than $20,000 to $80,000 on hiring and training a new nurse, depending on the area of specialty. It is therefore necessary to have a guideline for the transition of newly graduates' nurses to professional practice. (**Roth & Johnson, 2011**). Designing and validating a guideline for transition of newly graduate nurses to professional practice will be efficiently encompass the constellation of knowledge, skills and competencies needed for effective and smooth transition to professional practice. There is no guideline for transition of new graduate nurses to professional practice. Hence the present study aims at designing and validating a guideline for transition of newly graduate nurses to professional practice.

Aim of the study

This study aimed to design and validate a guideline for transition a newly graduate nurses to professional practice at Mansoura University Hospital.

Research Questions:

RQ1: What is the guideline for transition a newly graduate nurses to professional practice?

RQ2: To what extent newly graduate nurses incorporate transitional guideline to their professional practice?

2. SUBJECTS AND METHODS

Design: descriptive design

Setting: The present study was conducted at Mansoura University Hospital. The hospital Provides care at delta region and bed capacity is (1800) beds.

Tools of Data Collection:

Transition Requirement Questionnaire:

This tool was developed by researcher based on the relevant literature (**Cronenwett, et al, 2007, Department Of Higher Education, 2010& National Council of State Boards of Nursing, 2011**). It aimed to evaluate the requirement for new graduate nurses' transition guideline from the participant's viewpoints (head nurses, new graduate nurses).This tool consisted of two main parts as following**:**

the first part it was intended to collect data related to demographic characteristics of study subject, such as age, gender, qualification, and years of experience and department.

the second part it was concerned with participants' agreement upon the requirement of proposed guideline that consisted of 10 domains and 86 related item as the following: patient centered care (9 items), professionalism (12 items), informatics and technology (9 items), evidence based practice (6 items), leadership (10 items), and system based practice (12 items), team work and collaboration (5 items), communication (10 items), safety (9 items) and quality improvement (4 items).

Responses for requirement was be measured on a 4 point likert scale (4 greatly required, 3 required, 2 uncertain required to 1 not required).

Observation Checklist:

It was developed by researcher based on related literature (**Cronenwett, et al, 2007, Department Of Higher Education, 2010& National Council of State Boards of Nursing, 2011**). It aimed to determine the activity performed by participants related to the requirements for new graduate transition guideline. It was divided into two parts: The first part will collect data related to the date of observation, and the period of observation and the second part included the activities performed by each nurse related to the transition to professional practice which consisted of 10 domains with 89 related items. as the following: patient centered care (16 items), professionalism (12 items), informatics and technology (8 items),

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evidence based practice (6 items), leadership (9 items), and system based practice (10 items), team work and collaboration (5 items), communication (10 items), safety (9 items) and quality improvement (4 items).

The number of sub items marked met and their percentage was calculated by dividing the total numbers of sub items of guideline domains. This was also done for partially met items.

Methods

Validity:

First: tools of data collection

It was established for face and content validity by a panel of five expertise from Mansoura faculty of nursing who revised the tools for clarity, relevancy, applicability, comprehensiveness, understanding, and ease for implementation and according to their opinions modifications were applied. The opinions of the experts for each item were recorded on either agree or disagree, its scores were 1 for agree and 2 for disagree.

Second: proposed guideline.

- **Face validity** the expert responses for items of face validity items as (cover all aspects of transition requirement, the guideline is free from any duplication, entail acceptable performance) either agree or disagree, its scores were 1 for agree and 2 for disagree.

- Scoring system :

The sub-items with 60% agreement or higher was considered to agree upon and valid **(Jecklin, 2004).**

Content validity: The expert responses for items of content validity items as (the overall objective of the guideline are specifically described, the guideline target group is specified, the included recommendation relevant for the context) either agree or disagree, its scores were 1 for agree and 2 for disagree and (modification done based on their opinion).

- Scoring system :

The sub-items with 60% agreement or higher was considered to agree upon and valid **(Jecklin, 2004).**

Procedure:

The procedure will be achieved through the following six different phases:

First phase: It included developing and testing the tools for content validity by presenting the tools to five experts in the field of nursing administration.

Second phase: It focused on assessing the reliability of the transition requirement questionnaire using Cronbach alpha test in Statistical Package for Social Science (SPSS) version 21. It was computed and found (.871).

Third phase: It encompassed a pilot study that was carried on randomly selected ten percent (10%) of new graduate nurses and head nurses. 7, 8 respectively to test the clarity, feasibility of the questions and the time needed to fill-in questions is from 20-30 minutes. Participants who shared in the pilot study were excluded in the main study sample .Based on the pilot study, necessary modification includes clarification, rewording. Reliability test of the study tool,

Fourth phase: The questionnaire was handled and filled by the participants to elicit their opinion about the requirement for the guideline. Collecting data from participants by explaining to each participant the aim of the study and take her acceptance. Filling the questionnaire sheet took from 20–30 minutes; this time was depending on the work conditions. Data collection for some participants was carried out through distribution of the questionnaire sheet to the subjects and handed back to the researcher upon completion. Field work of this study was carried out in 5 months from beginning of July to the end of November, 2018   .

Fifth phase: The participants were observed in all units staffed with new graduate nurses in the first six months of work during three working shifts. Observation was done for each ne graduate nurse by the researcher and experienced nurses in the hospital assigned by researcher in night shifts. It was carried out in 5 months from beginning of July to the end of November, 2018

Sixth phase: The developed guideline was distributed to the members of the jury in their work setting for testing its face and content validity. Preliminary statistical analysis was done to obtain the valid items of the guideline.

Ethical Considerations:

Ethical approval was obtained from the Research Ethics Committee of the Faculty of Nursing – Mansoura University. An official permission to conduct the study was obtained from the study setting hospital authorities after explanation of the aim of the study. An informed consent was obtained from the participants after providing them with detailed information about the study. Participants were informed that participation in research is voluntary and that they were able to withdraw from the study at any stage without responsibility. Confidentiality of the collected data was maintained. Privacy of the study sample was assured.

Statistical design:

- The collected data were organized, tabulated and statistically analyzed using SPSS software (Statistical Package for the Social Sciences, version 21, SPSS Inc. Chicago, IL, USA).

- For quantitative data, the range, mean and standard deviation were calculated. For qualitative data, which describe a categorical set of data by frequency, percentage or proportion of each category, comparison between two groups and more was done using Chi-square test (χ2).

- For comparison between means of two groups of parametric data of independent samples, student t-test was used. For comparison between more than two means of parametric data, F value of ANOVA test was calculated. Correlation between variables was evaluated using Pearson's correlation coefficient (r). Significance was adopted at $p < 0.05$ for interpretation of results of tests of significance.

3. RESULTS

Table (1): showed personal characteristics of the studied head nurses and new graduate nurses. It revealed that more than half of the studied head nurses was aged 30-40 yrs. and majority of them was female and had bachelor degree and experienced more than 10 years as regard new graduate nurses all of them was aged less than 30 yrs. and had experience less than 1 yr. Majority of them had technical institute and more than half is female. The table also show significant difference between personal characteristics of studied head nurses and new graduate nurses (p.0001*).

Table (2): showed agreement of the studied head nurses and new graduate nurses at Mansoura University Hospital about the transition requirement sub items of proposed guideline. It described that more than half of head nurses (59.7%) agreed that proposed guideline sub items were required and a percentage of (36.6%) agreed that proposed guideline sub items were greatly required. On the other hand more than half of new graduate nurses (56.6%) agreed that proposed guideline sub items were required and a percentage of (39.6%) agreed that proposed guideline sub items were greatly required

Table (3): demonstrated mean agreement scores and ranks of the studied head nurses and new graduate nurses at Mansoura University Hospital about the transition requirement sub items of proposed guideline. It revealed that transition requirement sub item system based practice was ranked first by head nurses followed by professionalism. On the other hand, communication, team work and collaboration and quality improvement was ranked first by new graduate nurses followed by safety sub item.

Figure (1) this figure showed observed performed activities to transition to professional practice of the studied new graduate nurses. More than half percentage (52.8%) of new graduate nurses were partially met activates to transition sub items. And a percentage of 39.6 % unmet activities to transition while low percentage (7.5%) met of activities of transition

Table (4): described mean performance scores and ranks of activities to transition to professional practice of the studied new graduate nurses. It showed that communication sub item was the most performed of activities to transition to professional practice and ranked first. While evidence based practice is the lowest and ranked last one**.** And also showed low total performance scores of the studied newly graduate nurses.

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Table (5): Relationship and correlation between total agreement and total performance related to the transition to professional practice of proposed guideline among the studied new graduate nurses. There was a negative correlation between total agreement scores and total performance of the studied new graduate nurses.

Table (6): This table shows that 96% of jury experts agree about face validity of the proposed guideline while, 4% of them disagree about it.

Table (7) this table shows that 96% of jury experts agree upon content validity of the proposed guideline while, 4% of them disagree about it.

Table (1): personal characteristics of the studied head nurses and new graduate nurses at Mansoura University Hospital (n=135).

Variables	The studied head nurses (n=82)		The studied new graduate nurses (n=53)		χ^2	P value
	n	%	n	%		
Age years:						
<30	3	3.7	53	100	123.093	0.0001*
30-40	53	64.6	0	0		
>40	26	31.7	0	0		
Sex:						
Female	81	98.8	30	56.6	39.177	0.0001*
Male	1	1.2	23	43.4		
Experience years:						
<1	0	0	53	100	130.884	0.0001*
1-10	14	17.1	0	0		
>10	68	82.9	0	0		
Education level:						
Technical institute	0	0	49	92.5	114.935	0.0001*
Bachelor	79	96.3	4	7.5		
Master	3	3.7	0	0		
Department:						
Surgical	17	20.7	13	24.5	16.997	0.001*
Medical	3	3.7	8	15.1		
Intensive care unit	8	9.8	14	26.4		
Others	54	65.9	18	34.0		

Table (2): Agreement of the studied head nurses and new graduate nurses at Mansoura University Hospital about the transition requirement sub items of proposed guideline (n=135).

Proposed guideline transition requirement items	The studied head nurses (n=82)								The studied new graduate nurses (n=53)								χ^2	P value
	Not required		Uncertain required		Required		Greatly required		Not required		Uncertain required		Required		Greatly required			
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%		
A-Patient centered care	0	0	0	0	53	64.6	29	35.4	0	0	0	0	34	64.2	19	35.8	0.003	0.954
B-Professionalism	0	0	1	1.2	48	58.5	33	40.2	0	0	1	1.9	27	50.9	25	47.2	0.790	0.674
C-Informatics and technology	0	0	5	6.1	46	56.1	31	37.8	0	0	3	5.7	32	60.4	18	34.0	0.243	0.885
D-Evidence based practice	1	1.2	7	8.5	39	47.6	35	42.7	1	1.9	2	3.8	36	67.9	14	26.4	5.942	0.114
E-Leadership	0	0	1	1.2	54	65.9	27	32.9	0	0	0	0	36	67.9	17	32.1	0.674	0.714
F-Systems based practice	1	1.2	3	3.7	38	46.3	40	48.8	0	0	2	3.8	33	62.3	18	39.3	3.845	0.279
G-Safety	0	0	3	3.7	62	75.6	17	20.7	0	0	0	0	31	58.5	22	41.5	8.119	0.017*
H-Communication	0	0	7	8.5	45	54.9	30	36.6	0	0	4	7.5	29	54.7	20	37.7	0.050	0.975
I-Team work and collaboration	0	0	3	3.7	55	67.1	24	29.3	1	1.9	4	7.5	24	45.3	24	45.3	7.420	0.060
J-Quality improvement	0	0	2	2.4	50	61.0	30	36.6	0	0	2	3.8	22	41.5	29	54.7	4.902	0.086
Total agreement	0	0	3	3.7	49	59.7	30	36.6	0	0	2	3.8	30	56.6	21	39.6	0.130	0.935

*Significant (P<0.05)

Table (3): Mean agreement scores and ranks of the studied head nurses and new graduate nurses at Mansoura University Hospital about the transition requirement sub items of proposed guideline (n=135).

Proposed guideline transition requirement sub items (Each item is scored 1-4)	No. of questions Score	The studied head nurses (n=82)		The studied new graduate nurses (n=53)	
		Range Mean±SD/No. of questions	Rank	Range Mean±SD/No. of questions	Rank
A-Patient centered care	10 (10-40)	3-4 3.36±0.26	**3**	3-4 3.33±0.27	**4**
B-Professionalism	12 (12-48)	2-4 3.41±0.28	**2**	2-4 3.33±0.44	**4**
C-Informatics and technology	9 (9-45)	2-4 3.32±0.44	**5**	2-4 3.24±0.44	**6**
D-Evidence based practice	6 (6-24)	2-4 3.22±0.44	**9**	2-4 3.16±0.42	**7**
E-Leadership	9 (9-45)	2-4 3.35±0.32	**4**	3-4 3.32±0.29	**5**
F-Systems based practice	10 (10-40)	2-4 3.43±0.35	**1**	2-4 3.34±0.34	**3**
G-Safety	9 (9-45)	2-4 3.28±0.38	**8**	2-4 3.35±0.31	**2**
H-Communication	10 (10-40)	2-4 3.30±0.31	**6**	3-4 3.37±0.49	**1**
I-Team work and collaboration	5 (5-20)	3-4 3.30±0.38	**7**	2-4 3.37±0.49	**1**
J-Quality improvement	4 (4-16)	2-4 3.31±0.47	**6**	2-4 3.37±0.47	**1**

*Significant (P<0.05)

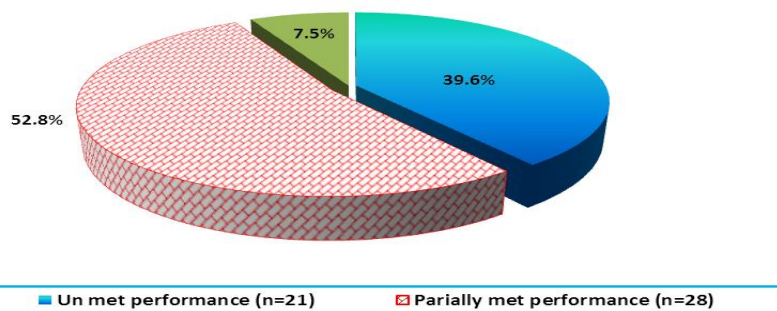■ Un met performance (n=21)   ▨ Parially met performance (n=28)

Figure (1): Total performance of activities to transition to professional practice of the studied new graduate nurses at Mansoura University Hospital about the transition requirement of proposed guideline (n=53).

Table (4):Mean performance scores and ranks of activities to transition to professional practice of the studied new graduate nurses at Mansoura University Hospital about the transition requirement of proposed guideline (n=53).

Proposed guideline transition requirement items (Each item is scored 1-3)	No. of questions Score	The studied new graduate nurses (n=53)		Rank
		Range Mean±SD	Range Mean±SD/No. of questions	
A-Patient centered care	16 (16-48)	28-40 35.90±2.44	1-3 2.24±0.15	**2**
B-Professionalism	12 (12-36)	19-31 23.60±3.51	1-3 1.97±0.29	**4**
C-Informatics and technology	8 (8-24)	8-12 9.09±1.39	1-2 1.14±0.17	**8**

D-Evidence based practice	6 (6-18)	6-8 6.04±0.27	1-2 1.01±0.05	**10**
E-Leadership	9 (9-27)	10-22 14.06±2.83	1-2 156±0.31	**6**
F-Systems based practice	10 (10-30)	13-28 19.49±4.04	1-3 1.95±0.40	**5**
G-Safety	9 (9-27)	13-25 18.45±2.96	1-3 2.05±0.29	**3**
H-Communication	10 (10-30)	16-28 22.53±2.35	2-3 2.25±0.24	**1**
I-Team work and collaboration	5 (5-15)	5-9 6.87±0.76	1-2 1.37±0.15	**7**
J-Quality improvement	4 (4-12)	4-6 4.11±0.47	1-2 1.03±0.12	**9**
Total performance score	**89** **(89-267)**	**134-186** **160.15**±12.45		

*Significant (P<0.05)

Table (5): Relationship and correlation between total agreement and total performance related to the transition to professional practice of proposed guideline among the studied new graduate nurses at Mansoura University Hospital (n=53).

Total performance	**Total agreement about transition requirement of proposed guideline among the studied new graduate nurses (n=53)**						χ^2	**P**
	Uncertain required (n=2)		**Required (n=30)**		**Greatly required (n=21)**			
	n	**%**	**n**	**%**	**n**	**%**		
Un met	0	0	13	43.3	7	33.3	6.743	0.150
Partially met	1	50.0	16	53.3	12	47.1		
Met	1	50.0	1	3.3	2	9.5		
r	-0.093							
P	0.508							

r=Correlation Coefficient

Table (6): Opinion of jury experts about face validity of the proposed guideline transition of new graduate nurses to professional practice

Face validity items about guideline for transition of newly graduate nurses to professional practice	**Opinion of the study experts (n =25)**			
	Agree		**Disagree**	
	n	**%**	**N**	**%**
The preliminary guideline looks like a guideline for transition of newly graduate nurses to professional practice	25	100	-	-
The preliminary guideline is clear	20	80	5	20
The preliminary guideline is correct	24	96	1	4
The preliminary guideline is scientific	24	96	1	4
The preliminary guideline is understandable	24	96	1	4
The preliminary guideline is realistic	25	100	-	-
The preliminary guideline Cover all aspects of transition of newly graduate nurses to professional practice	25	100	-	-
The guideline entails the acceptable performance	24	96	1	4
The guideline is in logical consequence	25	100	-	-
Total face validity	**24**	96	**1**	4

Table (7): Opinion of jury experts about face validity of the proposed guideline transition of new graduate nurses to professional practice

Face validity items about guideline for transition of newly graduate nurses to professional practice	Opinion of the study experts (n =25)			
	Agree		Disagree	
	n	%	N	%
The overall objectives of the guideline are specifically described.	25	100	-	-
The guideline target group was specified	24	96	1	4
The included recommendations relevant for the context of interest	24	96	1	4
The included recommendation relevant for the specific target group of interest	24	96	1	4
The recommendations are specific and unambiguous	22	88	3	12
Total content validity	**24**	96	**1**	4

4. DISCUSSION

Despite the conjecture that new graduate nurses are not practice ready as a result of their educational preparation. Cautions against accusing on the education systems alleged the high attrition of newly graduate nurses for their supposed lack of readiness for work. High attrition levels indicate that newly graduates do not move easily into the position of registered nurses, having to cope not only with clinical problems and management issues, but also with their professional identities **(Hayes, 2017).**To support the move from student to registered nurse, healthcare organizations consider graduate transition guidelines and programs as an effective strategy for providing support to them during their first year of practice. Transition packages are considered necessary by health services to bridge the perceived theory-practice gap **(Salifu, Gross, Salifu, & Ninnoni, 2019).**

The present study highlighted that transition requirement sub items of the proposed guideline were agreed upon it's required by study participants, head nurses and new graduates. This may be due to new graduates in Mansoura hospital weren't be supported via a guidelines to smooth their transition or a standardized orientation program based on this guideline and they included in daily unit activities in their first months assigned a laboring duties without complete exposure to patients for increasing their critical thinking and clinical judgment .This led to a development gap in their competencies, dissatisfaction and poor patient outcomes. These results were in the same line with the best practice guideline developed by The best practice guideline developed by **The Nurses Association of New Brunswick NANB (2012),** claimed that newly nurse graduates required assistance to successfully incorporate the skills they have learned and move them safely. Accordingly **The American Organization of Nurse Executives (AONE) (2010)** also suggests a wide range of resources for newly graduated nurses at all levels, including the usage of guideline and services for post-transition care.

Also, the best practice guidelines by the **Department of Health and Human Services (2015)** detailed that the support is needed for at least the first six months has been listed. they also listed long-term health, educational and organizational support in terms of orientation, preceptor ship and unique opportunities for professional development that need to be provided to aid nurses and midwives in their new role as a professional.

Also, **Richard, Evans, &Williams, (2018)** proposed that As a new registered nurse tries to socialize in a new setting, the learning of the required new graduate nursing skills can be both complex and stressful. The unit-based preceptors can be a stop gap in the clinical field and must be aware of the restrictions of the newly learner joining practicing and provide guidance by implementing best practice guidelines on the role of a nurse

And this was agreed upon by **Doughty, &Mckillop, &Dixon, &Sinnema, (2018)** who stated that newly graduate nurses agreed upon implementing guideline-based programs offered the assistance required to mitigate developmental difficulties that directly affected their experience of transition and confidence in practice.

The present study concluded that transition requirement sub items system based practice followed by professionalism as ranked highest of the studied head nurses' agreement about the proposed guideline. This may be due to head nurses as a manager needed new graduate nurses to deliver nursing care in considering work unit context and environmental conditions, available resources and practice cost effective care. While being committed to and accept behavioral norms of the hospital. Being honest, advocating nursing role and but into ethical principle. This leads to increase accountability and being responsible of their practice. The reality shock experienced during the transition period meant that new graduate nurses remained increasingly seeking a supportive work environment to assist their transition. The availability of social support in the workplace has contributed positively to transition experiences and was related to staff retention.

And this is congruent with **Read and Laschinger (2015)** explained that when looking for work environments that promote positive nursing relationships, newly graduates should look for settings that encourage learning and growth, have unit-level support groups, and have nursing managers that play an active role in promoting the transition of newly graduates to practicing.

In the same line with **Brown & Grookes, (2016)** There was broad consensus among participants as to which skill area to be able to perform in practice newly graduating RN's requires. Process thought Privacy and Integrity ' rated highest in all groups; participants rated second' Demonstrates behavior beneficial to learning'

Others' research closely paralleled these findings **Moore, Sublet, Leahy, & Bradley, (2017)** initiated that the greatest factor in the retention of newly graduates was the sense of community and cooperation experienced by new graduates at the unit level.

The current study result was inconsistent with **Chernomas et al. (2010)** who reported that nurse managers emphasized necessity for professional team leadership and supervisory expertise for new nurses. In addition to **Hunsberger, Baumann, & Crea-Arsenio, (2013)** who indicated that Promoting patient care practices orienting and aiding with time management and setting priorities of workload in the initial transition process must be a focus for delivering practical support in the workplace within the first 3 months.

The present study results pointed that the highest new graduates' agreement about transition requirement sub items was for communication, team work and collaboration and quality improvement followed by safety. This may be due to new graduates firstly hired in hospital setting need to be socialized and secured. They did not want to experience lateral violence. Hence, they rigorously try to effectively communicate with the other team members and patients for safely introduce care to patient and avoid legal accountability. In the same line **Lee, &Kim &Jung, &Kang, (2018)** reported that Communication skills are one of the learning needs that emerged from the interviews as emphasized. When this issue arose, newly nurses showed their agreement with the ideas by giving comments and shaking their heads. Newly nurses said communication skills have made it possible for them to understand and teach their patients.

These findings was supported by **Rossler, Harden, Hernandez-Leveille, &Right, (2018)** who reinforced The need to build trust to gain skills such as communication skills. Operating together in the clinical field studies demonstrated how socialization techniques could be applied to the environments of the practice unit. Therefore, allowing newly graduates to feel safe to speak when role responsibilities are unclear in practicing alone or in a team.

The current results were congruent with **Murray, & Sundin, &Cope, (2019)** Most of them said that knowing how to initiate the contact was an issue. Their initial communication hurdle was concerned with "who was the correct person to contact about their problem," and then how to contact the correct person.

The present study results highlighted the low performance of activities related to transition to practice sub items. This may be due to new graduates in Mansoura university hospital focused on tasks completion like administering medication, making nursing procedures and nursing care, communicate with patients, and document results of care given. They did not include in totally care of patients with the other professionals leading to decreased critical thinking and clinical reasoning and were also in charge particularly on night duty and over weekends when there was very little clinical support available to them.no chance to engage in development activities. Matching with these finding

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As well as **Mellor & Greenhill, (2014)** described The function of the student nurse is somewhat distinct from the position of the registered nurse; it has been recorded that newly graduate nurses are unable to manage care and multitask to include circumstances such as answering the phone, handling patient safety issues and attending full patient load.

In addition **Lima, Newall, Jordan, Hamilton, & Kinney, (2016)** assessed competence between four and ten months post registration ad their finding demonstrating that at an early stage graduates had a lower self-assessed performing competence than later in their transition year. Also, **Brown, &Crookes, (2016)** stated that There has been strong evidence of communication and professional behaviors; the components of ' human factors ' are ' essential, ' as are dignity and privacy, and patient care management. These are places where newly graduate nurses were not ready for work.

The study result was congruent with **Serafini, (2017)** who evaluated skill competence of new graduate nurses. The respondents identified critical thinking, organization, professionalism, and communication was lacking in newly prepared nurses. Critical thinking, organization, prioritization, and communication are developed over time and require experience in practice with peer role models to develop these skills.

In adition **Charette, Goudreau, &Bourbonnais, (2019)** findings also indicated that the workload given to new graduate nurses was not always adjusted to the fact that their competencies are at a beginner level. The results showed that new graduate nurses exhibit the characteristics of the "advanced beginner" level.

The current study revealed a negative correlation between new graduates observed performance and requirement of transition guideline .This may be due to low performance of new graduates and inability to socialize with the work environment triggered awareness of requirement of transition guideline for bridging the gap in the practice readiness and smoothing transition. These results supported by **El Haddad, Noxham, Broad Bent (2017)** it disclosed the long-standing national and global controversy that leads to the assumption that new graduates are poorly prepared for the difficulties of the current healthcare systems and are then unprepared for practicing. And this asserted a tremendous need for guidelines for best practice that addressed issues of transition. Also the research **of Herron (2018)** reflected parallel findings with newly nurses struggling with confidence and the capacity to provide complete care to their patients found that new graduate competency level is lower than the increasingly expectations and demands placed on the nurse. This is imperative for future development and finding ways for providing support.

The present study indicated that the proposed guideline as agreed upon their face and content validity by majority of jury experts on agreement with the study result of **Castellani, Girlanda, & Barbui,(2015)** that reported that validating guideline quality as the confidence that the potential biases of guideline development have been addressed adequately and that the recommendations are valid, and are feasible for practice"

Australian Skills Quality Authority (2015) focused on importance of validation to understand the capacity of the tools they use and adjust these tools to meet their requirements. This ensures confidence in the quality of assessment. It also ensures that the assessment is valid, reliable, flexible and fair.

In Adition **Vanrooyen, Jordan, Ham-Baloyi, &Caka, (2018)** suggested that new best practice guidelines should be developed, or existing guidelines should be adapted and contextualized. In addition, intervention studies could be undertaken to implement and test the developed or adapted guidelines, to measure the effectiveness of these guidelines on the transition of the nursing student to professional nurse as well as their confidence, sense of responsibility and accountability, and the quality of care and retention of new graduates in the nursing profession. **Also, Hardy (2019)**that stated that its imperative to assess the validity of the created guideline, through using evaluation team appraised the guideline for validity.

5. CONCLUSION

The findings of the present study concluded that, there was a highly agreement of the transition sub items of the proposed guideline. In addition ,the transition sub item, system based practice and professionalism, ranked first by studied head nurses, while communication was the highest ranked as viewed by studied new graduate nurses. Accordingly, the low level of new graduate nurses performance was negatively correlated with their agreement related to transition sub items of the proposed guideline. As well, the proposed guideline was agreed upon its content and face validity by majority of jury experts.

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6. RECOMMENDATION

- Collaboration between faculty of nursing and health care insituations to ensure that transition to practice guideline content is akey identifiable component of undergraduate nursing programs.

- Identify stakeholders' and faculty members practice expectations for entry level graduate nurses will assist academic nursing educators in creating a reality based educational programs that lead to successful transition of graduate nurses.

- Recruit a mentor or preceptor about transition sub items to be available for early graduates. A mentor or preceptor has shown to significantly improve satisfaction of early graduates.

- Assess organizational policies to identify any practices that contribute to unsuccessful transitions to practice such as staffing patterns or unrealistic expectations that place increased responsibility on new graduate nurses.

Implication for further research:

- Focus on the competence of newly prepared nurses entering practice trained under the proposed clinical and nursing education collaborative model

Implication for implementation:

- Implement the guideline at Mansoura university hospital through guideline based orientation program.

- Print handouts to be available for new graduate nurses.

- Deliver the guideline to nursing syndicate in Egypt to be handled at different hospital setting.

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