BACKGROUND/SIGNIFICANCE: Nursing turnover is a global issue in healthcare, which impacts health system financial performance, quality and safety outcomes. Retention of newly licensed registered nurses (NLRNs) is essential to assure adequate replacement and expansion of the long term supply of nurses to meet future demands. However, transition to practice is a difficult and stressful process for new graduates, which leads to turnover. Therefore, organizations expend tremendous resources on orientation programs, which are vital to NLRN’s retention, competency development, and successful role integration. However, there is limited research on what influences NLRN’s thoughts relative to specific orientation components and practices.

PURPOSE: This study explored characteristics and experiences that NLRNs bring to their initial job (anticipatory socialization factors) and features of orientation programs and how these are related to their perception of orientation.

CONCEPTUAL FRAMEWORK: Professional role socialization theory, which is a staged process including academic separation, role transition and integration, framed the research (Duchscher 2008, Kramer et al. 2011, Scott et al. 2008). Scott’s New Graduate Nurse Transition to the Workplace conceptual model was adapted for the study.

SAMPLE AND SETTING: This was a correlational study using a convenience sample of NLRNs (N = 468) who worked in Midwest rural and urban hospital settings on primarily inpatient medical-surgical units. Participants were predominantly female, Caucasian, with ADNs being in the majority (55%).

METHOD/DESIGN: Data were collected using paper surveys. Logistic regression was performed to assess the impact of a number of factors on the likelihood that participants would report having an adequate orientation. The model contained anticipatory socialization variables (age, degree, prior healthcare work, and pre-licensure role transition course and independent preceptor-guided clinical) and characteristics of orientation variables (unit preference and type, number of preceptors, weeks of preceptor supervision, and number of classroom orientation hours).

RESULTS: The number of preceptors NLRNs had during orientation was the only variable having a significant effect on perception of an adequate orientation (OR = 0.87, 95% CI: 0.79-0.96, p < .01). For each increase of one preceptor, the probability of NLRNs reporting having an adequate orientation decreases by 13%. None of the anticipatory socialization variables were found to be significant in predicting NLRN’s satisfaction with orientation.

CONCLUSIONS/IMPLICATIONS: Time spent in orientation or breadth of formal classes did not contribute to NLRN’s feelings regarding whether orientation met their needs. The finding do, however, highlight the influential role that preceptors play. The number of preceptors that NLRNs are exposed to has significant impact on their perception of orientation, which can ultimately influence job satisfaction and retention. Given that increasing the number of preceptors increases the likelihood of dissatisfaction with orientation, there is evidence to support limiting the number of preceptors NLRNs are exposed to. Nurse managers and education personnel who oversee orientation need to be cognizant of new nurses’ perceptions of their orientation and establish a more individualized process with consistent supportive preceptors, so as to optimize socialization outcomes. These findings also provide evidence for nurse managers to dedicate sufficient resources to effectively train preceptors because of the critical role that they play in shaping NLRNs perceptions.