The complexity of the current health care environment affects the delivery of care at the bedside. Nurses are expected to adapt to the ever-increasing demands for quality patient care. These demands affect nurses’ performance, attitudes, competence, and self-perception, and these factors have a tremendous effect on the transition to practice of new graduate registered nurses (RNs). The nursing shortage adds a further burden to the already demanding nursing role.

According to the Bureau of Labor Statistics (2012), the need for RNs will increase by 26% between 2010 and 2020. Recent research has shown that the turnover rate for new graduate RNs is between 35% and 65% within the first year of employment. In some cases, the turnover rate is more than 50% (Beecroft, Dorey, & Wenten, 2008; Winfield, Melo, & Myrick, 2009). High turnover rates continue in the second year and are reported to be as high as 57% for new graduate RNs (Twibell et al., 2012). This is further impacted by the impending exodus of the Baby Boomer nurses (50 years and older), who delayed retirement after the 2008 economic downturn and now make up 40% to 45% of the nursing workforce (American Nurses Association, 2011; Egenes, 2012). If turnover rates for new graduate RNs and the impending exodus of Baby Boomer nurses

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are not addressed, there will be a detrimental effect on nursing and patient care.

New graduate RNs face unique challenges in transitioning from education to practice. Nurse researchers have suggested that this difficulty stems from an unwelcoming clinical environment, high patient acuity, job dissatisfaction, horizontal violence, lack of autonomous practice, lack of intrinsic and extrinsic workplace rewards, and attrition (Baxter, 2010; Salt, Cummings, & Profetto-McGrath, 2008; Twibell et al., 2012). Zinsmeister and Schafer (2009) described stressors that affect new graduate RNs’ job performance, including interaction with physicians, families, and patients. In addition, lack of organizational skills, difficulty prioritizing, the need to learn new nursing skills for patient care, frequent interruptions, and the need to manage a large number of patients are factors that increase RNs’ stress level.

New graduate RNs need support during their transition to the role of staff nurse (Mariani, 2012). Health care organizations have focused on identifying issues that lead to a difficult transition for these nurses and strategies to support them (Dyess & Sherman, 2009). Hillman and Foster (2011) reported that new graduate RNs were dissatisfied with the orientation process; in addition, the length of the orientation period varied from unit to unit, and some units lacked both structure and an adequate number of preceptors. Baxter (2010) noted the critical importance of preceptor preparation to the success of the orientation program. Ineffective preceptor programs have been reported by preceptors to contribute to new nurses’ feelings of burnout (Harrison-White & Simons, 2013). The preceptor role is a work in progress that requires ongoing education and professional support (Haggerty, Holloway, & Wilson, 2012).

Preceptors require education in a number of areas, including developing their teaching skills, roles and responsibilities, the principles of adult education, learning styles, delivering effective criticism, and generational differences. The preceptor plays a significant role in the job satisfaction and professional competencies of new graduate RNs (Baxter, 2010). The preceptor role is strengthened when new graduate RNs have dedicated preceptors to maintain consistency in teaching. The use of dedicated preceptors also has been found to increase unit staff satisfaction and decrease nurse turnover (Orsini, 2005). In addition, the use of dedicated preceptors compared with a variety of preceptors has been reported by new graduate RNs to reduce the time needed to learn skills in specialty areas (Wilson, 2012). Therefore, identifying a program that supports the transition of new graduate RNs through prepared preceptors is essential.

The Robert Wood Johnson Foundation forged an alliance with the Institute of Medicine to transform the nursing profession. This alliance resulted in the development of four key messages and eight recommendations for the future of nursing that were published in a landmark report (Shalala et al., 2010). The third recommendation concerns the implementation of a nursing residency program in transitioning new graduate RNs into practice and care environments, emphasizing the retention of nurses, nursing competencies, and improved patient outcomes (Shalala et al., 2010). The nursing residency is a structured orientation program for new graduate RNs who are transitioning to the practice setting. This transition involves two important groups of health care providers: new graduate RNs and experienced nurses, or preceptors, who coach and mentor the new graduate RNs. Studying both groups provides insight into how to approach the Institute of Medicine recommendation.

The nurse residency program bridges the gap between theory and practice (Dyess & Sherman, 2009). Goode, Lynn, Krsek, and Bednash (2009) stated that organizations should no longer expect new graduates to transition to their first acute care hospital nursing job without a nurse residency program. New graduate nurses have retention rates of 88% to 96% when they take part in residency programs (Twibell et al., 2012). Integrated preceptor programs are a key component of these residency programs. Effective preceptor programs, which are associated with the highest retention rates of new graduate nurses, last 3 to 6 months (Salt et al., 2008). Some residency programs last as long as 1 year, promoting strong connections between nurses, and research has found that these extended programs reduce stress and increase job satisfaction (Twibell et al., 2012). Furthermore, the most commonly used and strongly supported retention strategy places greater emphasis on the preceptor program model that focused on the new graduate RN (Salt et al., 2008). An example of such a program model is the Versant® RN Residency program, which is an evidence-based nurse residency program.

The Versant® RN Residency program is an 18-week program that prepares new graduate RNs for practice. The components of the Versant® RN Residency program are immersion in the classroom for didactic learning, one-on-one preceptor-guided clinical experience, mentoring, and a self-care and debriefing session (Versant, 2012). The Versant® RN Residency program was empirically designed, with residents completing 13 different evaluations. Data are managed, analyzed, and compiled to provide real-time access to information as well as a comprehensive report at the end of the cycle.
Within the Versant® RN Residency program’s one-on-one preceptor-guided clinical experience is the Married State Preceptorship Model (MSPM). The MSPM is a system for preceptoring that supports quality of care and safety for both patients and new graduate RNs. The MSPM has been implemented in more than nine acute care hospitals within Florida, California, Texas, and Washington State. It is also being introduced in New Mexico. The objectives of the MSPM are to welcome new graduate RNs to the organization, to provide leadership support, to facilitate the transition of knowledge to knowing, and to prepare new graduate RNs to deliver safe and effective patient care. Thus, it is considered a best practice for nursing residency programs (Versant, 2012). However, the effect of the MSPM on the perceptions of new graduate RNs and preceptors has not been addressed in the literature.

The authors initiated a study of the effect of the MSPM on the perceptions of new graduate RNs. It was hypothesized that integration of the MSPM would help new graduate RNs to work more independently in the clinical setting and experience less anxiety during the transition to practice. The MSPM would help new graduate RNs to avoid making errors while meeting their needs. The MSPM, through preceptor support, would also assist new graduate RNs to have confidence in their skills, critical thinking, and ability to engage in safe practice. Thus, this study will help to build the credibility of the one-on-one preceptoring model that supports a smooth transition of new graduate RNs to the practice setting.

The primary objective of this study was to evaluate whether new graduate RNs perceived the MSPM as a support system in the transition to the clinical setting and whether it helped them to view themselves as safe and competent nurses. Additionally, the study attempted to identify preceptors’ perceptions of the transition of new graduate RNs to the clinical setting through the use of the MSPM. The secondary objective of the study was to evaluate how the MSPM affects first-year turnover rates of new graduate RNs.

METHODS

This study used a combined qualitative and quantitative approach, and both surveys and focus groups were used to collect data. New graduate RNs participated in surveys and focus groups. Preceptors completed surveys only. Survey responses were analyzed based on the key questions developed by one of the authors (S.F.) of the MSPM. In addition, first-year turnover rates were collected for two new graduate RN cohorts before implementation of the MSPM and for one new graduate RN cohort after implementation of the MSPM to compare the differences in turnover rates for traditional preceptorship versus MSPM preceptorship during the orientation process.

The study proposal was submitted and approved by the hospital institutional review board. Completion of surveys by preceptors and new graduate RNs indicated consent to participate, as noted on the informed consent forms. No participant names were recorded to protect confidentiality. Focus group participants were asked to use fictitious names, and the recorded tapes were destroyed after transcription.

STUDY SETTING

The sample population included two groups from a seven-hospital system in the southeast region of the United States. The sample included preceptors (n = 100) from four acute care hospitals and new graduate RNs (n = 108) from cohort 10 (August 2 to December 10, 2010) of the Versant® RN Residency training program in which the MSPM was implemented during orientation. Preceptors were experienced clinical nurses who were on the list of preceptors of the Versant® RN Residency training program found in the web-based Voyager. The preceptor list found in Voyager identifies nurses who served as preceptors for the previous cohorts of nursing residents. Other preceptors were obtained from the list of attendees of ongoing preceptor classes. In addition, 15 new graduate RNs were included in focus groups conducted to obtain a more in-depth understanding of their experiences and perceptions of the MSPM.

DATA COLLECTION

Data were collected through researcher-developed surveys that consisted of dichotomous questions for preceptors and new graduate RNs. Participants were asked about their perceptions and experiences regarding the MSPM (Tables 1-2). Surveys for new graduate RNs were distributed after training to cohort 10. The total attendance of 108 yielded a 100% response rate. Preceptors were recruited to participate through random distribution of surveys in their clinical areas. The target number of participants was 25 for each of four acute care hospitals, for a total of 100 participants. A response rate of 100% was achieved. The surveys were analyzed with PASW 19.0 using descriptive statistics as frequency tables (Tables 1-2). In addition, turnover rates for two cohorts (cohorts 1 and 2, n = 135) that received traditional preceptoring and one cohort (cohort 10, n = 108) that received MSPM preceptoring during orientation were collected and compared using chi-square analysis.

Focus groups with new graduate RNs were conducted to explore their perceptions of the effects of the MSPM on satisfaction, safety, and the transition to clinical areas.
Three focus group sessions using the questions shown in Sidebar 1, each lasting about an hour, were conducted with a total of 15 participants. Preliminary analysis of word frequencies on the transcripts of the focus groups was conducted with NVivo 9 before content analysis for theme development was conducted by the research team.

THE MARRIED STATE PRECEPTORSHIP MODEL

For decades, the foundation of precepting has been the traditional model in which the new graduate RN shadows the preceptor and the new graduate RN’s patient load is slowly increased (Almada, Carafoli, Flattery, French, & McNamara, 2004). With no options available, preceptors have used this approach. According to the traditional model, new graduate RNs are expected to provide total patient care to their assigned patients. “Divide and conquer” is the dictum of the approach such that preceptors divide their patient load between themselves and their preceptees. The gap between theory and practice is a problem for new graduate RNs as they begin their first job in a clinical setting. New graduate RNs experience stress as they work to develop their critical thinking skills, provide safe and competent care, and adjust to their new role. The traditional approach cannot meet these new graduate RNs’ needs because there is reduced one-on-one teaching when the patient load is divided between preceptor and preceptee. Thus, the traditional approach lacks close guidance through one-on-one preceptorship, which assists new graduate RNs as they transition from the abstract knowledge gained in nursing school to the application of that knowledge in the clinical setting. New graduate RNs’ awareness

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### TABLE 1
NEW GRADUATE REGISTERED NURSES’ PERCEPTIONS OF THE MARRIED STATE PRECEPTORSHIP MODEL (N = 108)

<table>
<thead>
<tr>
<th>Survey Question Item</th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you receive the Married State Preceptorship Model (MSPM) training?</td>
<td>107 (99.1%)</td>
<td>1 (0.9%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Is this model implemented in your one-to-one preceptorship (in the practice setting)?</td>
<td>95 (88.0%)</td>
<td>9 (8.3%)</td>
<td>4 (3.7%)</td>
</tr>
<tr>
<td>Do you think this model is beneficial to new graduate registered nurses?</td>
<td>105 (97.2%)</td>
<td>2 (1.9%)</td>
<td>1 (0.9%)</td>
</tr>
<tr>
<td>Does the MSPM promote safety?</td>
<td>107 (99.1%)</td>
<td>0 (0%)</td>
<td>1 (0.9%)</td>
</tr>
<tr>
<td>Does the MSPM prepare you to assume a full patient load safely?</td>
<td>97 (89.9%)</td>
<td>7 (6.5%)</td>
<td>4 (3.7%)</td>
</tr>
<tr>
<td>Does the MSPM fulfill your orientation needs?</td>
<td>98 (90.7%)</td>
<td>7 (6.5%)</td>
<td>3 (2.8%)</td>
</tr>
<tr>
<td>Does the MSPM lessen anxiety as you transition to the clinical setting after the orientation program?</td>
<td>100 (92.6%)</td>
<td>4 (3.7%)</td>
<td>4 (3.7%)</td>
</tr>
<tr>
<td>Would you recommend the MSPM to other new graduate registered nurses?</td>
<td>105 (97.2%)</td>
<td>2 (1.9%)</td>
<td>1 (0.9%)</td>
</tr>
</tbody>
</table>

### TABLE 2
PRECEPTORS’ PERCEPTIONS OF THE MARRIED STATE PRECEPTORSHIP MODEL (N = 100)

<table>
<thead>
<tr>
<th>Survey Question Item</th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you receive training in the Married State Preceptorship Model (MSPM)?</td>
<td>77 (77.0%)</td>
<td>23 (23.0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Do you currently implement the MSPM in the clinical area with new graduate registered nurses?</td>
<td>92 (92.0%)</td>
<td>7 (7.0%)</td>
<td>1 (1.0%)</td>
</tr>
<tr>
<td>Do you think the MSPM is beneficial to new graduate registered nurses?</td>
<td>91 (91.0%)</td>
<td>7 (7.0%)</td>
<td>2 (2.0%)</td>
</tr>
<tr>
<td>Do you think the MSPM promotes safety for patients and new graduate registered nurses?</td>
<td>97 (97.0%)</td>
<td>2 (2.0%)</td>
<td>1 (1.0%)</td>
</tr>
<tr>
<td>Do you recommend the MSPM for new graduate registered nurses’ clinical orientation?</td>
<td>90 (90.0%)</td>
<td>5 (5.0%)</td>
<td>5 (5.0%)</td>
</tr>
<tr>
<td>Do you think the MSPM meets the needs of new graduate registered nurses in their transition to the clinical area?</td>
<td>93 (93.0%)</td>
<td>3 (3.0%)</td>
<td>4 (4.0%)</td>
</tr>
<tr>
<td>Do you think the MSPM influences the retention of new graduate registered nurses?</td>
<td>86 (86.0%)</td>
<td>12 (12.0%)</td>
<td>2 (2.0%)</td>
</tr>
<tr>
<td>Do you think the MSPM boosts the confidence of new graduate registered nurses?</td>
<td>89 (89.0%)</td>
<td>6 (6.0%)</td>
<td>5 (5.0%)</td>
</tr>
<tr>
<td>Does the MSPM enhance the competency and safe practice of new graduate registered nurses?</td>
<td>90 (90.0%)</td>
<td>3 (3.0%)</td>
<td>7 (7.0%)</td>
</tr>
</tbody>
</table>
of their inadequate clinical skills affects the delivery of quality patient care, a significant risk with this approach (Boswell, Lowry, & Wilhoit, 2004). With the traditional approach, new graduate RNs are often left to provide direct patient care as their patient load increases. Another approach must be explored to meet the needs of new graduate RNs and maintain the delivery of quality patient care.

The foundational concept behind the MSPM is for new graduate RNs and preceptors to work together, side by side, and from shift to shift (Almada et al., 2004; Kramer, Lindgren, High, Ocon, & Sanchez, 2012). According to the MSPM, the preceptee takes on a full patient load with the preceptor from the beginning. The two are viewed as one. Compared with the traditional preceptorship model, with the MSPM, the task increases over time, not the patient load. Working closely together allows the preceptor to teach, coach, assess, and give learning opportunities to the preceptee while maintaining patient and preceptee safety at all times. The MSPM allows the preceptee to watch and become directly involved in the delivery of care to the patient, paying attention to the critical thinking, clinical reasoning, and judgment shown by the preceptor. The MSPM has a guideline and a time line that preceptors and preceptees can follow and that can be individualized according to the preceptee’s pace of learning. The MSPM is divided into three phases according to the 18-week time line. Phase 1, lasting 6 weeks, includes working side by side; the preceptee has specific goals to meet, especially the major nursing interventions. Phase 2, lasting 6 weeks, is when the paradigm starts to switch. The preceptor steps back and becomes the shadow, and the preceptee moves forward and starts to assume the lead role of primary nurse. During this time, the preceptee has the benefit of the preceptor’s presence to assess the competency of the preceptee. Phase 3, lasting 6 weeks, is when the preceptee assumes the patient load and the preceptor stays at the nursing station on standby for the preceptee. At this point, the preceptor allows the preceptee to gain confidence in practice, with the continued support and presence of the preceptor, before the end of the structured orientation. The result of the MSPM is the transition of a novice nurse to an advanced beginner nurse (Figure).

RESULTS
New Graduate RNs’ Perceptions of the Married State Preceptorship Model (N = 108)

Overall, new graduate RNs perceived their experiences with the MSPM as positive, as shown in Table 1. Of the participants, 97.2% (n = 105) reported that the MSPM was beneficial for new graduate RNs who are transitioning to bedside nursing. The majority also reported that the MSPM promoted safety (99.1%, n = 107). The MSPM also positively affected key components of transitioning to an independent direct patient care role, including feelings of being able to safely assume a full patient load (89.9%, n = 97) and less anxiety in moving from orientation to the clinical setting (92.6%, n = 100).

Preceptors’ Perceptions of the Married State Preceptorship Model (N = 100)

Preceptors play a valuable role in the successful orientation, transition, and retention of new graduate RNs. Therefore, preceptors’ perceptions of the MSPM can provide insight into its success. Overall, 91.0% (n = 91) of the preceptors surveyed found the MSPM to be beneficial to new graduate RNs and 90.0% (n = 90) recommended its use in the orientation process (Table 2). The preceptors’ responses regarding the ability of the MSPM to promote patient safety (97.0%, n = 97) and enhance safe practice (90.0%, n = 90) were in alignment with the responses of new graduate RNs. The preceptors also reported that the MSPM meets the needs of new graduate RNs in transitioning to the bedside (93.0%, n = 93), influences the retention of new graduate RNs (86.0%, n = 86), and increases the confidence of new graduate RNs (89.0%, n = 89).

Data collected on first-year turnover rates for cohorts 1 and 2 before implementation of the MSPM (n = 135) and for the current cohort 10 (n = 108) were compared with SPSS version 9.0. The turnover rate decreased significantly to 2.6% for cohort 10 versus 12.0% for cohort 1 (χ² 1df = 7.47; p < .05) and 25.7% for cohort 2 (χ² 1df = 19.84; p < .05).

Emerging Themes From Focus Groups (N = 15)

Qualitative analysis with the use of NVivo 9.0 for word frequencies and content analysis by the research team showed four emerging themes: partnership, criti-
cal thinking, learning, and transition (Sidebar 2). In response to focus group questions on new graduate RNs’ description of the MSPM, responses included comments on partnership and the concept of togetherness, such as “being together every step of the way” and “I’m overwhelmed as a new nurse, and I have somebody that I can rely on.” These quotes exemplified the perceived support that new graduate RNs receive from their preceptors. The MSPM facilitated new graduate RNs’ learning through feedback, as indicated by the following comments: “[My] preceptor knows my strengths and weaknesses and helps me develop my weaknesses”; and “I could go to my preceptor to get feedback.” The critical thinking skills needed by new graduate RNs to provide safe and competent care at the bedside are illustrated by the following comments: “While I’m doing certain [tasks], my preceptor asks why I’m doing them and if I know how to do them” and “I can put that puzzle together . . . .” Acquired knowledge, skills, and behavior
help new graduate RNs to transition to the bedside, but confidence in their ability to function independently ultimately determines the success of their transition. Comments on the effect of the MSPM on graduate RNs’ transition to practice included the following: “Transitioning from graduate nurse to a full practicing individual in the profession, it strengthens me; it’s kind of a safety net”; and “It builds that confidence; it’s not 100%, but it gives me enough to say I’m comfortable doing this . . .”.

In addition to the emerging themes, new graduate RNs also reflected on important issues that the MSPM supports. New graduate RNs reported a greater sense of safety in practicing nursing with the benefit of one-on-one preceptoring: “There is someone there . . . you are safer . . . you get to learn the right way”; and “MSPM gives you that safe zone . . . time to grow and develop.” In addition, reflection on the foundation of the MSPM led to the following comment: “It is like a child learning to walk. When the child gets up to walk and looks at the mother, the child has the confidence to keep walking”; and “Transitioning within the MSPM concept is like riding a bike. First you have to use training wheels. You have the preceptor holding the bike behind you. Little by little, she takes the wheels off, but she is still holding you from behind until you are on your own.” Thus, through learning and the support provided by the MSPM, the new graduate RNs felt greater ease in their transition to professional practice.

**DISCUSSION**

Evidence has shown that there is a gap in the transition of new graduate RNs from education to practice. This gap must be addressed by health care organizations if they are to provide safe and quality patient care. The Future of Nursing (Shalala et al., 2010) recommendation for implementation of a residency training program is the current solution to the ever-growing concern of a disconnect between the academic preparation of new graduate RNs and the demands of practice. Implementation of a residency training program involves the creation of a sustainable preceptorship program to stabilize and retain a quality nursing work force. The study showed that the MSPM, which uses one-on-one preceptoring, meets the needs of new graduate RNs in the following areas:

**Retention:** The growing demand for competent direct care nurses to work at the bedside as soon as possible has created an increasingly shortened orientation period. This has led to higher levels of stress and lower confidence levels in new graduate RNs as they attempt to bridge the gap between academic theory and applied clinical practice. The result is turnover of newly hired nurses because of current orientation practices, which often lack structure, a sufficient number of preceptors, and a clear focus (Hillman & Foster, 2011).

**Safety:** Nurses are responsible for the delivery of care at the bedside. With the MSPM, preceptors collaborate with new graduate RNs to help them achieve competency. The result is competent nurses who deliver care that is ethical, caring, and safe (Wolff, Regan, Pesut, & Black, 2010).

**Less anxiety:** Factors identified in nurses’ turnover include the complexity of bedside care and the gap between the educational preparation of nurses and the demands of the practice setting (Ostini & Bonner, 2012). The MSPM addresses the needs of new graduate RNs, preparing them for the reality of the practice setting as they deliver patient care at the bedside with their preceptors. This approach provides new graduate RNs with ample learning opportunities to minimize their anxiety as they become independent practitioners.

**Preparation:** The MSPM prepares new graduate RNs to assume a full patient load (Almada et al., 2004). The high turnover rate of new graduate RNs can be attributed to multiple factors, including the shortened orientation process, which affects the clinical exposure of new graduate RNs in assuming a full patient load.

**Competency:** Benner’s model hypothesized that the transition to the practice setting occurs as nurses progress into their new role (Sportsman, 2010). As postulated by The Future of Nursing report (Shalala et al., 2010), the complexity of providing care at the bedside with limited orientation calls for a structured orientation program that includes a residency component to help new graduate RNs become safe and competent practitioners.

**Confidence:** Ulrich et al. (2010) stated that competency and confidence co-function and build on each other. The delivery of quality patient care and safe practice is the ultimate goal of health care organizations globally.

**Benefits to new graduate RNs:** New graduate RNs have specific needs, as noted throughout the literature (Baxter, 2010; Dyress & Sherman, 2009; Orsini, 2005). New graduate RNs experience reality shock in the practice setting, where they often feel overworked, find themselves working on understaffed units, and feel as if they are set up to fail as a result of lack of resources such as equipment and clinical instructors to monitor students (Hinton & Chirgwin, 2010). This creates serious concerns for new graduate RNs. The MSPM, through a dedicated preceptor, provides consistency to the new graduate RNs and supports the development of competency in patient care.

**Chaotic bedside setting:** Patient acuity, reduced hospital stays, staffing shortages, and advances in technology (Mariani, 2012) all contribute to shortened ori-
key points

New Graduates

1 Because the turnover rates of new graduate registered nurses (RNs) continue to be high during the first year of clinical practice, it is imperative that residency programs that reduce the difficulty of transition be implemented.

2 Although the traditional preceptor model has been the cornerstone of precepting new graduate RNs, it lacks close guidance, and as a result, new graduate RNs provide less competent direct patient care and feel that their clinical skills are inadequate.

3 The Married State Preceptorship Model is an individualized learning plan that addresses the unique needs of new graduate RNs. The MSPM is a major component of basic preceptor training. In this study, it was not determined whether the preceptor participants had attended the basic preceptor class and observational data regarding the application of the MSPM in the practice setting were not included. These factors could have influenced the results. This study used a convenience sampling method and a descriptive design, limiting the ability of the results to be generalized. Although first-year turnover rates for new graduate RNs may be affected by several factors, the descriptive data collected and analyzed in this study show the positive effect of the MSPM on new graduate RNs. In addition, the overall objective of the study was to describe participants’ experiences and perceptions regarding the MSPM. This study achieved a 100% response rate. The survey identified the perceptions of preceptors and new graduate RNs, and the focus groups provided in-depth examples.

CONCLUSION

The MSPM is an effective way to transition new graduate RNs to the clinical setting. It helps to increase both new graduate RNs’ and nurse preceptors’ perceptions of safe patient care while reducing new graduate RNs’ anxiety about practicing independently. A preceptor program that includes the MSPM in the practice setting during the nurse residency program helps to retain both new graduate RNs and experienced nurses. The MSPM also helps to support positive relationships between new graduate RNs and their preceptors. Furthermore, the MSPM is an ideal precepting approach in a nurse residency program because it addresses the unique needs of new graduate RNs. The MSPM can be included in continuing nursing education. Both new graduate RNs and experienced nurses, especially preceptors, can learn from and incorporate the foundation of the MSPM into practice to maintain a safe clinical environment.

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