

The Role of Preceptorship and Group Cohesion on Newly Licensed Registered Nurses' Satisfaction and Intent to Stay

Sarah Bontrager, MSN, RN; Patricia L. Hart, PhD, RN; and Nicole Mareno, PhD, RN

abstract

Background: Thirteen percent of newly licensed registered nurses (NLRNs) vacate their first job after 1 year, and 37% report that they feel ready to change jobs. Turnover can lead to consistent and detrimental nursing shortages in nursing units, as well as increased costs for health care systems.

Method: A descriptive, prospective, cross-sectional design was used to understand how preceptor role effectiveness and group cohesion affect NLRNs' satisfaction and intent to stay.

Results: NLRNs reported high levels of perceived preceptor role effectiveness, group cohesion, and job satisfaction, with only moderate levels of intent to stay. Statistically significant relationships were found among preceptor role effectiveness, job satisfaction, and intent to stay, as well as among group cohesion, job satisfaction, and intent to stay. Preceptor role effectiveness and group cohesion are predictors of NLRNs' level of job satisfaction. Job satisfaction is a predictor of NLRNs' intent to stay.

Conclusion: Effective preceptors and positive group cohesion are factors that are important to NLRNs' job satisfaction and intent to stay.

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One of the latest tools in combating the nursing shortage has been to refocus on nursing retention, especially in regard to the newly licensed registered nurse (NLRN). NLRN retention ensures a nursing workforce with the longevity to outlast the latest wave of nursing shortages. Although the NLRN residency process has been demonstrated to be effective in increasing nurse

retention and job satisfaction (Hillman & Foster, 2011), more research is needed to determine the factors that influence NLRNs' job satisfaction and intent to stay.

With the nursing shortage potentially causing health care systems to be 500,000 nurses short by 2025 (Zinn, Gugliemi, Davis, & Moses, 2012), every effort should be made to hire and retain NLRNs. Tremendous amounts of resources are spent on NLRNs to ease their transition to practice, with the orientation cost estimated to be between \$22,000 and \$64,000 for every nurse, regardless of previous health care experience (Jones & Gates, 2007).

By studying the roles of effective preceptors and group cohesion from the NLRN's perspective, one can begin to understand their influence on job satisfaction and intent to stay. With an increased focus on preceptor role effectiveness and group cohesion, the implications of a more supportive transition environment can be uncovered.

LITERATURE REVIEW

NLRN job satisfaction and intent to stay are influenced by many factors, with two key factors being the role of the preceptor (Forneris & Peden-McAlpine, 2009; Luhanga, Dickieson, & Mossey, 2010; Raines & Lynn, 2009; Spiva et al. 2013) and group cohesion (Li, Early, Mahrer, Klaristenfeld, & Gold, 2014; Martin & Wilson, 2011; Phillips, Kenny, Esterman, & Smith, 2014).

Ms. Bontrager is Educator, Clinical Onboarding, WellStar Health System, Dr. Hart is Associate Professor of Nursing, and Dr. Mareno is Associate Professor of Nursing, Kennesaw State University, WellStar School of Nursing, Atlanta, Georgia.

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Address correspondence to Sarah Bontrager, MSN, RN, Educator, Clinical Onboarding, WellStar Health System, 2000 South Park Place, Atlanta, GA 30339; e-mail: Sarah.Bontrager@wellstar.org.

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The first influencing factor, preceptor role effectiveness, is defined as a combination of elements that enhance the orientation experience and foster an NLRN's successful transition to practice (Luhanga et al., 2010). Fostering successful transition to practice requires that preceptors help to cultivate NLRNs' critical thinking skills (Forneris & Peden-McAlpine, 2009). Preceptors who exhibit caring behaviors, including respect for others, mutual trust, and transformative relationships, are more effective in creating a positive environment for NLRNs in which to flourish and develop the critical thinking skills necessary for competent nursing practice (Raines & Lynn, 2009). Preceptors who provide a satisfactory experience for NLRNs help to enhance the orientation process, thus increasing the likelihood that the NLRN will successfully transition into independent practice (Spiva et al., 2013).

Preceptor support has a positive effect on NLRNs' job satisfaction (Giallonardo, Wong, & Iwasiw, 2010). Structured internships or residency programs, which are more robust orientation experiences, can positively contribute to NLRNs' job satisfaction by empowering NLRNs to develop the knowledge, skills, and confidence to practice independently (Glynn & Silva, 2013). In addition to having a positive effect on NLRN job satisfaction, internship and residency programs are effective in reducing turnover and increasing an NLRN's intent to stay (Trepanier, Early, Ulrich, & Cherry, 2012).

Group cohesion in the workplace is another factor influencing NLRN job satisfaction and intent to stay. Group cohesion is vital for work-life balance, and it plays an important role in helping NLRNs adapt to the culture of nursing (Martin & Wilson, 2011). The ability of new nurses to develop positive relationships with coworkers and feel accepted in the work environment is crucial for a successful transition to practice (Martin & Wilson, 2011; Phillips et al., 2014). Group cohesion has been found to effectively protect NLRNs from negative factors such as burnout and compassion fatigue (Li et al., 2014).

A supportive work environment that increases an NLRN's feelings of empowerment and work engagement has a positive effect on NLRN job satisfaction (Laschinger, 2012). Improved job satisfaction and enhancement of nurses' organizational commitment can positively sway NLRNs' turnover intentions (Brewer, Kovner, Greene, Tukov-Shuser, & Djukic, 2012). Conversely, group cohesion factors, including work-related bullying and burnout, negatively affect NLRNs' job satisfaction (Laschinger, 2012). NLRNs' intent to stay can also be negatively impacted by problematic workplace environment issues including mandatory overtime, dif-

ficult working conditions, job strain, high patient loads, lack of support, and reward imbalance (Kovner, Brewer, Greene, & Fairchild, 2009; Lavoie-Tremblay, O'Brien-Pallas, Gélinas, Desforges, & Marchionni, 2008).

Preceptor effectiveness and group cohesion have been studied as independent factors impacting NLRN job satisfaction and intent to stay. To date, no studies could be found that have examined the relationships among the factors. The current study seeks to fill this gap, providing further evidence to help improve NLRN job satisfaction and intent to stay.

PURPOSE

The study purpose was to understand how preceptor role effectiveness and group cohesion play a role in nursing satisfaction and intent to stay among NLRNs. The research questions guiding the study were:

- What were the relationships among preceptor role effectiveness, group cohesion, and job satisfaction among NLRNs?
- What were the relationships among preceptor role effectiveness, group cohesion, job satisfaction, and intent to stay among NLRNs?

METHOD

Design, Sample, and Setting

A quantitative, cross-sectional, descriptive design was used. A convenience sample of NLRNs attending a residency program from a regional, multihospital, community health care system was recruited. Inclusion criteria were nurses (a) in their first year of practice, (b) enrolled in a residency program, (c) who practiced within the hospital setting, (d) who spoke and read English, and (e) were age 18 years or older. On the basis of a power analysis with a power of .80, an alpha of .05, and an effect size of .30, 84 NLRNs were needed for the sample (Faul, Erdfelder, Buchner, & Lang, 2009).

Instruments

A researcher-designed (S.B.) demographic questionnaire, the Preceptor Role Effectiveness Scale (PRES; Rauen, 1974), the Group Cohesion Scale (GCS; Hinshaw & Atwood, 1983), the Nurse Job Satisfaction Scale (NJS; Hinshaw & Atwood, 1983), and the Intent to Stay Scale (ITS; Kim, Price, Mueller, & Watson, 1996) were used. Permission to use all instruments was obtained. The researcher-designed demographic questionnaire included questions about age, gender, race, months of practice, employment area, shift type, and whether this was the NLRN's first health care position.

The PRES. With permission from Rauen (1974), the researchers modified the Clinical Instructor Ranking

Scale to create the PRES, which was used to measure preceptor role effectiveness. The only change to the questionnaire was replacement of the phrase *clinical instructor* for the word *preceptor*. The 18-item instrument was scored on a 4-point Likert scale from 1 (*strongly disagree*) to 4 (*strongly agree*). A total score was calculated by summing all responses. The possible score range was 18 to 72, with higher scores indicating higher preceptor role effectiveness. Content validity was established through literature review and subject matter experts (Rauen, 1974). Rauen established test-retest reliability with a Spearman-Brown (S-B) prophecy formula, yielding a .75 reliability coefficient.

The GCS. The 6-item GCS (Hinshaw & Atwood, 1983) was scored on a 7-point Likert scale from 1 (*dislike it very much, very much below average*) to 7 (*like it very much, very much above average*) to measure group cohesion. The possible score range was 6 to 42, with higher scores indicating a higher level of group cohesion. Hinshaw and Atwood (1983) established construct validity using principal component factor analysis and predictive modeling. Cronbach's alpha coefficient was reported as .81 (Hinshaw & Atwood, 1983).

The NJS. The 23-item NJS was scored on a 5-point Likert scale from 1 (*strongly disagree*) to 5 (*strongly agree*), with higher scores indicating higher job satisfaction (Hinshaw & Atwood, 1983). The maximum obtainable score was 115. The NJS consists of three subscales: Time to Do One's Job (5 items), Enjoyment (11 items), and Quality of Care (7 items). The Time to Do One's Job subscale measures nurses' perceptions of having adequate time to complete required nursing care tasks within their shifts. The Enjoyment subscale measures nurses' perceptions of satisfaction doing their jobs. The Quality of Care subscale measures nurses' perceptions of being satisfied with the care provided to patients. As the researchers were interested only in measuring total job satisfaction, only the total NJS score was used in this study. Construct validity was established using factor analysis, convergent and discriminant estimates, and predictive modeling (Hinshaw & Atwood, 1983; Hinshaw, Scofield, & Atwood, 1981). Cronbach's alpha coefficients ranged from .76 for Time to Do One's Job, .85 for Enjoyment, and .77 for Quality of Care. The overall internal consistency reliability was .88 (Hinshaw & Atwood, 1983).

The ITS. The 4-item ITS was scored on a 5-point Likert scale from 1 (*strongly disagree*) to 5 (*strongly agree*), with higher scores indicating higher intent to stay at the current place of employment (Kim et al., 1996). A mean score was obtained by averaging the responses. Reverse scoring was conducted on the two negatively stated items. Construct validity was established with factor

analysis, resulting in a one-factor solution (Price & Kim, 1993). Cronbach's alpha coefficient was reported as .85 (Kim et al., 1996).

Protection of Human Subjects

Ethical approval was obtained from the health care system's nursing research committee and the university's institutional review board. An informed consent was presented to the NLRNs to explain the purpose of the research study. Consent was implied by completion of the surveys.

Data Collection Procedure

Two methods were used for data collection. First, participants were recruited from monthly residency classes. Data were collected through an online survey process using SurveyMonkey®. The researcher (S.B.) provided information to the participants about the research study and provided the link to the SurveyMonkey questionnaire during class time.

The second method was a scripted e-mail with study details sent by the residency program manager to NLRNs who did not attend the classes. An explanation of the research study, information about the researcher, and the survey link were included. Two weeks later, a second e-mail was sent to the NLRNs as a follow-up reminder.

Data Analysis Plan

Descriptive and inferential statistics were analyzed using SPSS® for Windows version 21.0 software. Descriptive statistics (frequencies, percentages, means, and standard deviations) were performed to describe the sample characteristics and NLRNs' perceived preceptor role effectiveness, group cohesion, job satisfaction, and intent to stay. Cronbach's alpha coefficients were calculated to determine internal consistency reliability of the PRES, the GCS, the NJS, and the ITS. Correlational analyses were conducted to examine the relationships between preceptor role effectiveness, group cohesion, job satisfaction, and intent to stay. A stepwise multiple regression analysis was conducted to determine whether preceptor role effectiveness and group cohesion were predictors of job satisfaction. Finally, a stepwise multiple regression analysis was conducted to determine whether preceptor role effectiveness, group cohesion, and job satisfaction were predictors of intent to stay. An alpha value of $\leq .05$ was considered statistically significant.

RESULTS

Sample

Of 210 NLRNs solicited for survey completion, 84 responded, yielding a response rate of 40%.

TABLE 1

DEMOGRAPHIC CHARACTERISTICS OF NEWLY LICENSED REGISTERED NURSES INCLUDED IN THE STUDY SAMPLE (N = 84)

Characteristic	<i>M</i>	<i>SD</i>
Age	28.03	6.94
Months licensed	7.43	4.88
	<i>n</i>	%
Gender		
Male	5	6
Female	78	92.9
Missing	1	1.2
Race		
Asian/Pacific Islander	6	7.1
Black/African American	15	17.9
Hispanic/Latino	3	3.6
White/Caucasian	56	66.7
Other	3	3.6
Missing	1	1.2
Practice area		
Acute care	45	53.6
Critical care	19	22.6
Women's services	6	7.1
Emergency department	11	13.1
Other	3	3.6
Shift		
7 AM to 7 PM	29	34.5
7 PM to 7 AM	47	56
Other	7	8.3
Missing	1	1.2
Prelicensure health care experience		
No	32	38.1
Yes	52	61.9

Note. Some percentages may not equal 100 due to rounding.

TABLE 2

CORRELATION MATRIX AMONG THE PRES, GCS, NJS, AND ITS (N = 84)

	PRES	GCS	NJS	ITS
PRES	1	0.140	0.277*	0.262*
GCS		1	0.569**	0.553**
NJS			1	0.755**
ITS				1

Note. PRES = Preceptor Role Effectiveness Scale; GCS = Group Cohesion Scale; NJS = Nurse Job Satisfaction Scale; ITS = Intent to Stay Scale.

* $p = .05$; ** $p = .01$.

Research Question One

Research question one examined the relationships between preceptor role effectiveness, group cohesion, and job satisfaction among NLRNs. The potential score range for the PRES was 18 to 72. NLRNs scores ranged from 18 to 72, with a mean of 65.37 ($SD = 9.38$), indicating a perceived high level of preceptor role effectiveness.

The potential score range for the GCS was 6 to 42. NLRNs scores ranged from 15 to 42, with a mean of 32.8 ($SD = 6.67$), indicating a perceived high level of group cohesion.

The potential score range for the total NJS was 23 to 115. NLRNs scores for the total NJS ranged from 36 to 105, with a mean score of 80.62 ($SD = 13.91$), indicating a perceived high level of job satisfaction.

The potential score range for the ITS was 1 to 5. NLRNs scores ranged from 1 to 5, with a mean of 3.3 ($SD = 1.1$), indicating a perceived moderate level of intent to stay.

A statistically significant relationship was found between preceptor role effectiveness and job satisfaction (Table 2). Preceptor role effectiveness had a low, positive relationship with job satisfaction.

No statistically significant relationship was found between preceptor role effectiveness and group cohesion. A statistically significant relationship was found between group cohesion and job satisfaction. Group cohesion had a moderate, positive relationship with job satisfaction.

A stepwise multiple regression analysis explored the potential relationships between the independent variables—preceptor role effectiveness and group cohesion—and the dependent variable—job satisfaction. Group cohesion entered the equation first, and preceptor role effectiveness entered at step two. A two-factor model was generated that was statistically significant. The model accounted for 35.2% of the variance in NLRNs'

Table 1 provides detailed demographic characteristics of the sample.

Instrument Reliability

The Cronbach's alpha reliability coefficients were .97 for the PRES and .92 for the GCS. The Cronbach's alpha reliability coefficient was .92 for the NJS, and .92 for the ITS. The results indicated that all four scales and the NJS subscales demonstrated moderate to high internal consistency reliability.

TABLE 3 STEPWISE MULTIPLE REGRESSION EXAMINING THE RELATIONSHIP AMONG PRECEPTOR ROLE EFFECTIVENESS, GROUP COHESION, AND JOB SATISFACTION IN NEWLY LICENSED REGISTERED NURSES (N = 84)				
Step	Regression Variable	Model		
		B	SE B	β
Step 1	Group cohesion	1.2	.195	.569**
Step 2	Preceptor role ef- fectiveness	.313	.134	.212*
Step 1	R ²		.323	
	Adjusted R ²		.315	
	R ² change		.323	
	F		37.77**	
Step 2	R ²		.368	
	Adjusted R ²		.352	
	R ² change		.044	
	F		22.69**	

* $p < .05$; ** $p < .01$.

job satisfaction. Both preceptor role effectiveness and group cohesion were significant predictors of NLRNs' job satisfaction. Group cohesion accounted for 31.5% and preceptor role effectiveness accounted for 3.7% of the variance in NLRNs' job satisfaction (Table 3).

Research Question Two

Research question two examined the relationships among preceptor role effectiveness, group cohesion, job satisfaction, and intent to stay among NLRNs. A statistically significant relationship was found between preceptor role effectiveness and intent to stay (Table 2). Preceptor role effectiveness had a low, positive relationship with intent to stay. A statistically significant relationship was found between group cohesion and intent to stay. Group cohesion had a moderate, positive relationship with intent to stay.

A stepwise multiple regression analysis explored the potential relationships between the independent variables—preceptor role effectiveness, group cohesion, and job satisfaction—and the dependent variable—intent to stay. A one-factor model was generated that was statistically significant. The model accounted for 56.5% of the variance in NLRNs' intent to stay. Job satisfaction was the only predictor variable of NLRNs' intent to stay (Table 4).

TABLE 4 STEPWISE MULTIPLE REGRESSION EXAMINING THE RELATIONSHIPS AMONG PRECEPTOR ROLE EFFECTIVENESS, GROUP COHESION, JOB SATISFACTION, AND INTENT TO STAY IN NEWLY LICENSED REGISTERED NURSES ^a (N = 84)			
Regression Variable	Model		
	B	SE B	β
Job satisfaction	.057	.066	.755**
R ²		.571	
Adjusted R ²		.565	
R ² change		.571	
F		104.97**	

^a Excluded variables were preceptor role effectiveness and group cohesion.
* $p < .05$; ** $p < .01$.

DISCUSSION

In this study, preceptor role effectiveness and group cohesion were significant predictors of job satisfaction among NLRNs. As perceived levels of preceptor role effectiveness and group cohesion increased, NLRNs' perceived levels of job satisfaction and intent to stay increased. Previous researchers (Cowden & Cummings, 2012; Cowden, Cummings, & Profetto-McGrath, 2011; Tourangeau & Cranley, 2006) have found that job satisfaction acts as an intervening variable when examining the outcome variable of intent to stay. Preceptor role effectiveness (Glynn & Silva, 2013; Haggerty, Holloway, & Wilson, 2013; Laschinger, 2012; Luhanga et al., 2010; Spiva et al. 2013) and group cohesion (Feng & Tsai, 2012; Li et al., 2014; Malouf & West, 2011; Martin & Wilson, 2011; Phillips et al., 2014) play an important role in job satisfaction of NLRNs during the initial transition to practice.

An effective preceptor ensures a quality orientation and may help to socialize an NLRN to become a productive team member (Luhanga et al., 2010). In addition, a critical role for preceptors is to promote the growth of critical thinking skills within the NLRN (Forneris & Peden-McAlpine, 2009). Effective preceptors are instrumental in building respect and mutual trust in transformative relationships with NLRNs to promote a supportive transitional environment to nursing practice (Raines & Lynn, 2009). One NLRN in this study articulated this viewpoint:

[I] love my preceptor. She helps me to be independent and asks questions that I don't always already know the

answer to, which is a good thing. The questions she asks gives me a basis for the types of questions I should be asking myself.

Positive outcomes from satisfactory preceptorships have been found to include open and constructive communication and feedback and enhanced confidence in building independent practice (Spiva et al., 2013). In contrast, negative outcomes from unsatisfactory preceptorships can result in increased anxiety on the job, inconsistent feedback, inappropriate correction methods, and decreased supervision during needed instruction times (Spiva et al., 2013). One NLRN shared this viewpoint of her preceptor:

The preceptor is what makes the job. Without such an amazing preceptor, I would not have the same outlook on this facility or my job. I love what I do and where I am at because she made learning easy and I feel comfortable with the people I work with.

An effective preceptor is key to the successful assimilation of the NLRN into the role of a professional nurse (Haggerty et al., 2013). Staff development professionals can be instrumental in facilitating effective preceptor education and preparation (e.g., American Association of Critical-Care Nurses [2014] *Preceptor Challenge*) to help create a positive preceptorship experience for all parties.

Group cohesion has been identified as an important factor in job satisfaction (Li et al., 2014; Lynn & Redman, 2005). When group cohesion is viewed positively in the work environment, higher levels of job satisfaction have been reported (Hayes et al., 2006; Tourangeau & Cranley, 2006). Because the cohesion of a group is vital for work-life balance, understanding and constantly striving to enhance the group environment to be conducive to the new nurse is a critical role of nursing leaders. NLRNs' fear of fitting in can affect their perceptions of group cohesion (Malouf & West, 2011). A sense of belonging and positive feelings of fitting in or being an insider protects the NLRN from negative factors such as burnout, stress, and anxiety (Feng & Tsai, 2012; Li et al., 2014).

A supportive work environment can assist NLRNs in overcoming feelings of frustration and an inability to cope independently in practice during the initial transition to practice. Martin and Wilson (2011) stressed the importance that group cohesion plays in the adaptation of NLRNs to the culture of nursing. For NLRNs to successfully adapt to the practice environment, supportive and positive relationships with coworkers are essential. An NLRN's feeling of being valued by his or her coworkers and acceptance into the work environment is

crucial in a successful transition, job satisfaction, and intent to stay (Phillips et al., 2014).

Finally, findings from this study supported that job satisfaction was a significant predictor of the outcome variable intent to stay. Job satisfaction accounted for 56.5% of the variance in NLRNs' intent to stay. This finding is similar to other research findings (Coomber & Barriball, 2007; Gregory, Way, LeFort, Barrett, & Parfrey, 2007; Lynn & Redman, 2005; Ma, Yang, Lee, & Chang, 2009; McCarthy, Tyrrell, & Lehane, 2007; Tourangeau & Cranley, 2006). Nurses' increased intentions to leave a job have been linked to lower job satisfaction (Coomber & Barriball, 2007; Ma et al., 2009). Therefore, nurses who are more satisfied are less likely to leave their current jobs (Lynn & Redman, 2005).

NLRNs' intent to stay can be negatively impacted by problematic workplace environment issues, including mandatory overtime, difficult working conditions, job strain, high patient loads, lack of support, and reward imbalance (Kovner et al., 2009; Lavoie-Tremblay et al., 2008). Kovner et al. (2007) reported that 13% of NLRNs had vacated their first job after 1 year, and 37% reported that they felt ready to change jobs.

Nurse leaders and educators need to examine the strategies that support NLRNs' transition to practice that promote increased job satisfaction to reduce NLRN turnover rates. The use of nurse residency programs is one effective approach in increasing NLRN job satisfaction and retention (Hillman & Foster, 2011). An effective nurse residency program allows for low-pressure NLRN education, with the ability for the NLRN to network with others on patient and work-life experiences. Another strategy nursing leaders and educators can implement is a formal mentorship program. A formal mentorship program may aid in easing the transition to practice for the NLRN while providing a formal support structure. Benefits of formal mentorship programs have been reported to include increased job satisfaction and intent to stay in NLRNs (Mills & Mullins, 2008).

LIMITATIONS

The cross-sectional nature of the data collection design limited the ability to examine changes in the NLRN during the orientation period. A repeated measures design would provide the researcher with insight into the possible changing opinions of the NLRN during the different phases of orientation and beyond.

Another study limitation was the inability to conduct this survey beyond one health care system. Although the data collected from one system may effectively mimic results from other settings, more widespread surveying would increase the generalizability of the findings.

key points

Preceptorship and Intent to Stay

Bontrager, S., Hart, P.L., Mareno, N. (2016). **The Role of Preceptorship and Group Cohesion on Newly Licensed Registered Nurses' Satisfaction and Intent to Stay.** *The Journal of Continuing Education in Nursing*, 47(3), 132-139.

- 1 Transition into practice for newly licensed registered nurses (NLRNs) can be both a rewarding and a challenging experience.
- 2 Preceptor role effectiveness and group cohesion are significant predictors of NLRNs' job satisfaction. Job satisfaction is a significant predictor of NLRNs' intent to stay.
- 3 An important role for nursing leaders and educators is to identify successful strategies to ease the transition to practice for NLRNs.

CONCLUSION

The goal of this study was to examine NLRNs' perceived levels and relationships among preceptor role effectiveness, group cohesion, job satisfaction, and intent to stay. NLRNs perceived high levels of preceptor role effectiveness, group cohesion, and job satisfaction, but only moderate levels of intent to stay. Effective preceptors and positive group cohesion are factors that are important to NLRNs' job satisfaction. Job satisfaction is a predictor of NLRNs' intent to stay. An important role for nursing leaders and educators is to identify successful transition strategies for NLRNs to enhance job satisfaction and intent to stay.

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