

# Proceedings of the Western "Starting Out" New Graduate Nurse Colloquium

October 21, 2015

Connecting Leadership, Education and Research (CLEAR)  
Outcomes Research Program

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**CLEAR OUTCOMES**  
*Connecting Leadership, Education & Research*



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The Western "Starting Out" Colloquium was organized by the following CLEAR Outcomes Research Program Staff and Research Assistants:

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Sarah Hewko

Catherine Sauve

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## Overview

On October 21<sup>st</sup>, 2015, the Connecting Leadership, Education and Research (CLEAR) program held The Western “STARTING Out” New Graduate Nurse Colloquium in Edmonton, Alberta. Over 45 researchers, health administrators, nurse educators, graduate students and undergraduate students attended. Our aims were to:

- I. Disseminate research findings related to new graduate nurse (NGN) transitions, with a specific focus on findings from Western Canada, and;
- II. Share information and ideas among a diverse group of stakeholders with an interest in new graduate transitions.

## Speakers

*Dr. Tracy Cowden, RN, PhD*  
Alberta Health Services

*Lisa Sorenson, RN, BScN, MHST*  
Royal Alexandra Hospital

*Dr. Greta Cummings, RN, PhD, FCAHS, FAAN*  
University of Alberta

*Dr. Christy Raymond-Seniuk, RN, BScN, PhD*  
Alberta Nursing Education Administrators

*Linda Dempster, RN, BScN, MA*  
Alberta Health Services

*Mary-Anne Robinson, RN, BN, MSA*  
College and Association of Registered Nurses of Alberta

*Dr. Valerie Grdisa, RN, PhD*  
Alberta Health

*Dr. Kathy Rush, RN, PhD*  
University of British Columbia - Okanagan

*Sarah Hewko, RD, MHA*  
University of Alberta

## Opening Remarks

*Dr. Valerie Grdisa*

Dr. Grdisa opened the day by noting that Alberta Health is seeking to enhance application of evidence to policy development, improve upon workforce data collection and facilitate cross-collaboration among nurse executives through the establishment of a Nursing Leadership Network. She also emphasized Alberta Health’s interest in patient outcomes and encouraged participants to consider, throughout the day’s program, how improving NGN transition from student to professional could impact patient-level outcomes.

# STARTING Out

## Successful Transition and Retention in New Graduate Nurses

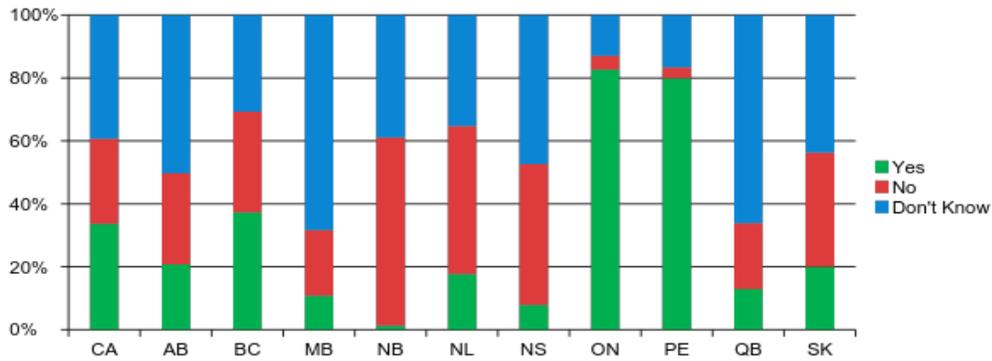
Spence Laschinger HK, Cummings GG, Leiter M, Wong C, Macphee M, Ritchie J, Wolff A, Regan S, Rhéaume-Brüning A, Jeffs L, Young-Ritchie C, Grinspun D, Gurnham ME, Foster B, Huckstep S, Ruffolo M, Shamian J, Burkoski V, Wood K, Read E. (2016). Starting Out: A time-lagged survey of new graduate nurses' transition to practice. *International Journal of Nursing Studies*. 57, 82-95.

### Quantitative Findings

*Dr. Greta Cummings*

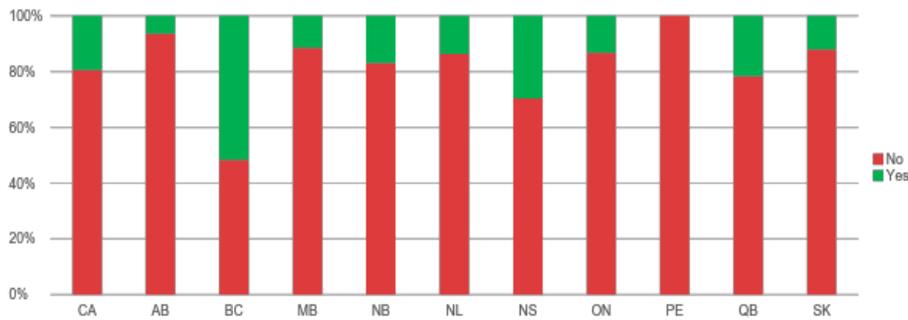
NGNs are registered nurses who have completed baccalaureate education and are within their first 2 years of practice. Across the country, over 1,000 NGNs completed surveys describing their first 2 years of practice experience. Nationally, practice support, person-job fit, new graduate support and psychological capital all positively predicted both career and job satisfaction among NGNs. Meanwhile, emotional exhaustion, cynicism and interpersonal strain negatively predicted both career and job satisfaction. Overall, NGNs were positive about work experiences, committed to nursing and in good health. However, worrying rates of burnout and workplace mistreatment indicate more work remains to be done to improve NGN working conditions.

In some cases, Alberta-specific findings differed significantly from national results. For example, NGNs in Alberta were more likely to have four or more preceptors than NGNs in other provinces. Alberta NGNs reported slightly lower overall health than the national average and reported slightly higher levels of emotional exhaustion, work-related negative acts, occupational burden and work interference with personal life. NGNs in Alberta worked a slightly lower number of hours each week and reported slightly lower evaluation scores for their orientation programs than the national average.



**Provincial Employment Programs**

Does your province provide access to a program that helps new grads secure employment?



**Additional Orientation**

Participation in formal post-orientation program beyond the usual program

# Qualitative Findings

*Sarah Hewko*

Through focus groups, NGNs described worklife experiences in the first 2 years of practice and unit-level nurse leaders described new graduate transitions. Overall, themes identified were consistent across provinces. The presence of formal mentorship programs for NGNs was more commonly reported in Québec and Ontario. Consistently, NGNs reported that in their first few months as a nurse, they felt anxious, overwhelmed, vulnerable and excited. Responses were mixed when NGNs were asked if they had considered leaving the profession; some had never considered it, some had briefly considered it following a “bad” shift and others had or were still considering leaving the profession.

<b>Factors Facilitating Transitions</b> <i>reported both by NGNs and nurse leaders</i>	<b>Factors Impeding Transitions</b> <i>reported by NGNs</i>	<b>Common Challenges</b> <i>reported by nurse leaders</i>
<ul style="list-style-type: none"> <li>❖ Mentor/mentorship programs</li> <li>❖ Regular constructive feedback</li> <li>❖ Reasonable workload</li> <li>❖ Supportive and safe work environments</li> </ul>	<ul style="list-style-type: none"> <li>❖ Heavy workload</li> <li>❖ Change in preceptor during orientation</li> <li>❖ Precarious employment (i.e. casual, temporary)</li> <li>❖ High turnover</li> <li>❖ Incivility/bullying</li> <li>❖ Lack of confidence</li> </ul>	<ul style="list-style-type: none"> <li>❖ Concrete thinking/task focus</li> <li>❖ Difficulty adapting to different units and patients</li> <li>❖ Anxiety about performance</li> <li>❖ Lack of hands-on experience</li> <li>❖ Time management/organization</li> </ul>

When asked what they would want decision-makers to know about supporting new graduates, NGNs and nurse leaders said:

1. Government and employers should be encouraged to formally invest in mentorships and supports for NGNs.
2. Schools of nursing should be encouraged to enhance and/or expand on opportunities for practice-based experiences in preparatory training
3. Professional associations and unions should be encouraged to visibly augment their role in NGN transitions
4. Employers should be encouraged to facilitate NGNs securing full-time positions. Students frequently desire or request casual or part-time positions; however, they may not be aware of the transition-related benefits of full-time employment in the first year post-graduation.

In conclusion, NGNs and nurse leaders both identified the need for human and financial resource investment in NGN transition to full RN practice. Resource allocation issues and injurious behavior by both peers and leaders were seen to interfere with successful transition. Despite the noted areas for improvement, qualitative results were in-line with quantitative results indicating that NGN transition experiences were generally positive.

# Complementary Studies in NGN Transitions

## BC Organizational Initiatives for New Graduates

A recent multi-phase study of organizational initiatives to support NGNs in British Columbia (BC) in partnership with Michael Smith Health Services Research Foundation and all BC health authorities.

Rush KL, Adamack M, Gordon J, Janke R, & Ghement I. (2015). Orientation and Transition Program Component Predictors of New Graduate Workplace Integration. *Journal of Nursing Management*, 23(2), 143-55. Doi: 10.1111/jonm.12106.

### Dr. Kathy Rush

After reviewing the literature to identify best practice in formal NGN transition programs, BC researchers concluded that evidence was variable and of low quality overall. This was a limitation for developing comprehensive best practice recommendations for NGN transition. Available research results indicated that formal transition programs for NGNs did improve retention and reduce turnover, but failed to empirically support any particular duration of program or program content.

Despite Employed Student Nurse (ESN) programs being qualitatively evaluated as aiding in transition to professional status, the relationship between ESN experiences and quality of NGN transition was non-significant. Factors associated with higher transition scores included orientation length of 4 weeks or more, participation in a transition program for NGNs and participation in in-service classes or workshops.

### Study Highlights

A total of 245 NGNs and nurse leaders participated in an online survey and/or a focus group session.

#### Orientation Support

- ❖ The period of time over which educational/orientation opportunities were provided did not significantly impact NGN transition scores, but did impact self-reported ability to access support when needed
- ❖ Those who participated in orientation and education activities over a longer period of time were more likely to report easy access to support when needed
- ❖ NGNs reported the need for support was greatest in their first three months on the job

#### Bullying

- ❖ 39% of NGNs reported experiencing bullying and/or harassment in the workplace; those who participated in transition programs were just as likely to experience bullying as those who did not
- ❖ Bullied/harassed NGNs in transition programs were better able to access support than their counterparts who were not participating in transition programs
- ❖ Experiences with bullying and harassment weakened the positive relationship between access to support and transition score.

#### Consistent Work

- ❖ Consistent work hours were found to be a significant facilitator of successful transition. This finding was particularly revealing, considering that 42% of NGNs worked casually

Based on study findings, recommended best practices for nurse transition programs include orientation of 4 weeks at minimum, availability of formal supports for 6-9 months, universal participation in transition programs among NGNs, zero tolerance for bullying, and work hours >49 bi-weekly for the first year of employment.

# Breakout Discussion Groups

Participant reflections on the results led to 1: key messages, 2: potential barriers affecting meaningful uptake of research findings and, 3: action steps to address potential barriers.

Key messages	Barriers to meaningful uptake of research	Action steps required to address barriers
<ol style="list-style-type: none"> <li>1. Need for formal transition programs that serve all NGNs.</li> <li>2. Workplace culture has a significant impact on transitions – need to put an end to incivility.</li> <li>3. NGNs can and do benefit when they speak up about their needs and are advised to ask lots of questions.</li> <li>4. Research findings were similar across all provinces.</li> <li>5. Research findings were in-line with what students have heard about NGN experiences</li> <li>6. Full-time positions for the first year of a NGNs work-life facilitate successful transition.</li> </ol>	<ol style="list-style-type: none"> <li>1. Funding was most frequently reported as a barrier to research uptake, particularly for formal transition programs and for undergraduate employed nurse positions.</li> <li>2. Sub-optimal communication includes communication between NGNs and their managers and between NGNs and existing staff. Managers were noted to have many demands on their time. Experienced staff were noted to be cynical, threatened by NGNs and potential sources of incivility or bullying.</li> <li>3. Lack of awareness of research findings; effective dissemination of research findings will be key to facilitating meaningful uptake.</li> </ol>	<ol style="list-style-type: none"> <li>1. Acquire the resources (financial and otherwise) to formally support NGN transitions</li> <li>2. Seek out new methods and forums for collaboration between educators, researchers, employers (including front-line nurse managers), NGNs and nursing students</li> <li>3. Create or foster positive unit cultures where NGNs feel supported, welcomed and safe</li> <li>4. Augment the availability of front-line managers for NGN support (e.g. follow-up with NGN at 3, 6 and 9 months)</li> <li>5. Conduct further research in the area of NGN transition – specifically, intervention research.</li> </ol>

## Alberta Health Services NGN Initiatives

*Dr. Tracy Cowden*

### AHS InSite Resources:

- New Graduate Transition Guide
- New Graduate Learning Plan
- New Graduate Companion Document

### 5 things essential to the entry to practice program:

1. A supernumerary period
2. Mutual agreement on readiness-to-practice
3. A consistent clinical guide (i.e. preceptor)
4. Regular constructive feedback and clearly stated practice expectations
5. AHS is currently piloting several approaches to new graduate nurse transition including the **Transitional Graduate Nurse Recruitment Program (TGNRP)**

### Transitional Graduate Nurse Recruitment program (TGNRP)

- Outcome-focused, learner-specific orientation tailored to a specific patient population and practice setting. Objectives are: 1) to develop NGN competence and confidence, and 2) to promote NGN retention at AHS.
- New RNs/RPNs are eligible to participate in the program. Key program ingredients include an option to be supernumerary for up to 9 months, a consistent clinical guide/preceptor, monthly assessment and mutual agreement on readiness-to-practice.
- >200 NGNs have been hired as part of TGNRP; positions have been created in all zones and across diverse settings. Evaluations indicate that NGNs were highly satisfied with their transition, would accept a TGNRP position again and would recommend the program to a friend.
- TGNRP positions are of particular value in areas requiring prolonged orientation, in areas with significant projected vacancies, in units with high turnover and for hard to recruit to positions.
- Although the TGNRP allows for up to 9 months of supernumerary time, ~75% of NGNs are deemed ready-to-practice by 5 months.
- Across the provinces, units and programs will be encouraged to adopt innovative approaches to NGN support (including TGNRP). In the long run, AHS aims to have best practice standards for NGN transition in place across the organization.

# Manager's Perspective on New Graduates

Lisa Sorenson

## Piloting a Supported Transition into Practice in the Emergency Department

### Before the Program

- ❖ NGNs have a different level of commitment to positions, different expectations for work-life balance, and expectations of what bedside nursing would look like.
- ❖ The ED was having difficulty recruiting and retaining staff and NGNs appeared reluctant to ask questions and/or seek help.
- ❖ NGNs reported not feeling supported on the floor, not wanting to work full time, nights or weekends.
- ❖ Existing clinical staff raised concerns about NGN readiness-to-practice, adding that NGNs required additional clinical support and experience and question whether the ED was even an appropriate place for NGNs to work.
- ❖ Prior to the New Graduate Transition Pilot, NGNs received 5 weeks of educational modules and clinical shifts as orientation.

### Program Training

- ❖ In addition to 5 weeks, all new graduates are eligible for an additional 12 weeks supernumerary clinical and are assigned a Clinical Guide (preceptor). Together, they are responsible for continuously updating the NGN's Readiness-to-Practice Tool.
- ❖ Clinical nurse educators and unit managers meet weekly to assess NGNs readiness-to-practice. Following the 17-week orientation, unit managers and clinical nurse educators continue to meet monthly for one year to identify NGN learning needs.
- ❖ Dr. Cowden, Senior Practice Lead for New Graduate Support, is available to the unit if/when questions or issues arise.

### Results

- ❖ Extended supernumerary time has provided NGNs with more time to strengthen basic and ED-specific nursing knowledge and skills, in part because they are exposed to a greater variety of emergency presentations/cases while under the supervision of a more experienced staff member.
- ❖ NGNs have more time to familiarize themselves with the site, program and department-specific policies and procedures and have demonstrated a greater ability to establish strong, trusting working relationships with clinical guides, other NGNs and inter-disciplinary unit staff.
- ❖ Leadership Team has noticed that NGNs have stronger, more meaningful relationships with them; as a result, leaders are better able to identify individual NGNs' strengths and challenge areas.
- ❖ Within the pilot program, NGNs are more involved in the process of orientation. Together with the clinical nurse educator and unit manager, NGNs: 1) participate in ongoing needs assessments/discussions, 2) review and utilize the Readiness-to-Practice Tool, and 3) are actively involved in selecting an end date for orientation.

To date, results of the supportive transition into practice approach are very promising. Implementation of the program in the ED has not been without challenges. Overall, many existing staff are employed part-time and proportionally more are junior staff, which makes it difficult to pair a full-time NGN with a single clinical guide. Timing is also a challenge: the pilot program coincided with summer vacation (both staff and leadership), remodeling of the emergency and broad-scale implementation of a new nursing model. Other ongoing challenges are: 1) graduates with <1 year of experience not considering themselves to be NGNs, 2) reluctance among NGNs to perform basic nursing care, and 3) requests by NGNs to rapidly progress to specialty and/or leadership roles. Pre-existing preferences among NGNs for Monday to Friday day shifts and part-time positions remain an issue. Overall, Ms. Sorenson and the ED Leadership Team are optimistic that the program will provide a good return on the investment in NGN support (i.e. via reduced turnover, fewer overtime shifts).

# Policy Panel - Perspectives from Key Nursing Organizations

Chaired by Dr. Cummings

Dr. Grdisa, Mary-Anne Robinson, Linda Dempster, Dr. Christy Raymond-Seniuk

<p><b>Mary-Anne Robinson</b> Chief Executive Officer CARNA</p>	<p>Provided a brief overview of the results of the Canadian Nursing Practice Analysis (2014). The survey, administered to NGNs in the US and Canada by the National Council of State Boards of Nursing, is repeated every 3 years. Results are used to inform the National Council Licensure Examination (NCLEX) test plan. Alberta response rate was 86% (n=593).</p> <ul style="list-style-type: none"> <li>➤ Average time RNs had been employed was 6 months - on average, they had graduated &lt;10 months previous to survey</li> <li>➤ 90% were female, average age was 30 (higher than in 2013).</li> <li>➤ &lt; 3% reported no orientation, 67.4% had worked with a preceptor (average duration 5.9 weeks).</li> <li>➤ 77% employed in hospital - proportion employed in LTC has increased since 2013.</li> <li>➤ 63% employed in an urban or metropolitan area.</li> <li>➤ Largest proportion of RNs worked in medical/surgical practice setting (32%) and worked rotating shifts (67%).</li> <li>➤ On average, NGNs cared for 13 clients on their last day worked.</li> <li>➤ 35% had administrative responsibilities; among those employed in LTC, 87% reported having administrative responsibilities.</li> <li>➤ Most commonly reported activities included “Maintain client confidentiality and privacy” and “Protect client from injury.” Activities reported as most frequently performed were “Provide care within legal scope of practice” and “Apply principles of infection control.” Most important activities were “Ensure proper identification of client when providing care” and “Provide care within the legal scope of practice.”</li> </ul>
<p><b>Linda Dempster</b> VP Collaborative Practice AHS</p>	<p>Provided an overview of the ways AHS collaborates with various stakeholders to support NGNs. The Collaborative Practice Unit aims to facilitate “future-ready people and teams supported through partnerships, innovation and clinical best practice.” The four pillars of the Collaborative Practice framework are 1) Clinical practicums, 2) Clinical orientation supports, 3) Education to support practice, and 4) Education consultation.</p> <ul style="list-style-type: none"> <li>➤ In 2014-2015, AHS placed 15,514 nursing students for a total of 3,271,250 hours (plus ~ 400 undergraduate nurses)</li> <li>➤ AHS has committed to hiring 70% of all graduates of Alberta nursing programs.</li> <li>➤ Ms Dempster offered the following tips to NGNs to secure employment: view practicums as long-term job interviews; be open to all potential job opportunities; seek employment outside your comfort zone; prepare for interviews; look for enhanced orientation support; ask questions; find a mentor, and; embrace challenges.</li> <li>➤ AHS is confident that NGNs have significant potential and bring great value to the organization. They also recognize that NGNs benefit from support.</li> <li>➤ Moving forward, the Collaborative Practice Unit seeks to enhance the clarity of student placement objectives, initiate a dialogue about NGN practice experience, embrace and implement innovative approaches to NGN transition and partner with health services researchers to create new knowledge to inform best practice in NGN transition support.</li> </ul>
<p><b>Dr. Christy Raymond-Seniuk</b> Alberta Nursing Education Administrators</p>	<p>Dr. Christy Raymond-Seniuk raised some questions for consideration by the group. Are there practice settings that are more conducive to successful transitions? If so, what are they? What about them makes them superior settings for NGNs? Also, Dr. Raymond-Seniuk encouraged the group to continue to explore optimization of undergraduate nursing education. It would be useful to evaluate which processes and/or content students see as most helpful to them in facilitating their transition.</p>
<p><b>Dr. Valerie Grdisa</b> Alberta Health</p>	<p>Dr. Grdisa provided a summary of the Senior Nursing Advisor (SNA) role responsibilities and how the role fits within the mandate and mission of Alberta Health. She also provided an overview of the provincial health spending as it relates to the health system performance, highlighting that Alberta has the highest age-gender adjusted per capita spending on health care among provinces, but is a middle of the pack performer. Valerie shared her optimism regarding the direction being taken by the current Minister of Health, Sarah Hoffman and emphasized focusing on co-creating solutions to evolve the health system based on evidence. She also highlighted the importance of nursing leadership and collective voice to drive policy development throughout all stages of one’s career. At present, Dr. Grdisa is the Executive Lead for the provincial Health Human Resources Strategy and Plan and she provided an overview of the project objective, “to ensure Albertans have access to the right number and mix of qualified healthcare providers, now and in the future” and overall approach. Valerie also discussed her role as chair of the Nursing Leadership Network (NLN), a network of nurse executives in Alberta (representing service providers, regulators and professional associations, educators and policy makers/funders) who come together to advise the Deputy Minister on the advancement and optimization of the nursing profession to improve the health of Albertans and play a key role in health system transformation. Finally, Valerie provided a summary of the Federal/Provincial/Territorial (F/P/T) Committee of Health Workforce working group, the Principal Nursing Advisors Task Force (PNATF), in which nursing human resource planning and nursing education are priorities. Valerie summarized the 2015 PNATF report, <i>Bridging the Gap</i>, which addressed the transition process of all NGN for all nursing types.</p>

## Discussion and Recommendations

The subject of workplace bullying was raised in the end-of-day discussion. It was noted that horizontal aggression is not specific to nursing (or to healthcare) and that the federal government has active initiatives to reduce bullying in the workplace. The importance and potential impact of advocacy was discussed by the panel and participants with concerns specific to NGN transitions were encouraged to call or e-mail their MLA, MP or local politicians. The benefits of incorporating advocacy training and health policy coursework into undergraduate programs was underscored by a participant who shared that two undergraduate nursing students had quit the nursing program because they felt that they were not being provided with the education required to mold them into influencers of policy. One participant proposed a 1-in-8 initiative to enhance collaboration among nurses across settings; essentially, nurses would be scheduled to spend one shift every 8 weeks with a nurse employed in a different setting. The goal is for all nurses to gain a better understanding of the breadth of the nursing profession.

Dr. Cummings raised a question for the panel about whether the province is ready for the upcoming wave of nurse retirements – partly in response to Ms. Robinson sharing how CARNA had renewed 1,000 fewer nurses this year. Dr. Raymond-Seniuk responded by saying that she felt that existing students have the skills to meet the looming challenge of large-scale nurse retirement. Dr. Grdisa noted that workforce modeling for all professions is currently being conducted, based on new models of care. These models are simulations based on different, new and/or optimized staffing models. Finally, the point was raised that retired nurses should be seen as a resource for mentorship for new and mid-career nurses.

Identified Barriers	Recommended action
Bullying	<ul style="list-style-type: none"> <li>➤ Federal government initiatives</li> <li>➤ 1-in-8 initiative to enhance collaboration across settings</li> </ul>
Lack of Advocacy	<ul style="list-style-type: none"> <li>➤ Incorporate advocacy training and health policy into curriculum</li> </ul>
Aging workforce	<ul style="list-style-type: none"> <li>➤ Optimize staffing models</li> <li>➤ View retired nurses as valued mentors</li> </ul>
Inadequate Orientation	<ul style="list-style-type: none"> <li>➤ TGNRP and similar programming to support new nurses</li> </ul>

Before adjourning, participants were asked to write down those issues that they felt were critical to address first – specifically, what needs to be done, who needs to do it and by when? Twenty-four participants identified a variety of key issues but few had specific, actionable recommendations. The most frequently reported key issues were bullying and incivility in the workplace, inadequate orientation of NGNs, imminent large-scale retirement in the nursing workforce and the failure (as of yet) to standardize approaches to NGN transition support.

Student reflections on the day indicated that student attendees left feeling less anxious about their future transition. The TGNRP was seen, by students, as an excellent opportunity to facilitate a successful transition into a specialized area such as the ED or Intensive Care Unit. Student attendees appreciated hearing panel members' stories of their first nursing jobs. Students came away with a greater awareness of the importance of consistent, full-time employment in the first year as a nurse to a successful transition from student to professional. Overall, feedback from student attendees was very positive.

In sum, the colloquium achieved its stated aims of disseminating research findings related to new graduate transitions in Western Canada and stimulating sharing of information and ideas across a diverse group of stakeholders with a vested interest in NGN transitions. Each participant has received a contact list, facilitating future collaboration and idea-sharing.

The Western New Graduate Nurse Colloquium was conducted as part of the CIHR Funded Study: Starting Out: Successful Transition and Retention in New Graduate Nurses.

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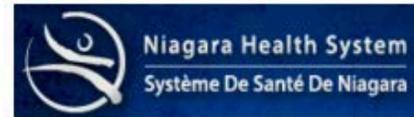
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