**Resilience in Newly Graduate Nurses Transitioning into the Workplace: A Scoping Review**

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Resilience in Newly Graduate Nurses Transitioning into the Workplace: A Scoping Review.

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## Abstract

It is well acknowledged that newly graduated nurses (NGNs) experience many challenges when they commence their roles. If the NGN is not adequately supported during these stages of transition, stress may arise from internal and external factors leading the NGN to consider leaving their position. Some scholars suggest that improving resilience in the NGN could potentially address some of the challenges associated with NGN transition. While knowledge syntheses on resilience in nurses have previously been conducted and published, there is a lack of a knowledge synthesis that examine resilience in NGN transition. This paper reports on a scoping review on resilience in NGNs transitioning into the workplace. *CINAHL Complete* and *Discover* databases were used to search for literature. Based on inclusion and exclusion criteria, a total of eight articles were included in the final analysis. Resilience was linked to NGNs' job satisfaction and their intent to stay in the profession. Key determinants of resilience included awareness about self, social support, education, and resiliency training. Findings from this review intend to support the development of workplace programs that could facilitate NGNs' successful transition into the workplace.

*Keywords*: scoping review, new graduate nurses, resilience, transition to practice.

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## List of Abbreviations

**NGNs**      New graduated nurses

**WHO**       World Health Organization

**CIHR**       Canadian Institute of Health Research

**CD-RISC**    Connor Davidson Resilience Scale

**WYRS**       Wagnild and Young Resilience Scale

**FRS**        Friborg's Resilience Scale

## Background

### Overview of Resilience

The origin of the term resilience is from the Latin word *resilire* meaning to 'spring back' (Online Etymology Dictionary, 2017). Over the years, resilience has been defined in many ways (Hart el. al, 2014). For example, Rutter (1987) originally defined resilience as "protective factors which modify, ameliorate, or alter a person's response to some environmental hazard that predisposes to a maladaptive outcome" (p. 316). Masten (2006) described resilience as "the mechanism, capability or result of successful adaptation in spite of difficult or threatening circumstances" (p. 426). In 2003, Connor and Davidson described resilience as "personal attributes that allow one to survive in the face of adversity" (p. 76).

Historically, resilience studies started with an emphasis on children with mental disorders (Scoloveno, 2016). Developmental resilience studies were based on children who had been subject to persistent or systemic stressors such as bullying or poverty (Scoloveno, 2016). In early literature, resilience was identified as the absence of maladaptive behaviors or psychological symptoms (Yilmaz, 2017). In comparison to earlier views and studies on resilience, it is now widely accepted that the lack of illness or disability is not equal to resilience. (Almedom & Glandon, 2007; Kimhi & Eshel, 2015; Pangallo et al., 2015). In contemporary research, the word 'resilience' reflects on potential for effective adaptation and conditions that foster human health and well-being. (Almedom & Glandon, 2007; Kimhi & Eshel, 2015; Pangallo et al., 2015). Research investigating adaptations to adverse environments demonstrated the significance of social support in promoting and sustaining resilience (Almedom & Glandon, 2007). The current explorations of the development of resilience require understanding of the socio-cultural context. (Almedom & Glandon,2007).

Over the last few decades, resilience has been studied by scholars in numerous disciplines, including social workers, psychiatrists, educators and several others (Mansfield et al., 2012). However, the nursing resilience research started in the late 1980s with an emphasis on the individual abilities of nurses to overcome stress (Hasse & Peterson, 2013). In the recent literature, resilience has been explored in different contexts including nursing education (McAllister & McKinnon, 2009); nursing leadership (Jackson & Daly, 2011); and adversities in the clinical workplace (Jackson et al. 2007).

Several knowledge synthesis a on resilience in nurses have been published as nursing scholars began to focus on the relevance of the concept to clinical nursing practice which include concept analyses (Reburon, 2015; Scoloveno, 2016) and literature reviews (Amsurd et al., 2019; Delgado et al., 2017; Stacey & Cook, 2019; Yilmaz, 2017). Both Reburon (2015) and Scoloveno(2016), in their concept analysis, identified resilience as nurses' response to workplace adversity. Such adversity can be in the form of internal or external confrontation, physical fatigue, psychological tension, personal or professional crisis, mental stress, or vulnerability (Reburon, 2015). As per Reburon (2015), dealing with stress without breaking down, and making a constructive change in response to stress are the characteristics features of a resilient nurse. Scoloveno (2016) described higher self-esteem and reliance on one's own abilities as the distinguished features of resilient individuals. Reburon (2015) reported that resilience should be recognized by the hospital and nurse administrators as important in keeping nurses in a healthy emotional and psychological well-being. Resilience in nursing promotes self-awareness, enhances self-esteem, professional development, and eventually improved quality of patient care (Reburon, 2015). Both Reburon (2015) and Scoloveno(2016) emphasized on the need of further

nursing research to be undertaken to explore the role of resilience in health promotion, acute care, and chronic illnesses.

Amsurd et al. (2019) conducted a systematic review to explore the literature on resilience in nursing students. Findings indicated that a culture of trustworthiness in educational institutions plays a significant role in enhancing resilience among nursing students which could be accomplished if the educators model the principles and values which students are expected to demonstrate in their nursing studies (Amsurd et al, 2019). Additionally, Yilmaz (2017), in their review on resilience, suggested that professional qualities such as altruism, mentoring, setting a positive example, counselling, leadership, and inspiration should be promoted to promote resilience among nurses. Furthermore, Delgado et al. (2017) conducted an integrative review of literature to examine the concept of resilience in nurses within the context of emotional labor which was described as the dissonance resulting from work in nursing which includes balancing the emotional interests of patients, relatives and colleagues. Delgado et al. (2017) found that resilience can help alleviate the negative effects of emotional labor such as stress, burnout and ill-health. They also identified emotional intelligence as a significant characteristic of resilience. Implications of the review included the need for further investigation of the correlation between resilience and emotional labor in nursing and rigorous assessment of the effects of resilience approaches addressing emotional labor. Only one review following the scoping review methodology was found which was conducted by Stacey and Cook (2019) to analyze literature regarding educational interventions to promote resilience in student nurses and registered nurses. Findings from the review highlighted that educational interventions planned to promote resilience are lacking a focus on the complexity of the issues experienced by nurses in practice.

**Research on NGN transition**

There is a wealth of literature on the NGN transition to practice, dating back to Kramer's (1974) pioneer work on the essence of this transition as a *reality shock*, later identified as *transition shock* by Duchscher (2008). Duchscher (2008) identified common challenges faced by NGNs during their first 12 months of clinical practice in her *Stages of Transition* theory (2008), which provides a clear conceptualization of the personal and professional journey of NGN. Some of the challenges faced by NGNs have been cited as a lack of clinical knowledge, communication gaps with physicians and demanding workloads (Duchscher, 2008). NGNs have described their role transition experience as stressful and challenging (Duchscher, 2008).

Researchers have investigated various aspects of NGN transition such as competence, confidence, critical thinking, mentoring, orientation and support (Ankers, Barton & Parry, 2018; Bowles & Candela, 2005; Dyess et al., 2009; Feng & Tsai, 2012; Kovner et al., 2007; Ortiz, 2016; Rush et al., 2013; Ulrich et al., 2010; Widermuth, Weltin & Simmons, 2020). NGNs realize the immense responsibilities they have after they have graduated, which includes but is not limited to delegation, patient load, calling physicians, direct patient care of increasingly complex/unstable patients, and administrative duties (Blevins, 2018; Duchscher, 2008). These responsibilities may be considered as just part of the registered nurse role. NGN often feel unprepared for their new position due to the gap between the student and registered nurse role (Blevins, 2018; Duchscher, 2008; Duchscher & Windey, 2018). The gap in awareness of roles lies in the lack of support and education in nursing school (Duchscher, 2008). Duchscher's (2008) Transition Shock theory for the graduate nurse includes the 3 stages of Doing, Being, and Knowing. The initial stages of Doing and Being have been reported to cause the most amount of stress to NGNs as they adjust to their environment and learn their role. Specifically, the first stage of transition, Doing, where the NGN is exposed to a variety of clinical situations and tasks

in which they are still learning. Stress may build up as a new nurse continuously tries to reach expectations, questions their performance, and doubts their decision making as they are still learning (Duchscher, 2008; Duchscher & Windey, 2018). If the NGN is not adequately supported during these stages of transition, stress may arise from internal and external factors leading the NGN to consider leaving their position.

The World Health Organization (WHO) reported a lack of 7.2 million health care workers globally (2016). A report entitled *'Third Global Forum on Human Resources for Health'* predicted that the nursing shortfall will arrive at 12.9 million by 2035 (WHO,2013). This report also incorporated forecasts that in 10 years, almost 40% of nurses will find employment in other professions (WHO, 2016). The Canadian Nurses Association (CNA) has also anticipated that there will be a shortage of 60,000 registered nurses by 2022 (2015). The shortage today is influenced by a diverse set of factors: the aging workforce and population, fewer workers entering the profession, work place environment, and current RN inability to adequately sustain patient complexities (CNA, 2015). The nursing shortage causes a decrease in quality patient care, inadequate working environments, and poses an economic burden on the health care system (CNA, 2015).  The shortage of nurses has drawn attention towards recruitment and retention of newly graduate nurses (NGNs) because healthcare organizations rely on these new professionals to fill current vacancies and to meet the healthcare needs of the future (Rush et al., 2013). Fundamental to these shortage concerns have been literature outlining the experience of NGN transition to practice for the first time; intense working environments, increased patient acuity, nursing shortages, and complex technologies in the health care settings create challenges for NGNs (Rush et al., 2013). Hart et al. (2014) described resilience in nursing as a personal capability that lets nurses cope with the problems and demands of the workplace. These demands

include the mental difficulty of experiencing human pain and misery, relationship problems and confrontation with other colleagues (Jackson et al., 2007). Without sufficient support and resources, these challenges on the workplace will adversely impact the well-being and efficiency of nurses over time, eventually leading to high levels of stress and burnout (Melvin, 2015).

This said, there has been minimal attention paid to applying the concept of resilience to transition to practice of NGNs (Hart et al. 2014). The purpose of this review is to examine literature on resilience in NGNs transitioning to workplace using scoping review methodology. While several knowledge syntheses were identified in literature that focused on resilience in nurses and student nurses, to the best of my knowledge, no scoping review has been published that addresses resilience in NGNs transitioning into workplace.

## Method

Scoping review has emerged as a popular approach for reviewing evidence in health research (Levac et al., 2010). There are various terms used to describe scoping reviews in the literature including scoping study, scoping project, literature mapping, scoping exercise, scoping report, evidence mapping, systematic mapping, and rapid review (Pham et al., 2014). The variety of terms indicates a lack of a universal definition of scoping review methodology (Cacchione, 2016).  Scoping reviews not only allow researchers to conduct a preliminary synthesis of literature on an area of interest, but are also useful in identifying gaps in existing literature [Canadian Institutes of Health Research (CIHR), 2009]. These types of reviews are suitable for research in disciplines that have emerging evidence (Levac et al. 2010). Since resilience in NGNs is an emerging concept, a scoping review is well suited as a preliminary analysis methodology.

This review utilized Arksey and O'Malley's (2005) framework as it is one of the most consistently used frameworks in health research (Cacchione, 2016). This framework includes five main steps with one additional, albeit optional step: 1) identifying the research question; 2) identifying relevant studies; 3) selecting the studies; 4) charting the data, and 5) collating, summarizing, and reporting the results. The optional step focuses on enhancing rigor through the consultation of stakeholders (Arksey & O'Malley, 2005).

**Stage 1: Research Question or Purpose**

In Arksey and O'Malley's (2005) framework the initial step is to carefully identify a research question or purpose. The purpose of this scoping review is to examine literature on resilience in NGNs transitioning to the workplace. The question this review addresses is: *What is the state of literature on resilience in NGNs who are transitioning into the workplace?*

**Stage 2: Identifying Relevant Studies**

The second stage involves identifying the relevant studies and developing a decision plan for where to search, which terms to use, which sources to search, time span, and language (Arksey & O'Malley, 2005). For the purpose of this review, *CINAHL Complete* and *Discover* were used as databases. CINAHL is an index of the nursing and allied health literature. It indexes publications from several of the prominent nursing associations and from many publishers. Often the articles are attached in full text. *Discover* is a single tool which searches the sources, including: electronic books, journals, magazines, newspapers, dictionaries, encyclopaedias etc. Search for the literature was conducted at different stages; search terms were developed and Boolean operators (*OR* and *AND*) were applied in all the three searches.

*Search strategy 1*

To extract data, a systematic search of literature was conducted in February, 2020 (Table 1). In *CINAHL Complete*, three initial searches were conducted using different keywords representing *the subject of interest* (i.e., resilience); the *population* (i.e., new graduate nurses) and *the context* (i.e., transition). In the table, *AB* refers to Abstract; *TX* refers to All Text and *SU* represents Subject term. The search results for *the population* (27,988) were combined with the search results of *the context* (162,778) and *the subject* of interest (40,454). This resulted in 118 articles, which were limited to English (117) and Academic journals (109).

### Search strategy 2

To yield more results, another search was conducted using *CINAHL Complete* (Table 1). A total of four initial searches were conducted where the keywords for *the subject of interest* (i.e., resilience); the *population* (i.e., new graduate nurses) and *the context* (i.e., transition) were similar to search strategy 1. The searches were further filtered by *discipline* (i.e. nursing). Using different combinations as shown in Table 2, the search results for *the subject* (10, 452) were combined with the search results of *the population* (26,545), *the context* (39,324) and *the discipline (295,425)*. This resulted in a total of 148 (S5+S6+S7) articles published in academic journals. It is important to mention that although the database and the search terms used in the search strategy 2 were similar to search strategy 1, the use of BOOLEAN operators was different within the search terms. This was done to make sure no articles were missed during the first search.

### Search strategy 3

Scoping review methodology allows the researcher to include all types of literature including grey, newsletters, magazines, dissertation. During Search 1 and Search 2, *CINAHL Complete* was used as a database and only articles published in academic journals were

reviewed. In order to broaden the search to include grey literature, a third search was conducted

using similar keywords in the *Discover* database (Table 1). This search yielded 244 records

(published in English). When the articles published in academic journals were excluded, only 21

results remained. These included dissertations, reports and magazine articles.

### *Search Strategy 4*

A separate (fourth) Google search was also conducted that generated the citations of 10

relevant titles, which were then retrieved from *Discover*. This brought the total sources from

search strategy 3 to 31.

**Table 1**

*Search Strategies*

| Search Id | Keywords | Results |
|---|---|---|
| Search Strategy 1 | | |
| S1 | AB "new* nurs*" OR AB graduat* OR AB novic* | 27, 988 |
| S2 | TX transition* | 162,778 |
| S3 | SU resilien* OR TX resilien* | 40,454 |
| S4 | S1 AND S2 AND S3 | 118 |
| S5 | S4 screened for English Only and Academic Journals | 109 |
| Search Strategy 2 | | |
| S1 | AB resilien* | 10,452 |
| S2 | AB "new" graduat*" OR AB graduat* OR AB novice* | 26,545 |
| S3 | AB transition* | 39,324 |
| S4 | AB nurs* | 295,425 |
| S5 | S1 AND S2 AND S3 AND S4 | 12 |

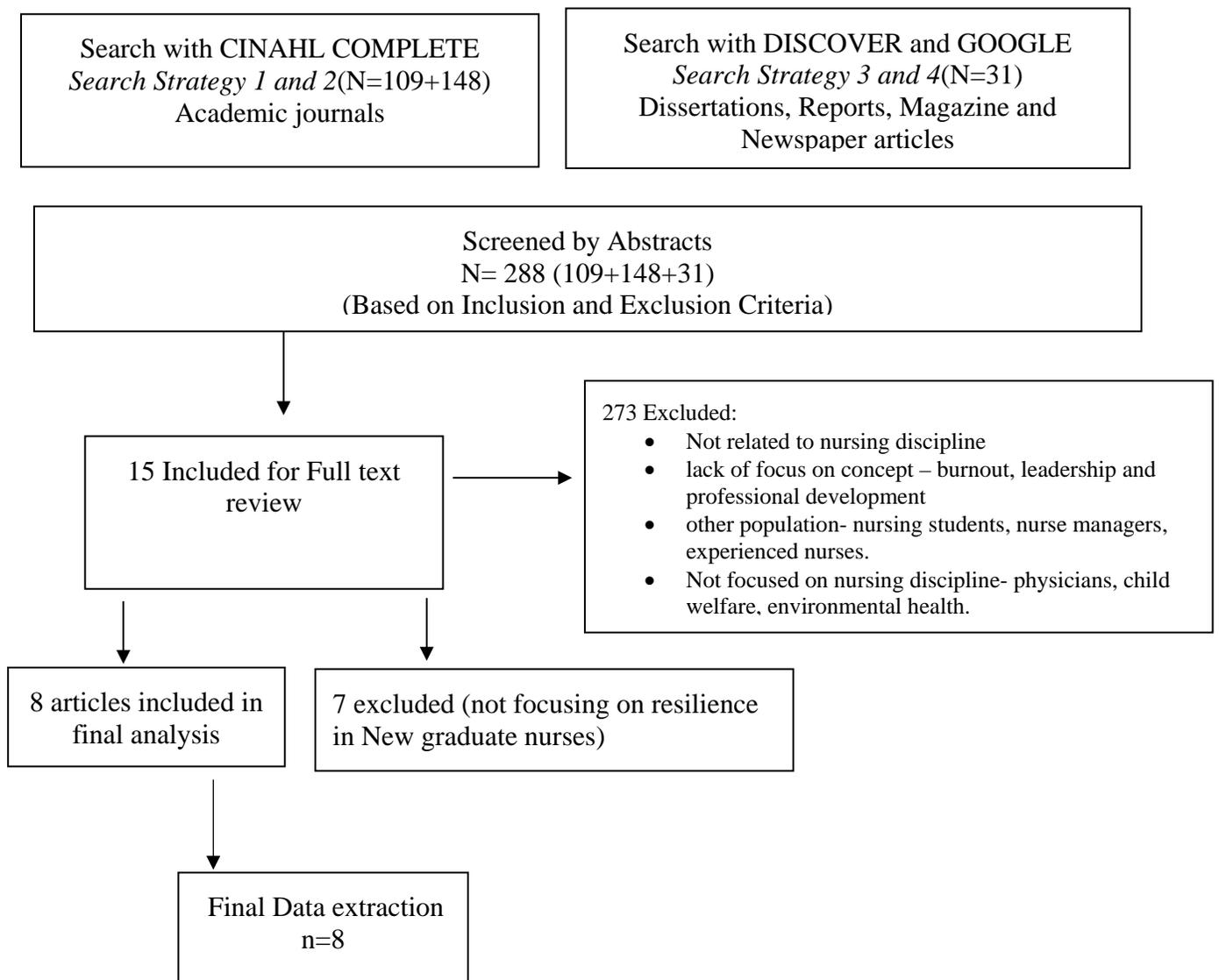| S6 | S1 AND S2 AND S4 | 66 |
|---|---|---|
| S7 | S1 AND S3 AND S4 | 70 |
| Search Strategy 3 | | |
| S1 | AB resilien* | 239,224 |
| S2 | AB "new" graduat*" OR AB graduat* OR AB novice* | 528,759 |
| S3 | AB transition* | 2,180,422 |
| S4 | AB nurs* | 1,280,994 |
| S5 | S1 AND S2 AND S3 AND S4 | 13 |
| S6 | S1 AND S2 AND S4 | 206 |
| S7 | S1 AND S3 AND S4 | 254 |
| S8 | S7 (when Limited to English language) | 244 |
| S9 | Excluding the academic journals; and including google search (Search strategy 4) | 31 |

**Stage 3: Study Selection**

Study selection involves selecting relevant articles based on inclusion and exclusion criteria (Arksey & O'Malley, 2005). These criteria are based on the specifics of the research question and on new familiarity with the subject matter through reading the studies (Arksey & O'Malley, 2005). A total of 288 records were identified which included 109 from Search Strategy 1, 148 from Search Strategy 2, and 31 from Search Strategy 3. These results were first screened by abstracts. Records were included if they focused on the concept of resilience and were about NGNs who had baccalaureate or associate degree preparation experiencing their initial professional role transition to the workplace. Records were excluded if they had a population other than NGNs (non-nursing healthcare professionals, nursing managers, nursing students, pharmacists, physicians, teachers, social workers). Records were also excluded if they

were not related to the discipline of nursing (social work, psychology, child welfare) or if they

did not focus on the phenomenon of resilience. Based on this initial screening of abstracts, a total

of 15 articles were identified. The full text of these 15 articles were read and reviewed to

determine eligibility. Only 8 articles met the inclusion criteria and were included in the final

analysis (as shown in Figure 1).

**Figure 1**

*Flow diagram of search process*

Search with CINAHL COMPLETE
*Search Strategy 1 and 2*(N=109+148)
Academic journals

Search with DISCOVER and GOOGLE
*Search Strategy 3 and 4*(N=31)
Dissertations, Reports, Magazine and
Newspaper articles

Screened by Abstracts
N= 288 (109+148+31)
(Based on Inclusion and Exclusion Criteria)

15 Included for Full text
review

273 Excluded:
- Not related to nursing discipline
- lack of focus on concept – burnout, leadership and professional development
- other population- nursing students, nurse managers, experienced nurses.
- Not focused on nursing discipline- physicians, child welfare, environmental health.

8 articles included in
final analysis

7 excluded (not focusing on resilience
in New graduate nurses)

Final Data extraction
n=8

**Stage 4: Charting the Data**

In this stage of Arksey & O'Malley's (2005) framework, a data-charting form is developed and used to extract data from each study. A 'narrative review' or 'descriptive analytical' method is used to extract contextual or process-oriented information from each study (Arksey & O'Malley, 2005). The articles finalized for the review were read again and again to identify recurring themes (see Table 4). The information retrieved provided a thorough understanding of the experience of resilience in NGNs.

**Table 2**

*Data extraction*

| Author/Year | Purpose | Method/Sample | Findings |
|---|---|---|---|
| Brown et al. 2018 | To examine the relationship between change fatigue, resilience and job satisfaction among novice and seasoned nurses | • Descriptive correlational study<br>• 3 online surveys conducted using 3 different tools to measure association between change fatigue, resilience and job satisfaction<br>• Resilience was measured using Connor Davidson resilience scale (CD- RISC)<br>• Sample included 521 full time and part time nurses working in acute care settings<br>• Utilized Benner's Novice to expert model to categorize the nurses on the basis of experience<br>• Novices were nurses who had less than 2 years of experience | • Job satisfaction was negatively corelated with change fatigue but a significant positive correlation was found between Job satisfaction and resilience. It means nurses with higher resilience had higher job satisfaction.<br>• Change fatigue was found to be negatively associated with resilience but the results were insignificant.<br>• Level of education was found to be a significant predictor of |

| | | | resilience. It was found that nurses with higher education had higher levels of resilience. |
|---|---|---|---|
| Hodges et al. 2008 | To highlight the evidence of development of professional resilience in new BSN (Baccalaureate of science in nursing) acute care nurses | • Used Concept development methodology<br>• Hybrid model of concept development was utilized which incorporated Wilson and Reynolds approaches to Concept development in nursing<br>• Study consisted of 3 phases: Theoretical, fieldwork and final analytical phase respectively.<br>• In the first phase, a review of literature was conducted to frame an operational definition of resilience<br>• In the second phase, data collection was done through in depth semi structured interviews. Interpretive hermeneutic phenomenology was the approach used in this phase to discover the lived experiences of participants as nurses in their own words. 11 new nurses were selected through purposive sampling technique who had at least 1 year of experience working in | The results of the study were presented using major themes and sub themes.<br><br>Three major themes were identified which were as follows: *Learning the milieu; Discerning fit and; Moving through.*<br><br>***In the first theme***, authors describe the initial experiences of the nurses where they learnt about the culture and RN skill sets. Learning about the culture involved starting to ask questions, becoming comfortable with the organization's formal and informal rules and also communicating with physicians. Learning skills involved developing competence and confidence in their practice, which was described by the nurses as the most challenging effort in their initial months of practice. Nurses reported that they stated building self-initiated strategies to organize and prioritize their work, these strategies were not taught to them in school. Nurses |

| | | | |
|---|---|---|---|
| | | an acute care setting. This study described first 18 months of professional practice as beginning phase. <br>• The final phase includes exploring the literature for contrasts and comparisons and involves writing a full description based on the context of the study. | also reported feeling encouraged after receiving support from preceptors and unit nurses when they asked questions.<br><br>***In the second theme***, the nurses gained self-awareness through personal reflection. They also found themselves adapting to the practice environment by solving personal dilemmas and integrating their own values within the practice of nursing. The feeling of being able to make a difference in someone's life and strong spiritual beliefs were driving forces in discerning fit to the profession.<br><br>***In the third theme,*** nurses described moving forward with a greater sense of self efficacy and independence. They were now able to handle emergencies alone. Nurses described knowing their resources as crucial in developing coping strategies. They said knowing whom they can go to and whom not gave a sense of awareness and helped developing protective factors. |

| Lin et al. 2019 | To examine the relationship between resilience, intention to stay and work frustration in postgraduate two-year (PGY) programme nurses.<br><br>(PGY program described in this study is a two-year training program for newly graduated nurses which incorporates in school education and training of nurses who have graduated less than 2 years ago and have no clinical experience. ) | • Cross sectional design in which data was collected using self-administered questionnaire.<br>• Nurses were included once they had completed their first three months of probation.<br>• 3 different scales were used to measure resilience, work frustration and intention to stay.<br>• Resilience was measured using Friborg's Resilience Scale. | Work frustration had a significant negative effect on intention to stay but had a mediating effect on resilience. That is, nurses with higher resilience had higher intention to stay. However, when these nurses experienced work frustration, their intention to stay reduced.<br><br>Overall, resilience was found at medium- high level in these PGY nurses. The authors described that this training provide to nurse post their graduation in this program helped them develop anti stress strategies. |
| --- | --- | --- | --- |
| Meyer and Shatto, 2018 | To examine the relationship between resilience and transition to practice in Direct Entry Accelerated Masters in Nursing (DEAMSN) graduates. | • A quantitative descriptive pilot study<br>• 4 Surveys conducted, one immediately upon graduation and other three at 3, 6- and 12-months post-graduation.<br>• 21 graduates from a single DEAMSN program were selected for the purpose of this plot study. 17 completed one or more | Results indicated that the graduates had higher levels of resilience upon graduation. But they scored low on factors of equanimity (ability to find humor in situation) and existential aloneness.<br><br>All graduates showed higher levels of professional satisfaction at graduation, these levels |

| | | surveys. Only 8 participants completed all four surveys.<br>• Casey Fink Graduate Nurse experience survey was conducted at 3, 6 and 12 months of graduation which measured the transition to practice experiences (support, safety, stress, communication and professional satisfaction).<br>• Resilience was measured using Wagnild and Young (1993) resilience scale. Resilience was measured at two stages, upon graduation and at 12 months post-graduation. | decreased in the first-year post graduation.<br><br>Resilience scores were significantly correlated with Casey Fink scores at 12 months, which showed that development of resilience highly impacted the transition to practice. |
|---|---|---|---|
| Richez, 2014 | This article explores a one-day program designed by 'The North Shore-LIJ Health System' to enhance successful transition of new nurses. | The program mentioned in the article focuses on transitioning RNs who are more susceptible to stress. This program includes reflection as a means of exploring the experience of nurses and to enable them how to move forward. | Resilience Building Strategies are discussed which include:<br><br>1. To build positive and nurturing relationships<br>2. Using reflective writing to develop insight into difficult experiences<br>3. Practicing holistic care activities which help in maintaining work-life balance such as exercise, sleep, laughter, good |

| | | | nutrition, mindfulness etc. |
|---|---|---|---|
| Stephens and Smith, 2016 | This article describes the concept of resilience and provides information about linking RN Professional Resilience Enhancement Plan (PREP) to onboard new nurses in a perioperative setting. | Using Stephens Model of Nursing Student Resilience, an onboarding program named RN Professional Resilience Enhancement Plan (PREP) was developed. This plan encourages new nurses to utilize self-reflection to improve their resilience. | The RN PREP has four elements which include, *Self-assessment*; *Perioperative reflection; Personal strategic plan* and; *Ongoing assessment and evaluation*. <br><br> *Self-assessment:* As per this program, the initial step should be self-assessment. This involves setting personal goals and review of these goals by a program leader. Participants are encouraged to identify stressors and protective factors. <br><br> *Perioperative Reflections:* This is an ongoing element which should be conducted weekly. Using reflective journaling as a strategy, participants reflect on their experiences in the perioperative settings. For example, reflect on a stressful experience and what was your emotional response. <br><br> *Personal Strategic Plan*: Based on the identified stressors, participants are encouraged to develop personalized plan to identify strategies that work for them to develop protective factors. Participants also work on |

| | | | reducing emotional response to triggers.<br><br>*Ongoing assessment and evaluation*: Conducted monthly and includes group activities. Focuses on promoting socialization and sense of belonging. |
|---|---|---|---|
| Yu and Lee, 2018 | To examine relationship between various variables that affect turnover intention of new nurses using structural equation modelling (SEM) | • Retrospective, cross sectional study using a structured questionnaire.<br>• Structural equation modelling (SEM) was utilized to examine the relationship between exogenous and endogenous variables.<br>• Exogenous variables in the study included Work environment satisfaction (WES) a stress factors such as emotional labor and burnout.<br>• Turnover intention was endogenous variable.<br>• Resilience and job involvement were endogenous factors that were affected by WES and stress factors.<br>• Resilience and Job involvement were also considered important as mediating factors that | RESULTS:<br><br>Turnover intention was negatively corelated to WES but was positively corelated to stress factors of burnout and emotional labor.<br><br>Turnover intention was negatively corelated to resilience and job involvement.<br><br>Results suggested that turnover intention can be changed based on how they overcome stressors at workplace. |

| | | affected turnover intention. | |
|---|---|---|---|
| | | • Considering all these variables and factors, 7 hypotheses were built and then tested. | |
| | | • Sample included new graduate nurses working for less than 18 months in high grade general hospitals. | |
| | | • Different tools were used to measure the different variables. | |
| | | • Resilience was measured using Connor Davidson Resilience Scale (CD RISC). | |
| Wahab et al. 2017 | To explore the perspectives on resilience in new nursing graduates | • Descriptive qualitative design using photovoice as a tool to enable their active participation, <br>• Using Photovoice, participants are asked to take a photo that described an experience and then interpret that photo to convey underlying meaning <br>• 9 new graduates participated in the study; all of them had a bachelor's degree from a university in Singapore | • Results revealed 4 themes and factors facilitating resilience. <br>• Resilience was identified as ability to overcome obstacles and achieving goals. <br>• Developing resilience included accepting one's responsibilities and working towards fulfilling them <br>• Resilience also involved adapting to new situations and being able to |

| | | | |
|---|---|---|---|
| | | • Data collection was achieved through interviews | initiate self-learning<br>• Spirituality; support from managers and supervisors; patience were factors that facilitated resilience. |

**Stage 5: Collating, Summarizing and Reporting the Results**

In the fifth stage, a theoretical approach or thematic construction is used to offer a summary of the depth of the literature (Arksey & O'Malley, 2005). The selected articles were read and re-read to analyse the literature and find recurring or overlapping themes. By doing this, the characteristics of articles included were identified followed by characteristics of resilience as a trait or a process. Further analysis resulted in an exploration of various methods used to measure resilience. The literature reviewed also highlighted the determinants and correlated factors of resilience.

*Characteristics of articles*

A total of eight articles (Table 4) were included in the final analysis. The articles were published in English between 2008 and 2019. Of these eight articles, five were published in the US (Brown et al., 2018; Hodges & Keeley, 2008; Meyer & Shatto; 2018; Richez, 2014; Stephens & Smith, 2017) and the other three were published in Taiwan, Singapore and South Korea respectively (Lin et al., 2019; Wahab et al., 2017; Yu & Lee, 2018). Four studies (Brown et al. 2018; Lin et. al. 2019; Meyer & Shatto; 2018; Yu and Lee, 2018) used quantitative methods of research while two studies (Hodges & Keeley, 2008; Wahab et al. 2017) were qualitative in

nature. The remaining two articles (Richez, 2014; Stephens & Smith, 2017) were discussion papers that discussed the implementation of resilience training programs. All included articles focused on NGNs working in acute care settings, which encompassed community and university affiliated hospitals.

### *Resilience as an individual trait or a process*

Resilience was either represented as a personal characteristic or a trait that NGNs already possessed, or as a process in which NGNs developed resilience throughout their transition experience. The studies that used quantitative measures (Brown et al. 2018; Lin et. al, 2019; Meyer & Shatto, 2018; Yu & Lee, 2018) considered resilience as a stable personality trait and measured its relationship with other factors such as job satisfaction (Brown et al. 2018), turnover intention (Yu & Lee, 2018), work frustration (Lin et al. 2019), and intent to stay (Lin et. al, 2019). New graduate nurses who possessed problem solving skills and who were motivated and oriented towards their goals were found to demonstrate resilient behavior (Hodges et al. 2008).

Hodges and Keeley (2008), Stephens & Smith (2017), and Wahab et al. (2017) described resilience as a process where NGNs learned and developed skills and the ability to fight against adversity. Resilience was achieved through introspection, building relationships with preceptors, and identifying stressors and protective factors (Hodges & Keeley, 2008; Richez, 2014; Stephens & Smith, 2017; Wahab et al. 2017). Hodges et al. (2008) found that NGNs participated in a meaningful reflective process to assimilate their nursing education to the real world of patient care. Reflective practice presented a method for them to resolve issues and adapt to the realities of nursing practice (Hodges et al. 2008).

### *Measurement of resilience*

Three different scales were used to measure resilience among NGNs: the *Connor-Davidson Resilience Scale (CD-RISC)* (Brown et al. 2018; Yu & Lee, 2018); the *Wagnild and Young Resilience Scale (WYRS)* (Meyer & Shatto, 2018); and the *Friborg's Resilience Scale (FRS)* (Lin et al., 2019).

**The CD-RISC.** Originally, Connor-Davidson (2003) created the CD-RISC as a self-report indicator of resilience within the population of patients with Post Traumatic Stress Disorder (PTSD). It is a commonly accepted and validated scale that measures resilience as a feature of five interrelated components: (1) Personal Competence; (2) Acceptance of Change and Stable Relationships; (3) Trust / Tolerance / Strengthening Stress Effects; (4) Control; (5) Spiritual Factors. Brown et al. (2018) and Yu & Lee, (2018) tested the CD-RISC by utilizing a five item Likert scale to measure resilience with responses ranging from 1 ('never)' to 5 ('everyday'). These studies showed that higher scores indicated higher resilience.

**The WYRS.** was developed with an intent to measure resilience at an individual level (Wagnild & Young, 1993). Resilience was recognized by the creators to be a secure personal attribute and a desirable personality characteristic that could be enabled or used as personal competence and recognition of self and life; both of which promote personal adaptation. Wagnild and Young (1993)

> originally suggested a five factor theoretical model, developed through qualitative analyses with a community sample of elderly women: equanimity (a balanced perspective of one's life), meaningfulness (the understanding that life is meaningful and valuable), perseverance (the ability to keep going, even after setbacks), self-reliance (the belief in one's abilities and awareness of limitations) and existential aloneness (the recognition of one's unique path and acceptance of one's life). (p. 167–168)

Meyer and Shatto (2018) utilized the WYRS to measure resilience at both graduation nursing school and 12 months post-graduation and in both instances, self-reliance was the highest sub score, whereas equanimity and existential aloneness were the lowest scored factors. This indicated that participants considered self-awareness a major contributing factor of their resilience (Meyer and Shatto, 2018).

**The FRS.** The FRS was developed with a goal to measure protective factors that fostered resilience in adults. The scale is based on five factors: (1) personal competence, (2) social competence, (3) family coherence, (4) social support, and (5) personal structure. Lin et al. (2019) used a 29-item scale that included a 7-point Likert system to measure resilience. The overall score was directly proportional to the resilience which means higher score would indicate higher resilience (Lin et. al. 2019).

*Determinants for promoting resilience*

The determinants of resilience have been reported to include factors that play an important role in promoting resilience: *Awareness about self* (Richez, 2014; Stephens & Smith, 2017); *social support* (Hodges & Keeley, 2008; Wahab et al. 2017); *and education and resiliency training* (Brown et al, 2018*;* Lin et al.,2019) are key determinants of resilience identified in this review.

**Awareness about self.** was described as an initial step in the process of developing resilience (Richez, 2014; Stephens & Smith, 2017). Use of reflective writing (Richez, 2014) in identifying stressors and protective factors were strategies for gaining self-awareness (Stephens & Smith, 2017). New graduates described being self-aware as a precursor in solving their personal dilemmas and integrating their values within their practice (Hodges & Keeley, 2008). Self-initiated activities of gaining control over their own practice and accepting their

responsibilities (Wahab et. al, 2017) eventually helped the NGNs move towards a sense of

independence and self-efficacy (Hodges & Keely, 2008).

      **Social support.** played a key role in enhancing resilience in NGNs during their initial

months of practice (Hodges & Keeley, 2008; Wahab et al. 2017). In developing resilience,

Stephens and Smith (2017) identified social support as a protective factor. Positive social support

included having someone to rely on at work or being close to family (Stephens & Smith, 2017)

or being encouraged to ask questions (Hodges & Keeley, 2008). New graduates described how

knowing who they can go to for support as crucial in developing coping strategies (Hodges &

Keeley, 2008). Wahab et al. (2017) also identified ward culture as significant in building

resilience in NGNs. Participants in their study described how nurse mangers and preceptors acted

as facilitators in building resilience through supervision, guidance and constructive feedback

(Wahab et al. 2017). New graduates reported that nurse managers helped them become well

informed of the hospital policies and gave them the feeling that they were not alone; the

preceptors aided in developing an understanding of their strengths and weaknesses (Wahab et al.,

2017). Richez (2014) also described building positive and nurturing relationships as an important

strategy in building resilience in NGNs.

      **Education and resiliency training.** were found to be significant predictors of resilience

(Brown et al., 2018). Brown, et al. (2018) found that nurses with higher education had higher

levels of resilience. Similarly, the levels of resilience were higher in nurses enrolled in a post

graduate training program aimed at enhancing resilience (Lin et al. 2019). This training, when

provided to NGNs post-graduation helped them develop anti-stress strategies (Lin et al. 2019).

Stephens and Smith (2017) also emphasized the importance of implementing a resilience training

program to help smooth onboarding of NGNs in the perioperative field.

*Resilience and its correlated factors*

A significant positive association between work satisfaction and resilience has been found, meaning that nurses with greater resilience have greater job satisfaction (Brown et al. 2018). A similar positive correlation was identified between resilience and the transition to practice experience in NGNs (Meyer and Shatto, 2018). This impact of resilience on the transition to practice experience in NGNs was based on factors such as support, safety, stress, communication and professional satisfaction (Meyer and Shatto, 2018). On the other hand, resilience was found to be negatively correlated with turnover intention in NGNs (Yu & Lee, 2018). It indicated that nurses who had higher levels of resilience were less likely to leave the profession (Yu and Lee, 2018).

Work frustration was identified as a mitigating factor between resilience and intention to stay (Lin et al. 2019). While Lin et al (2019) found that NGNs who had higher resilience also had higher intent to stay, NGNs experiencing work frustration were less likely to intend to stay in their jobs. Work frustration was measured based on three dimensions: interpersonal relationships; resource application and; work arrangements (Lin et al. 2019). Resource application referred to situations with lack of material resources (such as defects medical equipment or apparatus), whereas work arrangement referred to lack of human resources (such as inappropriate distribution of duties and lack of time given to complete assigned work).

*Impact of spirituality on resilience*

Spirituality was also identified by NGNs as an important component of nursing practice that provided a source of strength (Hodges & Keeley, 2008). Graduates who maintained a strong sense of professional and moral responsibility to care for their patients experienced a higher level of resilience (Wahab et. al. 2017). Stephens and Smith (2017) also identified faith as a protective

factor in development of resilience. In addition, reconciliation enabled NGNs to validate their commitment to the nursing profession. Reconciliation presented NGNs with a way to locate meaning compatible with their values and moral beliefs in their work (Hodges et al. 2008). Practicing holistic care activities (mindfulness, exercise), which assist in maintaining work life balance, were also described as effective strategies for building resilience (Richez, 2014).

## Discussion

This scoping review analysed literature on resilience in NGNs transitioning to workplace. Resilience among NGNs was measured using three different scales: the *CD-RISC* (Brown et al. 2018; Yu & Lee, 2018); the *WYRS* (Meyer & Shatto, 2018); and the *FRS* (Lin et al., 2019). Although these three scales measured resilience using different sub components, focus on self in terms of personal competence (CD-RISC; FRS) or self-reliance (WYRS) was a common factor in all three of the scales (Brown et al. 2018; Lin et. al, 2019; Meyer & Shatto, 2018; Yu & Lee, 2018). The findings indicate that self-awareness is a major contributing factor of resilience in NGNs (Brown et al. 2018; Lin et. al, 2019; Meyer & Shatto, 2018; Yu & Lee, 2018). These findings were similar to a previous review conducted by Hart et al. (2014) where self-efficacy was identified as an important component of nurse's resilience. Maxwell et al. (2011) also found individual factors such as self-initiation and introspection were being used by NGNs to cope with their transition challenges in community health. These findings suggest that it is important to enhance personal resilience in NGNs.

To build personal resilience, nurses can begin by maintaining a positive attitude through humor, laughter, positive thinking techniques, and positive reaffirmations (Jackson et al., 2007). In addition to help nurses resolve the issues in the work environment, personal resilience workshops for nurses have also proven successful (McDonald et al., 2012). A work-based

education initiative to improve personal endurance in nurses was introduced by McDonald et al. (2012). In a participatory learning group style, the initiative was centered on issues such as establishing mentoring relationships, creating stability, sustaining a healthy outlook, academic flexibility, emotional intelligence, and meditation. Positive outcomes from the intervention were recorded by nurses, such as increased self-confidence, self-awareness, communication and problem-solving skills. In addition, nurses were able to establish and improve relationships with their colleagues and within their organization to create a support network.

Social support in the workplace, primarily from preceptors and nurse managers, was also identified in this review as a promoter of resilience (Hodges & Keeley, 2008; Wahab et al. 2017) and a protective factor in the process of enhancing resilience in NGNs (Stephens & Smith 2017). This indicates the importance of ward culture in resilience building process (Wahab et al, 2017). Previous studies have also found that positive ward culture supported NGNs adaptation to new environment by addressing their learning needs and boosting confidence (Clarke & Springer, 2012; Maxwell et al. 2011).  These findings emphasize the role of nurse managers and administrators in promoting resilience in NGNs. The introduction of nurse residency programs for NGNs is recognized by several nursing administrators and managers (Bratt & Felzer 2011, Krugman et al. 2006). Nurse residency programs have been effective in helping NGNs transition to healthcare settings, increasing NGN retention, fostering career satisfaction, and increasing patient safety with a formal orientation and support system (Bratt & Felzer 2011, Krugman et al. 2006). Another strategy that nursing leaders can implement to build resilience is formal and informal debriefing sessions for NGNs involved in traumatic or stressful patient and family situations (Hart et al. 2014). Because caring for patients with a variety of diagnoses and outcomes can produce powerful emotional reactions in NGNs, providing a means of debriefing

in these types of situations can be a cathartic process designed to relieve stress, anxiety, and help elicit latent emotions (Hart et al. 2014).

Brown et al. (2018) discovered a significant positive correlation between job satisfaction and resilience, suggesting that nurses with higher resilience had higher job satisfaction Previous investigators Larrabee et al. (2010) who studied resilience in registered nurses also found a similar positive correlation between job satisfaction and resilience. Resilience also helps to control negative emotions and reduce burnout, thereby promoting job satisfaction (Hudgins,2016). Given the high turnover rates and increasing demand for nurses, it is very important for nurse leaders to identify factors that affect job satisfaction in hospital nurses (Brown et al., 2018; Lin et al, 2019).

This review showed that resilience had a mitigating effect on work frustration and intent to stay (Lin et al 2019). New graduate nurses who had higher resilience were also more likely to stay in their workplaces, however when these NGNs experienced work frustration their intent to stay decreased (Lin et al, 2019). These results confirmed that nursing is a high stress job and the uncertainties within the workplace can generate negative emotions that can cause stress (Chang et al., 2014). Workplace stress decreases job satisfaction and affects turnover intention in nurses (Chang et al., 2014). Hence, nurse administrators and nursing leaders should prioritize resilience education and introduce policies to enhance resilience in NGNs (Copes et. al, 2016). A previous study by Kim and Windsor (2015) on resilience and work-life balance in frontline nurses supported this notion. These authors found that nurses with higher resilience displayed better work efficiency and were more adaptable to work life challenges. The results also found that the level of education in NGNs was a predicator of resilience (Brown et al. 2018; Lin et al. 2019).

This was in contrast to the previous findings by Gillespie et al. (2009) who studied resilience in operating room nurses and found no association between their level of education and resilience.

## Implications

This scoping review provides preliminary information about how resilience is conceptualized in NGNs transitioning to workplace. This is the first scoping review that could be found to focus on the concept of resilience in NGNs transitioning into practice, therefore could be used as a guiding framework for future research in this area. The review also highlights the need for conducting more empirical research into understanding the NGNs lived experience of resilience during their professional role transition. Understanding resilience in the context of NGN transitions experience could result in greater adaptation of NGNs into workplace (Cooper et al. 2020). Degrande et al. (2018), in their study focused on understanding experiences of NGNs working in ICU found that NGNs described "being resilient" (p. 76) as one of the factors that allowed them to thrive in difficult circumsatnces. Therefore, nurse educators should emphasize enhancing NGN's resilience by creating a support network, providing coping support beyond orientation, and increasing exposure to a variety of clinical situations during orientation (DeGrande et al., 2018). Considering the potential benefits of resilience on increased job satisfaction and intent to stay, it is important for nursing administrators to create work environments that promote resilience (DeGrande et al., 2018). A partnership between nursing education and nursing practice is required to address the critical issues related to the evolving concept of resilience in NGNs (Hodgers & Keeley, 2008).

## Limitations

Since the scoping review method does not require an appraisal of the studies, there was variable rigor applied to the literature included in this review. As well, the number of articles included was less which may impact generalizability of this review.

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## List of Appendices

Appendix 1

**Table 2**

Abstract Review

| S.NO | Title | AUTHOR/YEAR | INCLUDED | EXCLUDED | REASON |
|---|---|---|---|---|---|
| 1. | Work, School, and Training in the Environmental Health Field: A Lifelong Relationship. | Dobson, J., Shugart, J. M., & Bante, K. L. (2019). | | x | Focus on Environmental Health |
| 2. | Stress Management and Resiliency Training in a Nurse Residency Program: Findings from Participant Focus Groups. | Chesak, S. S., Morin, K. H., Cutshall, S., Carlson, M., Joswiak, M. E., Ridgeway, J. L., Vickers, K. S., & Sood, A. (2019) | x | | Focuses on new nurses; Addresses the phenomenon of stress and resiliency training in new nurses. |
| 3. | Stress and Health in Nursing Students: The Nurse Engagement and Wellness Study. | Olvera Alvarez, H. A., Provencio-Vasquez, E., Slavich, G. M., Laurent, J. G. C., Browning, M., McKee-Lopez, G., Robbins, L., & Spengler, J. D. (2019). | | x | Population-nursing students |
| 4. | Supervision within Non-Government Organizations: Contemplation of the Supervision Framework. | Christie, A. (2019). | | x | Includes practitioners in the study Focuses on occupational safety practices |

| 5. | Service and Learning at a Residential Parenting Program for Incarcerated Mothers: Speech-Language Pathology Student Outcomes and Maternal Perspectives. | Pace, A. E., Krings, K., Dunlap, J., & Nehilla, L. (2019) | | x | Not directly related to the field of nursing (Focus on Child care, welfare etc.) |
|---|---|---|---|---|---|
| 6. | Spiritual distress among novice nurses during role transition. | Lalani, N. (2019). | | x | Does not focus on resilience |
| 7. | How graduate nurses adapt to individual ward culture: A grounded theory study. | Feltrin, C., Newton, J. M., & Willetts, G. (2019). | x | | Focuses on adaptation of new graduates during transition |
| 8. | General education at the Hong Kong Polytechnic University: A comprehensive evaluation study. | Shek, D. T. L., Lu Yu, Wen Yu Chai, Chan, K., & Ngai, J. (2019). | | x | 5 |
| 9. | The experiences of new graduate nurses hired and retained in adult intensive care units. | DeGrande, H., Liu, F., Greene, P., & Stankus, J.-A. (2018). | x | | Mentions about promoting resilience; also congruent with the context(transition); population (new grads) |
| 10. | Undergraduate Rehabilitation Education and Accreditation: The Importance of Being Persistent. | Perry, D. C., Schiro-Geist, C., Marmé, M., Duncan, J. C., Robertson, R., & Willmering, P. (2018). | | x | 5 |
| 11. | The impact of nursing education and job characteristics on nurse's perceptions of | Svavarsdottir, E. K., Sigurdardottir, A. O., | | x | Not congruent with that aim of the paper (focuses on |

| | | | | | |
|---|---|---|---|---|---|
| | their family nursing practice skills. | Konradsdottir, E., & Tryggvadottir, G. B. (2018) | | | family nursing practice) |
| 12. | Outcomes for Youth Served by the Unaccompanied Refugee Minor Foster Care Program: A Pilot Study. | Evans, K., Pardue-Kim, M., Crea, T. M., Coleman, L., Diebold, K., & Underwood, D. (2018). | | x | Focus- Child welfare Population- Refugees |
| 13. | Community pharmacists at transition to independent practice: Isolated, unsupported, and stressed. | Magola, E., Willis, S. C., & Schafheutle, E. I. (2018). | | x | Population - Pharmacists |
| 14. | Student Perceptions of College-Readiness, College Services and Supports, and Family Involvement in College: An Exploratory Study. | Francis, G. L., Duke, J., Brigham, F. J., & Demetro, K. (2018). | | x | 5 and population-college students with disabilities |
| 15. | The Role of Education in Developing Leadership in Nurses. | Marcellus, L., Duncan, S., MacKinnon, K., Jantzen, D., Siemens, J., Brennan, J., & Kassam, S. (2018). | | x | Focuses on leadership and professional development in nursing (does not include resilience or transition or new grads) |
| 16. | Engaging Nurses in Future Management Careers: Perspectives on Leadership and Management Competency Development through an Internship Initiative. | Siren, A., & Gehrs, M. (2018). | | x | Nurse managers included |
| 17. | Rehabilitation Counseling | Mamboleo, G., Blake, J., | | x | 5 |

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| | Competencies for Working with Veterans: Delphi Study Findings. | Taylor, J., Daniels, J., & Thorne, K. (2018). | | | |
| 18. | How Service Dogs Enhance Veterans' Occupational Performance in the Home: A Qualitative Perspective. | Crowe, T. K., & Nguyen, M. T. (2018). | | x | 5 |
| 19. | The Relationship between Caregiver Burden and Psychological Resilience in Caregivers of Individuals with Dementia. | Senturk, S. G., Akyol, M. A., & Kucukguclu, O. (2018). | | x | Population-Caregivers of dementia patients |
| 20. | Resilient college students in school-to-work transition. | So Rin Kim, & Sang Min Lee. (2018) | | x | Population-College students |
| 21. | Natural disaster preparedness in college students: Implications for institutions of higher learning. | Tkachuck, M. A., Schulenberg, S. E., & Lair, E. C. (2018) | | x | 20 |
| 22. | How frequent are non-evidence-based health care beliefs in chiropractic students and do they vary across the pre-professional educational years. | Innes, S. I., Leboeuf-Yde, C., & Walker, B. F. (2018). | | x | Population-Chiropractic students |
| 23. | Is your graduate nurse suffering from transition shock? | Wakefield, E. (2018 | | x | Only provides a review on transition shock by Kramer and Dr. Duchscher. |
| 24. | What can community pharmacy learn from the experiences of transition to practice for novice doctors and | Magola, E., Willis, S. C., & Schafheutle, E. I. (2018). | | x | Focus is on Pharmacists; includes doctors in the review |

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| | nurses? A narrative review. | | | | |
| 25. | Resilience and transition to practice in Direct Entry nursing graduates. | Meyer, G., & Shatto, B. (2018). | x | | Focuses on resilience in new graduates in the context of transition to practice |
| 26. | Elaboration of the Reciprocal-Engagement Model of Genetic Counseling Practice: a Qualitative Investigation of Goals and Strategies. | Redlinger-Grosse, K., Veach, P., Leroy, B., & Zierhut, H. (2017) | | x | 5 |
| 27. | Chronic School Absenteeism and the Role of Adverse Childhood Experiences. | Stempel, H., Cox-Martin, M., Bronsert, M., Dickinson, L. M., & Allison, M. A. (2017). | | x | 5 |
| 28. | Chronic School Absenteeism and the Role of Adverse Childhood Experiences. | Stempel, H., Cox-Martin, M., Bronsert, M., Dickinson, L. M., & Allison, M. A. (2017). | | x | Exact duplicate of 27 |
| 29. | Graduate Nurses Experience the Sacred During Transcendental Meditation. | Perkins, J. B., & Aquino-Russell, C. (2017). | | x | Population-nursing students |
| 30. | High-Impact Practices in Social Work Education: A Short-Term Study-Abroad Service-Learning Trip to Guatemala. | Cotten, C., & Thompson, C. (2017) | | x | 5 |
| 31. | Mentoring in a Distributed Learning Social Work Program. | Jensen, D. (2017). | | x | 5 |
| 32. | Novice students navigating the clinical | Barrett, J., Trumble, S. C., | | x | Population-Clinicians |

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| | environment in an early medical clerkship. | & McColl, G. (2017) | | | during their internship |
| 33. | Qualitative research using realist evaluation to explain preparedness for doctors' memorable 'firsts. | Lefroy, J., Yardley, S., Kinston, R., Gay, S., McBain, S., & McKinley, R. (2017). | | x | Population-Doctors |
| 34. | The Community and Public Well-being Model: A New Framework and Graduate Curriculum for Addressing Adverse Childhood Experiences. | Ford, D. E. (2017). | | x | 5 |
| 35. | Constructing community to achieve citizenship using recognition theory, recovery, and citizenship as a reflective lens: Experiences from the United States and Scotland. | Stewart, A., Black, K., Benedict, P., & Benson, V. (2017). | | x | 5 |
| 36. | Professional identity in clinician-scientists: brokers between care and science. | Kluijtmans, M., Haan, E., Akkerman, S., & van Tartwijk, J. (2017). | | x | Population-Clinician scientists |
| 37. | Moving forth: Imagining physiotherapy education differently. | Barradell, S. (2017) | | x | Focus-Physiotherapy |
| 38. | Promoting Resilience in New Perioperative Nurses. | Stephens, T. M., Smith, P., & Cherry, C. (2017) | x | | 9 |
| 39. | Future expectations of young people leaving youth care in Flanders: the role of personal and | Van Audenhove, S., & Vander | | x | 5 |

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| | social capital in coping with expected challenges. | Laenen, F. (2017). | | | |
| 40. | Factors associated with the choice of public health service among nursing students in Thailand. | Sawaengdee, K., Pudpong, N., Wisaijohn, T., Suphanchaimat, R., Putthasri, W., Lagarde, M., & Blaauw, D. (2017). | | x | Population-nursing students; focus was to assess job preferences |
| 41. | Healing the Healer: A Caring Science Approach to Moral Distress in New Graduate Nurses. | van Wijlen, J. (2017). | | x | Focus is not on resilience |
| 42. | Critical Readings for Doctoral Training in Rehabilitation Counseling: A Consensus-building Approach. | Bishop, M., Tiro, L., Fleming, A. R., & McDaniels, B. (2017). | | x | Population-graduate students in rehabilitation counseling programs |
| 43. | Prepared to care: adult attachment and filial obligation. | Paulson, D., & Bassett, R. (2016) | | x | Population-Caregivers; focus on filial obligation, family relations |
| 44. | The Views and Experiences of Step Up to Social Work Graduates: Two and a Half Years Following Qualification. | Baginsky, M., & Manthorpe, J. (2016). | | x | Population-Social work graduates |
| 45. | Supporting international medical graduates' transition to their host-country: realist synthesis. | Kehoe, A., McLachlan, J., Metcalf, J., Forrest, S., Carter, M., & Illing, J. (2016). | | x | Population-medical graduates; Focus is not on new graduate nurse transition |
| 46. | The transition to practice experience of | Seah, C. H., & McFerran, K. S. (2016). | | x | Population-music therapy graduates |

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| | five music therapy graduates. | | | | |
| 47. | Transformational Resiliency. | Prestia, A. S. (2016). | X (decision pending) | | Need to read full text (Abstract mentions about novice nurse and transition but not very clear about the intent of the paper) |
| 48. | From Student to Practicing Oncology Nurse: A Novel Collaboration to Create a Transition to Practice Program in Ambulatory Cancer Care. | Dorcy, K. S., Elgar, S., Heye, D., Ford, R., Bohl, S., Eisenberg, S., Coumar, A., Pearson, P., Pugh, J., Mather, K., & Matthews, D. W. (2016) | | x | Focus is an oncology residency program |
| 49. | Medical student satisfaction, coping and burnout in direct-entry versus graduate-entry programs. | DeWitt, Dawn; Canny, Benedict J; Nitzberg, Michael; Choudri, Jennifer; Porter, Sarah (2016) | | x | Population-Medical school students |
| 50. | Building resilience with the Stress Resilience Training System: Design validation and applications. | de Visser, E. J., Dorfman, A., Chartrand, D., Lamon, J., Freedy, E., & Weltman, G. (2016). | | x | 5 (military service) |
| 51. | Stress Levels of Nurses in Oncology Outpatient Units. | Woonhwa Ko, & Kiser- | | x | Does not focus on new graduates |

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| | | Larson, N. (2016). | | | |
| 52. | Developing resilience: Stories from novice nurse academics. | McDermid, F., Peters, K., Daly, J., & Jackson, D. (2016). | X(decision pending) | | Need to review full text; Abstract mentions about transition from clinic nurse to nurse academic |
| 53. | Literature review: "Are you ok there?" The socialisation of student and graduate nurses: do we have it right? | Goodare, P. (2015). | | x | Population includes nursing students |
| 54. | Educational interventions for international medical graduates: a review and agenda. | Lineberry, M., Osta, A., Barnes, M., Tas, V., Atchon, K., & Schwartz, A. (2015). | | x | Population includes medical school graduates |
| 55. | Midwifery students' experiences of an innovative clinical placement model embedded within midwifery continuity of care in Australia. | Carter, A. G., Wilkes, E., Gamble, J., Sidebotham, M., & Creedy, D. K. (2015). | | x | Population-midwifery students |
| 56. | Preparation for an uncertain world: professional agency and durability in the practice preparation of mental health in occupational therapy. | Wimpenny, K., & Lewis, L. (2015). | | x | Focus on occupational therapy |
| 57. | The effects of authentic leadership, six areas of worklife, and occupational coping self-efficacy on new graduate nurses' burnout and mental health: A cross-sectional study. | Spence Laschinger, H. K., Borgogni, L., Consiglio, C., & Read, E. (2015). | | x | Does not focus on resilience, focus is on authentic leadership |

| 58. | Childhood Stress in Healthcare Settings: Awareness and Suggested Interventions. | Al-Yateem, N. S., Banni Issa, W., & Rossiter, R. (2015) | | x | Not focused on resilience in new nurses |
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| 59. | Thinking from experience in psychosocial practice: reclaiming and teaching 'use of self'. | Froggett, L., Ramvi, E., & Davies, L. (2015) | | x | Not related to nursing (education and social work field) |
| 60. | The contribution of clinical placement to nutrition and dietetics competency development: A student-centred approach. | Maher, J., Pelly, F., Swanepoel, E., Sutakowsky, L., & Hughes, R. (2015). | | x | Field-Nutrition and dietetics |
| 61. | A retrospective study of past graduates of a residential life skills program for youth with physical disabilities. | Kingsnorth, S., King, G., McPherson, A., & Jones-Galley, K. (2015). | | x | Focused on rehabilitation of youth with disabilities |
| 62. | Graphic Medicine in the University. | Squier, S. M. (2015). | | x | Focus- Graphic medicine |
| 63. | Curriculum Revitalization Initiative at Tulane. | White, L. (2015). | | x | Focused on revision of public health education curriculum |
| 64. | Spiritual barriers to humility: a multidimensional study. | Sandage, S. J., Paine, D., & Hill, P. (2015). | | x | Focused on identifying spiritual barriers to humility |
| 65. | Mediating Effects of Stress, Weight-Related Issues, and Depression on Suicidality in College Students. | Smith, S. S., Smith Carter, J., Karczewski, S., Pivarunas, B., Suffoletto, S., & Munin, A. (2015). | | x | Population-College students |
| 66. | Cognitive adaptation theory as a predictor of | Helgeson, V. S., Reynolds, | | x | 5; |

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| | adjustment to emerging adulthood for youth with and without type 1 diabetes. | K. A., Siminerio, L. M., Becker, D. J., & Escobar, O. (2014). | | | Not focused on resilience in new nursing grads; Population-Adolescents |
| 68. | Telling stories out of school: Experiencing the paramedic's oral traditions and role dissonance. | Lazarsfeld-Jensen, A. (2014) | | x | Population-Paramedic graduates |
| 69. | Paternal and Maternal Concerns for Their Very Low-Birth-Weight Infants Transitioning from the NICU to Home. | Garfield, C. F., Lee, Y., & Hyung Nam Kim. (2014). | | x | Focus on resilience of parents of infants in NICU |
| 70. | A Power in Clinical Nursing Practice: Concept Analysis on Nursing Intuition. | Robert, R. R., Tilley, D. S., & Petersen, S. (2014) | | x | Focuses on the concept of nursing intuition |
| 71. | Perceived Discrimination and Its Associations with Mental Health and Substance Use Among Asian American and Pacific Islander Undergraduate and Graduate Students. | Chia-Chen Chen, A., Szalacha, L. A., & Menon, U. (2014) | | x | Focus- Racial discrimination |
| 72. | Newly-graduated midwives transcending barriers: Mechanisms for putting plans into actions. | Barry, M. J., Hauck, Y. L., O'Donoghue, T., & Clarke, S. (2014). | | x | Focuses on transition of newly graduated midwives; doesn't focus on resilience |
| 73. | Readiness for work injury management and prevention: Important attributes for early graduate occupational therapists and physiotherapists. | Adam, K., Strong, J., & Chipchase, L. (2014). | | x | Population-Occupational therapists and physiotherapists. |

| 74. | Prime Time: Long-Term Sexual Health Outcomes of a Clinic-Linked Intervention. | Sieving, R. E., McRee, A.-L., Secor-Turner, M., Garwick, A. W., Bearinger, L. H., Beckman, K. J., McMorris, B. J., & Resnick, M. D. (2014). | | x | Focus- sex education and reproductive health of young females |
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| 75. | A prospective study of nurses' intentions to leave the profession during their first five years of practice in Sweden. | Rudman, A., Gustavsson, P., & Hultell, D. (2014) | | x | Focus on nurse's intention to leave profession; doesn't focus on resilience |
| 76. | A secondary data analysis examining the needs of graduate nurses in their transition to a new role. | Phillips, C., Kenny, A., Esterman, A., & Smith, C. (2014). | | x | Although focuses on new graduates and their transition; but doesn't focus on resilience |
| 77. | Resilience-Building Strategies for Nurses in Transition. | Richez, M. (2014). | x | | Focus- building resilience in new grads during transition |
| 78. | Achieving graduate outcomes in undergraduate nursing education: following the Yellow Brick Road. | Baldwin, A., Bentley, K., Langtree, T., & Mills, J. (2014). | | x | Doesn't focus on resilience in new grads |
| 79. | Ending disruptive behavior: Staff nurse recommendations to nurse educators. | Lux, K. M., Hutcheson, J. B., & Peden, A. R. (2014) | | x | Focus-disruptive behavior at workplace |
| 80. | Employment and related economic outcomes for Australian apprenticeship and traineeship graduates | Cocks, E., Thoresen, S. H., & Lee, E. A. L. (2013). | | x | Focused on vocational education and employment of disabled |

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| | with disabilities: Baseline findings from a national three-year longitudinal study | | | | |
| 81. | Perioperative simulation learning and post-registration development. | Inch, J. (2013). | | x | Focus- simulation based learning in new perioperative nurses |
| 82. | Self-described nursing roles experienced during care of dying patients and their families: A phenomenological study. | Arbour, R. B., & Wiegand, D. L. (2013) | | x | Focus- Care of dying patients by critical care nurses |
| 83. | An Evaluative Review of Outcome Research on Universal Mental Health Promotion and Prevention Programs for Higher Education Students. | Conley, C. S., Durlak, J. A., & Dickson, D. A. (2013) | | x | Focus- health promotion among students in higher education in mental health field |
| 84. | Workplace Incivility and New Graduate Nurses' Mental Health. | Laschinger, H. K., Wong, C., Regan, S., Young-Ritchie, C., & Bushell, P. (2013). | x | | Focuses on workplace incivility and role of personal resiliency in new graduate nurses during their transition |
| 85. | The Value of a College Degree for Foster Care Alumni: Comparisons with General Population Samples. | Salazar, A. M. (2013). | | x | Not related to nursing education or practice |
| 86. | Peer review as an educational strategy to improve academic work: An interdisciplinary collaboration between | Schlisselberg, G., & Moscou, S. (2013). | | x | Focused on the value of peer review as an educational strategy to improve |

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| | communication disorders and nursing. | | | | graduate student writing |
| 87. | The influence of authentic leadership on newly graduated nurses' experiences of workplace bullying, burnout and retention outcomes: A cross-sectional study. | Spence Laschinger, H. K., Wong, C. A., & Grau, A. L. (2012). | | x | Doesn't focus on resilience; focuses on workplace bullying and burnout in new graduates |
| 88. | Family Influences and Academic Success: The Perceptions of Individuals Using AAC. | Rackensperger, T. (2012). | | x | Not related to resilience/new graduate nurses; Population-high school graduates |
| 89. | Sport, scales, or war? Metaphors speech-language pathologists use to describe caseload management. | Kenny, B., & Lincoln, M. (2012) | | x | Not related to resilience/new graduate nurses |
| 90. | Keeping safe: teaching undergraduate social work students about interpersonal violence. | Agllias, K. (2012) | | x | Population-social work students |
| 91. | Spiritual dwelling and well-being: the mediating role of differentiation of self in a sample of distressed adults. | Jankowski, P. J., & Sandage, S. J. (2012) | | x | Not related to resilience/new graduate nurses |
| 92. | A longitudinal integrated placement and medical students' intentions to practice rurally. | Roberts, C., Daly, M., Kumar, K., Perkins, D., Richards, D., & Garne, D. (2012) | | x | Not related to resilience/new graduate nurses |
| 93. | Reclaiming the maiden: use of archetypes in a 6-week women's empowerment group. | Singh, A., & Hofsess, C. D. (2011) | | x | Not related to the nursing field (Psychology) |

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| 94. | Exploring student nurse anesthetist stressors and coping using grounded theory methodology. | Phillips JK. (2010) | | x | Population- nurse anesthesia program students |
| 95. | A psychometric evaluation of the Scale of Work Engagement and Burnout (SWEBO) | Hultell D; Gustavsson, 2010 | | x | Focus- nurse engagement and burnout in new graduates |
| 96. | Preparation for ending therapeutic relationships. | Quattlebaum P; Steppling M (2010) | | x | Population- Speech Language Pathologists program graduate students |
| 97. | Predicting markers of adulthood among adolescent mothers. | Oxford ML, Lee JO, & Lohr MJ. (2010). | | x | Population- Adolescent mothers |
| 98. | Moving from full-time healing work to paid employment: challenges and celebrations. | Bergmans Y, Carruthers A, Ewanchuk E, James J, Wren K, & Yager C. (2009) | | x | Focus- rehabilitation of suicide attempt victims |
| 99. | When there is no doctor: reasons for the disappearance of primary care physicians in the US during the early 21st century. | McKinlay J, & Marceau L. (2008) | | x | Focus on shortage of primary care physicians in the US |
| 100. | Professional resilience in baccalaureate-prepared acute care nurses: first steps. | Hodges HF, Keeley AC, & Troyan PJ. (2008). | x | | Focus- on resilience in new graduates, during their transition |
| 101. | Job tenure as a moderator of stressor-strain relations: a comparison of experienced and new-start teachers. | Bradley G. (2007) | | x | Population- teachers Focus- Influence of job tenure on stress levels |

| 102. | Predicting after-care outcomes: the importance of 'felt' security. | Cashmore J, & Paxman M. (2006). | | x | Not related to the concept of resilience in new graduates |
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| 103. | Caring for a common future: medical schools' social accountability. | Woollard RF. (2006). | | x | Focus- social accountability of medical schools |
| 104. | Training in the 7 languages of infant mental health: The Graduate Certificate Program at Wayne State University's Merrill-Palmer Institute. | Kaplan-Estrin M, & Weatherston DJ. (2005). | | x | Not focused the concept of resilience in new graduates |
| 105. | A model for bridging the gap: from theory to practice to reality. | Cardin S, & McNeese-Smith D. (2005). | | x | Review of a graduate nursing administration program |
| 106. | Doctors' views of their first year of medical work and postgraduate training in the UK: questionnaire surveys. | Goldacre MJ, Davidson JM, & Lambert TW. (2003). | | x | Population-newly qualified doctors |
| 107. | Responding to immigrant children's mental health needs in the schools: Project Mi Tierra/My Country. | González-Ramos G, & Sanchez-Nester M. (2001) | | x | Focus- Social needs of immigrant children |
| 108. | A curricular renaissance: graduate education centered on occupation. | Wood W, Nielson C, Humphry R, Coppola S, Baranek G, & Rourk J. (2000) | | x | Focus- curriculum development |
| 109. | Long-term career attainments of deaf and hard of hearing college graduates: results from a 15-year follow-up survey. | Schroedel JG, & Geyer PD. (2000) | | x | Population- college graduates with hearing loss |