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Practice Preparedness in New Graduates: Exploring the Education-Practice Gap

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
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Abstract

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MSN, Walden University, 2007

BSN, Cleveland State University, 1997

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

As newly licensed registered nurses enter their first nursing role, their perceived preparation for practice may vary. This descriptive study addressed the education-practice gap that exists as nurses transition into nursing practice. The use of Benner's skill acquisition model offers a structure for connecting theory to practice. New graduate nurses responded to the Casey-Fink Graduate Nurse Experience Survey© to identify gaps in preparedness for novice practice. A convenience sample of nurses within the first 12 months of hire (n = 35) was sent the survey link by educators from the chosen sites. Anonymity was maintained with 18 total responses and 5 respondents completing the entire 25-question survey. Responses were analyzed via descriptive statistics. New graduate nurses either strongly agreed or agreed that they were prepared for their new role and received positive support from preceptors and staff. However, nurses disagreed or strongly disagreed that they were prepared for transition from student to nurse in the areas of workload, unit integration, system, and interpersonal concerns. Thirty percent also felt uncomfortable with independent performance of some technical skills, such as emergency management and blood administration. None of the new graduate nurses felt unprepared in professional skills related to leadership, communication, and decision making, a finding which contrasts with the literature, which indicates that these are areas of difficulty for new graduates. These findings can be used to structure curriculum and educational strategies to address the perceptions of preparedness and transition-to-practice concerns discovered in this project. This project may lead to social change in its attempt to close the education-practice gap with a stronger population of new graduate nurses.

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Dedication

This project is dedicated to my family. To my children, Craig Jr. and Calla, you are my inspiration and have brought me continuous joy during this process. Always remember to reach beyond the stars, and you will achieve the greatness that you hold within. To my husband, Craig Sr., thank you for your support, encouragement, and the endless hours you gifted me to complete this degree. The patience you exhibited over this time was overwhelming. To my parents, brother, friends, staff, and coworkers for your support, listening ears, and kind words. Thank you all!

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Section 1: Overview of the Evidence-Based Project

Introduction

Movement from a student to a nurse involves a transition from understanding the nurse role from a lay perspective to developing a professional perspective of what "being a nurse" entails (Benner, Sutphen, Leonard, & Day, 2010). In academia, nurse educators are charged with fostering this transition through classroom, skills lab, and clinical experiences. Upon degree completion, the level of novice, according to Benner's (1982) theory of skill acquisition for nurses, should be achieved. Novice-level nurses function by completing tasks and objective measures without context or experience (i.e., physical assessment, intake and output, blood pressure measurements; Benner, 1982). At the organizational level, entry to practice by new graduates is often prefaced by orientation and residency programs upon hire. The goal of clinical practice educators is to begin to provide role socialization for the new nursing graduate and assist in the development of attitudes and behaviors that guide professional nursing practice (Young, Stuenkel, & Bawel-Brinkley, 2008).

According to Smith's (2002) evaluation of the 1999 RN Practice Analysis, associate's degree graduates and bachelor's degree graduates showed no differences in the duties performed upon entry to practice. This project focused on the new graduate and the level of practice preparedness one perceives upon degree completion as well as the perception after orientation completion. Associate's degree education has undergone scrutiny against baccalaureate education in terms of adequacy of preparation for entry into nursing practice; however, this degree option provides more than half of new nursing

graduates who enter practice every year (Mahaffey, 2002). Associate's degree graduates, as well as baccalaureate graduates, must be prepared to readily assimilate and function in clinical practice. A call for transformation of nursing education has proliferated across all degree levels in order to address the needs that new nurses encounter in the current state of nursing practice (Benner et al., 2010; Dyess & Sherman, 2009; Institute of Medicine of the National Academies, 2011; National League for Nursing, 2010; Riegel, 2013). Perceptions of preparedness by new nurses have been linked to their experiences in the first months of practice. Smith and Crawford (2003) found that new graduates had more positive perceptions of preparedness when their involvement in errors made was low and they felt comfortable caring for their assigned patient load. However, a study by the Nursing Executive Center (2008a, 2008b) noted that nurse leaders felt that new graduates were ill prepared in key competencies such as taking initiative and delegation. These diverse findings support the need for further investigation of new graduate perceptions of preparedness.

Problem Statement

The problem addressed in the project was the education-practice gap that exists for newly licensed registered nurses as they transition into clinical nursing practice. Upon degree completion for any nursing graduate, the level of preparation for practice should very closely reflect what is required in novice practice. As new graduates enter into practice, an assessment of skills can serve to tailor orientation and transition-to-practice programs. Assessing the level of acquired skill when a new nurse enters practice can serve to define the novice level for academic and clinical practice education. The use of

Benner's novice-to-expert model (1982, 1984) offers a structure for connecting theory to practice. Furthermore, evidence-based practice can be used to propel nurses through the skill acquisition levels, improving performance, practice, and patient outcomes.

New graduates often engage in a hospital-based orientation program as the first step along their skill path. Some facilities have established nurse residency programs as a method of further preparation for clinical practice. Parsh and Taylor (2013) identified these programs as methods of support in the new nursing graduate's transition into professional practice. The lack of clinical site availability, the increased use of community settings for clinical experiences, and lack of realistic expectations of practice are widening the education-practice gap for those new graduates who are entering these orientations or residencies (McCullough, 2003). Nursing education programs and hospital-based education departments can attempt to address this gap by understanding the new graduate's experiences upon completion of an orientation or residency program. Ensuring that the nursing workforce is safe and competent will lead to quality patient outcomes. Improving the skill preparedness of the newly licensed registered nurse will strengthen the nursing workforce and contribute to optimal patient outcomes.

Purpose Statement

The purpose of this program evaluation project was to gather the responses of new graduate nurses in order to identify gaps in preparedness for novice practice. As newly licensed registered nurses enter into their first nursing role, their perceptions on being prepared for clinical practice may vary. These nurses have achieved varying levels of preparation from their academic settings, but have all achieved licensure through the

National Council of State Boards of Nursing (NCSBN). The NCSBN functions by providing state boards of nursing a method of regulation to address quality in public health, safety, and welfare (NCSBN, 2014). An entry-level registered nurse's successful completion of the National Council Licensure Examination for Registered Nurses (NCLEX-RN) provides public protection, ensuring safe and effective practice (NCSBN, 2012). Transitioning from student to practicing nurse requires the newly licensed registered nurse to translate educational achievement and NCLEX success into the role of practice as a novice nurse. Barriers to the transformation of nursing practice, as suggested by the Institute of Medicine (IOM, 2011), exist due to the difficulty that nurses have in transitioning from school to practice. This program evaluation sought to identify the perceptions, barriers, and experiences that hinder new graduates from moving along the skill acquisition path. This knowledge may translate into the transformation of nursing education in order to ease the transition to clinical practice.

Project Objectives

The project focused on measures to close the education-practice gap that occurs as newly licensed registered nurses enter into novice practice. The project attempted to do the following:

1. gather experiences from new graduate nurses upon completion of an orientation/residency program.
2. summarize findings to reveal themes related to new graduate experiences.
3. propose measures to improve orientation/residency practices based upon collected findings and themes revealed through program evaluation.

4. identify significance of themes to translate into nursing education practice in academia and in clinical practice.

Meeting these objectives upon completion of this project may serve to influence nursing education curricula, transition-to-practice programs, and possible collaborative efforts to address the education-practice gap.

Significance to Practice

The Nursing Executive Center (2008) found that nearly 90% of academic leaders expressed confidence in their graduates' preparedness for safe novice practice. However, only 10% of hospital and health system nursing leaders agreed. With the ever-changing healthcare environment and complex patient needs, nurses must be well equipped to function safely and effectively in practice, even at the novice level. While nursing leaders express that the preparation of new graduate nurses is inadequate, there has been a lack of evidence-based measures provided to academic settings in order for directed change to occur (Burns & Poster, 2008). Assessment of the perceptions present in new graduates as they enter into nursing practice after an orientation/residency program gives insight into the experiences of these nurses from their perspective. Targeted improvement measures can be developed to address potential deficits occurring in nursing education, both academic and clinical. As the nursing workforce becomes increasingly composed of newly licensed nurses, competence, achievement of performance expectations, and retention can strengthen quality patient outcomes and excellence in nursing practice (Weathers & Hunt Raleigh, 2013).

Project Question

What experiences exist among new graduate nurses postorientation/residency in relationship to program evaluation and preparation for novice practice?

Associated questions posed for this proposed project were the following: (a) Are new graduate nurses prepared with the necessary skills for novice practice prior to completion of an orientation/residency program? (b) How will new graduate nurses describe their experiences and their preparedness for novice practice as a result of an orientation/residency program? This program evaluation project was developed in an attempt to gain insight into new graduates' experiences during entry to practice and to explore the possible existence of a gap between education and practice. "Bridging the theory practice gap will improve learning opportunities for students and working conditions for clinicians. Students of today are the leaders of tomorrow" (Wilson, 2008, p. 25).

Implications for Social Change in Practice

The potential to impact nursing education at the academic level and at the practice level is inherent within this project. Providing insight into new graduates' experiences of practice preparedness can give nursing faculty and clinical educators an opportunity to partner as stakeholders in achieving improved patient outcomes and practice change. These educators are confronted with the education-practice gap and struggle to create a smooth transition between the two areas (Ruth-Sahd, 2014). The use of evidence discovered in this evaluation of an orientation/residency program to inform best practices

will bridge the gap while creating a collaborative partnership to improve care delivery and transform healthcare through nursing (Stevens, 2013). Social change can erupt from this influential group, as new graduates comprise the next generation that will transform the future of nursing, meeting the complex needs of population health, influencing policy, and promoting wellness. This collaboration of practice areas will give rise to fit newly licensed registered nurses addressing recommendations of regulatory bodies, advisory boards, and professional groups (Institute of Medicine of the National Academies, 2011; National League for Nursing, 2010; Nursing Executive Center, 2008a & 2008b).

Definitions of Terms

The following definitions were used to guide the project.

Nurse educator: A nurse educator is a member of the academic faculty and administrative staff who provides prelicensure nursing education to individuals seeking to obtain a license to practice as a registered nurse from the National Council of State Boards of Nursing (National League for Nursing, 2013).

Clinical practice educator: A clinical practice educator is a member of a healthcare organization who provides postlicensure education to nurses related to staff development concerns, in-services, and transition to professional practice within their facility (Burns & Poster, 2008).

Nursing leader: A nursing leader can be in the healthcare setting or academic setting. Within the healthcare setting, nursing leaders are chief nursing officers, nurse managers, clinical nurse specialists, and clinical practice educators. In the academic setting, nurse leaders are deans and directors of nursing programs, administrative team

members such as associate deans and program coordinators, and nurse educators (Nursing Executive Center, 2008).

Skills: The skills that nurses possess in order to safely and effectively perform quality care of their patient population are developed throughout their careers beginning in nursing school. These skills include but are not limited to the psychomotor, technical skills used to perform procedures and nursing duties; decision-making and critical thinking ability; delegation; prioritization; interpretation of assessment data; communication; and recognition of patient status changes (Nursing Executive Center, 2008b).

New graduate: A registered nurse who has completed the National Council Licensure Examination successfully and has less than 1 year of practice experience in nursing (NCSBN, 2011).

Assumptions

Assumptions are statements considered to be true without scientific testing (Grove, Burns, & Gray, 2013). The project includes two assumptions:

1. New graduate nurses should feel that their prelicensure program has given them knowledge and skills to practice nursing.
2. The experiences of new graduates will indicate the extent of the education-practice gap.

Limitations

Limitations have decreased the generalizability of the project findings (Grove et al., 2013). The project includes two limitations:

1. Site A used for the project hired a limited number of new graduates in the past year. The number of participants in this program evaluation from this site was limited. Site B was enlisted in order to gain an adequate participant pool.
2. Site A is a governmental agency that uses highly selective criteria for hire. This has limited the generalizability of the findings. Site B does not use such stringent hiring practices.
3. Site B hires only nurses with a bachelor's degree in nursing. This has also limited the generalizability of the findings. Site A hires new graduates with associate's and bachelor's degrees.

Summary

This section has provided an indication of the need to address the education-practice gap that occurs as new graduate nurses transition into practice. This gap can be explored through the collection of experiences from new graduate nurses revealing postorientation/residency program evaluation. These findings will serve to develop themes related to the preparedness of new graduates and measures to attempt to close the identified gap. A joint partnership to combine academia and clinical practice efforts can transform the nursing workforce to impact the healthcare delivery system and promote optimal patient outcomes.

Section 2 contains a review of scholarly evidence surrounding the preparation of new graduates for practice, the education-practice gap, and the impact on workforce and patient outcomes. This section also addresses the novice to expert Model of Benner (1982, 1984). This theoretical framework applies to the professional development of

nurses on a skill path from the level of novice to that of expert. The project addressed its participants as novices as described in Benner's work. The experiences of the participants can give insight into the movement along the skill acquisition path by this group.

Section 2: Review of Scholarly Evidence

Introduction

The purpose of this project was to gather the experiences of new graduates related to their preparedness for practice. The literature was reviewed in order to understand the needs of new graduates, clinical nursing leadership, and academia. Additionally, the review consisted of the theoretical framework that was used and its translation into nursing practice. This section addresses the scholarly evidence surrounding transition to practice, bridging the education-practice gap, and workforce and patient outcomes.

Literature Search Strategy

An electronic search for scholarly literature was conducted using the CINAHL, Medline, ProQuest, and Academic Search Complete databases. The consideration of articles remained within a 10-15 year timeframe, with only two sentinel sources used. Search terms included *education-practice gap, theory-practice gap, new graduate preparedness, preparation to practice, new graduate nurse,* and *transition to practice*. The Boolean value "and" was used to string various combinations of the above terms together to yield relevant and adequate results. The retrieval and review of 56 articles was conducted in fulfillment of the search strategy.

Literature Review—Education-Practice Gap

Bridging the education-practice gap has become increasingly necessary as the complexity of patient care has risen. The transition into professional practice for new graduates is classified as skill acquisition, knowledge, and behaviors for successful functioning as a nurse (Young et al., 2008). Achieving this transition results from the

development of an understanding of the role of a professional nurse and avoiding role discrepancy (Young et al., 2008). New nurses are unfamiliar with their working environments and are deemed less capable, making them vulnerable to criticism and power struggles (Ying Lee, Hsu, Li, & Sloan, 2012). While new graduates seek to provide quality nursing care, knowledge, time, and focus are lacking as they attempt to understand their new unit and achieve an independence that would provide a sense of professionalism and competence (Duchscher, 2001). New graduates have a feeling of disparity about their nursing education in relationship to preparation for professional practice; a full sense of responsibility for patient care had not been instilled prelicensure (Duchscher, 2001). The nursing education system must expand to meet the competency levels necessary for new graduates to deliver traditional and innovative strategies of care (Institute of Medicine of the National Academies, 2011). Clinical nursing leadership and nursing faculty must collaborate to identify core competencies that should be mastered during school (Greenberger, Reches, & Riba, 2005). Associate's degree and baccalaureate degree graduates rate preparation received from their educational programs as adequate to perform certain practice tasks (Smith & Crawford, 2003). However, the transition to practice is moving more swiftly for new graduates, allowing them to enter into practice with full, complex patient assignments after receipt of an abbreviated orientation (Dyess & Sherman, 2009). By exploring new graduates' perceptions related to confidence, competence, and successful role functioning, insights can be gained (Fink, Krugman, Casey, & Goode, 2008).

The education-practice gap occurs due to a number of educational and organizational factors. Insufficient clinical experiences contribute to the gap, leaving academia to find alternate ways to provide clinical practice involvement (Mowry & Crump, 2013). The use of simulation and immersion experiences can provide effective feedback for student performance measurement (Ashcraft et al., 2013). However, these experiences should continue to be coupled with actual care of patients in the clinical setting. "The clinical setting provides students with an opportunity to develop a professional identity, knowledge base, and the ability to transfer classroom knowledge to the clinical setting" (Baxter, 2007, p.103).

The Nursing Executive Center (2008) surveyed nursing leaders in clinical practice and academia to gather information on the emphasis of 36 nurse competencies. These competencies were measured by emphasis in academic curriculum and practice performance of new graduates. Although a strong correlation was not found between curricular emphasis and new graduate performance, skill deficits seem to occur in certain areas that have a lesser curricular emphasis (Nursing Executive Center, 2008). Furthermore, the skill deficits that were revealed are items that are better taught in the clinical environment than in the classroom (Nursing Executive Center, 2008). Nursing students are rarely expected to be decision makers and act upon urgent and emergent situations, yet for new graduates, the expectation is high that such action must occur in their new role (Burns & Poster, 2008).

Nursing students are given opportunities to translate theory in to practice by providing appropriate care interventions, although these interventions may be guided by

trial and error and not sound principles affecting practice habits (de Swardt, Toit, & Botha, 2012). Clinical agencies state that they will provide orientation that will ensure technical skills but want academia to provide training in critical thinking and clinical judgment (M. McMillen, personal communication, August 7, 2014). With limited opportunities available to nursing students to experience these skills, the gap continues to widen.

Literature Review—Education-Practice Partnerships

Also reflected in addressing the education-practice gap is the notion of partnerships between education and practice. New graduates feel thwarted in their attempts to promote evidence-based practice in their new role due to the culture of the work environment (Eggertson, 2013). Organizational culture prohibits innovation and improved methods of care that are present among nursing students and new graduates (Eggertson, 2013). Over 50% of new graduate nurses leave their first job within the first 2 years of practice due to workplace environment issues (Bowles & Candela, 2005). Striking a balance through collaboration between education and practice can meet the needs of the graduates and the organizations. These collaborative efforts can create a vehicle for tailored experiences for nursing students, structured assignments to mimic an RN workload, and opportunities for evidence-based ideas to develop among students and staff (Nursing Executive Center, 2008). Education-and-practice collaborations can bring together the innovative ideas of new nurses and the organizational culture to ease the transition to practice. The reduction of role discrepancy can increase job satisfaction and morale as well as renew educational resources though retention (Young et al., 2008).

Theoretical Framework

The current changes in nursing practice have implications for nursing education (Benner et al., 2010). Diverse technological advances, specialized acute care, and community-based care drive the need for a transformation of nursing education and the creation of a bridge to clinical practice. Advanced knowledge, skills, judgment, and ethical standards must be developed from novice to expert (Benner et al., 2010). Benner's (1984) work outlines the skill acquisition that takes place in the evolution of an individual's nursing practice. The levels of skill acquisition serve as framework for exploring the experiences of the nursing student upon graduation and the new nurse in practice. The level of skill that a new nurse has upon entering practice is defined as *novice.* Benner's model can supply a structure for connecting theory to practice. Furthermore, evidence-based practice can be used to propel nurses through the skill acquisition levels, improving performance, practice, and patient outcomes. The interconnection of theory and practice provides the new graduate with an ability to cultivate the closure of the education-practice gap (Benner, Tanner, & Chesla, 2009).

Benner's novice-to-expert model is a middle-range theory identifying skill, experience, and knowledge as the basis for practice growth resulting in clinical expertise. Benner (1984) revealed that there are critical incidents that occur to influence the nurse's movement from novice to expert. Based upon the Dreyfus model of skill acquisition, Benner interpreted the five levels of proficiency into nursing practice. The *novice* follows certain rules that are true and objective, with no ability to discern action outside of these rules; task-driven new graduates fit here. The *advanced beginner*, who could

also be a new graduate, has had some experience and is now able to recognize situations and appropriate actions. The *competent* nurse has perspective and can visualize long-range goals in planning care. Next is the *proficient* nurse, who can see the whole situation and know when the norm is lacking, leading to improved decision making. Lastly, the *expert* can focus in a laser-like manner to address a patient problem or need and draw upon rooted knowledge from all previous levels of experience (Benner, 1982). This theory uses an interrelationship of rules and experiences that move a nurse into higher levels of practice and the ability to impact patient outcomes. This movement along the skill acquisition path will be explored in the proposed project as perceptions of practice preparedness are gathered postorientation/residency.

The new graduate enters into practice at the novice level. The prelicensure preparation that occurs is intended to bring the nursing student to the novice level through the curriculum design of education programs. Benner's novice-to-expert theory indicates the need to move the novice along the skill acquisition path to become fully immersed in professional practice to meet patient outcomes. The use of this framework to address the education-practice gap for the project guided the revelation of skills preparedness from the new graduate through research methods.

Summary

The review of literature related to the education-practice gap has identified the need to address this practice concern. Education programs and organizational structures contribute to this widening gap due to the differing levels of expectations present. In the program evaluation project, the experiences of new graduates were gathered in an attempt

to explore the gap further. This exploration may serve to balance the education and organizational components to support the new graduate in the transition to professional practice. These findings will aid me in transformation efforts to improve prelicensure nursing education in order to promote a seamless transition. Benner's novice-to-expert theory offers a framework to shape this evidence in support of the educational underpinnings that can bridge the new graduate into practice. In turn, the clinical practice realm will also give support to the new graduate during the movement along the skill acquisition path.

Section 3 describes the methods of data gathering that occurred in the project's quest to address the education-practice gap. A quantitative approach for linking theory to practice was used. The measures of data collection, evaluation, and analysis are discussed in order to structure the project's implementation.

Section 3: Approach

Introduction

The project was an attempt to explore the potential education-practice gap in nursing education and new graduate entry to practice. The experiences of new graduates have been documented postorientation through survey techniques incorporating a quantitative approach. Conducting descriptive research gives the opportunity to capitalize on the advantages of quantitative techniques to garner a wider perspective within the research findings (Terry, 2012). Quantitative data provide numbers and concrete variables to the topic of new graduate preparedness. The project also garnered responses that provided thoughts, feelings, and perceptions related to the novice nurse experience. A holistic approach to research can produce data that may have a greater impact on practice, linking theory and empirics (Grove et al., 2013).This section outlines the data collection methods and analysis that were used to make these discoveries.

Sample and Recruitment

The population used in this DNP project was composed of new graduates beginning their first jobs as registered nurses at the chosen sites. Each site had identified that there would be new graduate nurses to be hired on an ongoing basis. The number of subjects had not been determined; this number would be based upon the number of new graduates hired who had completed their orientation/residency program and were within the first 12 months of employment at each site. I worked with the nurse recruiter and clinical nurse educators at each site to identify the hiring practices to attempt to capture a target of 20 new graduates. The experiences of these new nurses were captured

postorientation/residency. This consideration of timing took into account convenience for the subjects and the need for me to gain credible and complete survey data serving as program evaluation (Terry, 2012).

Setting

The project setting consisted of two medical centers located in Northeast Ohio. Site A is an organization that is under the guise of the federal government providing primary, secondary, and tertiary care to over 105,000 veterans spanning Northeast Ohio (U.S. Department of Veterans Affairs, 2013). Site A has been designated a Center of Excellence in Primary Care Education, signifying the site's commitment to bridging the education-practice gap through a transformative approach to clinical education and preparation of healthcare team members.

Site B is an organization that is under the guise of a public healthcare domain providing care to the community as a large comprehensive healthcare system with a provision of services to Cuyahoga County residents, regardless of the ability to pay, spanning 17 locations according to the organization's website. Since its inception, Site B has had a tradition of excellence in research and academics, advancing medical and nursing practice through clinical education to meet the community's needs and guarantee excellent patient care. This site has a well-established nurse residency program with six residency classes per year. Approximately 75-80 nurse residents complete this program annually (T. Galvin, personal communication, January 21, 2015). Sites A and B are ideal venues to explore new graduates and the associated novice practice experiences.

Data Collection Procedures

Data collection occurred at the conclusion of the new graduates' orientation/ residency within the first 12 months of hire. The Casey-Fink Graduate Nurse Experience Survey© (2006) was administered electronically to the participants via a Survey Monkey™ link. The survey was completed on site computers or by use of a personal device using the provided link. I distributed the survey link via email to the members of Site A's and Site B's clinical nursing education team. The graduates were contacted to complete the postorientation/residency Casey-Fink Graduate Nurse Experience Survey© via a survey link emailed by each site's education team. Data is analyzed through electronic means to produce two levels of measurement, nominal and ordinal. The use of these levels of measurement has the potential to yield named attributes and ordered responses. The elicited responses will attempt to safeguard the voice of the participants (Grove et al., 2013).

Instruments

The experiences of the new graduate nurse can provide insight into competency, confidence, and factors for positive or negative role functioning (Fink et al., 2008). The Casey-Fink Graduate Nurse Experience Survey© measured the experiences of the new graduates and has been tested for internal consistency reliability and validity (Casey, Fink, Krugman, & Propst, 2004). Specific information related to the instrument's reliability and validity is located in Appendix A. The survey instrument is composed of demographic information, open-ended skills performance questions, Likert-type comfort/confidence items, job satisfaction items, and four multiple-choice questions.

These grant the new graduate an opportunity to reveal experiences related to environment and transition (Fink et al., 2008). The data from the group were gathered electronically through a Survey Monkey™ link I established.

Both sites agreed to the utilization of the Casey-Fink survey as a program evaluation method for this project. This instrument is currently in place for use in the national VA Transition to Practice Program and can also be retrieved online. Therefore, Institutional Review Board approval was not necessary, according to Site A, due to its use as a standard of practice within the VA system (M. McMillen & D. Long, personal communication, October 22, 2014). Site B agreed to the distribution of the survey link among its new graduates pending Institutional Review Board approval of the project through Walden University (M. McNett, personal communication, May 13, 2015).

Protection of Human Rights

The protection of human subjects has been considered in this project. I have completed the National Institutes of Health's Protecting Human Research Participants training course. The Walden Institutional Review Board (IRB) was solicited for approval of the project. Approval number 07-15-15-0040170 was issued. Informed consent was obtained from the new graduate participants prior to survey completion, with the ratio of risk to benefit for participation identified (Terry, 2012).

Participants were invited to take part in a program evaluation project involving new graduate nurses and their thoughts about being prepared for nursing practice. Nurses with less than 1 year of professional nursing experience were included in the project. Part of this inclusion process used informed consent to allow understanding of this project by

participants before deciding whether to take part in this program evaluation. The purpose of this program evaluation project, gathering experiences of new graduate nurses postorientation/residency, was identified during the informed consent process. Participants understood that the nature of the project was voluntary, their participation could be discontinued at any time, and this project would not pose any risk to safety or wellbeing. Additionally, the benefits of this project were outlined, and no payment was provided to participants. Lastly, participants were apprised that information would be kept confidential, with no identifiers being used. An electronic copy of the consent form was offered to each participant to keep.

Data Analysis

Data analysis were conducted to reveal responses surrounding experiences of preparedness in addition to quantitative figures collected. Forced-choice survey questions combined with the Likert-type survey questions in the Casey-Fink questionnaire supported a descriptive study inquiry. It was anticipated that the survey data would reveal areas of practice development that should occur pre and postlicensure.

A tally of the forced-choice questions contained in the survey was conducted. Comfort in skills performance, communication concerns, role satisfaction information, and demographic facts were included in the analysis. The strength in using a quantitative method of research is that it allows for experiences to be explored and for discovery of current practice. These data will guide efforts to transform academic and clinical nursing education. It is anticipated that the findings that have surfaced can be translated into

practice by nursing leaders, influencing the curricula of orientation/residency programs as well as prelicensure programs.

The quantitative data were analyzed to infer conclusions of new graduate experiences of preparedness to the prelicensure population. The appraisal of the data collected postorientation/residency were also analyzed using the documented responses and a summary of findings. The Casey-Fink survey consists of Likert-type scale questions for nominal and ordinal measurement along with forced choice questions through which themes can surface. This measurement can reveal whether there is statistical significance in a postorientation/residency program evaluation. Accurate results can be translated into evidence-based education practice.

The emergence of concepts or patterns upon analysis is shown in this program evaluation project in addition to the ordering of group means (Grove et al., 2013; Polit, 2010). The systematic analysis I completed is in alignment with Benner's novice-to-expert theory. The convergence of open-ended responses and quantitative data can potentially produce complementary, statistically significant results (Terry, 2012). The use of descriptive research sought to merge the participants' communicative expression with the supporting quantitative data (Fink et al., 2008). The use of this model to reveal new graduate experience was an effort to bring depth to academic and clinical nursing education.

Summary

There is a challenge in nursing education to implement strategies that encourage professional role development, clinical competence, and critical thinking skills (White &

Dudley-Brown, 2012). The perceptions of new graduates were gathered using the Casey-Fink Graduate Nurse Experience Survey© postorientation/residency. The survey was administered upon completion of the orientation/residency program within 12 months of hire. Quantitative data analysis with open-ended responses was examined and compared in an effort to reveal strategies for translation into academic and clinical nursing education practice. This section has addressed the sampling, procedures, instrument, and analysis approaches of the project. Section 4 addresses the findings and implications for practice discovered through the completion of the DNP project.

Section 4: Findings, Discussion, and Implications

Introduction

There is a need to understand the new graduate nurse experience in order to address concerns related to the education-practice gap. A descriptive study approach was used to gather themes via quantitative strategies and communicative responses in order to guide academic and clinical education practice. This section addresses the findings of the Casey-Fink Graduate Nurse Experience Survey© and the limitations encountered as the project was conducted. Implications for practice and social change, along with analysis of self and indications for professional development, are also presented.

Summary of Findings

The Casey-Fink Graduate Nurse Experience Survey© was administered to new graduate nurses at Site A and Site B via a Survey Monkey™ link. The link was made active on July 21, 2015, and was emailed to the clinical nurse educators at Site A and Site B for dissemination to the intended population. The survey link was distributed by the educators to maintain anonymity of the respondents. The link remained active for 3 months and was closed on October 21, 2015.

New graduate nurses who had completed their orientation or residency program and had less than 12 months of professional nursing experience completed the Casey-Fink survey. Eighteen survey responses were collected from the target number of 20. The majority of responses were collected from Site B (n = 4), with only one response from Site A. Of the five respondents who completed the entire survey, all were female BSN graduates. One respondent was African American, with the remaining four listed as

Caucasian. Due to the use of convenience sampling, subject diversity could not be controlled.

The Casey-Fink survey consisted of 25 questions that included Likert-type questions and demographic inquiries. The 18 respondents provided complete responses to Question 1 only. The survey was completed in its entirety by only five respondents. The request for responses was considered reasonable, with an adequate number of potential subjects available; however, subject attrition occurred (Grove et al., 2013). While the survey was accessed and yielded 18 responses to Question 1, Questions 4 through 25 were completed by the five respondents. Question 2 elicited seven responses, and Question 3 yielded six responses. The completed response rate was 27.7%.

The Casey-Fink Graduate Nurse Experience Survey© was used in this project as a form of program evaluation of hospital-based orientation/residency programs. The findings were intended to relay the new graduate experience to Site A and Site B as a means of feedback on the transition-to-practice experiences provided to these graduates. The graduate responses to the survey were diverse, and the completion rate was less than anticipated. However, responses can give insight into new graduate experiences at Site A and Site B with implications for practice. An analysis of data is provided to capture the indications for education practice.

The age range of the nurses completing the survey was 23 to 40 years, and hire dates were between January and May 2015. Four nurses currently worked in adult care areas, and 100% (n = 5) had previous healthcare experience. Forty percent participated in a unit orientation that was ≤ 8 weeks, and 60% had unit orientation lasting 9-12 weeks.

As of the date of the survey completion, none of the respondents had functioned as a charge nurse or preceptor.

Table 1

Question 1: List the Top Three Skills/Procedures You Are Uncomfortable Performing Independently at This Time

Answer options	1	2	3	I am independent in all skills	Response count
Assessment skills	0	1	2	0	3
Bladder catheter insertion/irrigation	1	2	2	0	5
Blood draw/venipuncture	1	1	0	0	2
Blood product administration/transfusion	3	1	1	0	5
Central line care (dressing change, blood draws, discontinuing)	1	0	0	0	1
Charting/documentation	0	0	0	0	0
Chest tube care (placement, pleurovac)	1	3	0	0	4
Code/emergency response	8	3	2	0	13
Death/dying/end-of-life care	1	1	1	0	3
Nasogastric tube management	0	1	0	0	1
ECG/EKG/telemetry care	0	0	1	0	1
Intravenous (IV) medication administration/pumps/PCAs	0	0	0	0	0
Intravenous (IV) starts	3	0	2	0	5
Medication administration	0	0	0	0	0
MD communication	0	0	0	0	0
Patient/family communication and teaching	0	1	0	0	1
Prioritization/time management	0	0	0	0	0
Tracheostomy care	0	0	2	0	2
Vent care/management	3	2	2	0	7
Wound care/dressing change/wound vac	0	0	1	0	1
Unit specific skills-please list below	0	0	0	0	0
Please list unit-specific skills: Postpartum hemorrhage					1

Table 1 indicates the responses of the 18 new graduate respondents who attempted the survey. The skills listed include technical, psychomotor skills and practice activities. The responses were varied; some items elicited a zero response. The skill garnering the most responses was code/emergency management at $N = 13$. Vent care/management elicited the next largest response at $N = 7$. The third highest response, $N = 5$, occurred for three skill areas: bladder catheter insertion/irrigation, blood product administration/transfusion, and intravenous (IV) starts. These areas signify a decreased level of comfort in performing these skills even after educational preparation and hospital-based orientation/residency. No respondent indicated that professional skills such as those in leadership, communication, and decision-making categories were areas of difficulty in practice.

Table 2

Question 2: Please Answer the Following Questions

Answer options	Strongly disagree	Disagree	Agree	Strongly agree	Response count
I feel confident communicating with physicians.	0	0	2	1	3
I am comfortable knowing what to do for a dying patient.	0	1	2	2	4
I feel comfortable delegating tasks to the Nursing Assistant.	0	0	3	1	4
I feel at ease asking for help from other RNs on the unit.	0	0	1	3	4
I am having difficulty prioritizing patient care needs.	1	2	0	0	3
I feel my preceptor provides encouragement and feedback about my work.	0	0	1	2	3
I feel staff is available to me during new situations and procedures.	0	0	1	2	3
I feel overwhelmed by my patient care responsibilities and workload.	1	2	0	0	3
I feel supported by the nurses on my unit.	0	0	1	2	3
I have opportunities to practice skills and procedures more than once.	0	0	1	2	3
I feel comfortable communicating with patients and their families.	0	0	2	1	3
I am able to complete my patient care assignment on time.	0	1	1	1	3
I feel the expectations of me in this job are realistic.	0	0	2	1	3
I feel prepared to complete my job responsibilities.	0	0	2	1	3
I feel comfortable making suggestions for changes to the nursing plan of care.	0	1	3	0	4
I am having difficulty organizing patient care needs.	2	2	0	0	4
I feel I may harm a patient due to my lack of knowledge and experience.	1	2	0	1	4
There are positive role models for me to observe on my unit.	0	0	1	2	3
My preceptor is helping me to develop confidence in my practice.	0	0	1	2	3
I am supported by my family/friends.	0	1	0	3	4
I am satisfied with my chosen nursing specialty.	0	0	2	1	3
I feel my work is exciting and challenging.	0	1	1	3	5
I feel my manager provides encouragement and feedback about my work.	2	0	4	1	7
I am experiencing stress in my personal life.	2	1	2	1	6

Table 3

Question 3: If You Chose Agree or Strongly Agree to the Above Question, Please Indicate What Is Causing Your Stress (You May Choose More Than One Choice)

Answer options	Response percent	Response count
Finances	33.3%	2
Child care	66.7%	2
Student loans	33.3%	1
Living situation	0.0%	0
Personal relationships	33.3%	1
Job performance	33.3%	1
Other (please specify)	0.0%	2

Table 2 indicates the responses of the seven nurses who provided information to answer Question 2. Table 3 indicates the follow-up response to the final question presented in Table 2. The findings here reveal that the new graduates appeared to be confident in interactions with physicians, in communicating with staff and communicating needs, and in the area of delegation. The nurses felt a great deal of support and guidance from their preceptors. These areas support the findings for Question 1, where no respondent felt uncomfortable with professional practice skills. Additionally, no concerns or difficulty were discovered in relationship to prioritization, organization, and patient care responsibilities. The respondents denoted that staff were supportive, served as role models, and were available when necessary. While the sample size was limited, these findings provide a positive evaluation of the transition to professional practice by the graduates surveyed here. These results fall in line with the findings of Rush, Adamack, Gordon, Janke, and Ghement (2015) indicating that participation in a transition program yields improved functioning in practice, communication, and professional satisfaction.

Table 2 also revealed areas that were concerns or that presented challenges to the new graduates. The majority of responses were favorable to these categories; however, a *strongly disagree* or *disagree* choice was yielded by at least one respondent. Nurses felt difficulty in completing assignments on time and making suggestions to change the plan of care. One new graduate felt fearful that harm would come to a patient due to lack of knowledge and experience. Duchscher (2008) discovered that new graduates had similar feelings about the realities of roles, duties, and workload.

Another area of concern revealed in Table 2 was lack of encouragement and feedback by the nurse manager (n = 2). Lack of family support, personal stress, and lack of excitement/challenge at work were also discovered here. Table 3 further discloses the areas that were causing stress to the respondents. While a response count for "other" as a cause of stress was gathered, the typed responses showed no stress.

In total, five new graduates completed each of the 25 questions in the Casey-Fink survey. The remainder of the questions gave data in support of the items listed in Tables 1, 2, and 3. Question 4 uncovered dissatisfaction with the lack of encouragement and feedback provided to respondents and dissatisfaction with the ability to choose shifts. Salary, vacation, benefits, working hours, weekend commitment, amount of responsibility, and advancement opportunities were areas of satisfaction for the group (n = 5). Transitioning from the student role to the RN role was troublesome for these nurses in the area of workload; 60% cited this as the area causing the most difficulty, with 40% citing lack of confidence as their area of difficulty. The respondents indicated that increased support and unit socialization would have aided in integration to the unit, as

found in Question 6. The most satisfying aspect of the work environment for 60% of this group was the patients and families they encountered in practice. The least satisfying aspects were equally shared at 40%: nursing work environment, system concerns, and interpersonal relationships. Two respondents shared specific examples of the difficulties they faced with system challenges and interpersonal relationships. Both indicated that work was being affected. One nurse felt anxiety and felt that the work environment was unhealthy due to poor manager support and unit gossip. Fatallah and Laschinger (2016) found that nurse managers that function with authentic leadership create a supportive, professional environment, thereby easing transition to practice, influencing role satisfaction, and avoiding the new graduate leaving practice. Dyess and Sherman (2009) recommended equipping new graduates with strategies to respond to difficult situations through practice and role play along with extended support throughout the first year.

The data gathered from these survey questions can begin to shape areas for improvement in bridging the education-practice gap. Addressing some of the transition-to-practice concerns of this group may give Sites A and B insight into strengthening the support granted to new graduate nurses. Academic programs can garner insight from these findings to address difficulties and challenges in the prelicensure curriculum. Workplace environments can cause stress that affects patient care, peer relationships, and nurse turnover. Understanding the feelings of new graduates can influence curricular planning and assessment in academia and clinical education (Candela & Bowles, 2008).

Discussion of Findings

Benner's novice-to-expert model utilizes a framework of skill acquisition. Clinical knowledge development and career progression are shaped by experience of skill and education (Benner, 1982). Professional and technical skills are acquired by new graduate nurses in prelicensure curricula and during orientation and residency programs postlicensure. This project sought to address the education-practice gap that exists as new nurses transition to practice. Benner's model addresses five levels of skill acquisition beginning with novice. The respondents providing data through the data collection tool had met the criteria for the novice level. Because these nurses had been engaged in orientation/residency activities, their level of skill might have been approaching or might have reached advanced beginner. Even though the sample size was limited, the data showed that the majority of respondents felt that they could adequately function in nursing practice, indicating movement along the skill acquisition path. The area of concern that hindered this movement was the theme of support, encouragement, and feedback that was exposed through data analysis.

The experiences of new graduate nurses have been gathered to aid in creating a smoother transition to professional nursing practice, to promote role satisfaction, and to reduce nurse attrition (Bowles & Candela, 2005; Casey, Fink, Krugman, & Propst, 2004; Parker, Giles, Lantry, & McMillan, 2014; Young et al., 2008). This project was an attempt to gather these experiences as well in order to provide program evaluation information to the chosen project sites. Areas for concern that emerged from the survey data collected can be addressed in educational curricula. Nurse educators can utilize

teaching strategies such as simulation, role play, and case studies to address the practice concerns of these new graduates. The data revealed that while new graduates had various psychomotor skills that they felt uncomfortable performing, they did not indicate discomfort in the areas of organization, time management, and communication. However, the data did reveal that there is a lack of support either by unit leadership or family, which can contribute to role stress. Educators can seek to provide tools to these nurses during their education programs as a means of removing barriers to successful movement on the skill acquisition path. According to Benner (1982), beginners (novices) have no experience in the situations in which they are asked to perform. The advanced beginner can apply guidelines and information from limited exposure to prior situations. Educators can use active learning strategies to present situations related to the identified professional development concerns found in the data. This would serve to establish situational context for the new graduate nurse as indicated by Benner's theory. Honing these skills can equip new graduates to handle clinical situations that support safe patient care and also support their ability to address additional system and relationship concerns that arise during the transition to practice.

Implications

The objectives of this project were as follows:

1. Gather experiences from new graduate nurses upon completion of an orientation/residency program.
2. Summarize findings to reveal themes related to new graduate experiences.

3. Propose measures to improve orientation/residency practices based upon collected findings and themes revealed through program evaluation.
4. Identify significance of themes to translate into nursing education practice in academia and in clinical practice.

Upon completion of the project through data collection and analysis, the objectives were met. Through the summary of findings, themes were revealed leading to implications for academic and clinical education practice. Additionally, areas in which social change is warranted were identified as a result of this project.

Professional skills related to leadership, communication, and decision making are often cited as areas of weakness in the new graduate nurse by nurse managers, preceptors, and educators (Nursing Executive Center, 2008a, 2008b). The respondents of this project indicated that these were not areas of weakness for them. The Casey-Fink survey did not gather data related to the reasons why the respondents felt better prepared in some areas than others. While the literature and anecdotal accounts I gathered indicated new graduate deficits in these types of professional skills, these respondents appeared to have received adequate preparation for practice in these areas. However, without this element included in the survey, a limitation exists here. Each of the respondents (n = 5) had previous health care experience as a nursing assistant or in some other role. This could have been a factor in the lack of weakness in the professional skill areas for this group. There is also an implication here that as bachelor's prepared nurses, respondents' prelicensure education provided them with the foundation to easily transition to practice in these areas (IOM, 2011). Furthermore, it was undetermined through the survey

questions and responses if the orientation/residency curriculum provided opportunities for sharpening these skills.

Lack of preceptor and staff support, colleague role models, helpfulness, and availability are areas that are often cited as barriers to new graduate transition to practice. These barriers cause significant turnover in new graduate hires and in some cases causing them to leave nursing practice (Bowles & Candela, 2005; Pellico, Brewer, & Kovner, 2009). Again, the survey findings from this group indicate that Site A and Site B provide the new graduates with adequate support and guidance during the transition to practice. These positive attributes will serve to decrease attrition of new graduates and secure evidence that the preceptors, colleagues, and staff are accommodating the transition to practice for each site's new nurses.

Academic and clinical education practice can be impacted by the findings of this project. Translation of the themes of support, encouragement, and feedback can allow educators to utilize these methods as a part of their curriculum. Prelicensure curriculum can seek to deliver encouragement and feedback to nursing students as a method of instilling confidence and validation of accuracy of practice. Furthermore, providing opportunities to prelicensure students to develop authentic leadership skills can aid in enhanced preparation for realities of practice (Fatallah & Laschinger, 2016). Postlicensure orientation/residency curriculum can utilize these methods to afford opportunities for new graduates to feel security during their transition. Preceptors should also have this imparted to them during their training to enhance their performance in mentoring of new graduates. Listening to the needs of new graduate nurses can allow for

academic and clinical education programs to be tailored for their success (Candela & Bowles, 2009; Dyess & Sherman, 2009; Spiva et al., 2013).

Educational strategies that include simulation, standardized patients, and case studies can offer nursing students and new graduate nurses the means to sharpen skills related to assessment, communication, patient education, and decision-making. As individuals move along the skill acquisition path, exposure to various situations refine their abilities to contextualize and approach elements of care delivery beyond novice practice. This will engage nursing students and new graduates to achieve a level of advanced beginner. Contextualization by students and nurses to translate skills into practice enhances clinical reasoning to connect to patient experiences and situations (Benner et al., 2010). Moving beyond the novice level through situational exposure can aid in closing the education-practice gap and allow the new graduate to more closely resemble what organizations are expecting in a new nurse.

Project Strengths and Limitations

The strength of this project lies in the attempt to bridge the education-practice gap by using two large hospital organizations in Northeast Ohio. These sites employ new graduate nurses that have completed a structured orientation/residency program. The experiences of these new graduate nurses can be applied to the cohort of new nurses in these sites in an effort to narrow the gap. Additionally, the willingness and quick response of those that entered the survey allowed for the target to be almost achieved. However, the limitations of the project overshadow these strengths, as the number of respondents to fully complete the survey is much reduced in comparison to the

respondents that only attempted the first question in the Casey-Fink survey. Further limitation in this project was the use of a survey link versus an in-person paper and pencil or survey link delivery. Due to the systematic constraints of each site, delivery of the survey in-person was not allowable. Use of the Survey Monkey™ link distributed by the clinical educators at each site was the only means of gathering the data sought, leading the subject attrition.

Remediation of the project limitations stem from the poor survey completion rate. During the data collection phase, the survey link was resent on a second occasion in an attempt to gather more complete survey responses. Due to the systematic barrier of maintaining anonymity of respondents, there was no avenue to garner complete responses from those that had not fully completed the survey or a means to personally address new graduates in an effort to gain complete responses to the survey. Equally, Site B only had five new graduate nurses that fit inclusion criteria for the project. Historically, this site hires a limited number new graduates. Sample size and diversity of respondents was hampered by the use of convenience sampling through an anonymous channel. This hinders generalizability of results and true program evaluation.

Future efforts to gather new graduate experiences as a measure of program evaluation could be completed using the Casey-Fink Graduate Experience Survey© distributed during orientation/residency classes. Both Site A and Site B offer continued professional development to the new graduates during their first year of practice. The Casey-Fink could be taken by the new graduates in person to ensure survey completion and adequate sample size. Also, the ability to use data collected informally by the clinical

educators could provide beneficial anecdotal data in evaluation of the orientation/residency program. I could have performed qualitative data analysis if access to this informal data was allowed. An improved orientation/residency program with the support of stakeholders can create an atmosphere of development and strength of practice for the new graduate (Rush, Adamack, Gordon, Lilly, & Janke, 2013).

Analysis of Self

The completion of this DNP project has manifested an evolution within me. From the foundations of choosing a practicum site, selecting a problem statement, and developing the project itself, transformation into a doctoral scholar has emerged. Having been denied access to continuing at the first practicum site and with the chosen preceptor, just as the DNP project was beginning to take shape, was a test of character and resolve. Throughout the next steps of this journey, determination and patience surfaced as other barriers were met. Remaining focused on the goal of project completion but more importantly, on the goal of bridging the education-practice gap through the understanding of new graduate experiences, enabled me to find paths to overcome each obstacle.

As an educator in a prelicensure program, I am often faced with attempting to delineate items that are necessary for novice practice and how to ensure prelicensure curriculum meets the standards of the area clinical practice organizations. Participation in various committees affords the opportunity to gather information from other associate degree programs, BSN programs and area affiliates in order to translate findings into my own practice. This DNP project was intended to be another method of enhancing my practice as a nurse educator in order to strengthen the graduates from our prelicensure

program. Amongst the vast literature review, hours of practicum time, and multitude of interactions with various levels of academic and clinical educators, I have gained enrichment in progressing to the level of doctoral scholar-practitioner.

This evolution has equipped me to explore the realm of social change that can occur with a stronger population of new graduate nurses. The protection of the public through safe, thoughtful, quality care delivery can be achieved with a bridge over the education-practice gap. Through this DNP project, I have uncovered opportunities for social impact through the preparedness of the new graduate. The value of this project to this educational concern is its influence on positive social change. Becoming a change agent through my role as a nurse educator can further influence the transition to practice of the new graduate through the reduction of the education-practice gap. I feel assured that having embarked on this journey has proven worthy of my ability to impact nursing education practice, and most importantly, a societal shift that can occur with a well-prepared novice nurse.

Summary

The use of a descriptive approach through the distribution of the Casey-Fink Graduate Experience Survey© via email link to new graduate nurses was the premise of this DNP project. Data were collected from new graduate nurses employed at two large area hospital systems. The overall response to the survey link was well attended (n=18); however upon closer review, only five respondents completed the survey in its entirety. Analysis of data revealed that the new graduates surveyed did not fall in line with the literature and expressed a lack of family support as an issue. Professional skills such as

delegation and communication, along with preceptor support, helpfulness, and availability were found to be positive attributes within the surveyed population. In relationship to the chosen framework, the findings implicate that the input of opportunities for situational contextualization within pre and postlicensure curriculum can advance the novice to advanced beginner. This will further move the new graduate along the skill acquisition path to aid in transition to practice thereby attempting to bridge the education-practice gap. This bridge allows the prospect for social change through nursing education and preparedness for practice. I have developed, implemented and completed this program evaluation project to gain knowledge and insight as a doctorally prepared nurse educator. Doctorally prepared nurses can engage the nursing community, including nursing students, in the elements of seeking evidence to cause a shift in practice. This will build the healthcare delivery system into one that is based on sound research and modern practice. I can initiate this shift by teaching nurses how to retrieve, analyze, synthesize, and translate the evidence into whatever area of practice is in need of eliciting change (Burke, Schlenk, Sereika, Cohen, Happ, & Dorman, 2005; Davidson & Brown, 2014).

Section 5: Executive Summary

Background, Purpose, and Nature of Project

Movement from a student to a nurse involves a transition from understanding the nurse role from a lay perspective to developing a professional perspective on what "being a nurse" entails (Benner, Sutphen, Leonard, & Day, 2010). In academia, nurse educators are charged with fostering this transition through classroom, skills lab, and clinical experiences. Upon degree completion, the level of novice, according to Benner's (1982) theory of skill acquisition for nurses, should be achieved. Novice-level nurses function by completing tasks and objective measures without context or experience (i.e., physical assessment, intake and output, blood pressure measurements; Benner, 1982). At the organizational level, entry to practice by new graduates is often prefaced by orientation and residency programs upon hire. The goal of clinical practice educators is to begin to provide role socialization for the new nursing graduate and assist in the development of attitudes and behaviors that guide professional nursing practice (Young, Stuenkel, & Bawel-Brinkley, 2008).

According to Smith's (2002) evaluation of the 1999 RN Practice Analysis, associate's degree graduates and bachelor's degree graduates showed no differences in the duties performed upon entry to practice. This project focused on the new graduate and the level of practice preparedness one perceives upon orientation completion. Associate's degree education has undergone scrutiny against baccalaureate education concerning the adequacy of preparation for entry into nursing practice; however, this degree option provides more than half of new nursing graduates entering practice every year (Mahaffey,

2002). Associate's degree graduates, as well as baccalaureate graduates, must be prepared to readily assimilate and function in clinical practice. A call for transformation of nursing education has proliferated across all degree levels in order to address the needs that new nurses encounter in the current state of nursing practice (Benner et al., 2010; Dyess & Sherman, 2009; Institute of Medicine of the National Academies, 2011; National League for Nursing, 2010; Riegel, 2013). Perceptions of preparedness by new nurses have been linked to their experiences in the first months of practice. Smith and Crawford (2003) found that new graduates had more positive perceptions of preparedness when their involvement in errors made was at a low level and they felt comfortable caring for their assigned patient load. However, a study by the Nursing Executive Center (2008a, 2008b) noted that nurse leaders felt that new graduates were ill prepared in key competencies such as taking initiative and delegation. These diverse findings support the need for further investigation of new graduate experiences in transition to practice.

The implemented project addressed the education-practice gap that exists in newly licensed registered nurses as they transition into clinical nursing practice. Upon degree completion for any nursing graduate, the level of preparation for practice should very closely reflect what is required in novice practice. As new graduates enter into practice, an assessment of skills can serve to tailor orientation and transition-to-practice programs. Assessing the level of acquired skill when a new nurse enters practice can also serve to define the novice level for academic and clinical practice education. Benner's skill acquisition model (1982, 1984) offers a structure for connecting theory to practice.

Furthermore, evidence-based practice can be used to propel nurses through the skill acquisition levels, improving performance, practice, and patient outcomes.

New graduates often engage in a hospital-based orientation program as the first step along their skill path. Some facilities have established nurse residency programs as a method of further preparation for clinical practice. Parsh and Taylor (2013) identified these programs as methods of support in the new nursing graduate's transition into professional practice. The lack of clinical site availability, the increased use of community settings for clinical experiences, and lack of realistic expectations of practice are widening the education-practice gap for those new graduates who are entering these orientations or residencies (McCullough, 2003). Nursing education prelicensure programs and hospital-based education departments can attempt to address this gap by understanding the new graduate's experiences after completion of an orientation/residency program. Ensuring that the nursing workforce is safe and competent will lead to quality patient outcomes. Improving the skill preparedness of the newly licensed registered nurse will strengthen the nursing workforce and contribute to optimal patient outcomes.

The purpose of the project was to analyze the responses of new graduate nurses in order to evaluate an orientation/residency program and identify gaps in preparedness for novice practice. As newly licensed registered nurses enter into their first nursing role, their perceptions related to being prepared for clinical practice may vary. Transitioning from student to practicing nurse requires the newly licensed registered nurse to translate educational achievement and NCLEX success into the role of practice as a novice nurse.

Barriers to the transformation of nursing practice as suggested by the IOM (2011) exist due to the difficulty that nurses have in transitioning from school to practice. The project sought to identify the experiences of new graduates postorientation/residency. Perceptions and barriers that hinder movement along the skill acquisition path can surface from this method of program evaluation. In turn, these themes can translate into the transformation of nursing education in academia and in clinical practice.

Research Design, Setting, and Data Collection

The project attempted to explore the potential education-practice gap in nursing education and new graduate entry to practice. The experiences of new graduates have been documented postorientation through survey techniques incorporating a quantitative approach. Conducting descriptive research gives the opportunity to capitalize on the advantages in quantitative techniques to garner a wider perspective within the research findings (Terry, 2012). Quantitative data provide numbers and concrete variables on the topic of new graduate preparedness. The project also garnered responses that provided thoughts, feelings, and perceptions related to the novice nurse experience. A holistic approach to research can produce data that may have a greater impact on practice, linking theory and empirics (Grove et al., 2013).

The population used in this project was composed of new graduates beginning their first jobs as registered nurses at the chosen sites. Each site had identified that there would be new graduate nurses hired on an ongoing basis. The number of subjects had not been determined; this number would be based upon the number of new graduates hired who had completed their orientation/residency program and were within the first 12

months of employment at each site. Collaboration with the nurse recruiter and clinical nurse educators occurred at each site to identify the hiring practices to attempt to capture a target of 20 new graduates. The experiences of these new nurses were captured postorientation/residency. This choice of timing took into account convenience for the subjects and allowed me to gain credible and complete survey data serving as program evaluation (Terry, 2012). This project was identified by the education team, and graduates were made aware of the survey with a request for participation. This recruitment and retention plan was followed in an attempt to secure the collection of data and reduce subject attrition (Grove et al., 2013).

The project setting consisted of two medical centers located in Northeast Ohio. Site A is an organization that is under the guise of the federal government, providing primary, secondary, and tertiary care to over 105,000 veterans spanning Northeast Ohio (U.S. Department of Veterans Affairs, 2013). Site A holds the designation of Center of Excellence in Primary Care Education, signifying the site's commitment to bridging the education-practice gap through a transformative approach to clinical education and preparation of healthcare team members.

Site B is an organization that is under the guise of a public healthcare domain providing care to the community as a large comprehensive healthcare system with provision of services to Cuyahoga County residents, regardless of ability to pay, spanning 17 locations according to the organization's website. Since its inception, Site B has had a tradition of excellence in research and academics, advancing medical and nursing practice through clinical education to meet the community's needs and guarantee

excellent patient care. This site has a well-established nurse residency program with six residency classes per year. Approximately 75-80 nurse residents complete this program annually (T. Galvin, personal communication, January 21, 2015). Sites A and B were ideal venues to explore new graduates and associated novice practice experiences.

Data collection occurred at the conclusion of the new graduates' orientation/residency within the first 12 months of hire. The Casey-Fink Graduate Nurse Experience Survey© (2006) was administered electronically to the participants via a Survey Monkey™ link. The survey was completed on site computers or by use of a personal device using the provided link. I distributed the survey link via email to the members of Site A's and Site B's clinical nursing education team.

The graduates were contacted to complete the postorientation/residency Casey-Fink Graduate Nurse Experience Survey© via an emailed survey link from the education team. Through the use of the education team, I distributed the survey link to ensure that experiences were gathered. Data were analyzed through electronic means to produce two levels of measurement, nominal and ordinal. The use of these levels of measurement has the potential to yield named attributes and ordered responses. The elicited responses will attempt to safeguard the voice of the participants (Grove et al., 2013).

The experiences of the new graduate nurses provided insight into competency, confidence, and factors for positive or negative role functioning (Fink, Krugman, Casey, & Goode, 2008). The Casey-Fink Graduate Nurse Experience Survey© measured the experiences of the new graduates and has been tested for internal consistency reliability and validity (Casey, Fink, Krugman, & Propst, 2004). Specific information related to the

instrument's reliability and validity is located in Appendix A. The survey instrument is composed of demographic information, open-ended skills performance questions, Likert-type comfort/confidence items, job satisfaction items, and four multiple-choice questions. These granted the new graduates an opportunity to reveal experiences related to environment and transition (Fink, Krugman, Casey, & Goode, 2008). The data from the group were gathered electronically through a Survey Monkey™ link I established.

Both sites agreed to the utilization of the Casey-Fink survey as a program evaluation method for this project. This instrument is currently in place for use in the national VA Transition to Practice Program and can also be retrieved online. Therefore, Institutional Review Board approval was not necessary, according to Site A, due to its use as a standard of practice within the VA system (M. McMillen & D. Long, personal communication, October 22, 2014). Site B agreed to the distribution of the survey link among its new graduates pending Institutional Review Board approval of the project through Walden University (M. McNett, personal communication, May 13, 2015).

Benner's (1984) work outlines the skill acquisition that takes place in the evolution of an individual's nursing practice. The levels of skill acquisition serve as a framework for exploring the nursing student upon graduation and the new nurse in practice. Benner (1982) stated that the model of skill acquisition "takes into account increments in skilled performance based upon experience as well as education. It also provides a basis for clinical knowledge development and career progression in clinical nursing" (p. 402).

Benner's novice-to-expert model is a theoretical framework identifying skill, experience, and knowledge as the basis for practice growth resulting in clinical expertise. This framework uses an interrelationship of rules and experiences that move a nurse into higher levels of practice and the ability to impact patient outcomes. Education and experience along with opportunities for decision making can transport the nurse along a skill acquisition path. This movement along the path was explored in the project as experiences of practice preparedness and orientation/residency program evaluation were gathered.

Presentation of Results

The Casey-Fink Graduate Nurse Experience Survey© was administered to new graduate nurses at Site A and Site B via a Survey Monkey™ link. The link was made active on July 21, 2015, and emailed to the clinical nurse educators at Site A and Site B for dissemination to the intended population. The survey link was distributed by the educators to maintain anonymity of the respondents. The link remained active for 3 months and was closed on October 21, 2015.

Eighteen survey responses were collected; the target was 20, but only five subjects completed the entire survey. New graduate nurses who had completed their orientation or residency program and had less than 12 months of professional nursing experience completed the Casey-Fink survey. The majority of responses were collected from Site B ($n = 4$), with only one response from Site A. Of the five respondents who completed the entire survey, all were female BSN graduates. One respondent was African

American, with the remaining four listed as Caucasian. Due to the use of convenience sampling, subject diversity could not be controlled.

The age range of the nurses completing the survey was 23 to 40 years, and the hire dates were between January and May 2015. Four nurses currently work in adult care areas, and 100% (n = 5) had previous healthcare experience. Forty percent participated in a unit orientation that was ≤ 8 weeks, and 60% had unit orientation lasting 9-12 weeks. As of the date of the survey completion, none of the respondents had functioned as a charge nurse or preceptor.

The Casey-Fink survey consisted of 25 questions that included Likert-type questions and demographic inquiries. The 18 respondents provided complete responses to Question 1 only. The survey was completed in its entirety by only five respondents. The request for responses was considered reasonable, with an adequate number of potential subjects available; however, subject attrition occurred (Grove et al., 2013). While the survey was accessed and yielded 18 responses to Question 1, Questions 4 through 25 were completed by the five respondents. Question 2 elicited seven responses, and Question 3 yielded six responses. The completed response rate was 27.7%.

The Casey-Fink Graduate Nurse Experience Survey© was utilized in this project as a form of program evaluation of hospital-based orientation/residency programs. The findings were intended to relay the new graduate experience to Site A and Site B as a means of feedback on the transition-to-practice experiences provided to these graduates. The graduate responses to the survey were diverse, and the completion rate was less than anticipated. However, responses can give insight into new graduate experiences at Site A

and Site B with implications for practice. Analysis of data capture the indications for education practice.

Table 1

Question 1: List the Top Three Skills/Procedures You Are Uncomfortable Performing Independently at This Time

Answer options	1	2	3	I am independent in all skills	Response count
Assessment skills	0	1	2	0	3
Bladder catheter insertion/irrigation	1	2	2	0	5
Blood draw/venipuncture	1	1	0	0	2
Blood product administration/transfusion	3	1	1	0	5
Central line care (dressing change, blood draws, discontinuing)	1	0	0	0	1
Charting/documentation	0	0	0	0	0
Chest tube care (placement, pleurovac)	1	3	0	0	4
Code/emergency response	8	3	2	0	13
Death/dying/end-of-life care	1	1	1	0	3
Nasogastric tube management	0	1	0	0	1
ECG/EKG/telemetry care	0	0	1	0	1
Intravenous (IV) medication administration/pumps/PCAs	0	0	0	0	0
Intravenous (IV) starts	3	0	2	0	5
Medication administration	0	0	0	0	0
MD communication	0	0	0	0	0
Patient/family communication and teaching	0	1	0	0	1
Prioritization/time management	0	0	0	0	0
Tracheostomy care	0	0	2	0	2
Vent care/management	3	2	2	0	7
Wound care/dressing change/wound vac	0	0	1	0	1
Unit-specific skills—Please list below	0	0	0	0	0
Please list unit-specific skills: Postpartum hemorrhage					1

Table 1 (reproduced from Section 4 of the DNP project) indicates the response of the 18 new graduate respondents that attempted the survey. The skills listed include technical, psychomotor skills, and practice activities. The responses were varied; some

items elicited a zero response. The skill garnering the most responses was code/emergency management at $N = 13$. Vent care/management elicited the next largest response at $N = 7$. The third highest response was equal with an $N = 5$ for three skill areas: bladder catheter insertion/irrigation, blood product administration/transfusion, and intravenous (IV) starts. These areas signify the decreased level of comfort in performing these skills even after educational preparation and hospital based orientation/residency. No respondent indicated that professional skills such as those in leadership, communication, and decision making categories were areas of difficulty in practice.

Table 2

Question 2: Please Answer the Following Questions

Answer options	Strongly disagree	Disagree	Agree	Strongly agree	Response count
I feel confident communicating with physicians.	0	0	2	1	3
I am comfortable knowing what to do for a dying patient.	0	1	2	2	4
I feel comfortable delegating tasks to the Nursing Assistant.	0	0	3	1	4
I feel at ease asking for help from other RNs on the unit.	0	0	1	3	4
I am having difficulty prioritizing patient care needs.	1	2	0	0	3
I feel my preceptor provides encouragement and feedback about my work.	0	0	1	2	3
I feel staff is available to me during new situations and procedures.	0	0	1	2	3
I feel overwhelmed by my patient care responsibilities and workload.	1	2	0	0	3
I feel supported by the nurses on my unit.	0	0	1	2	3
I have opportunities to practice skills and procedures more than once.	0	0	1	2	3
I feel comfortable communicating with patients and their families.	0	0	2	1	3
I am able to complete my patient care assignment on time.	0	1	1	1	3
I feel the expectations of me in this job are realistic.	0	0	2	1	3
I feel prepared to complete my job responsibilities.	0	0	2	1	3
I feel comfortable making suggestions for changes to the nursing plan of care.	0	1	3	0	4
I am having difficulty organizing patient care needs.	2	2	0	0	4
I feel I may harm a patient due to my lack of knowledge and experience.	1	2	0	1	4
There are positive role models for me to observe on my unit.	0	0	1	2	3
My preceptor is helping me to develop confidence in my practice.	0	0	1	2	3
I am supported by my family/friends.	0	1	0	3	4
I am satisfied with my chosen nursing specialty.	0	0	2	1	3
I feel my work is exciting and challenging.	0	1	1	3	5
I feel my manager provides encouragement and feedback about my work.	2	0	4	1	7
I am experiencing stress in my personal life.	2	1	2	1	6

Table 3

Question 3: If You Chose Agree or Strongly Agree to the Above Question, Please Indicate What Is Causing Your Stress (You May Choose More Than One Choice)

Answer options	Response percent	Response count
Finances	33.3%	2
Child care	66.7%	2
Student loans	33.3%	1
Living situation	0.0%	0
Personal relationships	33.3%	1
Job performance	33.3%	1
Other (please specify)	0.0%	2

Table 2 (reproduced from Section 4 of the DNP project) indicates the responses of the seven nurses that provided information to answer question two. Table 3 (also reproduced from Section 4) indicates the follow up response to the final question presented in Table 2. The findings here reveal that the new graduates appear to be confident in interactions with physicians, in communicating with staff and communicating needs, and in the area of delegation. The nurses felt a great deal of support and guidance from their preceptors. These areas support the findings of Question 1, where no respondent felt uncomfortable with professional practice skills. Additionally, no concerns or difficulty were discovered in relationship to prioritization, organization, and patient care responsibilities. The respondents denoted that staff was supportive, served as role models, and were available when necessary. While the sample size was limited, these findings provide a positive evaluation of the transition to professional practice by the graduates surveyed here.

Table 2 also revealed areas that were concerning or presented challenges to the new graduates. The majority of responses were favorable to these categories, however a *strongly disagree* or *disagree* choice was yielded by at least one respondent. Nurses felt difficulty in completing assignment on time and making suggestions to change the plan of care. One new graduate felt fearful that harm would come to a patient due to lack of knowledge and experience. Another area of concern revealed was the lack of encouragement and feedback by the nurse manager (n = 2). Lack of family support, personal stress, and lack of excitement/challenge at work were also discovered here. Table 3 further discloses the areas that were causing stress to the respondents. While the response count for "other" as a cause of stress was gathered, the typed responses showed no stress.

The data gathered from these survey questions can begin to shape areas for improvement in bridging the education-practice gap. Addressing some of the transition to practice concerns of this group can give Site A and B insight into strengthening the support granted to new graduate nurses. Academic areas can garner insight from these findings to address difficulties and challenges during prelicensure curriculum. Workplace environments can cause stress that affects patient care, peer relationships, and nurse turnover. Understanding the feelings of new graduates can influence curricular planning and assessment in academia and clinical education (Candela & Bowles, 2008).

Professional skills related to leadership, communication, and decision making are areas of weakness that are often cited in the new graduate nurse by nurse managers, preceptors and educators (Nursing Executive Center, 2008a, 2008b). The respondents of

this project indicated that this was not an area of weakness for them. The Casey-Fink survey did not gather data related to the reasons why the respondents felt better prepared in some areas than others. While the literature and anecdotal recounts I gathered indicate new graduate deficits in these type of professional skills, these respondents appear to have received adequate preparation for practice in these areas. Each of the respondents (*n* = 5) had previous health care experience as a nursing assistant or in some other role. This could be a factor in the lack of weakness in the professional skill areas for this group. There is also an implication here that as bachelor's prepared nurses, their prelicensure education provided them with the foundation to easily transition to practice in these areas. Furthermore, it is undetermined through the survey questions and responses if the orientation/residency curriculum provided opportunities for sharpening these skills.

Lack of preceptor and staff support, colleague role models, helpfulness, and availability are areas that are often cited as barriers to new graduate transition-to-practice. These barriers cause significant turnover in new graduate hires and in some cases causing them to leave nursing practice (Bowles & Candela, 2005; Pellico, Brewer, & Kovner, 2009). Again, the survey findings from this group indicate that Site A and Site B provide the new graduates with adequate support and guidance during the transition to practice. These positive attributes will serve to decrease attrition of new graduates and secure evidence that the preceptors, colleagues, and staff are accommodating the transition to practice.

Implications for Evidence-Based Practice

Academic and clinical education practice can be impacted by the findings of this project. Translation of the themes of support, encouragement, and feedback can allow educators to utilize these methods as a part of their curriculum. Prelicensure curriculum can seek to deliver encouragement and feedback to nursing students as a method of instilling confidence and validation of accuracy of practice. Postlicensure orientation/residency curriculum can utilize these methods to afford opportunities for new graduates to feel security during their transition. Preceptors should also have this imparted to them during their training to enhance their performance in mentoring of new graduates. Listening to the needs of new graduate nurses can allow for academic and clinical education programs to be tailored for their success (Candela & Bowles, 2009; Dyess & Sherman, 2009; Spiva et al., 2013).

Educational strategies that include simulation, standardized patients, and case studies can offer nursing students and new graduate nurses the means to sharpen skills related to assessment, communication, patient education, and decision-making. As individuals move along the skill acquisition path, exposure to various situations refine their abilities to contextualize and approach elements of care delivery beyond novice practice. This will engage nursing students and new graduates to achieve a level of advanced beginner. Contextualization by students and nurses to translate skills into practice enhances clinical reasoning to connect to patient experiences and situations (Benner et al., 2010). Moving beyond the novice level through situational exposure can

aid in closing the education-practice gap and allow the new graduate to more closely resemble what organizations are expecting in a new nurse.

Nurse educators in clinical practice and academic practice must translate the scholarship of teaching and learning into the planning, implementation, and evaluation of educational practices (White & Dudley-Brown, 2012). Evaluation of orientation/residency programs seek to improve the delivery of nursing services to the population and to implement evidence to transform society through prelicensure nursing preparation. The findings from the evaluative content analysis provides necessary data to each site in an effort to support the positive results of the programs and their curriculum. These findings offer feedback related to the curriculum and its usefulness to the new graduates. The voices of the new graduate through this evaluation give empirical and communicative conclusions that can be utilized in the further development of pre and postlicensure curricula. An educational climate that encourages change should be present due to the focus of leadership on understanding how the workforce will contribute to patient outcomes (Bevan, 2010).

Kouzes and Posner (2009) discuss that having a shared vision is the way to securing that the vision will sustain. The evaluation of the orientation/residency program at Site A and Site B can contribute to a shared vision for program success and sustainability. The IOM's (2011) first recommendation statement contained in the *Future of Nursing* report references the use of nurse's full extent of their education and training. According to the IOM, a larger focus needs to occur on managing the transition from school to practice. Working in nursing education affords an opportunity to impact nursing

practice on a grand scale by the knowledge imparted to faculty colleagues, fellow clinical nurse educators, and classrooms of students and graduates. A systematic approach to the integration of change will maximize sustainability achieving the vision of a stronger workforce (Murphree, Vath, & Daigle, 2011). With the outcomes realized from this project, the site will recognize the reliance on new graduates in practice and continue to embrace the benefit of new graduates in the system. When the long term outcomes of a transition to practice program are achieved, organizational and individual gains result (Fiedler, Read, Lane, Hicks, & Jeiger, 2014). Ultimately, this evidence will be translated into education practice, in academia and the clinical arena, to aid the closure of the education-practice gap.

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Appendix A: Permission to Use Survey Instrument

January 2014

Dear Colleague:

Thank you for the inquiry regarding the *Casey-Fink Graduate Nurse Experience* S*urvey*© (revised, 2006) instrument.

The survey was originally developed in the spring of 1999, initially revised in June 2002, and revised a second time in 2006. Since that time, it has been used to survey over 250 nurses in hospital settings in the Denver metropolitan area, and has been further validated by over 10,000 graduate nurse residents participating in the University Health System Consortium/AACN Post Baccalaureate Residency program and elsewhere nationally and internationally. Psychometric analysis has been done using these data and is reported in the summary included with this letter. We have published a report of the research we conducted in the development of this instrument:

Casey K, Fink R, Krugman M, Propst J: The graduate nurse experience. *Journal of Nursing Administration.* 2004; 34(6):303-311.

Fink RM, Krugman ME, Casey K, Goode CM. The Graduate Nurse Experience: Qualitative Residency Program Outcomes. *Journal of Nursing Administration*. 2008;38(7/8):341-348.

We are granting you permission to use this tool to assess the graduate nurse experience in your setting. Please note that this tool is copyrighted and should not be changed in any way. We have enclosed a copy for you to use for reproduction of the instrument.

We hope that our tool will be useful in your efforts to enhance the retention, professional development, and support of graduate nurses in your practice setting. Please email us if you have further questions. We would be interested in being informed as to your results or publications related to the use of our instrument.

Sincerely,

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Casey-Fink Graduate Nurse Experience Survey
Reliability and Validity Issues

This tool has been developed over several years and consists of five sections. Items in the first section relate to skills and procedures the graduate nurse is uncomfortable performing independently. Items in section three relate to job satisfaction. Items in sections four and five are either demographic in nature (e.g., "How many primary preceptors have you had during your orientation?") or are open-ended ("List the top skill you are uncomfortable performing independently") so that neither section can be quantitatively summarized.

The second section is composed of 24 questions responded to using a 4-point balanced response format (Strongly Disagree to Strongly Agree) and an additional question where the respondent answers "yes" or "no" to a series of stressors. All but the stress items appear to address the respondents' professional comfort, expectations or supports. The stress item addresses the respondent's personal life and does not appear to be conceptually similar to the other items.

All items were subjected to exploratory factor analysis – Principal Axis Factoring with Varimax© rotation. Principal Axis Factoring was selected to decrease the likelihood of overestimating the explained variance and item factor loadings common with Principal Components analysis.

In the analysis a 5-factor solution was found, accounting for 46% of the variation in total scores. The factors were labeled Support, Patient Safety, Stress, Communication/Leadership and Professional Satisfaction. Reliability estimates for the factors ranged from .71 to .90.

Specific constitution of the factors follows. Items on each factor are listed in the order of the magnitude of their corresponding loadings, highest to lowest.

Support (α = .90)

CF19 My preceptor is helping me to develop confidence in my practice
CF9 I feel supported by the nurses on my unit
CF6 I feel my preceptor provides encouragement and feedback about my work
CF7 I feel staff is available to me during new situations and procedures
CF18 There are positive role models for me to observe on my unit
CF10 I have opportunities to practice skills and procedures more often than once
CF4 I feel at ease asking for help from other RNs on the unit

CF13 I feel the expectations of me in this job are realistic
CF23 I feel my manager provides encouragement and feedback about my work

Patient Safety ($\underline{\alpha}$ = .79)

CF16 I am having difficulty organizing patient care needs
CF5 I am having difficulty prioritizing patient care needs
CF8 I feel overwhelmed by my patient care responsibilities and workload
CF12 I am able to complete my patient care assignment on time
CF17 I feel I may harm a patient due to my lack of knowledge and experience

Stress ($\underline{\alpha}$ = .71)

CF25A Finances causing stress
CF24 I am experiencing stress in my personal life
CF25C Student Loans causing stress
CF25E Personal relationship(s) causing stress
CF25D Living situation causing stress
CF25F Job performance causing stress
CF25B Child care causing stress

Communication/Leadership ($\underline{\alpha}$ = .75)

CF1 I feel confident communicating with physicians
CF3 I feel comfortable delegating tasks to the nursing assistant
CF15 I feel comfortable making suggestions for changes to the nursing plan of care
CF14 I feel prepared to complete my job responsibilities
CF11 I feel comfortable communicating with patients and their families
CF2 I am comfortable knowing what to do for a dying patient

Professional Satisfaction ($\underline{\alpha}$ = .83)

CF22 I feel my work is exciting and challenging
CF21 I am satisfied with my chosen nursing specialty
CF20 I am supported by family/friends

If the instrument is scored by summing all of the items, including the stress items, the internal consistency estimates is $\underline{\alpha}$ = .89.

Content validity has been established by review of expert nurse directors and educators in both academic and private hospital settings. The content of this tool is derived from a substantial and comprehensive literature review. This instrument was identified as discriminating between nurses with varied amounts of experience during the first year of practice.

Appendix B: Survey Instrument

Casey-Fink Graduate Nurse Experience Survey (revised)

I. List the top three skills/procedures you are *uncomfortable performing* independently at this time? (please select from the drop down list) list is at the end of this document.

1. _____
2. _____
3. _____
4. _____I am independent in all skills

II. Please answer each of the following questions by placing a mark inside the circles:

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
1. I feel confident communicating with physicians.	○	○	○	○
2. I am comfortable knowing what to do for a dying patient.	○	○	○	○
3. I feel comfortable delegating tasks to the Nursing Assistant.	○	○	○	○
4. I feel at ease asking for help from other RNs on the unit.	○	○	○	○
5. I am having difficulty prioritizing patient care needs.	○	○	○	○
6. I feel my preceptor provides encouragement and feedback about my work.	○	○	○	○
7. I feel staff is available to me during new situations and procedures.	○	○	○	○
8. I feel overwhelmed by my patient care responsibilities and workload.	○	○	○	○

9. I feel supported by the nurses on my unit.	○	○	○	○
10. I have opportunities to practice skills and procedures more than once.	○	○	○	○
11. I feel comfortable communicating with patients and their families.	○	○	○	○

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
12. I am able to complete my patient care assignment on time.	○	○	○	○
13. I feel the expectations of me in this job are realistic.	○	○	○	○
14. I feel prepared to complete my job responsibilities.	○	○	○	○
15. I feel comfortable making suggestions for changes to the nursing plan of care.	○	○	○	○
16. I am having difficulty organizing patient care needs.	○	○	○	○
17. I feel I may harm a patient due to my lack of knowledge and experience.	○	○	○	○
18. There are positive role models for me to observe on my unit.	○	○	○	○
19. My preceptor is helping me to develop confidence in my practice.	○	○	○	○
20. I am supported by my family/friends.	○	○	○	○
21. I am satisfied with my chosen nursing specialty.	○	○	○	○
22. I feel my work is exciting and challenging.	○	○	○	○
23. I feel my manager provides encouragement and feedback about my work.	○	○	○	○
24. I am experiencing stress in my personal life.	○	○	○	○

25. If you chose agree or strongly agree, to #24, please indicate what is causing your stress. (You may circle more than once choice.)

    a. Finances
    b. Child care
    c. Student loans
    d. Living situation
    e. Personal relationships
    f. Job performance
    g. Other _____

III. How *satisfied* are you with the following aspects of your job:

	VERY DISSATISFIED	MODERATELY DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	MODERATELY SATISFIED	VERY SATISFIED
Salary	○	○	○	○	○
Vacation	○	○	○	○	○
Benefits package	○	○	○	○	○
Hours that you work	○	○	○	○	○
Weekends off per month	○	○	○	○	○
Your amount of responsibility	○	○	○	○	○
Opportunities for career advancement	○	○	○	○	○
Amount of encouragement and feedback	○	○	○	○	○
Opportunity for choosing shifts worked	○	○	○	○	○

IV. Transition (please circle any or all that apply)

1. What difficulties, if any, are you currently experiencing with the transition from the *"student"* role to the *"RN"* role?

a. role expectations (e.g. autonomy, more responsibility, being a preceptor or in charge)
b. lack of confidence (e.g. MD/PT communication skills, delegation, knowledge deficit, critical thinking)
c. workload (e.g. organizing, prioritizing, feeling overwhelmed, ratios, patient acuity)
d. fears (e.g. patient safety)

e. orientation issues (e.g. unit familiarization, learning technology, relationship with multiple preceptors, information overload)

2. What could be done to help you feel more supported or integrated into the unit?

a. improved orientation (e.g. preceptor support and consistency, orientation extension, unit specific skills practice)
b. increased support (e.g. manager, RN, and educator feedback and support, mentorship)
c. unit socialization (e.g. being introduced to staff and MDs, opportunities for staff socialization)
d. improved work environment (e.g. gradual ratio changes, more assistance from unlicensed personnel, involvement in schedule and committee work)

3. What aspects of your work environment are most satisfying?

a. peer support (e.g. belonging, team approach, helpful and friendly staff)
b. patients and families (e.g. making a difference, positive feedback, patient satisfaction, patient interaction)
c. ongoing learning (e.g. preceptors, unit role models, mentorship)
d. professional nursing role (e.g. challenge, benefits, fast pace, critical thinking, empowerment)
e. positive work environment (e.g. good ratios, available resources, great facility, up-to-date technology)

4. What aspects of your work environment are least satisfying?

a. nursing work environment (e.g. unrealistic ratios, tough schedule, futility of care)
b. system (e.g. outdated facilities and equipment, small workspace, charting, paperwork)
c. interpersonal relationships (e.g.gossip, lack of recognition, lack of teamwork, politics)
d. orientation (inconsistent preceptors, lack of feedback)

5. Please share any comments or concerns you have about your residency program:

_____

_____

V. *Demographics:* Circle the response that represents the most accurate description of your individual professional profile.

1. Age: _____ years

2. Gender:
a. Female
b. Male

3. Ethnicity:
a. Caucasian (white)

b. Black
c. Hispanic
d. Asian
e. Other
f. I do not wish to include this information

4. Area of specialty:
a. Adult Medical/Surgical
b. Adult Critical Care
c. OB/Post Partum
d. NICU
e. Pediatrics
f. Emergency Department
g. Oncology
h. Transplant
i. Rehabilitation
j. OR/PACU
k. Psychiatry
l. Ambulatory Clinic
m. Other: _____

5. School of Nursing Attended (name, city, state located): _____

6. Date of Graduation: _____

7. Degree Received: AD: _____ Diploma: _____ BSN: _____ ND: _____

8. Other Non-Nursing Degree (if applicable): _____

9. Date of Hire *(as a Graduate Nurse)***:** _____

10. What previous health care work experience have you had:
a. Volunteer
b. Nursing Assistant
c. Medical Assistant
d. Unit Secretary
e. EMT
f. Student Externship
g. Other *(please specify)*: _____

11. Have you functioned as a charge nurse?
a. Yes
b. No

12. Have you functioned as a preceptor?
a. Yes
b. No

13. What is your scheduled work pattern?

a. Straight days
b. Straight evenings
c. Straight nights
d. Rotating days/evenings
e. Rotating days/nights
f. Other *(please specify)*: _____

14. How long was your unit orientation?

a. Still ongoing
b. ≤ 8 weeks
c. 9 – 12 weeks
d. 13 – 16 weeks
e. 17 - 23 weeks
f. ≥ 24 weeks

15. How many *primary* preceptors have you had during your orientation?
_____ number of preceptors

16. Today's date: _____

Drop down list of skills

Assessment skills
Bladder catheter insertion/irrigation
Blood draw/venipuncture
Blood product administration/transfusion
Central line care (dressing change, blood draws, discontinuing)
Charting/documentation
Chest tube care (placement, pleurovac)
Code/Emergency Response
Death/Dying/End-of-Life Care
Nasogastric tube management
ECG/EKG/Telemetry care
Intravenous (IV) medication administration/pumps/PCAs
Intravenous (IV) starts
Medication administration
MD communication
Patient/family communication and teaching
Prioritization/time management
Tracheostomy care
Vent care/management
Wound care/dressing change/wound vac
Unit specific skills _____