2017

Performance Outcomes of Nurses Based Upon Nursing Students'Classroom Expereinces

Beatrice Obiageli Eweni
Walden University

Walden University

College of Education

This is to certify that the doctoral dissertation by

Beatrice Eweni

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Felicia Blacher-Wilson, Committee Chairperson, Education Faculty
Dr. David Bearden, Committee Member, Education Faculty
Dr. Ramo Lord, University Reviewer, Education Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2017

Abstract

Performance Outcomes of Nurses Based Upon Nursing Students' Classroom Experiences

by

Beatrice Obiageli Eweni

MSN, University of Phoenix, 2001

ADN, Excelsior College, 1993

B.Ed., University of Nigeria, 1985

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Education and Leadership

Walden University

July 2017

Abstract

Schools of nursing educators are faced with redesigning nursing education to meet the complexity of implementing communication and patient- centered care to improve patient safety. This qualitative case study addressed the problem that teaching communication and patient- centered care were not threaded throughout curriculum, which left many new graduates nurses unprepared. The purpose of this study was to understand classroom experiences of new graduate nurses to meet performance outcomes. The research questions focused on understanding the classroom experiences of new graduates' of a nursing program by assessing the two concepts and how to address preparatory practices. The target populations were new graduates' of nursing programs who had been working in a hospital for less than 1 year and are registered nurses. Emergent themes regarding the new graduates classroom experiences strengths and areas of improvements were extracted from the 10 participants interview questions, and practice experiences from the journal recordings were manually coded, validated , triangulated, and member checked with eight themes that emerged from face-to-face interviews, theoretical frameworks, and the current literatures. The researcher determined that the new graduates' nurses were self-motivated to implement communication and patient centered care, however incorporating the two concepts in the class instructions would be a safer preparatory experience. This study may contribute to positive social change through raising awareness regarding the overall standard of nursing education, which may lead to a reevaluation of nursing curricula and teaching strategies so that new graduate nurses may master the complexity of clinical practices resulting in positive performance outcomes.

Performance Outcomes of Nurses Based Upon Nursing Students' Classroom Experiences

by

Beatrice Obiageli Eweni

MSN, University of Phoenix, 2001

ADN, Excelsior College, 1993

B.Ed., University of Nigeria, 1985

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Education and Leadership

Walden University

July 2017

Dedication

To my family, friends, and acquaintances who provided positive support during this long process. Through your encouragement, you have helped me to keep going until I reach the finish line, especially my husband.

Acknowledgments

I would like to express deep gratitude to God and people that invested their time, energy and without whom it would have been impossible to complete this study. Firstly, I must thank my dissertation committee members: Dr. Felicia Blacher –Wilson, Dr. David Bearden, and Dr. Ramo Lord who made sure that I met the necessary requirements for a successful completion of this dissertation. Dr. Blacher- Wilson and Dr. David Bearden unequivocally provided me with effective support that made completion of this study a reality. For this reason, I say thank you.

Secondly, to my friends, coworkers, family and anybody who contributed in any way through encouragements, and support, I say thank you. With your support, I am able to contribute to the body of knowledge regarding classroom experiences of new graduate nurses and performance outcomes.

Finally, I thank my husband, Samuel Eweni for his selfless support, love, and continued encouragements that made completion of this venture a reality. To my children: Chukwuebuka Eweni, Ifeoma Eweni, Amalachi Eweni, and Chibueze Eweni, I thank you for your understanding and help throughout this process. And to my late father, Mr. Vincent Udeh, I thank you so much for inculcating in me the drive to aspire high in all endeavors. I want to acknowledge my sister in law, Lady Chinwe Oranu, and my sister Mrs. Ifeoma Anachukwu for their relentless prayers.

Table of Contents

List of Tables

List of Figures

Chapter 1: Introduction to the Study

Performance outcomes are critical in meeting patient safety goals. The successful performance outcomes when providing professional nursing care depend upon the type of preparations received in the nursing training to meet standards, scope, and the expectations of clinical practice (Niederhauser, Schoessler, Gubrud-Howe, Magnussen, & Codier, 2012). The scope and standards of clinical nursing practice follow mandates of the National Council of State Boards of Nursing (2013) to guide nursing education. The focus of the mandate is to maintain patients' safety and meet their health needs. Consequences of incompetently prepared recent graduates of nursing programs may include concerns in areas of patient safety, therapeutic communication, implementation of patient-centered care, and risk for medication errors (Finn, 2011; Hatlevik, 2012; Hart et al., 2013). In this study, the performance outcomes of the new graduates were identified using communication and patient-centered care criteria.

Optimal patient outcome is one of the goals of nursing care. Battie (2013) posited that a successful patient outcome is incumbent on all nurses finding a way to be an active participant in improving patients' health. Meeting patient outcomes in the clinical setting is important for new graduates because these outcomes are indicators of the measurement of patient experience. For this reason, various organizations such as the Institute of Medicine of the National Academies (IOM; 2011), Joint Commission on Accreditation of Healthcare Organization (JCAHO), and Centers for Medicare and Medicaid Services play a role in ensuring that healthcare systems comply with accreditation standards, safety practices, and positive patient outcomes. Incorporating patient-centered care to promote safety of patients in the complex clinical healthcare system lies in the ability of health

systems to plan and implement strategies to foster innovations and improve delivery of care (IOM, 2011). The IOM noted medical technology is advancing at a faster rate than clinical healthcare workers' readiness to use it, and health care systems are losing patients' participation in their care.

Background

Nurse educators have agreed that nursing is at the point where changes need to be made to meet the constantly evolving needs of the health care system (Johnson, 2011). Schools of nursing are faced with the challenge to move beyond rhetoric and transform clinical nursing experiences to meet the complexity of the health care system (National League for Nursing, 2012). Because the complexity of nursing care has increased in recent years, there is concern about how to better prepare nurses for clinical practice. According to Niederhauser et al. (2012), there is a need to find innovative ways to train and better prepare nurses for today's healthcare clinical environment (p. 603).

Consistent with guidelines for preparing nurses for professional practice, the integration of collaborative group activities and critical thinking that fosters application of knowledge to enhance positive patient outcomes would be valuable in improving teaching and learning (Kingsolver, 2009). Nursing knowledge is a systematic, organized body of information that is factual, objective, and reliable (Wu, 2013). Providing a classroom environment that is conducive for teaching and learning supports active learning that has been shown to enhance new graduates' effective application of knowledge to practice (Kamhi, 2011).

Researchers expressed that nursing students' participation in classroom and clinical experiences are vital to learning patient-centered care and communication skills

(Browne & Keeley, 2010). Tanner (2010) argued that learning increases when students participate in the process. The assertion is still relevant today in nursing practice. Decreased classroom sizes and the inclusion of group activities bring about grounded strategies for ensuring an effective student-centered learning approach (Graue, Hatch, & Oen, 2007). Graduates' practicing nursing outcomes involves integration of classroom activities and clinical rotations to meet communication competencies.

Effective communication has been identified as instrumental in preventing adverse injuries in a clinical setting. Despite emphasis on quality nursing curriculum design, evidence-based practice, and the clinical outcomes of nursing education are difficult to define with certainty (Kamhi, 2011). Although many researchers argued that classroom learning is a crucial component of nursing education, limited research exists to support graduates' perceptions of their learning experiences and implications on providing communication and patient-centered care in a clinical setting.

To address the patient-centered care initiatives concerns, the Picker/Commonwealth Dimensions model that is now called the Picker Institute was created (Barry & Edgman-Levitan , 2012). Unlike the Institute for Patient and Family-Centered Care, the Picker model has eight components. The Picker Institute eight components are (a) respect for patients' preferences, (b) information and education, (c) access to care, (d) emotional support, (e) involvement of family, (f) continuity and secure transition between health care systems, (g) physical comfort, and (h) coordination of care.

The eight parts form the tools and standard tasks needed by new graduates of nursing programs to aid patients in the clinical decision-making of their care. Nurses are the key to meeting patient clinical expectations (Barry & Edgman-Levitan, 2012;

Sportsman, 2013: & Tanner, 2010). New graduates of nursing programs may have to examine long-held behavioral practices of non-inclusion of patients in their care and adopt the new initiatives. It is expected of new graduates of nursing programs to have knowledge of patient culture, pain, suffering, and plans to empower families.

In this model, quality care is an essential clinical value. Nursing care with sensitivity to patient preferences is instrumental to assessing patient needs and implementing measures to promote such is proving to be an emerging phenomenon in health care. A sense of competence by the health care provider is critical to implementing quality care. A lack of competence can lead to the omission of patients' expectations as part of their care. The exclusion of one or all eight characteristics when providing professional nursing care can lead to a failure to understand the needs of the patient in ever-increasingly complex health care delivery systems. (Barry & Edgman-Levitan, 2012).

According to McHugh and Lake (2010), preparing and enabling nurses to become better beginner practitioners is not just the right thing to do, it is essential in making clinical decisions. Instructional strategies have been a primary driver of classroom content, but the link between clinical outcomes and content experiences may not be as easy as was thought (Wu, 2013). Wu noted that the type of instructional strategies used, the intended or desired goal, and the response of the individuals to the concepts all contribute to the level of performance outcomes.

Research has shown patient outcomes to be linked to clinical nursing education and level of preparation of the new graduates of nursing programs (Sylvain, Sean, Beth, & Barbara 2012; Kambi, 2011). This is critical for new graduates of nursing programs as

they explore their skills acquisition as they explore relevance classroom teaching in meeting clinical patient outcome criteria. In a study to determine the relationship between accreditation standards, safety practices, and patient outcomes, Battie (2013) found the use of patient safety practices alone is inadequate. Patient safety measures that involve multifaceted strategies have shown to be less easily translated into protocols and difficult to measure by accreditation standards. Wu (2013) posited that one approach to measuring clinical outcomes would be to identify the level of care provided to the patients by the new graduates of nursing programs. The levels of care include common clinical performance outcome criteria such as prevention of pressure ulcer, pneumonia, and falls.

Enhancing the cognitive aspects of implementing safe care is paramount to the future of nursing (Chuan & Barnett, 2012; Donche, Maeyer, Coertjens, Daal, & Petegrem, 2013). The reform effort to improve teaching strategies in order to enhance effective clinical application of knowledge to practice is significant because today's nurses are confronted with higher cognitive expectations. Wu (2013) added that there has not been much attention given to the ways nursing programs can help students continue to determine common measures of clinical outcome criteria when they encounter stress and exertion during practice. There has not been sufficient attention paid to how colleges will need to revisit their cultures to instill the drive in their students to better communicate and understand individual patient needs as they relate to the quality and safety of care.

Problem Statement

Nurses today are under educated and inadequately prepared for the complexity of clinical nursing care (Benner, 2001; Kantor, 2010). According to *Educating Nurses* by

the Carnegie Foundation for Advancement of Teaching, there exists a sharp divide between classroom and clinical teaching (Benner, Sutphen, Leonard, & Day, 2010). This problem needs to be addressed because the ability to apply concepts to clinical nursing practice is integral in providing competent and optimal patient care (Tanner, 2010). Studies and contributions from experts showed the need to redesign nursing education. As patients' acuity becomes higher, utilizing reduced class size and integrating clinical and classroom teaching strategies could be part of the solutions for increasing new graduates' application of knowledge and competency**.**

The future of nursing is dependent on continuous production of newly licensed registered nurses (RN). Nurse educators and experts have contemplated the inability of new graduates to transition into clinical practice. Newly licensed RNs often find it difficult to apply classroom theoretical knowledge to a clinical setting (Tanner 2010). Application of knowledge is a concern for new graduates of a nursing program (Kamhi, 2011). The problem of applying knowledge to clinical practice needs to be addressed because nurse educators are expected to prepare nurses for meeting the JCAHO national patient safety goals and the IOM's core competencies (Kantor, 2010; Massouleh, 2012). Although most new graduates of nursing programs pass the National Council Licensure Examination for Registered Nurses (NCLEX-RN) on their first attempt, there are growing expectations by healthcare consumers and providers for nurses to function competently in a complex clinical environment upon graduation (Reinert, Bibelow, & Kautz, 2012; Thomas, Ryan, & Hodson-Carlton, 2011). Based on these expectations, efforts have to be made by schools of nursing to produce competent new graduates who can think critically and make decisions while prioritizing clinical interventions.

The intent of this study was to make a contribution toward investigating classroom instructional strategies that can be used to improve the clinical performance outcomes of newly graduating nurses. This study was built on previous research work on teachers' effectiveness and safe practice measures that have implications for the promotion of competent and safe practice in the clinical setting through effective application of knowledge (Delgado, 2002). Researchers and a growing number of nurse practitioners are united around the need to create supportive teaching and learning environments that positively influence nurses' performance outcomes (Benner et al., 2010; Gillespie, 2002). This situation confirms the internal reform efforts to redesign nursing education and develop teaching methods scaffolding around clinical patient care in order to proffer solutions to the problems identified.

Purpose of Study

In this study, I explored two things: (a) nurses' level of clinical skills (based on patient-centered care and communication), outcome expectations, critical thinking, and self-efficacy; and (b) nurses' interpretations and experiences of classroom instructions. The purpose of the case study was to examine the perception of nurses regarding their classroom instructional experiences and the context of performance outcomes among new graduates of nursing programs. Teaching strategies, outcome expectations, critical thinking, and self-efficacy were part of the nurses' preparatory programs. One study noted that critical thinking in nursing education is an integral part of outcome criteria process; it contributes greatly to the new graduates' engagement in the clinical evidence-based practice (EBP) and protects them from relying on imperfect personal experiences (Bradford, Sutton & Byrd, 2003; Kaddoura, 2010; Giddens, 2013). Another study argued

that being competent involves integrating complex knowledge, skills, and attitudes when operating effectively in a specific clinical situation.

Central to this case study was identifying self-reported lived classroom experiences of new graduates of a nursing program. Assessment of the classroom experiences in the context of the performance outcomes will better inform instructional strategies.

Research Questions

This study explored the perceptions of their classroom experiences of new graduates of nursing programs from a community college in Louisiana who were working in the hospital. The research questions were guided by overarching research objectives, data collection strategies, and design. The research questions were as follows:

RQ1: How do new graduates of nursing programs describe their classroom experiences?

RQ2: To what extent do new graduates of nursing programs feel that classroom training provided them with the communication and patient-centered care skills necessary for providing professional nursing care?

RQ3: To what extent do new graduates of nursing programs perceive courses taken as relevant to their professional practice?

Conceptual Framework

The conceptual frameworks for this study were Knowles's (1973) theory of andragogy, Benner's theory of novice to expert, and Bandura social–cognitive theory. Utilizing Knowles's (1973) theory of andragogy in nursing education has been embraced as a cornerstone philosophy for everything ranging from curriculum design to teacher and

student relationships. Adult learning theory may assist nursing educators to establish programs that include strategies of reduced class size and learning environments that prepare new graduates to meet clinical compliance requirements. Knowles's theoretical framework is relevant in nursing education because it addresses teaching techniques, activities, and materials that foster effective application of knowledge to practice. According to Knowles, as a person matures, the readiness to learn shifts to immediate use. This suggests that the strategy to prepare student nurses to learn will be one that enhances self-motivation, which can occur through activities and interactive involvement that propel effective application of knowledge into practice. A limited number of researchers (Anderson, Hair, & Todero, 2012) explored the lived classroom experiences of new graduates of nursing programs of a community college and how they developed strategies to enable them to perform on the job. The way new graduates of nursing programs perceived their performance in a hospital was related to their immediate professional needs.

Benner's theory of novice to expert showed the levels of skills acquisition, which is applicable to the creation of teaching strategies to help new graduates' of nursing programs progress from novice to competent nurses (Benner, 2001). New graduate nurses 'conversion from novice to expert practice requires instructors to find innovative teaching strategies that are grounded in developing a complex way of thinking. Roux and Khanyile (2012) used Benner's (2001) four levels of skills acquisition as theoretical framework. Benner labelled the four levels as novice, advanced beginner, competent, and proficient. At the novice level the new graduate nurses are becoming aware of rules and regulations governing clinical performance. Advanced beginner is Level 2, which refers

to nurses becoming aware of real life practice experiences when providing professional nursing care. Competent is Level 3, when nurses are developing problem-solving skills through conscious, deliberate planning of care. Ultimately, Proficiency, Benner's fourth level of skills acquisition indicated awareness of the holistic view of clinical situations and utilizing the platform of previous experiences in decision-making (Roux & Khanyile, 2012). In addition to having the levels of the skills acquisition framework, it is important that new graduates of nursing programs learn skills and develop effective implementation of nursing practices in areas of communication and patient -centered care at any level. The use of novice to expert theory aligns with the philosophy of teaching strategies to enhance skill acquisitions. This addresses the fact that novice nurses focus on tasks and lack the potential to identify arrays of clinical situations in a timely manner.

Bandura's social cognitive theory perspective supports the argument that individual interactions with the environment indicate the level of engagement and capacity to produce a desired goal (Bandura, 1982). Bandura explained that the general social cognitive theory is based on the assumptions that the choice of action influences an individual's behavior in performing tasks. Bandura's theory applied to the population in this study because the new graduate nurses' performance outcomes when providing professional nursing care depended upon the preparations received in the nursing training.

The supporting theoretical framework surrounding this social-cognitive perspective supports the idea that individuals interact with the environment in many ways (Bandura, 1982). According to Bandura, self-efficacy indicates the level of engagement, motivation, and capacity with which individuals engage themselves to produce a desired

goal. Choice of action influenced the nurses' individual behaviors in performing tasks as well as their feelings and thinking when providing patient care in the hospital. Self-efficacy permeates individual cognition and affects the motivation process. Pieter and Christea (2012) found self-efficacy produces actions that were required in an individual to achieve certain outcomes. For this reason, with the individual engagement in a collective efficacy on the job, the activity of all team members to meet a collective result becomes the driving factor. Pieter and Christea stated that self-efficacy affects individuals from all cultures. Though this research was done with employees from a loan bank, the findings were consistent with Bandura's self-efficacy theory.

Nurse educators and nurse administrators can use this information to plan appropriate education and orientations that can assist new graduates of nursing programs in developing clinical communication skills and building individual self-efficacy. Self-efficacy drives self-determination, decision-making, and zeal to control a challenging environment. For example, Oetker-Black, Kreye, Underwood, Price, and DeMetro (2014) posited that self-efficacious individuals benefit from the repeated execution of a specific task that is based on direct information towards experiencing immediate success. Bandura's theory applies to new graduates of nursing programs and their competency on the job because the new graduates are learning critical thinking to meet patient outcomes.

Nature of the Study

This study was a qualitative case study. According to Yin (2014), a case study describes a scenario through in- depth analysis of a person, groups, certain groups of leaders, or exceptional students. A qualitative case study design using personal perspectives was to examine classroom experiences of new graduates of nursing

programs and clinical practice performance outcomes in two specific nursing areas, communication and patient-centered care. Qualitative research is consistent with analyzing nursing students' perceptions of performance outcomes based upon their classroom and practical experience. Fain (2013) posited that qualitative study is appropriate when seeking to understand processes and meanings. This study sought to the experiences of new graduates of a nursing program. Keeping the focus of the study on how nursing students perceived learning in the classroom and performing patient care competently were consistent with andragogy theory of learning (Knowles, 1973).

Qualitative methods provided the opportunity to do comparative analysis of graduates of nursing programs perceptions in library conference rooms. Creswell (2009) concluded that qualitative research focuses on the process in practice. A retrospective face-to-face interview describing classroom experiences and relevance to patient care were part of the data. Feedback from the graduate of nursing programs' journal regarding their practice experiences on the job was used to triangulate the data.

Qualitative methods offered the convenience of collecting data in a natural context on the job (Creswell, 2009). This study involved exploring the experiences of graduates of nursing programs' in a hospital within the community. Using triangulation with multiple data collection sources solidified the validity of the research (Robert Wood Johnson Foundation, 2008). Based on the important attributes of national benchmarks of nursing standards by the Joint Commission Agency for Health Care Research and Quality (Buerhaus, 2008), this study was to examine the perception of classroom instructional experiences construct and the context of performance outcomes among new graduates of nursing programs working in the hospital, qualitative approach is appropriate.

Data were collected through face-to-face interviews and journal documentation of the new graduates' of nursing programs practice experiences. Moreover, face-to-face interview and reflective journal were chosen as appropriate methods for understanding new graduates of nursing programs experiences. The use of thematic analysis served for the analysis of the study. According to Braun and Clark (2006), thematic analysis describes qualitative data through a plausible in depth patterns, codes and themes within the data set. With this approach, the researcher identified key themes that described new graduates of nursing programs classroom experiences and performance outcomes in clinical settings.

The following were types and sources of information or data:

- Initial in-depth face-to-face interviews with the participants.
- Follow up interview with the participants.
- Review of participants' journal (Ortlipp, 2008).

Definitions

Competency: A skill or behavior to be met at the end of a nursing program. Nursing competency plays a significant role in assuring patient safety (Finn, 2011).

Critical thinking in nursing: An ability to identify patients' problems and analyze them, including their implications for the action that would improve current situation (Kaddoura, 2013).

Institute of Medicine (IOM): This is a nonprofit organization that provides recommendations for public health including nursing (Battie, 2013).

Novice nurse: This is the term for a new nurse without background experience of any situation in patient care (Saintsing, Gibson, & Pennington, 2011).

Patient-centered care: Patient centered care in nursing is giving care to reflect patients' values, patients' control, and patient involvements in their healthcare decision-making

(Epstein & Street, 2011; Warren, 2012).

Performance Outcomes: Those indicators (activities, processes, and identifications) used by nurses to measure effective of efforts to meet nursing practice expectations in all clinical care settings. (Ireland, Mavrak, Pizzacalla & Fram, 2010).

Quality and safety education for nurses (QSEN): This is a national effort initiated by American Association of Colleges of Nursing to enhance the ability of nurse faculty to develop quality and safety competencies among graduates of their programs (Hatlevik, 2011).

Theory-practice gap: Any lack of integration of theory into clinical practice identified in the literature (Browne & Keeley, 2010).

Assumptions

It is assumed that participants were honest, open, and answered each interview question. The researcher held personal biases in check and did not influence the findings.

Scope and Delimitations

The scope of this study was to focus on nursing graduates' experiences in the classroom and their perceptions of the learning outcomes. This was based upon teaching and learning classroom experiences and self-reporting strategies that new graduates from a community college developed to help them practice patient centered care and communication in a hospital setting. Until recently, communication and patient-centered care were not emphasized when providing professional nursing care. Nationally, nurse

educators agreed that effective communication and patient-centered care are essential professional competencies that are developed during undergraduate education (Dabney & Tzeng, 2013). Findings apply only to the delivery methods used in the clinical patient care situations. In nursing, quality care is essential clinical value. To deliver care that will benefit the patient, nurses must be educated and informed to implement care based on individual patient's choices. Nursing care with sensitivity to patient preferences is instrumental to assessing patient needs and implementing measures to alleviate such.

Upon graduation, nurses are expected to meet clinical health compliance requirements that are designed to improve the safety and quality of patient care. The IOM, one of the leading health care governing bodies and the Joint Commission, identified improving patient centered care and communication as some of the fundamental goals of the country's health care systems. These standards were planned for the need to improve patient safety and quality care. To improve the overall quality and provide safe patient care, new graduates of nursing programs' readiness to meet these health care needs are crucial to measuring performance outcomes. A lack of competence led to the omission of patients' inclusion in their expectation of care.

Limitations

This study was limited to 10 new graduates of nursing programs from a community college in the South who work in a hospital. Another limitation of this study was using series of qualitative interviews to gather data. I trusted the participants' memories in the meaning and essence of their answers. This study may not be generalized to other schools of nursing that have a different path in their training. It was also delimited to include only new graduates of nursing programs who have been

practicing for less than one year. This study cannot be generalized to the overall new graduates of nursing programs' performance. Another limitation was that participants have to reenact and relive their classroom experiences. This study focused only on communication and patient-centered care performance based development.

Overcoming trust barriers was an important consideration on my part and there were no drawbacks. The researcher has been teaching in this school for five years and has an interest in the progress of the nursing program. As a member of the teaching staff, I am aware of the concerns and challenges facing nurse educators. The participants' selection excluded students who attended my class. Polit and Beck (2012) emphasized the importance of capturing and revealing "truth in the real world" to avoid biases that will undermine the methodological decisions and proxies (p. 476). Field notes and a tape recorder were used to capture information in its original form. I relied solely on the participants' recorded interviews and journal recordings as the primary data.

Significance of Study

According to a report by Common Wealth Fund 1nternational, a survey of six nations showed between one-quarter and one-third of patients experience medical or medication errors in the clinical setting (Kesten, 2011; Jones, Karshmer, Bermen, & Prion, 2014). This problem needs to be addressed immediately because nurses must have the ability to identify patients' change in condition and perform independent function to ensure patients' safety (Giddens, 2013). New graduates of nursing programs are expected to have knowledge of the tenets of clinical communication and promote patient- centered care with emphasis on respecting patient values and preferences. The findings of this research are expected to raise awareness regarding the overall standard of nursing

education, help in understanding what needs to be done to alleviate the problems and lead to essential change in policy implementations. For example, patients who develop falls and pressure ulcers while in the healthcare settings result in penalties without reimbursement from the government (Henderson & Eaton, 2013). Safety awareness and compliance are at the forefront of clinical healthcare initiatives. Lack of compliance with accreditation standards can result in the hospital facing financial loss from reimbursement agencies. It is hoped that the result of this study will help to address challenges related to awareness of the complexity of clinical practice by channeling instructions and practices that support positive performance outcomes when providing professional nursing care in the hospital setting.

According to a report by the Carnegie Foundation for the Advancement of Teaching, experts and healthcare consumers reported that nurses are ill-prepared for changes in science and technology, the nature and settings of nursing practice, indicating a gap in new graduates of nursing programs' ability to practice effective clinical nursing and maintaining the profession's core values of care and expectations. Benner et al. (2010) recommended that coursework be tied to what happens in patient care clinical environment rather than in the abstract to facilitate new graduate nurses in making connections by integrating classroom with clinical practice. Benner et al. recommended redesigning nursing education is an urgent societal agenda and reiterated that profound changes in clinical nursing practice and health care necessitate changes in the education of nurses. Colleges and universities with similar problems identified in this study will learn from it and use the results for full program revision or enhancement.

Heightened awareness of skillful, established classroom and student learning experiences is paramount to the acquisition of practical clinical skill (Hatlevik, 2012). Understanding effectiveness, competence, and required learning experiences that influence graduates of nursing programs' practice outcomes will be a much-needed addition and a deliberate action of teaching critical thinking at a time when nursing functions are becoming increasingly complex. It is contingent on nurse educators to look for innovative ways and understand their teaching obligations (Davis, 2013; Loyola, 2010).

The relationship between teaching and learning were important in providing essential ingredients for optimal patient- centered care and communication in a clinical environment. The benefits of using small class sizes are achieved if nurse educators use student-centered teaching approaches and the promise to better learning through the advancement of critical thinking (Gillespie, 2002; Kingsolver, 2009). The challenge is to provide quality patient care in the complex clinical health environments and produce nurses ready to practice; this means nurse educators must adopt new teaching practices to include patient- centered care and communications.

Summary

The researcher investigated the perceptions of new graduates of nursing programs based on their classroom experiences and their practice performance in patient communication and patient-centered care. The theoretical component of nursing education is crucial to the implementation of effective clinical practice. The increase emphasis on quality patient care from National Council of State Board of Nursing regulatory practices, IOM's competencies, and the JCAHO's patient safety initiatives

coupled with the complexity of patient care required educators to change the way they currently teach.

Chapter 2 was a review of literature related to the issues under study. The chapter included rationale for the variables chosen and the ways other researchers in nursing education have approached the problem. Chapter 3 was a description of the research design and rationale, the role of the researcher, participant selection criterion, data sources, ethical issues, and how data were analyzed.

Chapter 2: Literature Review

Introduction

Nursing education involves the integration of theory and clinical practice to produce competent nurses who can function safely in healthcare environments (Feingold et al., 2008; Senger, Stapleton & Gorski, 2012). Despite good intentions, poor classroom instruction, large class sizes, changes in current healthcare systems, poor critical thinking techniques, perceived low individual self-efficacy, poor communications, and increased expectations from stakeholders have led to awareness of a need to better prepare RNs ready for practice in complex care environments. The main issues considered in terms of meeting professional nursing care expectations include advancement in technology, shortage of nurses, and staying current with medical knowledge. This combination of the perceived needs and professional expectations suggests the importance of changing nursing school teaching strategies as the demand for performing new medical procedures increases (Loyola, 2010).

The purpose of this case study was to examine the perceptions of classroom instructional experiences in the context of performance outcomes among new graduates of nursing programs. Chapter 1 presented a background regarding the overwhelming body of knowledge that nurse educators need to prepare graduate nurses for transitioning from academia to clinical practice. In this chapter, relevant literature was reviewed and the major themes that emerged from this review concerning the competency dynamics of new graduates' classroom experiences will be discussed.

The literature review began with an identification of instructional teaching strategies in the classroom and the backgrounds for issues currently surrounding nursing

education. This was followed with exploration of class size and other initiatives for improving and modifying the learning environment. Next, I explored literature regarding self-efficacy as it influenced change and training in the domain of clinical nursing education reform. Finally, I reviewed literature in which performance outcomes were discussed in the context of measuring patient-centered care and communication with patient competencies. The discussion included barriers faced by new graduates to meeting clinical competencies, successful historical clinical approaches identified in the literature, and attention to performance outcomes as the hallmark of measuring patient care competency.

The literature was retrieved from university library sources. The primary database used to locate articles was CINAHL. Other databases used were EBSCO, MEDLINE and OVID. Keyword search words were *nurses, self-efficacy, patient outcomes, class size, teaching strategies, novice to expert, andragogy, competency, patient-centered, clinician, qualitative, critical thinking, communication, case study, teacher effectiveness* and *safe practice.*

Teaching Strategy

According to Knowles (1973), the theory of andragogy detailed processes and practices in place for adult education. Knowles further described a teacher-centered model of instructional approach as an instrument of contradiction. Knowles argued that replacing a teacher-centered, content-centered instructional strategy with a student-centered approach of self-direction would enhance learning espoused credibility and respectability of nursing education. As the student centered approach evolved, educators became supportive of andragogy (Derbyshire, 2011). Knowles noted that adult learners

are self-directed and have a reservoir of experiences. Nurse educators should structure instructions from subject-center to more problem-based learning that would improve clinical competence.

A key concept of experiential learning is allowing the learner to participate in their learning process from gained experiences (Hart et al., 2013; Knowles, 1973). This explains Knowles's contention that as individuals mature, their experiences shift from dependent to self-directed and perspectives adjust from one of postponed application of knowledge to immediate application. The experiential learning theorists challenged nurse educators to implement teaching strategies that are insightful (Davidson & Rourke, 2012; Knowles, 1973). The andragogy process was progressive and more relevant to contemporary nursing needs (Derbyshire, 2011). A more recent study of andragogy defined education as not only transmitting what is known, but also as a lifelong process of continuing inquiry through activities (Hart et al., 2013).

Lecture is the dominant mode of content delivery in most contemporary systems of nursing class instruction. The traditional culture of nursing classroom instruction has not provided adequate clinical preparation experiences for new graduates to practice. In the lecture method, students seldom ask questions and interactions with the teacher are limited. Pretoruis, Van Dyk, Small, and Amukugo (2016) stated that instructors should move away from passive lecturing and provide students with opportunities for active learning such as case studies and small group activities. Massouleh (2012) stated that a teacher-led approach to instruction is more authoritarian and less effective in meeting students' individual learning styles. In subscribing to the current system of instruction, educators prepare students by attempting to impart static knowledge (Hart et al., 2013).

This rote type of learning has shown to be ineffective in enhancing retention and translating to professional practice. For this reason, there is a call to change nursing education systems in the United States (Lund Research Ltd, 2012; Derbyshire, 2011). During the teaching process, it is essential for nurse educators to understand how nursing students learn (National Council of State Boards of Nursing, 2016). Similarly, Patton (2007) argued that nurse educators must evaluate adults' methods of learning and reflect their findings in teaching styles both in the classroom and in clinical settings.

Oermann, Edgren et al. (2011) examined the effects of deliberate practice of cardiopulmonary resuscitation (CPR) skills using voice advisory manikins (VAM). Oermann, Edgren et al. explored the relationship between nursing students trained in basic life support (BLS) by completing HeartCode BLS with practice on VAM or an instructor-led course with a traditional manikin in 606 nursing students at 10 schools of nursing in the United States. HeartCode BLS Students were randomly assigned to either 6 minutes of monthly practice with VAM or a control (no practice) group. Students from both groups (20%) were randomly selected for CPR performance assessment to determine skill retention. Students using HeartCode BLS were self-directed and used feedback from the VAM to guide their performance. Participants in the control group had only the initial CPR training without further practice. Students in the intervention group practiced their CPR skills with Resusci Anne adult manikins for 6 minutes a month. The Laerdal Resusci Anne Skill Reporter manikin was used to measure the accuracy of three-dimensional tasks: (a) 2 minutes of compressions, (b) 2 minutes of ventilations with bag-valve-mask, or (c) 2 minutes of single-rescuer CPR.

During analysis, the interventions and the control groups were compared in how well they performed skills based on the three-dimensional task accuracy. Data were analyzed using linear mixed models to examine the influence of practice for both the intervention and control groups. The results showed control groups compressed more times during the reassessment than the intervention group. However, the number of the control group who had adequate depth of compressions was significantly less than the intervention group of $p = .005$. In contrast, students in the intervention group had adequate compressions, retained the skill, and demonstrated improvement with more practice. A reassessment of ventilation showed the control group at first performed better with adequate volume than the intervention group. With continued practice and feedback on how to ventilate, the intervention group performance became better than that of the control group. The result of this research is consistent with the need for nurse educators to embrace deliberate practice teaching strategies towards developing competency. As noted from this research, guided, deliberate and self-directed practices allowed students to refine performance, correct errors, and gradually develop competency. The ability to practice and retain skills was consistent with Oermann, Edgren et al.'s (2011) competency development.

The implication of Knowles's philosophy is that nurse educators must understand how nurses learn best. According to Missen, Mckenna, and Beauchamp (2014), there has been a great focus on nurses to provide competent, quality clinical care to benefit patients. In addition, it is expected that nurses are prepared in general areas such as quality improvements, managing care, efficiency, learning family dynamics, and all competencies. Curran (2014) posited that teaching styles promote learning, learning

transfer, and organizational excellence and knowledge. Despite decades of healthcare reform initiatives, establishing clinical competencies is a challenge that each new graduate nurse must face.

Missen et al. (2014) conducted a quantitative study of satisfaction of new graduates of nursing programs enrolled in transition to practice programs in their first year of employment. Data were collected over 10 years from 2000-2012 using an electronic database. Information from 338 new graduate nurses who participated in the practice program database was extracted. These graduates had been employed for one year or less of practice. Each data extraction was based on the PICOS framework (participation, intervention, comparative intervention, outcomes, and study design). Variables extracted from the study included: sample size, study design, length and type of transitional program, comparative group, and outcome measures.

Competence evolved over time with the development of communication with the physicians and nurses. There was no difference in the nurses' experience based on the 6 weeks or 12 months' duration of the transition program. It was clear from the review that the transition programs were beneficial for the new graduates in regard to positive job satisfaction, building confidence, increasing retention rate, and improving clinical performance (Missen et al., 2014). Findings from the study revealed the need to implement supportive transition programs for new graduates of nursing programs. The experiences described by the nurses were consistent with other studies of new graduates' experiences and provided insights into creating strategies to facilitate new graduate clinical competency (Missen et al., 2014).

There is consensus with both experienced and new graduates of nursing programs that modeling use significantly enhances new graduates' personal and professional goals. Bandura (1977) posited that humans learn behaviors through observing effective models (e.g., other nurses). Derbyshire (2011) suggested that consistent daily modeling provided insight into clinical model selections and that its influence should not be overlooked. Using modelling can enhance new graduate nurses' personal achievement and effectiveness as they develop skills to meet clinical competency criteria during patient care. As a conceptual framework, model learning theory explains how nurses process information learned and become more autonomous thinkers as they develop values, beliefs, and attitudes through internalized behaviors (Darbyshire, 2011). The social learning theory notion of vicarious learning through modeling clarifies the phenomenon of clinical behavioral changes in the nursing profession (Benner, Sutphen, Leaonard, & Day, 2010). The recognition of modeling as an important influence on performance behavior is significant in developing teaching strategies that enhance new graduates' abilities to apply critical thinking in patient care. Recently, researchers have contended that a modeling learning process, when effectively performed, has the potential to serve as a valuable tool for new graduates of nursing programs in developing patient care competency (Oetker-Black, Kreye et al. 2014).

The importance of understanding how adults learn and its influence on patient care competency is not new. Gurling (2011) advocated for reevaluating curriculum and moving away from lecture to a more student-centered approach. Pagnucci et al. (2015) stated that practicing effective pedagogy can only be successful through careful coordination of the activities of every member of the institution at every level using the

same framework with the goal to enhance learning. Others argued that perceived individual self-efficacy plays an important role in meeting outcome expectations. Mayo, Sherrill, Truong, and Nichols (2014) argued teaching and learning efforts should address attitudes, beliefs, knowledge, and skills needed to implement patient-centered care and communication. A study exploring factors influencing new graduates' competencies found self-efficacy to be one of the universal social barriers (Ellis, 2016) This raises the question as to whether unsafe and incompetent nursing practice is a result of poor teaching or an inadequate learning process or if incompetent practice is the result of low self- confidence.

Establishing Competency

Roux and Khanyile (2012) reported on a qualitative teaching approach for preparing graduating students for professional competence in baccalaureus curationis program. They implemented a case-based approach to teaching and learning for the first level brought about by increased enrollment from 80 to 300 per year. The ability to require new graduates of nursing programs' engagement in solving problems and self-reflection is consistent with Knowles's (1973) active participation. Competency in this review is an essential component of case-based clinical reasoning. In this case, there are supporting arguments that changing from lecturing to student active engagements provides a tool in establishing clinical competency when implementing communication and patient centered care in the hospital setting.

Roux and Khanyile (2012) used Benner's (2001) four levels of skills acquisition as a theoretical framework. Benner labelled the four levels novice, advanced beginner, competent, and proficient. Novice is Level 1 and refers to becoming aware of the rules

governing clinical performance. Advanced beginner is Level 2 and refers to becoming aware of real life practice experiences when providing professional nursing care. Competent is Level 3 and refers to being able to develop problem-solving skills through conscious, deliberate planning of care. Proficient is Level 4 and refers to becoming aware of the holistic view of the clinical situation and utilizing the platform of previous experiences in decision-making (Roux & Khanyile, 2012). Roux and Khanyile not only relate to Knowles theory of andragogy (1973) but built on Benner's theory of novice to expert to support why new graduates of nursing programs struggle with meeting patient outcomes. Benner proposed that the stages are useful for assessing nursing needs at different developmental professional growth. In other words, as the new graduates grow in the nursing profession, they acquire more knowledge and experience to meet competency.

Knowles's andragogy and Benner's novice to expert theory are critical in planning process for teachers, nursing administrators, nursing staff, policy makers and curriculum implementations. In addition to having the levels of the skills acquisition framework, it is important that new graduates of nursing programs learn skills to develop effective implementation of nursing practices in areas of communication and patient-centered care at any level. New graduates who were inadequately taught in the nursing program had an increased likelihood of implementing poor quality patient care.

Rough and Khanyile (2012) continued to focus their work on the feelings of competence among the nurses at various levels of the program. The authors validated the idea that skills acquisitions by a new nurse are important for successful transfer of knowledge. As such, nursing instructors need to provide positive learning experiences

and competent skill knowledge that propels likelihood they can navigated events such as coordinating patient care across the continuum, involvement of patient family, respect for patient values, effective communication, and patient-centered care as well as strengthening the theoretical components of nursing education. It is important to note that communication and patient-centered care were not merely basic skills, but skills that depended on nursing experiences and knowledge acquisitions.

Collaborative learning experiences are useful when the new graduate nurses can achieve competency and meet patient needs. Kalb, O'Conner-Von, Brockway, Rierson, and Sendelbach (2015), QSEN competency model is a professional organization that stresses the use of evidence based practice in nursing education. Kalb et al. (2015) explored evidenced based practice as using research findings when collaborating with other healthcare providers to achieve clinical outcomes. Roux and Khanyile (2012) highlighted the importance of collaboration while in the nursing program. These researchers elaborated that faculty should evaluate nursing students with clinical-based, development-knowledge and attitude teaching approach. Strengths of the study included the demonstration of the usefulness of case base learning, inclusion of clinical reasoning, description of collaborative learning, and the opportunity to provide extended learning periods are critical components of determining competency (Roux and Khanyile, 2012). In other words, clinical reasoning is influenced by deliberate repetition of skills.

Also, teachers should provide nursing instructions to accommodate various types of learners. The study showed that learner-centered learning, in-service training for teachers plays a role in meeting competency. Studies have proven that despite prior failures and academic program deficiencies, learner-centered active learning that provides

opportunity for different views from participants might be the bridge between theory and clinical practice in promoting positive patient outcomes. However, teachers who are directly involved with the nursing students should strive to provide pertinent skill opportunities throughout the education system

Bandura's Social Learning Theory

Oetker-Black et al. (2014) explored the relationship between incorporating skills in a clinical setting and self-efficacy in 191 nursing students enrolled at a private Catholic school in Northeastern part of the US. An existing Clinical Skills Self-Efficacy Scale (CSES) 14-item questionnaire was used. Expert faculties for the clinical skills reviewed the CSES data collection tool for content validity. Oetker-Black et al. found that students with higher self- efficacy participated frequently in tasks, worked harder and persisted in their efforts. This persistence and increased self-efficacy consistently proved to be a mediating variable for students to increase confidence and transfer skills learned in the laboratory to meeting competency in the clinical setting. Oetker-Black et al. suggested identifying students with low self-efficacy and incorporating additional remediation to increase their likelihood of meeting competency in practice. Assessment of nursing competency within performance construct criteria better enabled effective content approaches to educate nurses. Implications for new graduates of nursing programs meant that some perceived a task as an encounter and succeeded while others identified the task as problematic and unsuccessful. Nursing programs would have provided new graduates of nursing programs with tools for clinical competency, and the level of self-efficacy could define their success or failure.

Ellis (2016) explored high-fidelity simulation and nursing students' self-efficacy and found that it influences nurses' willingness to acquire clinical expertise. A confident nurse could then be able to shift focus to the needs of their patient and experience less stress. Nurses are expected to perform their job independently. Another study found that individuals use different methods to cope with stress (Bandura, 1982). As the individual recognizes the need to cope, self-efficacy can minimize impact of the change by providing appropriate responses to the stressor (Bandura, 1982). The development of high levels of efficacy offers the individual an opportunity to see the task or behavior as manageable. In the study of the effects of efficacy, beliefs on anxiety levels prior to oral surgery, researchers found that high level of efficacy beliefs had more positive effects than relaxation therapy (Ellis, 2016) This may signify an important factor in determining which new graduate nurse will adopt new information regarding competent practice.

Efficacy also affects an individual's decision-making processes thus influencing the individual's dealing with the setting (Bandura, 1982). In this case, the selection affects job performance outcome. The relationship between efficacy and transfer of knowledge will highlight the role self-efficacy may have in predicting new graduate competency and the overall performance in meeting communication and patient centered care positive outcomes. According Bandura (1982), vicarious learning is an influential means of developing efficacy. The magnitude of practice self-efficacy reflects the perception of the new graduate nurse to attempt tasks that are more difficult and infer the level of support necessary to be competent through observing other nurses.

Nurse educators have ethical and moral obligations to encourage nursing students and assist them in developing self-efficacy (Lenz, & Shortridge-Baggett, 2002).

Supporting this assertion, Pieter et al. (2012) stated that self-efficacy is not stagnant; it changes with learning, experiences and feedback. Stump, Husman, and Brem (2012) studied undergraduate nursing students and found only when efficacy related to job performance was raised, did prior experience positively influence the rate of embracing competency on the job. Theoretical education is part of nursing preparations. The goal of theoretical education is to prepare students to have effective clinical communication skills, develop critical thinking, and to bring theory into practice in the clinical settings.

Debowski, Bandura, and Wood (2001) explored the effects of directed mastery of skills and efficacy for making connection between theory and clinical. They found that individuals who participated in the guided mastery training developed higher perceived levels of self-efficacy. As a result, they used appropriate skill, critical thinking, manage time better, and had an overall higher level of satisfaction with their clinical outcomes (Debowski et al., 2001). Efforts at increasing and maintaining self-efficacy are critical ingredients in promoting practice competency.

Patient Outcomes

The literature regarding the meaning of patients' outcomes and its importance in health care systems is enormous. According to Kalb, O'Conner-Von, Brockway, Rierson, and Sendelbach (2015) new graduate's nurses are required to be prepared to engage in clinical practice that ultimately improves patients' outcomes. Researchers have explored the use of patient outcomes as underpinning factors for accreditation, reimbursement, and earning a magna status and other nonrelated health care issues (Battie, 2013). Several researchers honed in on nurse educators to implement practices through an improved education system to achieve patient safety outcomes (National Council of State Boards of

Nursing, 2016; Onge & Parnell, 2015). New graduates' relationship with the health care environment, such as with the physicians and workgroup cohesions, influenced patient outcome.

Another indicator for assessing outcome criteria in a clinical setting was critical thinking skills but it lacked description and proved difficult to measure (Onge & Parnell, 2015). Finn (2011) concurred that human beings tend to make wrong decisions from personal beliefs and thinking styles. The implication for nurse educators was to develop attributes of critical thinking that drove clinical competency. Wiechula argued that the current increased patient acuity, fast paced and existing disease processes made critical thinking an essential component of clinical decision-making. Nurses are considered vital members of today's healthcare systems and using critical thinking are an important component of EBP in health care delivery (Wolff, Pesut & Regan, 2010).

Nurse educators have only recently begun seeking ways to incorporate critical thinking into practice. A researcher exploring barriers to adopting critical thinking found nurses thinking disposition to be the most barrier (Kaddoura, 2013). Disposition occur due to current belief systems, maintaining status quo, and adhering to the same way of doing things by nurses. Sylvain et al. (2012) also found that with thinking disposition, clinicians are fallible and make wrong decisions because of flaws in the reasoning process. Sylvain et al. examined the relationship between thinking disposition and critical thinking. Finn (2011) found critical thinking to be a rationalized and conceptualized set of skills that can be utilized as part of daily practice. Effective decision-making and positive patient outcomes require critical thinking. In today's fast-paced complex healthcare environment, nurses are faced with issues such as advanced technology,

increased patient acuity, aging population, and increase number of patients with comorbidities.

The current practice model of clinical rotation in the hospital setting remains structured around nurses caring for individual patients loaded with task orientation. For this reason, nursing students rarely get the opportunity to practice the full scope of independent decision-making, problem- solving, investigating, experimental inquiry, and related creative expression, patient-centered care and communication skills (Tanner, 2010). In an effort to meet curriculum standards, faculties focus the majority of time on hands on skills growth and, therefore, have less time to teach clinical decision-making (Tanner, 2010). Tanner shared the concern regarding education preparation of new graduates and practice decision- making. Healthcare organizations have the responsibility to ensure positive patient outcomes as the new graduates of nursing programs acquire the necessary skills and become competent.

Communication

Communication among healthcare workers is gaining recognition because of its clinical implication on patient safety. Changes in healthcare systems are increasingly shifting nursing education focus to include measures to improve the ability to deliver high quality and safe care (Battie, 2013). Communication between healthcare professionals and the patients is becoming an indicator for measuring patients' experience. The Joint Commission and the Institute for Healthcare Improvement identified communication errors as one of the contributing factors to the majority of sentinel events and the eighth leading cause of death in the country (Tzelepsis, Sanson-

Fisher, Zucca & Fradgley, 2015). Part of implementing and providing safe care is the ability to communicate with physicians, patients and their family to enhance compliance.

Nurse educators believe the future of nursing education included meeting communication and patient centered care competencies that can be practiced through learning (Barry & Edgman-Levitan, 2012). Currently, the community college is struggling to provide this learning experience. Current nurses' communication performance data indicated that new nurses continue to have the same challenges (Battie, 2013). Contributing to this problem was the omission of this initiative in the nursing curriculum. This was due in part that prior to a safety outcry from healthcare governing agencies, evidence based practice, outcome criteria, and pay-for-practice, communication practices were not emphasized (Battie, 2013). As a result, new graduates of nursing programs lacked experience with interprofessional communication skills with the patient.

Instructors have the important roles of preparing nurses to work collaboratively with various health care providers in a complex system. Emerging evidence has shown that new graduates nurses lack adequate preparations for health care systems clinical performance improvements. Nurses need to learn communication skills to deliver effective patient outcomes. Likupe (2014) supported this contemplation and indicated in a study that lack of time to implement communication can lead to patients not receiving answers to their questions or asking for clarifications of information received. Nursing faculties have the responsibilities of preparing new graduates into their professional role. Professional communication skills were identified as one of the foundations of providing safe and effective clinical patient care. The theoretical learning environment was maintained by the instructors and had an impact on how students obtained

communication goals. Mandates from governing agencies stress the need to improve communication for patient safety. Yet, schools of nurses struggle with how to incorporate communication in the students' classroom experiences.

Chan, Jones, Fung, and Wu (2012) identified barriers to nurses implementing effective communications to include ward culture, nurses' lack of knowledge, experience, administrative, time constraints and staff shortages. Chan et al. concluded that relevance to clinical practice is a better understanding of how nurses perceive their time availability for nurse-patient communication. Chan et al. identified nurses' perception of different patterns of communication: (a) initiation, (b) purpose, (c) content, (d) mode of expression, (e) perceived therapeutic value, and (f) relation with time. The nurses' perception of time availability was established to raise awareness of nurses -patient communications. This study particularly designed to address patterns of communication and perceived time availability nurtured effective approaches to promote continuity of care.

Communication is an essential component of patient centered-care, satisfaction and compliance. The findings of this action research exploration suggested that continuous emphasis on efficiency, system performance improvement and learning process were crucial in meeting the structures and performances that transcends the traditional organizational perceptions. Chan et al. (2011) pointed out that efficiency was measured by the nurses' mechanistic task-oriented completion. Patients view nurses as occupied with tasks while neglecting emotional support. Pearcey (2010) wrote, "They were busy doing physical care but had no time for emotional care" (p, 54). Pearcey stated

some reasons for the new graduates of nursing programs lack of interest in the communication process.

Nurses' general assumption stems from the belief that time are a critical element in communication, an assumption that is prevalent in the nursing textbooks (Pearcey, 2010). Lessons garnered from this study seemed to reflect the ongoing tension between the administrations and the nurses. Additionally, nurses were considered by the managers to be wasting their time when they sat and listened to the patient. The need to promote patient safety and sustain patient hospital experience has transformed the automated care to personalized care. The study suggested that brief short iterative interactions, chitchat, and informal and quasi-formal contact were quality communication, an ingredient in relationship building and knowing the patient.

The Joint Commission (2010) and health care accrediting bodies stated that effective communication involves a multilayered exchange between the sender (the nurse) and the receiver (the patient). Through open communication with systematic approach, that involves negotiating messages, taking into account patient mental status, cultural background, patient and family expectations until important information is conveyed and understood. New graduates of nursing programs lacked appropriate knowledge of logical sequential communication process (Parker, Giles, Lantry, & McMillan, 2010). Parker et al. (2010) explored the assessment and evaluation of nurses' communication skills. In this study, clinical managers serving as preceptors believed that poor communication is a major contributor in making medical errors and decreasing quality patient care. Other studies used simulations in enhancing communication training. Kameg, Howard, Clochesy, Mitchell, and Syresky (2010) posited that simulations have

shown to help students learn communication techniques. Kameg et al. concluded, "Communication is a critical component of nursing education as well as a necessity in maintaining patient safety" (p. 315). Thomas et al. (2012) concluded that nurse educators have to develop innovative teaching strategies to improve effective communication skills prior to graduation.

In the general literature on nursing practice, communication is a strategy designed to determine treatment outcomes and patients' satisfaction with the care received in a clinical environment. The health care reform encourages nurse educators to focus integration of communication through their curriculum, instructional practices, and skill training for professional practice (Likupe, 2014). Likupe (2014) noted there is reason to believe that when nurses utilize effective communication they understand patients' social circumstances including whether the patient's live alone, have limited financial means, have children, have difficulty moving from one place to another or live in a shelter. It remains a critical challenge for new graduates of nursing programs entering the nursing profession to identify patients' communication situations that could impede recovery.

Critical Thinking

The significance of critical thinking experiences for new graduates of nursing programs from the perspectives of clinical patients' outcomes will be explored. Critical thinking is viewed as a very important outcome of nursing educational platforms. Learning critical thinking in nursing education is an integral component of outcome criteria processes. Pretoruis et al. (2016) supported that critical thinking is one of the benchmarks of measuring successful learning, practice outcomes, and nurse educators should design programs to facilitate critical thinking among nursing students that would

propel them through practice. Critical thinking contributes greatly to the new graduates of nursing programs' engagement in clinical EBP as well as protects them from relying on imperfect self-experiences (Kaddoura, 2013). This has important implications for clinical practice since critical thinking experiences encouraged medical interactions that emphasize objective reasoning rather than anecdote (Kaddoura, 2010). New graduates of nursing programs bring their own individual cultural and unique experiences; it is incumbent that educators provide them with best evidence-based scientific thinking.

Haggerty, Halloway, and Wilson (2012) conducted a longitudinal study on the role of preceptors in support of clinical judgment in new graduates. One hundred and ten RN preceptors who were orienting new RNs in all 21 District Health Boards (DHBs) across secondary care areas of New Zealand were surveyed. A total of 110 preceptors and 389 new graduates six months into nursing practice were surveyed. The thematic analysis yielded three themes: preceptor selection, preceptor education and preceptor workloads. The preceptors' selection was based on nurses who want to teach and support others. The second theme refers to how confident the preceptors perceived the training they received as adequate for the role. The final theme refers to the preceptor overwhelming workload. This theme referred to the frustrations of the preceptor who lacked sufficient time to discuss clinical practice issues incorporating critical thinking with the new graduate nurse.

Although Haggerty et al. (2012) conducted the study in New Zealand, the results add to the body of evidence in seeking ways to support new graduates of nursing programs' opportunities for practice. Haggerty et al. identified possible educational benefits for new graduates of nursing programs involved in preceptorship including

development of critical thinking, competency and confidence. A systematic review of literature on clinical nursing outcomes of residency programs for more than 2 decades showed a consensus that residency programs enhance critical thinking. Anderson et al. (2012) examined other benefits of preceptors for new graduate nurses identified in medical literatures include building guidance, support, feedback and as such providing competent skills across the nursing workforce (Chuan & Barnett, 2012; Walker, Henderson, Cooke, & Creedy, 2011).

Kaddoura (2013) conducted a descriptive study on the new graduates of nursing programs' perceived definition of critical thinking in their first nursing experience. Sixteen new graduates of nursing programs who had been working in the critical care units participated. A demographic survey was completed at the beginning of 6 months' orientation followed with a semi-structured interview at end of their orientation. The analysis showed three major themes: multiperspective thinking, analytical activities, and decision-making process. The multiperspective thinking indicated a nurse who developed expansive thinking, anticipates problem, and reflects on clinical nursing actions. The analytical activities refer to the nurse who asks questions and chooses the best among the course of actions. This theme referred to the new graduate nurses' ability to identify patient's problems, analyze them including their implications for the action that would promote patient outcomes and prevent complications.

Patient-Centered Care

To better prepare nurses for real world clinical practice, a restructuring of education beyond the tertiary level is required. It requires nursing education to translate into new context, new duties, and new problems. The current system of education has

shown to be ineffective in preparing new graduates of nursing programs. The National Council of State Boards of Nursing (2013) agreed and identified safety content as the most expected knowledge for nurse educators and the new license nurses. Integration of learning is done towards application of theories to clinical practice, yet current system of nursing education fails to do so (Hatlevik, 2012). New graduates need a significant amount of skills acquisitions to successfully perform communication and patient-centered care clinical nursing functions. They needed to possess theoretical knowledge that has direct and mediated effects on their perceptions of coherence between theory and safe clinical practice (Hatlevik, 2012).

The Quality and Safety Education for Nurses (QSEN) initiated set competencies that promote safe patient care (Onge, & Parnell, 2015). The QSEN competency model includes patient- centered care, teamwork and collaboration, evidenced-based practice, quality improvement, safety, and informatics. This model in recent years has stimulated the inclusion of safety and quality measure initiatives in nursing curricula. Additionally, IOM (2011) and Epstein and Street (2011) identified patient-centered care as one of the major areas of improvement in meeting clinical healthcare quality. It is expected that with patient-centered care, the new graduate nurse center clinical care to reflect patients' values, patient control, and patient involvements in their own healthcare decisions (Epstein & Street, 2011; Warren, 2012). Yet, the current system of nursing education struggles with how to incorporate patient centered care into the instructions.

Quality and safety care were not emphasized in nursing practice until recently. This means that patient-centered care was not emphasized as a clinical safety issue until recent initiatives to make patient experiences the focus of care modality. This is because

researchers showed that patient-centered care brings about quick recovery and positive patient satisfaction. Though safety is the basic goal of clinical nursing practice, safety education remains inconsistent (Joint Commission, 2010; Onge & Parnell, 2015). Various health agencies urge healthcare providers to perform patient-centered care. Leaders of US Department of Health and Human Services (2011**)** urged healthcare workers to improve overall quality of care by making it patient-centered care. Implementing patient-centered care shows a therapeutic relationship between the nurse and the recipient of the healthcare services with the goal of meeting the individual patients' needs (Dabney & Tzeng, 2013).

The need for nurses to implement patient –centered care goes beyond understanding patients' needs to include patient participation. Effective implementation of patient -centered care is beneficial in meeting expectations and clinical needs of the patients (Balbale, Morris & LaVela, 2014). In other words, when patient -centered care is implemented, this will increase their empowerment, participation, and perception of the care received. To prevent misunderstanding of patients' perceptions about the care they received, it will be important to focus on the whole person, involving them in the care planning. Balbale et al. (2014) further stated that there is link between patients' perception of the healthcare provider, sense of personal responsibility, and the care received. Patients who are able to participate in patient centered care and work with the nurses can experience tools, enhance their quality of care, and obtain tools to improve their own health care safety.

Healthcare workers rely on technology to receive safety information regarding patients without actual interactions and patients input. The IOM (2011) highlighted many

medical errors that result in patients' deaths and encouraged healthcare institutions to practice patient-centered care and make patient safety a priority. The report provides explicit safety qualities, compliance measures, and quality safety measures. To the extent that medical reimbursements are viewed as an obligation that includes compliance with clinical safety standards. For example, patients who develop falls and pressure ulcers while in the healthcare settings result in penalties without reimbursement from the government (Henderson & Eaton, 2013). Safety awareness and compliance are in the forefront of healthcare initiatives. Lack of compliance to accreditation standards resulted in the hospital financial loss from reimbursement agencies.

The identified safety criteria by the Institute for Patient and Family-Centered Care (2010) are similar to the Picker/Commonwealth Dimensions model (Barry & Edgman-Levitan, 2012). Both approaches viewed safety as a multilayered approach to involving patient into their care. Each of the models urges educators to find ways to focus students on the experiences of the patient and make safety the primary focus of individualized patient care. New graduates of nursing programs, who were in the profession without having much exposure to integration of patient-centered care, were not be able to apply any of the components of patient-centered care. They were not able to understand that some of the components extended beyond what was listed in the components of patient-centered care below from Patient-Centered Care:

- Respect and dignity
- Information sharing
- Participation
- Collaboration

The new nurses may not know there were multiple independent generic skills that were applicable to different areas of the clinical practice or connected to other areas of professional competencies.

This list was a vivid component of patient-centered care according to the Institute for patient -center care. According to this model, an efficient quality clinical care by nurses must encompass, respect, information sharing, patient participation and collaborations with other health care teams. Theoretical knowledge acquired in nursing education differs in culture, context, and mode of learning (Hatlevik, 2012). New graduates of nursing programs found it difficult to practice patient-centered care in the work environment because of lack of perceived coherence between the theory and practice. For that reason, facilitating nursing students' theoretical understanding of patient-centered care enhanced new nurses' ability to perceive that aspect of quality and safety care.

The Picker/Commonwealth Dimensions is now called the Picker Institute (Barry & Edgman-Levitan, 2012). Unlike the Institute for Patient and Family-Centered Care, the Picker model has eight components. The eight parts form the tool needed by nurses to aid patience in the clinical decision making of their care. The researcher will use a modified version of the Picker Institute dimension in this study. The current system of nursing education does not account for patient-centered care that must be fulfilled to allow new graduates nursing programs to acquire skills to implement the concept. During classroom experiences, nursing students learn theory they will apply technically in practice. The classroom courses were where nursing education today lacks uniformity and struggles with ways to incorporate patient centered care into their instructions. The following is the

list of criteria that will be used to measure patient-centered care experiences in the clinical setting. The list is a modified version of the Picker Institute of patient-centered care criteria.

- Respect and value
- Collaboration and integration of care
- Information sharing
- Physical and emotional support
- Family and friend inclusion
- Transition and continuity

Role of the Classroom

The structuring of nursing schools' environment influences the type of collaborative interactions that occur in the classroom. Ruth-Sahd (2011) explored the domains of learning processes and found that adults learn in groups to explore clinical practice (motor skills), the tenets of concepts being presented by the instructor (verbal information), the instruction that is built on previous knowledge or experiences (intellectual skills), and found that the challenge to think critically (cognitive strategies) is critical to understanding relationship between theory and clinical applications. Efforts at first identifying practice problems and then incorporating the role of classroom are important determinant of nursing communication competency.

Dewey's (1997) system of learning based on the concept of experience is still relevant today. An effective nursing instructor will select and present experiences relevant in fulfilling subsequent nursing competency needs. Dewey found the structure of teaching strategies influences how the learner makes use of the experiences. The

facilitator helps the nursing student exploit their experiences for learning through various teaching strategies like games, discussion, and case studies. Providing learning opportunities that enable nurse's work in groups on projects is an effective way to foster their communication with patients' skills (Massouleh, 2012). According to Wu (2013), the success or failure of new graduate competency could be attributed to how instructional methods promote students' development of proficiency.

Hart et al. (2013) conducted the background of factors of education, and health care experiences of new graduates of nursing programs in relation to their identification of self-confidence level in recognition of early warning signs of acute patient deterioration (APD). A mixed method design was used in this study. The sample included nursing students junior and senior levels enrolled in the elective course in an institution in the Southeastern United States (*N*=48). The response rate was excellent (85%) and the design and measures were well described. The literature review supported the study and the methods were clearly explained. The sample participants were female (85%), Caucasian (85%), 81% were juniors, and 18% were seniors. The APD course was previously developed in response to a need that was identified during the competency exercise in a Nursing Leadership course. Items in the instruments were those the students were expected to complete. The reliability estimates were obtained by the subscales: (a) self- confidence, (b) level of knowledge, and (c) perceived teamwork performance. The alpha coefficient the four subscales were 0.88, 0.89 and 0.93 respectively.

The qualitative aspect of Hart et al. (2013) was selected from guided reflection sessions. Seven categories emerged from the students' experiences: (a) source of knowledge, (b) knowledge as a person, (c) knowledge as a group, (d) reasoning under

pressure (e) Feelings, (f) real person versus simulation, and (g) values. Each category was explained in detail. Recommendation and findings are consistent with literature. Students in the study showed quick response and recognition to APD events. Hands on practice tended to allow students to apply knowledge learned during lectures. Recognition of acute patient deterioration was found to evolve over time with the development the seven category themes. Hart et al. focused on the importance of classroom transformation experiences that include action learning, simulation training, skill preparations and innovation teaching.

Students active class participation has shown to improve learning and knowledge transfer from class to the clinical setting (Andrusyszyn, Craig, Goldenberg, Iwasiw, & Hendricka, 2010; Wu, 2013). For this reason, the culture of education is shifting from what the teacher does to more sophisticate thinking regarding what happens to the learner in the classroom and clinical setting. Andrusyszyn et al. (2010) found many nursing researchers and practitioners agreed the degree of developing psychosocial environment and the educators' influence of the academic climate can hinder or enhance learning. To understand the concept of learning is critical for the facilitator to establish acceptable classroom climate and experience. If a student is having difficulty learning, genuine participating enhances motivation and rate of learning. Genuine participation and learning share common symbolic characteristics and compliments each other (Feingold, Cobb, Givens, Arnold, & Joslin, & Keller 2008). Similarly, Wu (2013) pointed out that students develop creativity and use self-confidence when the instructor provides active learning opportunities.

In general, in literature on teacher relationship, collaboration is often understood as a strategy aimed at enhancing student self-confidence and building student- teacher rapport. Research shows that teacher relationship with the nursing student is instrumental to their learning. Nurturing instructors care, spend time with students and are supportive (Reinert et al., 2012). A true dialogue between teacher and student revealed overall learning abilities and relevant tools through which nursing students can participate in the classroom and collaborative hands-on activities. When students actively participate in various open-ended skills learning, they are more likely to apply the concept in a real- life situation and make best clinical decisions (Tanner, 2010). Assessment of the activity type becomes a necessary factor in the designing of nursing concepts implementation, skill practices and competency on the job. Leonard, Shuhaibar, and Chen (2010) focused specifically on nursing students' perception on the of high fidelity simulations, found when nursing students were provided with scenarios, clinical situations, and other related activities, they develop problem solving abilities. The recognition that active and engaging learning is a limiting factor in acquiring nursing skills has important implications to competency implementations.

Class Size Reduction

Literature regarding the use of class size reduction (CSR) to improve instructions is extensive and spans over 20 years particularly in elementary education. Debates spurring reform measures to improve students' achievements sparked interest in CSR as a promising initiative (Shin & Chung, 2009). Second is the CSR ability to bridge achievement gap. There may be reasons why elementary school levels opt for CSR before colleges. This might be the fact that several researchers investigated factors that can be

manageable and controlled to influence student outcomes and bridge achievement gap for disadvantaged and minority students; at the same time, standard-based accountabilities are used to determine government financial assistance (Shin & Chung, 2009). Burruss, Billings, Brownrigg, Skiba, and Connors (2009) explored the importance of CSR to facilitate the use of technology, educational practices, communication, outcomes theoretical and clinical courses. Evidence in the literature provides multitudes of examples why CSR is beneficial to both the teacher and nursing student.

The definition and interpretations of what constitute class size is controversial. Burruss et al. (2009) classified class size as very small (1-10 students), small (11-20 students), medium (21-30 students), large (31-40 students), and very large (41 students and above). Others simply acknowledged increased class size in nursing education. Leufer (2007) reported a study of 710 students to determine if the class size can influence their learning and competency. Results indicated that individuals in small class size performed better than large enrollment modules.

Class size has been defined as a general concept related to innovative approach by incorporating different teaching strategies to develop a unique partnership with creativity and producing competent nurses (Leufer, 2007). This has implications for clinical environment since most teaching strategies are based on traditional lecture model. Concern with lecture style of teaching is its lack of active learning and student's involvement in the fundamental preparations of readiness for competency. It may be that rather than enhancing performance among new graduates of nursing programs, the traditional lecture environment serves to further undermine their confidence and reinforce low levels of clinical understanding.

Lee, Dapremont, and Sasser (2011) reported on nursing students' perception of class size and learning outcomes. A total of 156 undergraduate nursing students enrolled in university courses were surveyed at the completion of the course. These students were enrolled in either a large (n = 98) or smaller (n = 58) class section. The mean test score of 5-question pilot quantitative survey were analyzed based on students' perception of enough time for class discussion, adequacy of time for class socialization with faculty and student, class size and learning, and the overall student satisfaction for the enrolment in either large or small class. The survey was measured using a 5-point Likert scale. Participation was voluntary.

With the use of SPSS version 18.0 software, the scores of all students enrolled in either large or small class related to their perception and test score were compared for statistical significance. Students in the small class scored highly satisfactorily on all measures of the survey. The students enrolled in the small class perceived adequate time of classroom discussion significantly higher than the large class (p=0.000). In addition, students in the small class had higher satisfaction score, indicated classroom setting allowed for real socialization among students and faculty. Many felt the number of students enrolled in the course affected the way they learned the material. No significant differences were found between test scores of students enrolled in large or small class for examination one (p = 0.418), two (p = 0.645), three (0.28), and four (p = 0.081) or the final (p = 0.081). For these participants, five items related to satisfaction.

Smaller class size provides an opportunity for interactive and reflective class learning activities. Ruth-Sahd (2011) added that role-playing might be particularly important in fostering clinical judgments and competency. The perceived activity allows

students to verbalize what they learned in the class, utilize logical thinking, identify and solve problems from experience. Active learning requires input from members of the group. Ruth-Sahd found student nurses who used dyad collaborative learning methodology experienced increased confidence with skills and improved patient-centered care, which in turn enhances practice. Students noted that teaching instruction in large classes creates a barrier to teachers' interactions. The linkage between class size, students' active learning, and teaching processes provide mechanisms for planning effective transition further highlighting the need to assess effective transfer of knowledge as part of competency preparation.

Chapman and Ludlow (2010) studied the effects of class size on both graduates and undergraduates of nursing programs. The results showed ($r = 0.39$, $p < 0.001$) a statically negative relationship between perceived student learning and class size. Both students and faculty reported more positive perceived student learning and satisfaction in small class. Students view large class to be a lower learning quality due to inability to see, hear, and actively engage in the lecture discussion. A more complete picture would be the perspective of the students' perception of the prepractice attributes. However, Knowles's andragogy of adult learning theory can be applied to this study in that the importance of active engagement in building critical skills might be seen in new graduates' efforts to blend theory with practice as they put the pieces of their education and competence together.

In a similar study, Graue et al. (2007) found small class size allows teachers to create meaningful learning opportunities that will prepare students for practice. Myriad teaching strategies capable of providing new graduates of nursing programs with skills to

make sound judgments are explored. Graue et al. found that CSR offers teachers the tool to teach differently, effectively, and foster student's developments and achievements. Teachers argued large class size has proven to hinder the avenue for meeting students and class learning outcomes.

Despite the importance of CSR, there continue to be debate by economists over benefits of the intervention. In a study to determine cost-benefit and cost-effectiveness analysis of CSR, Levin and Belfield (2010) found CSR to be important monetary education paybacks in how it presents value benefits for each nursing students. Wolff, Regan, Pesut, and Black (2010) explored new graduates of nursing programs' readiness for practice found correlation between class size and adequate skill preparation, as class size increases adequate skill readiness decreases. Wolff et al. interpreted findings from new graduate nurses' learning reported that opportunity to participate collaboratively in-group activities in small class size are important for new graduates of nursing programs nurse in other to possess a balance of doing, knowing, and thinking. The traditional large class undermines nursing student's readiness preparations as active learning becomes unattainable. Feingold et al. (2008) affirmed the significant relationship between CSR, learner-to-learner and learner-to-instructor engagement, which are ingredients in competency readiness.

Nurse educators consistently seek teaching strategies that can effectively provide deeper understanding of the curriculum, meet student learning outcomes, prove effective use of faculty time, and ensure new graduates possess the competency to work. An analysis of decades of research showed nursing education that prepares new graduate for competency to be the most preferred by nursing students and staff. Increased patient

acuity, stringent policies, ongoing quandary between accrediting boards and healthcare agencies has contributed to the need for changes in the teaching methods. Class size reduction has been an issue of concern for faculties. Nursing education is faced with budget cuts; reduced government and private funding that contribute to increased number of students in classes.

Wolff et al. (2010) supported the use of CSR as a teaching strategy than large class in terms of supporting active learning, retention of content and transfer of knowledge to clinical setting for competency. Students prefer small class size as it allows them the freedom to pace their work. Adult learners' zeal for goal oriented learning and conscious decision to attain education for immediate use shows teaching to be tailored to connect content and practice.

Cognitive psychologists have contended that learning is an active process (Wu, 2013). Students are expected to achieve critical thinking that is challenging when learning. Students attain higher order thinking only when they reflect on new and prior experiences through active participating process (Wu, 2013). The strength of the study is consciously seeking information about the need for competency is the most commonly addressed issue. The quests to meet competency criteria stimulate nurse educators to think about potential problems, have essential questions and develop possible solutions were emphasized. Reassessing a strong balance between methods of teaching and connecting to practice was recognized.

Dewey's (1938) idea of learning ingrains in experience and the connection with learning environment is still relevant today. Establishing a collaborative cultural learning environment provides a mechanism for planning active learning strategies, optimal

hands-on learning and the acquisition of competent clinical practice skills. It is estimated that the skills required to meet competency extends beyond passing examination to include effective communication, collaboration with other workers, problem solving capabilities, and attitudes (Sullivan,2010).

Stuckart and Glanz (2007) recounted a variety of perspectives about learning useful skills. The study further supports the need to avoid rote learning and replace it with differentiation of instructions and inquiry-based learning. These two processes are used to integrate knowledge and skills for competent practice (Stuckart & Glanz, 2007). These studies further support the belief that effective education in nursing that will result in new graduate's competency is best accomplished by integrating action methods into the classroom that offer opportunities for increased confidence in completing tasks, decreased anxiety, collaborative, and enhance practice.

Summary

In this chapter, I explored teaching strategies, effects of CSR, critical thinking, patient-centered care, communication, and their relationship to skills acquisition and competent clinical practice. Consistent with guidelines for preparing nurses for practice, the integration of collaborative, group activities and critical thinking would be valuable in improving teaching and learning that fosters competence (Kingsolver, 2009). With the projected increase acuity of hospitalized patients, increase occurrence of adverse events, and shortage of nurses, it was obvious that enhancing communication and patient centered care could be part of the solution. A new graduate nurse had a higher likelihood of meeting performance outcomes if he or she had both experiences and training to understand performance knowledge towards meeting expected needs.

Figure 1 show how classroom instructions, classroom training, and classroom experiences contribute to implementing positive performance outcomes. A new graduate nurse had a higher likelihood of meeting *performance outcomes* if he or she had both *classroom experiences* and *classroom training* to understand performance knowledge towards *communication* and *patient-centered care*.

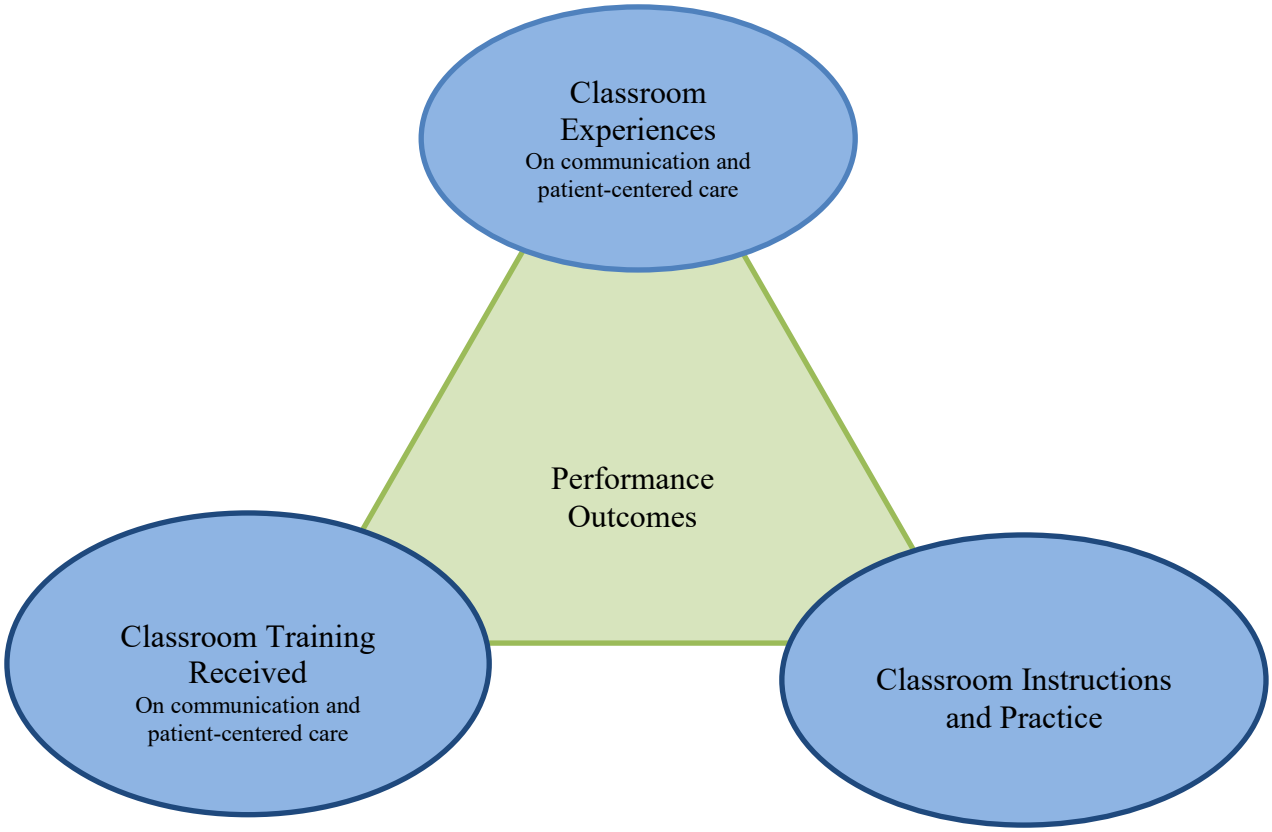

Figure 1. Interview cluster themes on patient-centered care, communication, and performance outcomes.

Assessing competency criterion addressed challenges that predicted how different individuals function as they approached competency initiative. The ability to predict competency made it a powerful tool in understanding how nurses responded to meeting positive patient centered and communication outcomes (Wolff et al., 2010). Austria, Baraki, and Doig (2012) noted implication for understanding nursing competency and the use of appropriate skills in health care systems, first if poor skills were not addressed, it

will continue to affect performance for a long time. In addition, instructional programs that incorporate activities that raise competency levels may fail.

Addressing the process of seeking information about the need for pedagogical change is the most commonly used process (Benner, Sutphen, Leonard, & Day; 2010; Forbes & Hickery, 2009; Tanner, 2010). The change awareness stimulates nurse educators to think about the potential problem and possible solutions. Attaining competency forms a nurse educator's philosophy of education (Ruth-Sahd, 2011). The pedagogical philosophy has shown the need to inform classroom cooperative learning, student's socialization, and foster transition into practice (Ruth-Sahd, 2011). Although literature has shown that achieving competency by new graduates is difficult, interventions can be developed that will enable new graduates of nursing programs acquire desired knowledge and skills to meet communication and patient-centered care competencies.

Teaching strategies were identified as one of the key variables for predicting communication and patient-centered care competencies. Ruland and Leuner (2010) noted that faculties have tried to move from lecturing to providing active strategies that personalized learning through a variety of strategies. Assessment on the best learning environment showed to guide creative teaching strategies that balanced theoretical and clinical concepts to enhance new graduate patient center and communication competency. Effective teaching instruction was an essential component of classroom and clinical competency. The literature related to the measurement of each variable, a description of competency readiness and the methodology were described in Chapter 3.

Chapter 3: Research Method

Introduction

The purpose of this study is to examine the perception of classroom instructional experiences and the context of performance outcomes among new graduates of nursing programs. A large body of knowledge exists about how nurses with one year of clinical experience respond to practice expectations (Giddens, 2013). Perceptions of their experiences were used to plan teaching strategies regarding communication, patient centered care, critical thinking, and other initiatives that relate to recent graduate nurses making clinical judgements. One study noted that critical thinking in nursing education is an integral part of the outcome criteria process; it contributed greatly to how well the new graduates of nursing programs engaged in the clinical EBP as well as protected them from relying on imperfect personal experiences (Bradford et al., 2003; Kaddoura, 2010).

One study argued that being competent involved integrating complex knowledge, skills, and attitudes when operating effectively in specific clinical situations (Giddens, 2013). In this study, the two clinical situations explored were patient-centered care and patient communication. A large body of research exists indicating that nurse educators needed to change instructional practices (Forbes, 2010). The result of this study will contribute to the improvement of patient outcomes as well as investigate classroom factors that help nurses deliver safe, high-quality care.

Multiple interviews were used to explore new graduates' performance outcome experiences using communication and patient centered care indicators. This section includes the following items: (a) the study design,

(b) the role of the researcher, (c) the participant selection logic, and (d) the data collection and analysis techniques.

Research Design and Rationale

A qualitative method was used to conduct this study. Semi structured interviews with probes that lasted from 30 minutes to 1 hour followed the questions listed in Appendix A. The research questions addressed were as follows:

RQ1: How do new graduates of nursing programs describe their classroom experiences?

RQ2: To what extent do new graduates of nursing programs feel that classroom training provided them with the communication and patient-centered care skills necessary for providing professional nursing care?

RQ3: To what extent do new graduates of nursing programs perceive courses taken as relevant to their professional practice?

The focus of the exploratory case study was to understand the experiences of new graduates of nursing programs. Qualitative research design was consistent with the goal of exploring nursing students' perceptions of performance outcomes based on classroom experiences. A qualitative exploratory case study design contains the following five components: (a) study questions that are attempts to explore the *how* or *why* of a phenomenon, (b) propositions, if any, that are attempts to direct attention to something that should be examined within the scope of the study, (c) units of analysis, which are used to examine the phenomenon to be studied, and (e) the criteria for interpreting the findings that takes into account rival explanations of the research findings (Yin, 2014, p. 29). Yin also stated that in a case study, the researcher is a good listener who receives

information through multiple modalities, assimilates a large amount of information, and transcribes the exact words of the interviewee (p. 76). This approach provided understanding of the unique classroom experiences of the new graduates of nursing programs and provided a sense of what was happening in the new nurses' professional practice.

With the exploratory case study, I used a series of individual interviews to examine the phenomenon of newly graduated nurses' clinical performance based on their training as they attempted to transition into the nursing profession. A quantitative approach was inappropriate for this study because the study was directed toward finding relationships, causes and effects, and understanding processes and meanings (Fain, 2013 & Glesne, 2011). I used an exploratory design to discover information on performance outcomes of nurses based on their training. The justification for using the exploratory design was based on the need to understand the process and meaning of performance outcomes of nurses as they related to the curriculum standards they had experienced in their training.

Fain (2013) maintained that a qualitative method is preferred when examining human experience, particularly the transactions of people with their surroundings. The new graduates' experiences were relevant to unraveling the research questions. Yin (2014) stated that qualitative research is "preferred when examining contemporary events and features a unique strength in its ability to deal with a full variety of evidence documents, artifacts, interviews, and observations" (p.12). It may also be useful in providing focus on personal perspectives and the experiences of the participants.

The qualitative data were obtained from series of interviews with and journal entries from the participants. I used a series of qualitative interviews to investigate a contemporary phenomenon in depth, in its real-world context, and allow for a greater understanding through reliance on "multiple sources of evidence, with data needing to converge in a triangulating fashion" (Yin, 2014, p. 17). Yin argued that the use of multiple sources of evidence allows a researcher to validate findings.

The research design for this study was qualitative exploratory case study, which involved the analysis of data using themes. I gained the new nursing program graduates' perspectives about their performance outcomes as they related to the curriculum standards they had experienced in their training. The exploratory design allowed me to develop answers to the research questions of the study. Qualitative content analysis included identifying relevant themes and patterns among the themes. In the analysis, the experiences of participants in a group were described (Yin, 2014).

A face-to-face interview, a follow up interview, and the participants' journals were used for data collection. The interview method provided me with diverse data sources needed to identify a broader theoretical context of the study. Interviews and self-reporting data methods were appropriate for measuring clinical realities, perceptions, and behaviors (Polit & Beck, 2012). This methodology provided various in -depth data with narratives about clinical performance outcomes of new graduates based on their classroom experiences.

Role of the Researcher

The role that I played was to interview the participants and later ask follow-up questions about new nursing program graduates' classroom experiences. I am currently a

registered nurse educator in the same school from which the new nurses graduated. It was unlikely there was power relationship with the participants because they were no longer students. The participants were graduates of the college; therefore, the instructor relationships that could potentially involve power over the participants had ended. I adhered to the following process in conducting the research:

1. I selected graduates who did not attend her classes.
2. I held in abeyance potential biases that may occur during data collection process to be able to confront the data in its original form.
3. I actively listened and assimilated the participants' comments to learn about their classroom and practice experiences.
4. I kept a reflexive journal throughout the study process to monitor my role.
5. I made notes of feelings that might indicate lack of neutrality.
6. I continued to reflect on methodological problems that might arise and avoided bias by interviewing the participants a second time.
7. I interviewed the participants more than once using a prepared list of questions.
8. I encouraged the participants to talk freely about the topic and express experiences in their own words.
9. I transcribed and analyzed the data.

These steps created a structure for an orderly development of proceedings from data collection through transcription and analysis of information.

Methodology

The school I selected for this study is the biggest and the oldest community college in a southern city. The community college serves diverse men and women of all ages and reflects the diversity of the city metropolitan area. The college is successful in serving and meeting the needs of the community. For an associate's degree in nursing program, the graduates' performance outcomes are vital for sufficient socialization of the organization. I am a registered nurse and an assistant professor at this college. According to American Association of Community Colleges (2013), providing nursing education in a 2-year program has challenges not experienced with 4-year College.

The participants in this study share similar experiences as they are new graduates of nursing programs working in a hospital within one year, therefore the homogenous sample applied to this unique population. According to Merriam (2012), purposeful convenience sampling permits intentionally selecting sites or individuals that aids me to better understanding the issues, questions, and provides rich information for the study. Creswell (2012) stated that the goal of data collection is to select a large enough sample from the target population to obtain a better understanding of the opinions, thoughts, feelings, and the beliefs of the participants. The population "is the entire aggregate of cases in which a researcher is interested" (Polit & Beck, 2012, p. 273), while sampling is selecting participants who will provide information rich data for the study. I interviewed new graduates of nursing programs that provided rich details about this phase of nursing outcomes. Sampling allows for emphasis on the in-depth study of the phenomenon (Patton, 2007).

After obtaining the IRB approval, to recruit participants for the study, I followed the same process used during the pilot study by posting flyers in several strategic public locations in the vicinity of two major hospitals, snowball stand, and uniform stores. I obtained approval from the owners prior to posting the flyers. The selection of the site was based on the size, participants' accessibility, number of the graduates and the conduciveness environment for this study.

After about four weeks, potential participants contacted me by phone and email address listed on the flyer. Out of the 15 potential participants that contacted me, I used four participants for the pilot study; one did not meet eligibility, and 10 for the actual study. I conducted a pilot study of the interview and journal documentation recording instruments with four qualified participants to validate their appropriateness. New graduates of nursing programs that attended my lectures were excluded from the study. Purposely selecting participants that fit the criteria of new graduates of nursing programs from a community college in the south who have been working in a hospital within one year were relevant in answering the research questions.

The participants of this study were limited to 10 new graduates of nursing programs from a community college in the South who works in a hospital. Purposely choosing 10 participants, 10 in depth face – to- face interviews were completed. I used probing questions to enable participants in expanding their comments. Additional data was collected from the participant's journal in other to triangulate the study. I used multiple data sources to strengthen the construct's validity. Polit and Beck (2012) stated that data saturation is sampling until no new information is obtained. Data saturation was

achieved from the participants who could share their experiences, communicated and provided a variety of point of views until no new data emerged.

According to Fain (2013), it is common to use a small, purposive sample selected from persons who have lived the experiences under study and are willing to share the experience (p.242). Similarly, Paul (2015) contended that data saturation was reached after seven interviews and additional three interviews were conducted to ensure that no new information emerges. Multiple interviews with the participants provided in depth and rich data hence generated more data source that answered the researcher questions.

The focus of this study was on the experiences of new graduates of nursing programs who have been practicing within one year in a hospital. The inclusion criteria for participants were (a) nurses who have recently graduated from the same college, (b) work in the same hospital, (c) have been working in the hospital for one year or less upon graduation, and (d) new graduates nurses who have associate degree in nursing and an RN. This purposeful sample allowed a typical representation of new graduates of nursing programs experiences. These individuals had the specific knowledge that answered the research questions.

Perspectives from the participants provided rich information to examine, understand new graduates' experiences and job performance. Because I interviewed new graduates of nursing programs from the same college who worked in various hospitals, it was desired they met eligibility to participate in the study. With this representative sampling, I obtained rich data to maximize the understanding of the phenomenon (Polit & Beck, 2010). They were registered nurses who have been practicing in a hospital within one year after graduation. Nurses recruited were representative of new graduates of

nursing programs that attended the same school of nursing and were practicing RNs within one year in a hospital. It was my belief that those new graduates of nursing programs who have worked within one year had the experience to provide meaningful and analyzable data. Limiting the new graduates of nursing programs to one year or less, l focused the study on the intended novice nurse experience.

Data were gathered from 10 participants in the form of journals and interviews. The participants were new graduate nurses that were registered nurses and had been working in the hospital within one year of graduation. The information was collected to capture their performance outcomes and classroom experiences. The data were collected over 2 months. Participant's eligibility was established by asking for the following credentials: registered nurse license, hospital identification, and evidence of graduation from Delgado Community college, Charity school of nursing.

Eligible participants were new graduate nurses that have been working in the hospital for one year. In about four days, one potential new graduate participant that had been practicing in a hospital contacted me via email but did not meet eligibility because of practicing in a hospital for more than one year. Some potential participants recommended other nurses who were their classmates who were willing to talk about their experiences. After the initial contact, it took several phone calls and emails to schedule a suitable time for most of the potential participants. Interview sessions for seven participants were rescheduled more than three times for their convenience.

Information shared was kept confidential, and their identities were removed from the study. There was no evidence of any organizational circumstances or personal problems noted from the participants that influenced the result of the study. Nurses with

more than one year of experience were excluded from the study. They have gained judgment skill experiences, critical thinking, prioritization techniques, and problem-solving skills that are less threaten to patient safety. New graduates of nursing programs were expected to perform like experienced nurses as they meet challenges of working in complex healthcare systems (Ruland & Leuner, 2010). A new graduate nurse is expected to display some degree of critical thinking and problem solving skills (Saintsing, Gibson, & Pennington, 2011). However, the issue then becomes whether new graduates of nursing programs were adequately prepared for the complexity of patient care to meet patient safety standards. The perspectives of the participants provided quality information that explored performance outcome of new graduates of nursing programs and classroom experiences.

Yin (2014) suggested that there are behavioral changes a researcher needs to be aware of before face-to-face interview with the participants. I was aware and catered for the interviewee schedule and availability. I continued interview even after data saturation included those who already volunteered to participate. The interview guidelines were crafted to explore the research questions (see Appendix A).

Instrumentation

I used in-depth face-to-face interviews and journals from the participants. Using in- depth study allowed for collection of rich materials from a single perspective where each participant provided information relevant to the study (Merriam, 2012). According to Gangeness and Yurkovich (2006), interview for data collection fall into three general categories: (a) an explanatory discussion that attempts to explore the cause-effective connections, (b) an exploration discussion that examines situations and context with

intent for future research, and (c) a descriptive discussion which examines an experience in the context that the experience took place. The choice of format used was built on whether I sought information relationship, examined circumstances, or experience. I collected data using semi structured, open-ended questions protocol (see Appendix A), followed up questions related to the answers given, and participants' journals (Appendix B). The interview questions provided information that documented how classroom experiences were implemented in practice.

Pilot Study

I developed the primary instrument for this study. In order to ensure content validity the instruments were pilot-tested. Soliciting for participants and data collection began after I received explicit approval from Institutional Review Board. I conducted a pilot study of interview and the journal documentation instruments with four qualified participants in order to validate their appropriateness. I posted invitational flyers in several strategic public locations in the vicinity of the hospitals. Eligible participants were similar to the study target population. They were new graduates of nursing programs who have been practicing in a hospital within one year. According to Polit and Beck (2012), the purpose of pilot study was not to answer the research questions; instead, it functioned to validate appropriateness and the quality of the instrument.

I ran a small-scale trial of the instrument to assess the validity. Each participant was asked the same interview questions in a similar manner as used in the main study. The responses received were analyzed for alignment and relevance to the problem statement. The feedback received informed whether changes needed to be made to the instrument.

Interviews

I first used interviews as a primary data collection source. Conducting face-to-face interviews allowed me an opportunity to capture participant's feelings, key information, and nonverbal cues. Descriptions of examples of how the students felt with their classroom experiences, what learning experiences were available to connect learning and practice, as well as how the learning experiences benefited practice skills were explored.

Participants were interviewed using the research questions from the new graduates of nursing programs' classroom experiences and performance outcome. Each interview session lasted 30 minutes and followed the questions listed in Appendix A. Interviews were tape recorded with field notes and captured the information. Probing was used to enable the participants answer questions and expanded their comments. Interview questions were structured for gaining information regarding the graduates' description of their classroom experiences and classroom training. The graduates were asked to describe their feelings about classroom experiences in the context of providing professional nursing care. Using probing for additional information terminated the interview process.

At the end of the interview, the information received was reviewed and this gave the participants the opportunity to confirm or correct data. The participants were encouraged to add anything they omitted at the original interview. All transcribed interviews were sent to the participants to review before coding and analysis. I thanked the participants for their time and also reminded them that they have the right to withdraw at any point of the interview if they chose to do so.

A follow up appointment was scheduled with the participants for a two week follow up interview and provided the transcript for them to review for accuracy. Interviews were audiotaped and recorded. The information was locked in the researcher cabinet. Notes taken during the interview were transcribed, stored in both electronic and hard copy. All hard copy data were locked with code identifications. The primary research materials were locked separately from the master codded list. All data were stored in a safe locked file for 5 years.

Journal

The participants kept a clinical practice journal for two weeks using a table provided to reflect on their experiences and answers. The journal had research questions that were intended to help the participants organize their views. I used the journals and the interviews to collect data that formed triangulations that strengthened the study. The importance of using multiple sources in addressing a broader range of issues was highly recommended in the exploratory study (Yardley, 2009; Yin, 2014). A careful series of interviews and journals contributed to multiple data sources that resulted in a more comprehensive understanding of participants' experiences.

Yin (2014) underpinned the importance of using multiple data sources to support exploratory qualitative research design. According to Yin, data triangulation strengthens the construct validity, provides multiple measures of the same phenomenon, and leads to the development of the converging lines of inquiry. A thorough use of multiple data instruments was more convincing and reliable. I was mindful of the commitment made while conducting the interview and gradually exited the field interaction. Table 1

provided the relationship between the data collection instruments and the research questions.

Table 1

Alignment of Instruments to the Research Questions

Research Questions	Interview Questions	Journal Narratives
1. How do new graduates of nursing programs describe their classroom experiences?	Q1: Looking back on your classroom experiences, tell me what social support you were engaged in during your time as a student? Could you please expand…?	Participants' reporting, feelings, barriers, successes
	Q2: Looking back on your classroom experiences, what kinds of experiences stood out for you? And why? Could you please expand…?	
	Q3: What specific things in the classroom experiences motivate you? Could you please expand…?	
2. To what extent do new graduate of nursing programs feel that classroom experiences train they received hinder them in meeting communication and patient centered care.?	Q4: Looking back on your classroom organization, what areas of classroom experiences do you feel helped you? Could you please expand…?	Participants' reporting feelings, barriers , successes
	Q5: How do you feel the classroom experiences did or did not help you? Could you please expand…?	
3. To what extent do new graduates nursing programs perceive courses taken as relevant to their professional practice?	Q6; Please provide me with an example of when you had a chance to apply a classroom experience you learned during the class? Could you please expand…?	Participants' reporting feelings, barriers, successes
	Q7: Please tell me about other opportunities you had with your classroom experiences and the areas you did and did not have these opportunities? Could you please expand…?	
	Q8: How does what you were taught to do fit together with what you are physically doing? Could you please expand…?	
	Q9: Looking back on your class experiences, what useful are they to your professional practice? Could you please expand…?	Participants' reporting feelings, barriers, successes
	Q10: How much control do you think you have in your classroom learning? Could you please expand…?	
	Q11: What kinds of interactions did you see in the classroom instructions on communication and the practice of communication? Could you please expand…?	
	Q12: What kinds of interactions did you see in the classroom instructions on patient-centered care and the practice of patient centered care? Could you please expand…?	
	Q13: How prepared do you feel after your classroom training in relation to your actual practical experience. ? Could you please expand…?	

Data Analysis

Exploratory qualitative case study involves converting massive amount of data into smaller, commonalities, and themes to elicit meaning from the data (Polit & Beck, 2012). Multiple data collections were used to address the research questions including two sets of interviews and journal entries from the participants. This section showed how each data collection method was analyzed. Fain (2013) acknowledged that seldom are all three categories were used equally.

Information gathered from multiple sources was used to triangulate data and increase the research validity. Many researchers have used thematic analysis for their findings. The research on thematic analysis by Braun and Clark (2006) proposed guideline for using thematic analysis in six steps. The thematic analyst will (a) become familiar with the data, (b) generate initial codes, (c) search for themes, (d) review the themes, and (e) define and name themes. Paul (2015) used thematic analysis to transcribe interview for his research finding. I followed the thematic analysis pattern used by Paul to transcribe data collected during interviews and the guideline that provided a general strategy for analyzing the data and produced a scholarly study.

The first step in my data analysis was to organize data and determine a clear linkage of data to the research questions. I gathered information from different participants and put them together into meaningful conceptual patterns. Data analysis began with the first interview. The three major themes namely classroom experiences, classroom training in relation to practice, and performance outcomes, were chosen for coding. They reflected the research questions and literature review. Field notes were read several times relative to combination of responses and identified themes. During data

organization, transcripts of audio tape recordings of the interview and identification of significant statements were recorded verbatim for accuracy without any assumptions. Included at the first step was that verbatim transcription of tapes and information was maintained to ensure that transcripts validly reflected the interview interactions (Yin, 2014). Days after the initial interaction, a hard copy of the transcripts were provided to each participant to verify questions in order to clarify and determine if any changes occurred that altered the student's experience.

The second step in the data analysis phase was to generate initial codes. Data collected from the interviews and journals were manually color-coded using highlighter to determine similarities and differences. Miles, Huberman, and Saldana (2014) recommended ways of enhancing coding processes: (a) establishing a strong conceptual framework and research questions, (b) coding data immediately, reviewing and revising later, (c) incorporating different types of coding styles, (d) understanding that coding is an iterative process, and (e) to be receptive and flexible with the emerging themes. Thick and general keywords were highlighted in different colors for analysis. After coding, data with similar color were gathered together. The color-coding highlighted allowed for a better data organization and better integration of ideas that answered the research questions. Each data will be coded, organized and analyzed based on the units of information, similar symbols, and meanings. Similar items were classified to establish the main findings of the study classroom experiences, pre-practice attributes, and performance. Each narrative was examined to sort the main points in the text. As soon as the data coding was linked to the research questions, color-coding systems were developed to determine the themes or general keywords.

The third step in the data analysis was to search, review, and define themes. Il familiarized myself with each document to identify what is distinct among emerging themes. The responses were grouped according to important information shared by the participants. This allowed coding for themes to determine significant data. I constantly checked to ensure that all codes were sorted into themes without omission. All responses were counted frequently. The themes allowed me to capture data for meaning that led to answering the research questions. According to Polit and Beck (2012), theme is the abstract entity that brings meaning and identity to the current experience and its variant manifestations (p.562). Analysis of data involved a constant moving back and forth between the entire data set. Flash cards were used to sort and organize codes. I reviewed themes and focused on refining the coded data, naming themes and capturing what aspects of data each theme represented and possible sub-themes that emerged. This involved sorting codes according to areas of classroom experiences, pre-practice attributes and performance.

The final step in the data analysis was to produce a report. The three data collection tools face-to-face interviews including, follow up, and journal documentations were analyzed. During face-to-face interviews, field notes were compared with follow up interview and the participant's journal recording responses to help triangulate the study. The findings were consistent with other research finding as evidenced by the literature review. At the final analysis stage, I produced a concise, coherent, and logical account of information from the data. I will read the documents several times for the following set themes: classroom experiences, prepractice attributes, and performance.

Issues of Trustworthiness

Developing evidence of credibility of findings is crucial in qualitative research. Researchers continue to show that establishing a consensus on what constitute the quality criteria for qualitative inquiry is elusive (Polit & Beck, 2012). However, some researchers like using recommended frameworks of quality criteria. Lincoln and Guba (1985) identified four areas of establishing trustworthiness in a qualitative inquiry: credibility, transferability, dependability and conformability.

Credibility

I carried out the study in a way that established credibility and took steps to demonstrate credibility in the research findings. Information collected in this research study was validated in various ways. The 10 participants were interviewed and codes related to their classroom experiences were consistently evaluated to determine their relevance to the new graduate performance. Through member checking, all participants were provided with transcribed document of their interview to review, critique, and verified data to ensure the integrity and authenticity (Merriam, 2012). Emerging interpretations were shared in ongoing fashion with the participants to obtain their reactions. Sufficient time was allowed for the participants to discuss meaning of codes as accurate descriptions of their experiences and tested for misinformation.

Data were transcribed, audiotaped messages were labeled, and field notes were dated immediately after the interview. Extra batteries were available and recorder pretested prior to use. Interviews were recorded with each participant given an alphabetical code for confidentiality. Information stored was locked in a cabinet and was available to anyone but me. After the interview, information gathered were descriptive

and reflects participants' own words. The credibility of the interview data was ensured by the following methods:

- Interviews were audiotaped, and recorded. The information was locked in my filing cabinet.
- Notes taken during the interview were transcribed, stored in both electronic and hard copy.
- All hard copy data were locked with code identifications.
- The primary research materials were locked separately from the master code list.

Field notes, journals, and diaries were included in the discussion of the research findings. The participants interviewed received a copy of the research report upon demand. Triangulation of data using one-on-one multiple interviews and journal strengthened the dependability and reliability of the study. The use of multiple data sources helped to solidify data that were relevant to the research questions. The credibility of the findings was enhanced from the opportunity for the participants to clarify my transcription of their interview. During the analyses of the interviews, credibility was given to the information gathered and was aware of personal biases, stakes in, and the reflexivity that could affect judgments. Polit and Beck (2012) stated, "Self- awareness and introspection enhanced the quality of any study" (p.180). All data were stored in a safe locked file for 5 years.

Transferability

According to Lincoln and Guba (1985), transferability refers to the usefulness and extent the findings and the interpretations are applied in other settings. A finding from

my interviews of new graduates' nurses from a big community college was useful for understanding performance outcomes of novice nurses from holistic perspectives. The term *new graduate* refers to recent graduates with one or fewer years of nursing practice in a hospital. The participants were graduates from 2013-2015 and have been practicing in a hospital within one year. External validity was increased by ensuring variety on the characteristic of the participants that answered questions regarding performance outcome criteria.

The reason for choosing graduates from different semesters was that information was gathered from different standpoints. The sample selection of the new graduates of nursing programs from a community college was an accessible population to me. They represented the target population as closely as possible. According to Fain (2013) when sampling is conducted properly, the researcher draws inferences and generalizes. Transferability of findings regarding new graduates' performance outcomes was useful when applied to the context of exploration of their classroom experiences. Because this was a qualitative research design, the researcher produced results in a manner other than numerical means.

To provide thick descriptions and supportive evidence of quality, direct quotes were used throughout the section. Direct quotes were used to provide indication and direct answers to the interview questions. The rich information and details of the quotes helped to explain in descriptive form the experiences under study. Inclusions of lucid and verbatim quotes were designed to convey the vividness of the study.

Dependability

Dependability, which is the counterpart of reliability, was shown in many ways throughout the study. In addition to triangulation protocol, and member checking, all transcribed data were verbatim. The primary source of data was face-to-face, guided and semi structured interviews. The semi- structured interviews were audio-recorded, transcribed, and secured. During interview data collection, I recorded the conversations; describe participants' demeanor, write, and label notes for accuracy. A rich blended of multiple data collection methods interviews, journals, and multiple contacts with the participants helped me to ensure reliability and developed data relevant to the research questions. During the interview, follow up questions were asked for clarification that ensured reliability of the information obtained.

Confirmability

According to Fain (2013), confirmability refers to objectivity. The confirmability lies with the fact that data were accurate representation of information the participants provided. I was mindful of personal biases or perspectives. Confirmability is like objectivity. Objectivity through keeping a journal, clarifying values, recognizing gatekeepers helped to maintain a reflexive journal in attempt to bracket and conform to the data authenticity. In controlling the researcher biases, I provided the transcript of the interviews to the participants to review and comment. Member checking were carried out in ongoing way through deliberate probing during interviews and observations that captured the exact words of the participants. At the end of each interview, brief reviews of key points were discussed with the participants.

Ethical Procedures

The preparation to collect a qualitative data study included proper protections of the human participants. During data collection, agreements to gain access to the participants or data were included in the IRB application. However, because of negative past events with human experiments resulted in injury to the participants, any researcher conducting research that involves human subjects are required to obtain approval from any institutions and the participants (Yin, 2014). However, they were RNs and my professional colleagues and there was no issue with conflict of interest. The process of gaining permission to conduct research on human subjects involved obtaining formal approval from facilities IRB "between the completion of a design and the start of your data collection, you will need to show how you plan to protect the human subjects in your case study" (p.78). The researcher was an instructor at the community college; the new graduate nurses that attended the researcher's classes were excluded from the study. I obtained formal approval of IRB from Walden University before conducting the study (IRB # 07-27-0226534). I participated in the National Institute of Health (NIH) web-based online study on protecting human research participants prior to conducting the research.

All participants and the researcher signed the consent form and were informed they could withdraw from the study at any time. Prior to the study, the participants received verbal and written information about the questions asked and the aim of the study. They apprised that the interview was audio-recorded, field notes taken, identity remained confidential, and all data collected were stored in a locked file at my home. To protect participant's rights, their names and personal information were kept confidential

and used exclusively for research purposes. Participants in the study were referred to by fictitious names. The declaration to the agreement was signed to ensure that data provided by the participants were confidential.

The participants received transcribed data to read and confirm authenticity of the information. They could add and/ or delete changes in the transcribed data and sent feedback in three days. Only the researcher had access to the assigned participants' fictitious names. The participants were notified they had the option to opt out from the study at any time without penalty. Participants were informed that there were no financial benefits for participating in these activities except for my appreciation. Any data from these activities were kept confidential. I kept the participants' names confidential as well as information that identified individuals or any reports of these activities. Data were reported in aggregate form and accessible only to me. All stored data will be shredded and destroyed after five years.

Summary

Chapter 3 was a description of the methodology that was used to conduct this research. The questions that I asked provided guidance for this study. The purpose of the descriptive case study was to analyze the performance outcomes of nurses based upon nursing students' classroom experiences. This exploratory qualitative case study included 10 new RNs practicing in the hospital within one year of graduation. Interviews and clinical journal recordings of the participants formed the instruments used to answer the research questions. I was the primary collector of information during interview sessions. Data collected were analyzed using thematic analysis framework. During the analysis

phase, information gathered from symbolic interactions with the themes generated knowledge that answered the research questions.

Chapter 4: Results

The purpose of this case study is to examine the perception of classroom instructional experiences construct and the context of performance outcomes among new graduates of nursing programs. The purpose of chapter 4 is to memorize participants' feelings expressed during the interview sessions and journal recordings. Included in this section was more information on how data were gathered, recorded, interpreted, and analyzed.

Research Questions

The following questions guided the research study:

RQ1: How do new graduates of nursing programs describe their classroom experiences?

RQ2: To what extent do new graduates of nursing programs feel that classroom training provided them with the communication and patient-centered care skills for providing professional nursing care?

RQ3: To what extent do new graduates of nursing programs perceived courses taken as relevant to their professional practice?

Pilot Study

Soliciting for participants and data collection began after I received explicit approval from the university IRB. I conducted a pilot study of interview and the journal documentation instruments with four qualified participants in order to validate the instruments' appropriateness. I posted invitational flyers in several strategic public locations in the vicinity of the hospitals. The flyers were posted at the uniform stores,

snowball trucks, and food trucks stationed in front of two hospitals. Before posting the flyers, I obtained approval from the owners of these businesses. These preferred sites were chosen because of nearness to two large hospitals in the community and the likelihood that potential participants would utilize the uniform store and buy food from the trucks during lunch break. Participants were able to contact me by phone number or e-mail address listed in the flyer. After approximately 3 weeks, 15 potential participants contacted me using both the phone and e-mail. The first four eligible participants to respond were used for the pilot study. Most meetings were brief discussions on the phone with potential participants to establish eligibility based on the study criteria. After eligibility was established, I worked with the participants to schedule meeting dates and times for the interviews based on their preferences.

To ensure participation, I called to remind the participants of the appointment the day before the interview. Most meetings were set during the evenings when the participants had completed their workday. There were days we had to reschedule interview sessions because of participants' time constraints. Participants also received a journal narrative data collection tool to better capture their practice experience. Participants read and signed the informed consent prior to the interview and journal recording. Participants both in the pilot and the final study were treated the same. There were four in- depth interview sessions conducted in a similar manner to that used in the main study. I spent as much time with the pilot study participants as with the participants of the final study. The pilot study showed that the proposed data collection instruments were appropriate in answering the research questions. There was no evidence from the

pilot study to indicate changes in the instruments or data collection strategy were warranted.

Setting

To recruit participants for the study, I followed the same process used during the pilot study: posting flyers in several strategic public locations. The flyers were posted at the uniform stores, Snowball, and food trucks stationed in front of two hospitals. After about 4 weeks, potential participants contacted me by phone and e-mail address listed on the flyer. Out of the 15 potential participants who contacted me, I used four participants for the pilot study, and 10 for the actual study; one did not meet the eligibility criteria. Participants were eager to participate in the study. I noted no evidence of any organizational circumstances or personal problems regarding the participants that influenced the result of the study.

Demographics

The participants were registered nurses with various specializations. The following units indicate their concentrations: critical care, emergency care, operating room, and medical-surgical units. Some willingly responded to questions immediately and others with probes. I interviewed 10 participants who were registered nurses working in the hospital within one year of graduation. They were graduates of a nursing program. Among the participants, there were three men and seven women.

Data Collection

Data were gathered from 10 participants in the form of journals and interviews. The participants were new graduate nurses who were registered nurses and had been working in the hospital within one year of graduation. The information was collected to

capture their performance outcomes and classroom experiences. The data were collected over 2 months. Participant eligibility was established by asking for the following documents: registered nurse license, hospital identification, and evidence of graduation from a Community College, Charity School of Nursing. After obtaining permission from the managers and owners, I posted flyers at the uniform stores, Snowball trucks, and food trucks stationed in front of two hospitals, The X Hospital and Y University Medical Center.

Eligible participants were new graduate nurses who had been working in the hospital for one year. In about four days, one potential new graduate participant who had been practicing in a hospital for one year contacted me via e-mail but did not meet eligibility because she had been working in a hospital for more than one year. Some potential participants recommended other nurses who were their classmates who are willing to talk about their experiences. After the initial contact, it took several phone calls and e-mails to schedule a suitable time for most of the potential participants. Interview sessions for seven participants were rescheduled more than three times for their convenience.

The first meetings were in public places such as the library and conference rooms nearest to the participants' residential areas. The intent of the meetings was to explain the nature and purpose of the study and for the participants to sign the consent forms. It took more time than anticipated because the participants were working different shifts and attending to family responsibilities. Eventually, I was able to meet with each participant, and after I explained the reason for the research study, they voluntarily signed the consent form.

During the meeting sessions, some of the participants had some concerns and questions. They were curious whether their personal information and answers would be kept confidential. I promised them that the information shared would be kept confidential and that their identities would be removed from the study and assigned a numerical value. I added that no one in the hospital would treat them differently if they chose to be in the study because the participation would be kept confidential. A small number of participants admitted to being anxious since they were inexperienced with interviews. I acknowledged their fear about the interviews and encouraged them to see it as an avenue to share their related learning experiences. There were no variations in the planned data collection process noted in chapter 3.

Interviews

All participants signed consent forms to indicate understanding of the explanation of the data collection processes. I recorded all interview sessions using a cassette recorder and field notes. Before each interview, I rechecked the tape recorder to ensure its operational condition. Each interview session took place in a library conference room and lasted about 30 minutes. Only open-ended questions were used so the participants could answer the questions and express their thoughts regarding their experiences. I also used probing questions to enable participants to expand on their comments. The aim of the interview was to capture the experiences of new graduate nurses regarding classroom learning and performance outcomes during professional practice.

During the interviews, some participants were shy and not forthcoming with expressing their thoughts. These groups of participants spent less than 30 minutes in the interview, though they answered all the questions, and I was able to get enough

information from all participants. As the interview progressed, some participants digressed and included information that was not relevant to the interview questions. I used probes to redirect them to the original questions. At the end of the questions, I asked participants if they had more information that they would like to add. Some added more information. I conducted a follow up interview with the participants that lasted for about 20 minutes. I encouraged them to add anything they omitted at the original interview.

At the end of each interview, I replayed and reviewed the lucidity of the sounds and voices to ensure that the information transcribed accurately reflected each interview. Following a replay of the taped interview, the audiotape was transcribed. After the interview session with each participant, I transcribed the recordings and compared the information with the field notes. I used codes to put each participant's information together. The transcript was e-mailed to participants for the participants to review for accuracy and decide what they wanted to include or exclude from the study. I read the transcript several times to be acquainted with the data, using highlighter to mark and color evolving themes and commonalities from the answers the participants provided.

Journal

Another data-collecting tool used in this study was a participants' journal recording. Each of the 10 participants was given a copy of the journal at the same time after the interview sessions.in the Library conference room. The participants recorded the information for two weeks as stipulated in the journal recording. Two participants lost their journal documentation papers and notified me for another copy. The goal was to capture their experiences on the job. I analyzed data following thematic analysis method. As I collected the journal recordings, I manually assigned them codes that matched the

participant's interview identity. I sought categories that have similar patterns from the emerging themes and discard those nodes without similar characteristics. These codes that led to the development of themes to reflect performance outcomes of nurses based on their classroom experiences. I read the journal several times, and identified commonalities and themes by using different color highlighters.

Issues of Trustworthiness

Research shows that credibility, transferability, dependability, and confirmability are four areas of establishing trustworthiness in a qualitative study. These frameworks of quality criterions assisted me to ensure objectivity with all data collection techniques, interview and journal recordings in addition to recorded original information collected by participants accurately.

Credibility

In other to ensure reliability, I took steps to demonstrate credibility in the research findings. Additionally, the case study research method allowed me to gather gaining information focused on the new graduates' personal perspectives, their classroom experiences, and performance outcomes. According to Polit and Beck (2012), case study research examines people's perceptions and behaviors, therefore based on the need to understand processes and meaning of the research findings. I had prolonged and multiple engagements with the participants through multiple interviews, phone calls and emails. To promote credibility, I applied procedures and abided by the regulations according to plans.

Transferability

The data gathered, analyzed, and results of this study could be used in other research studies. Nevertheless, the findings might serve to be useful for understanding performance outcomes of novice nurses from holistic perspectives. The results of this study are inimitable to the population used in the study. However, the participants' experiences along with thick description in building internal validity of the study might help other researchers expand on the findings.

Dependability

The techniques for meeting the reliability standards were followed in this study. The inquiry processes, data collection, interpretations, and findings were clearly stated. I gathered data from multiple sources using interviews and journal recordings to ensure that the weak points of one approach were reimbursed by another method. Follow up questions were asked for clarifications to ensure reliability of the information obtained. The participants verified, checked, and confirmed the written information from the journal recordings and the interview.

Confirmability

I made sure that the reported findings are the product of participants sharing their subsisted classroom experiences and performance outcomes. I was mindful of my personal biases. During the interview sessions, I made sure that I gave credibility to the information collected through reflexivity journal, clarifying values, and member checking. Member checking was performed on going through deliberate probing during interview sessions and journal recordings of the participants professional practice experiences.

Data Analysis and Results

Coding Methods

Coding was instrumental to data analysis. Each data was read several times, organized, analyzed based on similar information, symbols, and meanings. Data was recorded verbatim without assumptions. Participants were able to voice their experiences, for that reason, I made sure that the transcripts validly represented the interview interactions. I incorporated different types of coding styles in other to capture the true meaning of the participants' experiences. The coding methods used to organize data from different journal recordings and interview sessions are described below.

Before the data was analyzed, all interview sessions from the cassette recorder were transcribed. The hard copies of the transcripts were stored in a locked cabinet. Audiotapes, field notes and journal recordings were coded, placed in a different safe cabinet, and accessible only to the researcher.

Figure 2 shows the procedure used to gather, arrange, sort, and code a massive amount of information into smaller commonalities to elicit meaning from the data. The same steps recommended by research in data organization were used in other to have a clear linkage of data to the research questions. This process helped to review, revise, and incorporate different coding style. I used highlighters and flash cards to color-code the data for better identification. This method assisted me to concentrate on the key points conveyed by the participants.

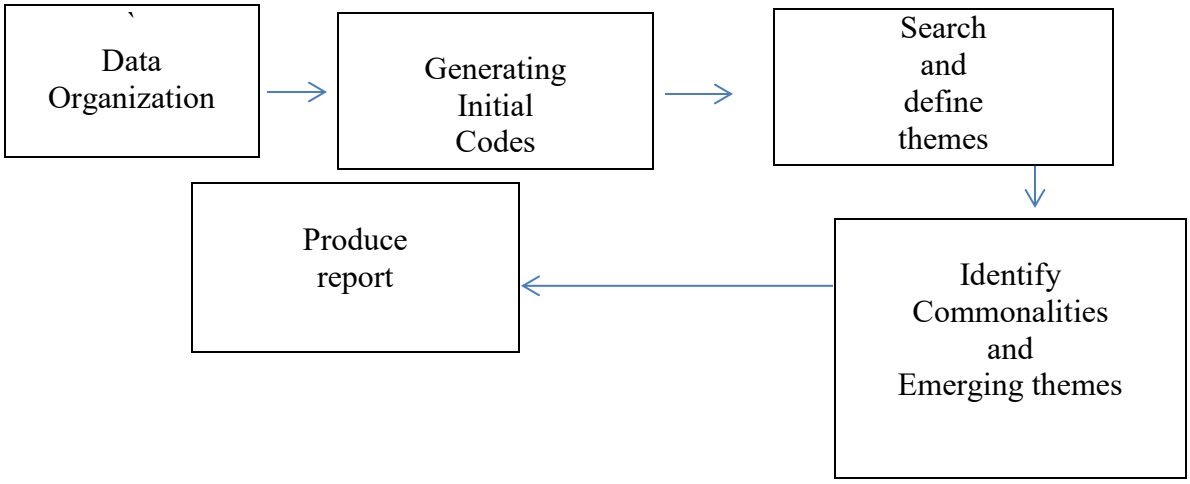

Figure 2: Data Management Process

Open coding. The reports from each of the 10 participants were read several times looking for similarities and differences. While reading the transcript second or third time, key points that were necessary to answer the research questions were highlighted. Using this open coding method allowed me to highlight different titles, broader categories, finding commonalities from each participant, and summarize answers to the research questions.

At the interview, participants answered several questions that were intended to assist the researcher understand performance outcomes of new graduates of a nursing programs based on their classroom experiences. As shown in Table 2, their responses were classified into seven major themes. The seven themes were *communication, teaching strategies, patient centered care, critical thinking, self-efficacy, practice experience, and outcome success.*

Major themes were compared with words from the interview sessions to support specific themes. Based on this process, the symbolic interactions with the themes were used to develop conceptualization of similarities or differences of data in order to generate knowledge about performance outcomes of new graduate nurses based on their classroom experiences.

Table 2

Major Themes and Related Sub Themes from the 10 Interview Sessions.

Research Question	Major Themes	Related Sub Themes
How do new graduates of nursing programs describe their classroom experiences?	Teaching Strategies	Visual Group activities Lecturing Class recordings Games Writing on the board Self- motivation
	Support System	Study groups Family members
To what extent do new graduate of nursing programs feel that classroom training provided them with communication and patient centered care skills for practicing professional nursing care?	Relevance teaching	Utility value Teacher relatedness
	Communication	Patient and family Purpose Barriers Healthcare team Therapeutic Value
	Critical Thinking	Time management Building confidence Decision- making
	Patient Centered Care	Patient satisfaction Patient safety Collaboration with other health care teams
To what extent do new graduates of nursing programs Perceive courses taken relevant to their professional practice?	Practice Experience	Short staff Team work Time management Family dynamics
	Outcome Expectations	Clinical competency Adherence to patients' preference Positive patient outcomes

Research Question 1

RQ1: How do new graduates of nursing programs describe their classroom experiences?

Two themes emerged from the interview sessions that offered answers to the above research question. The two themes were teaching strategies and support systems. The following answers were gathered from the participants during the interview sessions.

Theme 1: Teaching strategies. The participants stated various challenges they encountered with methods of teaching strategies used by different teachers when they were in nursing school. Participants indicated how lecturing and unorganized active teaching strategies impeded their learning and made it difficult to connect learning to practice and meet clinical competencies. The majority of challenges the new graduates encountered on how class experiences contribute to practices were contextual.

Joy shared poor teaching strategies she experienced while in the nursing school and the challenges they created in her practice. The teaching strategies the teachers practiced have lesser impact on the new graduates' performance.

Joy stated awareness that teachers teach differently, the best way they know how, but some do not know how to teach at all. They wasted time in telling personal stories, had students write on the board instead of teaching. Quality teaching strategies have shown to be necessary when adult learners have to solve nursing problems to meet competency.

As Benner (2001) stated there is continuity between theory and practice knowledge. Hands on and student's active participation in class activities are tools that

have shown to be necessary into grasping pertinent information. Benner added that without background knowledge, nurses are at risk of making poor critical thinking judgements. Participants expressed concern not having adequate understanding of skills through learning experiences to propel integrations of clinical functions. Esther stated the difficulties she encountered while trying to understand how to connect classroom learning with skills:

> I will learn these theories, but they did not make any sense to me. The teachers talked abstract things without visual or games to make it interesting and may be make me understand the class. It has been a long time I attended school last and everything seemed to be moving too fast and difficult to figure out for me.

Participants voiced concern they daily encountered with teaching strategies devoid of accommodating their learning style. Walter talked about what he considered as his concern. “The active learning strategies did not work for me; they seemed to be disorganized, students talking, teacher talking, not enough time to do them.”

Mia experienced similar challenges: “Doing activities with my classmates, writing on the board, reading the slides, and games were not my thing. I felt like I was wasting my time because they were diversions that hindered my learning.” Emma stated she had no control of class learning and activities but relied on support from friends and peers while she was in school:

> They taught what was in the syllabus, I have an 11-year-old son, I do not like study group. I was a member of Students Governing Association (SGA). I consider SGA my social support. I will reach out to some of my schoolmates

> ahead of me and they would reach back to me, and helped me with assignments. I felt like most of the teachers were not interested in my learning.

Through the interview sessions, participants stated other challenges such as lecturing, lack of recorded lectures, and lack of support from teaching staff working with students. They mentioned the teachers allow them to record lectures. Olivia noted that she could not afford to buy a tape recorder and relied on listening with her friend.

> Many students in my class could not afford to buy tape recorder. I shared my friends' recordings with them. It was very inconveniencing. I have to wait to listen to their recordings when they were not using them or listen with them at their convenient times. I have to realize that I need to motivate myself and find ways to enhance my learning even that meant sharing technology with other people.

During interview sessions, participants discussed their confident during practice on the job, concerned how other nurses would perceive them as unprepared and unsafe.

Based on the responses collected during the interview sessions, these were results regarding teaching strategies experienced while in school.

1. Six of the 10 participants mentioned the challenge of teaching strategies that were unfavorable to their learning style.
2. All 10 stated they had to motivate themselves, relied on their family and classmates for support.

According to the participants, Walker and Mia, class activities were disorganized and noisy. There was not enough time assigned to the activities. Walker and Mia

mentioned that they did not like to write on the board. They stated," writing on the board was a learning joke". Olivia stated that it "felt like I was teaching myself". She mentioned, "Some students disengaged themselves from writing on the board activities, made noise that was distracting, and hindered my learning."

Table 3

Summary of Participants' Responses Regarding Theme 1: Teaching Strategies.

Alias Names	Wants Visual aids	Dislike Group work	Lectures	Class Recordings	Games	No Writing on the Board
David	X	X	X	X		X
Mia	X	X		X	X	X
Walter	X	X		X	X	X
Joy	X	X	X	X	X	X
Zoe	X		X	X		X
Emma	X	X		X		X
Bene	X		X	X		X
Eva	X		X	X		X
Esther	X		X	X		X
Olivia	X		X	X		X

Theme 2: Support system. The two major support systems the participants mentioned were the family and friends. All 10 participants stated that their family support systems helped them both as nursing students and during professional practice. Two participants expressed disappointments they encountered from their friends that hindered their concentrations and learning outcomes. All 10 participants highlighted family support as significant to their academic success.

David supported this theme when he stated, "I have to rely on my family and study groups to get through." Eva, Zoe and Bene agreed that their best support system is their family. They stated their family helped them with money for gas, food, baby sitter, and ran errands.

Other participants stated having stress from friends, such as David who mentioned that "during my time in the school, I experienced abandonment from my longtime friend." Bene discussed a similar experience "that stood out was the loss of my friend's grandmother that (sic) literally raised me." (G. Bene, personal communication, September 14, 2016). Mia stated "it is all about self-motivation. I found that I have to motivate myself, you have to want it, and have people to support you"

The participants were vocal in sharing their feelings related to teaching strategies used in their classrooms. Walter recalled how the family support he received helped him to meet his learning needs. He stated the brothers, sisters, and mom were his strongest support system. Joy expressed same thought as Walter, Eva, Zoe, and Bene regarding support received from the family members:

> My brothers, stepmother, my father, my aunts, uncles and family supported me to graduate from the nursing school. Being the first woman to graduate from a

> nursing school, they stressed to me the importance of completing the program and that dropping out of school was not an option. When I was down, I remembered how my senior brother motivated me to succeed.

Zoe showed in her answers the degree of family support she received while in the school.

> My husband always supported me 100%. My husband was there for me at all times. He picked up a second job to assist in paying family bills. At one time, I noticed that he shopped around different groceries looking for items on sale. He was there for me and motivated me to study.

Some participants stated that other support systems they depended on while in school are being a member of student association and dedicated staff met along the way, particularly teachers. Emma reported how two teachers made a difference in her learning and enhanced her confidence.

> I cannot forget the support I received from Mr. R in my first semester and Mrs. U in my second semester. They both took their time and helped me reach my learning needs. At a time, I was about to give up. I sat in the class thinking that nursing was not for me, to go do something else. In my first semester, I remembered Mr. R encouraging me to stick to my plan of being a nurse and not to give up. Mrs. U in my second level talked to me and understood why I was downhearted.

Bene recalled the experience regarding caring teachers she met while she was in the nursing school.

> My teacher Mrs. N was wonderful. When she found out that I am repeating level 1, she took it upon herself to tutor me after each lecture. She was one of the best

> medical surgical nursing teachers you will ever meet. Mrs. J taught pediatrics nursing and cracked jokes like hell. She had me laughing throughout her class but eventually pushed me to like pediatrics.

Eva shared how her teacher supported her while she was at the nursing school.

> My third semester clinical instructor was amazing. However, she was an adjunct instructor who can only do clinical with students and no lectures. She asked us to bring our class power points to clinical. During clinical at the hospital, she always had a way to incorporate our class with clinical. If an adjunct the teacher could go that far to help us, I better help myself.

These were areas where new graduates of a nursing programs stated they received support that propelled them to meet their learning needs, communication, patient centered care initiatives, and performance outcomes. All the participants attributed their success to family members and some supportive teachers. Olivia shared that, “My family is my all and all, and I couldn’t have made it in the nursing program without them, plus the fact that God was with me.” Esther added that her support came from her mother in law than from her side of the family.

Overall, the participants stated their support systems helped them succeed in the nursing despite the academic rigor of the nursing program. Zoe shared that, “I am really blessed to have a supportive husband unlike some of my classmates. He was always asking me how I was doing and when the next exam was”. Bene stated that even when her family found out about her failing level one examination, “they were very supportive and encouraged me to continue.”

Table 4

Summary of Participants' Responses about Theme 2: Support System.

Alias Names	Family	Self-Motivation	Student Association	Caring Teachers	Friends
David	X	X	X	X	X
Mia	X	X	X	X	X
Walter	X	X		X	X
Joy	X	X	X	X	X
Zoe	X	X		X	X
Emma	X	X		X	X
Bene	X	X		X	
Eva	X	X		X	X
Esther	X	X		X	X
Olivia	X	X		X	X

Research Question 2

RQ2: To what extent do new graduates of nursing programs feel that classroom training provided them with communication and patient-centered care skills for providing professional nursing care?

Four themes emerged from the interview sessions that offered answers to the research questions stated above. The four themes were relevance teaching, communication, critical thinking, and patient centered care.

Theme 3: Relevance teaching. Below are teaching strategies that the new graduates experienced while they were in a nursing program. All 10 participants keenly narrated how essential it was to express relevance of teaching since they could possibly improve skills and knowledge during practice. Participants were afraid and do not know what is going on with their patients. They were worried they would not know how to communicate with the patient.

Mia articulated that relevance, meaningful learning, and creative open mind enhanced his confidence. “Being open minded and creative were when I realized that I had to believe in my higher power to guide me. Believing in God will lead me to the wright path, the right knowledge to umm be successful.”

Walter stated different teaching strategies that relates to relevant teachings found in his learning environment, instructors with different teaching styles, group activities, and group study.

> My learning on communication and patient centered care were horrible. I was not a fan of group activities. There were students making noise and fun of me. I thought I needed to change my attitude. Group study was not my thing, what

> supposed to be class interactions and learning from one another, classmates wasting time playing on the phone and texting during group activities. These distractors were my learning environments.

Linking classroom experience with clinical practice has been the key to relevant teaching and learning. Joy puts it this way:

> My major disappointment was when I had the teacher that made the students write on the board throughout the entire class. I did not think that the class was beneficial for me. I did not learn anything in the class, when I went to the hospital for my clinical rotation; I could not use what I learned in the class to care for the patient, it was a fluid process for me.

Zoe concluded that her distress was ignorance of what to write on the board in front of her classmates, the same as Joy.

> I wanted to learn and be successful in my exams and in my job when I graduate. I did not want to fail the class, and I wanted to do well in the clinical too so I wrote on the board as instructed.

Emma stated that in addition to the relevant teaching and the associated utility value and some of her teachers as well as other instructors outside her level were not willing to help. On this note she stated:

> Two of my friends failed two exams and they were frustrated and wanted to drop the class. I refused to drop and sought help with two teachers who stated they had meeting or told me to go and read my book. I attended tutorial offered by students at the level above me. They did well but not like a teacher and cannot answer some questions I asked them.

According to the above information from the 10 participants' interview meetings, the main significant teaching experiences themes that emerged were positive experiences, utility value, teacher relatedness, painful experience, and applying into practice.

Table 5

Summary of Participants Responses about Theme 3: Relevance Teaching.

Alias Names	Belief Systems	Lack of Application	Unfriendly Teachers	Self-Motivation
David	X	X	X	X
Mia	X	X	X	X
Walter	X	X	X	X
Joy	X	X	X	X
Zoe	X	X	X	X
Emma	X	X	X	X
Bene	X	X		X
Eva	X	X	X	X
Esther	X	X	X	X
Olivia	X	X	X	X

Theme 4: Communication. The responses of all 10 participants on how they experienced communication practice in the workforce. The participants feared that if they missed anything that harm might befall the patient. David stated how he was very nervous the first time he communicated to a patient on the job.

> That was a very sick patient and who was asking me too many questions, when will I see the doctor, which medication am I about to give her, and I was scared to umm answer these questions. I tell you, I have never been afraid to answer question like that before.

Mia shared the experience she had with the patient's family who was inquiring about the status of her father.

> She yelled that she has been calling all day to speak to the nurse regarding her dad. I explained that I just got here this evening and did not receive the information. The next thing I know, the manager of the unit was looking for me, I knew then that I was in trouble; administrators tell us the patient is always right.

Walter stated that sometimes the purposes of the communication from patient to staff were unclear. He stated that:

> The other day, I answered the call light to attend to a patient. When I got to the room, the 90-year-old patient just wanted me to stay in the room and talk with her. I said to myself ummm, I had six sick patients that needed my help. I really wanted to leave the room and may later go back. I felt like if I did not spend some time talking with her, she will report me to her family and my supervisor.

Eva expressed speaking different languages as major barriers to communication with patient and family.

> For me, I speak only English. I had an open mind with patients from other countries. I had to explain myself by using signs to be able to express myself. I felt frustrated because they did not understand the importance of taking their medication and I could not explain it very well to them. On two occasions, the language line the hospital wants you to use, the interpreters on the phone line could not explain medical stuff, I saw the expression on the patients' faces looking at me, baffled and confused.

Zoe explained similar feelings as participant Eva had with working hard to collaborate with other health care teams in meeting communication and patient centered care goals.

> I would say the staff at my work, the manager, doctors, physical therapist, respiratory therapist, and cafeteria workers interacted with the patient. I found each department worked independently and made my job harder for not knowing what was going on and what they were doing with my patient. The patients needed my help. This was a vulnerable time in the patients' lives and they needed me to explain things and care for them. I felt we needed to work together. Emma expressed more frustrations with the doctors not communicating everything they do with the patient.

Although Emma felt this early lack of assurance, she was determined to succeed and develop confidence with work:

> I respected the doctors and had high respects for them. I wanted the doctors to tell me what they were doing with my patient, if there were any changes in the plan of care, was the patient going home, if so when will the discharge order be

> written. Were there changes in the treatment plan? Both the patient and I needed to know these changes since the patient relied on me to know. It was a difficult burden for me to bear as a new nurse.

Four participants cited time management as a problem in meeting communication and patients centered care. Olivia, Joy, Bene, and Esther stated that their greatest hindrance in meeting patient preference and communication is time management. Olivia stated:

> When I was in school I took care of only two patients now I have six patients. I was never taught how to take care of more than two patients. At work, everything seemed to move too fast. The patient calls for assistance often coupled with the family asking me unrelated medical questions that I did not know the answer. My preceptor made me feel like I should have known how to care for multiple patients. I mean, it was very hectic, I was ready to quit after working only for one month.

Joy stated that learning collaboration with other healthcare teams is a difficult task for her.

> I sometimes feel like not knowing what to do with coordinating with all the different departments and their needs. I thought that I am here just for the patient, and that the doctors will tell me what to do. I found myself in the middle of conflict between my patient and other department such as dietary. I relied on my experienced coworkers to help me.

Like Joy, Bene and Ester shared their frustrations with time management as it relates to shortage of staff. They experienced having seven patients each to care for that they felt were unprecedented for a new graduate nurse. It was a bad experience for them.

Based on the responses the participants presented, the main barriers for communication and patient centered care are patient and family dynamics, purpose of the communication, barriers, collaborations with other healthcare teams, shortage of staff.

Table 6

Summary of Participants' Responses Regarding Theme 4: Communication.

Alias Names	Patient and Family Dynamics	Language Barrier	Shortage of Staff	Lack of Team Work	Time Management
David	X	X	X	X	
Mia	X	X	X		X
Walter	X	X	X		
Joy	X	X	X	X	X
Zoe	X	X		X	X
Emma	X	X	X	X	
Bene	X	X	X		X
Eva	X	X	X	X	
Esther	X	X	X	X	X
Olivia	X	X	X	X	X

Theme 5: Critical thinking. These are responses from all 9 participants on how they viewed critical thinking in their professional practice. One participant did not respond to this question that should have provided an answer to the research question. During the interview sessions, participants shared experiences that hampered critical thinking in their practice. Eight out of 10 participants expressed how unprepared they were with critical thinking during patient care. One participant asserted that critical thinking was learned on the job.

Bene shared her experiences and stories about classroom training in relation to meeting communication and patient centered care.

> I thought I knew how to manage my time wisely. Umm I was wrong. I never thought that organizing and prioritizing my work would be this hard. Organizing daily duties was very difficult. As a new nurse, it was hard for me to choose what I will do first among the stuff I had to do. I did not remember any teacher discussing time management in the classroom.

David shared his classroom experience in communication and patient centered care in a different way.

> I used to go from class to class gathering information from students in other teams. Each team teachers taught differently. I remembered, one teacher at level one taught my class how to use the SBAR to give report to the oncoming nurse and also to call the doctor. I remembered SBAR but not how to use it because I took the class only in level one. It has been a long time.

Eva recalled lack of self-confidence while in the nursing school and how she built self-efficacy.

> I just realized that I should have self-confidence to be able to take care of the patients. At school, I was worried about passing my exams. My thing was, I will worry about the patient when I get there. Now, I am paying for it. I should have paid more attention to learn communication and patient centered care however I could.

Olivia spoke about her lack of knowledge regarding decision making when dealing with patients' issues.

> When I first started working as a nurse, I did not know how make decisions. I wish I learned from my classes how to make decisions. I was frustrated that I am not taking good care of my patient and afraid that something bad will happen. I thank God for one of the experienced nurses on my unit who helped me.

Emma shared that working with patients and taking care of their needs as they occur helped her develop critical thinking on the job.

> My first patient that died was an eye opener for me. I kept thinking that I did something wrong, or left something undone. I remembered what my preceptor told me during orientation that when a patient under my care dies, that it does not mean that I did something wrong. I do not ever want my patient to die. I had to read more about my patients' problems to see what I need to do. I began asking experienced nurses questions on what I am not sure about. The answers they gave me helped me to develop critical thinking.

Among the nine participants' responses, the following are common feelings expressed as related to their classroom training received in relation to communication and

patient centered care. The summaries of the participants' experiences with communication and patient centered care are shown below.

The nine participants that answered the questions believed that meeting communication and patient centered care was a challenge for them, since they form the base for measuring patients' hospital experiences. Participants pointed improper meeting the outcomes to lack of threading skills throughout levels. Two participants mentioned that not having specific learning skills related to clinical reasoning can lead to noncompliance with patients' preference. One participant stated that having a good mindset and working well with other coworkers helped her to learn how to communicate with patient and their family.

Table 7

Summary of Participants' Responses Regarding Theme 6: Critical Thinking.

Alias Names	Building Confidence	Time Management Issues	Decision Making Issues
David	X	X	X
Mia			
Walter	X	X	X
Joy	X	X	X
Zoe	X	X	X
Emma	X	X	X
Bene	X	X	X
Eva	X	X	X
Esther	X	X	X
Olivia	X	X	X

Theme 6: Patient centered care. The nine participants responded on how they viewed classroom experiences and the training in patient centered care. Zoe stated:

> Patient satisfaction is a hot cake here. I did not learn this in my school. I tell my patients what I do before I do them so they can understand. I mean, I explained stuff to them and took care of them. I first heard of patient satisfaction during orientation for this job. I was concerned that if it was that important why it was not taught to me at my school.

Esther shared that how limited the concept of patient centered care was discussed in the classroom:

> Ms. T, a good teacher and a caring person I mean a very student centered person included patient centered care in the classroom lectures. She was the only teacher throughout my school period that I heard it from. It was Ms. T's mantra. She taught me that I had to focus on the patient not the patient's monitors. Assess whether the alarm was a reflection of t patient condition at that time.

Bene recalled lack of classroom training on patient satisfaction prior to practice and how she educated herself by reading hospital policy binders.

> When I first started working as a nurse, I did not feel like being bothered with patient satisfaction until I was written up for a patient complaint. There were other nurses who could have helped me but they were busy too. We were understaffed that day and it took me a long time to attend to a patient. I was lucky; it was not a life or death situation.

David shared information about collaboration with other staff, patient and family to meet clinical healthcare quality.

> I realized, I could not do this alone. I had to collaborate with my coworkers. I transferred to two different units. I met some experienced nurses who encouraged me to stay and learn one area and the unit while gaining experience and being proficient.

Joy shared her experience she wished she had learned at the school that care is all about respect and dignity.

> I just thought that respect was to listen to my patients and treat them with dignity. I got to hear from other nurses and staff, the advices they gave me about other generic skills related to other areas of safety patient care. I learned quality and compliance measures from them. I was stressed out on my job, I felt overwhelmed.

With the nine participants who responded, there were some of the shared responses they expressed related to their classroom experiences on patient centered care and communication. The nine respondents stated that they wished patient centered care was emphasized in the class. Participants attributed failure to implement patient centered care to lack of awareness to that aspect of safety care. All nine participants mentioned regrets for not knowing that part of professional competency. Three participants stated that lack of knowledge can lead to potential trait to patients' safety.

Other views shared by participants regarding their experience with patient centered care were positive and reassuring. Participants stated that when they recognized the impact of patient centered care towards patients and the hospital, it inspired them to want to do the right thing and become compliant.

Table 8

Summary of Participants' Responses Regarding Theme 6: Patient Centered Care.

Alias Names	No Knowledge of Patient Satisfaction	Unaware of General Safety Skills	Recognized Impact	Collaboration with Healthcare Team
David	X	X	X	X
Mia	X	X	X	X
Walter	X	X	X	X
Joy				
Zoe	X	X	X	X
Emma	X	X	X	X
Bene	X	X	X	X
Eva	X	X	X	X
Esther	X	X	X	X
Olivia	X	X	X	X

Research Question 3

RQ3: To what extent do new graduates of nursing programs perceive courses taken as relevant to their professional practice?

Four themes emerged from the interview sessions that provide answers to the research questions written above. The four themes were: short staff, teamwork, time management, and family dynamics. The following answers were collected from the participants during the interview sessions.

Theme 7: Practice experience. Participants shared their experiences about how they perceived courses taken relevant to their practice. Participants shared how the courses influenced their clinical decisions making and caused them to make near miss mistakes and compromised safety.

Mia stated challenges she experienced while working in the hospital as a new graduate nurse.

> I just thought that I was going in there to take care of my patients and they all will be happy. Not so fast, I found out. Looking back on my courses I attended in the classrooms, I felt like it did not match what I am doing on the job. I got to meet a lot of new people including older nurses that seemed to me are resistance to new changes. Some encouraged me and gave me tips on how to be successful. Others looked at me with dismay.

David talked about his practice experience in many ways.

> One day I was at work with two nurses less. The two nurses called in sick. While struggling on how to take care of five patients, it was overwhelming for me to have to add extra patient because of inadequate staffing that day. I was moving

nonstop the whole shift without taking adequate time needed to care for each patient.

Bene recalled with anger her experiences of being at work in a hospital with unreliable assistive personnel.

Being a new nurse working in a hospital gave me a foresight on things that I had to do when working with patients, other assistive staff, and protected me from relying on my imperfect self -experiences. I had nursing assistances that were willing to work with me, notified me with changes they saw with my patients, and really saved me from trouble. There were other axillary workers that were there just for the paycheck and did not helping me.

Emma cited the importance of collaborations with other staff, and her lack of knowledge with teamwork like Bene.

I was disappointed that I did not learn from my school how to collaborate with other health care teams. The managers tell us every day to work together, help each other out, especially when a coworker is very busy. I said to myself I was busy too. I had to learn on the job to work together with people and that teamwork will help me with patient care.

Walter mentioned self- determination to succeed on the job as relevant to his professional practice.

My first week on the job, I felt frustrated and disorganized. I was disappointed and annoyed to explain patient status several times to the family. Each family came one at time requesting information. One family member came later and stated she was the only one that could receive information about the patient. I

realized I needed to change my temper and have patience with the family as I dealt with repetition of information to different family member.

When asked to expand on their answers, five of the participants expressed the following thoughts. The five participants voiced their frustrations and coping mechanisms they used to avoid too many oversight situations while practicing in the hospital. They mentioned that it was a daily struggle to maintain patient safety in their struggle to meet communication; patient centered care and fulfilled performance outcomes criteria. The five participants also stated that they had to take it easy, not to be too overwhelmed as they immersed themselves into the hard role of patient care in a hospital after the rigor of nursing school.

All 10 participants stated that the school did not teach them everything they need to know, since they were deficient in patient-centered care and the communication skills necessary for patients' safety. They cited lack of knowledge as contributing to the stress they met on the job. The interactions with difficult patients, family members, and to address their concerns were crucial in making sure patient did not deteriorate. The participants attributed their willingness to change and learn new skills helped and prevented them from getting in trouble with patient care. They agreed that when they realized the importance of teamwork in providing better care for the patient, it made them understand that teamwork amounted to spending enough time with each patient.

Table 9

Summary of Participants' Responses about Theme 7: Practice Experience.

Alias Names	Staff Shortage	Lack of Teamwork	Unaware of Family Dynamics	Time Management	Near Miss Mistakes
David					
Mia	X	X	X	X	X
Walter	X		X	X	X
Joy					
Zoe	X	X	X	X	X
Emma	X	X	X	X	X
Bene					
Eva					
Esther	X	X	X		X
Olivia					

Theme 8: Outcome expectations. Participants shared their thoughts about classroom experiences and outcome expectations on their jobs. All 10 participants were interviewed, one did not respond to the question. These were the responses from participants as they share their classroom experiences and outcome expectations.

Joy shared her experiences and stories about clinical expectations in her professional setting.

> I went to work each day as scheduled, received report from the off going nurse and began my workday. I met different people with each of the tasks. I had obligations; tasks to do for my patients. I felt frustrated due to excessive computer documentation taking away from my patient care.

Zoe talked about her outcome experience in three different ways. I had to develop my own system.

> While at work, I read up the hospital policy books, I looked up stuff in the hospital recommended computer sites. I attended optional in-services that were offered at the hospital about patient issues and safety outcomes to stay out of the manager's office. In one situation, I had to read a nursing book, I did what I needed to do, and I liked it because the information helped me formulate action plan for the problem.

Eva recalled, with passion, her classroom experiences in meeting patients' outcome expectations.

> The teachers taught us, gave us so much information on different things. I graduated from nursing school with the belief that I am prepared to practice with confidence. I was ready to give it my entire all. I was good with working with

patients. The patients liked me. I make them smile. I felt like my classroom learning was great.

Olivia talked about her understanding of the need of having some interest in adherence to patient's preference.

I concluded that finally, I could not succeed in nursing without including patient in their care. I had to learn how to ask the patient how they preferred things done. I just said, you know, it was not always the way I wanted it done that matters but the patient's choice. I had to see patients' value as important in their care.

Mia spoke of her lack of time in meeting primary tasks as was taught in the class and resented practicing patient's preference.

Being a new nurse is hard for me to coordinate daily patient care. It took a long time to wait for patients to make decision on what they want to do. It puts a lot of stress on me to wait, but to the patients that were in my care, the most important thing for me was performing my primary duties such as giving them their medications, assisting them to walk, informing them of their medical conditions and keeping them safe nothing more.

All 10 participants stated that the classroom experiences were not ideal in meeting outcome expectations with patient centered care and communications since new graduates had problems meeting the clinical competencies in both areas. Two participants wished that schools of nurses should emphasize these outcome criteria. The other eight stated that both communication and patient -centered care were important part patient experiences, school should encourage new graduates to focus on patient values as they

implement safety measures. When asked, what else they will like to add or share? Only four participants responded.

The four participants reiterated the importance of stressing communication and patient- centered care in the classroom. They stated the problem they had to go through to stay out of the manager's surveillance. The participants also mentioned they had to take it easy and adjust to the new learning especially after the rigors of nursing school. As they reflected on when they were in the nursing school they taught they had learned everything important for patient safety implementation, they were not happy about it. After they learned how important the practice of communication and patient- centered care were, they had to make themselves adhere to patients' preferences to promote positive patient outcomes.

Table 10

Summary of Participants' Responses Regarding Theme 8: Outcome Expectations.

Alias Names	Clinical Competency	Adherence to Patient Preference	Positive Outcomes	Excessive Documentation	Self-Efficacy
David	X	X	X	X	X
Mia	X	X	X	X	X
Walter					
Joy					
Zoe		X	X		
Emma					
Bene					
Eva	X	X	X	X	X
Esther					
Olivia	X	X	X	X	X

Discrepant Cases and Nonconfirming Data

Almost all the collected data were classified in table 2. I gave the participants opportunity to express themselves without interruptions. However, I elicited more information from the participants through probing questions, especially when answers to the questions are not clear or relevant to the research question. After the interview sessions, I sifted through the data and eliminated unrelated information to aim for the participants' deeper thoughts. I paid attention that responses selected were meaningful to the literature reviewed. The participants were open when sharing information that I did not notice any personal stressful situations during the interview sessions.

Evidence of Data Quality

Data presented were gathered from 10 participant's interview sessions and their professional practice experience journal recordings. This provided triangulation and various point of locus for the study. The research process used aided in ensuring that result was analytic lived experiences of new graduates nurses that are registered nurses who have been working in the hospital within one year of graduation. The data analysis and findings were verbatim representations of the participants' feelings. I made sure there was no conflict of interest and personal biases were avoided by means of member checking. The significance of this study is to share the perception of classroom instructional experiences construct and the context of performance outcomes of new graduates of a nursing program. I monitored data as I collected them to ensure consistency. I read the transcripts several times to be acquainted with the data, using highlighter to mark and color each evolving theme, commonalities from the answers the

participants provided. For validity, I piloted the research instruments and used multiple data collecting procedures to triangulate the study.

Summary

The answers to the research questions are summarized in chapter 4. I stated the results regarding new graduate nurses from a nursing program classroom experiences and performance outcomes. I conducted 10 interview sessions regarding new graduates lived experiences. During data analysis procedure, eight emerging major themes evolved. They themes were teaching strategies, support system, relevant teaching, communication, critical thinking, patient centered care, patience experience, and outcome expectations. The responses received were sorted and only answers relevant to the research questions were used. In addition, this chapter incorporated how data was gathered, recorded, sorted, organized, and analyzed. Information regarding the pilot study was included and how evidence of trustworthiness was established in this study. Each 10-interview session with participants lasted between 30 to 40 minutes. In chapter 5, interpretation of the findings, impact for positive social change, and the researcher's conclusions of the study were explained.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this case study was to examine the perceptions of classroom instructional experiences in the context of performance outcomes among new graduates of nursing programs. Despite extensive research, I was unable to find present literature that explored lived experiences, thoughts, and frustrations of new nursing school graduates regarding classroom experiences and performance outcomes. Therefore, the gap I identified allowed me to capture the 10 new graduate nurses' thoughts and lived experiences relating to their classroom experiences and practice performance outcomes. Participants willingly and fervently shared their stories and suggested different ways of teaching as crucial in implementing communication and patient-centered care outcomes. They also showed concern for the lack of emphasis placed on communication and patient-centered care while in school, as well as for high-level skills for measuring clinical safety. Recent data revealed that nurse educators should focus integration of communication through the curriculum, instructional practices, and skill training for professional practice (Likupe, 2014). Likewise, the National Council of State Boards of Nursing (2013) reported that the current system of education has shown to be ineffective in preparing new graduates of nursing programs in regard to quality and safety initiatives. The participants were registered nurses with various specializations. The following units indicated their concentrations: critical care, emergency care, operating room, and medical-surgical units.

The following research questions were used to guide the study:

RQ1: How do new graduates of nursing programs describe their classroom experiences?

RQ2: To what extent do new graduate of nursing programs feel that classroom training provided them with the communication and patient-centered care skills for providing professional nursing care?

RQ3: To what extent do new graduates of nursing programs perceive courses taken as relevant to their professional practice?

Data collection from the 10 new graduate nurses about their classroom experiences related to meeting communication and patient-centered care outcomes yielded eight themes. The themes were (a) teaching strategies, (b) support system, (c) relevant teaching, (d) communication, (e) critical thinking, (f) patient centered care, (g) patience experience, and (h) outcome expectations. The information developed and presented in this discussion are the exact quotes from the participants.

Interpretation of Findings

After obtaining permission from the owners and representatives to use their business location, I posted flyers in several strategic public locations in two hospitals, at Snow ball truck, and on food trucks near the hospitals. It was difficult to locate eligible new graduate nurses as participants. I contacted potential participants to set up meeting dates and times.

Findings indicated that new graduates' classroom experiences were inadequate when implementing nursing care. Ellis (2016) provided answers for reasons why nurse educators adopt contemporary lecture teaching strategies. Ellis stated that nurse educators

find that new pedagogies are intimidating and require work to master. The new graduates continued to voice their concerns regarding inadequate teaching and learning they received. According to Wiltcher (2015), there is a relationship between learning processes when developing tools to meet nurse's needs and patient safety. Wiltcher discovered poor instructional strategies, lack of positive support from instructors, lack of awareness of generic safety skills, and threat to quality patient care. Getha-Eby, Beery, Xu, and O'Brien (2014) stated that nurse educators who facilitate knowledge connections between theory and clinical practice make it easier for the new graduates to recognize relationships during patient assessments and principles of care decision making. Meaningful learning can produce more generic knowledge to make a difference in meeting clinical outcomes. The participants found support during practice by:

- having inner self-motivation,
- building support systems, and
- collaboration with other healthcare teams.

The theories mentioned in Chapter 2 provided evidence to support answers to the research questions:

Theme 1: Teaching strategies. The 10 participants expressed different teaching strategies they experienced while in the nursing program that could have impeded their performance. The challenges about which they complained the most were inconsistencies among instructors, poor teaching style, and failure to connect class lecture to clinical context, recorded lectures, limited faculty support, and low self-esteem. Nurse educators should provide active learning strategies, case studies, and various teaching methods to

help students create connections between theory and practice. According to Davidson and Rourke (2012), application of knowledge to immediate use connects nursing programs and professional practice. Knowles (1973) posited that adults learn materials that are of immediate use. In other words, for the new graduates to perform appropriate skills, they should be oriented to learning the information that is useful to their work environments. There is direct evidence linking instructional strategies and the implementation of patient-centered care and communication initiatives. Lecture as the mode of content delivery, as is the case with most current class instruction, is inadequate in preparing students to meet clinical performance. In the lecture method, students seldom ask questions, and interactions with the teacher are limited. Pretoruis et al. (2016) stated that instructors should move away from passive lecturing and provide students with opportunities for active learning such as case studies and small group activities.

Participants cited inconsistencies among class content as another barrier to their learning. Pagnucci et al. (2015) stated that practicing effective pedagogy can only be successful through careful coordination of the activities of every member of the institution at every level using the same framework with the goal to enhance learning. The participants mentioned that information learned in the class was difficult to translate into patient care, which is problematic for meeting practice expectations. Pagnucci et al. (2015) stressed the importance of adopting different strategies of narrative pedagogy in nursing programs with the goal of developing capacity to interpret information, apply it, and reflect on the situation. The 10 participants stated they were stressed with class components of nursing programs, and the teachers were not helpful in assisting them with

questions. Hence, they relied on their friends and group studies to help them be successful.

The participants shared how they were able to self-motivate. They shared how experiencing the challenges inspired them to find ways to succeed by completing their nursing program and implementing clinical competencies. Benner's novice to expert theory supported this notion, mentioning that new graduates of nursing programs are limited in clinical reasoning. Benner (2001) stated that new graduates of nursing programs often lack the ability to recognize patterns and make clinical decisions accurately and in a timely manner. Oetker-Black et al. (2014) reported that self-motivation drives conduct, self-determination, decision-making, and a zeal to control a challenging environment. In spite of poor teaching strategies, new graduates can experience positive performance outcomes with active learning and instructor's support. With less stress, incorporating skills, and persistent efforts, new graduates can meet professional outcomes criteria despite inadequate training.

Knowles' theory of andragogy details processes in place for adult education. In order to prepare new graduate nurses to enter into the healthcare system culture and function effectively, nurse educators need to explore teaching strategies and develop teaching plans that support communication and patient-centered care. All 10 participants stated that they liked visual aids and class recording, but disliked writing on the board, and became stressed when the classes were boring. In response, they motivated themselves and sought help from peers. Curran (2014) posited that teaching styles promote learning, learning transfer, and organizational excellence and knowledge.

Once they realized the importance of succeeding academically, all 10 participants were self-motivated and pursued assistance from any faculty who had answers to their questions. Participants established that applying patient-centered care and communication were challenging to them. Mayo et al. (2014) suggested teaching and learning efforts should address attitudes, beliefs, knowledge, and the skills needed to implement patient centered care and communication. Participants in the current study contended that active teaching strategies and self-efficacy were crucial in meeting communication and patient centered care objectives.

Theme 2: Support systems. According to Bandura (1982), an individual self-efficacy indicates the level of engagement, motivation, and capacity to engage in to produce a desired goal. In order words maintaining a healthy relationship with family, friends, and experienced coworkers help new graduate nurses to maintain greater focus on outcomes and team-based care. Pieter and Christea (2012) found self-efficacy produces actions that were required in an individual to achieve certain outcomes. For this reason, the individual engagement in a collective efficacy on the job, the activity of all team members to meet a collective result becomes the driving force. All 10 participants realized the positive effects of support systems while in school and professional practice.

Mayo et al. (2014) stated that when new graduate nurses maintained healthy relationships with coworkers and modeled their behaviors it significantly enhanced their personal and professional goals. In order words, establishing rapport with coworkers helped new graduate nurses' personal achievement and effectiveness as they developed

clinical competency criteria in meeting patient centered care and communication during patient care.

All 10 participants stated they were happy to have positive support systems. All 10 participants stated the support systems helped them during nursing school and at the professional level. Some participants mentioned that the encouragements and support received from the student association were beneficial in their academic success. Mia was the only participant who stated that she was the first female graduate in the family and her drive for being successful was drawn from her brothers, stepmother, father, uncles, and aunties.

All 10 participants expressed that their family support played important role in their success. Some participants stated that the support systems they received while at school extended to their workplace. Others stated that the financial support they received from family and friends were helpful during school and the beginning phase of their practice. Curran (2014) posited that barriers impede learning. Curran examined possible barriers such as financial constraints that can affect nursing students learning. Participants stated they appreciated family contributions to their academic success and professional practice. The reason for using Knowles theory was to explore how adults learn and gain interactions from members of the group.

The Quality and Safety Education for Nurses (QSEN) explored set competencies that promote safety patient care (Onge & Parnell, 2015). The QSEN competency model included collaborations among healthcare teams. The QSEN competency model identifies major areas of improvements such as communication, patient- centered care, teamwork,

and collaboration, evidenced-based practice, quality improvement, safety, and informatics when meeting clinical health care quality. All participants realized that collaboration with their coworkers is crucial in meeting patients' outcomes. According to Kalb, O'Conner-Von, Brockway, Rierson, and Sendelbach (2015), QSEN competency model is a professional organization that stresses the use of evidence based practice in nursing education. Kalb et al. (2015) explored evidenced based practice as using research findings when collaborating with other healthcare providers to achieve clinical outcomes. The QSEN competency is based on participating in collaborations during implementing evidenced based practice. Onge and Parnell (2015) stated that noncompliance with the QSEN competency model will lead to poor clinical decisions among the new graduate nurses. All 10 participants stated that possessing quality relationship with the support systems helped them in achieving academic and professional standards.

Theme 3: Relevance teaching. Participants shared how important relevance of teaching strategies' is to implementing communication and patient centered care. They shared experiences regarding disconnect between classroom instructions and clinical implementations. Most common disconnects shared among all 10 participants were lack of relevance teaching to clinical practice. In addition to lack of relevance teaching, participants' voiced classroom experiences that hindered their practice and performance outcomes. Bandura's theory proposed that there are several factors contributing to the positive or negative use of learned behaviors. In other words, an individual perception of self-efficacy and motivation will impact performance outcomes. All 10 participants

mentioned the shock taking ownership of performance and self-regulating themselves. Two ways the participants overcame the challenges of performance outcomes were through belief systems and self-motivation.

All 10 participants continued to voice their stories; they stated their belief in God motivated them. They believed that it helped to decrease their anxiety, build confidence in completing tasks and subsequently enhanced practice. Curran (2014) shared her findings of how knowledge transfer is used to measure the effectiveness of teaching and learning. In other words poor relevance teaching implies unsuccessful creation and application of knowledge in the clinical setting. However during practice, the new graduates were given opportunities through programs to help them learn new skills and meet practice expectations. They learned collaborations with other workers, problem-solving capabilities, and critical thinking when meeting communication and patient centered care.

Kaddoura (2013), stated that new graduate nurses who received early interventions experienced multi perspective thinking, analytical activities, and decision making processes. As a result, the new graduate nurses promote patient outcomes because of expansive thinking, ability to anticipate problems, reflective clinical nursing actions learned from services offered by the hospital managements and colleagues.

All 10 participants struggled with meeting communication and patient centered care as they establish clinical competencies. Based on the stories collected from the participants, they were determined to shift focus to the needs of their patients. Darbyshire (2011) posited that there is a need to rediscover vision and phenomenological insights of

teaching, and to attain these goals all educators must understand how adults learn to prepare graduate nurses transition from academia to clinical practice as worthwhile competency. Derbyshire added the significance of teaching strategies that reflects both classroom and clinical settings needed to prepare new graduate nurses with skills and knowledge to meet clinical competencies. Getha-Eby et al. (2014) supported this comment when they mentioned that knowledge connections have been found to be significant factors in nurses' performance, safe, and effective patient care. In other words, practicing relevance teaching can only take place through coordination of activities of every member of the staff with goal of achieving performance outcomes.

Theme 4: Communication. Another emergent theme garnered from the participants was that of being unprepared with communication skills**.** According to Battie (2013), communication among healthcare workers is gaining recognition because of its clinical implication on patient safety. Communication errors are one of the contributing factors to the majority of sentinel events and the eighth leading cause of death in the country (Tzelepsis, Sanson-Fisher, Zucca & Fradgley, 2015). Battie stated that mandates from governing agencies stress the need to incorporate communication in the classroom. Schools of nursing struggle with how to incorporate communication in the students' classroom experiences. These contributing factors seem to be true for the participants in the study since all 10 participants experienced nervousness and unprepared with communication skills.

The participants stated that communication was not emphasized at all levels of the nursing program thereby diminished the importance of the concept. However, the

participants expressed awareness regarding the outcry from healthcare governing agencies about implementing communication. Participants shared their concerns that before practice, the communication tool, SBAR, taught in level one was not used throughout the nursing levels, yet the tool is considered the most effective means of communication by evidenced based practice. Participants argued that communications was a centerpiece for communication among nurses and the healthcare providers.

The participants contended that in addition to inability of the college to provide communication skills, several factors affect its implementation at the hospital. Participants stated that shortage of staff, job expectations, patient expectations, family dynamics, contributed to the difficulty they encountered during communication. Chan, Jones, and Wu (2012), identified barriers to nurses implementing effective communications to include ward culture, nurses' lack of knowledge, experience, administrative, and time availability. Chan et al. (2012) identified nurses' perception of different patterns of communication: (a) initiation, (b) purpose (c) content, (d) mode of expression, (e) perceived therapeutic value, and (f) relation with time. All 10 participants showed variations in the mode of expressions including initiation and time constraints. Nurses' general assumption stem from the belief that time is a critical element in communication, an assumption that is prevalent in the nursing textbooks. Likupe (2014) supported this contemplation and indicated in a study that lack of time to implement communication can lead to patients not receiving answers to their questions or asking for clarifications of information received.

Most of the participants identified language and time constraint as deterrent to implementing effective communication. The nurses stated that as a new nurse, initiating and expressing themselves to the patient were difficult tasks. Participants stated time management was problematic to the extent that patients view nurses as occupied with tasks while neglecting emotional support. Likupe (2014) cited that nurses were busy with patient physical care but had no time for emotional care. Research has found how nurse administrators used to accuse nurses of wasting time when they sit and listen to the patient. However, during practice in the hospital, the need to promote patient safety and patient hospital experiences has transformed the automated care to personalized care.

Several new graduate nurses after graduation thought they would not be able to implement communication care, but as they gained experience, they began to realize the importance of communication for patients' safety, and the anxiety they had working with patients and family members diminished. The participants stated that even brief short chitchat constituted quality communication, relationship building, and knowing the patient. As the process developed, the new graduate nurses learnt that effective communication involved a multilayered exchange between the sender (the nurse) and the receiver (the patient). Barry and Edgma-Levita (2012) stated communication competencies could be practiced through learning. In other words, the new graduate nurses experience confidence through knowledge they gained from the inclusion of communication in the curriculum.

The 10 participants stated that patient and family dynamics, language barriers uncoordinated care, and time management, omission of continuity instructions on

communication and emphasis, all contributed to communication challenges they received. Eva referred to this when she said “I have an open mind with patients from other countries” Having an open mind is important. While self-motivation is crucial, however, more pertinent is incorporating communication into the students’ classroom experiences. The responses from the participants supported this theory since all 10 participants had difficulty meeting communication competencies. Thus, they acknowledged their short- comings, sort help with coworkers in practice to ensure meeting communication outcomes. It is not safe to expect new graduates to learn communication skills on the job.

Theme 5: Critical thinking. Another major theme gathered from the participants is the experiences that hindered critical thinking during practice. That was detrimental for the new graduates in meeting practice outcomes. Ten participants stated that building confidence, time management, and problem with decision-making were challenges encountered when they implemented communication and patient centered care. One participant stated that critical thinking was not incorporated in the nursing programs, that it can be learned on the job. Haggerty, Halloway, and Wilson (2012) highlighted how critical thinking contributes to the new graduates of nursing programs engagement in clinical Evidenced Based Practice. The author added that it is important for new graduates of nursing programs assess claims based on objective reasoning of critical thinking and evidence rather than imperfect self-experiences. Pretoruis et al. (2016) supported that critical thinking is one of the benchmarks of measuring successful learning, practice outcomes, and nurse educators should design programs to facilitate

critical thinking among nursing students that would propel them through practice. Other benefits of learning critical thinking in nursing programs are to educate nurses to learn how to critically think that is relevant to clinical decision- making. Kambi (2011) suggested that critical thinking should be viewed as a byproduct of learning core skills of the 21st century education, and should be introduced early when new graduates were students in professional training programs.

Participants voiced concern that critical thinking styles were not taught in the nursing program. Participants expressed dismay for not receiving education on critical thinking on communication and patient- centered care that form the basis for measuring patients' hospital experiences. Participants also stated disappointments for not having specific classroom training skills related to clinical reasoning. Kaddoura (2013) stated the importance of incorporating critical thinking in the nursing curriculum. Kaddoura (2013) alluded to the fact that including critical thinking in the classroom learning would lead to producing new graduate nurses that have critical thinking capabilities when implementing nursing actions. However, building confidence helped them as they learn time management and clinical decision-making.

Theme 6: Patient- centered care. According to The National Council of State Board of Nursing (2013) in order to prepare new graduates of nursing programs for real world clinical practice, requires nursing education to translate into new context, new duties, and new problems. They further noted patient safety as the most expected knowledge for nurse educators and the new graduates of nursing programs, yet safety education remains inconsistent. Joy attested to this when she attested that respect and

dignity of the patient are crucial when meeting performance expectations. Learning patient centered care in school is crucial because it is one of the areas of meeting quality care modality.

Nine participants were astonished about lack of inclusion of patient centered care into the nursing programs. Dabney and Tzeng (2013) buttressed this comment when they stated that implementing patient- centered care should be a clinical safety issue rather than mandates. They posited that new graduates of a nursing program can meet patient centered care when they have a therapeutic relationship with their patients with the goal of meeting the individual patient's needs. The sample population stated they wished patient- centered care was taught in the nursing program. They attributed failure of practice of patient centered care to lack of awareness to that aspect of clinical safety standard. The nine participants stated that patient- centered practice they attained was related to their recognition of the impact and collaboration with the other healthcare teams.

According to Balbale, Morris, and LaVela (2014) patient- centered care is a growing knowledge base around patient views, preferences regarding their care, and care quality. Lack of patient- center care awareness in a nursing program omits innovations and a care design strategy that represents what is meaningful to the patients. Bandura asserted that when learner observes the benefits of a behavior, critically reflect on the outcomes achieved, they would realize the obligation is on them to use the learned behavior to facilitate knowledge transfer. In order words, participants experienced practice outcomes because of tools provided, and ability to take ownership of the learned

behavior and incorporate into professional practice. The response given by all 10 participants showed that initially, they were unreceptive with implementing patient centered care, but as they attempt to practice, gain more knowledge, it became easier for them to incorporate into patient care. As they learned patient centered care practice with an open mind, they solicited help from other staff members and were ready to embrace the new generic skill.

Theme 7: Practice experience. An emergent theme identified from the participants was practice experience as it relates to communication and patient centered care. According to Roux and Khanyile (2012), a new graduate nurse level of practice experience is based on becoming aware of rules governing clinical performance that is contingent on level of skill acquisition framework. This statement seemed to be the consensus of the 10 participants of the study since they struggled with the learners' engagement in solving patient centered and communication problems. During the interview, participants stated that unfamiliarity increased their near miss experiences and compromised patients' safety. Some participants stated disappointments and anger with lack of teamwork, being unaware of patient family dynamics, shortage of staff, and difficulty with time management. Participants shared frustrations with unreliable assistive personnel that were negligent in reporting changes they saw with the patient or family concern. Compounded by short staff and being unaware of patient family interactions increased the unlikelihood of implementing communication and patients centered care. They expressed their frustrations as a daily struggle while trying to balance meeting communication and patient centered care with outcome criteria.

This finding is consistent with literature review that showed the impact of omission of communication in the nursing curriculum. Battie (2013) posited that the omission was due in part that prior to safety outcry from healthcare governing agencies, evidence based practice, outcome criteria, and pay-for-profit, communication practices were not emphasized. Researchers founded other barriers to implementing communication during patient care to include ward cultures, nurses' lack of knowledge, administrative, time constraints, and staff shortages (Chang, Jones, Fung, & Wu, 2012).

All 10 participants stated lack of confidence and low self-esteem about struggle with implementing skill that is pertinent to patients' safety. In addition, the participants shared that implementation progresses they made were attributed to their willingness to learn new skills, participate in teamwork, and understand that teamwork resulted in spending enough time with the patient, a variable that would lead to positive patient experiences. Bandura (1982) corroborates the self-efficacy theory that supported this study. The theory proposed that individuals interact with the environments in different ways. In other words, the level of engagements and motivation the individuals engage themselves will influence the outcome of the desired goal. All 10 participants attributed their communication and patient- centered care progress to their willingness to learn on the job and avoid oversight situations.

Theme 8: Outcome expectations. According to Battie (2013), patient outcomes are an underpinning factor for hospital accreditation, reimbursement, patient safety, and earning a magna status. For this reason, hospitals have high expectations for nurses to meet this goal. Unfortunately, some schools of nursing fail to incorporate patient centered

care and communication in their curriculum. Bandura (1982) highlights the importance of active learning and belief in oneself that can produce the desired outcomes. Curran (2014) posited that patient outcomes have been linked to the clinical education received and the level of class preparations. All 10 participants stated they were interested in learning communication, patient- centered care through subtle approach, and questioning attitude towards decision making in their patient care. Researchers stressed the importance of critical thinking in meeting patient outcomes.

Pretoruis et al. (2016) noted critical thinking to be a rationalized and conceptualized set of skills that can be utilized daily to make effective nursing decisions and meet patient outcomes. Some participants stated they understood the need for adherence to patients' safety. Participants stated clinical competency, adherence to patient preferences, positive patient outcomes, excessive documentation, and self-efficacy played a role in meeting expected outcomes. Onge and Parnell (2015) mentioned physician and workgroup cohesions as other areas affecting patient outcomes. The feedback from all 10 participants showed lack of interest at one time or another at work. The participants cited time management as a problem. However, at work, new graduates were given in- services, on the job training as opportunities to help them meet outcome expectations and reached positive patients outcomes.

According to Kalb, O'Conner-Von, Brockway, Rierson, and Sendelbach (2015) new graduates' nurses are required to be prepared to engage in clinical practice that ultimately improves patients outcomes. Several participants believed that they were unprepared to meet patient's outcomes, they complained about not receiving adequate

training on how to meet patient outcomes, but after receiving in services and with several staff meetings, they were more at ease to practice patient centered and communication care. Once they received training, and developed a positive mindset, they were able to have a better work cohesiveness and time management. The new graduates who established involvements experienced some progressive drive. In other words, participants experienced tolerance to the clinical process because of the reinforcement they received from the practice agency and the hospital staff. Bandura (1982) theory of self-efficacy noted that new graduate choice of selection process influences the individual's dealing with the setting.

The sample population of the study supported this belief since the 10 participants adhered to the practice of patient preference to achieve patient outcomes. Despite lack of emphasis on teaching patient outcomes in their schools of nursing, new graduates overcame thinking dispositions inherent in the nursing practice. Kaddoura (2013) stated that disposition occur in the nursing practice due to current belief systems, maintaining status quo, and following to the same way of doing things. However, with thinking dispositions, new graduates are fallible and make wrong decisions due to flaws in the reasoning process. For this reason, nursing programs should ensure new graduates acquire necessary skills to become competent.

Limitations of the Study

There were no limitations to the trustworthiness that arose from execution of the study. During the conclusion of this study, I experienced the following limitations.

1. The result is unique to the sample population.

2. The participants were trying to retrieve information.
3. Some participants were unenthusiastic with sharing their classroom experiences and practice.

Recommendations for Actions

Nursing instructors need to recognize the importance of delivering instructions that will make a difference in the classroom experiences nursing students entrusted to their training. Nursing faculties can implement various teaching strategies that will prepare nurses on how to successfully implement communication and patient centered care. Another element would be to ensure an embedded support from the instructors, so that students can ask questions and clarifications during class sessions.

The administrators of the nursing programs should collaborate with the staff to ensure that upon graduations, new graduate nurses are prepared to implement generic safety skills that pose threat to quality patient care. Providing teaching tools, support for staff and ensuring teaching strategies that connects class activities to clinical practice will better serve the new graduates' to leave with skills, meet practice expectations and patient safety.

Incorporating critical thinking during class activities will help new graduates' implement communication and patient- centered care. Inviting a new graduate nurse to speak to students at their last semester of school could help to spread the results of the study. Engaging a new graduate nurse, who has been practicing in a hospital will give hope to the oncoming graduate nurses and help improve their capacity of engagement to

produce a desired goal. My plan is to continue to study the performance outcomes of new graduate nurses and conduct follow up study of their performance outcomes.

Recommendations for Future Study

The following recommendations from conducting a case study of performance outcomes of nurses based upon nursing students' classroom experiences are listed below. Future research could be conducted in the following areas:

- A bi annual follow up research to find out the success of the new graduate nurses. This study will help nurse educators and nurse administrators' to track the continued successes of new graduate nurses. This trajectory can help to support that new graduate nurses are responding to innovative teaching styles.
- A comparative study on performance outcomes among new graduate nurses from associate degree nursing programs and baccalaureate nursing programs. The goal is to understand whether associate degree programs or baccalaureate programs teaching strategies are more responsive in meeting students' learning needs. In addition whether there is no difference between associate degree nursing programs and baccalaureate degree nursing programs.

Further research can use this study as a source to conduct research to record performance outcomes or nurses based on their classroom experiences.

Implications for Social Change

The possible significance of the positive social change from this study is to add to the standard of nursing education and support positive performance outcomes. The information gathered from this study is helpful and relevant to assist in the education and

transition progression from nursing programs to the hospitals, and the communities. The schools of nursing programs should reevaluate the curriculum, teaching strategies and channel instructions and practices that support positive performance outcomes. Part of revaluating the current program is to ensure that new graduate nurses are well prepared to meet the complexity of clinical nursing practice. The findings of this study can be applied to nurses transitioning from school to the hospital, new graduate nurses who have been practicing for less than one year, schools, and jobs. In addition to the nurse educator that is instrumental in implementing instructional skill acquisitions.

Researcher's Reflections

I was concerned about the preparations to meet the potential participants and that I would have problems with analyzing the data. At first the participants were busy to keep appointments as scheduled. During interview sessions, it was obvious that these new graduate nurses did not get help they needed from the instructors to succeed with communication and patient centered care practice outcome. They learned on the job which was frustrating for them.

I learned from this study the importance of using various teaching strategies, be available to answer student's questions, because as a nurse educator, we are responsible for equipping the students with skills they need to make that connection between classroom and clinical practice. Teachers must understand their influence with the students and be approachable with creative open mind to enhance students' confidence.

This study made me understand more clearly the important roles of nursing programs in the positive performance outcomes of new graduate programs. However, the

administrators must pay attention to teaching contents and strategies used by instructors. Such actions will help to ensure that the new graduates' have knowledge and skills needed to meet positive performance outcomes.

Conclusions

This study explored the performance outcomes of new graduate nurses based upon nursing students' classroom experiences. This study offered a distinctive chance for the researcher to collect in depth face- to-face interview and participants' journal recordings data that showed the scope of performance outcomes based on classroom instructions. I had the privilege to report lived experiences of 10 participants that willingly shared their beliefs regarding their classroom experiences and performance. The potential challenges of the complexity of clinical nursing practice can be alleviated by the nursing instructors to maximize active learning process, optimize learning, facilitate practices that promote implementing generic skills related to patient safety, and positive performance outcomes. I hope that it will be an icebreaker for nursing instructors to assess teaching strategies, barriers, challenges, and nurse educators' level of progression, program outcomes, learning environment to accommodate various types of learners for work readiness.

Findings from this study indicated that while in school, students lacked instructors support, communication and patient centered care were not emphasized, and evidence of lack of connecting classes to clinical. Findings showed students resorted to their coworkers for success in implementing communication and patient centered care. The social contributions of this study were that participants were willing to learn, participated

in skills in-services on the job, readjusted on the job, and had high level of engagements to produce the desired outcomes.

Nurse educators must continue to evaluate teaching strategies at the end of each semester, which can result in increased positive performance outcomes in the hospital. Another important highpoint that arose from this study was that educators within the nursing school systems are responsible for creating and maintaining optimal situations for learning, since findings from the study revealed that active learning that is student centered, making connection with class and clinical contribute in preparing new graduate nurses into their professional role.

The following are some unanswered questions from this study. What are the best ways to capture resistance to change nursing instructors to buy in the students learning outcomes? How will the nursing administrators'' ensure consistencies of concepts are taught across the nursing levels? The whole significance of this study is that the 10 participants channeled clinical practices that support positive performance outcomes while working in the hospital.

References

Accreditation Commission for Education in Nursing. *(2013).* Accreditation manual: Standards criteria, glossary. Retrieved from http://www.acenursing.net/manuals/SC2013.pdf

Anderson, G., Hair, C., & Todero, C. (2012). Nurse residency program: An evidence-based review of the theory, process, and outcomes. *Journal of Professional Nursing, 28*(4), 203-212. doi:10.1016/j.profnurs.2011.11.020

Austria, M. J., Baraki, K., Doig, A. K. (2010). Collaborative learning using nursing student dyad in the clinical setting. *Nursing Education Scholarship, 2(*3)54-59. doi:10.155/ijines-2112-0028.xml

Balbale, S. N., Morris, M.A., & LaVela, S. L. (2014). Using photo to explore patient perceptions of patient- centered care in the veterans affairs health care system. *General Education Development,* 7, 187-195. doi:10.1007/s40271-014-0044-5

Bandura, A. (1982). A self-efficacy mechanism in human agency. *American Psychologist, 37*(1), 22-14.

Barry, M. J., & Edgman-Levitan, S. (2012). Shared decision making the pinnacle of patient-centered care. *New England Journal of Medicine, 1*(9), 780-781. doi:10.10506/NEjMp1109283

Battie, R. (2013). Perioperative nursing and education: What the IOM future of nursing report tells us. *AORN Journal, 98*(3), 249-259. doi:10.106/j.aom.2013.07.004

Benner, P. (2001). *From novice to expert: Excellence and power in clinical nursing practice.* Upper Saddle River, NJ: Prentice Hall Health.

Benner, P., Sutphen, M., Leonard, V., & Day, L. (2010). *Educating nurses: A call for radical transformation.* San Francisco, CA: Jossey-Bass.

Bradford, R. J., Sutton, M. M., & Byrd, N. K. (2003). From survival to success.. *Nursing Administration Quarterly, 27*, 106-119. https://doi.org/10.1097/00006216-200304000-00004

Braun, V., Clark, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology 3,* 77-101.

Browne, M. N., & Keeley, S. M. (2010). *Asking the right questions*: *A guide to critical thinking*. Upper Saddle River, NJ: Prentice Hall.

Buerhaus, P. (2008). Current and future state of the US nursing workforce. *Journal of American Medical Association, 300*(20), 2422-2424. doi:10.1001/jama.2008.729

Burruss, N., Billings, D., Brownrigg, V., Skiba, D., & Connors, H. (2009). Class size as related to the use of technology, educational practices, and outcomes in web-based nursing courses. *Journal of Professional Nursing, 25*(1), 33-41. https://doi.org/10.1016/j.profnurs.2008.06.002

Chan, E. A., Jones, A., Fung, S., & Wu, S. C. (2012). Nurse's perception of time availability in patient communication in Hong Kong. *Journal of Clinical Nursing, 21*(8), 1168-1177. doi:10.1111/j.1365-2702.2011.03841

Chapman, L., & Ludlow, L. (2010). Can downsizing college class size augment student outcomes? An investigation of the effects of class size on student learning. *Journal of General Education, 59*(4), 105-123.

Chuan, O., & Barnett, T. (2012). Student, tutor and staff nurse perceptions of the clinical learning environment. *Nurse Education in Practice, 12*(4) 3-9. https://doi.org/10.1016/j.nepr.2012.01.003

Creswell, J. W. (2009). *Research design, qualitative, quantitative, and mixed methods approaches.* Thousand Oaks, CA: Sage Publications.

Creswell, J. W. (2012). *Educational research*: *Planning, conducting, and evaluating quantitative and qualitative research* (4th ed.). Boston, MA: Pearson.

Curran, M. K. (2014). Examination of the teaching styles of nursing professional developmental specialists, part 1: Best practices in adult learning theory, curriculum development, and knowledge transfer. *Journal of Continuing Education in Nursing, 45*, 233-239. doi:103928/00220124-2014

Dabney, B. W., & Tzeng, H. M. (2013). Service quality and patient-centered care. *Medsurg Nursing, 22* (6), 359-364.

Davidson, K. M., & Rourke, L. (2012). Surveying the orientation learning needs of clinical nursing instructors. *Journal of Nursing Education Scholarship, 9*(1), 3-7. doi:10.1515/1548-923x.2314.

Davis, J. (2013). Modelling as a strategy for learning and teaching in nursing education. *Learning and Teaching Education Research Center*, *40*(3), 5-10.

Delgado, C. (2002). Competent and safe practice: A profile of disciplined registered nurses. *Nurse Educator, 27*(4), 159-161. doi:10.1097/00006223-200207000-00005

Debowski, S., Bandura, A., & Wood, R. (2001). Impact of guided exploration and enactive exploration of self -regulatory mechanisms and information acquisition through electronic search. *Journal of Applies Psychology, 86*(6), 1129-1141.

Derbyshire, P. (2011). Nursing heroism in the 21st century. *BMC Nursing 10*(4), 1-4. doi:10.118611472-6955-10-4.

Dewey, J. (1997). *Experience and education*, New York NY: Macmillion.

Donche, M., Maeyer, S. D., Coertjens, L., Daal, T.V., & Petegrem, V. (2013). Different use of learning strategies in first year higher education: The impact of personality, academic motivation, and teaching strategies. *Journal of Educational Psychology, 83*(2), 238-251. https://doi.org/10.1111/bjep.12016

Ellis, D. M. (2016). The role of nurse educators' self-perception and beliefs in the use of learner- centered teaching in the classroom. *Nurse Education in Practice, 16*, 66-70. doi.org/10.1016/j.nepr.2015.08.011

Epstein, R. M., & Street, R. C. (2011). The values and value of patient-centered care. *Annals of family Medicine, 9*(2), 100-103. doi:10.1370/afm.1239

Fain, J. A. (2013). *Reading, understanding, and applying nursing research* (4th ed.). Philadelphia, PA: Davis

Feingold, C. E., Cogg, M. D., Givens, R. H., Arnold, J., Joslin, S., & Keller, J. L. (2008). Student perceptions of team learning in nursing education. *Journal of Nursing Education, 47*(5), 214-221. https://doi.org/10.3928/01484834-20080501-03

Finn, P. (2011). Critical thinking: Knowledge and skills for evidence-based practice. *Speech, and Hearing Services in School, 42*(1), 69-72. doi:10.1044/0161-1461(2010/09-0037)

Forbes, M. (2010). Clinical teachers' approaches to nursing. *Journal of Clinical Nursing 19*(5-6), 785-793. doi:10.1111/j.1356-2702.2009.03078.x

Forbes, M. O, & Hickey, M. T. (2009). Curriculum reform in baccalaureate nursing education: Review of the literature. *International Journal of Nursing Education Scholarship, 6*(1), 1-16. doi:10.2202/1548-923x.1797

Gangeness, J., & Yurkovich, E. (2006). Revisiting case study as a nursing research design. *Nurse Researcher, 13*(4), 7-18.

Getha-Eby, T. J., Beery, T., Xu, Y., & O'Brien, B. A. (2014). Meaningful learning: Theoretical support for concept-based teaching. *Journal of Nursing Education, 53,* 494-499. doi:10.3928/01484834-20140820-04

Giddens, J. (2013). *Concepts for nursing practice*. St Louis, MO: Mosby Elsevier.

Gillespie, M. (2002). Student-teacher connection in clinical nursing education. *Journal of Advanced Nursing, 37*(6), 566-576. https://doi.org/10.1046/j.1365-2648.2002.02131.x

Glesne, C. (2011). *Becoming qualitative researchers: An introduction* (4th ed). Boston, MA: Pearson Education.

Graue, H., Hatch. K., Rao, K., & Oen, D. (2007). The wisdom of class-size reduction. *American Educational Research Journal, 44*(3), 670-700. doi:10.3102/0002831207306755

Gurling, J. (2011). Link mentorship: Improving support for pre-registration students and mentors. *British Journal of Community Nursing 19* (9), 435-440. https://doi.org/10.12968/bjcn.2011.16.9.435

Haggerty, C., Holloway, K., & Wilson, D. (2012). Entry to nursing practice preceptor education and support: could we do it better? *Nursing Praxis in New Zealand, 28*(1), 30-39.

Hart, P., Brannan, J., Long, J., Maquire, M., Brooks, B., & Robly, L. (2013). Effectiveness of a structured curriculum focused on recognition and response to acute patient deterioration in an undergraduate BSN program. *Nurse Education Practice, 14*(14), 30-36. doi.org/10.1016/j.nepr.2013.06.010

Hatlevik, I. K. R. (2012). The theory-practice relationship: Reflective skills and theoretical knowledge as key factors in bridging the gap between theory and practice in initial nursing education. *Journal of Advanced Nursing 68*(4), 868-877. doi:10.1111/j.1365-2648.2011.05789.x

Heather, Y. M., & Elena, S. (2016). The right person at the right time: Ensuring person-centered care. *Nursing and Allied Health, 40,* 47-55.

Henderson, A., & Eaton, E. (2013). Assisting nurses to facilitate student and new graduate learning in practice setting: What 'support' do nurses at the bedside need? *Nurse Education in Practice 13*(3), 197-201. doi:http://dx.doi.org/10.1016/j.nepr.2012.09.005

Institute of Medicine of the National Academies. (2011). The future of nursing: Leading change, advancing health. Retrieved from http:/www.nap.edu/

Institute for Patient and Family-Centered Care. (2010). Retrieved from http://www.ipfcc.org/faq.html.

Ireland, S., Mavrak, C., Pizzacalla, A., & Fram, N. (2010). Designing a falls preventing strategy that works. *Journal of Nursing Care Quality 25*(3), 198-207.

Johnson, R.W. (2011). *The future of nursing: Leading change, advancing health* (Consensus report). Washington, DC: National Academies Press.

Jones, B. Karshmer, J., Bermen, A., & Prion, S. (2014). Collaborative academic- practice transition program for new graduate RN, in community settings: Lesson learned. *Journal of Continuing Education in Nursing, 45*(6), 259-264.

Kaddoura, M. A. (2010). New graduates of nursing programs' perceptions of the effects of clinical simulation on their critical thinking, learning, and confidence. *Journal of Continuing Education for Nurses, 41*(11), 506-516. doi:10.3928/00220124-20100701-02

Kaddoura, M. A. (2013).New graduates of nursing programs' perceived definition of critical thinking during their nursing experience. *Educational Research Quarterly, 36*(3), 3-21.

Kalb, K. A., O'Conner- Von, S. K., Brockway, C., & Sendelbach, S. (2015). Evidence-based teaching practice in nursing education: Faculty perspectives and practices. *Nursing Education Perspectives, 36*, 212-218. doi:10.5480/14-1472

Kameg, K., Howard. M., Clochesy, J. M., Mitchell, A. M., & Suresky, J. M. (2010). The impact of high fidelity human simulation on self-efficacy of communication skills. *Issues In Mental Health Nursing,31*(5), 315-323.

Kamhi, A. G. (2011). Balancing certainty and uncertainty in clinical practice. *Language Speech and Hearing Services in Schools, 42(2)*. 59-64. https://doi.org/10.1044/0161-1461(2010/09-0078)

Kantor, S. A. (2010). Pedagogical change in nursing education: One instructor's experience. *Journal of Nursing Education, 49*(7), 414-417. doi:10.3928/01484834-20100331-06

Kesten, K. S. (2011). Role-play SBAR technique to improve observed communication skills in senior students. *Journal of Nursing Education, 50*(2), 79-87. doi:10.3928/01484834-20101230-02

Kingsolver, B. (2009). Skills: The challenge ahead. *Education Leadership, 12*(3), 18-21.

Knowles, M. (1973). *The adult learner: A neglected species*. New York: Association Press.

Lee, S., Dapremont, J., & Sasser, J. (2011). Nursing students' perception of class size and its implication on test performance: A pilot study. *Journal of Nursing Education, 50*(12), 715-718. doi:10.3928/01484834-20111017-05

Lenz, E.R, & Shortridge-Baggett, J. J. (2002). *Self- efficacy in nursing: Research and measurement perspectives.* New York, NY: Spring Publishing Company.

Leonard, B., Shuhaibar, E., & Chen., R. (2010). Nursing student perception of intraprofessional team education using high-fidelity simulation. *Journal of Nursing Education, 49*(12), 627-631. doi:10:3928/01484834-20100730-06

Leufer, T. (2007). Students' perceptions of the learning experience in a large class environment. *Nursing Education Perspectives*, *28*(6), 322-326.

Levin, H. M., & Belfield, C. (2010). Cost-benefit analysis and cost-effectiveness analysis. *Education Economics, 5*(2), 197-201.

Likupe, G. (2014). Communicating with older ethnic minority patients. *Nursing Standard*, *28*(40). 37- 43. https://doi.org/10.7748/ns.28.40.37.e8171

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry.* Newbury Park, CA: Sage Publications.

Litt, M. D. (1998). Self-efficacy and perceived control: Cognitive mediators of pain tolerance. *Journal of Personal and Social Psychology, 54*(1), 149-160. https://doi.org/10.1037/0022-3514.54.1.149

Loyola, S. (2010). Evidence-based teaching guidelines. *Critical Care Nursing Quarterly, 33*(1), 19-32.

Lund Research Ltd. (2012). *Purpose sampling: An overview*. Retrieved fromhttp://dissertation.laerd.com/articles/purposeve-sampling-an-overview.ph

Massouleh, N. S. (2012). Learner-centered instruction: A critical perspective. *Journal of* Education *and practice*, *3*(160), 50-59. Retrieved from http://ww.iiste.org/

Mayo, R. M., Sherrill, W. W., Truong, K. D., & Nichols, C. M. (2014). Preparing for patient-centered care: Assessing nursing student knowledge, comfort, and cultural competence toward the Latino population. *Journal of Nursing Education, 53*, 305-311. doi:10.3928/01484834-21040428-01

McHugh, M. D., & Lake, E. T. (2010). Understanding Clinical Expertise: Nurse Education, Experience, and the Hospital Context. *Nurse Health, 33*(4), 276-287. doi:10.1002/nur.20388

Merriam, S. B., (2012). *Qualitative research: A guide to design and implementation*. San Francisco, CA: Josey-Bass.

Miles, M. B., Huberman, A. M., & Saldana, J. (2014). *Qualitative data analysis: A methods sourcebook* (3rd ed). Thousand Oaks, CA: Sage Publications, Inc.

Missen, K., McKenna, L., & Beauchamp, A. (2014). Graduate nurse program coordinators' perceptions of the role adaptation experienced by new nursing graduates: A descriptive qualitative approach. *Journal of Nursing Education and Practice, 4*(12), 4-9. https://doi.org/10.5430/jnep.v4n12p134

National Council of State Boards of Nursing. (2013). NCLEX-RN Examination: Test plan for the national council licensure examination for registered nurses. Retrieved from http;//www.ncsbn.org/2013_NCLEX_RN_Test_Plan.pdf

National Council of State Boards of Nursing. (2016). Nurse practice acts guide and govern nursing practice. Retrieved from https://wwwncsbn.org/nurse.practice-act.htm

National League for Nursing. (2012). The fair testing in nursing education: A living document from the National League of Nursing. NLN Vision Series. Retrieved from http://ww.nln.org/aboutnln/livingdocments/pdf/nlnvision_4.pdf

Niederhauser, V., Schoessler, M., Gubrud-Howe, P., M., Magnussen, L., & Codier, E. (2012). Creating innovative models of clinical nursing education. *Journal of Nursing Education, 51*(11), 603-608. doi:10.3928/01484834-20121011-02

Oermann, M., Edgren, S., Maryon, T., Hallmark, B. F., Hurd, D., Rogers, N., Smart, D. (2011). Deliberate practice of motor skills in nursing education: CPR as exemplar. *Nursing Education Perspectives, 32*(5), 311-315 doi:10.5480/1536-5026-32.5.311

Oermann, M., Kardong-Edgren, S., & Odom-Maryon, T. (2011). Effects of monthly practice on nursing student's CPR psychomotor skill performance. *Resuscitation, 82*(4), 447-453. doi:10.1016/j.resuscitation2010.11.022

Oetker-Black, S. L., Kreye, J., Underwood, S., Price, A., & DeMetro, N. (2014). Psychometric evaluation of the clinical skills self-efficacy scale. *Nursing Education Perspectives, 35*(4), 252-256. doi:10.5480/11-739.1

Onge, J. L., & Parnell, R., B. (2015). Patient-centered care and patient safety: A model for nurse educators. *Teaching and Learning in Nursing 15*(10), 39-43. doi.org/10.1016j.teln.2014.08.002.

Ortlipp, M. (2008). Keeping and using reflective journals in the qualitative research process. *The Qualitative Report 13*(4). Retrieved from http://nsuworks.nova.edu/cgi/viewcontent.cgi?article=1579 &context=tqr

Pagnucci, N., Carnevale, F. A., Bagnasco, A., Tolotti, A., Cadorin, L., & Sasso, L. (2015). A cross-sectional study of pedagogical strategies in nursing education: Opportunities and constraints toward using effective pedagogy. *BMC Medical Education, 15*, 2-12. doi:10. 1186/512909-015-0411-5

Parker, V., Giles, M., Lantry, G., & McMillan, M. (2010). New graduates of nursing programs' experiences in the first year of practice. *Nurse Education Today, 34*(3), 150-156 doi:10.1016/j.nedt.2012.07.003

Patton, M. Q. (2007). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage Publications.

Paul, P. A. (2015). Transition from novice adjunct to experienced associate degree nurse educator: A comparative qualitative approach. *Teaching and Learning in Nursing 10*(1), 3-11. doi:10.1016/j.teln.2014.09.001

Pearcey, P. (2010). Caring? It's the little things we are not supposed to do anymore'. *International Journal of Nursing Practice. 16*(1), 51-56. doi:10.111/j.1440-172x.2009.01802.x

Pieter, S., & Christea, F. (2012). Collective efficacy as a mediator: The effect of relationship oriented leadership and employee commitment towards organizational values. *Journal of American Academy of Business, 18*(1), 300-309. Retrieved from http://search,proquest.com.ezp,waldenulibrary.org/docview/1019442727

Polit, D., & Beck, C. (2012). *Essentials of nursing research: Appraising evidence for nursing practice* (7th ed.). Philadelphia, PA: Lippincott Williams Wilkins.

Pretoruis, L., Van Dyk, A., Small, L. F. & Amukugo, H. J. (2016). An educational programme to facilitate critical thinking within the nursing perspective. *International Journal of Advanced Nursing Studies, 5*(2), 212-221. doi:10.14419/ijans.v512.6556

Reinert, J. Bigelow, A., & Kautz, D.D. (2012). Overcoming nursing faculty shortages and bridging the gap between education and practice. *Journal for Nurses in Staff Development, 28*(5), 216-218. doi:10.1097/NND.0b013e318269fc6c

Robert Wood Johnson Foundation. (2008). Qualitative research guidelines project. Retrieved from http:///www.qualres.org/HomeTria-3692.html

Roux, L.Z., & Khanyile, T.D. (2012). A cross-sectional survey to compare the competence of learners registered for the Baccalaureus Curationis program using different learning approaches at the University of the Western Cape (2011). *Journal of Curationis. 34*(1), 1-7. https://doi.org/10.4102/curationis.v34i1.53

Ruland, J. P., & Leuner, J. D. (2010). Master's programs preparing nurse educators: What is the current state of affairs? *Nurse Educator, 35*(6), 248-253. Retrieved from http://www.nursingcenter.com/

Ruth-Sahd, L. S. (2011). Student nurse dyads create a community of learning: proposing a holistic clinical education theory. *Journal of Advanced Nursing, 67*(11), 2445-54. doi:10.iiii/j.1365-2648.2011.05690.x

Saintsing, D., Gibson, L. M., & Pennington, A. W. (2011). The novice nurse and clinical decision-making: How to avoid errors. *Journal of Nursing Management, 19*(3), 354-359. doi:10.1111/j.1365-2834.2011.01248x

Senger, B., Stapleton, L. & Gorski, M.S. (2012). A hospital and university partnership model for simulation education. *Clinical Simulation in Nursing, 8*(3), 477-e482. doi:10.1016/j.ecns.2011.09.002

Shin, I., & Chung, J. (2009). Class size and student achievement in the United States: A meta-Analysis. *Journal of Education Policy, 6*(2), 3-19.

Sportsman, S. (2013). Adaptive learning in nursing education. *Academic Consulting Group, 1-8.*

Stuckart, D., & Glanz, A. (2007).What Dewey can still teach us. *Principle Leadership, 8*(4), 16-21.

Stump, G., Husman, J., & Brem, S. K. (2012). The nursing student self-efficacy scale: development using item response theory. *Nursing Research, 61*(3), 149-159. doi:10.1097/NNR.0b013e318253a750

Sullivan, D. T. (2010). Connecting nursing education to practice: A focus on shared goals for quality and safety. *Creative Nursing, 16*(1), 37-43. doi:10.1891/1078-4535.16.1.37

Sylvain, T., Sean, E., Beth, U., & Barbara, C. (2012). New graduate nurse residency program: A cost-benefit analysis based on turnover and contract labor usage. *Journal for Health Care Users, 30*(4), 207-214. Retrieved from http://search.proquest.com.ezp.waldenulibrary.org/docview/1037800871

Tanner, C. A. (2010). Transforming prelicensure nursing education: Preparing the new nurse to meet emerging health care needs. *Nursing Education Perspectives, 31*(6), 347-353. doi:10.1043/1536-5026-31.6.347

The Joint Commission's Annual Report on Quality and Safety. (2010). Improving America's Hospitals. Retrieved from https://www.jointcommission.org/assets/1/18/2010_Annual_Report.pdf

Thomas, C. M., Ryan, M. E., & Hodson-Carlton, K.E. (2011). What are your perceptions of new RN competency levels? *Nurse Management, 42*(12), 15-18. doi:10.1097/01.NUMA.0000407584.65719.ae

Tzelepsis, F., Sanson-Fisher, R., Zucca, A., Fradgley, S. (2015). Measuring the quality of patient –centered care: Why patient reported measures are crucial to reliable assessment. *Patient Prefer Adherence, 2*(9), 831-834. doi:10.2147/PPA.581975

US. Department of Health and Human Services. (2011). National quality strategy will promote better health, quality care for Americans [Press release]. Retrieved from http://www.hhs.gov/news/press/03/20110321a-html

Walker, R., Henderson, A., Cooke, M., & Creedy, D. (2011). Impact of learning circle intervention across academic and service contexts a developing a learning culture. *Nurse Education Today, 31*(4), 378-383.

Warren, N. (2012). Involving patient and family advisors in the patient and family-centered care model. *Medsurg Nursing, 21* (4), 233-239.

Wiltcher, E. A. (2015). Identifying the most effective educational concepts for nursing instructors. *Journal of the National Society of Allied Health, 12*, 6-11.

Wolff, A., Pesut, B., & Regan, S. (2010). New graduate nurse practice readiness: perspectives on the content shaping our understanding and expectations. *Nurse Education Today, 30*, 187-191. doi:10.1016/j.nedt.2009.07.011

Wolff, A. C., Regan, S., Pesut, B., & Black, J. (2010). Ready for what? An exploration of the meaning of new graduates of nursing programs' readiness for practice. *International Journal of Nursing Education Scholarship, 7*(1), 1-14. doi:10.2202/1548-923X.1827

Wu, V. X. (2013). A reflection on nursing education and practice. *Singapore Nursing Journal*, *40*(1), 42-46.

Yardley, I. (2009). *Demonstrating validity in qualitative psychology*. Los Angeles, CA: Sage Publications.

Yin, R. K. (2014). *Case study research: design and methods (*5th ed.). Thousand Oaks, CA: Sage. Publications.

Appendix A: New Graduates Interview Protocol

1. Looking back on your classroom experiences, tell me what social support you were engaged in during your time as a student.

    a. What do you expect to see? Why?

    b. Tell me about any type of social support your school provided.

    c. To what extent do you feel a part of the class? How about the school as whole?

    d. To what extent do you feel respected? Please expand on…

2. Looking back on your classroom experiences, what kinds of experiences stood out for you? And why?

    a. Tell me what areas of the classroom experiences helped you? Could you please expand on…?

3. What does patient centered-care mean to you?

    a. To what extent did your instructor provide you with the opportunity that would likely contribute to individualized care? Could you please expand…?

    b. To what extent did your instructor provide you with the opportunity that would likely help you integrate patient- centered care in your clinical practice? Could you please expand on…?

4. Looking back on your classroom organization, what areas of classroom experiences do you feel helped you when providing nursing care?

    a. How do you feel you had opportunity to achieve your academic plan? Could you please expand on…?

    b. How do you feel you had opportunity to participate in the class? Could you please expand…?

5. Looking back on your classroom experiences, how do you feel the classroom experiences did or did not help you in the clinical setting? Tell me about any experiences you were given to develop clinical skills.

    a. Tell me about any experiences you were given to develop clinical skills.

    b. Tell me about any experiences you were given to develop communication skills? Could you please expand on…?

    c. To what extent do you feel you were moving forward in your overall communication development during your classroom experience? Could you please expand on…?

6. To what degree do you feel classroom experiences prepared you to work with patients?
    a. What ways did your instructor guide you in simulating clinical practice? Could you please expand on…?

    b. Please provide me with an example of when you had a chance to apply a classroom experience you learned during the class? Could you please expand…?

    c. Please tell me about other opportunities you had with your classroom experiences and the areas you did and did not have these opportunities? Could you please expand…?

    d. What was your favorable part of your classroom experiences and the least favorable part of the classroom experience? Could you please expand…?

7. Looking back on your classroom experiences, tell me what motivates you to go into nursing?

    a. Tell me about your values and belief systems you bring into nursing? Could you please expand on…?

    b. To what extent do you feel patient-centered care have affected treatment outcomes and patient satisfaction with care? Could you please expand…?

c. To what extent do you feel your classroom experiences were realistic? Could you please expand on…?

8. Overall, to what degree did you feel you had control over communication practice experiences with patient in the clinical care setting? Could you please expand…?
    a. What kinds of interactions did you see in the classroom instructions on communication and the practice of communication? Could you please expand…?
    b. If there is one thing you will like to change to increase communication with patient in the workplace, what will that be?

9. Overall, to what degree did you feel you had control over patient-centered care practice experiences? Could you please expand…?

    a. How does what you were taught to do fit together with what you are physically doing? Could you please expand…?
    b. Looking back on your class experiences, what useful are they to your professional practice? Could you please expand…?
    c. How much control do you think you have in your classroom learning? Could you please expand…?
    d. What kinds of interactions did you see in the classroom instructions on patient- center care and the practice of patient- center care? Could you please expand…?

10. How satisfied are you in meeting the goals for yourself as a new nurse towards clinical practice outcome? Could you please expand…?

    a. Did you have any conversations with your peers, other RN's prior to entering the nursing program? Could you please expand…?

    b. Had you ever attended RN level academic course events or workshops prior to entering the nursing program? Could you please expand…?

    c. Had you ever attended any social events with RN's? Could you please expand…?

    d. Did you have any sort of awareness what it will be like to work with patients in a hospital as a new nurse? Could you please expand…?

e. How prepared do you feel after your classroom training in relation to your actual practical experience? Could you please expand…?

11. To what extent were you aware of the organization, namely degree requirements, course work, and the skills acquisition level expectations of your nursing program, prior to enrolling? Could you please expand…?

12. To what extent were you aware of the culture, norms, values, expectations, and overall responsibilities of a nurse prior to enrolling? Could you please expand…?

13. To what extent do you feel that prior exposure to overall nursing responsibilities may have helped prepare you for meeting practice expectations? Could you please expand on…?

    a. To what degree do you feel this prior exposure helped you to feel competent
    (e.g., having the skills and abilities to perform) in your job? Could you please expand on…?
    b. To what extent do you feel this prior exposure helped you feel connected to your practice role? Could you please expand…?

    c. To what extent do you feel this prior exposure helped you to feel independent in your nursing program and practice? Could you please expand…?

14. Now that we have talked about your classroom experiences as a student to a professional nurse, are there any suggestions that you would have for new graduates of nursing programs? Could you please expand…?

15. Finally, is there anything else you would like to add? Could you please expand…?

Appendix B: Journaling Narrative

Instructions: In order to better capture your practice experience, please consider all the items in relation to what you learned in the classroom and the way what you learned contribute to your work experience. Focus on how classroom experiences benefit or do not benefit you in relation to your professional practice. Pay close attention to barriers, feelings, and successes. At the end of each week, please write a brief note of how your week ended. After the second week entry, email the document to at beatrice.eweni@waldenu.edu. I will keep all your responses confidential. Thank you again for your participation.

Work Day	Barriers/ Explain	Feelings/ Explain	Success/ Explain
1			
2			
3			
4			
5			
6			