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Improvement in the Retention of Graduate Nurses in a Long-Term Acute Care Hospital

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This is to certify that the doctoral study by

Angie Torres

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.

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Abstract

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MS, University of Phoenix, 2014

BS, University of Santo Tomas, 1991

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

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Abstract

The high turnover rate of graduate nurses is a challenge in the United States' hospitals because of high job dissatisfaction rates. The premature disaffiliation of the graduate nurses is costly for organizations and can significantly affect the quality and safety of patient care due to the inadequate supply of adequately prepared staff nurses, particularly in the long-term acute care hospitals. The purpose of the project was to decrease the turnover rate of graduate nurses in a long-term acute care setting from 40% to 20% through modification of the nurse residency program by applying an intervention based on Bauer and Erdogan's theory of organizational socialization, which included provision of psychosocial and educational support to the graduate nurses. The project used a prospective descriptive design to examine whether the provision of psychosocial and educational support intervention to all newly hired graduate nurses for four weeks beyond the existing residency program would improve the nurses' perceptions on items of the Casey-Fink Graduate Nurse Experience Survey and decrease the turnover rate from 40% to 20%. Eighteen nurses completed the survey at eight weeks (the end of the existing residency program) and at 12 weeks (when four additional weeks of psychosocial and education support ended). The pretest and posttest survey results were compared using descriptive statistics. The graduate nurses' self-reported confidence level, job satisfaction level, and role transition experiences all improved after the intervention. The social change resulting from the project was positive residency learning experience for the graduate nurses that may result in better patient care, commitment to the organization, and retention of nurses.

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Dedication

I would like to dedicate this DNP project to the Divine Almighty for the spiritual strength and guidance. For my four kids, Jellery, Jeremy, Matthew, and Jastine who are always giving me the reason to live a happy and contented life. And for our four furry babies, Coco, Hershey, Onyx, and Klutch, who always show us love and happiness.

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Section 1: Nature of the Project

Introduction

The challenges of the high-turnover rate of graduate nurses (GN) within the first year of employment from numerous health care organizations has been identified as a health care global concern, particularly in the United States with job dissatisfaction rate at 41%, followed by Scotland at 38%, England at 36%, Canada at 33%, and Germany at 17% respectively (Aiken et al. as cited in Lin, Viscardi, & McHugh, 2014). The inadequate nursing workforce that resulted from GNs premature disaffiliation may significantly impact both the quality of patient care and the limited financial resources in the organization. The nurse residency program (NRP) was introduced to help curtail the challenges faced with the nurse staffing shortage by ameliorating the transition of the GN from the academic role to the professional role. However, the inadequate nursing workforce is still omnipresent despite the provisions of various NRPs. The purpose of the paper was to discuss the practice problem, which is the high nurse turnover rate at 40% in a long-term acute care hospital (LTACH) and the application of the current research evidence to improve the GNs retention rate. Section one discussed the background and context of the field practicum site, problem statement, purpose of the project improvement, project improvement objective, research questions, significance of the project, implications for social change in practice, the definition of terms, and any assumptions, limitations, and delimitations of the project.

Background and Context

An LTACH provides services to the adult and elderly population who are diagnosed with chronic medical conditions that require complex medical care, with an average length of hospital stay of 25 days. The type of medical services provided includes weaning of patients on prolonged ventilator machines, continued hemodialysis treatments, complex wound care treatment, administration of multiple intravenous antibiotics for infections, and rehabilitation services. Long-term acute care provides continued and specialized care and treatment to seriously ill patients but not requiring intensive care services or extensive diagnostic tests (American Speech-Language Hearing Association, 2016).

The hospital's mission is "to promote healing, provide hope, preserve dignity and produce value for each patient, resident, family member, customer, employee and shareholder we serve" (Kindred Healthcare, 2017, para. 1). However, to obtain the gold standard in the delivery of health care, the hospital should have an adequate nursing workforce that is highly committed to the organization, and in alignment with the hospitals' mission and vision. The hospital initiated an NRP for GNs three years ago to help improve the workforce, which included the classroom and actual clinical learning experiences that were specific to the patient population. Despite the provision of the NRP, the hospital was struggling to keep the GNs retention rates.

The hospital has a 140-bed capacity that includes 12 intensive care unit beds, 40 telemetry beds, and 103 medical/surgical beds. Unfortunately, the number of patients admitted to the hospital and the demands for health care services outweighed the number

of the nurses on staff, which posed a great challenge both in the individual and organizational levels. The staffing mix of the hospital was composed of 75% RNs and 25% LVNs on the telemetry and medical/surgical units to provide the necessary support needed by the patient population. Because experienced RNs only comprised 20% of the workforce, the resultant 80% of GNs find considerable difficulty in adjusting to the demands of the work environment. Both the experienced RNs and GNs usually worked more than the regular 36 hours per workweek, with a usual range of 48 to 60 hours with the additional gaps in the shift hours temporarily filled by the contract nurses. The GNs who were hired from April 2016 have a mean age of 31.4 years, are 75% female, 59% hold a Bachelor's of Science in Nursing (BSN) degree, and 78% are Asian (Kindred Healthcare, 2016).

Problem Statement

The identified practice problem was the GN turnover rate at 40% in the LTACH, which was higher than the national average of 17.5% (Robert Wood Johnson Foundation, 2015). The inadequate nursing workforce has been an ongoing issue for the past three years, notwithstanding the organization's active recruitment of new GNs from different nursing schools in the community. According to the reports by the hospital's Human Resources department, the factors associated with the GNs premature disaffiliation with the hospital included the patients' very high demanding and complex medical needs, the hostile environment created by some of the nursing staff and physicians, and the perceived minimal support from the nurse preceptors and organizational leaders.

The need to maintain adequate nursing staffing to provide care for these challenging patients was a major concern for the hospital. In response to the practice problem described, the LTACH developed an eight-week facility-based model (FBM) NRP three years ago to help improve the retention rate and commitment of the GNs to the organization by ameliorating the transition process from the academic role to the professional role. The FBM NRP comprised of a didactic program once to twice a week provided by the clinical directors, and once to twice a week unit orientation with the experienced nurse preceptors. The FBM NRP was constructed from *Benner's Novice to Expert Model* with the goal to help improve the inadequate skills and expertise of a GN, particularly the confidence to perform the critical thinking, clinical judgment, prioritization of work, and safe patient care of medically complex patients (American Association of Colleges of Nursing; Berkow, Virstis, Stewart, & Conway; Goode et al.; Kresk & McElroy as cited in Lin et al., 2014). However, the hospital continued to experience a high nurse turnover rate despite the provision of an FBM NRP.

Purpose Statement

The purpose of the project was to improve the retention rate and commitment of the GNs by modifying the current FBM NRP that provided mentoring for GNs. The modified FBM NRP included mandatory education and training to the nurse preceptors before the start of the NRP in the organization. The modified FBM MRP extended from the 8-week program to a 12-week program. The additional four weeks was a learner-directed weekly session based on the *Theory of Organizational Socialization* (Phillips, Esterman, & Kenny, 2015), which included the ongoing educational and psychosocial

support for the GNs from the different disciplines of the health care team. The participants completed the *Casey-Fink Graduate Nurse Experience Survey* tool (University of Colorado Hospital, 2016) after the FBM NRP in the eighth week and after the additional weekly educational and psychosocial support meetings that were completed on the 12th week, and compared the participant's responses on the skills and performance, confidence level, job satisfaction, intent to leave, and open-ended questions regarding the skills or training needing improvement.

Project Objectives

The primary project objective was to decrease the GNs turnover rate from 40% to 20% within one year of employment by modifying the FBM NRP in the hospital. Modification of the FBM NRP included an additional weekly continuing education session for four weeks after completion of the eighth-week program that addressed the GNs specific learning needs within the context of their expansive roles. The weekly continuing education consisted of identifying the GNs knowledge gaps and skills and reviews of the fundamental clinical issues. The clinical issues identified included evidence-based management of patients with central venous catheter, patients with Foley catheter, assessment and appropriate treatment of wounds, structured form of communication among the rest of the health care team, conflict resolution, recognizing the change in the patient's medical condition to avoid failure to rescue, and other quality improvement efforts implemented in the organization. The modification of FBM NRP focused on improving the GNs critical thinking skills, confidence level, communication

skills with the physicians and allied health professionals, and perception of a positive work environment.

Practice Focused Question

The practice focused question was: Did the FBM NRP followed by the psychosocial and educational support once a week for four weeks after completion of the eighth week existing residency program improve responses of the GNs on the *Casey-Fink Graduate Nurse Experience Survey*?

Significance of the Project

The high demands for the complex health care services were disproportionate compared to the available supply of RNs providing the care in the LTACH. The lack of adequate staffing from the high nurse turnover in the organization created an unsafe work environment that negatively impacted the quality of patient care. The hospital was experiencing first, the increased numbers of healthcare-associated infections (HAIs), such as central line-associated bloodstream infections and catheter-associated urinary tract infections. Second, there was an increased rate of hospital-acquired pressure ulcers, particularly stage three, four, or unable to determine stage that hospital was mandated to report to the California Department of Public Health. Third, the patient's satisfaction score was below the average, particularly the prompt response to the call lights and other clinical alarms, such as ventilator alarms and telemetry monitor alarms, because of alarm fatigue. Fourth, the GNs verbalized lack of support from their preceptors and a hostile work environment created by other nursing staff and physicians. The inadequate staffing placed a burden to the GNs who were struggling to transition into their roles while

simultaneously trying to meet the patients' complex health care demands. The unsafe work environment in conjunction with the high stress level, the feelings of inadequate preparation to perform the professional role, and the lack of support experienced by the GNs heavily impacted the job satisfaction, confidence, and the lack of commitment to the organization that resulted in the GNs high turnover rate within one year of employment.

Reduction of Gaps

Before the FBM NRP, the experienced nurse preceptors were required to attend a mandatory preceptorship class with a certificate. Kim, Lee, Eudy, Lounsbury and Wede (2015) determined that the preceptorship program provides the experienced nurses the knowledge base on how to provide support to the GNs during their transition process. Bratt (2009) postulated that the provision of a structured preceptorship education of the experienced nurses provides the empowerment needed to perform as excellent role models for the GNs. The implementation of the additional psychosocial and educational support once a week for four weeks after the completion of the eighth week FBM NRP helped engaged the GNs in enhancing the learning experience of self-reflection regarding nursing practices in the organization. The additional psychosocial support system included focusing on the preceptor support to the GNs through practical skill development and an ongoing positive feedback that helped alleviated the stress level and improved self-esteem and confidence level. The primary components identified successful in facilitating the transition of the GNs into the workplace and organizational culture included preceptors who were encouraging, warm, courteous, and were willing to listen to the GNs interests (Kim et al. 2015).

The topics of the weekly sessions helped influenced the readiness of the GNs to perform competently in the clinical practice as a member of the professional team. The sessions were learner-directed, which addressed the knowledge gaps of the GNs through the application of the reflective process to the clinical issues and identification of solutions and feedback of respectful nature in a face-to-face meeting with the nurse preceptors, clinical directors, ICU nurses, wound care nurses, respiratory therapists, and myself as the nurse leader of the organization. The content of the weekly sessions addressed the specific practice issues in the workplace and applied the evidence-based practices (EBPs) and guidelines, quality improvement processes, structured communications skills, team building, and delegation (Bratt, 2009). The educational strategies included interactive learning strategies, such as using a learner-driven format, organizing the learning sessions based on the individualized learning needs, debriefing using two small groups, and methods that stimulated critical thinking and clinical judgment by discussing different case studies in the LTACH.

Implications for Social Change in Practice

Casey, Fink, Krugman, and Propst (as cited in Letourneau & Fater, 2015), hypothesized that most of the GNs do not have the adequate skills and competence to assume the responsibility of providing safe patient care based on numerous factors. The numerous factors include patients with high-acuity level, increasing turnover of the experienced RNs, burnout, increasing workload demands, decreasing GNs orientation, and the excessive use of contract labor to fill in the gaps (The Joint Commission; & Jones & Gates as cited in Anderson, Hair, & Todero, 2012). Most of the GNs noted concerns

with the high stress level in the work environment and lack of confidence to perform their professional roles, such as work prioritization, critical thinking, effective communication with the physicians, task delegation, and resolution of conflicts (Fink, Krugman, Casey, & Goode, 2008; Casey et al.; Zinsmeister & Schafer; Dyess & Shermann; Owens et al.; Keller, Meekins, & Summers as cited in Anderson et al., 2012). Scholars from Australia postulated that the fundamental concern with the high GNs turnover rates is the abridgment of positive learning experience preeminently in the work environment (Levett-Jones & Fitzgerald as cited in Anderson et al., 2012).

Phillips et al. (2015) postulated that the focal point to improve the retention of GNs is to augment the socialization process of the GNs during the transition phase. The *Theory of Organizational Socialization* is a process wherein a new employee adapts to the organizational culture to perform a particular role by acquiring the required knowledge and skills to perform in that role (Saks & Ashford as cited in Phillips et al., 2015). During the onboarding process, the GNs performing new roles enter the organization from diverse background, characteristics, and life experiences always seek information, feedback, and build relationships with the organizational insiders to function effectively (Craig et al. as cited in Phillips et al., 2015). Effective socialization tactics during the second phase depends primarily on three factors, which include a focus on the transition to the GNs new roles in the workplace, appropriate allocation of workload, and an ongoing positive feedback and relationship building with their preceptors. The application of the *Theory of Organizational Socialization* during this phase will allow the GNs to adjust and assimilate into their new roles, particularly role clarity, self-efficacy,

acceptance by the organizational insiders, and knowledge of organizational cultures. Organizational socialization or onboarding process ensures the transition of a new employee from an organizational outsider to an insider using organizational strategies to improve job satisfaction, organizational commitment, overall work performance, and socialization in the organization (Phillips et al., 2015).

The implications of the *Theory of Organizational Socialization* during the second phase of the transition or the adjustment phase posit that the primary influence of the GNs behavior and attitude on their practice includes role ambiguity, lack of self-efficacy, lack of knowledge of the organizational culture, and lack of acceptance by the organizational insiders (Phillips et al., 2015). Tailoring to the specific learning style and learning needs of the GNs by using both the professional and organizational socialization strategies create a positive work environment to support the transition of the GNs to their professional roles, which will help improve the GNs job satisfaction level, commitment to the organization, overall job performance, and improve the retention rate within one year of employment.

Definition of Terms

For the purpose of this project, the following terms are defined.

Graduate nurses: Licensed RNs with less than a year experience working in a health care organization (Missen, McKenna, & Beauchamp, 2014).

Experienced nurse preceptors: Registered nurses working in the LTACH with at least 12 months of work experience (Promise Hospital IDY Policy & Procedures, 2016).

Modified Facility-Based Model (FBM) Nurse Residency Program (NRP): A weekly four-hour program for four weeks provided to the GNs after the eighth week of FBM NRP using the *Theory of Organizational Socialization,* which is adapted from the model of socialization by Bauer and Erdogan (Bauer, Bodner, Erdogan, & Truxillo, 2007).

Assumptions, Limitations, and Delimitations

Assumptions

The project had several underlying assumptions. The first assumption was that the modification of the current FBM NRP that involved collaboration among the key stakeholders in the organization promoted effective planning, implementation, evaluation, and sustainability of the residency program. The identified key stakeholders were the hospital administrators, human resources personnel, nursing leaders, nurse educator, experienced nurse preceptors, other departmental directors, and the other clinical team members. The combined interprofessional and intraprofessional efforts helped undertook the numerous challenges faced by the GNs in the organization using a multifaceted approach. The second assumption was that the addition of informal and individualized approaches, such as the psychosocial and educational support for the GNs created a more positive learning environment that helped improved the retention rate compared with the NRPs that were based on a formal and homogenous theory to practice gap approach alone. The third assumption was that the provision of adequate staffing resulted in safer patient care and lowered hospital morbidity and mortality rates and decreased nurse burnout. The provision of adequate staffing helped the GNs spent

sufficient time with their patients and were able to identify their specific health care needs and provided EBPs to improve the quality of patient care. The increased nurse staffing hours mitigated emotional exhaustion, job dissatisfaction, and the intent to leave the organization.

Limitations

Although the sample was comprised of all GNs, a limitation of the study included the variations in the GNs education level and background, such as the Associate Degree in Nursing or Bachelor of Science in Nursing program. A second limitation was that 50% of the GNs graduated from foreign countries. The heterogeneity of the GNs' education level and background needed to be taken into consideration during the planning and implementation phases of the quality improvement project. Another limitation of the project was the lack of experienced nurse preceptors who have at least one year of clinical experience in the LTACH setting because of the hospital's high nurse turnover rate.

Delimitations

The project's delimitations included the limited number of newly hired GNs from August of this year. There were only 18 GNs, which was less than the previously hired GNs in April 2016. Another delimitation was that the project was confined to the medical/surgical and telemetry units because LTACH also has the ICU and operating room units.

Summary

Currently, health care organizations are still facing a global challenge on how to improve the retention of GNs in the workforce despite the use of different NRPs. The LTACH was experiencing the omnipresent concern with a significantly high turnover rate of GNs at 40% within one year of employment as compared with the national average of 17.5% (Robert Wood Johnson Foundation, 2015). The identified organizational factors that contributed to the high turnover rate included the increasingly complex needs of the patient population and the inadequate support by the health care team and leaders during the GNs' transition stage. Addressing the identified practice problem helped reduced the gaps in the clinical setting through modification of the NRP with the implemented *Theory of Organizational Socialization.* The *Theory of Organizational Socialization* involved the informal psychosocial and educational support in addition to the formal educational support and clinical preceptorship provided by the organization to the GNs. Also, the application of the theory in the organization provided increasing awareness to the organizational and nursing leaders from different health care organizations for social change in the health care practices and the nursing profession.

Section 2: Review of Literature and Theoretical and Conceptual Framework

Introduction

The increasing awareness and evolvement of the NRP in the United States' hospitals begun in the 1980s as the new approach to recruit novice nurses in different specialty care areas (Dear, Celentano, Weisman, & Keen as cited in Anderson et al., 2012). Concurrently, the NRP is used as a strategy to ameliorate the transition of GNs from the academic role to the professional role. The implementation of the NRP is also identified as a cost-saving strategy in various hospitals (Colosi; Jones; Halfer as cited in Hillman & Foster, 2011) as measured by using the cost-benefit analysis, which analyzes the positive outcome and impact of the NRP by assessing the expected benefits and the costs in correlation with the program (Trepanier, Early, Ulrich, & Cherry, 2012). Internship, mentorship, and preceptorship models are the different NRPs developed based on the conglomeration of the models and framework from social, behavioral, and nursing theories (Eigsti; Newhoues, Hoffman, Suflita, & Hairston; Halfer, Graf, & Sullivan; Hayes & Scott; Sherrod, Roberts, & Little; Santucci; Persuad; Beecroft, McClure-Hernandez, & Reid; Olson et al.; Sorenson & Yankech as cited in Barnett, Minnick, & Norman, 2014). Section two discussed the review of the literature, which included the search criteria, specific literature, and general literature, and the theoretical and conceptual framework related to the successful implementation of the project.

Search Strategy

The databases used to locate the evidence research related to the practice problem included the nursing and health databases CINAHL Plus with Full Text, CINAHL, and

MEDLINE Simultaneous Search. The search engines used included the Google Scholar and Google to find regulating laws and legislation and secondary data and information from the federal and state government agencies and private not-for-profit organizations. The search key terms and the combination of search terms used included nurse residency programs, graduate nurses, turnover rates, retention rates, preceptorship program, and preceptorship training. The literature search included systematic reviews and primary sources from peer-reviewed journals and academic sources from 2009 to the present year regarding the implementation and improvement of NRPs in various hospitals in the United States. The search for literature was exhaustive and comprehensive to sanction a probable argument that supported the value of this proposed DNP project. Three systematic review articles provided the data analysis regarding the outcomes of the NRPs to improve the retention of the GNs within one year of employment and further studies and recommendations to influence the GNs job satisfaction and commitment to the organization to help sustain the retention of GNs.

The sources of evidence were from the peer-reviewed research articles that included primary sources and systematic reviews. The relationship of the evidence to the purpose of this DNP project in the LTACH was to transform the knowledge and implement an evidence-based practice based on the scholarship of research (Zaccagnini & White, 2011). The current evidence showed an improvement in the retention rate and commitment of the GNs in the organization by ameliorating the transition process from the academic role to the professional role resulting in better quality of patient care and health outcomes. The collection and analysis of the evidence to provide the appropriate

way to address the practice-focused questions included devising a search strategy, screening the sources for the relevance and appropriateness to the doctoral project, identifying, critiquing and evaluating the research studies, and integrating the studies' outcomes (Polit & Beck, 2012).

Specific Literature

Lin et al. (2014) performed a systematic review of 11 non-experimental studies regarding the outcomes of the NRPs from diverse clinical hospital settings in various geographic locations in the United States published from 2006 to 2013. The researchers' aim was to identify the factors that influence the job satisfaction of the GNs after their participation in the NRP. It was concluded that GNs' job satisfaction was a result of the positive interpersonal communication and support from their peers, patients, family members, and physicians. Improved communication and the perceived sense of belongingness ultimately helped the GNs to increase their confidence to perform the expected role of a professional clinician, which resulted in the retention of GNs. The study was identified as a level III hierarchy of evidence rating scale based on the John Hopkins Nursing Evidence-Based Practice, and high quality because of the sufficient sample size for the study, consistent and generalizable results, and consistent recommendations (Dearholt, Dang, & Sigma Theta Tau International, 2012). The strength of the study included the researchers utilized a methodological quality rating and validity tool for correlational studies that have been used in numerous systematic reviews, which assessed the research design, sample, measurement, and statistical analysis of the studies (LaRocca, Yost, Dobbins, Ciliska, & Butt; Meijers et al.; Van

Lancker et al. as cited in Lin et al., 2014). The study supported the project because of the evidence that the use of organizational socialization, such as peer engagement, opportunities for interaction, and continued educational support helped improved the job satisfaction of the GNs and helped improved the retention rate.

Missen et al. (2014) performed a systematic review with the aim to identify the factors that will impact the job satisfaction level and confidence level of GNs within one year of employment after participating in the NRP and ultimately decrease the GNs turnover rate. The researchers used a narrative synthesis approach of 11 published primary quantitative research designs in different health care organizations in the United States. The research designs performed included quasi-experimental, non-experimental with repeated measure design and pre and post testing studies from 2000 to 2012. The researchers concluded that NRP provided the socialization support and the positive work experiences that were essential to improve the retention of GNs in the health care organizations, which included maintaining a sense of belongingness, job satisfaction, and confidence to perform the roles. However, it was unclear of which type of NRP that provided the optimum program length and the structure that significantly contributed to the job satisfaction and retention of GNs because of the variations of the different NRPs. Further studies were suggested to investigate the impact of NRP and strategies to better assist the GNs because of the predicted shortage of nurses. The study was identified as a level III hierarchy of evidence rating scale based on the John Hopkins Nursing Evidence-Based Practice, and good quality because of the reasonably consistent results and reasonably consistent recommendations based on the fairly comprehensive literature

review (Dearholt, Dang, & Sigma Theta Tau International, 2012). The weakness identified in the study was the heterogeneity of the primary studies with different study designs, which limited the data extraction and the precise estimate of the outcomes of the programs. The study supported the project because of the implications that positive work experiences and job satisfaction level were highly correlated with the GNs increase commitment to the organization.

Anderson et al. (2012) performed a systematic review to assess and evaluate the quality of evidence behind the various types of NRPs and to provide recommendations designed to help improve the GNs retention rate. The researchers' approach for the systematic review was adapted from the five general steps for EB Medicine determined by Pai et al. (as cited in Anderson et al., 2012). Based on the approach used for the systematic review, the researchers included 20 primary studies of English language. Fifteen primary studies used quasi-experimental research design; two primary studies used ex-post facto with a two-group design, and three primary studies were qualitative design study that involves exploration of the lived experiences of the GNs. The researchers concluded that the wide variations of the content, teaching, and learning strategies among the different NRPs made it challenging to compare. Another finding was the lack of the theoretical framework on some of the NRPs educational interventions that limited the evaluation of the instruments to determine the effectiveness of the NRP designs. The researchers suggested that the future studies of NRPs should include the holistic theoretical approach that will measure the long-term impact of the program, such as identifying the predictors of dissatisfaction among the GNs to mitigate high turnover

rate and increase commitment to the organization. The identified ways of improving the organizational culture included highlighting the practice of building and collaborating relationships with other members of the health care team, such as using reflective sessions and use of evidence-based training for all the nurse preceptors. The study was identified as a level III hierarchy of evidence rating scale based on the John Hopkins Nursing Evidence-Based Practice, and high quality because of the sufficient sample size for the study, consistent and generalizable results, and consistent recommendations (Dearholt, Dang, & Sigma Theta Tau International, 2012). The study supported the project because of the recommendations of the researchers for future studies to implement organizational strategies to promote positive clinical learning experience through interporfessional and intraprofessional educational support.

General Literature

Reports from the American Nurses Association (n. d.), American Association of Colleges of Nursing (2016), and Kim et al. (2015) noted that the nursing workforce shortage will increase significantly by the year 2020, which is equivalent to 36% of the total nursing workforce in the United States if no prompt measures are implemented to address the critical issue. The inability to address the current challenge in the nursing workforce will undermine the quality of patient care and ultimately will lead to escalating health care costs. In response to the problem of the nursing shortage, the Institute of Medicine advocated for the formulation and development of a nurse residency program (NRP) with the fundamental goals of improving the GNs transition from the academic role to professional roles, thereby, improving the satisfaction level, increasing the

confidence to perform clinical practices, and decrease reality shock (Kramer et al., 2012). Numerous structures and tools of the nurse residency programs were derived from the empirically evaluated program called the *Transition Stage* and were introduced in health care organizations to improve the retention rates of the GNs (Bratt; Duchscher; Halfer, Graf, & Sullivan; Krugman et al.; Shanahan & Warren as cited in Kramer et al., 2012). The transition stage consisted of reflective sessions, clinical experiences with the experienced nurse preceptors, return skill demonstration, and classroom learning. Kramer et al. (2012) postulated that the transition stage NRP was identified as a successful approach in the nursing workforce because it allowed for a professional work fulfillment and a cost-effective nurse retention strategy. However, notwithstanding the use of evidence-based structured GN residency program, the United States is still facing a significant shortage of registered nurses (RNs) with the workforce expected to increase by 19% from 2.71 million in 2012 to 3.24 million in 2022 (Bureau of Labor Statistics, 2013). The shortage of RNs was identified by numerous causative factors, such as increasing number of Baby Boomers along with the increasing demands for their health care services, aging nursing workforce, and the inability of nursing schools to expand capacity for future nursing students (American Association of Colleges of Nursing, 2014).

Theoretical and Conceptual Framework

The *Theory of Organizational Socialization* is a new theory that was adopted from the *Theory of Organizational Socialization* developed by Bauer and Erdogan that focuses on the improvement of the practice problem of the GNs. Based on the theory, increased

socialization and acceptance of the GNs improved the GNs retention rates through a process called *onboarding* or transitioning from an outsider to an insider (Phillips et al., 2015). The factors that influenced effective socialization in the organization were achieved in three phases. The first phase of the theory pertained to the analysis of the GNs character, behavior, and the efforts presented to the organization as manifested by feedback seeking and relationship building with their peers. During that phase, efforts undertaken by the LTACH for effective organizational socialization included first, the ability to provide formal and informal learning environment, such as the NRP and an ongoing informal education through one-to-one preceptorship or "buddy system." Appointing a specific preceptor to a GN provided the support and advice that was essential to help influence the onboarding process, which provided the opportunity for the GN (outsider) to build a trusting relationship with the preceptor (insider) and to seek information and feedback. Seeking information and feedback allowed for the GN to gauge the level of his or her performance and to help understand the organizational culture. Bauer and Erdogan (as cited in Phillip et al., 2015) postulated that GNs who were provided the support were noted to be more knowledgeable compared to the GNs who were not provided the support. Second was the acknowledgement by the clinical directors and the experienced nurse preceptors regarding the GN's characteristics or personality traits and previous life experiences. Based on the conceptual model, the GN's characteristics or personality traits determined how he/she can adjust to the work environment. The GNs with a proactive personality were more favorable to adapt to the organization with behaviors, such as continually seeking for information, feedback, and

building a relationship with other member of the health care team (Phillips et al., 2015).

The second phase of the theory pertained to the analysis on how the GNs were adapting to the organizational culture and how they were transitioning from being an outsider to becoming an insider. The key principles identified during the process included role clarity, self-efficacy, acceptance by their peers, and knowledge of the organizational culture. Role clarity is a determination of how a GN can adjust well to a new work environment, which was a significant marker of job satisfaction. Self-efficacy stems from the GN's increased job satisfaction and the confidence in performing the role. Acceptance by their peers has proved to enhance the socialization among the GNs that promoted relationship building and attainment of improved knowledge.

Finally, knowledge of the organizational culture allows the GNs to understand the goals and values of the organization that resulted in increased job satisfaction and an increased commitment to the organization (Phillips et al., 2015). During the second phase, many GNs perceived to be deficient with the roles because of the unrealistic job expectations from the experienced nurses. Chang and Hancock (as cited in Phillips et al., 2015) postulated that many health care organizations did not address the deficiencies identified, which lead to lack of role clarity, lowered self-esteem, and poor confidence to perform the job. The hospital recognized the three essential factors that ascertained positive socialization among the GNs to the organizational culture and their transition to the professional role. The three essential factors included a FBM NRP that stressed on the transition of the new role, justifiable allocation of the workload for GNs, and continual and respectful feedback on a routine basis for every GN. Continual and

respectful feedback were provided by the organization through the informal reflective sessions to the GNs on a weekly basis for four weeks after the eighth week of didactics and clinical preceptorship on the floor with the clinical directors and the experienced nurse preceptors. Informal psychosocial and educational sessions allowed for the GNs to obtain a learner-directed knowledge gaps that helped improved the GN's confidence to perform the professional role resulting in improved job satisfaction level and improved commitment to the organization. The third phase of the theory reflected the outcome measures from the previous phases, which were reflected by the GNs satisfaction, commitment or intent to leave the organization, job performance and patient safety outcomes. Another outcome measure included the number of turnover rates and retention rates of GNs (Phillips et al., 2015). The LTACH was using the retention rate and turnover rate as the outcome measures.

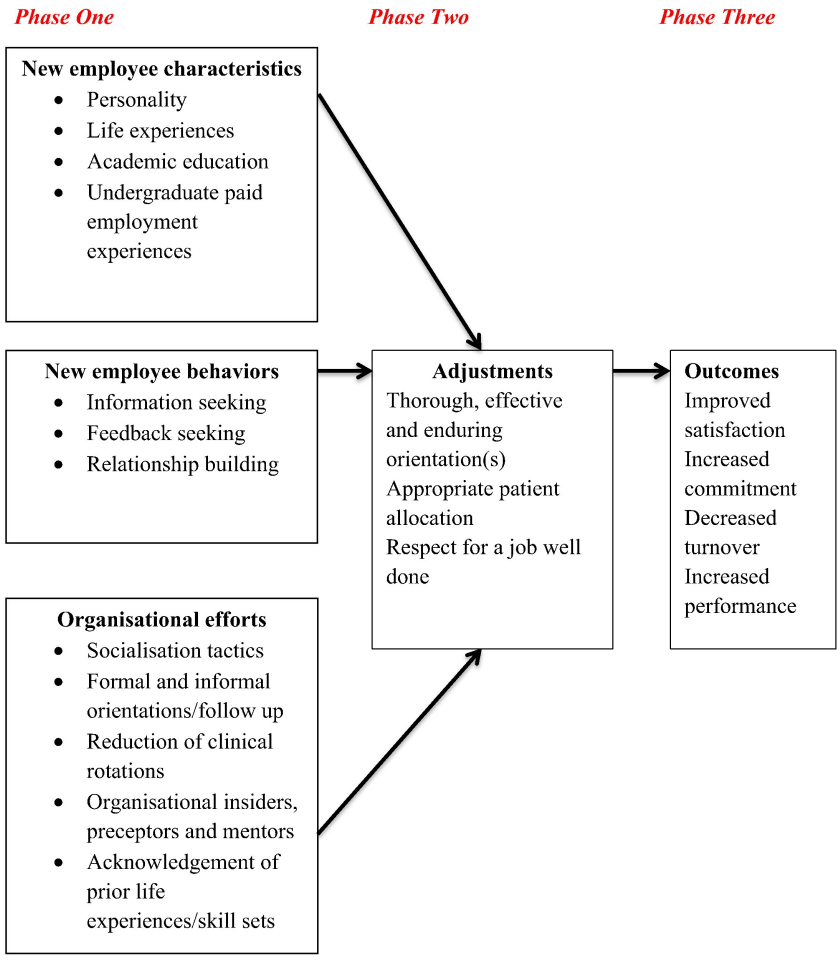

Figure 1. Adaptation of the Model of Organizational Socialization for the FBM NRP in the LTACH setting (Phillips et al., 2015).

Summary

The literature review of the three systematic reviews to improve the retention rate of the GNs was through the implementation of various NRPs based on different conceptual frameworks and theories, primarily in short-term acute care hospitals. Albeit the organizational efforts to improve the retention rate of GNs within one year of employment using the current evidence, the US hospitals were still facing the challenge

on how to retain GNs within one year of employment. The LTACH was no exception to the identified issue. To help improve the retention rate at the LTACH, the modification of the FBM NRP included the implementation of the *Theory of Organizational Socialization*. The relationship of the evidence to the purpose of the DNP project in the LTACH was to transform the knowledge and implement another evidence-based practice based on the scholarship of research (Zaccagnini & White, 2011).

Section 3: Methodology

Improvement in the transition of the GNs from the academic role to the professional role was a critical step to address the practice issue in the LTACH setting. Obtaining the quantitative data regarding the GNs experiences allowed the organization to identify factors that promoted success in their transition roles. Section three discussed the project design and methods, population and sampling, data collection instrument and process, protection of human subjects, and data analysis.

Project Design and Methods

The DNP project used a prospective descriptive design to examine whether the provision of the educational and psychosocial support weekly for four weeks after the eighth week of the NRP for the GNs will improve the retention rate within one year of employment. The responses from the GNs with ADN degrees were compared to the GNs with BSN degrees. Ordinal measurement was used to assign categories of the ADN GNs as category A and BSN GNs as category B. The objective of the project was to decrease the turnover of GNs from 40% to 20% within one year of employment by modifying the FBM NRP in the hospital. Evaluating the efficacy of the FBM NRP included the provision of the *Casey-Fink Graduate Nurse Experience Survey* tool after the eighth week and after the 12th week of the NRP, respectively.

Population and Sampling

Consecutive sampling was used because the GNs hired by the LTACH were the accessible population that met the eligibility criteria of a GN. The inclusion criteria

included a licensed RN with a zero to less than 12 months of acute care hospital experience, skilled nursing facility, acute rehabilitation, or home health experience, and who was currently hired for the FBM NRP in the LTACH as the practicum site. The population sample was composed of GNs from ADN and BSN degree programs, from foreign or local schools, who range in age from 22 to 55 years of age. The relevance of the participants to the practice-focused issue included the GNs experiences during the FBM NRP and after the modified FBM NRP that determined the improvement in the retention rate.

Data Collection

The initial step prior to the data collection included obtaining an approval from Walden University's Institutional Review Board (IRB). After obtaining the approval from Walden University's IRB, the next step was to discuss and explain the purpose of the quality improvement project to each GN during the interview and hiring process at the practicum site. Explanation was also provided to the GNs that mandatory participation required for the project as part of the hospital's NRP. The strategies for recruiting and developing working relationships with the participants for this doctoral project included first, a face-to-face conversation with a courteous and pleasant tone of communication. The LTACH's general hospital orientation consisted of three eight-hour classes in the hospital's education room, which was scheduled one week before the start of the NRP.

The newly-hired GNs attended the hospital's formal educational support, which was the FBM NRP for eight weeks provided by the hospital's educator, contracted

education company, and the clinical directors. The FBM NRP included an eight-hour classroom learning experience twice a week, and a 12-hour clinical preceptorship with the experienced nurse preceptors twice a week, comprised of a 40-hour week educational learning. At the end of the eighth week of the FBM NRP, the GNs were given a take home paper and pencil pre-test survey using the *Casey-Fink Graduate Nurse Experience Survey* (Appendix A) as the initial survey or baseline measure. A free meal ticket was provided to the GNs along with the survey form as an incentive for the initial survey participation. All participants were given the instructions to complete the survey tool anonymously, and returned the completed form within one week to my designated mailbox at the practicum site. To ensure everyone participated, a group text message was provided to all the GNs two days before the deadline submission date, and a personal reminder on the deadline submission date.

After the eighth week of the FBM NRP, the GNs had a weekly four-hour informal educational and psychosocial support from the ninth week to the 12th week provided by the hospital's educator, Director of Cardiopulmonary, Infection Control Preventionist, Wound Care Coordinator, and myself. The content of the informal educational support focused on the learning needs and the knowledge gaps determined by the GNs specific to the standards of practices in the hospital. The examples of the focused clinical topics included reviews of the management of patients with respiratory failure, on a ventilator with co-morbidities, such as compromised kidney functions and immune system with prevention of healthcare-associated infection (HAI) ventilator-associated events. A second example of the focused clinical topics included review of hemodialysis patients

being treated with multiple intravenous antibiotics for systemic infections, and maintenance of the central venous catheters (CVCs) to prevent HAI central line-associated bloodstream infections. The third example of the focused clinical topics included management of patients with multiple pressure ulcers with Foley catheter, and maintenance of the Foley catheter to prevent HAI catheter-associated urinary tract infection. Whereas, the psychosocial support, was provided by the educator and myself one hour after the three hours of informal educational support that included reflective sessions. The focus of the reflective sessions addressed stress reduction, work prioritization, delegation of tasks, and improve confidence when performing the professional role. Another psychosocial support included a thorough and enduring orientation comprised of appropriating patient allocation and continual positive feedback for a job well done by the preceptors and the leadership team.

After the 12th week, the GNs were provided with the post-test survey or endpoint measure using the same take home paper and pencil instrument, and a free meal ticket as the incentive for the endpoint survey participation. All participants were given the same instructions to complete the survey tool anonymously, and returned the completed form within one week in my designated mailbox at the practicum site. The total number of the returned post-test survey forms received were compared with the total number of the initial survey forms received at the end of the eight weeks of the FBM NRP by the DNP candidate. I also compared and analyzed the difference between the ADN GNs and the BSN GNs responses to determine if there was a difference in the participants' responses between the eighth week pre-test survey and the 12th week post-test survey.

Instruments

Casey-Fink Graduate Nurse Experience Survey

Permission to use the instrument was obtained from Casey and Fink through the University of Colorado Hospital Website (Appendix B). The *Casey-Fink Graduate Nurse Experience Survey* tool was introduced in 1999 by Kathy Casey and Regina Fink in Denver, Colorado with revisions in 2002 and 2006 to help assess and identify the experiences of the GN during the transition stage in various medical centers. The instrument containd five categories. The first category pertained to the top three skills the GNs were uncomfortable performing independently. The second category had 24 questions on a 4-point Likert scale, which evaluated the confidence levels of the GNs during NRP. The third category assessed the job satisfaction level on a 5-point Likert scale. The fourth category examined the four transition experiences of the GNs using multiple-choice answers and an open-ended question regarding concerns with the NRP. The fifth category asked for the demographics of the GNs, which included the age, gender, ethnicity, areas of expertise, name of school attended, date of graduation, degree attained, other non-nursing degree attained, work experiences, scheduled work patterns, length of orientation, and the number of preceptors using multiple choice answers (University of Colorado Hospital, 2006).

The *Casey-Fink Graduate Nurse Experience Survey* tool was previously tested in numerous research reports (Lin et al., 2014) with a Cronbach alpha also known as *coefficient alpha (α),* of 0.71 to 0.90 (Altier & Kresk; Anderson; Fink et al.; Kowlski & Cross; & Williams et al. as cited in Anderson et al., 2012). The Cronbach alpha is one of

the methodologies used to measure the internal consistency reliability with the focus variability on the normal values between 0.00 and +1.00 wherein better internal consistencies reflect higher values. According to Polit and Beck (2012), the reliability coefficients are the vital indicators of the quality of a tool or instrument, and high reliability is crucial to the achievement in testing a hypothesis.

Protection of Human Subjects

The quality improvement project to help increase the retention of GNs in the LTACH by providing psychosocial and educational support to the GNs after the eight weeks until the 12th week of the NRP program was implemented after Walden University's IRB and the LTACH's administrator's approval. The project ensured anonymity by de-identifying the GNs name in the survey tool, and confidentiality by storing the answered survey tools in my private's office in a locked box. The GNs agreement in the participation before the start of the NRP indicated their understanding of the anonymity and confidentiality of the pre-and post-test survey tool responses. The GNs were mandated to participate in the project to help the organization determine the best approach to help improve retention of the GNs in the LTACH settings.

Data Analysis

The project was directed by the practice focused question, "Did the FBM NRP followed by the psychosocial and educational support once a week for four weeks after completion of the eighth-week existing residency program improve responses of the GNs on the *Casey-Fink Graduate Nurse Experience Survey*?" To address the practice-focused question, a pre-and post-test survey using the *Casey-Fink Graduate Nurse Experience*

Survey was given to the GNs after the eighth week and after the 12th week of the FBM NRP and the responses compared. The results of the *Casey-Fink Graduate Nurse Experience Survey* pre-and post-test tool results were measured using the descriptive statistics for the Likert-scale items using the frequency distribution. The other items that were measured in the survey tool included the top three skills the GNs were uncomfortable performing independently, transition experiences of the GNs, and demographics information.

Reliability

The items identified in the *Casey-Fink Graduate Nurse Experience Survey* tool underwent exploratory factor analysis, specifically principal axis factoring with varimax rotation to reduce the possibility of error in explaining the variance that is prevalent using the principal component analysis method (Casey & Fink, 2015). The survey tool summed with a 5-factor analysis with 46% variations in the total scores and reliability *coefficient alpha* α = .71 to .90, which included professional and organizational support, patient safety, stress level, communication, and job satisfaction. The estimated reliability for each factor as follows: professional and organizational support α = .90, patient safety α = .79, stress level α = .71, communication α = .75, job satisfaction α = .83 (Casey & Fink, 2015).

Validity

The content validity of the *Casey-Fink Graduate Nurse Experience Survey* tool has been determined by expert review of nurse leaders in various medical centers and hospitals in the United States. The tool utilized initially by 250 nurse leaders in different

hospitals in Denver, Colorado and subsequently by more than 10,000 GNs who underwent NRP conducted by the UHS Consortium/AACN globally. The development of the survey tool was published in the *Journal of Nursing Administration* in 2004 and 2008, respectively (Casey & Fink, 2015).

Project Evaluation Plan

An evaluation plan was necessary to assist in determining if the program objectives were met and identifying the efficiency of the project (Musal et al. as cited in Abdulghani et al., 2014). The use of a comprehensive evaluation plan, both formative and summative, was essential to embrace not only the NRP outcomes but also the long-term impact of the process in the practice. The use of Kirkpatrick's four-step evaluation model was recognized as a comprehensive design to evaluate workshops and trainings in various organizations and academic centers for 30 years (Bates as cited in Abdulghani et al., 2014). The first step was the reaction phase that focused on identifying the GNs' perception of the NRP and their satisfaction level. The second step was the learning phase that focused on measuring the GNs knowledge and learned skills that influenced their behaviors in the workplace. The third step was the behavior phase that focused on measuring whether the GNs learned knowledge and skills displayed confidence and improved job performance. And the fourth phase was the results phase that focused on the outcomes, which included the improved retention rate of GNs and improved patient health outcomes in the LTACH setting.

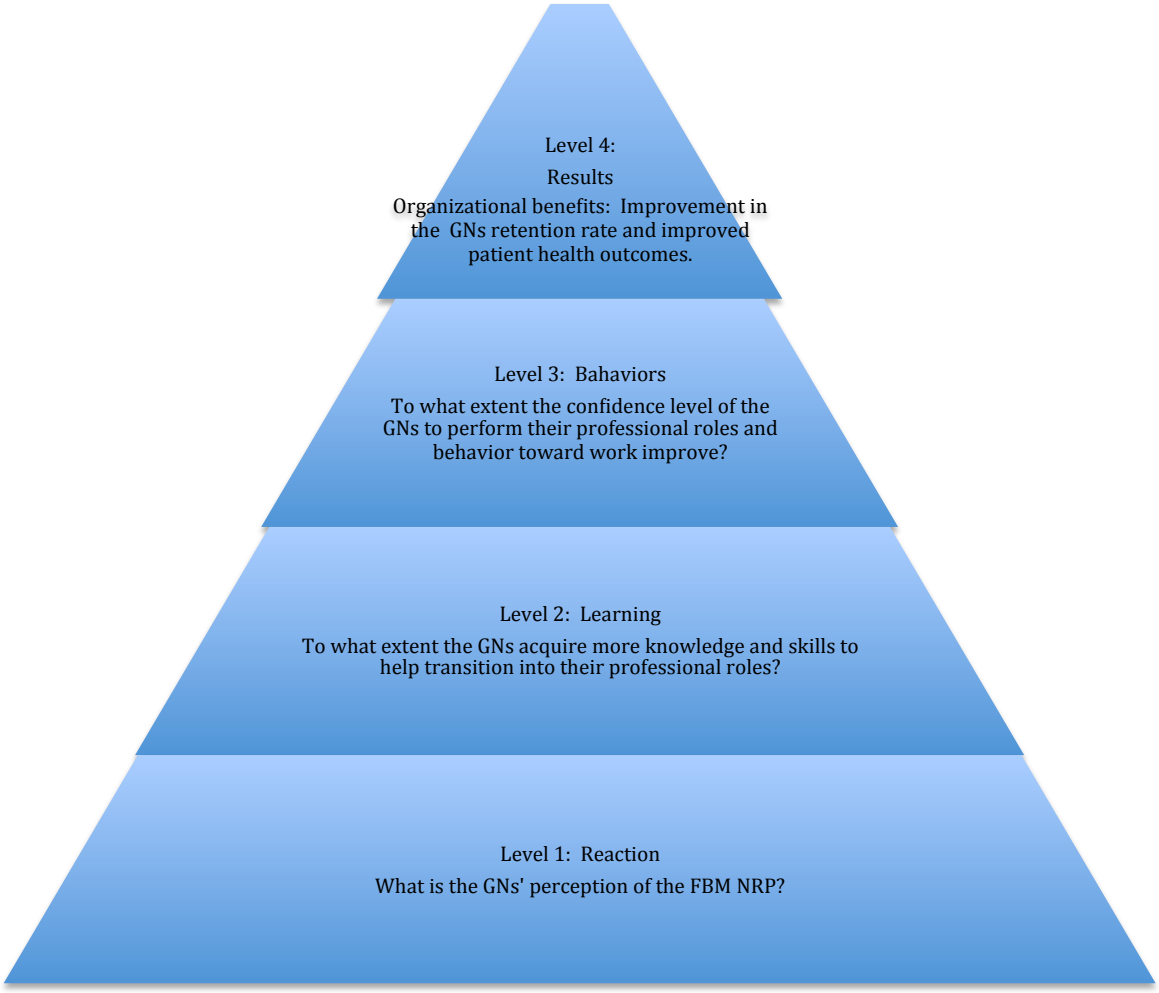

Figure 2. Adaptation of Kirkpatrick four-step evaluation model to evaluate the FBM NRP in the LTACH setting

Summary

I used a prospective descriptive design to identify whether the FBM NRP with the provision of additional psychosocial and educational support improved the retention of GNs within one year of employment in the LTACH setting. Consecutive sampling of the GNs hired in the LTACH was used, and the protection of the human subjects was implemented during the entire project by ensuring anonymity and confidentiality of the

GNs' pre-and post-survey responses. The data collection and analysis included comparing the GNs pre-and post-survey responses using the *Casey-Fink Graduate Nurse Experience Survey* tool with good reliability and validity scores. The Kirkpatrick four-step evaluation model was used to evaluate the FBM NRP because it provided a logical approach to assist in obtaining pragmatic information on how to address issues with GNs retention rates in the LTACH and help with the new discovery of solutions. Cultivating an evidence-based approach to heighten the GNs retention rate is a cost-effective and cost-beneficial strategy for the organization, particularly in the LTACH setting.

Section 4: Findings, Discussion, and Implications

Introduction

The identified practice problem of the high turnover of GNs at 40% in the LTACH setting is an ongoing issue faced by the organizational leaders despite the provision of NRPs in the past three years. The doctoral project was conducted at an LTACH in the Los Angeles County in California, where the *Casey-Fink Graduate Nurse Experience Survey* tool (Appendix A) was given to the GNs after the eighth week and the 12th week of the organization's facility-based model (FBM) nurse residency program (NRP) from October to November 2017. The *Casey-Fink Graduate Nurse Experience Survey* tool assessed and identified the experiences of the GNs during their transition stage after the eighth week and after the 12th week of the organization's FBM NRP. The instrument assessed and identified the top three skills the GNs were uncomfortable performing independently. The survey tool also evaluated the GNs confidence level using a 4-point Likert scale, the GNs satisfaction level using a 5-point Likert scale, the GNs' transition experiences using multiple choice answers, and the GNs demographics, such as the age, gender, ethnicity, areas of expertise, name of school attended, work experience scheduled work patterns, length of orientation and the number of preceptors using multiple choice answers. Section four discussed the summary of findings, discussion of findings in the context of literature, implications of the findings, project strengths and limitations, analysis of self, and conclusions.

Summary of Findings

The purpose of the quality improvement initiative was to improve the retention rate and commitment of the GNs by modifying the current FBM NRP that provided mentoring for GNs. The practice-focused question used to address the gap in the nursing practice was: "Did the FBM NRP followed by the psychosocial and educational support once a week for four weeks after completion of the eighth week existing residency program improve responses of the GNs on the *Casey-Fink Graduate Nurse Experience Survey*?" To address the practice-focused question, a primary objective was developed. The primary objective was to decrease the GNs turnover rate from 40% to 20% within one year of employment by modifying the FBM NRP in the hospital. The modified FBM NRP included a mandatory education and training to the nurse preceptors before the FBM NRP was started. The FBM NRP extended the eight-week program to a 12-week program with the additional four weeks of a learner-directed weekly session based on the *Theory of Organizational Socialization* (Phillips et al., 2015). The modification of the FBM NRP addressed the GNs specific learning needs within the context of their expansive roles, which consisted of identifying the GNs knowledge gaps and skills and reviews of the fundamental clinical issues.

Demographics

The age, gender, ethnicity, areas of expertise, the name of school attended, date of graduation, degree attained, other non-nursing degree attained, work experiences, scheduled work patterns, length of orientation, and the number of preceptors were obtained (Table 1), 44.44% of the GNs participants were 22-55 years old, 83.33% were

female and most were of Asian ethnicity. Fourteen of the GNs held a Bachelor of Science in Nursing, ten graduated from a private university, four graduated from a community college, and four were educated in nursing schools located in foreign countries. All of the GNs area of expertise concentrated on the adult medical/surgical area because the organization hired the GNs for the medical/surgical and telemetry units. Previous work experiences identified included four participants who had a licensed vocational nurse (LVN) certification, one participant who had a certified nursing assistant (CNA) certification, and another participant with a monitor technician certification. The participants' scheduled work patterns divided into three straight days and straight nights (12-hour shift) every week with the same length of orientation on the units. However, there were variations in the number of preceptors due to the organization's inadequate number of experienced RN preceptors.

Table 1.

Graduate Nurses' Demographics (*N* = 18)

Characteristics	Level	Frequencies	Percentage (%)
Age	20 - 25 years	1	5.56
	26 – 30	8	44.44
	31 – 35	4	22.22
	36 – 40	1	5.56
	41 – 45	2	11.11
	> 45	2	11.11
Gender	Female	15	83.33
	Male	3	16.67
Ethnicity	White	2	11.11
	Black	2	11.11
	Hispanic	4	22.2
	Asian	10	55.56

Areas of Expertise	Adult Medical/Surgical	18	100.00
School Attended	Private University	10	55.56
	City College	4	22.22
	Foreign Schools	4	22.22
Date of Graduation	2017	12	66.67
	2016	4	22.22
	2015	2	11.11
Degree Attained	ADN	4	22.22
	BSN	14	77.78
Non-nursing Degree Attained	None	0	0.00
Work Experiences	LVN	4	22.22
	CNA	1	5.56
	Monitor Technician	1	5.56
Scheduled Work Patterns	Straight days	8	44.44
	Straight nights	10	55.56
Length of Orientation	Eight weeks (ongoing)	18	100.00
Number of Preceptors	1 – 2	8	44.44
	2 – 3	6	33.33
	> 3	4	22.22

Skills and Procedure Performance

The GNs were asked to write down the top three skills and procedures that they felt uncomfortable to perform independently. The group of GNs was composed of four ADN GNs and 14 BSN GNs. The top skills and procedures the ADN GNs felt uncomfortable performing independently included intravenous insertion, participation during code blue and rapid response team (RRT) activation, chest tube care, blood products administration, tracheostomy suctioning and care, central venous catheter care and maintenance, wound care, and Foley catheter insertion and care (Table 2). However, after the provision of the informal psychosocial and educational support, the ADN GNs reported increased confidence in performing the identified skills and procedures, except for code blue and RRT participation and chest tube care. The hospital has been

experiencing numerous code blues and RRT activation, but the ADN GNs expressed they needed more time to learn how to respond to emergency situations because limited number of clinicians were allowed to participate. During an emergency, the code blue or the RRT team would require less people in the patient's room to avoid overcrowding. Most of the rooms are semi-private, and having too many respondents creates chaos, not just for the team, but also for the other two patients in the room. In addition, the medical/surgical/telemetry units typically have few patients who require chest tubes, which hinder the ADNs learning curve and the confidence to manage patients with chest tube.

Table 2.

Top Skills and Procedures that the ADN GNs Uncomfortable Performing Independently

After the 8th Week of the FBM NRP		After the 12th Week of the FBM NRP	
Skills	N	Skills	N
IV Insertion	4	IV Insertion	1
Code Blue/RRT	4	Code Blue/RRT	3
Chest Tube Care	4	Chest Tube Care	3
Blood Products Administration	4	Blood Products Administration	2
Tracheostomy Suctioning/Care	4	Tracheostomy Suctioning/Care	2
Central Venous Catheter Care	3	Central Venous Catheter Care	1
Wound Care	3	Wound Care	1
Foley Catheter Insertion/Care	3	Foley Catheter Insertion/Care	1

Abbreviations: IV = Intravenous, RRT = Rapid Response Team

The BSN GNs identified similar responses to the ADN GNs regarding the skills and procedures they are uncomfortable performing independently (Table 3). Based on the responses, there was a significant increased confidence in performing the identified skills and procedures except for code blue and RRT participation and chest tube care for the same reasons identified by the ADN GNs.

Table 3.

Top Skills and Procedures that the BSN GNs Uncomfortable Performing Independently

After the 8th Week of the FBM NRP		After the 12th Week of the FBM NRP	
Skills	N	Skills	N
IV Insertion	14	IV Insertion	6
Code Blue/RRT	14	Code Blue/RRT	12
Chest Tube Care	14	Chest Tube Care	10
Blood Products Administration	10	Blood Products Administration	4
Tracheostomy Suctioning/Care	8	Tracheostomy Suctioning/Care	2
Central Venous Catheter Care	8	Central Venous Catheter Care	2
Wound Care	8	Wound Care	4
Foley Catheter Insertion/Care	6	Foley Catheter Insertion/Care	2

Abbreviations: IV = Intravenous, RRT = Rapid Response Team

Confidence Level - Professional Comfort, Expectations, and Support

The analysis of findings of the GNs' responses from the *Casey-Fink Graduate Nurse Experience Survey* confidence level was calculated using the Statistical Package for Social Sciences (SPSS) version 21 (Appendix A). The 24 confidence level questions consisted of a 4-point Likert scale with the nominal values coded as follows: 1 = strongly disagree (SDA), 2 = disagree (DA), 3 = agree (A), and 4 = strongly agree (SA) for the 19 positively stated questions on questions number 1, 2, 3, 4, 6, 7, 9, 10, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, and 23. For the remaining five negatively stated questions on questions number 5, 8, 16, 17, and 24, reverse coding on a 4-point Likert scale with the nominal values coded as follows: 4 = SDA, 3 = DA, 2 = A, and 1 = SA. The responses from the ADN GNs and BSN GNs were compared and analyzed using descriptive statistics after the eighth week and after the twelfth week of the FBM NRP.

ADN GNs Confidence Level

After the eighth week of the FBM NRP, all four ADN GNs reported lack of confidence communicating with the physicians, taking care of a dying patient, and prioritizing patient care needs (Table 4). Also, they were overwhelmed with the workload and providing patient care as they were unable to complete the patient care on time, felt the job expectations from them were unrealistic, and were not prepared to complete the job responsibilities. Two of the four ADN GNs reported a lack of confidence delegating tasks to the nursing assistant, and were not at ease asking for help from the other RNs in the unit, and making suggestions for changes in the nursing care plan. They felt their preceptors did not provide encouragement and feedback and thought

the staff were not available during new situations and procedures. The ADN GNs voiced they lacked the opportunities to practice skills and procedures more than once, and felt they may harm their patients due to lack of knowledge and skills. However, all four ADN GNs agreed and strongly agreed that they were being supported by the nurses on the unit, felt confident communicating with the patients and their families, identified positive role models to observe in the unit, were satisfied with their chosen nursing specialty, found the work to be exciting and challenging. They also noted that the manager provided encouragement and feedback about their work and were not experiencing stress in their personal lives, which no answers were provided on the items listed in question number 25.

Table 4.

ADN GNs Confidence Level Responses After the Eighth Week of the FBM NRP

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

and procedures.

8. I feel overwhelmed by my patient care responsibilities and workload.		4	
9. I feel supported by the nurses on my unit.		4	
10. I have opportunities to practice skills and procedures more than once.	2	2	
11. I feel comfortable communicating with patients and their families.		4	
12. I am able to complete my patient care assignment on time.	4		
13. I feel the expectations of me in this job are realistic.	4		
14. I feel prepared to complete my job responsibilities.	4		
15. I feel comfortable making suggestions for changes to the nursing plan of care.	2	2	
16. I am having difficulty organizing patient care needs.		4	
17. I feel I may harm a patient due to my lack of knowledge and experience.	2	2	
18. There are positive role models for me to observe on my unit.		4	
19. My preceptor is helping me to develop confidence in my practice.		4	
20. I am supported by my family/friends.			4
21. I am satisfied with my chosen nursing specialty.			4
22. I feel my work is exciting and challenging.		4	
23. I feel my manager provides encouragement and feedback about my work.		4	
24. I am experiencing stress in my personal life.	4		

Abbreviations: SDA = Strongly disagree, DA = Disagree, A = Agree, SA = Strongly agree

After the provision of the weekly informal psychosocial and educational support for four weeks, the ADN GNs reported an increase in their confidence levels (Table 5). All four ADN GNs reported increased confidence delegating tasks to the nursing assistant, were at ease asking for help from the other RNs in the unit, felt their preceptors provided encouragement and feedback, and that staff were available during new situations and procedures. Three ADN GNs reported improved confidence communicating with physicians and organizing patient care needs. Whereas, two ADN GNs reported improved confidence taking care of a dying patient, prioritizing patient care needs, were not overwhelmed by the patient care responsibilities and workload, were able to complete patient care on time, felt expectations of the job were realistic, and felt did not harm patient due to their increasing knowledge and skills. No changes reported on the positive responses from all four ADN GNs that they were being supported by the nurses on the unit, felt confident communicating with the patients and their families, identified positive role models to observe in the unit, were satisfied with their chosen nursing specialty, found the work to be exciting and challenging, noted that the manager provided encouragement and feedback about their work, and were not experiencing stress in their personal lives, which no answers were provided on the items listed in question number 25.

Table 5.

ADN GNs Confidence Level Responses After the Twelfth Week of the FBM NRP

	SDA	DA	A	SA

1. I feel confident communicating with physicians.	1	3
2. I am comfortable knowing what to do for a dying patient.	2	2
3. I feel comfortable delegating tasks to the Nursing Assistant.		4
4. I feel at ease asking for help from other RNs on the unit.		4
5. I am having difficulty prioritizing patient care needs.	2	2
6. I feel my preceptor provides encouragement and feedback about my work.		4
7. I feel staff is available to me during new situations and procedures.		4
8. I feel overwhelmed by my patient care responsibilities and workload.	2	2
9. I feel supported by the nurses on my unit.		4
10. I have opportunities to practice skills and procedures more than once.		4
11. I feel comfortable communicating with patients and their families.		4
12. I am able to complete my patient care assignment on time.	2	2
13. I feel the expectations of me in this job are realistic.	2	2
14. I feel prepared to complete my job responsibilities.	2	2
15. I feel comfortable making suggestions for changes to the nursing plan of care.	2	2
16. I am having difficulty organizing patient care needs.	1	3
17. I feel I may harm a patient due to my lack of knowledge and experience.	2	2

18. There are positive role models for me to observe on my unit.	4	
19. My preceptor is helping me to develop confidence in my practice.	4	
20. I am supported by my family/friends.		4
21. I am satisfied with my chosen nursing specialty.		4
22. I feel my work is exciting and challenging.	4	
23. I feel my manager provides encouragement and feedback about my work.	4	
24. I am experiencing stress in my personal life.	4	

Abbreviations: SDA = Strongly disagree, DA = Disagree, A = Agree, SA = Strongly agree

BSN GNs Confidence Level

After the eighth week of the FBM NRP, all 14 BSN GNs reported feeling overwhelmed by their patient care responsibilities and workload (Table 6). Twelve of the 14 BSN GNs reported having difficulties organizing patient care needs, were not able to complete the patient care assignment on time, felt the job expectations from them were unrealistic, and were not prepared to complete their job responsibilities. Ten BSN GNs were not comfortable knowing what to do for a dying patient and delegating tasks to the nursing assistant, and felt they might harm a patient due to lack of knowledge and experience. Eight BSN GNs were not confident communicating with the physicians, six were not at ease asking help from other RNs on the unit and felt they lacked the opportunities to practice skills and procedures more than once, and three were not comfortable making suggestions for changes to the nursing plan of care. However, all 14 BSN GNs agreed and strongly agreed that their preceptors provided encouragement and

feedback, felt that the staff were available to them during new situations and procedures, felt supported by the nurses on the unit, felt comfortable communicating with patients and their families, with positive role models for them to observe on their units, felt their preceptors were helping them to develop confidence in their practice, were supported by their families and friends, were satisfied with their chosen nursing specialty, felt the manager provided encouragement and feedback about their work, and not experiencing stress in their personal lives, which no answers were provided on the items listed in question number 25.

Table 6.

BSN GNs Confidence Level Responses After the Eighth Week of the FBM NRP

	SDA	DA	A	SA
1. I feel confident communicating with physicians.		8	6	
2. I am comfortable knowing what to do for a dying patient.		10	4	
3. I feel comfortable delegating tasks to the Nursing Assistant.		10	4	
4. I feel at ease asking for help from other RNs on the unit.		6	8	
5. I am having difficulty prioritizing patient care needs.		2	12	
6. I feel my preceptor provides encouragement and feedback about my work.			14	
7. I feel staff is available to me during new situations and procedures.			14	
8. I feel overwhelmed by my patient care responsibilities and workload.			14	
9. I feel supported by the nurses on my unit.			14	

10. I have opportunities to practice skills and procedures more than once.		6	8	
11. I feel comfortable communicating with patients and their families.			14	
12. I am able to complete my patient care assignment on time.		12	2	
13. I feel the expectations of me in this job are realistic.		12	2	
14. I feel prepared to complete my job responsibilities.		12	2	
15. I feel comfortable making suggestions for changes to the nursing plan of care.		3	11	
16. I am having difficulty organizing patient care needs.		2	12	
17. I feel I may harm a patient due to my lack of knowledge and experience.		4	10	
18. There are positive role models for me to observe on my unit.			14	
19. My preceptor is helping me to develop confidence in my practice.			14	
20. I am supported by my family/friends.				14
21. I am satisfied with my chosen nursing specialty.				14
22. I feel my work is exciting and challenging.			14	
23. I feel my manager provides encouragement and feedback about my work.			14	
24. I am experiencing stress in my personal life.	14			

Abbreviations: SDA = Strongly disagree, DA = Disagree, A = Agree, SA = Strongly agree

After the provision of the weekly informal psychosocial and educational support for four weeks, the BSN GNs reported an increase in their confidence levels (Table 7). All 14 BSN GNs reported that they felt comfortable making suggestions for changes to the nursing care plan. Ten of the 14 BSN GNs felt confident communicating with the physicians, were comfortable knowing what to do for a dying patient, felt comfortable delegating tasks to the nursing assistant, felt at ease asking for help from other RNs on the unit, did not feel overwhelmed by their patient care responsibilities and workload, and were able to complete their patient care assignment on time. Eight BSN GNs felt the expectations of their job were realistic, felt were prepared to complete their job responsibilities, and were not having difficulty organizing patient care needs. However, 12 BSN GNs reported that they felt they might harm a patient due to their lack of knowledge experiences because of the high-acuity and medically complex patients in the LTACH. There were no changes reported by all 14 BSN GNs that they agreed and strongly agreed that they felt their preceptors provided encouragement and feedback about their work, felt staff were available to them during new situations and procedures, felt supported by the nurses on the unit, felt comfortable communicating with patients and their families, with positive role models for them to observe on their units, felt their preceptors were helping them to develop confidence in their practice, felt supported by their family and friends, satisfied with their chosen nursing specialty, felt their work is exciting and challenging, felt their manager provided encouragement and feedback about their work, and not experiencing stress in their personal lives, which no answers were provided on the items listed in question number 25.

Table 7.

BSN GNs Confidence Level Responses After the Twelfth Week of the FBM NRP

	SDA	DA	A	SA
1. I feel confident communicating with physicians.		4	10	
2. I am comfortable knowing what to do for a dying patient.		4	10	
3. I feel comfortable delegating tasks to the Nursing Assistant.		4	10	
4. I feel at ease asking for help from other RNs on the unit.		4	10	
5. I am having difficulty prioritizing patient care needs.		8	6	
6. I feel my preceptor provides encouragement and feedback about my work.			14	
7. I feel staff is available to me during new situations and procedures.			14	
8. I feel overwhelmed by my patient care responsibilities and workload.		10	4	
9. I feel supported by the nurses on my unit.			14	
10. I have opportunities to practice skills and procedures more than once.			14	
11. I feel comfortable communicating with patients and their families.			14	
12. I am able to complete my patient care assignment on time.		10	4	
13. I feel the expectations of me in this job are realistic.		6	8	
14. I feel prepared to complete my job responsibilities.		6	8	

15. I feel comfortable making suggestions for changes to the nursing plan of care.		14	
16. I am having difficulty organizing patient care needs.	8	6	
17. I feel I may harm a patient due to my lack of knowledge and experience.	2	12	
18. There are positive role models for me to observe on my unit.		14	
19. My preceptor is helping me to develop confidence in my practice.		14	
20. I am supported by my family/friends.			14
21. I am satisfied with my chosen nursing specialty.			14
22. I feel my work is exciting and challenging.		14	
23. I feel my manager provides encouragement and feedback about my work.		14	
24. I am experiencing stress in my personal life.	14		

Abbreviations: SDA = Strongly disagree, DA = Disagree, A = Agree, SA = Strongly agree

Satisfaction Level

The analysis of findings of the GNs' responses from the Casey-Fink Graduate Nurse Experience Survey satisfaction level was calculated using the SPSS version 21 (Appendix A). The nine satisfaction level questions consisted of a 5-point Likert scale with the nominal values coded as follows: 1 = very dissatisfied (VD), 2 = moderately dissatisfied (MD), 3 = neither satisfied nor dissatisfied (NEITHER), 4 = moderately satisfied (MS), and 5 = very satisfied (VS). The responses from the ADN GNs and BSN

GNs were compared and analyzed using the frequency distribution after the eighth week and after the twelfth week of the FBM NRP.

ADN GNs Satisfaction Level

After the eighth week of the FBM NRP, all four ADN GNs reported they were moderately satisfied with their salaries, hours worked, opportunities for career advancement, and amount of encouragement and feedback (Table 8). Three of the four ADN GNs were moderately satisfied with the benefits package, weekends off per month, and amount of responsibility. However, two ADN GN were moderately dissatisfied with the vacation and opportunity for shifts worked, and one ADN GN was moderately dissatisfied with benefits package, weekends off per month, and the amount of responsibility.

Table 8.

ADN GNs Satisfaction Level Responses After the Eighth Week of the FBM

	VD	MD	NEITHER	MS	VS
Salary				4	
Vacation		2		2	
Benefits package		1		3	
Hours that you work				4	
Weekends off per month		1		3	
Your amount of responsibility		1		3	
Opportunities for career advancement				4	

Amount of encouragement and feedback			4	
Opportunity for choosing shifts worked	2		1	1

Abbreviations: VD = Very dissatisfied, MD = Moderately dissatisfied, NEITHER = Neither satisfied nor dissatisfied, MS = Moderately satisfied, VS = Very satisfied

After the provision of the weekly informal psychosocial and educational support for four weeks, the ADN GNs reported increased in their satisfaction levels (Table 9). All four ADN GNs were moderately satisfied with their hours worked and with the amount of responsibility, and three were moderately satisfied with the opportunity for choosing shifts worked. No difference was reported in the satisfaction levels regarding salary, vacation hours allowed, benefits package, weekends off per month, opportunities for career advancement, and amount of encouragement and feedback after the eighth week and after the twelfth week of the FBM NRP.

Table 9.

ADN GNs Satisfaction Level Responses After the Twelfth Week of the FBM NRP

	VD	MD	NEITHER	MS	VS
Salary				4	
Vacation		2		2	
Benefits package		1		3	
Hours that you work				4	
Weekends off per month		1		3	
Your amount of responsibility				4	

Opportunities for career advancement		4
Amount of encouragement and feedback		4
Opportunity for choosing shifts worked	1	3

Abbreviations: VD = Very dissatisfied, MD = Moderately dissatisfied, NEITHER = Neither satisfied nor dissatisfied, MS = Moderately satisfied, VS = Very satisfied

BSN GNs Satisfaction Level

After the eighth week of the FBM NRP, all 14 BSN GNs reported they were moderately satisfied with the opportunities for career advancement (Table 10). Twelve of 14 BSN GNs were moderately satisfied with the benefits package, ten were moderately satisfied with the vacation hours allowed, hours that they worked, and the amount of encouragement and feedback. Eight BSN GNs were moderately satisfied with the weekends off per month and six BSN GNs were moderately satisfied with the salary and the amount of responsibility. Four BSN GNs were very satisfied with the weekends off per month, amount of encouragement and feedback, and opportunity for choosing shifts worked, and two BSN GNs were very satisfied with their salary.

Table 10.

BSN GN Satisfaction Level After the Eighth Week of the FBM NRP

	VD	MD	NEITHER	MS	VS
Salary		6		6	2
Vacation		4		10	
Benefits package		2		12	

Hours that you work		4		10	
Weekends off per month		2		8	4
Your amount of responsibility	2	6		6	
Opportunities for career advancement				14	
Amount of encouragement and feedback				10	4
Opportunity for choosing shifts worked	4	2		4	4

Abbreviations: VD = Very dissatisfied, MD = Moderately dissatisfied, NEITHER = Neither satisfied nor dissatisfied, MS = Moderately satisfied, VS = Very satisfied

After the provision of the weekly informal psychosocial and educational support for four weeks, the BSN GNs reported an increase in their satisfaction levels (Table 11). Ten of the 14 BSN GNs reported they were very satisfied with the amount of encouragement and feedback, and moderately satisfied with the amount of their responsibility. Eight BSN GNs were very satisfied with hours that they worked, and six were very satisfied with the opportunity for choosing shifts worked. No difference was reported in the satisfaction levels regarding salary, vacation hours allowed, benefits package, weekends off per month, and opportunities for career advancement.

Table 11.

BSN GN Satisfaction Level After the Twelfth Week of the FBM NRP

	VD	MD	NEITHER	MS	VS
Salary		6		6	2

Vacation	4	10	
Benefits package	2	12	
Hours that you work	2	4	8
Weekends off per month	2	8	4
Your amount of responsibility	4	10	
Opportunities for career advancement		14	
Amount of encouragement and feedback		4	10
Opportunity for choosing shifts worked	4	4	6

Abbreviations: VD = Very dissatisfied, MD = Moderately dissatisfied, NEITHER = Neither satisfied nor dissatisfied, MS = Moderately satisfied, VS = Very satisfied

Role Transition Experiences

The role transition experiences included in the *Casey-Fink Graduate Nurse Experience Survey* tool included five major elements. They were the transition difficulties experienced by the GNs, such as role expectations, the lack of confidence, workload, fear on patients' safety, and orientation issues. The second element included the effective support strategies to help with the GNs transition into the professional roles, such as improved orientation, increased support, unit socialization, and improved work environment. The third element included the components of the work environment that are most satisfying, which was comprised of peer support, positive feedback from the patients and their families, the ongoing learning through preceptorship, professional nursing role, and positive work environment. The fourth element included components of the work environment that are least satisfying, which were comprised of the nursing

work environment, the hospital's system, and the orientation experience. The fifth primary component included a free text that the GNs willing to share on how to improve the FBM NRP.

Transition Difficulties Experienced by the ADN GNs

After the provision of the informal psychosocial and educational support for four weeks, the transition difficulties experienced reported by ADN GNs were improved (Table 12). However, two of the four ADN GNs still reported transition difficulties, which included improved understanding of the role expectations, such as developing autonomy and their responsibilities on patient care. Also, workload difficulties, such as organizing, prioritizing, feeling overwhelmed with the patient ratio and acuity, fears on patient safety, and orientation issues, which included familiarization with the unit, technology information, and relationship with their preceptors needed improvement.

Table 12.

Transition Difficulties Experienced by the ADN GNs

After the 8th Week of the FBM NRP		After the 12th Week of the FBM NRP	
Difficulties	N	Difficulties	N
Role expectations	4	Role expectations	2
Lack of confidence	4	Lack of confidence	1
Workload	4	Workload	2
Fears	4	Fears	2
Orientation issues	4	Orientation issues	2

Effective Support Strategies Identified by the ADN GNs

There was no difference reported by the ADN GNs on the effective support strategies after the eighth week and after the twelfth week of the FBM NRP (Table 13). All ADN GNs felt that consistency in their preceptor's support during their transition and unit specific skills practice helped with the improvement in the orientation process. Other effective support strategies identified by the ADN GNs included increased support and feedback from the manager and the clinical educator, improved unit socialization, such as introduction to the physicians and staff socialization, and improved work environment, such as gradual nurse to patient ratios. They were also better to obtain assistance with other staff, and were involved with the development of the work schedules.

Table 13.

Effective Support Strategies Identified by the ADN GNs

After the 8th Week of the FBM NRP		After the 12th Week of the FBM NRP	
Support strategies	N	Support strategies	N
Improved orientation	4	Improved orientation	4
Increased support	4	Increased support	4
Unit socialization	4	Unit socialization	4
Improved work environment	4	Improved work environment	4

Most Satisfying Components of the Work Environment Identified by the ADN GNs

There was no difference reported by the ADN GNs on the aspects of their work environment that were most satisfying after the eighth week and after the twelfth week of the FBM NRP, except for the aspect on the positive work environment (Table 14). The first aspect identified by the ADN GNs included the peer support they received that provided a sense of belongingness from a good team approach and helpful and friendly staff members. The second aspect of satisfaction with their work environment included the positive experiences from their patients and family members, such as positive feedback received for the care they provided, improved patient satisfaction scores, and good patient interaction. The third aspect included the ongoing learning experience, such as the preceptors' continual support, mentorship, and the unit role models. The fourth aspect include their professional roles, such as the challenges they experienced working on the units, the type of patients in the LTACH, fast pace environment, and use of critical thinking skills during an emergency. The fifth aspect identified by the ADN GNs included the positive experience in their work environment, which included the good nurse to patient ratios, the organization's available resources (e.g., medical equipment and supplies), and updated information technology.

Table 14.

Most Satisfying Components of the Work Environment Identified by the ADN GNs

After the 8th Week of the FBM NRP	After the 12th Week of the FBM NRP

Work environment	N	Work environment	N
Peer support	4	Peer support	4
Patients and families	4	Patients and families	4
Ongoing learning	4	Ongoing learning	4
Professional nursing role	4	Professional nursing role	4
Positive work environment	2	Positive work environment	3

Least Satisfying Components of the Work Environment Identified by the ADN GNs

There was no difference reported by the ADN GNs on the least satisfying components of the work environment that included the nursing work environment and the system's environment after the eighth week and after the twelfth week of the FBM NRP (Table 15). Two ADN GNs identified the nursing work environment as the least satisfying component because of the unrealistic patient ratios due to the staffing shortage and tough schedule. Another least satisfying components identified included the unit layout and structure, such as the small workspace for charting, and some outdated medical equipment, such as old hospital beds and call light system. However, the ADN GNs report on dissatisfaction from the interpersonal relationships, such as lack of recognition and teamwork, dissatisfaction from the orientation process, such as inconsistent preceptors and inadequate feedback on their job performance, improved after the twelfth week of the FBM NRP.

Table 15.

Least Satisfying Components of the Work Environment Identified by the ADN GNs

After the 8th Week of the FBM NRP		After the 12th Week of the FBM NRP	
Work environment	N	Work environment	N
Nursing	2	Nursing	2
System	2	System	2
Interpersonal relationships	2	Interpersonal relationships	1
Orientation	4	Orientation	2

Transition Difficulties Experienced by the BSN GNs

After the provision of the informal psychosocial and educational support for four weeks, the transition difficulties experienced reported by BSN GNs were improved (Table 16). However, four of the 14 BSN GNs still experienced transition difficulties in their role expectations and confidence levels. Eight BSN GNs reported workload difficulties, 12 BSN GNs reported increasing fears regarding patient safety issue due to their realization that most of the patients in the LTACH setting have complex medical needs that would require a more experienced RN, and seven BSN GNs still struggling with the orientation issues.

Table 16.

Transition Difficulties Experienced by the BSN GNs

After the 8th Week of the FBM NRP	After the 12th Week of the FBM NRP

Difficulties	N	Difficulties	N
Role expectations	10	Role expectations	4
Lack of confidence	8	Lack of confidence	4
Workload	14	Workload	8
Fears	10	Fears	12
Orientation issues	14	Orientation issues	7

Effective Support Strategies Identified by the BSN GNs

There was no difference reported by the BSN GNs on the effective support strategies after the eighth week and after the twelfth week of the FBM NRP (Table 17). All BSN GNs felt that consistency in their preceptor's support during their transition and unit specific skills practice helped with the improvement in the orientation process. Other effective support strategies identified by the BSN GNs included increased support and feedback from the manager and the clinical educator, improved unit socialization, such as introduction to the physicians and staff socialization, and improved work environment, such as gradual nurse to patient ratios. They were also better to obtain assistance with other staff, and were involved with the development of the work schedules.

Table 17.

Effective Support Strategies Identified by the BSN GNs

After the 8th Week of the FBM NRP	After the 12th Week of the FBM NRP

Support strategies	N	Support strategies	N
Improved orientation	14	Improved orientation	14
Increased support	14	Increased support	14
Unit socialization	14	Unit socialization	14
Improved work environment	14	Improved work environment	14

Most Satisfying Components of the Work Environment Identified by the BSN GNs

The most satisfying component of the work environment identified by the BSN GNs after the eighth week and after the twelfth week of the FBM NRP was the aspect on the positive work environment (Table 18), which included the good nurse to patient ratios, the organization's available resources (e.g., medical equipment and supplies), and updated information technology. There was no difference reported on the other aspects of the work environment, such as peer support, patients and families, ongoing learning, and professional nursing role. The aspect on peer support they received provided a sense of belongingness from a good team approach and helpful and friendly staff members. The aspect of satisfaction with their work environment included the positive experiences from their patients and family members, such as positive feedback received for the care they provided, improved patient satisfaction scores, and good patient interaction. The aspect included in the ongoing learning experience included the preceptors' continual support, mentorship, and the unit role models. The aspect included in their professional

roles helped identified the challenges they experienced working on the units, the type of patients in the LTACH, fast pace environment, and use of critical thinking skills during an emergency.

Table 18.

Most Satisfying Components of the Work Environment Identified by the BSN GNs

After the 8th Week of the FBM NRP		After the 12th Week of the FBM NRP	
Work environment	N	Work environment	N
Peer support	14	Peer support	14
Patients and families	14	Patients and families	14
Ongoing learning	14	Ongoing learning	14
Professional nursing role	14	Professional nursing role	14
Positive work environment	8	Positive work environment	10

Least Satisfying Components of the Work Environment Identified by the BSN GNs

There was no difference reported by the BSN GNs on the least satisfying components of the work environment, which was the system's environment after the eighth week and after the twelfth week of the FBM NRP (Table 19). The least satisfying components of the work environment identified by six BSN GNs included the unit layout and structure, such as the small workspace for charting, and some outdated medical equipment, such as old hospital beds and call light system. Four BSN GNs report on

dissatisfaction from the nursing work environment, such as unrealistic patient ratios due to the staffing shortage and tough schedule, three BSN GNs reported dissatisfaction from the interpersonal relationships, such as lack of recognition and teamwork, and four BSN GNs reported dissatisfaction with the orientation process, such as inconsistent preceptors and inadequate feedback on their job performance after the twelfth week of the FBM NRP.

Table 19.

Least Satisfying Components of the Work Environment Identified by the BSN GNs

After the 8th Week of the FBM NRP		After the 12th Week of the FBM NRP	
Work environment	N	Work environment	N
Nursing	8	Nursing	4
System	6	System	6
Interpersonal relationships	6	Interpersonal relationships	3
Orientation	8	Orientation	4

Discussion of Findings in the Context of Literature

The implementation of the evidence-based quality improvement strategy after the eighth-week of the FBM NRP resulted in the improved confidence, job satisfaction, and role transition experiences both by the ADN GNs and the BSN GNs. The use of the informal psychosocial and educational support for four weeks using reflective sessions and discussions of the core concepts through storytelling allowed the GNs to discover an

understanding on how to approach individualized patient needs. The learner-directed sessions helped the GNs perform critical thinking and judgment that will provide a lifelong professional learning experience (Bratt, 2009). Continual positive feedback from the experienced nurse preceptors and the hospital nursing leaders through the entire course of the FBM NRP also played a very important factor in improving the GNs confidence and job satisfaction level. The provision of enhancing the GNs adjustment phase or second phase of the *Theory of Organizational Socialization* resulted in an improved GNs "role clarity, self-efficacy, acceptance by the organisational insiders, and knowledge of organisational culture" (Phillips et al., 2015, p.122). The third phase of the *Theory of Organizational Socialization* reflects the outcome measures of the successful GNs adjustment in an organization, such as the GNs improved confidence level, job satisfaction level, and role transition experiences. The outcome measures identified are correlated with the GNs intent to stay within the organization that will result in the GNs improvement in the retention rate (Phillips et al., 2015). The ADN GNs and the BSN GNs provided similar responses in the survey tool after the eighth and twelfth week of the FBM NRP.

Implications

Policy

The adaptation of the *Theory of Organizational Socialization* provides a valuable groundwork to brief policymakers regarding the focus on individual transition experiences of the GNs in the LTACH setting to help improve the retention rate. The Robert Wood Johnson Foundation committee also developed a blue print for innovative

solutions to address the current and future shortage of nurses and improve the retention rate (Institute of Medicine, 2011). Recommendations include the provision of an effective NRP for the successful transition of GNs to their professional roles that involves collaboration with the state boards of nursing, regulatory agencies, the federal government, and the health care organizations. The first recommendation for the provision of an effective NRP includes the state boards effort in conjunction with the regulatory agencies that will allow the GNs participate in the NRP after the successful completion of their pre-licensure program. The second recommendation includes the involvement of the federal government, such as the Secretary of Health and Human Services to transfer medical funding to the NRP in the LTACH settings. The third recommendation includes the development and implementation of NRP funding from the Centers for Medicare and Medicaid Services, the Health Resources and Services Administration (HRSA), and other philanthropic organizations. And the fourth recommendation includes health care organizations to evaluate the effectiveness of the NRP to help improve the GNs retention rates and improve patient health outcomes.

Practice

The provision of the informal psychosocial and educational support to the GNs demonstrated effective strategies during the FBM NRP to help improve the GNs confidence level and job satisfaction level. The teaching strategies that are interactive and engaging are fundamental for the GNs to reflect on their practice and learn to build the confidence to exercise clinical judgment. Ulrich et al. (2010) postulated that positive job satisfaction and improved confidence levels are correlated with high commitment to

the organization and intent to stay that will promote and improve patient health outcomes. Effective NRPs are crucial to help meet the challenges with the shortage of nurses and provide the quality of care for medically complex patients, particularly in the LTACH settings.

Research

All the research located on the NRPs focused on the short-term acute care hospital settings. No data or comparison studies for the NRP implemented in the LTACH could be found. Research is needed in the LTACH setting to identify the efficacy of the NRPs based on the program content and length. Researchers should establish data that will assess the outcome of the NRPs in the LTACH using organizational theories, which focus on transition experiences of the GNs, cost-effective and safe outcomes on medically-complex patients, and use of transformational leadership by the nursing leaders. Establishing on the research studies should include the involvement of the federal government, such as funding from the National Center for Workforce Analysis to obtain workforce data collection that will help determine and evaluate research data affecting the care delivery on healthcare workforce. Two branches of HRSA, the Bureau of Primary Care and Bureau of Health Professions, may also provide resources for research on infrastructure data to subsidize investigation in the LTACH healthcare workforce. Also, the state and regional workforce centers may also provide the resources needed for research and data collection on health care workforce issues in the LTACH setting (Institute of Medicine, 2011).

Social Change

The various NRPs implemented in health care organizations were developed from different models and theoretical frameworks from social, behavioral, and nursing theories to help recruit novice nurses into the specialty areas (Eigsti; Newhouse et al.; Halfer et al.; Hayes & Scott; Sherod et al.; Santucci; Persuad; Beecroft et al.; Olsen et al.; Sorensen & Yankech as cited in Barnett et al., 2014). However, despite the implementation of the theory-based NRPs, there are still increased reports of high GNs turnover rate at 17.5% in the United States Hospitals (Robert Wood Johnson Foundation, 2015) because of a high job dissatisfaction level at 41% (Aiken et al., as cited in Lin et al., 2014). The evidence-based implementation of the quality improvement strategy provided a positive social change in the LTACH, which helped improved the ADN and BSN GNs confidence level, job satisfaction level, and transition experiences. The improved transition experiences reported by both the ADN and BSN GNs during the FBM NRP ultimately improve the retention rate of the GNs and helped improved patient health care outcomes as evidenced by decrease incidence on healthcare-associated infections. Also, the implementation of the evidence-based practice to improve the GNs retention rate helped the nursing leaders identify effective strategy to address the current and future nursing shortage in their organization. The use of effective socialization tactics among the GNs should be reconstructed with organizational cultural respect, values, and recognition as part of the professional team that will create a more positive working environment and a sense of belongingness (Phillips et al., 2015).

Project Strengths and Limitations

Strengths

The quality improvement project had three strengths. The first strength was the implementation of the *Theory of Organizational Socialization* as the framework to improve the GNs retention rate from improved confidence level, job satisfaction level, and positive transition experiences, such as the feeling of being valued and supported. Improved confidence levels, job satisfaction level, and positive experiences during their transitions are linked with the GNs intent to commit with the organization (Parker et al.; Krugman et al.; Johnstone et al.; Lavoire-Tremblay et al.; & Laschinger and Grau as cited in Phillips et al., 2015). Also, the informal educational and psychosocial support provided by the organization considered as an effective means to decrease the turnover rate of the GNs (Krugman et al. as cited in Phillips et al., 2015). The second strength was the use of the Casey-Fink Graduate Nurse Experience Survey tool because of the high content validity and reliability measure, $\alpha = 0.71$ to 0.90 (Casey & Fink, 2015; Altier & Kresk; Anderson; Fink et al.; Kowlski & Kross; & Williams et al. as cited in Anderson et al., 2012) that helped assess and identify the GNs experiences during their transition period. The third strength was the use of a comprehensive evaluation plan, which is the Kirkpatrick's Four-Step Evaluation plan that assisted in determining both the short-term and the long-term impact of the FBM NRP in the LTACH setting. Kirkpatrick's Four-Step Evaluation plan has been utilized for over 30 years in evaluating comprehensive organizational learning strategies, which include the summative and formative evaluation approaches (Abdhulghani et al., 2014).

Limitations

The quality improvement project had three limitations. The first limitation was the small number of the sample size. The organization can only hire 20 or less GNs each NRP due to the limited number of experienced nurse preceptors in the medical/surgical/telemetry units and the size of the hospital. The second limitation was the study was conducted in a single LTACH with 140-bed capacity, which did not provide generalizability of the results. The third limitation was the limited units available for clinical practice, which were the medical/surgical/telemetry units. The limited number of units available used for the clinical practice in a single LTACH also limited the generalizability of the results in the LTACH setting.

Recommendations for Remediation of Limitations in Future Work

The recommendations for future work should include first, to train more experienced nurses as preceptors, as one of the important approach to enhance the organization's FBM NRP. The provision of a preceptors' training program for the experienced RNs is an effective way to help them understand their expansive roles as the role model, educator, and evaluator of the GNs (Condrey, 2015). The short-term relationship developed between the experienced RNs and the GNs provides the attention that are detailed to the GNs learning needs, thus building the GNs confidence to perform their expected roles (Muir, Ooms, Tapping, Marks-Maran, Phillips, & Burke, 2013). The second recommendation is to conduct the quality improvement project in other LTACH settings and compare all the GNs responses to obtain generalizability. The third recommendation is to extend the clinical practice of the GNs in other clinical areas of the LTACH, such as in the Intensive Care Unit, Operating Room, Recovery Room, and

Wound Care Department. Research from Crimlisk, Grande, Krisciunas, Costello, Fernandes, and Griffin (2017) postulated that NRP in multiple clinical units may be successfully accomplished provided that the organization develops a comprehensive NRP that identifies and compares the different specialties of the units, including a strong social support to the GNs.

Analysis of Self

As Scholar

The DNP program helps undertake the current and future clinical practice issues using a strong groundwork approach (American Association of Colleges of Nursing, 2006). The project guided me on how to assimilate the theoretical underpinnings from the social, behavioral, and nursing sciences with the identified nursing practice issue. I learned how to translate the scientific knowledge in the practice environment through numerous literature searches and critiquing those literatures based on the evidence of hierarchy. I also improved my knowledge and confidence on how to present the data I collected using the innovative statistical data analysis method. The project gave me the confidence to develop and discover new practice approaches to address the current and future practice issues in the LTACH setting.

As Practitioner

The DNP program helps nursing leaders to use organizational and system leadership traits at an organizational level to address and improve patient health care outcomes (American Association of Colleges of Nursing, 2006). As a nurse leader in the organization, the DNP project allowed me to assess and approach the practice problem

using the systems thinking. The use of the transformational leadership style to implement quality improvement strategies in the organization provided me the ability to facilitate and collaborate with other disciplines of the health care team to create change. I believe that I am becoming proficient identifying quality improvement strategies to address issues with health care practices, and develop processes for a cost-effective change and sustaining the change for improved work environment and safe patient care.

As Project Developer

The processes involved with the DNP project helped me how to become resilient and organized when developing the project. Project management is an effective approach when translating knowledge and innovating practice skills, which helps the DNP candidates to be prepared in leading and facilitating evidence-based practices in the organization (White & Dudley-Brown, 2012). Project planning and implementation involves time and effort to become successful from the formulation of the project premise to the analysis of the data collected, which requires the integration of knowledge from various disciplines and critical thinking to solve the identified practice issues. The processes with the IRB helped me understand the importance of the protection of the human subjects and ways to protect them when performing a research study to obtain the samples' responses. As a project developer, the support I received from my instructor always provided me more discoveries of the insights and approaches that I can use to continue with the project. I learned how to master a practice change initiative in the organizational level and will continue to help other health care organizations to improve

their practices by sharing my learned knowledge and skills through the publication of my manuscripts.

What Does This Project Mean for Future Professional Development

The primary reason for choosing the practice problem in the LTACH was to increase the awareness of the nursing and hospital leaders on the GNs experiences since I have been working in the LTACH for more than 20 years. Currently, no data or comparison studies addressing the GNs high turnover rates in the LTACH could be found, which significantly impacts the patient health outcomes. My plan for the future development is to become an advocate for nursing and hospital leaders in the LTACH setting, particularly addressing the GNs transition experiences and the issues with the nursing shortage. I will work with the LTACH hospitals in the corporate level to help increase their awareness of the practice problem identified. I will also publish my manuscripts to disseminate the information not just in the LTACH setting but also in other health care settings affected with the global concern of high GNs turnover rate. The DNP program prepares a DNP candidate on how to engage in the policy making process that will help address and influence multiple health care policies with regards to quality of patient care and equity in the delivery of health care (American Association of Colleges of Nursing, 2006).

Summary and Conclusions

The purpose of the project was to improve the retention rate and commitment of the GNs by modifying the current FBM NRP that provides mentoring for GNs. The objective was to decrease the GN turnover rate from 40% to 20% within one year of

employment by modifying the LTACH's FBM NRP through additional weekly education session for four weeks after the completion of the eighth-week program that addressed the GNs specific learning needs within the context of their expansive roles. The provision of the *Casey-Fink Graduate Nurse Experience Survey* Tool after the eighth week and after the twelfth week of the FBM NRP helped assessed and identified the experiences of the GNs during their transition stage, such as the GNs confidence level, job satisfaction level, and role transition experiences.

The analysis of the findings showed improvement in both the ADN GNs and BSN GNs confidence level, job satisfaction level, and role transition experiences after the provision of the informal psychosocial and educational sessions for four weeks. However, no changes reported by the GNs regarding the vacation, salary, and benefits because there were no changes provided by the organization during the 12-week time. Also, there were no changes reported on the effective support strategies provided by the organization because the GNs strongly agreed that they received the organizational support from the beginning until the end of the FBM NRP.

The framework from the *Theory of Organizational Socialization* guided the DNP project to ensure the appropriate approach to the study. Enhancing the GNs transition role from an academic role to a professional role promoted a sense of the GNs belongingness in the organization resulting in the improved GNs commitment to the organization. The use of Kirkpatrick's Four Step Evaluation allowed for a continual assessment and evaluation of the implementation and helped guide to focus on the outcome of the project.

The DNP project outcome has valuable implications with regards to the policy, nursing practice, research, and social change. Since there were no research studies available on how to improve the retention rate of GNs in the LTACH settings, the project can provide an increasing awareness for the policy makers on how to improve the GNs experiences by collaborating with the regulatory agencies and providing the organizations the resources needed to continue with the program. The findings of the project will allow the LTACHs to continue to improve their systems and processes for their NRPs that will help retain their GNs and improve the patient health outcomes. Also, the findings of the study will help the researchers perform further studies on how to improve the GNs transition experiences, particularly in the LTACH settings.

The project's strengths include the use of the *Theory of Organizational Socialization,* Kirkpatrick's Four-Step Evaluation Plan, and the use of the *Casey-Fink Graduate Nurse Experience Survey* tool with high reliability and validity scores. Whereas, the project's limitations include the lack of generalizability due to a small sample size, limited to one LTACH, and limited practice units in the LTACH setting.

Section 5: Scholarly Product

Dissemination of the scholarly product is the final destination to help health care organizations improve the delivery of health care services through the application of evidence-based practices. Publication of the manuscript for peer-reviewed professional journals is a form of dissemination appropriate for the doctoral project that focuses on quality improvement strategies that is permanent in contribution (White & Dudley-Brown, 2012). The successful publication of the manuscript involves following the

guidelines developed by the Standards for Quality Improvement Reporting Excellence (Oermann as cited in White & Dudley-brown, 2012), determining the suitable audience, and comply with the ethical practices for publication and copyright laws (Smith & Matteo as cited in White & Dudley-Brown, 2012). The suitable audience includes nurse leaders, hospital administrators, clinical educators, and nurses.

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Appendix A: Casey-Fink Graduate Nurse Experience Survey

Casey-Fink Graduate Nurse Experience Survey (revised)

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

1. _____skill_1
2. _____skill_2
3. _____skill_3
4. _____I am independent in all skills indep_skill

For all items above on this page run frequencies. Can also import the last item (II) into excel and sort on responses to get responses with similar starting word alphabetized.

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

Assuming using 1 to 4 for the responses (or 4 to 1) for the following 24 items

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
1. I feel confident communicating with physicians.	O	O	O	O
2. I am comfortable knowing what to do for a dying patient.	O	O	O	O
3. I feel comfortable delegating tasks to the Nursing Assistant.	O	O	O	O
4. I feel at ease asking for help from other RNs on the unit.	O	O	O	O
5. I am having difficulty prioritizing patient care needs.	O	O	O	O
6. I feel my preceptor provides encouragement and feedback about my work.	O	O	O	O
7. I feel staff is available to me during new situations and procedures.	O	O	O	O
8. I feel overwhelmed by my patient care responsibilities and workload.	O	O	O	O
9. I feel supported by the nurses on my unit.	O	O	O	O
10. I have opportunities to practice skills and procedures more than once.	O	O	O	O
11. I feel comfortable communicating with patients and their families.	O	O	O	O

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

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

The following items can be scored as yes=1/no=0 (frequencies)

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

III. How *satisfied* are you with the following aspects of your job:
The following items (IV) are not used in the residency evaluation – would suggest scoring 1 to 5 and either summing for a total score or reporting frequencies on each item.

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

IV. Transition (please circle any or all that apply) **For the following 5 items run frequencies on responses**

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

a. role expectations (e.g. autonomy, more responsibility, being a preceptor or in charge)
b. lack of confidence (e.g. MD/PT communication skills, delegation, knowledge deficit, critical thinking)
c. workload (e.g. organizing, prioritizing, feeling overwhelmed, ratios, patient acuity)
d. fears (e.g. patient safety)
e. orientation issues (e.g. unit familiarization, learning technology, relationship with multiple preceptors, information overload)

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

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

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

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

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

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

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

_____

_____

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

1. Age: _____ years Age

2. Gender:
a. Female
b. Male

3. Ethnicity:
a. Caucasian (white)
b. Black
c. Hispanic
d. Asian
e. Other
f. I do not wish to include this information

4. Area of specialty:
a. Adult Medical/Surgical
b. Adult Critical Care
c. OB/Post Partum
d. NICU
e. Pediatrics
f. Emergency Department
g. Oncology
h. Transplant

i. Rehabilitation
j. OR/PACU
k. Psychiatry
l. Ambulatory Clinic
m. Other: _____

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

6. Date of Graduation: _____

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

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

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

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

11. Have you functioned as a charge nurse? Charge_nurse
a. Yes 1
b. No 0

12. Have you functioned as a preceptor? Preceptor
a. Yes 1
b. No 0

13. What is your scheduled work pattern? Work_pattern
a. Straight days 1
b. Straight evenings 2
c. Straight nights 3
d. Rotating days/evenings 4
e. Rotating days/nights 5
f. Other *(please specify)*: 6_____

14. How long was your unit orientation? Orient
a. Still ongoing 1
b. ≤ 8 weeks 2
c. 9 – 12 weeks 3
d. 13 – 16 weeks 4
e. 17 - 23 weeks 5
f. ≥ 24 weeks 6

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

Primary_preceptors

_____ number of preceptors

16. Today's date: _____

Drop down list of skills

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

Appendix B: Permission to Grant the Casey-Fink Graduate Nurse Experience Survey Tool

June 2015

Dear Colleague:

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

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

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

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

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

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

Sincerely,

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