Undergraduate Nursing Students' Perceptions of Preparedness as They Prepare to Graduate

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Undergraduate Nursing Students' Perceptions of Preparedness as They Prepare to Graduate

Abstract
Background: Nursing students in their final semester before graduation often have feelings of anxiety as they face unique challenges that come with the transition from a protective educational environment to the roles and responsibilities of a new graduate staff nurse. Factors such as increasing responsibility and clinical workload and the continuing development of clinical and time management skills may contribute to feelings of anxiety and insecurity. New graduate nurses are recognized as a valuable resource due to the chronic and increasing shortage of registered nurses as seasoned nurses approach retirement, baby boomers age, and the need for health care grows. The literature has reported that a large percentage of new graduates change jobs during their first year of work indicating their frustration with the realities of practice. New graduates with feelings of being well prepared and having confidence in their nursing skills allows for a smoother transition into the workforce. Although there is a vast amount of literature that addresses new graduates' experiences and perceptions after beginning their first job, there is little assessment of the soon-to-be graduating students' expectations and feelings of preparedness as they get ready to start their new career. Purpose: The purpose of this study is to provide student-centered perspectives of preparedness as they approach their transition to being a new graduate registered nurse. Research question: Are the soon-to-be graduating St. John Fisher College baccalaureate prepared nurses feeling prepared to begin their career as they near graduation? Methods: Senior nursing students (n=78) in their final semester of their baccalaureate degree program at St. John Fisher College in Rochester, New York were given an explanation of the study and invited to participate by completing a descriptive survey. The questionnaire, 'Perceptions of Educational Preparation for Practice as a Registered Nurse,' consists of 21 questions which were scored in a Likert style format. Consent was obtained prior to student participation. Descriptive statistics were used to descriptive demographic data and perception responses. Implications: The research data is meant to provide insights into how the soon-to-be graduating nurses perceive their competency and their confidence in their ability to successfully transition into the workplace. A student centered perspective may lead to development of strategies to ease the stressful transition from being a student to becoming an RN, thereby assisting with future planning and policy directions of the undergraduate curricula.

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The above student has successfully completed this thesis in partial fulfillment of the requirements for the MS in Advanced Practice Nursing degree from the Wegmans School of Nursing at St. John Fisher College.

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This project/thesis fulfills the requirements of thesis seminars and assists in meeting the program outcomes for the MS in Advanced Practice Nursing degree from the Wegmans School of Nursing at St. John Fisher College.

Second Reader Signature: Marilyn L. Dorweager  Date: 4/25/11
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Abstract

Background: Nursing students in their final semester before graduation often have feelings of anxiety as they face unique challenges that come with the transition from a protective educational environment to the roles and responsibilities of a new graduate staff nurse. Factors such as increasing responsibility and clinical workload and the continuing development of clinical and time management skills may contribute to feelings of anxiety and insecurity. New graduate nurses are recognized as a valuable resource due to the chronic and increasing shortage of registered nurses as seasoned nurses approach retirement, baby boomers age, and the need for health care grows. The literature has reported that a large percentage of new graduates change jobs during their first year of work indicating their frustration with the realities of practice. New graduates with feelings of being well prepared and having confidence in their nursing skills allows for a smoother transition into the workforce. Although there is a vast amount of literature that addresses new graduates’ experiences and perceptions after beginning their first job, there is little assessment of the soon-to-be graduating students’ expectations and feelings of preparedness as they get ready to start their new career.

Purpose: The purpose of this study is to provide student-centered perspectives of preparedness as they approach their transition to being a new graduate registered nurse.

Research question: Are the soon-to-be graduating St. John Fisher College baccalaureate prepared nurses feeling prepared to begin their career as they near graduation?

Methods: Senior nursing students (n=78) in their final semester of their baccalaureate degree program at St. John Fisher College in Rochester, New York were given an explanation of the study and invited to participate by completing a descriptive survey. The questionnaire, “Perceptions of Educational Preparation for Practice as a Registered Nurse,” consists of 21 questions which were scored in a Likert style format. Consent was obtained prior to student
participation. Descriptive statistics were used to describe demographic data and perception responses.

Implications: The research data is meant to provide insights into how the soon-to-be graduating nurses perceive their competency and their confidence in their ability to successfully transition into the workplace. A student centered perspective may lead to development of strategies to ease the stressful transition from being a student to becoming an RN, thereby assisting with future planning and policy directions of the undergraduate curricula.
Chapter 1

Introduction

The final year of an undergraduate nursing educational program has been recognized as a stressful time for the upcoming new graduates as they face role adjustment and potential reality shock. As nursing students are preparing to graduate, thoughts of the many challenges that lie ahead contribute to feelings of anxiety and insecurity. Transitioning from a protective educational environment to the roles and responsibilities of a staff nurse is understandably intimidating. Relevant concerns of the soon-to-be graduating nurses include: passing their state boards, increasing responsibility and clinical workload, time management, developing clinical skills, and overcoming fear and anxiety (Halfer & Graf, 2006; Etheridge, 2007). After securing their first position, they may be faced with additional stressors related to a demanding and stressful work environment. If new nurses have negative perceptions of their first job or the career of nursing in general, they may decide to leave their new position or the nursing profession altogether. Beecroft, Kunzman, & Krozek (2001) reported, “The inability to handle the intense working environment, advanced medical technology, and high patient acuity results in new graduate nurse turnover rates of 35% to 60% within the first year of employment” (p. 575).

Background and Significance

Because of nursing shortages, hospitals have increased their hiring of new graduate nurses. Nationally and internationally, there have been long-standing predictions and assessments of a chronic and increasing shortage of registered nurses (RNs). Gerson & Oliver (2008) addressed the nursing shortage and reported, “In 2000, the national supply of FTE registered nurses was estimated at 1.89 million while the demand was estimated at 2 million, a shortage of 110,000 or
six percent. By 2020, the shortage is projected to grow to an estimated 340,000" (Background Brief section, para. 1). Workforce analysts project a shortage of RNs that is expected to intensify as baby boomers age and the need for health care grows.

Influential leaders from quality organizations have supported the necessity of an adequately sized nursing workforce and their work has contributed to the increase in public awareness. The majority of the American people are aware of the nursing shortage and the negative implications it places on our health care system. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) (2002) reported that "A survey of American opinion of nursing showed that 81 percent are aware that there is a shortage, 93 percent believe that the shortage threatens the quality of care, and 65 percent view the shortage as a major problem" (p.5). Buerhaus (2008) wrote:

Achieving high quality health care delivery cannot be accomplished without an adequately sized and well prepared nursing workforce. This awareness resulted from increasing evidence linking hospital nurse staffing to patient outcomes and by the concurrent emergence of efforts to improve quality and safety….Nursing quality measures have been endorsed by the National Quality Forum, The Joint Commission, The Agency for Healthcare, Research and Quality, and The Centers for Medicare & Medicaid Services. The importance of nurse-sensitive performance measures adds to the business case encouraging more effective use and retention of nurses. (p.2422)

Currently, the country’s recession effects and the economic downturn have helped somewhat to ease the registered nursing shortage. Buerhaus, Auerbach, & Staiger (2009) reported that many part-time nurses have increased their working hours, nurses who planned on retiring held onto their positions, and many non-working RNs reentered the workforce due to real or
anticipated losses of household income as many RNs’ spouses either lost their jobs or feared that they might as unemployment rates were increasing (p. 61). Nursing is seen as a career that is recession proof. Other developments such as the Johnson & Johnson’s advertising campaign in 2002 helped to strengthen the current nursing workforce by helping to increase public awareness and showcasing the nursing profession in a very positive way, thus encouraging young people to see nursing as an attractive career option and older individuals to choose nursing as a second career (Buerhaus, 2008).

Despite the recent trends of an increasing workforce of RNs, workforce analysts continue to project a shortage of RNs that is expected to intensify as baby boomers age and the need for health care grows. Buerhaus (2008) stated: “Over the next 20 years, the average age of the RN will increase and the size of the workforce will plateau as large numbers of RNs retire. Because demand for RNs is expected to increase during this time, a large and prolonged shortage of nurses is expected to hit the US in the latter half of the next decade” (p. 2422).

It has been estimated that 42% of acute care hospitals’ new RN hires would be new graduates (Healthcare Advisory Board, 2002). Thus, graduate nurses are becoming a significant part of hospital recruitment and staffing strategies as the nursing workforce shortages have become a reality. While graduation and starting a new job are exciting life events, some negative challenges that new graduates may be faced with include: short staffing due to the nursing shortage, increased patient acuity, heavy workloads, limited amount of assistance with unfamiliar tasks, expectations to become competent rapidly, high levels of stress, and often times, a chaotic workplace environment. As a new graduate RN, they will have limited control over organizational characteristics. Recruitment will only be effective if the new nurses do not
become frustrated or disheartened causing them to change their place of employment or leave the profession early in their careers. Morrow (2009) wrote about results of a 2006 Canadian study:

Twenty-nine percent of RNs working in hospitals report high role overload, insufficient time to do what is expected and find the work load too much for one person. In order to complete their assigned work, nurses arrive early, stay late and work through their breaks. Heavy assignments lead to multiple interruptions, time pressures, conflicting demands, job tension, and emotional exhaustion, which lead to decreased job satisfaction, perceived skill and knowledge deficit, and the inability to provide their expected standards of care.

(p. 282)

Review of the literature has shown that greater than fifty percent of new graduates change jobs during the first year of work (Butler & Hardin-Pierce, 2005; Candela & Bowles, 2008; Cooper, Taft, & Thelan, 2005; Lavoie-Tremblay, Wright, Desforges, Gelines, Marchionni, & Drevniok, 2008; Pine and Tart, 2007). A negative new job experience may have a detrimental personal impact on the nurse graduate during this formative stage in their career. Also of utmost importance, is the financial loss for acute care hospitals. Colosi (2002) estimated “turnover costs to be up to two times a nurse’s salary….Replacement costs include human resources expenses for advertising and interviewing, training costs, employment agencies, increased use of traveling nurses, overtime, temporary replacement costs for per diem nurses, lost productivity, impact on morale and additional turnover effects, and terminal payouts” (p. 53).

In the midst of economic and non-economic factors contributing to the current and future status of the RN workforce, the importance of educating and retaining nurses is paramount. Retention efforts of new graduate nurses are a topic of great interest to educators, policy makers, and health care delivery organizations.
Purpose

The purpose of the study is to obtain nursing student-centered perceptions of preparedness as they are soon-to-be graduating and starting their first job as a graduate registered nurse.

Research Question

Are the soon-to-be graduating St. John Fisher College baccalaureate prepared nurses feeling prepared to begin their career as they near graduation?

Theoretical Framework

Patricia Benner’s (2001) theory From Novice to Expert is based on the application of the Dreyfus model of skill development and acquisition to the stages of proficiency in nursing. According to Benner, the first stage of proficiency is novice; or, the period in the nursing program when students have no experiential background. Benner (2001) wrote, “But students are not the only novices; any nurse entering a clinical setting where she or he has no experience with the patient population may be limited to the novice level of performance if the goals and tools of patient care are unfamiliar” (p. 21). The second stage of proficiency is advanced beginner, or the new graduate. Benner (2001) contended that, “Novices and advanced beginners can take in little of the situation: it is too new, too strange, and besides, they have to concentrate on remembering the rules they have been taught” (p. 24). The third stage of proficiency is competent, which generally occurs after two or three years in practice. Benner (2001) believed, “There is a sophomoric quality to the competent stage. The clinical world seems organized, finally, after great effort” (p. 27). The fourth stage of proficiency is proficient; a transitional stage on the way to expertise. Benner (2001) reported, “The proficient nurse has learned from experience what typical events to expect in a given situation and how plans need to be modified in response to these events. Because of this experience-based ability to recognize whole
situations, the proficient nurse can now recognize when the expected normal picture does not materialize” (p.28). The fifth and final stage of proficiency is expert. As stated by Benner (2001), “The expert nurse with enormous background of experience, now has an intuitive grasp of each situation and zeros in the accurate region of the problem without wasteful consideration of a large range of unfruitful, alternative diagnoses and solutions” (p. 32). The expert nurse is not only proficient in the clinical area, she/ he is able to multi-task, has a high level of intuition, and is able to analyze a new situation by recalling former experiences. A review of Benner’s work demonstrates that newly graduated and newly licensed nurses require support, coaching, constructive feedback, and reflection in order to proceed through each stage of development. Benner’s theory is specific to nursing and useful for the study of transition.

*Purpose/ Summary*

While there is a wealth of studies and articles that address new graduates’ experiences and perceptions after beginning their first job, there is little assessment of the soon-to-be graduating students’ expectations and feelings of preparedness as they get ready to embark on their new career. This research study is meant to provide insights into how the soon-to-be graduating nurses perceive their competency and their confidence in their ability to successfully transition into the workplace. Student-centered perspectives regarding their concerns and needs may assist nurse educators as they prepare graduates for the foreseeable stressors and foster the ability to succeed in the workplace environment. Ultimately, the results may assist with future planning and policy directions of the undergraduate curricula.
Chapter II: Review of the Literature

Introduction

Preparation for the transition into practice as a registered nurse begins as nursing students in their final year approach the end of their supervised clinical experiences and realize they will soon be responsible and liable for their own practice as professional RNs. As new graduate registered nurses, feelings of nervous excitement are foreseen. Surely, the investment of years of study and hard work which are required to reach the professional role and title of RN is hard earned. Is it naïve for new graduates to anticipate a positive work experience and the satisfaction of being recognized for the knowledge they have acquired? Quite to the contrary, new nurses often describe feelings of being overwhelmed, insecure, and ridden with doubt. Many studies have been conducted to further understand the transition from nursing student to professional registered nurse.

Search Methods

A literature review was conducted by utilizing the Cumulative Index to Nursing & Allied Health Literature (CINAHL), ProQuest, Medline, and Ovid electronic databases. Key words used in the search were nursing students, new graduate registered nurses, workplace preparedness, feelings of preparedness, student nurses’ expectations, and transition into practice. Only articles published in the last ten years and written in the English language were included.

Review

A paper by Duchscher (2008) presented a theoretical framework for the initial role transition of newly graduated nurses adjusting into their new jobs. Duchscher’s work incorporated four qualitative studies which were conducted during a ten year period. The studies explored the transition process of new graduate registered nurses during their introduction into professional

Transition shock emerged as the experience of moving from the known role of a student to the relatively less familiar role of professionally practicing nurse... Participants described their emotions with such words as ‘intense’, ‘overwhelming’, and ‘terrified’... This traumatic adjustment often correlated with inadequate and insufficient functional and emotional support, lack of practice experience and confidence, insecurities in communicating and relating to new colleagues, loss of control over and lack of support for the enactment of their professional practice values and anticipated roles, physical, emotional, and intellectual exhaustion, and the unrealistic performance expectations by the institution, their colleagues and the graduates themselves. (p. 3-5)

Duchscher (2008) wrote of three primary fears of the new graduates during their process of transition: “(1) being ‘exposed’ as clinically incompetent, (2) failing to provide safe care to their patients and inadvertently hurting them and (3) not being able to cope with their designated roles and responsibilities” (p. 5). Another stress-provoking situation reported by the new graduates came about if they were required to “supervise, delegate, or provide direction to other licensed and non-licensed personnel, many of whom were senior to the new graduates in both practice experience and age. The graduates claimed they had never been prepared to take on those roles or allowed to practice them during their undergraduate education” (p. 6).

Duchscher (2008) concluded that senior nursing students may benefit from learning about preparatory theory regarding role transition to better prepare them for the “dynamic, highly intense and conflict-laden context of professional practice” (p.9). Additionally, Duchscher
suggested mentorship programs to assist in building desirable relationships between both novice and experienced nurses and also multidisciplinary healthcare members. Duchscher gave specific program examples of strategies to support new graduate nurses with their transition into the workplace. As stated by Duchscher (2008):

Such a program would encompass transition theory and practice (e.g. role playing or contextually based learning scenarios that engage both novice and seasoned practitioners) related to the stages of transition and the experience of transition shock (e.g. what to expect and when); intergenerational and inter/intra-professional communication (e.g. work ethic and style differences as well as role distinctions); workload delegation and management (e.g. delegating to individuals older and more experienced than oneself and prioritizing the competing demands of a full workload); change and conflict management; unit-specific skills;... and professional roles and responsibilities (e.g. working with physicians, seasoned nursing colleagues and multiple disciplines). (p. 8)

Transition shock is presented as the earliest occurring stage in the process of professional role adaptation for new graduate nurses. In conclusion, Duchscher (2008) suggests that nursing education programs and health care industry organizations should provide preparatory theory about role transition, provide structured mentorship programs, and enhance and extend workplace orientation in an effort to ease and promote the new graduates professional adjustment.

Etheridge (2007) carried out a descriptive, longitudinal, qualitative study to analyze the perceptions of recent baccalaureate nursing graduates in regards to learning to “think like a nurse.” The phrase “learning to think like a nurse” was described as synonymous to “learning to make nursing clinical judgments”. New graduate RNs who worked on medical-surgical units in
acute care hospitals were chosen to participate in the study. Other qualifying criteria to participate in the study included: having passed the NCLEX exam on the first attempt, participation in a nurse intern program after graduation, and completion of the process of working with a preceptor. The study consisted of three tape-recorded interviews at the intervals of: within a month after the end of working with a clinical preceptor, two to three months later, and eight to nine months after the first interview. The tape recorded interviews were examined for themes. The first theme described by Etheridge was “Learning to Think Like a Nurse.” Etheridge (2007) wrote:

The process of learning to think like a nurse is characterized by the emergence of confidence, the acceptance of responsibility, the changing relationships with others, and the ability to think more critically within and about one’s work. The ability to think like a nurse reflects an awareness of oneself and a belief in one’s ability for competence and accountability. These characteristics generally take time to develop and improve with encouragement and experience. (p. 25)

The interviews displayed that there was a lack of confidence when they were newly out of school. The second theme identified by Etheridge was “Developing Confidence.” As time progressed, it was evident that they perceived a developing confidence in their knowledge and skills. Etheridge (2007) reported the words of one new graduate in regards to developing confidence, “It is taking the information that you get and knowing whether or not it is important enough to call the physician or whether it was something that could wait” (p. 25).

The third theme that was brought forth during the interviews was “Learning Responsibility.” Etheridge (2007) wrote, “They expected the physician to be responsible for patient care decisions. In addition, the new graduates were surprised at the amount of responsibility expected
of them because they did not experience the same responsibility as students. The level of responsibility was overwhelming for some of them” (p. 26). One new graduate nurse was quoted as saying, “It is not until you experience it, that you really understand the responsibility of being a nurse. It is my responsibility now and I didn’t expect the responsibilities to be so great” (p. 26).

“Relationships with the Other” was the fourth theme presented by Etheridge. The “other” was described as the person that the new graduate thought of as an authority; the person who helped them to think like a nurse. New graduates often lack confidence and look to these individuals to help them validate decisions they have made. Etheridge (2007) wrote, “The ‘other’ was initially the preceptor, then other experienced nurses, and finally their colleagues. As confidence grew and the new graduates encountered more experiences, which provided a greater understanding of the whole, they began to trust themselves and accept the responsibility of thinking like a nurse” (p. 26).

The final theme identified by Etheridge was “Thinking Critically.” Critical thinking is a large part of nursing. As written by Etheridge (2007), “Critical thinking occurs continuously, expands with experience, and eventually becomes second nature... It is multifaceted and includes gathering, evaluating, and reassembling the disparate pieces of data to identify a problem and determine the appropriate way to treat the problem” (p. 27). Etheridge quoted one new nurse as saying, “Initially, I just thought there was kind of a flow sheet that would give directions. It is not like that. It was a big surprise when I first started practicing, there was so much thinking and that...thinking is always a big part of what nurses do” (p. 27).

In conclusion, Etheridge (2007) asserted, “The new graduates learned to think like a nurse through clinical experiences with a variety of patients, faculty help, and discussion with
peers” (p. 28).

Chung, Wong, & Cheung (2008) conducted a study which was performed in Hong Kong, China to evaluate the learning experiences and outcomes of a pre-graduation clinical placement (PGCP). Thirty-seven students that had completed their last clinical experience and thirty-three preceptors participated in the one month PGCP during which the objective was to foster the transition from being a student nurse to joining the workforce as a RN. There was a strong collaboration between the University and the hospitals. Both quantitative and qualitative approaches were utilized to evaluate the learning experiences and the outcomes of the PGCP. Examples of nursing competencies that were evaluated include: conducting nursing assessments, evaluating a patient’s health progress, formulating care plans, implementing patient care, and maintaining verbal and written communication. In regards to the quantitative data that was collected, Chung, Wong, & Cheung (2008) wrote, “The students’ competencies were basically improved during the PGCP, as rated by preceptors (92.99% significantly improved) and students (50.88% significantly improved)” (p. 412). The qualitative data that was collected revealed three themes: learning to work with ward nurses and preceptors, learning total aspects of care, and acting as RNs. The information that was collected from the qualitative data was generally favorable. Chung, Wong, & Cheung (2008) quoted the following entry from a student’s reflective journal:

I was familiarized with many nursing skills and I learned the responsibility of a RN. I think this timely placement was definitely worthwhile. What I gained was consolidation of my nursing skills and a taste of life as a RN. Besides, since there was no faculty supervision in this placement, there was no one I could rely on. This enabled me to become independent and adapt to the working environment by myself. Feeling and acting like a RN was helpful in this
learning process. (p. 415)

Both quantitative and qualitative findings showed that students’ competencies and confidence had increased. In their conclusion, Chung, Wong, & Cheung (2008) wrote, “Clinical education is essential in preparing students for safe and competent nursing practice, requiring the right conditions for fostering role transition...After the success of the PGCP, a long clinical block for consolidation prior to graduation was developed and implemented in the University and became a requirement of nursing registration” (p. 417).

A study conducted in Victoria, Australia was performed by Heslop, McIntyre, & Ives (2001) with the objective to identify undergraduate student nurses’ expectations and to assess their self-reported preparedness for the graduate year role. It was noted in the study that in Victoria, Australia, the graduate year program usually involves a one year internship, which follows a three year bachelor’s degree program. Most health care organizations in Victoria conduct a graduate year program for nursing graduates. For the study, 105 third year student nurses from a three year Bachelor of Nursing course at a large Metropolitan University in Australia were surveyed. A descriptive survey was based on main themes such as: expectations, fears, support expected, and perceptions of the graduate year role and program. Results of the survey revealed several areas in which the nursing students felt prepared, however, the survey also demonstrated that there were some areas where a considerable number of participants felt unprepared. Heslop, McIntyre, & Ives (2001) wrote:

When asked to rate their preparedness to enter the graduate program on specific factors, most participants felt prepared in relation to knowledge, clinical experience, skill level, time management, and decision making. Communicating with patients, their relatives or significant others, and with other health care professionals were also areas in which they
felt prepared. However, significant numbers of participants felt unprepared in relation to
caring for a caseload of five to six patients, caring for patients with complex health
problems, and communicating with doctors. (p. 631)

In contrast, responses to open-ended questions about their degree of preparedness to take on
the graduate year role were less favorable. An example of this is shown with the question, “Do
you believe that you have been adequately prepared to fill the graduate program role?” Heslop,
McIntyre, & Ives (2001) reported, “Only 29% answered ‘Yes’ and 47% felt inadequately
prepared (24% answered by choosing both ‘yes’ and ‘no’). Reasons given were that their
clinical experience was too limited and opportunities to practice skills inadequate” (p. 632).

In the section of summary and discussion, Heslop, McIntyre, & Ives (2001) concluded, “The
substance of their answers does suggest that the theory-practice divide is a troubling issue to
these graduating students” (p. 633).

Romyn et al. (2009) conducted a qualitative study in Alberta, Canada to assess a “gap”
between theory and practice for new graduate nurses. Concerns of health care organizations
regarding the nursing shortage and perceptions that new graduates were not sufficiently prepared
to enter the nursing workforce guided the Alberta Nursing Education Administrators (ANEa)
and the Clinical Nurse Practice Leaders Network (CNPLN) to develop a joint project. Romyn et
al. (2009) outlined the objectives of the project as:

- Understand the perceived gap(s) in the expectations of educational institutions and
  employment settings, and

- Gain consensus about innovative strategies to foster the successful transition of entry
  level nurses into the workplace. (p. 1)
For the study, discussion groups were conducted with key stakeholders, including RN, Licensed Practical Nurse (LPN), and Registered Psychiatric Nurses (RPN) graduates who had been in the workforce for less than two years, more experienced staff nurses, managers, and clinical and academic educators. The participants included fourteen new graduates, 133 staff nurses, managers, and educators, for a combined total of 186 participants. Romyn et al. (2009) wrote, “Without exception, participants agreed that a significant and problematic ‘gap’ exists between being a student and entering the workplace as a graduate nurse... The participants agreed that the responsibility for solving the problems encountered by new graduates entering the workforce belonged to all nurses, including clinicians, educators, union leaders, and managers” (p. 6). A pertinent point brought forth during the discussions was the changing nature of the workplace, including the high acuity levels of patients and the advancements in knowledge and technology. There was a general consensus for the need to remain sensitive with expectation for new graduates.

Another point brought forth during the discussions was that current high patient acuity and chronic staff shortages created an atmosphere of needing the new graduates to “hit the floor running.” The new graduates stated that unrealistic expectations caused them to have feelings such as: “in over my head”, “barely treading water”, and “almost sinking” (p. 8). Romyn et al. (2009) wrote:

The new graduates consistently talked about their ‘fear’ of not doing a good job, missing some critical piece of information, or making a mistake. This fear had a grip on most of the new graduates for an extended period of time (6 months to a year) and created considerable stress... While talking of extremely difficult days, they even spoke of
leaving nursing. Chronic understaffing, insufficient orientation, and negative attitudes of others were identified as contributing to their lack of satisfaction with nursing. (p. 8)

The discussions caused the development of broad recommendations for future action. A sample of some of the recommendations included:

- Develop a provincial strategy, including a sustained funding, to foster the successful transition of entry level nurses into the workplace.
- Develop strong and meaningful partnerships among educational programs, practice, and other stakeholders to support the transition of new graduates.
- Consider using simulated learning to facilitate skill acquisition.
- Develop programs for undergraduate student employment.
- Consider developing an internship or residency program as well as paid employment for academic credit.
- Create formal mentorship programs. (p. 11)

In conclusion and to underscore the situation, Romyn et al. (2009) emphasized:

There is widespread agreement that new graduates comprise the largest single source of nurses for recruitment into the healthcare system. Yet two of ten RN graduates leave the profession within three years of graduation... The problems to be addressed are complex and a wide range of sustainable, evidence-based approaches are required to resolve them. Essential also is the joint commitment and collaboration of all key stakeholders if meaningful and sustained change is to be achieved. (p. 13)

A study by Candela & Bowles (2008) was entitled, “Recent RN Graduate Perceptions of Educational Preparation.” A descriptive survey was completed by 352 nurses registered
in the state of Nevada who graduated from a RN program within the previous five years. The respondents included 44% ADN (Associate degree prepared), 12% BSN (Bachelor of Science degree prepared), and 3% Diploma degree prepared. The survey consisted of questions regarding the first position held by the respondents following their initial educational program in nursing, questions to assess their perceptions of how well their educational program prepared them for practice as RNs, and questions regarding demographic information. Candela & Bowles (2008) determined the dominant concept areas by factor analysis: Skills for Practice, Professional Development, and Clinical Performance (p. 269).

Candela & Bowles (2008) wrote, “Respondents were satisfied overall with their preparation regarding the concept area of skills for practice with the lower scoring items in the areas of management, leadership, and organizational skills...The items for the concept area of professional development were generally scored well with one notable exception of accessing and managing electronic patient data systems; 77% indicated that they did not feel prepared in this area” (p. 269). Also reported by Candela & Bowles (2008) was that in the clinical performance concept area “51% of respondents felt that their education better prepared them for the NCLEX-RN examination than for practice, and 77% believed that they did not have enough clinical hours in their nursing programs” (p. 269). Also significant was that “51% indicated that they did not believe they received enough preparation in pharmacology” (p. 269).

Data from the survey provided an understanding of the perceptions of recent nurse graduates. In conclusion, information from the data collected from the sample of participants led to the suggestion of the following consideration areas for nurse educators: “pharmacology content, leadership/management skills, clinical experiences, assessment and testing, and information technology” (p. 271).
These studies are relevant to the pertinent problem of the nursing shortage, the need to explore the perceived notion of the theory practice gap, and the need to foster the successful transition of new graduate nurses into the workplace, thereby promoting nurse retention.
Chapter III-Methods

Design

A descriptive survey was selected to assess feelings of preparedness of the soon-to-be graduating nurses as they get ready to embark on their new career.

Subjects, Participation, Sample Selection, Recruitment, and Setting

After receiving approval from the Dean and the Associate Dean of the Undergraduate class of the Wegmans School of Nursing, the researcher presented the questionnaires during a pre-scheduled class to the senior student nurses (n=78) in the final semester of their baccalaureate degree program at St. John Fisher College in Rochester, New York. Seventy-one students completed the survey as seven students were either not in class or chose not to participate. An explanation of the study was presented and the students were invited to participate. Assurance was given that participation was voluntary and anonymous. Consent forms were provided, signed by the participants, and collected prior to completion of the survey. Directions were given to place the completed questionnaires in a supplied plain envelope without any identifiers. The students were directed to place the envelopes containing the completed questionnaires in a designated drop box at the front of the class room which were collected by this writer.

Human Subjects/ Participant Risk

Human subjects’ protection was ensured throughout this study. Approval was obtained from St. John Fisher College Wegmans School of Nursing and St. John Fisher College’s Institutional Review Board (IRB) before the beginning of the study. To protect the rights of human subjects, the collection of all student related information was voluntary, anonymous and aggregated to assure that no individual student could be identified. This writer has been thoroughly trained in issues of confidentiality, and has successfully completed the mandated St. John Fisher College
IRB training concerning the ethical treatment of research subjects. There was no risk to subjects if they chose to participate in the study or if they chose not to participate.

Budget

The costs for this study included the duplication of written materials and surveys and the price of the envelopes for the placement of the completed surveys. The total cost for these above mentioned items was approximately $25.00.

Data Collection/ Measurement Tool

The questionnaire, “Perceptions of Educational Preparation for Practice as a Registered Nurse,” was designed by Lori Candela EdD, APN, FNP-BC, CNE, associate professor of nursing at the University of Nevada Las Vegas, and Cheryl Bowles, EdD, RN, a professor at the University of Nevada Las Vegas. Written permission was obtained from the developers of the survey for use of the research instrument. The survey tool consists of 21 questions which were scored in a Likert style format, with scores ranging from 1 (strongly disagree) to 6 (strongly agree). Because this study was conducted with soon-to-be-graduating nursing students and differed from the Candela & Bowles (2008) study of being conducted on nurses that had graduated within the five years prior to their study, the authors of the survey agreed to allow the opening statement of the survey to be adapted from “As a new graduate in my first job as a RN, I felt my initial educational program in nursing: …” to; “As a soon-to-be graduating registered nurse, I feel that my educational program in nursing: …” Also, written permission was given to adapt three of the questions to tailor the research instrument to students that are soon-to-be graduating RNs. The wording changes are as follows:

Question #8: Should have allowed more time to perform medication administration, and change the statement to: Should have allowed more opportunities to perform medication administration.
Question #14: Needed to spend more time on physical assessment, and change the statement to:

Needed to spend more time learning/practicing physical assessment.

Question #21: Helped me to feel confident in my ability, and change the statement to:

Helped me to feel confident in my ability as a new graduate RN.

A second questionnaire consisted of five questions regarding demographic information about the subjects. The collected demographic information included: age ranges, ethnicity, previous work in another health care field, prior career information, and prior degree information.

The completion of the 21 question survey instrument and the five question demographic questionnaire were estimated to take approximately five to ten minutes.

*Validity and Reliability*

Candela and Bowles (2008) “established initial content validity subsequent to an extensive examination of literature on standard theory content and clinical experiences provided by most associate degree and baccalaureate educational programs in the United States” (p. 268). The researchers piloted the tool with 12 RNs who were students in either a graduate nursing degree or BSN completion program. The Cronbach alpha reliability coefficient of the survey measured at .87. A second section of the survey included questions regarding demographic information about the student nurses. It has been noted that the adaptations that were made to the original survey as described in the Data Collection/Measurement Tool section may alter the validity and reliability findings of the Candela & Bowles (2008) survey instrument.

*Data Analysis*

Data analysis was conducted using the Statistical Package for the Social Sciences (SPSS, Version 19.0 for Windows). Frequencies and descriptive statistics were calculated and the distribution of the variables was examined.
Chapter IV – Data Analysis

Introduction

St. John Fisher College is a private, Liberal Arts College situated in a suburban setting approximately six miles outside of the city of Rochester, New York. The fully accredited Wegmans School of Nursing at St. John Fisher College offers professional programs of study for baccalaureate, master’s, and doctoral levels of nursing degrees and is housed in a new 40,000 sq ft, state-of-the-art facility which contains three major nursing laboratories; Nursing Arts, Primary Care, and Critical Care Simulation. The Wegmans School of Nursing has many affiliations for clinical learning across the greater Rochester area and beyond including health care systems, community-based agencies, and private practices.

Sample

Three weeks prior to graduation, the senior undergraduate nursing students (n=78) were invited to participate in the research study. Seventy one students completed the research questionnaire, *Perceptions of Educational Preparation for Practice as a Registered Nurse*. A 91% response rate was obtained from the senior nursing students. The students had recently completed their capstone course, *Complex Care Nursing Preceptorship*, during which the students are precepted in acute care and community health settings. The course supports socialization and transition into the professional role of nursing.

Descriptive Statistics

Demographics

The Statistical Package for the Social Sciences (SPSS, Version 19.0 for Windows) was utilized for data analysis. The average student respondent in the sample was in the age group of 20 – 24 years old (62%) and Caucasian (88.7%). Almost three quarters of the respondents
(71.8%) had previous work experience in another health field with the majority having worked as a Home Health Aid (HHA), Certified Nursing Assistant (CNA), and/or Patient Care Technician (PCT) versus 28.2% having no prior work experience in a health related field. Over three quarters of the respondents (78.9%) reported that being a RN will be their first career. Demonstrating that nursing has become an attractive option for second degree students seeking a career change, is shown by 19.7% of the respondents indicating that being an RN will be their second career and 29.6% reporting that obtaining their BSN will be their second degree. Table 1 provides a breakdown of the variables.

Table 1

<table>
<thead>
<tr>
<th>Age</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-24</td>
<td>62</td>
</tr>
<tr>
<td>25-29</td>
<td>22.5</td>
</tr>
<tr>
<td>30-34</td>
<td>5.6</td>
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<tr>
<td>35-39</td>
<td>8.5</td>
</tr>
<tr>
<td>40-44</td>
<td>1.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>1.4</td>
</tr>
<tr>
<td>Caucasian</td>
<td>88.7</td>
</tr>
<tr>
<td>African American</td>
<td>5.6</td>
</tr>
<tr>
<td>Asian</td>
<td>2.8</td>
</tr>
<tr>
<td>Other</td>
<td>1.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Previous Work in Another Health Field</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>28.2</td>
</tr>
<tr>
<td>HHA, CAN, PCT</td>
<td>56.3</td>
</tr>
<tr>
<td>LPN / LVN</td>
<td>1.4</td>
</tr>
<tr>
<td>EMT</td>
<td>2.8</td>
</tr>
<tr>
<td>Other</td>
<td>11.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Degree</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Degree</td>
<td>70.4</td>
</tr>
<tr>
<td>2nd Degree</td>
<td>29.6</td>
</tr>
</tbody>
</table>

Perceptions of Educational Preparation for Practice as a Registered Nurse

According to the study performed by Candela & Bowles (2008) a factor analysis of the survey items determined the dominant concept areas covered in the questionnaire. The dominant concept areas were identified as: 1) Skills for Practice, 2) Professional Development, and 3) Clinical Performance (p. 269). The authors of the survey provided the basic questions but did
not give the scoring methods for the factors. As stated by Candela & Bowles (2008), "Nineteen of the 21 items on the survey met the criteria to be included in a factor" (p. 269). A review of the Candela & Bowles (2008) study indicated that the two survey items that did not load on a factor were item six which dealt with pharmacology preparation; and item 21 which was originally stated as, "Helped me to feel confident in my ability." Item six is stated as "Did not provide enough content on pharmacology." For the purpose of this study, item six has been placed in the third concept area of Clinical Performance. For this study, item 21 was restated as, "Helped me to feel confident in my ability as a new graduate RN." Item 21 has been placed in the second concept area of Professional Development. Table 2 provides the mean and standard deviation for each of the items on the survey.
Table 2: Undergraduate Nurses’ Responses to Survey

Response Options:

<table>
<thead>
<tr>
<th>Option</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = strongly disagree</td>
<td>71</td>
<td>4.76</td>
<td>.706</td>
</tr>
<tr>
<td>2 = slightly disagree</td>
<td>71</td>
<td>2.20</td>
<td>1.179</td>
</tr>
<tr>
<td>3 = disagree</td>
<td>71</td>
<td>4.96</td>
<td>.901</td>
</tr>
<tr>
<td>4 = slightly agree</td>
<td>71</td>
<td>2.28</td>
<td>1.031</td>
</tr>
<tr>
<td>5 = agree</td>
<td>71</td>
<td>4.86</td>
<td>1.016</td>
</tr>
<tr>
<td>6 = strongly agree</td>
<td>71</td>
<td>2.21</td>
<td>1.013</td>
</tr>
</tbody>
</table>

| **Concept 1: Skills for Practice**                          |    |      |                |
| Provided me with management skills                          | 71 | 4.72 | .897           |
| Did not provide me with leadership skills                   | 71 | 2.20 | 1.179          |
| Provided me with communication skills                       | 71 | 4.96 | .901           |
| Did not provide me with decision-making skills              | 71 | 2.28 | 1.031          |
| Taught me to think critically                              | 71 | 4.86 | 1.016          |
| Did not provide me with organizational skills               | 71 | 2.21 | 1.013          |
| Did not provide information on how to find information in different sources | 71 | 2.35 | 1.070          |

| **Concept 2: Professional Development**                     |    |      |                |
| Prepared me for my first job as a RN                        | 71 | 5.04 | .726           |
| Taught me how to access and input patient data electronically| 71 | 3.10 | 1.375          |
| Provided me with skills to document patient progress        | 71 | 4.72 | .897           |
| Provided instructors that acted as nursing role models      | 71 | 4.97 | 1.014          |
| Encouraged students to solve problems on their own          | 71 | 4.59 | .785           |
| Utilized multiple strategies to evaluate my knowledge       | 71 | 4.27 | 1.207          |
| Included a clinical practicum course in which I worked all semester with one preceptor | 71 | 4.10 | 1.513          |
| Helped me to feel confident in my ability as a new graduate RN | 71 | 4.69 | .872           |

| **Concept 3: Clinical Performance**                         |    |      |                |
| Should have required more hours in the clinical setting     | 71 | 3.41 | 1.720          |
| Did not provide enough content on pharmacology              | 71 | 3.68 | 1.318          |
| Should have allowed more opportunities to perform medication administration | 71 | 4.14 | 1.486          |
| Should have allowed more time to practice sterile procedures | 71 | 3.55 | 1.422          |
| Needed to spend more time learning/practicing physical assessment | 71 | 3.34 | 1.241          |
| Prepared me more for nursing boards than for practice       | 71 | 3.68 | 1.240          |
The survey instrument consisted of a mix of positively worded statements and negatively worded statements. The respondents indicated their degree of agreement or disagreement by way of a Likert scale. Review of the survey responses will demonstrate that agreement with positively worded statements and also, agreement with negatively worded statements are assigned higher scores.

Respondents were satisfied overall with their preparation regarding the concept area of Skills for Practice. The responses indicated that they felt they were prepared with skills for management, leadership, communication, decision making, critical thinking, organization, and finding information in different sources.

The concept area of Professional Development mostly reflected positively. An impressive outcome is demonstrated with the mean \((m=5.04, sd=.726)\) response to the item stated as “Prepared me for my first job as an RN.” Also impressive is the response to the item stated as “Helped me to feel confident in my ability as a new graduate RN” \((m=4.69, sd=.872)\). The item stated as “Taught me how to access and input patient data electronically,” derived a mean response of \((m=3.10, sd=1.375)\). This indicates that the respondents mostly felt that they were not taught how to access and input patient data electronically.

In the concept area of Clinical Performance, the item that is stated as: “Should have allowed more opportunities to perform medication administration,” brought a mean response of \((m=4.14, sd=1.486)\) which indicated that the majority of the respondents slightly agreed/ agreed that they would have liked more opportunities to perform medication administration.

Conclusion

The senior undergraduate nursing students of St. John Fisher College perceive that they are prepared to graduate and enter the workforce as new graduate Registered Nurses.
Chapter V – Discussion

Introduction

The purpose of this study was to determine if the soon-to-be graduating nursing students at St. John Fisher College perceived themselves to be prepared to graduate and enter the workforce as new graduate RNs. The literature review showed an abundance of studies and articles related to the perceptions, feelings, and experiences of new nurses after beginning their new role in the workplace. This research study is unique because it provides the perceptions of soon-to-be graduating student nurses before they enter the workforce. A new graduate with feelings of being well prepared and having confidence in their nursing skills allows for a smoother transition into the workforce. Ultimately, a student-centered perspective may lead to the development of strategies to lessen the stressful transition from being a student to becoming a RN, thereby assisting with future planning and policy directions for the undergraduate curricula.

Limitations

Since this study used a convenience sample, generalizations to soon-to-be graduating student nurses outside of St. John Fisher College cannot be made.

Another limitation of this study is that the changes that were made to the survey instrument to administer the survey pre-graduation versus post-graduation may have affected the reliability and validity as previously determined by the authors of the survey.

As stated by Polit & Beck (2004), “The content of a self report survey is essentially limited only by the extent to which respondents are able and willing to report on the topic...Survey information tends to be relatively superficial; surveys rarely probe deeply into such complexities as contradictions of human behavior and feelings” (p. 234). Also contended by Polit & Beck (2004), “The most respected method of collecting survey information is through personal
interview (face-to-face)” (p. 235). Perhaps, a more conducive method of collecting information would be to incorporate a qualitative component in addition to the quantitative style questionnaire. Polit & Beck (2004) wrote, “When a study integrates both qualitative and quantitative data, researchers may be in a stronger position to derive meaning from the statistical findings through the analysis of qualitative data” (p. 277). The addition of a qualitative portion to the study may help to clarify some responses to the survey items.

**Implications**

Data from the survey provided insight into the perceptions of the soon-to-be graduating senior nursing students from St. John Fisher College. Overall, the students are satisfied with their educational preparation for joining the workforce as new graduate nurses. However, data from the survey provided consideration in the areas of information technology (instruction and practice with electronic patient data) and pharmacology content.

The ability to access and use patient electronic medical records (EMRs) is becoming increasingly important as this type of charting is exponentially being utilized in health care systems. Due to rules and policies of the health care systems and the clinical agencies and practices where students are placed for their clinical practice, the use of the EMR systems has not been allowed for the most part. The need for increased hands on EMR opportunities has been recognized by the nursing leadership and education team at St. John Fisher College. Plans are in place for the future purchase of an EMR system for the nursing students to have access to EMR exposure and training.

The response scores for the survey item “Should have allowed more opportunities to perform medication administration,” \( (m=4.14, sd=1.486) \) indicated that the respondents for the most part slightly agree/ agree. The provision of pharmacology content at St. John Fisher College is not
known by the researcher. Generally, the integration of pharmacology material throughout the curriculum provides consistent exposure. An example of a method to provide additional pharmacology content is through case studies that are completed outside of class and then reviewed/presented during class time. Another solution may be to allow more time with medication administration during clinical hours.

Dissemination

Results of this study will be reported to the faculty of the Wegmans School of Nursing program at St. John Fisher College.
References


Successful transition of the new graduate nurse. *International Journal of Nursing Education Scholarship, 6*(1), article 34.
Dear Senior Nursing Student:

My name is Julie Simmons and I am in the Graduate Nursing Program here at St. John Fisher College. As part of my graduate nursing thesis project, I am conducting a study to assess perceptions of preparedness as baccalaureate degree nursing students in their final semester prepare to graduate and join the workforce as a new graduate registered nurse.

You are being asked to complete a questionnaire entitled “Perceptions of Educational Preparation for Practice as a Registered Nurse.” In addition, please complete the personal data questionnaire. The study is anonymous and participation is voluntary. You may refuse to answer any question or withdraw from the entire questionnaire at any time. The completed questionnaires will not be reviewed or graded by the St. John Fisher Nursing Faculty. The data will be kept in a confidential manner, with no individual identifiers. Aggregation of the data will be reported to the faculty of the nursing program at St. John Fisher College.

This study is intended to assess soon-to-be graduating nursing students’ expectations and feelings of preparedness as they prepare to graduate. The research data is meant to provide insights into how nursing students perceive their competency and confidence in their ability to successfully transition into the workplace. A student centered perspective may lead to development of strategies to ease the stressful transition from being a student to becoming an RN, thereby assisting with future planning and policy directions of the undergraduate curricula.

Thank you for your time and consideration to participate in this research study.

Sincerely,

Julie Simmons
Consent Form for Participation in the Research Survey:

The Survey of Nursing Students' Perceptions of Educational Preparation

I understand that I am being asked to participate in completing a research survey as part of a Graduate Nursing Thesis Project. I understand that participation is voluntary and anonymous. I understand that I am not obligated to participate and will not be penalized if I chose to not participate. I understand that the demographic/personal data questionnaire will be collected on a separate form and will not be connected to the research questionnaire. I understand that this consent form will be collected and kept separate from the research questionnaire. I understand that the purpose of this study is to assess my expectations and feelings of preparedness as I prepare to graduate as a graduate registered nurse. I understand that the research data is meant to provide insights into how soon to be graduating registered nurses perceive their competency and confidence in their ability to successfully transition into the workplace.

Date _______________________

Nursing Student Signature _______________________

Investigator _______________________


PERCEPTIONS OF EDUCATIONAL PREPARATION FOR PRACTICE AS A REGISTERED NURSE

For each item, please circle the most appropriate response.

Response Options:

1 = strongly disagree
2 = slightly disagree
3 = disagree

4 = slightly agree
5 = agree
6 = strongly agree

As a soon-to-be graduating registered nurse, I feel that my educational program in nursing:

<table>
<thead>
<tr>
<th>Item</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Prepared me for my first job as an RN.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2. Provided me with management skills.</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Did not provide me with leadership skills.</td>
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<tr>
<td>4. Should have required more hours in the clinical setting.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5. Provided me with communication skills.</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Did not provide enough content on pharmacology.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Taught me how to access and input patient data electronically.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Should have allowed more opportunities to perform medication administration.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Provided me with skills to document patient progress.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Did not provide me with decision-making skills.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Taught me to think critically.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Did not provide me with organizational skills.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Should have allowed more time to practice sterile procedures.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Educational Preparation Survey: Candela. Bowles-2003

PERCEPTIONS OF EDUCATIONAL PREPARATION FOR PRACTICE AS A REGISTERED NURSE (CONTINUED)

For each item, please circle the most appropriate response.

Response Options:

1 = strongly disagree  4 = slightly agree
2 = slightly disagree  5 = agree
3 = disagree           6 = strongly agree

As a soon-to-be graduating registered nurse, I feel that my educational program in nursing:

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Needed to spend more time learning/practicing physical assessment.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15. Provided instructors that acted as nursing role models.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16. Prepared me more for nursing boards than for practice.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>17. Encouraged students to solve problems on their own.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>18. Utilized multiple strategies to evaluate my knowledge.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>19. Did not provide information on how to find information in different sources.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>20. Included a clinical practicum course in which I worked all semester with one preceptor.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>21. Helped me to feel confident in my ability as a new graduate RN.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
PERSONAL DATA QUESTIONNAIRE

Please circle the answer to each question. Be certain that all questions are answered and only one answer per question is circled.

A. Age:
   1. 20 – 24
   2. 25 – 29
   3. 30 – 34
   4. 35 – 39
   5. 40 – 44
   6. 45 or >

B. Ethnicity:
   1. Hispanic
   2. Caucasian
   3. African American
   4. Asian
   5. Native American
   6. Mixed Racial
   7. Other

C. Previous work in another health care field:
   1. None
   2. Home Health Aide (HHA), Certified Nursing Assistant (CNA), Patient Care Technician (PCT)
   3. Licensed Practical/ Vocational Nurse (LPN/ LVN)
   4. Emergency Medical Technician (EMT)
   5. Other
D. Becoming a Registered Nurse is:
   1. My 1\textsuperscript{st} career
   2. My 2\textsuperscript{nd} career
   3. My 3\textsuperscript{rd} career

E. Receiving a BSN in Nursing is:
   1. My 1\textsuperscript{st} degree
   2. My 2\textsuperscript{nd} degree
   3. My 3\textsuperscript{rd} degree
Julie:
You may use our survey for your research. I have attached a full copy. We do ask that you let us
know your results. Best of luck in your research pursuits.

Lori Candela, EdD, APN, FNP, BC, CNE
Associate Professor and Chair: Psychosocial Nursing
University of Nevada Las Vegas
4505 Maryland Parkway
Las Vegas, NV 89154-3018
Phone: 702-895-2443
E-mail: lori.candela@unlv.edu
Fax: 702-895-4807
(See attached file: Educational prep Survey-Candela-2003.pdf)

"Simmons, Julie" ---04/08/2010 02:42:44 PM---Dear Dr. Candela, I am a graduate nursing
student at St. John Fisher College in Rochester, New York.

From: "Simmons, Julie" <js04375@sjfc.edu>
To: <lori.candela@unlv.edu>
Date: 04/08/2010 02:42 PM
Subject: The Survey of Nurses' Perceptions of Educational Preparation

Dear Dr. Candela,
I am a graduate nursing student at St. John Fisher College in Rochester, New York. I
am writing to inquire if I may use the research instrument you developed for your study
that was featured in you article "Recent RN Graduate Perceptions of Educational
Preparation", published in Nursing Education Perspectives, 29(5), 2008. I am a
beginner at research and I would greatly appreciate you permission for use of the
instrument. Thank you for your consideration.

Sincerely,

Julie Simmons, RN BSN

js04375@sjfc.edu or julies@rochester.rr.com
Julie:
This is our revised version of the survey. You have our permission to use the survey and to make the three changes you noted below. However, before doing so, please review this latest survey carefully to determine need and fit. Also, we do ask that you send us a copy of your data results, including reliability.
Best of luck in your research and let me know if you need anything else:

Lori Candela, EdD, APN, FNP, BC, CNE
Associate Professor and Chair: Psychosocial Nursing
University of Nevada Las Vegas
4505 Maryland Parkway
Las Vegas, NV 89154-3018
Phone: 702-895-2443
E-mail: lori.candela@unlv.edu
Fax: 702-895-4807

(See attached file: Perceptions of Educational Preparation Survey-Revised-2011.doc)

-- "Julie Simmons" ---02/22/2011 09:26:19 PM---Dr. Candela and Dr. Bowles, I am following up on my request for you to consider the proposed changes

From: "Julie Simmons" <julies@rochester.rr.com>
To: <lori.candela@unlv.edu>, <cheryl.bowles@unlv.edu>
Date: 02/22/2011 09:26 PM
Subject: FW: Revised,Educational Preparation Survey.docx

Dr. Candela and Dr. Bowles,
I am following up on my request for you to consider the proposed changes to the wording of the 3 questions as stated below. I am very grateful for your permission which allows me to utilize your survey and will not make any changes without your permission. Thank you for your time and consideration.

Sincerely,
Julie Simmons

From: Julie Simmons [mailto:julies@rochester.rr.com]
Sent: Sunday, February 06, 2011 11:47 PM
To: 'lori.candela@unlv.edu'
Subject: Revised,Educational Preparation Survey.docx
Dr. Dr. Candela,

I recently met with Marilyn Dollinger, the Associate Dean of the Undergraduate Nursing Program of St. John Fisher Wegmans School of Nursing, to review my plan and timeline of administering your research survey to the soon-to-be graduating undergraduate senior nursing students. In November, you granted me permission to change the opening statement of your research survey to "As a soon-to-be graduating registered nurse, I feel that my educational program in nursing: ..." The Associate Dean of the undergraduate senior nursing students requested that I ask permission to make 3 small wording changes as follows:

Question #8. Should have allowed more time to perform medication administration, and change to:
Should have allowed more opportunities to perform medication administration.

Question #14. Needed to spend more time on physical assessment, and change to:
Needed to spend more time learning/practicing physical assessment.

Question #21. Helped me to feel confident in my ability, and change to:
Helped me to feel confident in my ability as a new graduate RN.

I have attached a copy of the revised research survey for your review. Please consider my request. I will only make the changes with your permission. I plan to have my study completed in May. I will send you the results as well as a copy of my paper.

Sincerely, Julie Simmons [attachment "Revised,Educational Preparation Survey.docx" deleted by Lori Candela/UNLV]
April 6, 2011

File No: 2083-04211-01

Julie Simmons
217 Pinebrook Drive
Rochester, NY 14616

Dear Ms. Simmons:

Thank you for submitting your research proposal to the Institutional Review Board.

I am pleased to inform you that the Board has approved your Expedited Review project, “Assessment of Undergraduate Nursing Students’ Perceptions of Preparedness as they Prepare to Graduate and Enter the Workforce as New Graduate Registered Nurses.”

Following federal guidelines, research related records should be maintained in a secure area for three years following the completion of the project at which time they may be destroyed.

Should you have any questions about this process or your responsibilities, please contact me at 385-5262 or by e-mail to emerges@sjfc.edu, or if unable to reach me, please contact the IRB Administrator, Jamie Mosca, at 385-8318, e-mail jmosca@sjfc.edu.

Sincerely,

Eileen M. Merges, Ph.D.
Chair, Institutional Review Board

EM:jlm

Copy: OAA IRB
IRB: Approve expedited.doc