

ABSTRACT

HOSPITAL EDUCATORS' EXPECTATIONS OF ENTRY-LEVEL GRADUATE NURSES

By Priscilla Navis Buteyn

Nursing has recognized a dramatically changing practice environment. Graduate nurses are exposed to greater challenges and stresses than in previous decades. In a competitive healthcare delivery system, where cost-conscious practices may limit orientation, graduate nurses are asked to perform competently, safely and proficiently within a short period of time. With increased scrutiny of nursing practices by regulatory and quality organizations, the pressure for quality without incident creates even greater demands on hospital educators and nursing staff to ensure competent and safe patient care. The expectations for graduate nurses entering the hospital or acute care setting may also be changing. New graduates who are unprepared for the realities and complexities of the practice setting have been leaving their entry-level positions within one year, creating vacancies and shortages and contributing to the high cost of recruitment and orientation (Halfer & Graf, 2006).

The purpose of this study was to identify and describe the practice expectations hospital educators have of entry-level graduate nurses. Benner's (1984) Novice to Expert model provided the theoretical framework for this study.

A non-experimental descriptive study was used to identify and describe the expectations hospital educators have of graduate nurses. A researcher created self administered questionnaire based on Benner's Framework, was sent out to hospital educators in Eastern Wisconsin from two large health systems. Demographic information was obtained. The survey consisted of questions surrounding perceived practice expectations that hospital nurse educators have of graduate nurses. Descriptive statistics were used to answer the research questions.

By recognizing the expectations for graduate nurses entering the practice setting, this study helped identify the need to develop training and orientation programs that transition the graduate nurse successfully from novice to competent practice. The study found that externships or prolonged clinical experiences may facilitate early transition to a proficiency level of competent. Structured orientation programs lasting greater than four to six months, along

with consistent mentors may improve retention of newly hired graduates. Demonstrating safe patient care practices, motivation to learn, communication skills, accountability, and respect for healthcare team members were identified as most important skills and attributes graduate nurses should possess. The study suggested that collaborative efforts between academic institutions and practice settings will strengthen and realistically prepare graduate nurses as they transition into the practice setting.

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OF ENTRY LEVEL GRADUATE NURSES

by

Priscilla K. Navis Buteyn

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COMMITTEE APPROVAL

Sharon Chappay Advisor
4-26-10 Date Approved

J. Lambrecht Member
4/26/10 Date Approved

SPY Jarmacha Member
4/23/10 Date Approved

PROVOST
AND VICE CHANCELLOR

J. P. Kim
5/14/10
Date Approved

FORMAT APPROVAL

Gloria Splittgerber
4/22/2010
Date Approved

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TABLE OF CONTENTS

	Page
LIST OF TABLES.....	v
LIST OF FIGURES.....	vi
CHAPTER I – INTRODUCTION.....	1
Significance to Nursing.....	5
Statement of the Problem.....	6
Purpose of the Study.....	7
Research Question.....	7
Definitions of Terms.....	7
Conceptual Definitions.....	7
Operational Definitions.....	8
Assumptions.....	9
Summary.....	10
CHAPTER II – THEORETICAL FRAMEWORK AND LITERATURE REVIEW.....	12
Introduction.....	12
Theoretical Framework.....	12
Model Case Study.....	15
Review of Literature.....	18
The Hospital Educator.....	18
Expectations.....	19
Graduate Nurse Experience.....	20
Collaborative Efforts in Role Transformation.....	22
Summary.....	25
CHAPTER III – METHODOLOGY.....	27
Introduction.....	27
Design of Study.....	27
Population and Sample.....	29
Data Collection Instruments.....	29
Nurse Educator Demographic Information – Questionnaire..	74
Hospital Nurse Educator Questionnaire.....	79
Data Collection Procedures.....	30
Data Analysis Procedures.....	31
Limitations of Methodology.....	32
Summary.....	32

TABLE OF CONTENTS (Continued)

	Page
CHAPTER IV – RESEARCH FINDINGS AND DISCUSSION.....	33
Introduction.....	33
Sample Description.....	33
Analysis of Data Quality.....	34
Demographic Questionnaire Descriptive Statistics.....	35
Discussion of Findings: Hospital Nurse Educator Questionnaire...	40
Graduate Nurse, Skills, Attributes, and Characteristics	
Scores.....	40
Perception of the Graduate Nurse Scores.....	50
Ranked Expectations of the Graduate Nurse Scores.....	52
Findings in Relationship to Research Questions.....	55
Summary.....	56
CHAPTER V – SUMMARY, CONCLUSIONS AND	
RECOMMENDATIONS.....	58
Introduction.....	58
Summary of Findings.....	58
Limitations.....	62
Conclusions.....	62
Implications for Nursing Education.....	65
Recommendations for Future Research.....	68
Summary.....	70
APPENDICES.....	71
Appendix A: Cover Letter and Informed Consent.....	71
Appendix B: Demographic Questionnaire.....	74
Appendix C: Hospital Nurse Educator Questionnaire.....	79
Appendix D: UW Oshkosh IRB Approval.....	84
REFERENCES.....	86

LIST OF TABLES

	Page
Table 1. Age and Gender Frequencies.....	36
Table 2. Educational Background Frequencies.....	36
Table 3. Nursing Experience Frequencies.....	37
Table 4. Graduate Nurses (GNs) Hired Frequencies.....	38
Table 5. Graduate Nurse Skills, Attributes, and Characteristics; Descriptive Statistics by Domain.....	42
Table 6. Items Identified as “Very Important” Skills, Attributes, and Characteristics; Frequencies.....	43
Table 7. Items Identified as “Less Important” Skills, Attributes, and Characteristics; Frequencies.....	44
Table 8. Summary of Responses from Open-ended Questions: Characteristics, Skills, Knowledge Desired of Graduate Nurses.....	47
Table 9. Orientation / Transition Programs Most Helpful to Graduate Nurses; Frequencies.....	49
Table 10. Hospital Educators Perceptions of Graduate Nurses Descriptive Statistics.....	51
Table 11. Hospital Educators Ranking of Expectations Frequencies.....	53

LIST OF FIGURES

	Page
Figure 1. Researcher's interpretation of Benner's (1984) model as it Pertains to the entry-level graduate nurse prior to study findings.....	15
Figure 2. Researcher's interpretation of Benner's (1984) model as it Pertains to the entry-level graduate nurse after data obtained and analyzed.....	64

CHAPTER I

INTRODUCTION

The nursing shortage has been a continual source of discussion and study over the past decade. In addition to workforce shortages, the healthcare delivery system has also evolved and changed significantly in the past few years. Greater emphasis has been placed on quality outcomes and patient safety by regulatory and quality compliance organizations. Informatics and technology have replaced former methods of documenting and collecting data. The National Council of State Boards of Nursing (NCSBN) (2005) recognized that this new growth in knowledge and technology, and the impetus for patient safety and quality, will lead to expanding nursing's scope of practice. The role of nursing has been essentially redefined based on supply, cost in salaries and changes in other professions within the healthcare system that impact or overlap nursing practices (Kerfoot, 2007). Stresses related to role changes and transforming responsibilities have substantively impacted job satisfaction. A survey conducted by the American Nurses Association (ANA) in 2001 on staffing and working conditions reported a link between staffing, job satisfaction, and patient safety (ANA, 2008).

Although new and creative undergraduate programs have been developed globally to address the needs identified in the nursing workforce, the challenges surrounding satisfaction and retention remain. Despite the increasing numbers

of baccalaureate nursing students entering schools of nursing, the nursing shortage continues to be challenged by the number of new graduate nurses either leaving within the first year of their practice (Halfer & Graf, 2006), or leaving the profession altogether (Sochalski, 2002). Approximately 60% of new graduate nurses leave their job within the first year (Hodges, Keeley & Troyan, 2008; Newhouse, Hoffman, Suflita, & Hairston, 2007). The workplace today has become an environment filled with higher expectations, demands, and more challenges than ever before, contributing to the increased attrition rates for new nurses during the first year (Bowles & Candela, 2005; Casey, Fink, Krugman, & Propst, 2004; Keahey, 2008). The cost of this turnover places a greater demand on healthcare systems and forces a continued maladaptive cycle of hiring and attrition. The turnover of new nurses in less than a year costs employers approximately \$40,000 – \$80,000 for employer recruitment, hiring, and orientation expenses (Halfer & Graf, 2006; Krugman et al., 2006). Employers continue to express frustration over the high turnover rates, nurse dissatisfaction, and the high costs of orientation (Butler & Felts, 2006).

Leaders in healthcare facilities are faced with new challenges; balancing staffing needs with competent staff, and hiring new graduates who may be unprepared for the current issues and roles in healthcare. The hiring expectations, regulatory agency requirements, educational qualifications, and lack of collaboration between academic institutions and healthcare agencies have created “silos” that impede the use of innovative thinking (Coonan, 2008).

In a 2003 publication entitled “Health Professions Education: A Bridge to Quality”, the Institute of Medicine (IOM) reported that health professionals are not being adequately prepared to provide the highest quality and safest medical care possible, and there is insufficient assessment of their ongoing proficiency. The IOM also recommended that educators, organizations, accrediting, and licensing bodies ensure that both students and current professionals develop and maintain proficiency in core areas including, a) delivering patient-centered care, (b) working as part of interdisciplinary teams, (c) practicing evidenced-based care, (d) focusing on quality improvement, and (e) using information technology (IOM, 2003). In response to this report, the American Association of Colleges of Nursing (AACN) has recently approved revisions to the *Essentials of Baccalaureate Education for Professional Nursing Practice*, addressing and incorporating these recommendations into their curriculum guidelines for baccalaureate programs (AACN, 2008). Multiple studies have shown that hospitals have also responded with efforts to transform orientation programs, residency and mentorship programs, externships, and promote the educational elements found in requirements to gain magnet status (Cantrell & Browne, 2005; Gavlak, 2007; Krugman et al., 2008; Newhouse et al., 2007; Orsini, 2005).

While efforts in both hospitals and academia are transforming, the literature demonstrates continued lack of partnership or active collaboration to ensure new graduates are prepared for today’s healthcare environment and practices. Kerfoot (2007) suggested that educational programs need to support

the current delivery models and initiate skills in delegation and care-management. Coonan (2008) challenged nursing leadership in both arenas to collaborate on innovative ways to assure competent practitioners who are ready for their role in an unstable environment. The AACN (2008) emphasized the need for both academia and practice to work together in aligning education that parallels the practice environment. Yet research continues to demonstrate the disparities between the “idealism and professionalism of the educational process and the actualization of the practice environment which leads to nurses leaving the profession” (Deppoliti, 2008, p. 255).

Hospital educators in staff development also face several challenges. In a cost-conscious climate, the hospital educator is often placed in a difficult position, balancing the orientation time with ensuring competence. They also need to assure practicing staff are continually updated on new products, technology, and evidence-based practices (EBP), as well as ensuring competence. According to Davies, Laschinger and Andrusyszyn (2006), new graduates working in various clinical areas place an even greater demand on hospital educators to assess their competence and provide educational support. When new graduate nurses fail the National Council Licensure Examination (NCLEX), this places stress on both the new graduate and the hospital educator as they struggle with how to proceed (Spencer, 2006).

While efforts are underway to improve, there still remains a significant gap within the literature identifying what hospitals or the practice environment clearly

expects from the new graduate. Multiple studies have been done, describing graduate nurses' experience as they transition to their new role, but the literature does not specifically define what hospital nurse educators working in clinical or staff development expect from new graduates. Perhaps with expectations more clearly defined, academic institutions could develop curricula that more closely align with the transitional roles new graduates face. Collaborative partnerships and innovative efforts between education and practice would lead to improved new graduate transition, successful orientation programs, diminished costs related to attrition, and successful, competent graduate nurses.

Significance to Nursing

Throughout the literature, nursing has recognized a dramatically changing practice environment. New graduate nurses are exposed to greater challenges and stresses than in previous decades. In a competitive healthcare delivery system, where cost-conscious practices may limit orientation, graduate nurses are asked to perform competently, safely, and proficiently in a shorter period of time (Baltimore, 2004; Keahey, 2008). With Centers for Medicare and Medicaid Services (CMS) stopping reimbursement for hospital acquired events, the added scrutiny of nursing practices and the pressure for quality without incident creates even greater demands on hospital educators and nursing staff to ensure competent and safe patient care (Kirchheimer, 2008).

Just as the environment in healthcare is continually changing, the expectations for new graduate nurses entering the hospital or acute care setting will be changing. New graduates, who are unprepared for the realities and complexities of the practice setting, leave within one year of hire (Halfer & Graf, 2007) causing vacancies and shortages. These vacancies lead to experienced nurses working extra hours or short-staffing which negatively impacts morale. Experienced nurses are often asked to orient novice nurses, adding more responsibility, eventually contributing to “burnout” (Baltimore, 2004). New nurses exposed to negative environments are more likely to leave, potentiating the shortage and high cost of recruitment and orientation (Bowles & Candela, 2005), and the vicious cycle continues.

Identifying the expectations for graduate nurses entering the practice setting will serve to provide guidance to educators in preparing students as well as identify disparities in orientation programs. Nurse educators, both in academic institutions and in practice settings, need to collaboratively and realistically prepare new graduate nurses as they transition into an entry-level position.

Statement of the Problem

Graduate nurses entering the practice setting are faced with stressful challenges and often leave within one year of hire, contributing to the cost and challenges of the nursing shortage. Identifying practice expectations for entry level graduate nurses will assist academic nursing educators in creating reality

based educational programs, and guide hospital educators in developing orientation programs that lead to successful transition of graduate nurses.

Purpose of the Study

The purpose of this study was to identify and describe the practice expectations hospital educators have of entry-level graduate nurses.

Research Question

What practice expectations do hospital nurse educators have of entry-level graduate nurses?

Related questions:

1. How will these expectations impact undergraduate education?
2. How will these expectations impact hospital orientation programs?
3. How will these expectations impact new graduate nurse attrition?

Definitions of Terms

Conceptual Definitions

Practice Expectations: An expectation is a belief that is centered on the future which may or may not be realistic. It is considered what will most likely happen. An expectation for behavior or performance of another person can be

perceived as a strong request or order (Wikipedia, 2009). Practice is a habit or performance of a skill or tradition (Webster, 1993).

Hospital Nurse Educators: A nurse working in a hospital setting who has clinical expertise in a particular area and trained in the professional development role. Frequently referred to as a clinical educator. The hospital nurse educator's role includes planning formal education opportunities, teaching, coaching, counseling, facilitating, and research (Davies et al., 2006).

Entry-Level: The point at which an individual enters the work force at the start of their chosen profession. Entry-level jobs targeted at college grads require specific skills and knowledge and most are full-time permanent positions (Wikipedia, 2009).

Graduate Nurses: An individual who has completed the required course of study and practical hospital training in nursing school (Merriam-Webster, 2008). Any person who has graduated from a high school or its equivalent as determined by the board of nursing, does not have a conviction record, and holds a diploma of graduation from an accredited school of nursing (Wisconsin Board of Nursing, 2008).

Operational Definitions

Practice Expectations: In this study, perceived practice expectations of graduate nurses as measured by the hospital nurse educator questionnaire.

Hospital Nurse Educators: A nurse educator working in the hospital setting in the eastern half of Wisconsin. This is a nurse with expertise in a

clinical area and responsible for the education, training and staff development of employees in that clinical area, whose title may be nurse educator or clinical nurse educator and has worked with graduate nurses in the last 12 months. This may include Clinical Nurse Specialists (CNS) if his/her role encompasses responsibility for education, training and staff development of employees in their clinical area of expertise and have worked with graduate nurses in the last 12 months.

Entry-level: Newly hired employees, working as a graduate or as a registered nurse, at an acute care facility for the first time.

Graduate Nurse: An individual with a diploma from either a baccalaureate or associate degree school of nursing that just entered the nursing work force at a hospital or acute care setting for the first time.

Assumptions

1. Leaders in hospital practice settings have expectations of entry-level graduate nurses.
2. Hospital nurse educators who complete the questionnaire will not differ from those who decline.
3. Hospital nurse educators in the Midwest will have similar expectations as hospital nurse educators in other geographic areas.
4. Survey questionnaires can be used to obtain valid data for the variables of interest.

5. There is attrition among graduate nurses.
6. Identifying expectations will provide guidance to those in academic and practice settings to develop improved educational and orientation programs.
7. Graduate nurses are at an advanced beginner proficiency level based on Benner's (1984) framework.

Summary

The purpose of this study was to identify and describe the practice expectations hospital educators have of entry-level graduate nurses. With the nursing shortage and the high cost of turnover in a turbulent healthcare delivery system, leaders in both practice and academic settings need to identify how best to transition entry level graduate nurses into their role. Disparities between academic preparation and hospital orientation continue to contribute to high attrition rates of new graduate nurses. Graduate nurses are experiencing job challenges and stresses they were not prepared for. Employers continue to struggle with balancing vacancies, staff shortages, high costs of training, and the regulatory demands for quality and patient safety. By identifying clear expectations from hospital educators who work closely with graduate nurses, those in both academic and practice settings may glean guidance in developing collaborative educational and orientation programs to successfully transition the graduate nurse and ultimately decrease attrition.

In this chapter, the statement of the problem, purpose of the study, and associated questions were detailed. The significance to nursing was described and both conceptual and operational definitions were defined. Assumptions regarding the study and key concepts were also outlined.

CHAPTER II

THEORETICAL FRAMEWORK AND LITERATURE REVIEW

Introduction

The purpose of this study was to identify and describe the practice expectations hospital educators have of entry-level graduate nurses. Benner's theory (1984), *From Novice to Expert*, provides a paradigm that allows nurse educators to view the graduate nurses' entry into clinical practice as a developmental process. Benner's framework identifies five levels of proficiency and positions the graduate nurse in the advanced beginner stage. Benner (1984) also describes seven domains of nursing practice which provide the basis for competence development. A literature review, critically analyzing research on key variables and themes will also be presented in this chapter.

Theoretical Framework

In her model, *From Novice to Expert*, Benner (1984) describes how knowledge is embedded in actual nursing practice that is accrued over time. She identified five levels of nursing proficiency and seven domains of nursing practice. The five levels of proficiency that new nurses pass through include: novice, advanced beginner, competent, proficient, and expert. Benner describes the novice as a beginner with no situational experience to draw from for which he/she may be expected to perform. Novices need support, direction, and rules

to guide them. They do not have experiences to put contextual meaning behind the rules. In the advanced beginner stage, the individual can demonstrate marginally acceptable performance and may have some situational experience to draw from, with guidance from a mentor. Competent individuals begin to see their actions in terms of deliberately planned goals with clear priorities. They are capable of planning and prioritizing care yet may still lack experience in seeing the overall picture. The proficient individual perceives situations as a whole and is able to recognize, plan and respond to unexpected events. They have a greater perspective of the overall picture. The expert has an intuitive grasp of situations, is able to translate prior experience and skills to transform practice, and no longer relies on rules. They may have that “gut feeling” that something is not right.

Most new graduates find themselves somewhere between the novice level and advanced beginner as they enter the work world (Grochow, 2008; Santucci, 2004). The transition from student to new graduate nurse is characterized by their focus on tasks, multiple demands, and the inability to prioritize clinical situations and interventions adequately (Santucci). Clear expectations are needed in practice environments and by educators to provide guidance to entry-level nurses as they begin to adapt and create their own experiences. In Benner's (1984) work, seven domains of nursing practice are identified which educators both in academia and practice can use to drive nursing practice and identify expectations and competencies for the entry level graduate nurse.

These are: the helping role; the teaching-coaching function; the diagnostic and patient monitoring function; effective management of rapidly changing situations; administering and monitoring therapeutic interventions and regimens; monitoring and ensuring the quality of health-care practices; and organizational and work-role competencies.

See Figure 1 for the researcher's interpretation of Benner's model as it pertains to the entry-level graduate nurse.

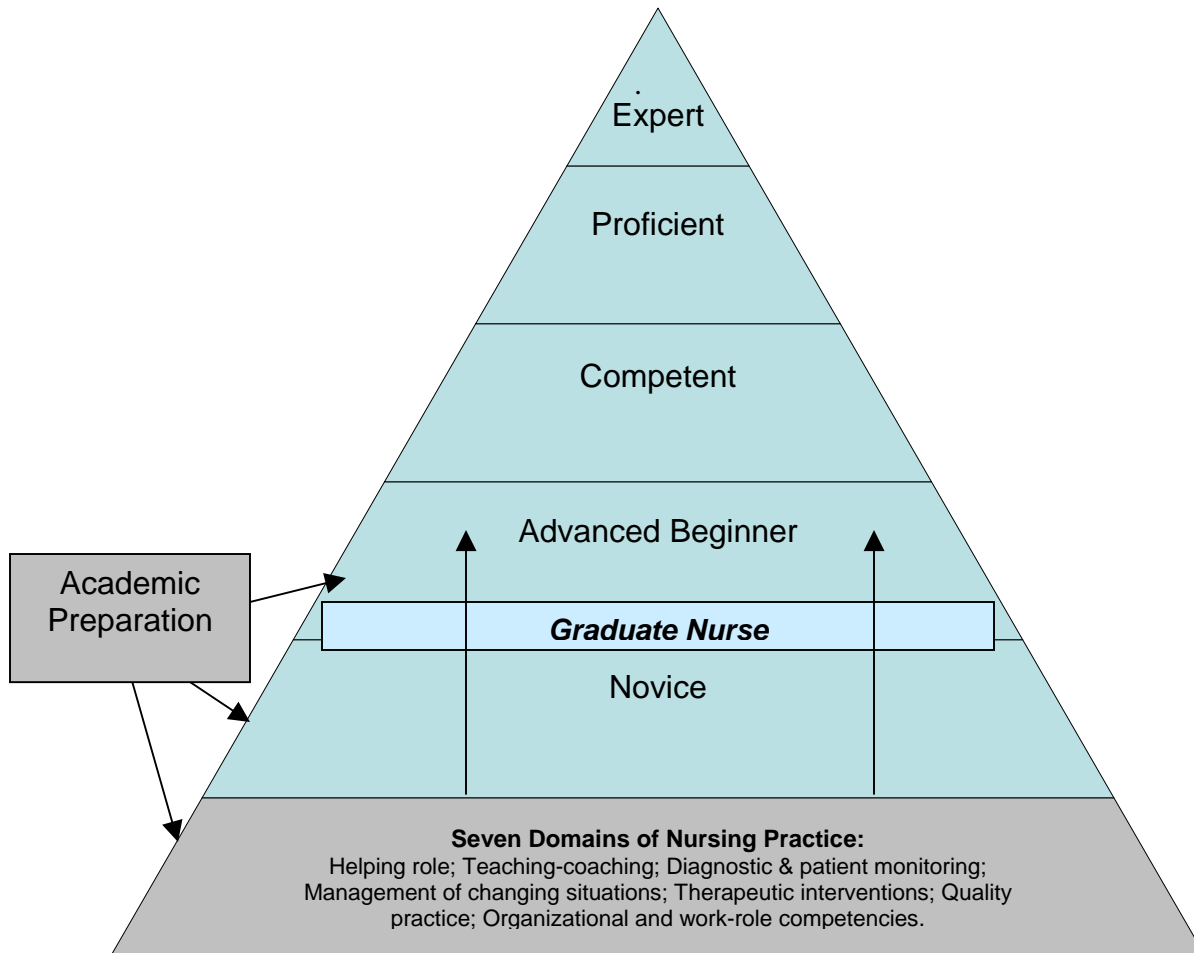


Figure 1. Researcher's interpretation of Benner's (1984) model as it pertains to the entry-level graduate nurse prior to study findings.

Model Case Study

The following case study provides an example of applying Benner's framework to the graduate entering practice. Mary had just recently graduated from a baccalaureate nursing program and was able to secure a job at the local hospital on a medical surgical unit. Mary was assigned a mentor and attended a

few days of general nursing orientation in the classroom. During the second week on the unit while still on orientation, Mary began to feel overwhelmed by all the demands of the environment and described feeling inept when it came to demonstrating basic skills, such as starting IVs or managing indwelling catheters. She described feeling as if she did not remember anything she learned in school and expressed feeling surprised by what was expected of her as a nurse in the work world. Mary frequently diverted clinical decisions and physician communication to her mentor or a more experienced nurse. This is typical of novices to advanced beginners. Mary's lack of lived-experience led to limited self-confidence and the inability to perform basic tasks or problem solve. This limited her ability to make appropriate clinical decisions or perform necessary interventions, essentially diminishing her experiences.

Mary's mentor and unit educator recognized that Mary lacked experience, and hence worked to create an individualized orientation plan. The plan used Benner's model, recognizing that each level of development builds on the previous one, as basic principles are refined and expanded by Mary's experience as she gains clinical expertise. The unit educator removed Mary from the distractions of the unit and worked with Mary one on one. Both the educator and Mary's mentor started with the skills Mary already knew, reviewed them and took several opportunities for her to practice, demonstrate, and master them until she felt comfortably competent. This allowed Mary to move past basic tasks and begin to focus on clinical aspects. The educator provided Mary and her mentor

with an orientation competency plan that included Benner's seven domains for nursing practice, woven into the performance criteria. Once back on the unit, Mary's mentor used specific patient cases to invoke critical thinking and decision making, building on each patient as Mary learned from previous experiences. With each week, Mary and her mentor worked toward more independence; increasing caseloads, and incorporating experiences that encouraged organizing and prioritizing safe patient care. The educator worked with Mary on special communication methods, using reflective practice to further build on lived experiences. Over the course of the first six months to a year, Mary gained valuable experience and gradually transitioned to her role as a new nurse. Her experiences allowed her to move from novice to advanced beginner, approaching the competent domain as she planned the nursing care for patients on her unit independently.

Three years later, Mary was asked to mentor a graduate nurse. After taking special training to become a preceptor, Mary recognized the valuable lessons learned through her orientation and sought to share that experience with a new graduate. She recognized Benner's (1984) model in guiding the new graduate through the novice and advanced beginner levels. Having lived through the orientation experience, Mary recognized the many expectations for performance placed on graduate nurses at the time of hire, as well as assumptions by experienced nurses that graduate nurses are prepared for the

work environment. Mary mentored the new graduate nurse successfully and assisted with the transition from novice to competent nurse.

In this case study, Benner's (1984) model provided a solid framework for transitioning a new graduate or novice to an advanced beginner. The seven domains of nursing practice create a base from which those in academic and practice settings develop training and orientation necessary to advance the entry-level nurse. By recognizing the levels of proficiency, the preceptor and hospital educator can better support graduate nurses' progression and growth, building on learned experiences.

Review of Literature

In the following section, a review of literature is presented. The key concepts in this study are further described and supported through previous research. The review is divided into the following sections: the hospital educator, expectations, graduate nurse experience, and collaborative efforts in role transformation.

The Hospital Educator

Davies et al. (2006) used a non-experimental survey design with Kanter's structural theory of organizational behavior to examine how clinical educators perceive their roles. The authors obtained a random sample from a regional registry board of nurses working in education departments in a hospital setting and secured a 67% response rate with a final sample of 141 respondents. The

majority of the respondents were female and held bachelors or higher degrees. The findings revealed that educators perceived their roles negatively due to the changes in hospital delivery of care, including the influx of new staff and graduate nurses. The authors concluded that the more hospitals supported the clinical educator, the more affirming the educator viewed his/her role. This impacted the education of nurses positively, supporting the value of the educator.

Expectations

Santucci (2004), provided a descriptive overview of employers' expectations and graduate nurses' expectations of their role as a nurse, and provided recommendations for orientation programs that support the transition of new graduates into practice, based on new graduate survey responses. The author described the value of evaluating orientation programs and presented tools that were successful in a specialty orientation program at a hospital in the Pacific Northwest. A survey tool was developed that combined both quantitative and qualitative methodology and evaluated graduate nurses experience with preceptors, unit integration, and the program as a whole. Additionally, discussions took place between the hospital educators and the new graduates to solicit feedback. Program changes were made based on the survey responses. The author does not provide definitive numerical findings, however, the feedback from this evaluation method revealed the continued need to be aware of varying expectations, both from employers and the graduate nurses' point of view. The author found that educational goals of specialty orientation programs not only

stimulated integration into the hospital work environment, but also encouraged lifelong learning and creative thinking.

Graduate Nurse Experience

Bowles and Candela (2005) conducted a study that identified unsafe nurse-patient ratios and work environment as the most frequent reasons new nurses left their jobs. A survey asking nurses about perceptions of first job experiences was sent to 3077 nurses who graduated from Nevada schools of nursing within the previous five years of the study. There were 352 respondents who participated in the survey, a response rate of 11%. The authors used ANOVA and t-tests to compare, describe and analyze the demographic variables that included: age, gender, initial RN degree, number of years experience, full time or part time, length of shifts, facility setting, for-profit or non-profit, facility size, starting salary, area of nursing in first job, unit size, length of time in first job and if they left their first position, and how long in their second position. The authors found that 30% of the respondents left within one year and 57% left employment at two years. The authors recommended transforming the work environment, modifying current hospital administrations' philosophies surrounding graduate nurse orientation, and encouraging graduate nurses' active involvement with shared governance and other activities. Replicating this study with a larger, more recent sample of graduate nurses was recommended for comparison.

Casey et al. (2004) studied the stresses and challenges of graduate nurses working in six different Denver hospitals. A survey method was used to obtain data at 3 months, 6 months and 12 months after hire. They used a convenience sample of 270 new graduate nurses; ANOVA statistics were used to analyze the data in a self-assessment survey. Significant findings revealed that orientation programs varied or were often cut short; job dissatisfaction was often linked to inadequate, non-supportive staff or inconsistent preceptors. Graduate nurses reported it took at least 12 months to feel comfortable and confident. The authors recommended closer partnerships between the academic and practice settings to improve integration in the new graduates' transition. They also recommended additional research regarding the effect of graduate nurses' personal and financial stressors, and tracking and comparing graduate nurse care outcomes with outcomes of experienced nurses.

Halfer and Graf (2006) conducted a descriptive study on graduate nurses' perceptions of the work environment and job satisfaction in the first 18 months of hospital employment. A researcher developed longitudinal satisfaction survey (Halfer-Graf Job/Work Environment Nursing Satisfaction Survey) was administered to a convenience sample of 84 graduate nurses hired over one year. The survey was administered at various times along a continuum of 3 to 18 months. The study tool included demographic fill-in-blanks, 21 4-step Likert scale questions, and four open-ended questions. At the time of the study, the setting provided a structured orientation in a pediatric unit, a mentor, and unit based

clinical educator to monitor the nurses' progress. The survey was mailed at 3, 6, 12, and 18 months, corresponding to the new graduate's tenure. Using Kramer's phases of shock, the authors found that graduate nurses struggled with progressing from students in orientation (the honeymoon phase), to the realities of working independently, and reality shock. The authors suggested that longitudinal studies assist educators in redesigning educational approaches to support the transition of graduate nurses.

Collaborative Efforts in Role Transformation

Burns and Poster (2008) described an intervention developed collaboratively between academia and practice environments in Texas. The consortium of north Texas schools of nursing and several hospitals utilized Benner's (1984) work as a starting point in developing ten learning modules based on the top high-risk low-volume diagnostic problems. Both academic and hospital clinical educators were involved in the development of the intervention or learning modules to improve the competency of nursing students prior to graduation. The modules were pilot tested for reliability and validity by an expert panel of educators. The consortium recognized the need to define competence and establish competencies necessary to meet the expectations of employers. The Texas Nurses Association joined with the consortium linking their competency task force in establishing competency goals. The authors planned to roll out the modules to at least 84 schools of nursing and the Texas Nurses Association agreed to provide internet access to the modules. The authors

concluded that research would need to be completed to evaluate the impact on new graduate nurses. The authors noted the consortium project benefited both practice and academia by providing improved knowledge and skills for new and practicing nurses.

In another collaborative initiative, Black et al. (2008) described a project in Canada, the Jurisdictional Collaborative Project that involved nursing regulatory bodies working together to define core competencies for entry-level graduate nurses. The authors cited global efforts to establish core competencies, claiming improved consistency in a mobile workforce. The collaborative group will continue to evaluate and monitor the application and use of the newly developed competencies within the Canadian jurisdictions.

Young, Stuenkel, and Bawel-Brinkley (2008) used a pre-test/post-test design to determine if there were role perceptions and discrepancies following an orientation program in a northern California hospital. A convenience sample of 25 new graduate nurses was enrolled. A demographic questionnaire developed by the researcher and the Nursing Role Conceptions Instrument were used for this study. The findings indicated that a structured orientation program integrating both classroom and clinical time for new graduate nurses, eases the transformation from student to practicing nurse. The authors recommended this study be replicated with larger samples. They suggested that providing comprehensive orientation programs demonstrates support for both preceptors and graduate nurses.

Cantrell and Browne (2005) conducted a qualitative study with focus group interviews of six nurses who participated in a summer externship program. The purpose of the study was to examine the influence on the transition process from graduate to professional nurse. Data analysis revealed themes that included, (a) being a part of the real scene, (b) figuring out the environment, and (c) gaining awareness and becoming frightened. Limitations were identified given the need for the participants to recall events that occurred 1-2 years prior. The participants found that although the externship allowed for real experiences, professionally and clinically, they still felt a dissonance between the academic preparation and clinical practice. The authors recommended that new or improved programs, like externships, need to be developed between academic and clinical agencies that support new graduate transition.

Krugman et al. (2006) conducted a descriptive comparative study to compare a post-graduate residency program for baccalaureate nurses, developed by a partnership between the University Health Systems (UHC) Consortium and the AACN. The UHC is an alliance of 107 academic medical centers and 232 of their affiliated hospitals across the nation. A convenience sample of all the residents hired among the participating Utah hospitals was obtained. The authors reported the findings from the first six pilot sites but did not reveal the number of residents in the sample or those responding to the survey. The authors used the following survey instruments for evaluation: McCloskey Mueller Satisfaction Scale to evaluate resident job satisfaction; the Gerber

Control Over Practice Scale to measure autonomy; the Casey-Fink Graduate Nurse Experience Survey to evaluate GN experience; the UHC Demographic Database; and an investigator developed Residency Evaluation Form for program evaluation. Data were collected upon hire, at 6 months and at 12 months or at program conclusion. The findings revealed a decreased turnover rate and that transition into practice was not realized until 9 to 12 months after hire. The authors noted the importance of promoting programs such as residency or transition-into-practice programs that go beyond the traditional orientation practices.

Summary

The purpose of this study was to identify and describe the practice expectations hospital educators have of entry-level graduate nurses. In this chapter, Benner's (1984) theoretical framework was presented and applied to a case study. The transitional experience of a graduate nurse is described while actuating the stages of novice to advanced beginner.

Various studies were explored and presented in the literature review that described the transformation of the graduate nurse into a practicing nurse. The value of utilizing the hospital educator demonstrated positive outcomes and emphasized the need for clear expectations of both educators and graduate nurses. Common themes were identified including mentoring and residency programs, positive work environment, educator support, and lengthening the time

allowed for successful orientation. Collaborative efforts between academia and practice environments are necessary in order to improve the transformation of the advanced beginner and prevent attrition. Throughout the literature, Benner's (1984) work is identified as a guide to both academia and practice. Both of these arenas strive to transform entry-level graduates into practicing nurses who are satisfied and confident in their role.

CHAPTER III

METHODOLOGY

Introduction

The purpose of this study was to identify and describe the practice expectations hospital educators have of entry-level graduate nurses. By identifying expectations for entry-level graduate nurses, the data may assist both academic and hospital nurse educators in creating reality based educational and orientation programs. The study design, population, sampling method, data collection instruments, data collection procedures, analysis of the procedures, and the limitations are described in this chapter.

Design of the Study

A non-experimental, descriptive quantitative design was used in this study. A non-experimental design was appropriate because there was no intervention and no manipulation of the independent variables. A descriptive design was appropriate with the intent to describe and summarize the expectations of hospital educators without seeking causality.

Population and Sample

The *target population* for the study was hospital nurse educators in the Midwest; specifically northeast and eastern Wisconsin. The accessible

population was from two areas: educators from hospitals in northeast Wisconsin and educators from a large healthcare system covering the eastern half of Wisconsin.

Criteria for sample selection: Nurses working in an acute care hospital setting that are responsible for the education, training and staff development of employees within their clinical area and may assume the title of *nurse educator*, *clinical nurse educator*, or *CNS*. These hospital educators must have had direct contact with one or more entry-level graduate nurses within the past 12 months of the study. Entry-level graduate nurses were defined as newly hired to an acute care setting for the first time in the graduate nurse role and are either associate degree (ADN) or baccalaureate degree (BSN) prepared.

Exclusions: Clinical Nurse Specialists whose role does not encompass responsibility for education, training and staff development of employees in their clinical area were excluded. Graduate nurses who have worked at a previous facility six months to a year or more prior to entering the hospital setting were excluded.

Sampling Plan: Purposive sampling was used based on the belief that the population selected may be typical of the population under study. The sample comprised hospital nurse educators from a northeast Wisconsin hospital system and a large healthcare system spanning eastern Wisconsin. The method for obtaining the sample was through researcher affiliations with educator groups

and the large healthcare system. A cover letter (Appendix A) described the study purpose and eligibility criteria. The researcher administered the survey.

Data Collection Instruments

A demographic questionnaire and the Hospital Educator Survey questionnaire (Appendices B and C) were used to collect data. The informed consent and cover letter described the research goals, type of data being collected, data collection procedure, confidentiality statement, voluntary consent, and the right to decline participation. The demographic questionnaire included age, gender, educational background, clinical area of expertise, years of experience as registered nurse (RN), years of experience as nurse educator, years at current facility, number of new grads hired to unit/department annually, number of ADN/BSN new grads in department, and estimated attrition rate.

The nurse educators' expectations were measured through the researcher developed Hospital Nurse Educator Survey self-administered questionnaire (SAQ). The SAQ was appropriate for a descriptive design for enumerating frequencies and describing the variables. The survey included a 40-item questionnaire using a 4-point Likert scale, a 9-item semantic differential scale, one rank-order question and six open-ended questions. The SAQ was based on Benner's (1984) framework and used the seven domains of nursing as a foundation to categorize characteristics of graduate nurses. The 4-point Likert scale, 9-item semantic differential scale, and rank-order question allowed

participants to respond to items for both BSN prepared graduate nurses and ADN prepared graduate nurses. The 40-item, 4-point Likert scale focused on which attributes, skills and characteristics nurse educators thought were important. The semantic differential scale provided perspective regarding how nurse educators perceived the graduate nurse based on various descriptive adjectives. The rank-order question allowed the nurse educator to rank importance of perceived expected knowledge, skills and characteristics. A cover letter describing the purpose of the study, instructions on filling out the survey, how long it took, and clarifying inclusion criteria of the independent variables accompanied the survey.

A pretest of the instrument, using 10 educators, was conducted prior to sending out the survey to analyze the items, determine how long the test took, assess for clarity, sequencing, and ability to yield data with sufficient variability or neutrality of questioning. The internal consistency reliability of the instrument was not analyzed, leaving the possibility for items in the questionnaire to be redundant.

Data Collection Procedures

The researcher obtained permission to conduct the study from University of Wisconsin Oshkosh Institutional Review Board (IRB) for the Protection of Human Participants prior to data collection. The researcher also obtained IRB approval from two healthcare systems. Participants were identified through

researcher contacts at facilities. Informed consent was assumed with return of completed survey. Cover letters, questionnaires, and researcher addressed stamped envelopes and/or fax number were mailed, e-mailed or distributed to the facilities in person depending on location of the facility. The survey questionnaires were kept anonymous and confidential. Participants were requested not to indicate their name on the survey. Participants were informed of their right to decline participation, and were asked to mail or fax completed surveys directly to the researcher. Surveys were coded using a system that only identified a facility as being within Northeast Wisconsin (NEW) or part of a large healthcare system (HCS) and were numerically coded when returned (i.e., NEW1, NEW2, HCS10, etc.)

Data Analysis Procedures

Frequency distributions were obtained on demographic variables with emphasis on educational background, years experience, number of graduate nurses and attrition rate. Descriptive statistics were used to answer the research questions. Open-ended questions were summarized and common themes identified to support the quantitative data.

Limitations of Methodology

1. Variations in educator experience and educational levels may impact the findings. More experienced educators may have a clear understanding of what they expect of graduate nurses, while inexperienced educators may themselves be at or near a beginner level of proficiency and unable to recognize what they truly expect.
2. There is limited generalizability of findings due to one geographic location in the Midwest.
3. The internal consistency reliability of the instrument was not evaluated.

Summary

The purpose of this study was to identify and describe the practice expectations hospital educators have of entry-level graduate nurses. In this chapter, the design of the study, sample selection, data collection methods and procedures for analysis, and limitations are described. A non-experimental, descriptive quantitative design was used to describe and summarize the expectations of hospital nurse educators. A researcher developed SAQ was used to obtain data on a sample of hospital educators from two healthcare systems in eastern and northeast Wisconsin.

CHAPTER IV

RESEARCH FINDINGS AND DISCUSSION

Introduction

The purpose of this study was to identify and describe the practice expectations hospital educators have of entry-level graduate nurses. The findings can assist both academic and hospital nurse educators in creating reality based educational and orientation programs by identifying expectations for entry-level graduate nurses. The results from the data collection are discussed and summarized using descriptive statistics.

Sample Description

The target population for the study was hospital nurse educators in the Midwest; specifically northeast and eastern Wisconsin. The accessible population came from two sources: hospital educators from a health care system in northeast Wisconsin and hospital educators from a large healthcare system spanning the eastern half of Wisconsin. The sample included nurses working in an acute care hospital setting who were responsible for the education, training, and staff development of employees within their clinical area and assumed the title of *nurse educator*, *clinical nurse educator*, or *CNS*. All sample respondents had direct contact with one or more entry-level graduate nurses within the past

12 months. Purposive sampling of the accessible population revealed a total of 71 prospective hospital educators available to the study.

Analysis of Data Quality

Data were collected from an accessible sample of 71 educators who were provided the researcher prepared Demographic Questionnaire and Hospital Nurse Educator Questionnaire, a self-administered questionnaire (SAQ). Forty-three of the total 71 SAQs were returned, however one questionnaire was incomplete and noted as “missing data”. The resulting response rate was 60.5%. A second respondent returned only the “odd” numbered pages of the Questionnaire by fax.

Five respondents did not complete the “Expectations” ranking correctly and were excluded from the data. Several respondents noted the “Expectations” ranking was difficult to do and felt all of the items listed were important. Five respondents commented that it was not appropriate to “compare” ADN with BSN prepared nurses and did not see a difference in expectations. One respondent commented that the study was “pitting nurses of one degree against another” and, although the tool was completed, disliked the tool.

The data from each scale item on the tool were entered on a Microsoft Excel spreadsheet then transferred to a Statistical Package for the Social Sciences [SPSS] (Version 14.0). Descriptive statistics were calculated separately for data pertaining to BSN graduate nurses and ADN prepared

graduate nurses for each section of the questionnaire. Responses for open-ended questions and items were summarized and descriptive statistics used for frequencies of like responses.

Demographic Questionnaire Descriptive Statistics

Of the 43 respondents, 40 (93%) were female and 3 (7%) were male ranging in age from 25 – 59. The majority of the sample fell between 45 and 54 years of age, a mean of 48.8%. See Table 1 for age and gender distribution. The educational background ranged between ADN and Master's Preparation, with the majority of respondents having a BSN degree (51.2%), four of whom were in graduate school. None of the respondents were doctorally prepared and one respondent wrote in her background as a diploma prepared nurse. All of the respondents had greater than 5 years experience as a registered nurse, of whom 11 (25.6%) had 26-30 years experience. Unlike their nursing experience, 21 (48.8%) of the respondents reported having between 1 and 4 years of experience as a hospital educator. See Table 2 for educational background distributions and Table 3 for nursing experience distributions.

Table 1

Age and Gender Frequencies

n=43	Female		Male		Total	
Age	Frequency	Valid Percent	Frequency	Valid Percent	Frequency	Valid Percent
25-29	1	2.3			1	2.3
30-34	2	4.7			2	4.7
35-39	4	9.3	2	4.7	6	14
40-44	6	14			6	14
45-49	8	18.5	1	2.3	9	20.9
50-54	12	27.9			12	27.9
55-59	5	11.6			5	11.6
Not reported	2	4.7			2	4.7
Total	40	93	3	7	43	100

Table 2

Educational Background Frequencies

n = 43	Frequency	Valid Percent
Diploma	1	2.3
Associate Degree	4	9.3
BSN	18	41.9
Masters prepared	15	34.9
Doctorate	0	0
BSN student (ADN)	1	2.3
Graduate student (BSN)	4	9.3
Doctoral student	0	0
Total	43	100

Table 3

Nursing Experience Frequencies

N=43 Years	Nursing Experience		Experience as Educator	
	Frequency	Valid Percent	Frequency	Valid Percent
1-4	0	0	21	48.8
5-10	10	23.3	13	30.2
11-15	4	9.3	3	7
16-20	5	11.6	3	7
21-25	6	14	1	2.3
26-30	11	25.6	1	2.3
31 or more	6	14	0	0
Did not report	1	2.3	1	2.3
Total	43	100	43	100

The majority 23 (53.5%) of respondents reported being with their current employer ten years or less. Only 8(18.6%) had been with their employer between 11 and 25 years, and 12 (27.9%) were with their employer for greater than 26 years. One respondent did not make a selection. Most nurses indicated their clinical expertise was in general medical/surgical (27.9%) followed equally by cardiac services/telemetry, surgery, oncology, and staff development (8%).

The demographic survey included questions regarding hiring practices related to graduate nurses. Nineteen respondents (44.2%) indicated that between 1 and 4 graduate nurses were hired in their departments annually, followed by 11 (25.6%) indicating between 5 and 10 new graduates. Only 7

respondents indicated that no new graduates were hired and 3 respondents did not select an answer. Of these new graduate nurses hired, 27 (62.8%) of respondents reported that between 1 and 4 were BSN prepared. Three respondents (7%) reported there were no BSN graduates hired and two of these three respondents commented they rarely hire BSN graduates due to the lack of BSN programs within close proximity to their facilities. Two respondents (4.7%) reported not knowing how many graduate nurses were hired and two others did not select an answer. See Table 4 for distributions of graduate nurses hired.

Table 4

Graduate Nurses (GNs) Hired Frequencies

N=43	GNs Hired		GNs with BSN		GNs Leave Dept		GNs Leave Facility	
	Frequency (Number of Educators Reporting)	Valid Percent	Frequency (Number of Educators Reporting)	Valid Percent	Frequency (Number of Educators Reporting)	Valid Percent	Frequency (Number of Educators Reporting)	Valid Percent
1-4	19	44.2	27	62.8	20	46.5	19	44.2
5-10	11	25.6	7	16.3	2	4.7	2	4.7
11-15	4	9.3	1	2.3				
16-20	2	4.7	1	2.3				
21-25	1	2.3	0	0				
None	3	7	3	7	17	39.5	10	23.2
Don't know	0	0	2	4.7	1	2.3	8	18.6
Not reported	3	7	2	4.7	3	7	4	9.3
Total	43	100	43	100	43	100	43	100

Two questions related to attrition rates of graduate nurses were included in the Demographic Questionnaire. Attrition rates are determined by the proportion of graduate nurses newly hired to those who leave within the first year. One question specifically focused on graduate nurses who left the department, the other was related to the graduate nurses who left the facility. Most of the respondents were able to determine the number of new graduate nurses who left their department within 12 months of being hired. 46.5% of respondents indicated that between 1 and 4 new graduate nurses left their department, while 39.5% indicated that no new graduate nurses left their department. Two respondents (4.7%) noted at least 5-10 new graduate nurses left their department. Four respondents (9.3%) did not know or did not select an answer.

Twelve hospital educators (27.9%) either did not know or did not select an answer regarding whether graduate nurses left their facility within twelve months of being hired. Nineteen (44.2%) reported that at least 1 – 4 new graduate nurses left the facility, 4.7% reported between 5 and 10 left the facility, and 23.3% indicated that none of the newly hired graduate nurses left the facility. The data obtained in the Questionnaire is based on the perspective of the hospital educator and may or may not be factual or correct. At least 17 (39.5%) respondents reported that no graduate nurses left their department. However, when comparing the hiring frequencies to graduate nurses reported as leaving the department or facility, the data implies a high probable attrition rate (see Table 4). The literature identifies between 35% and 60% of new graduates

changed their place of employment during the first year, while other studies reported 30% of new graduate nurses leave within the first year and 57% within 2 years (Newhouse et al., 2007). For purposes of this study, the responses in the Questionnaire are merely to obtain a general perspective of graduate nurse hiring practices and attrition within the sample's geographic area and do not reflect actual attrition rates. See Table 4 for distribution of Graduate Nurses hired. Correlation between attrition and health care systems were not analyzed nor is it the intent of this study.

Discussion of Findings: Hospital Nurse Educator Questionnaire

The Hospital Nurse Educator Questionnaire, a SAQ, was divided into three primary categories: (a) graduate nurse skills, attributes, and characteristics; (b) perceptions of the graduate nurse; and (c) expectations of the graduate nurse. All three areas requested responses for both the ADN prepared nurse and the BSN prepared nurse. To further qualify the quantitative data, several open-ended questions were asked and are summarized later in this chapter.

Graduate Nurse Skills, Attributes, and Characteristics Scores

Based on Benner's (1984) seven domains for nursing practice, the hospital educators were asked to rate various skills, attributes, or characteristics expected of graduate nurses on a 4-point Likert scale. The rating scale was scored as, 4, "very important", 3, "moderately important", 2, "a little important", and 1, "not important".

The seven domains included: (a) the helping role; (b) teaching-coaching function; (c) diagnostic and patient monitoring function; (d) effective management of rapidly changing situations; (e) administering and monitoring therapeutic interventions and regimens; (f) monitoring and ensuring the quality of healthcare practices; and (g) organizational and work-role competencies. Within each domain, between 4 and 7 skills, attributes, and characteristics were identified, totaling 40 items. Respondents rated their importance for both ADN and BSN prepared graduate nurse. Means were identified for items within each domain (refer to Appendix C for questionnaire and specific domain items).

Respondents primarily rated the majority of the skills, attributes and characteristics as either a 3, *moderately important* or 4, *very important*. Table 5 displays graduate nurse skills, attributes, and characteristics means by domain, displaying data for both BSN and ADN prepared nurses. One respondent did not complete this section and a second respondent did not include data for domains VI, “monitoring and ensuring the quality of the healthcare practices, and VII, “organizational and work-role competencies”. The “n” was adjusted appropriately for descriptive statistics.

Based on the findings (see Table 5), the nursing domain, “the diagnostic and patient monitoring function”, the mean was highest for both BSN (3.82) and ADN (3.72). To further clarify and explore these areas, frequencies were calculated identifying the individual items that scored highest. The majority of respondents rated several items as 4 (very important). Table 6 describes these

items in which greater than 80% of respondents scored them as 4 (very important).

Table 5

Graduate Nurse Skills, Attributes, and Characteristics; Descriptive Statistics by Domain

Skill, Attribute or Characteristic	BSN			ADN		
	Min rating*	Max rating*	Mean rating/SD [^]	Min rating*	Max rating*	Mean rating/SD [^]
I. The Helping Role	2	4	3.73 (0.18)	1	4	3.63 (0.27)
II. The Teaching Coaching Function	1	4	3.53 (0.18)	1	4	3.52 (0.08)
III. The Diagnostic & Patient Monitoring Function	2	4	3.82 (0.05)	2	4	3.72 (0.05)
IV. Effective Management of Rapidly Changing Situations	2	4	3.64 (0.05)	2	4	3.57 (0.05)
V. Administering and Monitoring Therapeutic Interventions and Regimens	1	4	3.58 (0.25)	1	4	3.54 (0.26)
**VI. Monitoring and Ensuring the Quality of the Healthcare Practices	2	4	3.52 (0.26)	1	4	3.42 (0.28)
**VII. Organizational and Work-Role Competencies	2	4	3.44 (0.25)	2	4	3.38 (0.24)

*Rating Scale: 1 = not important, 2 = a little important, 3 = moderately important, 4 = very important

**n = 41, due to incomplete survey

[^] Standard Deviation determined, based on means of all items in each domain.

Table 6

*Items Identified as “Very Important” Skills, Attributes, and Characteristics;**Frequencies*

Attribute, Skill, Characteristic	BSN		ADN	
	Frequency of 4 rating	Valid Percentage	Frequency of 4 rating	Valid Percentage
Is self-motivated	37	88.1	35	81.4
Performs basic physical assessment	37	88.1	38	88.4
Performs nursing interventions safely	40	95.2	38	88.4
Administers medications safely	39	92.9	38	88.4
Values patient safety while providing cares	40*	93.0	37*	90.2
Demonstrates accountability	37*	86.0	36*	85.7
Act as a patient advocate	36^	85.7	34^	79.1
Be committed to nursing, to team	39^	92.9	33^	76.7

* n = 41 due to missing data on one survey

^ Additional BSN items rated *very important*. ADN ratings provided.

4 – ratings, greater than 80% of respondents

Items that scored highest or are identified as *very important* for both BSN and ADN graduate nurses, with valid percentages of greater than 80% were; “is self-motivated”, “performs basic physical assessment”, “performs nursing interventions safely”, “administers medications safely”, “values patient safety while providing cares”, and “demonstrates accountability”. These attributes are primarily found in domains III and IV. In addition, respondents also identified that it was *very important* for BSN graduate nurses to be able to “act as a patient advocate” and “be committed to nursing, to team”. See Table 6 above for frequencies of skills, attributes, and characteristics identified as *very important*.

Items that rated lowest or considered *less important* can be found in Table 7. These frequencies are based on all items that were rated 1 (not important) or 2 (a little important) and also received less than 50% of respondents scoring the item as 4 (very important). Scores of 3 (moderately important) are not included in the table.

Table 7

Items Identified as “Less Important” Skills, Attributes, and Characteristics;

Frequencies

Attribute, Skill, Characteristic	BSN				ADN			
	Frequency & Valid Percentage 1 -2 ratings	Frequency & Valid Percentage 4 ratings	Frequency & Valid Percentage 1 -2 ratings	Frequency & Valid Percentage 4 ratings	Frequency & Valid Percentage 1 -2 ratings	Frequency & Valid Percentage 4 ratings	Frequency & Valid Percentage 1 -2 ratings	Frequency & Valid Percentage 4 ratings
Demonstrates leadership skills	7	16.7	16	37.2	8	18.6	9	20.9
Delegates appropriately	6	14.3	19	44.2	7	16.3	17	39.5
Integrates research into practice, uses EBP	9*	20.9	17*	39.5	10*	23.8	11*	26.2
Communicates effectively with physicians	4*	9.3	20*	46.5	4*	9.5	17*	40.5
Has knowledge of quality and regulatory issues	7*	16.3	16*	37.2	6*	14.3	12*	28.6
Utilizes nursing model for care	7*	16.3	16*	37.2	7*	16.7	13*	31
Has knowledge regarding ethics in nursing care	4*	9.3	21	48.8	3*	7.1	17*	40.5
Demonstrates proficiency with computer	3*	9.3	14	32.6	3*	7.1	13*	31
Has knowledge of equipment	3*	7.0	15*	34.9	2*	4.8	14*	33.3
Recognizes shift changes; varying roles	7*	16.3	16*	37.2	6*	14.3	15*	35.7
Has knowledge of theory and philosophy of nursing	7^	16.7	22^	51.2	10^	23.3	15	34.9
Values professional development and ongoing education	1^	2.3	28^	65.1	1^	2.3	21^	50

* n = 41 due to missing data on one survey;

^ Additional ADN items rated *less important*. BSN rating provided

4 ratings - less than 50% of respondents who gave *very important* rating

Overall, respondents rated ADN graduate nurses lower on items requiring “knowledge of theory and philosophy of nursing”, and valuing “professional development and ongoing education”. Hospital educators rated the importance of computer skills lower for both BSN and ADN graduate nurses than academic expectations found in the literature. McNeil et al. (2003), surveyed nursing school programs where 80% of their respondents expected students to demonstrate computer literacy skills, however prior to graduation, only 33% expected competence.

In addition to the Likert scale, several open ended questions were asked in an effort to qualify specific characteristics, attributes, and skills hospital educators expect from graduate nurses. Hospital educators were asked to describe the ideal entry-level graduate nurse including; at least five characteristics or skills educators would expect the graduate nurse to perform, and knowledge that would most likely contribute to a successful transition into a practicing nurse. Table 8 shows the top 10 responses and the frequencies of their response. Three respondents did not answer the questions so n is set at 40.

In their study on *Bridging the Preparation – Practice Gap*, the Nursing Executive Center New Graduate Nurse Performance Survey (2008) identified 36 competencies or skills that were ranked in order of new graduate proficiency. The Nurse Executive Center presented findings from over 3,500 hospitals and 400 nursing school leaders. All of the qualitative responses from this study’s sample of hospital educators, noted in Table 8, are consistent with the

competencies identified in the Nurse Executive Center 2008 Survey, suggesting common expectations. The highest scoring proficiencies identified in the Nursing Executive Center survey were “utilization of information technologies” and “rapport with patients and families”. As previously indicated, hospital educators scored “demonstrates proficiency with computers”, not as important, suggesting that new graduate nurses are proficient with computers given the current environment. The remaining competencies in the Nurse Executive Center (2008) survey fell far below the 50% proficiency mark, suggesting the need to improve the preparation in these areas. The responses in Table 8 include both behavioral and competency related qualities that may help a graduate nurse transition to the role of a nurse.

All of the 40 respondents (100%) noted that new graduate nurses should possess the desire and/or the motivation to learn. Demonstrating confidence and the ability to work independently, yet having the ability to recognize limitations and asking questions were characteristics identified by over 85% of respondents (See Table 8).

Table 8

*Summary of Responses from Open-Ended Questions:
Characteristics, Skills, Knowledge Desired of Graduate Nurses*

N=40

Characteristics, Skills, Knowledge	Response	Valid Percent
Motivated /Motivation to learn/ Eager to learn / Ability to take Initiative	40	100
Aware of limitations, knows when to ask questions, identifies resources	39	97.5
Ability to work independently, self confidence, competent	35	87.5
Base knowledge of disease process, good assessment skills, pain management, A&P, Pathophysiology	31	77.5
Excellent communication and interpersonal skills, verbal, written, computer	28	70
Demonstrates ability to problem solve, critically think, respond to changes in patient condition and make sound clinical decisions	28	70
Ability to be a team player, work and collaborate as a team member	27	67.5
Ability to prioritize / organize /time management / and delegate	22	55
Patient centered care / compassion / caring / empathy / patient advocate / diversity	19	47.5
Professional maturity, resiliency, adaptable to changing work environments/stresses /coping	19	47.5
Positive attitude, optimism, enthusiasm, and sense of humor	19	47.5
Safe administration of medications, basic pharmacology	18	45
Experience with clinical skills: IVs, pumps, NGs, Foleys, wound care, ostomy, etc.	17	42.5
Ability to utilize the nursing process in planning patient care and evaluation / outcomes / EBP	16	40
Experience as CNA, extern, clinical rotations on unit with basic bedside care	16	40
Demonstrates accountability, respect, dependability	15	37.5
Demonstrate safe practices and care	13	32.5
Ability to receive feedback, open minded / utilize reflective practice to improve	5	12.5

Throughout the literature, a successful transition period for the graduate nurse is identified as necessary to ensure retention, and eliminate the potential for attrition. Gavlak (2007) described a case study in which a centralized orientation methodology used a mentoring program along with a semi-formal didactic classroom review and instruction. Of particular note, Gavlak discussed the addition of interpersonal communication classes to the curriculum to prepare the graduate nurses for difficult conversations. Communication and interpersonal skills were identified as some of the top characteristics (70%) expected by respondents in open-ended items (See Table 8).

Experience as an extern was mentioned by 40% of the respondents as being important to a successful transition from graduate nurse to competent nurse. When hospital educators were asked if there was a difference between graduate nurses who had an externship from those who did not, the respondents indicated unanimously, "yes" (n=40, 100%). Three respondents did not answer the question. Most commented that the experience as an extern increased confidence, competence, and prepared the graduate nurse more realistically to the "real" work environment. According to Newhouse et al. (2007), internship programs contributed to improving nurse retention and decreasing the intent to leave an organization within the first year. Benner (1984) also noted the transition from advanced beginner to competent takes anywhere from two to three years. Based on this transitional period, healthcare leaders may opt to modify former 90-day orientation programs to ensure success.

Respondents in this study were asked to identify an orientation or transition program that would be most helpful to graduate nurses. See Table 9 for frequencies of the most helpful orientation or training programs for graduate nurses. Eighteen (42.9%) of respondents stated a 4-6 month orientation with consistent mentor or preceptor on a unit, along with structured learning modules is the best choice for graduate nurses. Several commented that completing an externship may decrease the amount of time needed to transition the graduate nurse past the advanced beginner phase to early competence. Overall, 73.8% of respondents reported the graduate nurse orientation should be at least 4-6 months or greater.

Table 9

Orientation /Transitional Programs Most Helpful to Graduate Nurses; Frequencies

Orientation/Transition Programs n = 42*	Frequency	Valid Percent
Standard 90 day orientation on unit	4	9.5
^ Standard 90 day orientation on unit and “consistent mentor on unit” or “with learning modules”	2	4.8
4-6 month orientation with consistent mentor/preceptor on unit with structured learning modules	18	42.9
9 – 12 month residency program with structured learning modules	9	21.4
6-12 month orientation with mentor team on unit	4	9.5
Other: See comments below		
<ul style="list-style-type: none"> • Multiple options based on GN needs • 3 months for CCU and 10 weeks for telemetry, • Must have externship first • Separate computer classes from clinical 	5	11.9
Total	42	100

*One respondent did not complete this item

^Respondents wrote in comments; consistent mentor on unit, with learning modules

Expectations of graduate nurses may or may not be influenced by hospital educators' educational preparation. In response to the question, "are you aware of whether a graduate nurse is ADN prepared or BSN prepared", most respondents, 29 (67.4%) were aware of the educational background of the graduate nurse at the time of hire, while 10 (23.3%) were not. Three individuals did not respond to the question and one respondent indicated that it should not make a difference and commented that she felt the survey was "pitting the ADN against the BSN." Regarding whether or not it made a difference, most respondents, 23 (53.5%), stated no, 7 did not comment, and 11 (25.6%) stated it did make a difference. Respondents, who answered that education made a difference, expected the BSN prepared graduate nurses to be more professional, able to critically think, and demonstrate the ability to use evidence from research in their practice.

Perception of the Graduate Nurse Scores

Using a semantic differential scale, hospital educators were asked to rate their overall perceptions of the BSN and ADN prepared graduate nurses. Descriptive adjectives were polarized and respondents were asked to put an "X" nearest the adjective that best described their overall perception of a graduate nurse. The scale was numerically coded 1 through 7 for descriptive statistics. Positive descriptive adjectives were grouped according to where they were placed on the scale (i.e., closer to 1 or closer to 7) in Table 10. Standard deviations were calculated based on the means of the groupings. Level of

significance was set at 0.05. Three respondents either did not complete the scale or partially completed it, n = 40. Table 10 provides a summary of the Hospital Educator's perceptions of both the BSN and ADN graduate nurse utilizing means.

Perceptions varied for BSN graduate nurses among the hospital educators while means and standard deviations for perceptions of the ADN graduate nurse did not deviate or vary significantly. Three respondents commented their difficulty identifying general perceptions and felt this could only be done on an individual basis (i.e., with each individual graduate nurse). Two respondents scored both BSN and ADN graduate nurses as "4" for all adjectives. Table 11 provides frequencies of hospital educator's perceptions of graduate nurses.

Table 10

Hospital Educators Perceptions of Graduate Nurses Descriptive Statistics

n = 40

Descriptive Adjectives	BSN		ADN	
	Means	Standard Deviation	Means	Standard Deviation
<i>1 = more positive descriptive 7 = more negative descriptive</i>				
Competent vs. Incompetent	4.08		3.28	
Accountable vs. Irresponsible	2.80	0.93	3.05	0.14
Successful vs. Unsuccessful	3.2		3.4	
<i>1 = more negative descriptive 7 = more positive descriptive</i>				
Disorganized vs. Organized	4.8		4.58	
Ineffective vs. Effective	5.03		4.68	
Anxious vs. Relaxed	3.98		4.03	
Miscommunications vs. Communicates	4.9	0.39	4.55	0.24
Passive vs. Assertive	4.58		4.28	
Dependent vs. Independent	4.13		4.13	

Accountability, effectiveness, and ability to communicate were perceived to be higher in BSN graduate nurses, while ADN graduates were perceived to be more independent and organized than BSN graduate nurses. Both were equally perceived as somewhat anxious. Several comments suggested ADN graduate nurses were more prepared regarding skill acquisition and demonstrated independence earlier than BSN graduate nurses. However, twelve respondents indicated that BSN graduates were better able to grasp clinical decision making once skill acquisition was achieved.

Ranked Expectations of the Graduate Nurse Scores

In the final section of the questionnaire, hospital educators were asked to rank expectations of graduate nurses in order of importance for both BSN and ADN graduate nurses. These expectations were based on general competencies expected of nurses. Hospital educators were asked to rank the expectations from 1 – 10, ranking the “most important” expectation a “1” and least important a “10”. All numerals were to be used only once, even if two or more expectations were equally important. Four respondents commented this was difficult and felt they were “all important” and did not rank responses using all 10 numerals or completed the ranking incorrectly. One respondent did not complete this section. These five were removed from the data, resulting in n = 38. Responses varied for both BSN and ADN graduate nurses, however the highest ranked expectation was “demonstrating safe practices” at 24 (63%) for BSN and 25 (65.8%) for ADN. The remaining expectations for ADN graduate nurses were fairly evenly

distributed. “Delegation skills” ranked lowest 22 (57.9%) for BSN graduate nurses.

Table 11 describes the ranked expectations and distribution of responses.

Table 11

Hospital Educators Ranking of Expectations Frequencies

Expectations	BSN			ADN		
	Rank	Frequency	Valid Percent	Rank	Frequency	Valid Percent
Demonstrate Safe Practices	1	24	63	1	25	65.8
Knowledge of Safe Administration of Medications	2	12	31.6	2	12	31.6
Identify Patient Needs and Interventions	3	11	28.9	3	11	28.9
Make Sound Clinical Decisions	1,2,5	7,7,7	18.4	2	8	21
Organize and Prioritize	6	11	28.9	6	10	26.3
Document Effectively and Accurately	5,7,8	7,7,7	18.4	8	8	21
Act as Advocate	7	10	26.3	7,8	9,9	23.7
Communicate with Physicians	8,9	8,8	21	9	8	21
Perform Skills / Procedures with Confidence	9	10	26.3	9	11	28.9
Delegation Skills	10	22	57.9	10	11	28.9

In October of 2008, the Centers for Medicare and Medicaid Services (CMS) stopped paying hospitals for eight hospital-acquired conditions, five of which are directly related to nursing intervention outcomes; pressure ulcers, patient falls, catheter associated urinary tract infections (CAUTI), vascular catheter associated infections, and recently added ventilator associated (Kirchheimer, 2008). Demonstrating safe practices, including safe administration of medications, ranked highest for both BSN and ADN graduate nurses. The National Database for Nursing Quality Indicators (NDNQI) (2010) contains data

that is collected at the unit level and explores linkages between nursing care and patient outcomes. Identifying the expectations for practicing safely and making sound clinical decisions is consistent with the nurses' desired patient outcomes. Furthermore, the Joint Commission publishes National Patient Safety Goals annually, all of which are in compliance with CMS standards. The respondents ranking of safe practices are in line with both regulatory and quality expectations.

The Hospital Nurse Educator Questionnaire allowed for additional comments regarding expectations of graduate nurses. To summarize, several educators responded that there should be little variation in what is expected of graduate nurses, whether ADN or BSN, "both need to pass the state boards" and will be expected to perform as professional nurses. Others felt the BSN graduate nurse makes more of a difference with regard to clinical decision-making as they gain experience. Some respondents noted that graduate nurses are not always prepared for the "complexity of our healthcare environment" and often are not provided enough time in orientation to transition to the role of the RN. One respondent stated "many graduate nurses are taking their boards prior to their first job and rushed into a role they are not ready for just to meet staffing needs." This has "led to new graduate nurses leaving within the year". Other comments noted that "longer orientation programs with a mentor" lead to successes and "graduate nurses successfully transitioning to RNs and staying on the unit".

Respondents reported that many graduate nurses have unrealistic ideas and expectations of hospital work or the work load and are not prepared. The

stresses of the work environment and studying for boards often prevent the graduate nurse from being able to organize and prioritize appropriately. And finally, other hospital educators commented on the desire for graduate nurses attitudes to have more positive, team-minded, and motivated to learn, suggesting they often “lack accountability and respect for co-workers”.

Findings in Relationship to Research Questions

What practice expectations do hospital nurse educators have of entry-level graduate nurses? The respondents in this study generally held similar expectations of both BSN and ADN graduate nurses. Demonstrating safe patient care practices, motivation, confidence, accountability, and team-mindedness were identified as the most desired qualities for an entry-level graduate nurse.

How will these expectations impact undergraduate education? Safe patient practices require the ability to assess the patient’s condition, act on the findings, and make sound clinical decisions quickly that leads to positive outcomes for the patient. The ability to perform confidently comes with exposure to clinical experiences where decisions impacting patient safety can be realized. Early exposure to the complexities of the healthcare environment, quality safety measures, and “real” work atmosphere can facilitate the ability to organize and prioritize, increase confidence, and foster a greater respect and accountability toward the healthcare team and their role. Respondents identified the need to recognize and mentor students early when lack of motivation was identified.

Encouraging questions and problem solving will help transition students from critical thinkers to clinical decision makers.

How will these expectations impact hospital orientation programs and new graduate nurse attrition? Hospital educators identified that longer orientation programs, lasting 4- 6 months or greater, along with a consistent mentor or preceptor and structured learning was best. Standard orientation times of 90 days or less are ineffective and may lead to nurse attrition due to stressors and unrealistic expectations. Hospitals may need to review their current programs and recognize the costs surrounding retention versus attrition. The transition from graduate nurse to registered nurse, the expectations to practice safely, confidently, and demonstrate accountability, require a nurturing environment where time and mentoring by trained preceptors are the foundations for orientation.

Summary

In this chapter, the research sample and results were described and discussed. The data from both the Demographic Questionnaire and the Hospital Nurse Educator Survey were described using descriptive statistics.

The study sample included 43 hospital nurse educators from two large health care systems in eastern and northeastern Wisconsin. Information about demographics, experience, educational background, and graduate nurse hiring frequencies were presented. Orientation and training programs most likely to

help entry-level graduate nurses transition successfully are those lasting at least 4 – 6 months or greater and include a consistent mentor or preceptor with structured learning.

The results and open-ended items in the Hospital Nurse Educator Questionnaire were described using descriptive statistics. Characteristics desired, perceptions, and expectations of the entry-level graduate nurse were identified for both ADN and BSN graduate nurses. Characteristics and skills most frequently identified as important were safe patient care practices, motivation, confidence, and accountability as a team member. Additional expectations identified included communication or interpersonal skills and experience as an extern to enhance the ability to organize, prioritize, and make sound clinical decisions in a complex healthcare environment.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Introduction

The purpose of this study was to identify and describe the practice expectations hospital educators have of entry-level graduate nurses. In this chapter, the summary of the findings, conclusions, and limitations are discussed. Implications for nursing education and orientation are discussed, and recommendations for future research are presented.

Summary of Findings

Throughout the literature, many innovative nursing programs have been developed to address the nursing shortages identified throughout the last decade. Despite the increasing numbers of baccalaureate nursing students entering schools of nursing, the shortage continues to be propagated by the numbers of new graduates either leaving their job within the first year of practice or changing their career choice altogether (Deppoliti, 2008; Hodges et al., 2008; Sochalski, 2002). Casey et al. (2004) reported that 31% of graduate nurses younger than 24 years of age were expected to change their position within 2 years. Keahey (2008) reported the stresses of high expectations had contributed to high attrition rates for new nurses during the first year of employment. The challenge now lies in the appropriate preparation of graduate nurses for a complex healthcare

environment; identifying their transitional needs as they enter the practice environment; and retaining entry-level graduate nurses, preventing costly attrition.

Hospital nurse educators face the challenges of balancing costs for training, increasing quality measures, safety and regulatory scrutiny, and industry productivity constraints. Multiple studies have been done describing graduate nurses' experiences as they transition into the practice environment; however, there was a significant gap in the literature regarding the expectations of acute care hospital nurse educators of entry-level graduate nurses.

This study was done to explore and describe the characteristics, skills, attributes, and expectations hospital nurse educators have of graduate nurses entering practice for the first time. A purposive sample of 43 hospital nurse educators from both a northeast Wisconsin healthcare system and a large healthcare system that spans the eastern half of Wisconsin were utilized. Data from the demographic questionnaire revealed the respondents were mostly female (97%), between 40 and 54 years of age (60.4%), and primarily either baccalaureate or master's prepared, 37 (86.3%). The majority of the respondents (23; 53.6%) had greater than 20 years nursing experience while 34 (79%) of the educators only had between 1 and 10 years experience as an educator.

The literature reports that about 60% of graduate nurses leave their job within the first year (Hodges et al., 2008). Nineteen (44.2%) educators reported they hired between 1 and 4 graduate nurses to their department in the last 12

months. Conversely, 20 (46.5%) of the respondents also reported that between 1 – 4 graduate nurses left the department over the past 12 months. These results could indicate that a high percentage of graduate nurses left during the first year; however the data are only based on educators' knowledge rather than actual numbers supplied by an organization's human resources department therefore actual attrition rates cannot be determined.

Hospital nurse educators also completed a self-administered Hospital Nurse Educator Questionnaire where they were asked to rate characteristics, skills and attributes based on Benner's (1984) seven nursing domains. Forty items were rated on a 1 – 4 Likert scale with 1 being "not important" to 4 being "very important" for both BSN and ADN prepared graduate nurses. The majority of the respondents rated attributes such as being self-motivated, performing patient care practices and assessments safely, and demonstrating accountability very important for both BSN and ADN graduates. Characteristics, skills, and attributes in the nursing domain of "diagnostic and patient monitoring function" were rated highest for both BSN (mean 3.82) and ADN (mean 3.72).

Respondents rated ADN graduate nurses lower in two areas; requiring knowledge of theory and philosophy of nursing and valuing professional development and ongoing education.

Responses to open-ended questions further supported these findings. Respondents identified motivation, demonstrating safe patient practices, confidence-competence, communication, accountability, and respect for the

healthcare team, as the most desired characteristics and skills. In addition, respondents indicated that graduate nurses who experienced the realities of the practice environment as an extern prior to graduation, improved their ability to transition successfully into a competent entry-level nurse. Respondents identified that orientation or training programs at least 4-6 months or longer with a consistent mentor or preceptor and structured learning modules, had greater success and retention of graduate nurses.

Hospital educators were asked to rate their perception of graduate nurses using a semantic differential scale to score various opposing adjectives. Accountability, effectiveness, and ability to communicate were perceived to be higher in BSN graduate nurses, while ADN graduates were perceived to be more independent and organized than BSN graduate nurses. Both were equally perceived as somewhat anxious.

Using a rank order of general nursing competencies, hospital nurse educators were also asked to rank their expectations of graduate nurses from 1 – 10, 1 being “most important” and 10 being “least important”, for both BSN with ADN graduate nurses. Demonstrating safe practices ranked most important for the majority of respondents for both BSN (24; 63%) and ADN (25;65.8%) graduate nurses. Delegation skills ranked lowest in importance (22; 57.9%) for BSN graduate nurses, while the remaining rankings for ADNs were more variable.

Limitations

Limitations for this study and survey tool include:

1. There were variations in the respondents' nursing experience, experience as an educator, and educational levels. Responses related to expectations of graduate nurses may be based on educator's own experiences and educational level. Novice educators may not have the experience to identify desired expectations, where more experienced educators do.
2. Limited generalizability of findings due to one geographic location.
3. Some respondents did not complete all items in the survey completely or as instructed.
4. A psychometric assessment for the reliability and validity of the survey tool was not completed.

Conclusions

Academic preparation and transitional experiences for graduate nurses are vital to achieving successful and competent entry-level nurses. Hospital nurse educators identified several key characteristics, skills, and attributes they expect for all graduate nurses regardless of their educational background. The following conclusions were formulated.

1. Demonstrating safe patient care practices encompasses the ability of the graduate nurse to assess, administer medications safely,

problem solve, ask appropriate questions, make decisions, act on those decisions, and perform interventions safely.

2. Increasing clinical exposure to the complexities of the real practice environment using externships or clinical based training, can improve confidence and promote competence, resulting in more efficient use of transitional time to the role of the registered nurse.
3. Motivation, self-confidence, team-mindedness, positive attitude, accountability and respect for team members are qualities expected of new graduates by hospital nurse educators.
4. The ability to communicate effectively, recognize limitations, organize, and prioritize are skills desired by hospital nurse educators.
5. Longer orientation and training programs, at least 4-6 months or longer, which involve a consistent mentor or preceptor and structured learning modules, will lead to successful transition from graduate nurse to competent nurse and will contribute to new graduate nurse retention.
6. Hospital educators expect graduate nurses to be at or very near the competent level of proficiency (Benner, 1984) (See Figure 2, p.64).

Benner's model provided a solid framework for this study. The seven domains of nursing practice provided the base from which nursing knowledge, skills, and attributes were identified and incorporated into the survey tool. With

knowledge of these practice essentials and the level of proficiency desired for graduate nurses, educators in both academic and practice settings can strive to meet the identified expectations. Changes in both the practice setting and academic preparation may need to occur to assure successful transition of new graduates into practice.

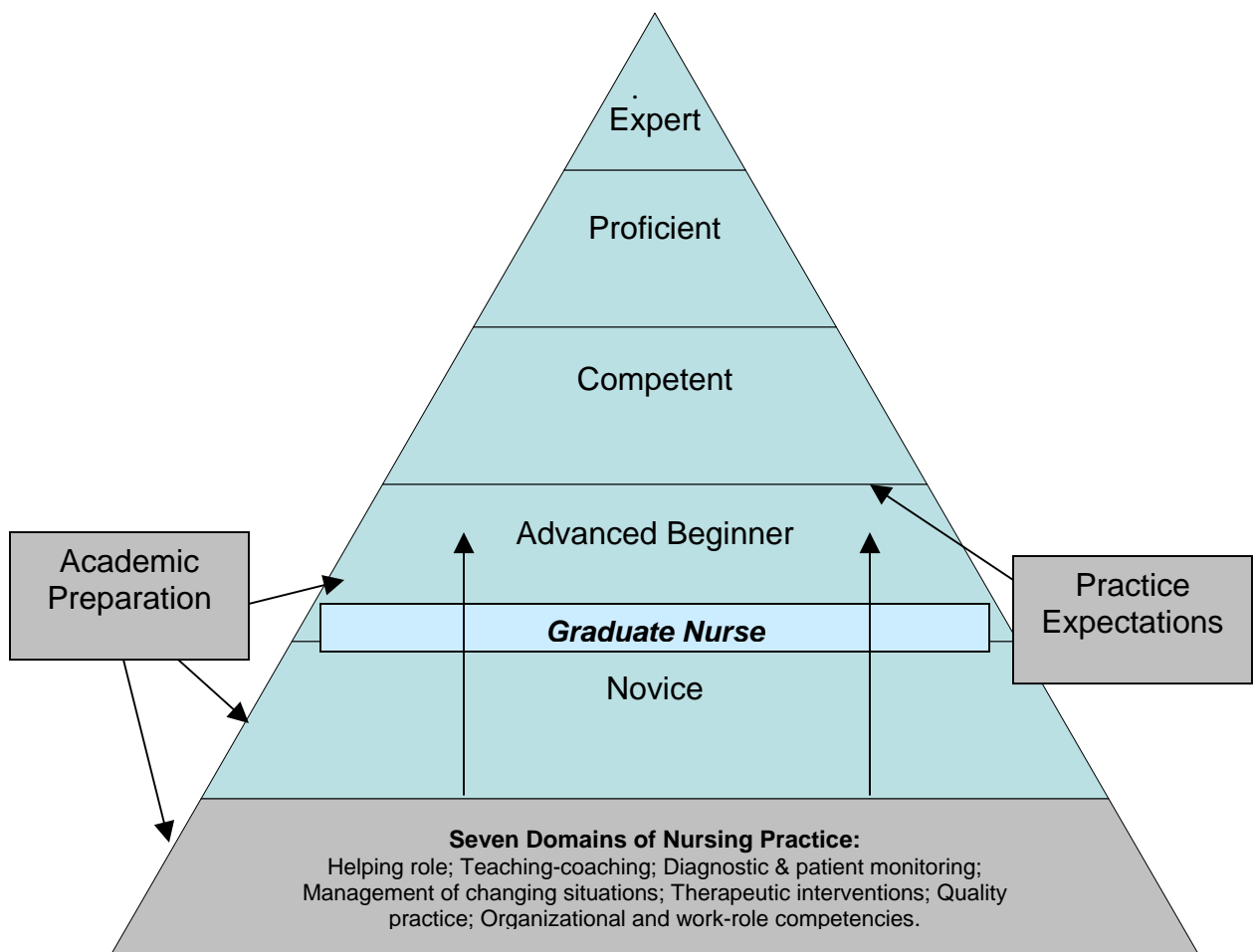


Figure 2. Researcher's interpretation of Benner's (1984) model demonstrating practice expectations.

Implications for Nursing Education

By recognizing the expectations hospital nurse educators have of entry-level graduate nurses, educators in both practice and academic settings can develop training and orientation programs that transition the graduate nurse successfully from novice to competent practice. The literature reports that most new graduates find themselves somewhere between the novice level and advanced beginner as they enter the practice setting for the first time (Grochow, 2008; Santucci, 2004). Given the demands on hospital nurse educators with regard to time, productivity constraints, quality and regulatory scrutiny, expectations are much higher for the entry-level graduate nurse than ever before. With the ever increasing, do more with less, patient safety has become a significant factor in delivering care. Hospital nurse educators in this study clearly identified the expectation for graduate nurses to demonstrate safe patient care practices. Quality measures are continually monitored and the bedside nurse must deliver safe care in order to achieve desired outcomes, all while meeting quality and regulatory requirements. The healthcare environment is far more complex than in years past and graduate nurses need to be prepared for these work demands as well as the quality measures driving their practice.

Academic educators may need to collaborate or partner more closely with those in practice settings on current quality and safety measures that impact patient outcomes and incorporate these into clinical education. Utilizing data from the National Database for Nursing Quality Indicators (NDNQI) will also assist in

identifying practice needs and help build clinical practice education that addresses these findings.

The respondents in this study identified that externships or sufficient prior clinical experience greatly improved the successful transition from novice to competent. The transition from student role to graduate nurse is often characterized by their focus on skill acquisition, tasks, multiple demands, and the inability to prioritize or problem solve clinical situations and interventions adequately (Benner, 1984; Santucci, 2004). By acquiring proficiency in basic skills and tasks prior to entry into the practice environment, the graduate nurse is better equipped to focus on problem solving and recognizing changing patient situations that require clinical decision-making and safe patient care practices. Exposure to the realities of the work environment will help prepare the graduate nurse for the expectations placed on the bedside nurse as well as improve retention and decrease the costs related to attrition.

The literature provides many examples of collaborative efforts between practice environments and schools of nursing. The goal is to close the gap between the level of proficiency at graduation and the level of proficiency desired by the practice setting. One example of a successful collaborative effort is the consortium of North Texas schools of nursing partnering with several hospitals. Both the academic and hospital clinical educators were involved with the development of the intervention or learning modules to improve the competency

of nursing students prior to graduation (Burns & Poster, 2008). Refer to the literature review on page 18 for more detailed information.

A successful transition to competence also requires improved orientation and training programs for graduate nurses in the practice setting. In this study, respondents recognized that orientation time needs to be longer than the traditional 90-day orientation. Orientations greater than 4-6 months are necessary to allow for transition from the role of the student to a practicing nurse. The respondents also identified the importance of a consistent mentor or preceptor and structured learning modules to supplement the ongoing experience. Throughout the literature, mentorship and residency programs are supported. Casey et al. (2004) and Krugman et al. (2006) found that graduate nurses took at least 12 months to feel comfortable and confident, and retention improved when programs allowed for greater than 6 months of orientation. Educators in practice settings need to recognize the stresses and challenges faced by graduate nurses entering practice for the first time. Training mentors or preceptors on the skills necessary to prepare graduate nurses, structuring learning at intervals based on acquisition of proficiency, and allowing time to transition successfully will also lead to greater retention of newly hired graduate nurses. In a cost-conscious healthcare environment, spending more on transitional programs or externships is a wise investment as opposed to spending on turnover for rehiring, overtime, agency costs, and experienced nurse burnout.

Motivation, communication, accountability and respect for the healthcare team were qualities the respondents in this study identified as very important. Communication and interpersonal skills are essential to a successful career in nursing. Education related to improving communication skills establishes the foundation for problem solving, clinical decision-making, and accountability to the healthcare team. Encouraging and informing prospective graduate nurses of the attributes desired by those in practice settings will guide them on what is expected in their work future. If both the practice and academic settings place the same expectations on the graduate nurse, then the outcome will most likely be the successful transition of an entry-level competent graduate nurse. The American Nurses Association (ANA Smartbrief, 2010) has recently announced that the National Council of State Boards of Nursing raised the bar on the National Council Licensure Examination (NCLEX). This adds an additional stressor on graduate nurses as they study and begin their new role often simultaneously. Those in academic settings are feeling pressured to achieve higher pass rates and modify their curricula to meet these demands. Developing partnerships and collaboration between academia and practice is increasingly important.

Recommendations for Future Research

Based on the results of this study, future research might include evaluating patient outcomes based on care provided by the entry-level nurse.

Studying quality indicators on patients receiving care from entry-level nurses at 3 month intervals through the first year of their practice may identify specific care practices, knowledge, or interventions that require additional training or focus.

Studies comparing the graduate nurse experience in a partnership / collaborative program and a more traditional, non-collaborative program may be considered. Comparison studies on graduate nurses' experiences in these two settings may prove helpful in the development of curricula and practice setting orientation programs.

In this study, externships were reported to contribute to graduate nurses' successful transition. Perhaps comparing graduate nurses who had externship experiences with those who have not may be insightful. In comparing, it may be helpful to review the graduate nurses' experiences regarding skill acquisition, safe practices and interventions, organization and prioritization, problem solving, and clinical decision making skills. Considerations might include studying the timeframe needed to acquire a competent level of proficiency and compare with clinical site experience hours pre-established by nursing programs. This may help academic educators identify how much clinical experience time is needed to reach desired expectations.

Finally, identifying actual attrition rates for graduate nurses in a geographical region and studying the relationships to nursing programs and practice settings may assist in identifying a need for change.

Summary

Multiple studies have been done to describe the graduate nurses' experiences as they transition to the role of the nurse. This study adds to the body of knowledge by describing hospital nurse educators expectations of entry-level graduate nurses. Demonstrating safe patient care practices, motivation to learn, communication skills, accountability, and respect for healthcare team members were identified as the most important skills and attributes graduate nurses should possess. Externships or prolonged clinical experiences where graduate nurses are exposed to the realities of the complex healthcare system may facilitate early transition to a proficiency level of competence. Orientation and training programs lasting longer than 4-6 months, having consistent mentors or preceptors, and having a structured learning program may lead to retention of newly hired graduates.

Research is needed to identify relationships between patient outcomes and graduate nurse experience and preparation. Collaborative efforts and partnerships between academia and practice settings may lead to improving the success of graduate nurses transitioning to the role of competent nurses.

In this chapter, the findings were discussed and compared with the literature. Limitations for the study and study tools were identified. Conclusions and implications for nursing education were identified. Recommendations for future research were presented.

APPENDIX A

Cover Letter and Informed Consent

Cover Letter and Informed Consent

HOSPITAL EDUCATORS' EXPECTATIONS OF ENTRY-LEVEL GRADUATE NURSES

Priscilla K. Navis Buteyn, RN, BSN
UW-Oshkosh

Dear Hospital Educator,

I am the principle investigator of a study whose primary goal is to determine what expectations hospital clinical educators, nurses in staff development or clinical nurse specialists have of entry-level graduate nurses. I am interested in learning about what skills, characteristics, knowledge and clinical decision making abilities you would expect of a newly hired graduate nurse, both BSN (baccalaureate) and ADN (associate degree).

If you are directly involved with the education and training of individuals in your department or clinical setting within a hospital and have worked with graduate nurses in the last 12 months, I would appreciate your participation in this study.

Your participation would benefit this study. The ultimate goal for obtaining this data is to look at how both academic and practice settings can improve the transition of new graduate nurses into the practice setting.

There is evidence that turnover rates for graduate nurses have been on the rise, between 30-60% within the first year of hire. This can result in \$40,000 to 80,000 in hiring and orientation costs. The continued turnover may potentiate the nursing shortage and create work environments that may lead to poor nurse patient ratios and threaten patient safety. There are also gaps within the literature that clearly define what practice environments (hospitals) really expect from the entry-level graduate nurse. As an educator, you are well aware of your role in creating a successful transition for the graduate nurse.

Please consider taking the time to fill out two questionnaires. The first questionnaire is primarily demographic information. The second questionnaire is a survey asking you for responses as they relate to what you feel are important qualities and skills a graduate nurse should possess upon hire. I do not anticipate this study will present any social risk to you, other than the possible

inconvenience of extra time required for you to answer the questionnaire. There is no cost involved for you. A self-addressed, stamped, envelope to return the questionnaire is provided or a fax cover sheet, whichever is most convenient for you.

The questionnaire will take approximately 20 minutes to fill out.

Participation in this study is completely voluntary and any information gathered will be recorded anonymously. This information will not be released to anyone else in ways that could identify you. Please do not write your name on the questionnaire. Return the questionnaire in the envelope attached or fax the survey as indicated on the fax cover sheet provided.

Once the study is completed, I would be happy to provide you with the results.

Thank you in advance for considering to participate in this study. Should you have any questions, please contact:

Priscilla Navis Buteyn
1005 Church Street
Waupun, WI 53963
920-456-7347 – work
920-210-1531 - evening

Return of the completed survey will serve as acknowledgment of informed consent as indicated below:

I have received an explanation of the study and agree to participate.
I understand that my participation in this study is voluntary.

Thank you for your participation.

Sincerely,

Priscilla Navis Buteyn, RN, BSN, graduate student

APPENDIX B

Demographic Questionnaire

Nurse Educator Demographic Information

 HCS

 NEW

Please circle or answer the following questions about yourself. Your answers are confidential, you will not be identified personally, and your data will be combined with that of others to obtain group properties.

Today's date: _____

1. What is your title? _____

2. Does your role involve education, training and orientation of staff within your department or clinical area of expertise in a hospital setting?

Yes No

3. Have you been directly involved with the education, training and/or orientation of graduate nurses within the last 12 months?

Yes No

Note: If you answered NO, to questions 2 and 3 above, please do not continue with the survey. Thank you.

4. Educational background
(Please circle one):

- a) Associate Degree
- b) BSN
- c) Masters prepared
- d) Doctorate
- e) BSN student
- f) Graduate student
- g) Doctoral student

5. Age (please circle one):

- a) 20 – 24
- b) 25 – 29
- c) 30 – 34
- d) 35 – 39
- e) 40 – 44
- f) 45 – 49
- g) 50 – 54
- h) 55 – 59
- i) 60 – 64
- j) 65 – and older

6. Gender (please circle one): Female Male

7. Years of experience as a Registered Nurse (Please circle one):

- | | |
|------------------|---------------|
| a) 1-4 years | e) 21 – 25 |
| b) 5-10 years | f) 26 – 30 |
| c) 11 – 15 years | g) 31 or more |
| d) 16 – 20 | |

8. Years of experience as nurse educator or in educator role (please circle):

- | | |
|------------------|------------------|
| a) 1-4 years | e) 21 – 25 years |
| b) 5-10 years | f) 26 – 30 years |
| c) 11 – 15 years | g) 31 or more |
| d) 16 – 20 | |

9. Years with current employer/ at facility (please circle):

- | | |
|------------------|------------------|
| a) 1-4 years | e) 21 – 25 years |
| b) 5-10 years | f) 26 – 30 years |
| c) 11 – 15 years | g) 31 or more |
| d) 16 – 20 years | |

10. Please indicate your clinical area of expertise (please circle all that apply):

- | | |
|---|--|
| a) General Medical/Surgical | k) Emergency Services |
| b) Cardiac Services/Telemetry | l) Renal/Kidney/GU |
| c) Cath lab | m) Orthopaedics |
| d) Surgery | n) Wound care |
| e) Pre-op/Post-op | o) Education/staff development
only (<i>please circle if not
assigned to clinical area</i>) |
| f) Intensive Care/Critical Care | p) Other (please specify): _____ |
| g) Oncology | _____ |
| h) Obstetrics/labor and delivery | _____ |
| i) Pediatrics | |
| j) Nursery/NICU/Special Care
Nursery | |

11. How many new graduate nurses do you hire in your department/unit annually?

- | | |
|------------|---------------|
| a) 1 - 4 | e) 21 – 25 |
| b) 5-10 | f) 26 – 30 |
| c) 11 – 15 | g) 31 or more |
| d) 16 – 20 | |

12. Of these, how many graduate nurses are BSN prepared?

- | | |
|------------|-----------------|
| a) 1 - 4 | f) 26 – 30 |
| b) 5-10 | g) 31 or more |
| c) 11 – 15 | h) I don't know |
| d) 16 – 20 | |
| e) 21 – 25 | |

Attrition Rate:

(Your department manager or HR department may be able to supply you with the answers to the following questions, if you are not sure)

13. How many graduate nurses left your department within 12 months of being hired in the past year?

- | | |
|------------|---------------|
| a) 1 - 4 | e) 21 – 25 |
| b) 5-10 | f) 26 – 30 |
| c) 11 – 15 | g) 31 or more |
| d) 16 – 20 | h) None |

14. How many graduate nurses left your facility within 12 months of being hired in the past year?

- | | |
|------------|---------------|
| a) 1 - 4 | e) 21 – 25 |
| b) 5-10 | f) 26 – 30 |
| c) 11 – 15 | g) 31 or more |
| d) 16 – 20 | h) None |

Thank you for completing the demographic questionnaire.

You may now complete the Hospital Nurse Educator Survey. Be sure to put both questionnaires into the attached envelope or fax the forms to:

*Priscilla Navis Buteyn
Secure fax number:
920 –456-7348*

APPENDIX C

HOSPITAL NURSE EDUCATOR QUESTIONNAIRE

Hospital Nurse Educator Questionnaire

Please circle or answer the following questions as directed.

Note: Your answers are confidential. The data will be combined with other surveys to obtain frequencies.

Graduate Nurse Skills ~ Attributes ~ Characteristics

The following questions are related to how important it is to you that a graduate nurse has specific skills, attributes or characteristics. Please circle the response that best fits your expectations of graduate nurses, comparing BSN prepared graduate nurses and ADN prepared graduate nurses.

1 = not important 2 = a little important 3 = moderately important 4 = very important

BSN = Baccalaureate prepared nurses

ADN = Associate Degree prepared nurses

Nursing Domains: Skills – Attributes - Characteristics	BSN GN				ADN GN			
I. The Helping Role								
1. Acts as a patient advocate	1	2	3	4	1	2	3	4
2. Demonstrates empathy	1	2	3	4	1	2	3	4
3. Has knowledge of patient population(s)	1	2	3	4	1	2	3	4
4. Values and respects patient diversity and culture	1	2	3	4	1	2	3	4
5. Has knowledge of theory and philosophy of nursing	1	2	3	4	1	2	3	4
6. Is committed to nursing, to team	1	2	3	4	1	2	3	4
7. Is self - motivated	1	2	3	4	1	2	3	4
II. The Teaching-Coaching Function								
8. Teaches patients effectively	1	2	3	4	1	2	3	4
9. Demonstrates leadership skills	1	2	3	4	1	2	3	4
10. Gives and receives feedback	1	2	3	4	1	2	3	4
11. Recognizes own strengths and weaknesses	1	2	3	4	1	2	3	4
12. Utilizes reflective practice and thinking to improve	1	2	3	4	1	2	3	4
III. The Diagnostic and Patient Monitoring Function								
13. Performs basic physical assessment	1	2	3	4	1	2	3	4
14. Evaluates the effectiveness of nursing care	1	2	3	4	1	2	3	4
15. Demonstrates sound clinical decision making	1	2	3	4	1	2	3	4
16. Identifies critical labs or diagnostic findings	1	2	3	4	1	2	3	4
IV. Effective management of rapidly changing situations								
17. Responds appropriately under pressure	1	2	3	4	1	2	3	4
18. Problem solves or trouble shoots effectively	1	2	3	4	1	2	3	4
19. Organizes and prioritizes nursing care	1	2	3	4	1	2	3	4
20. Identifies available and appropriate resources	1	2	3	4	1	2	3	4
V. Administering & Monitoring Therapeutic Interventions & Regimens								
21. Has knowledge of care planning	1	2	3	4	1	2	3	4
22. Performs clinical skills/tasks independently	1	2	3	4	1	2	3	4
23. Performs nursing interventions safely	1	2	3	4	1	2	3	4
24. Delegates appropriately	1	2	3	4	1	2	3	4
25. Cares for patient load of 3-4 independently	1	2	3	4	1	2	3	4
26. Has knowledge of medications; action, purpose, side effects	1	2	3	4	1	2	3	4
27. Administers medications safely	1	2	3	4	1	2	3	4

VI. Monitoring and Ensuring the Quality of Healthcare Practices									
28. Documents accurately and effectively	1	2	3	4		1	2	3	4
29. Integrates research into practice, uses EBP*	1	2	3	4		1	2	3	4
30. Communicates effectively with physicians	1	2	3	4		1	2	3	4
31. Communicates effectively with healthcare team	1	2	3	4		1	2	3	4
32. Values patient safety while providing cares	1	2	3	4		1	2	3	4
33. Has knowledge of quality and regulatory issues	1	2	3	4		1	2	3	4
34. Has knowledge regarding ethics in nursing care	1	2	3	4		1	2	3	4
VII. Organizational & Work-role Competencies									
35. Demonstrates accountability	1	2	3	4		1	2	3	4
36. Demonstrates proficiency with computer	1	2	3	4		1	2	3	4
37. Has knowledge of equipment	1	2	3	4		1	2	3	4
38. Utilizes nursing model for care	1	2	3	4		1	2	3	4
39. Recognizes shift changes; varying roles	1	2	3	4		1	2	3	4
40. Values professional development and ongoing education	1	2	3	4		1	2	3	4

*EBP – Evidence Based Practice

Researcher prepared survey, based on seven domains of nursing practice (Benner, 1984).

In this section, please answer the following open-ended questions:

1. What 5 characteristics of an entry-level graduate nurse do you think would most likely contribute to a successful transition into a practicing nurse?
 - 1) _____
 - 2) _____
 - 3) _____
 - 4) _____
 - 5) _____

2. What skills would you expect an entry-level graduate nurse to possess at the time of hire?

3. Describe the ideal graduate nurse, entering your facility for the first time.
 - A. What knowledge would they have?

 - B. How would they perform?

4. Do you think there is any difference between graduate nurses who have had an externship from those who have not? If yes, briefly state how?

5. In your opinion, which orientation or transition program would be most helpful to graduate nurses?
 - a) Standard 90 day orientation on unit
 - b) 4-6 month orientation with consistent mentor on unit, with structured learning modules
 - c) 9-12 month residency program with structured learning modules
 - d) 6-12 month orientation with mentor team on unit
 - e) Other (please specify): _____

6. When you work with graduate nurses, are you aware of whether a graduate nurse is ADN prepared or BSN prepared?

If so, does this change your expectations of that individual? How?

Perception of the Graduate Nurse

In this section, please rate your overall **perceptions** of the BSN prepared and ADN prepared graduate nurses.

Please put an "X" in the box **closest** to where you would rate a descriptive adjective that matches your **perceptions**. NOTE: Please read the descriptive word carefully before marking an "X".

See first row for example.

Happy		X							Sad
Competent									Incompetent
Accountable									Irresponsible
Disorganized									Organized
Ineffective									Effective
Anxious									Relaxed
Miscommunicates									Communicates
Passive									Assertive
Successful									Unsuccessful
Dependent									Independent

**Entry-level Graduate Nurse:
BSN Prepared**

Happy		X							Sad
Competent									Incompetent
Accountable									Irresponsible
Disorganized									Organized
Ineffective									Effective
Anxious									Relaxed
Miscommunicates									Communicates
Passive									Assertive
Successful									Unsuccessful
Dependent									Independent

Entry-level Graduate Nurse:

Expectations of the Graduate Nurse

In the last section, please rank from 1 – 10 the items below; comparing both BSN and ADN prepared graduate nurses:

1 = most important expectation.

10 = the least important expectation.

Please use ALL numerals 1-10 only once, even if two or more may be equally important.

ADN	BSN	<u>Expectation</u>
		Communicate with physicians
		Make sound clinical decisions
		Organize and prioritize
		Document effectively and accurately
		Perform skills/procedures with confidence
		Delegation skills
		Act as patient advocate
		Identify patient needs and interventions
		Demonstrate safe practices
		Knowledge and safe administration of medications

If you have any additional comments or suggestions regarding expectations of graduate nurses, please note them here.

Thank you for participating in this study.

Please place the completed questionnaires into the envelope and/or fax to the address listed on the fax cover sheet in your packet.

APPENDIX D
UW OSHKOSH IRB APPROVAL

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