ABSTRACT


AGENCY EDUCATORS' EXPECTATIONS
FOR BACCALAUREATE GRADUATE NURSES


By Susan L. Frerks

Today's new graduate nurses are entering a work world that is challenging and ever changing.  Graduate nurses are having a difficult time transitioning into nursing careers that involve intense, fast-paced work environments; advanced technology; and caring for complex and high-acuity patients.  New graduate nurses are not coming into the work field equipped to handle the challenges (Burns & Poster, 2008; Etheridge, 2007).  Nurse educators at the baccalaureate level need to look at what they can do to better prepare graduates for the transition to practice as a registered nurse.

The purpose of this study was to explore and describe what agency educators' expectations are of the newly graduated baccalaureate prepared nurses.  By exploring this phenomena with agency educators, a clearer vision of what is expected and needed in nursing education may be obtained.  This information can be used to make educational changes to meet the needs of both the students and the agencies where they will work after graduation.

This qualitative, naturalistic inquiry used interviewing as its main data collection tool.  A convenience sample of 10 area agency educators was interviewed.  The data were analyzed using qualitative content analysis.  Study results showed that agency nurse educators have expectations for graduate nurses at the time of hire related to: (a) C*linical Skills,* (b) C*onfidence*, and (c*) Professionalism.* The theme *Clinical Skills* is subcategorized into: *Assessment Skills, Psychomotor Skills,* and C*ritical Thinking Skills.* Nurse educators reported they expect graduate nurses to have the beginning development of these expectations, but do not expect graduate nurses to be competent in them at the time of hire.

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by


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I would like to dedicate this paper to my mother, who has lived with multiple sclerosis for 20 years.  She sings the praises of all the nurses and student nurses that she comes into contact with where she lives for all their love and care.  She is a constant source of encouragement and strength to me to always live fully and count the many blessings in my life.

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INTRODUCTION


Introduction

Nursing education is a complex and challenging process. Nursing education requires a good understanding of the theoretical concepts of health, diseases, and their management. It also requires development of clinical competence in nursing skills, critical thought processes, and time management skills. Along with theoretical and clinical skills in nursing science, students must gain an understanding of a wide range of responsibilities to patients, families, other healthcare providers, and the organization for which they work (Klein, 2006). Providing adequate education for the highly technologic, fast-paced environments where nursing students are preparing to work can be a daunting endeavor to all involved. Agency educators are challenged to help new graduates transition to become safe and competent practitioners in the healthcare setting.

Today's new graduate nurses are entering a work world that is challenging and ever changing. There is an increase in the complexity and acuity of the patients being cared for in both acute and chronic care settings. The work environment is becoming more technologically challenging every day. An ongoing nursing shortage increases the demands on nurses working in understaffed facilities (Crow, Smith, & Hartman, 2005). Nurses need to be able to continually think on their feet and make sound clinical judgments, a task that can be difficult even for experienced nurses. It has become a challenge for academic educators to prepare students with the requisite knowledge and skills necessary in today's nursing field. Graduate nurses have reported they were educated in a manner that was inconsistent with what they were finding out in the work

world (Heslop, McIntyre, & Ives, 2001). The idealistic type of holistic nursing being

taught does not prepare them for the reality of task-orientated care, long hours, and

managing a number of complex patients at the same time (Maben, Latter, & Clark,

 2006).

Current research shows that new graduates are not performing well in the area of

clinical judgment and are not able to use critical thinking skills even though they

graduated from accredited schools of nursing and have passed the NCLEX examination

(Etheridge, 2007).  Greenwood (2000) suggested that the move toward academic

education of nurses caused uncertainty as to whether new graduates were competent to

practice.  Academic nursing education tends to be heavily weighted in theory taught in

the classroom with less emphasis on clinical practice (Gillespie & McFetridge, 2005).

When graduate nurses are unable to make sound clinical judgments using critical

thinking skills, patient outcomes and patient safety can be affected.   For some graduate

nurses, making sound clinical judgments is a skill learned in school, whereas for others,

it may be something that comes only with practice.  Others may argue that this is an

innate skill and cannot be learned.

Maben et al. (2006) found graduate nurses frequently experience a disparity

between the ideals taught in nursing school and what they experience in the work field.

Kramer (1974) described this as 'reality shock.'   School focuses on the ideal of holistic,

personal nursing care.  The work place is often fast-paced, highly task-orientated, and

does not allow time for the personal, holistic care that students were taught in school.  In

school, students are often under the impression that clinical care will be directed by

physicians and are surprised by the amount of clinical judgments nurses must make (Etheridge, 2007).

New graduates are overwhelmed with these disparities and often feel they do not have the necessary knowledge and clinical experience to make sound decisions and deliver safe, effective nursing care.  Halfer and Graf (2006) found new graduates' inability to handle intense work environments, high patient acuity, and high technology caused them to change jobs frequently or to leave nursing altogether.

Nurse educators and agency educators need to look at the new graduate experience and develop nursing curricula that better prepare students to ease into the intense and difficult transition from nursing student to new graduate (Halfer & Graf, 2006).  Nurse educators need to find the balance that best allows the student to apply theory to practice.

Significance to Nursing

By looking at what agency educators' expectations are of new graduates, nurse educators can begin to evaluate what is needed to provide nursing education that is consistent with what graduate nurses need to become competent, safe, practicing nurses.  This will help ease new graduates into the highly technologic, fast-paced, and demanding work environment they will face after graduation.

## Problem Statement

Graduate nurses experience challenges in the transition from student to new graduate, often lacking the necessary critical thinking and clinical skills to make safe patient care judgments.  By exploring these phenomena with agency educators, a clearer vision of what is needed in nursing education can be obtained.  By obtaining this information, changes can be made in nursing education to meet the needs of both students and the agencies where they will be employed after graduation.

## Purpose

The purpose of this study was to explore and describe what agency educators' expectations are of newly graduated nurses from baccalaureate programs.

## Research Question

What are agency educators' expectations of the baccalaureate prepared graduate nurse at the time of hire?

## Definitions of Terms

*Conceptual Definitions*

*Agency educators*:  Individuals who are employed by a healthcare agency to deliver education to nurses (Gillespie & McFetridge, 2006).

*Expectations*:  Defined as that which is expected (Mirriam Webster, 2007).  As in graduate nurse expectations, this may include clinical skills related to competence, critical thinking, time management, clinical judgment, organization, assessment, and the ability to function as a nurse (Klein, 2006).

*Graduate nurse*:  Defined as a person who has completed a bachelor of science in nursing (BSN) program successfully and may or may not have taken the National Council Licensure Examination (NCLEX), as yet (Levett-Jones & FitzGerald, 2005).

*Time of hire*: Defined as that point in time when the graduate nurse has been hired following his/her graduation from a BSN program.  It is prior to their healthcare agency job orientation (Karlowicz & Ternus, 2009).

*Operational Definitions*

*Agency educators*:  Agency educators are nurses who are responsible for the orientation of graduate nurses when they are hired by the healthcare agency in eastern Wisconsin.  Agency educators may be responsible to one or more clinical units or to the entire agency.

*Expectations*:  Expectations will be ascertained from interviews.  Questions will be asked to see what nurse educators report as the necessary knowledge and skills the graduate nurse should have when he/she is hired into their facilities following completion of nursing school.

*Graduate nurse*:  Graduate nurses have completed a baccalaureate  program in nursing within the past year.  They may or may not have taken the NCLEX.

*Time of hire*:  The time before the orientation process has begun for the new graduate.

Assumptions

1.  Agency educators have expectations of new graduate nurses entering the work field.

2. Agency educators have the ability to adequately assess the knowledge and skills the new graduate nurse needs to work at their facility.

3. New graduate nurses who are coming into healthcare organizations have nursing knowledge and skills they learned in their baccalaureate program.

4. New graduate nurses experience a transitional period when they graduate from nursing school and enter into the workforce.

## Summary

The purpose of this study was to explore and describe what agency educators' expectations are of newly graduated nurses from baccalaureate programs. Today's new graduate nurses are entering a work world that is challenging and ever changing. There is an increase in the complexity and acuity of patients being cared for in healthcare settings. The work environment is becoming more technologically challenging. The nursing shortage increases the demands on the nurses who are working in understaffed facilities. It has been a challenge for academic instructors to educate students to properly prepare them for today's nursing field.

In this chapter, the background of this study, the research problem, conceptual and operational definitions, and assumptions were described. The significance to nursing was addressed.

CHAPTER II

THEORETICAL FRAMEWORK AND REVIEW OF LITERATURE

Introduction

The purpose of this study was to explore and describe what agency educators' expectations are of newly graduated nurses from baccalaureate nursing programs. A description of the theoretical framework for this study is included in this chapter. The literature review, which follows the presentation of the theoretical framework, presents a discussion of research related to nursing education and the difficulty graduate nurses have in the transition from nursing student to graduate nurse as they begin to practice.

Theoretical Framework

The Theory of Transitions (Meleis, Sawyer, Im, Helfinger-Messias, & Schumacher, 2000) was the theoretical framework that underpinned this study. The Theory of Transitions was originally developed by Meleis in 1987 and revised in 2000 (Meleis et al., 2000). This revised framework was used in this study. The revised framework identifies four types of transitions that may occur: (a) developmental, (b) situational, (c) health/illness, and (d) organizational. Whereas the original framework was patient and health-oriented, the new framework includes developmental and situational transitions, which makes this theory adaptable to the expectations of graduate nurses in the transition from nursing student to graduate nurse.

Transition is defined as "changing from one state or condition to another" (Mirriam Webster, 2007). The Theory of Transitions (Meleis et al., 2000) explains this process as one that can trigger vulnerabilities in persons going through transition.

Vulnerability in relation to transitional experiences, interactions, and environmental

conditions can expose people to potential damage, problematic or extended recovery, or

prolonged unhealthy coping.  Transitions are the result of changes in lives, conditions,

and environments.  How people transition through these processes is often affected by

their knowledge, resources, and support.   Meleis et al. (2000) further defined the Theory

of Transitions into the following six components: (a) types and patterns of transitions; (b)

properties of transition experiences; (c) transition conditions: facilitators and inhibitors;

(d) process indicators; (e) outcome indicators; and (f) nursing therapeutics.  The Theory

of Transitions framework is seen in Figure 1.  The following discussion will show how
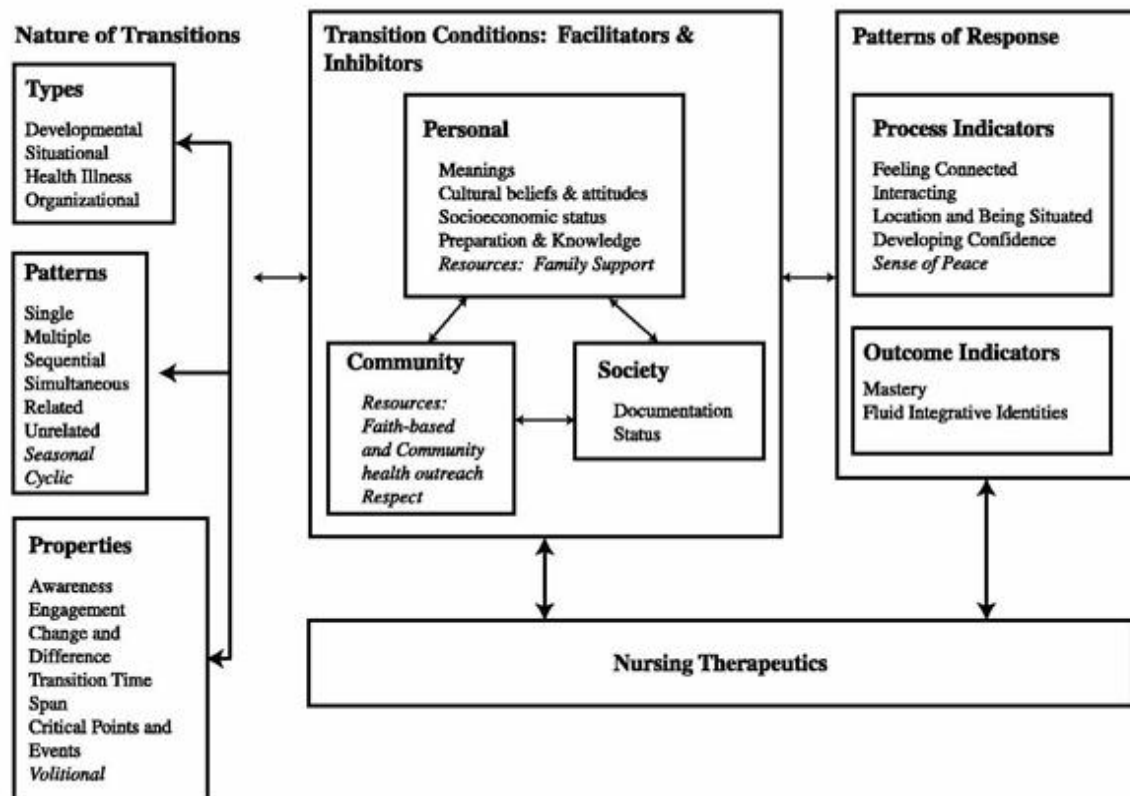
this framework applies to this study.



*Figure 1.* Transitions:  A Middle-Range Theory (Meleis et al. 2000).

The types of transitions can be developmental, situational, health/illness, and organizational. The patterns of transition can be single, multiple, sequential, simultaneous, related, and unrelated. Often, the person in transition is experiencing multiple types of transitions and multiple patterns of transitions. An example of this would be new graduate nurses experiencing developmental. as well as situational transitions, as they are trying to meet the expectations of the agency where they will be working. The agency educator will have expectations of new graduates that the graduates may or may not meet. According to Meleis et al. (2000), the complexity of multiple transitions warrant the "need to consider the patterns of all significant transitions in an individual or family's life rather than focusing only on one specific type of transition" (p. 18).

Several properties of transitions have been identified by Meleis et al. (2000). These include:

- Awareness: This relates to the perception, knowledge, and recognition of the experience of the transition (Meleis et al., 2000). It involves the similarity about what is known about processes and responses and what comprises an expected set of responses and perceptions of individuals undergoing similar circumstances. In relation to this property, the agency educator may be aware of certain expectations of graduate nurses and expect them to respond in certain ways.

- Engagement: This is the degree to which the person in transition exhibits involvement in the actual process. Meleis et al. (2000) define types of engagement as "seeking out information, using role models, actively preparing, and proactively modifying activities" (p. 19). Both agency educators and

graduate nurses would experience engagement. Both are seeking information, using role models, and actively modifying activities.

- Change and difference: Dimensions of change to be looked at include the nature, temporality, perceived importance, and individual, familial, and societal norms and expectations (Meleis et al., 2000). Property differences refer to unmet expectations, feeling different, being perceived as different, or seeing the world and others in a different way. There is definitely change and difference as agency educators assist graduate nurses in transition and as the expectations of graduate nurses become clear in their new role.

- Time span: Transitions develop over time. Meleis et al. (2000) note that the property of time is "characterized by flow and movement over time" (p. 20). Bridges defines time in the transitional process as "characterized as a time span with a identifiable end point, extending from the first signs of anticipation, perception, or demonstration of change; through a period of instability, confusion, and distress; to an eventual ending with a new beginning or period of stability" (as cited in Meleis et al., 2000, p. 20). This study focused on one point in time, what the agency educators' expectations were of graduate nurses at the time of hire. These expectations influence graduate nurses' transition into their new role over time.

- Critical points and events: Many transitions are marked by critical points or events. These critical points are usually associated with an increase in the awareness of a change and more active engagement involving the transitional process (Meleis et al., 2000). This represents a period of uncertainty in the life of the person going through the transitions. The critical point in this study is the

graduate nurses' time of hire and what the agency educators' expectations of them at that time.

The third component of the Theory of Transition is that of the conditions that facilitate and inhibit transitions.  According to Meleis et al. (2000), "To understand the experiences of clients during transitions, it is necessary to uncover the personal and environmental conditions that facilitate or hinder progress toward achieving a healthy transition" (p. 21).   To begin to uncover these components it is necessary to look at the following:

- Meanings:  The meanings of the events that precipitated the transition.

- Cultural beliefs and attitudes:  Transitions can be affected by the attitudes and beliefs that are engrained in one's culture.

- Socioeconomic status:  Socioeconomic status can effect transitions.

- Preparation and knowledge:  Lack of preparation or knowledge can hinder a transitional process.

- Community conditions:  Community conditions may facilitate or hinder transitions. Lack of community support can hinder whereas community support will facilitate a transition.

- Societal conditions:  Social conditions can inhibit or facilitate transitions.

This third component of the Theory of Transitions can be related to the transition of the graduate nurses in regard to the preparation and knowledge that agency educators expect of graduate nurses in contrast to what knowledge and preparation graduate nurses actually brings into the organization.  Schumacher and Meleis (1994) identified expectations as one of the influencing factors in a transition.  As the transition

unfolds, expectations may not be congruent with the reality of the situation, which would make for a difficult transition.

The fourth component in the Theory of Transition is that of patterns of response. Patterns of response include process indicators and outcome indicators. A healthy transitional process must include both process indicators and outcome indicators (Meleis et al., 2000). Process indicators include feeling connected, interacting, location and being situated, and developing confidence and coping. Outcome indicators include two main processes that are needed for a healthy transition. These include mastering new skills needed to handle the transition and developing a fluid yet integrative identity. The process indicators are related to this study regarding the expectations of graduate nurses and how these may affect their feeling connected, allowing them to become situated, and developing confidence and coping skills. The outcome indicators may become very difficult for them to master if they are unable to meet the agency educators' and organizational expectations.

The final component of the Theory of Transitions is that of nursing therapeutics. Nursing therapeutics are part of the nurse-patient relationship. In this study, it refers to developing and implementing orientation programs by nurse educators who work with new graduate nurses. Using nursing therapeutics in regards to graduate nurse orientation is supported by Schumacher and Meleis (1994).

## Case Study

To further illustrate how the theory of transition fits with this study consider the following case study. Jennifer has completed a baccalaureate nursing program,

graduating with a 4.0 grade point average.  She is hired by a large local hospital and has begun the orientation program.  She is very excited to begin her nursing career.

The orientation program at the hospital where Jennifer has been hired is quite extensive.  The nurse educator has high expectations of all the new graduate nurses who come into orientation.  The orientation program is designed to cover all competencies involving technical skills, ranging from Foley catheter insertion and care through more complicated skills, such as tracheostomy care and chest tube management.   A test that evaluates critical thinking skills for situations often encountered on the nursing unit where Jennifer will be working is also included in the orientation program.   After passing the competencies and the critical thinking exam, graduate nurses begin an intense 8-week orientation on the unit, where they are paired with an experienced nurse.  The agency educator has expectations that the graduate nurse will come into the orientation with a solid background of nursing knowledge and skills after completing a baccalaureate program.

Jennifer attends the first week of orientation, and her excitement begins to plummet as she begins to feel overwhelmed.   She takes the critical thinking exam, which covers a variety of diseases and their management, and barely passes the exam. During her initial orientation period, Jennifer develops feelings of fear and wonders why her education did not prepare her for the reality of nursing.  She reflects back and thinks about how well she did in classes and on exams.  She remembers her clinical experience, where she had one or two less complex patients and developed long, extensive care plans that she actively put to use.  What she is seeing as expectations in the work world are nothing like what she thought it would be like.  She begins to wonder if she should have chosen a different career.

By using the Theory of Transition in this case study, the expectations of the agency educator and how they may affect the transitional process of new graduate nurses can be examined. Nursing practice is challenging and continually changing. Nursing education may not prepare graduate nurses appropriately for their future practices. By looking closely at the expectations of agency educators, educational outcomes can be examined and compared to the expectations. Meleis et al. (2000) identified one of the components of transition as being facilitators and inhibitors. Knowledge and preparation can be strong facilitators. An education that truly meets the needs of new graduate nurses will be a strong facilitator in their transition from nursing student to graduate nurse.

Review of Literature

In reviewing the literature for this study, no specific studies could be found that addressed what agency educators viewed as expectations of graduate nurses. There are many indications in other studies that graduate nurses are not meeting agency expectations following graduation (Cheek & Jones, 2002; Etheridge, 2007; Halfer & Graf, 2006; Heslop et al., 2001). There are also studies about the education of the graduate nurse and the theory-practice gap (Burns & Poster, 2008; Gillespie & McFetridge, 2006; Maben et al., 2006). Due to the gap in the literature regarding agency educators' expectations, the literature review for this study will focus on nursing education and the transitional difficulties encountered by graduate nurses, which is strongly related to the expectations in the work field.

*Nursing Education*

The appropriateness and relevance of nursing education has been an issue of debate for many years.  Personnel at agencies often feel new nurses are coming ill-prepared to take on the challenges of today's healthcare field.  Cheek and Jones (2003) conducted a study to determine what nurses are doing, skills that are needed, and the challenges that are being faced by new nurses.  The researchers examined what nurses were doing in the every day work place in an attempt to identify the necessary educational preparation.  Purposeful sampling was used, and participants included 38 Australian nurses from a variety of healthcare settings.  The study was qualitative, using naturalistic inquiry with semi-structured interviews.  The results of each interview were developed into a case vignette.  Once the 38 case vignettes were in place, a cross-case vignette pattern analysis was used to identify themes that were related to what nurses do, the skills they need, and the challenges they face in contemporary nursing practice.

Several themes emerged from the cross-case vignette comparisons (Cheek & Jones, 2003).  The first theme to emerge was that there is no typical day for the nurse.  Nurses must remain flexible and adaptable in an unpredictable and changing work environment.  The second theme was that nurses must work with many different people including patients, families, and other health team members.   The third theme was assessment.  Assessment included physical assessment, ability to anticipate events, and problem solving.

Cheek and Jones (2003) identified three challenges nurses face in practice.  One challenge was conflict, seen at the individual level, at the level of patient care, and regarding the allocation of resources.  Another challenge was the pace of change in the work setting.  This was described as declining resources in an environment of increasing

demands.  The final challenge identified the need for a greater clinical component in nursing education.  This clinical component was defined more specifically as communication skills, problem solving skills, lifelong learning, information technology, negotiation and conflict resolution skills, time management, and learning to work along with others in the healthcare field.  The clinical component involved not only the physical care of patients, but also how to traverse the environment in which they worked.  The researchers recommended that nursing education not be limited to what contemporary nursing is thought to be, but should include flexibility and adaptability that supports critical thinking and life-long learning skills throughout nursing education programs.

Maben et al. (2005) conducted a study to determine whether an education reform introduced into nursing education in England in 1986 helped to address the problem of the theory-practice gap.  The education reform, Project 2000, was introduced to help clear disparities between practice ideals taught in school and those actually encountered in practice.  The researchers examined whether the ideals and values taught to nursing students since the implementation of Project 2000 were being put into practice, and whether the theory-practice gap continued.  This was a qualitative, naturalistic inquiry done using purposive sampling.  This longitudinal study was divided into three phases. In phase one, data was gathered using questionnaires with final year nursing students. Phase two involved in-depth interviews at 4 to 6 months post graduation.  Phase three included an interview at 11 to 15 months post graduation.  The initial sample involved 72 participants.  The final sample was 26 nurses who were willing to participate in the study in an ongoing manner.

Maben et al. (2005) identified what nursing students thought ideals would be in nursing practice.  This included patient-centered holistic care and quality care.  The

findings from phase two and three showed these new graduates were not able to put values and ideals into practice due to organizational and professional sabotage. Organizational factors included time pressures, role constraints, staff shortages, task-oriented work, and work overload. Professional sabotage was due to the nursing culture they encountered. This nursing culture adhered to covert rules including: (a) hurried physical care, (b) no shirking, (c) not getting involved with the patients, (d) fitting in, and (e) not rocking the boat. The findings of this study confirmed that the theory-practice gap still existed. The researchers found nursing education was not congruent with what graduate nurses were finding in the reality of the work field. Maben et al. recommended finding qualified role models, providing mentors to give support, having formal preceptor programs, and examining the case for mandatory nurse-patient ratios in healthcare agencies.

*Transitional Difficulties of Graduate Nurses*

As new graduate nurses enter the work field, they are often overwhelmed by the complexity of thinking and problem solving required in the clinical setting. They are overwhelmed by the complexity of patients and the clinical judgments they are required to make. These abilities often take time to develop and improve with clinical experience.

Etheridge (2007) conducted a qualitative, descriptive study that examined the perceptions of new graduate nurses using semi-structured interviews. The researcher looked at clinical nursing judgments and the education involved in learning how to make sound judgments. Etheridge described this as "learning to think like a nurse" (p. 25). The sample was a convenience sample of new nurses who worked on a medical-surgical unit, had graduated from a 4-year baccalaureate program, and no longer worked with a preceptor. Three interviews were done with each participant over a 9-

month period.  Etheridge found that nurses viewed the time period from nursing student to working as a staff nurse as a transitional time, when they learned to think like a nurse. The process that occurred when they learned to think like a nurse involved developing confidence, accepting responsibility, changing relationships with others, and thinking critically within one's work.  Etheridge reported that these characteristics developed over time and improved with experience and encouragement.  The way in which this process occurred was through clinical experience with a wide variety of patients, agency educator help, and discussions with peers.  Etheridge recommended more hands-on experiences, assisting new graduates to find answers to questions rather than giving answers, more discussion groups with peers about patient care issues, and developing work schedules where experienced nurses are assigned to the same shifts to provide new graduates with support.

Bowles and Candela (2005) conducted a quanitative study using a survey tool to look at new graduate's perception of the work field.  The researchers examined what recent graduates chose for their first nursing jobs, perceptions of their first nursing experience, and the reasons for leaving their position.  The sample was obtained by mailing 3,077 questionnaires to nurses who were registered in the state of Nevada and had graduated within the last 5 years.  Three-hundred-fifty-two questionnaires were returned, for a response rate of 11.5 %.  Most of the nurses worked in hospitals and one-third were still in their first position.

Bowles and Candela (2005) found that nurses reported work environments were stressful and not conducive to safe patient care.  Though respondents noted their work environments were negative, they did report that staff worked well together. Respondents reported that their nurse managers were supportive and that evaluations

were fair. The majority of the respondents reported that administration did not listen to them and did not provide opportunities for advancement or funding for continuing education. When asked why nurses left their first jobs, the most frequent reasons were stress related to patient acuity, unacceptable patient-staff ratios, and feeling patient care was unsafe. Bowles and Candela recommended that hospital administrators must remain aware of the enormous transition that graduate nurses are going through as they enter the work field. They also pointed out that the nursing shortage may not be improved by producing more nursing graduates unless healthcare organizations make changes that attract nurses and keep them working in the healthcare field.

The review of literature identifies that new graduate nurses are coming into the work place feeling unprepared. Nursing education programs may not be providing adequate clinical application of theoretical knowledge. This makes the transition from nursing student to graduate nurse a difficult process.

Summary

As graduate nurses go from nursing student to graduate nurse in the work field, they enter a transitional process where they must put their education to practice. This can trigger vulnerability, making the transition difficult. Nurse educators have recognized the difficulty new graduate nurses have had making the transition from nursing student to graduate nurse. Agency expectations for new graduate nurses may be different than the ideals taught in academia. By learning agency educators' expectations, academic educators may be able to modify curricula to ensure a smooth transition from education to practice.

       In this chapter the theoretical framework for this study was presented.  Meleis et al.'s Theory of Transition (2000), and it's relevance for this study was addressed.  A review of literature was also presented related to nursing education and the transitional difficulties graduate nurses face in their first job experiences.

CHAPTER III

METHODOLOGY

## Introduction

The purpose of this study was to explore and describe what agency educators' expectations are of newly graduated nurses from baccalaureate programs. This chapter will focus on the research methodology, design, sample, data collection procedures, as well as the methods used in data analysis.

## Research Design

This study used an exploratory, descriptive design using qualitative methodology. The study can further be defined as a naturalistic qualitative inquiry. This design was appropriately to explore and describe what agency educators' expectations were for baccalaureate prepared nurses at the time of hire. Due to the lack of information in the literature on agency educators' expectations of graduates from baccalaureate nursing programs, an exploratory design is appropriate.

## Population, Setting, and Sample

The population for this study was agency nurse educators. A convenience sample of ten nurse educators from healthcare organizations in Wisconsin, who hire and orient new graduate nurses, made up the sample. Inclusion criteria for this study included agency educators who: (a) oversaw or actively worked with graduate nurses during the orientation process, (b) had a minimum of a BSN degree in nursing, and (c) had at least 1 year experience in orienting new graduate nurses.

Data Collection Instruments

Two data instruments were used for this study: (a) a demographic questionnaire developed by this researcher (Appendix A) and (b) an interview guide using open-ended questions (Appendix B). The demographic questionnaire included questions regarding agency educators' age, gender, educational background, area of expertise, years as an educator, number of graduate nurses oriented per year, and number of years at current facility. The interview guide used open-ended questions to explore agency educators expectations of graduate nurses at the time of hire, how these expectations were being met, and how nursing education could be improved to allow for a smoother transition for graduate nurses into practice. The open-ended interview was appropriate for this study, as it allowed participants to fully describe their expectations of graduate nurses. The open-ended interview gave participants the freedom to describe their experiences, which contributed to the fullness of the information obtained.

The trustworthiness or rigor of this study was assumed through credibility, dependability, confirmability, and transferability. Credibility was met by prolonged engagement with the participants during the interview process. Dependability was met by demonstrating credibility (Speziale & Carpenter, 2007). Confirmability was assured by using an audit trail recording the activities and decisions that the researcher followed during data analysis. An audit trail, recording activities over time, helped to illustrate the researcher's thinking that led to conclusions. Transferability will depend on whether others in similar settings can apply the information gained from this study (Speziale & Carpenter).

Data Collection Procedures

Ten participants were solicited by using healthcare agency contacts to ask for educators' names and contact information.  An invitation to participate was sent to potential participants by email (Appendix C).  The email introduced the researcher, explained the purpose and goals of the study and the approximate amount of time required for the interview, and invited the educator to participate in the study.  The researcher then followed up with a phone call.  If the potential participant was willing to participate in the study, an interview date, time, and place were negotiated.  The site of the interview was chosen by participants to ensure privacy and comfort.

At the interview appointment with the participant, informed consent (Appendix D) was obtained, the demographic questionnaire was completed by the participant, and then the interview process began.  All interviews were audio taped, transcribed verbatim, and transcripts were used for data analysis.

Protection of Human Participants

Approval to conduct this research was obtained from the University of Wisconsin Oshkosh Institutional Review Board (IRB) for the Protection of Human Participants (Appendix E).  Approval from two healthcare organizations in Northeast Wisconsin was obtained from their IRBs to conduct this study.  These two approvals were not included as documentation in this study as to protect their privacy and to protect the privacy of study participants.  Informed consent was obtained from each participant prior to beginning the interview process.  The informed consent ensured that participants received adequate information regarding the study, understood that they could withdraw from the study at any time, and gave permission for audio taping.  The risks for this

study were minimal and included the time spent in the interview process. Participants were assured that findings and results were completely confidential. Names of participants and the agencies where they work were not identified in the study results. Only aggregate data are reported. All audiotapes were destroyed after completion of the study.

## Data Analysis

A content analysis was done to analyze the data collected during interviews. The researcher manually analyzed the data using a numeric coding method to identify significant statements on the transcripts (Speziale & Carpenter, 2007). Comparisons were then be made across all interviews to identify recurring themes and categories. The comparisons were used to identify similarities and differences.

## Limitations

Limitations identified by the researcher conducting the study include the following:

1. The small sample size may limit transferability of findings.
2. Agency educators had difficulty distinguishing between baccalaureate nurses and nurses graduating from other programs.

## Summary

The purpose of this study was to explore and describe what agency educators' expectations are of newly graduated nurses from baccalaureate programs. A

convenience sample of 10 hospital educators involved in the orientation of new graduate nurses was used.  The data were collected through interviews using open-ended questions.  Interviews were transcribed verbatim, and transcripts were used for content analysis to identify recurring themes and categories.

     There is little data in the literature regarding agency educators' expectations of new graduate nurses.  Using a qualitative, naturalistic inquiry to explore this issue gave participants the freedom to fully articulate their thoughts and perceptions as to the expectations for new graduate nurses.  In this chapter, the research design; population, sample and setting; data collection instruments and procedures; protection of human participants; data analysis; and limitations were identified and described.

CHAPTER IV

FINDINGS AND DISCUSSION


Introduction

The purpose of this study was to explore and describe what agency educators' expectations are of newly graduated baccalaureate nurses. Demographic data of the participants and a description of the interview process are followed by a presentation and discussion of the results of the study.


Demographics

Participants for this study were 10 nurse educators who work with graduate nurses during their orientation process. The nurse educators were all female and ranged in age from 28 to 53 years, with a mean age of 45.2 years. Seven of the nurse educators were baccalaureate prepared and three were masters prepared. The number of years working with new graduates was 1 to 8, with a mean of 3.5 years. The nurse educators had been nurses for 6 to 31 years, with a mean of 18.5 years. All ten nurse educators said they had a specialty area. Three identified education as their specialty; two identified cardiac nursing as their specialty; and the remainder identified collaborative care, oncology, obstetrics, and pediatrics as their specialty areas. The number of graduate nurses that they orientated at their facility varied from less than one per month to ten per month. The number of graduate nurses that were baccalaureate prepared made up 50% to 80% of the total number of new graduates.

The Interview Process

The nurse educators were contacted via email with an introduction letter describing the study and an invitation to participate in the study.  When educators agreed to participate in the study, a mutually convenient time and place for the interview was arranged.  Written consent to conduct the interview and to audio tape the interview was obtained from each of the nurse educators prior to data collection.  All questions were clarified.  The researcher met with each nurse educator in a private office.

A demographic questionnaire was filled out by each participate prior to the interview.  All of the interviews were informal, and the participants spoke freely and appeared comfortable during the interview process.  The interviews lasted 20 to 45 minutes.  All of the taped interviews were transcribed verbatim.  Each nurse educator was encouraged to contact the researcher if they desired any further information or if they wished to withdraw from the study at any time for any reason.

Results

Analysis of the data was done by making comparisons across all the interviews to find recurring themes throughout regarding agency educators' expectations of new graduates.  The three themes that emerged from the data were: (a) *clinical skills,* b) *confidence,* and (c) *professionalism.*  The three subcategories of *clinical skills are: (a) assessment skills, (b) psychomotor skills,* and *(c) critical thinking skills.*  Following are descriptions of each category with statements from participants to support each of them.

*Clinical Skills*

The first theme in this study revolved around the clinical skills of the new graduate nurse.  The nurse educators expected new graduates to have good physical

assessment skills at the time of hire. Nurse educators expected graduate nurses to have knowledge of, or competence in, performing basic nursing skills, such as inserting Foley catheters, IVs, and nasogastric tubes. Nurse educators expected nurse graduates to possess beginning critical thinking skills, but most realized these skills are not fully developed. From these data, three subcategories of clinical skills were identified: (a) *assessment skills, (b) psychomotor skills,* and (c) *critical thinking skills.* Each will be described in more detail.

*Assessment Skills*

All of the nurse educators expected graduate nurses to have good physical assessment skills. This was described by nurse educators as being a good head-to-toe assessment of patients. Nurse educators reported this was an essential skill which graduate nurses should bring into practice. A nurse educator commented on physical assessment skills for the new graduate nurse:

> Basic skills, we know that they do not get a whole lot in the clinical realm, so opportunity may be lacking for some skills, but basic assessment skills, head to toe especially, we feel that is essential for them to come with.

Nurse educators reported that graduate nurses seemed to have good knowledge of skills, but when it came to putting that knowledge to practice, such as doing a physical assessment on a patient, graduate nurses fell short of meeting their expectations. The knowledge was there, but when the graduate nurse was put into the situation to use that knowledge, she had difficultly. A nurse educator commented on the graduate nurses' ability to perform physical assessments at the bedside:

The thing I have noticed a lot, not just on the specialty units, but on the med

surg units, is their assessment skills. It seems of their assessments on how to

do a head to toe assessment, they seem to forget how to do that.

*Psychomotor Skills*

Psychomotor skills, such as inserting Foley catheters, IVs, and nasogastric tubes

and care of those devices, were identified as another expectation by nurse educators.

Five nurse educators reported they expected graduate nurses to be competent in

psychomotor skills. Other nurse educators expected graduate nurses to have a good

knowledge and understanding of basic nursing skills, but not have competence at this

point. Nurse educators who expected the basic knowledge of these skills said that

graduate nurses did not get enough clinical application of these skills in order to be

competent. It was often through work orientation programs that graduate nurses got the

opportunity to practice these skills and become proficient. Many of the nurse educators

commented that it was during orientation, where they could identify what skills the

graduate nurses needed more practice with, and they would provide those experiences

for them to increase proficiency. Nurse educators said that graduate nurses should be

able to identify what skills they need practice with. A nurse educator commented on

what she felt the graduate nurse should know in regards to psychomotor skills:

I would like to see in the baccalaureate nurse at least the basic skills of nursing.

At least out of the classroom situation and the real person situation. I am talking

about IV insertion, NG insertion, Foley insertion, simple things that we see on a

regular basis. I would like to see that.

An obstetric nurse educator commented on basic nursing skills:

Yes, I expect them to have basic skills, but because we are a specialty unit, we

only expect them to have basic med-surg skills, so to learn what we need them to

know they learn here. They may have a little bit of information about this

specialty, but they don't have a lot. So we teach them everything they need to

know.

Nurse educators varied in regard to competence in psychomotor skills in the

graduate nurse.  Some said the graduate nurse needs to come with competence in

these skills, while others expected knowledge and understanding of skills, noting they

would provide the clinical application during orientation.  It also varied according to the

type of nursing unit in hospitals to which new graduates were hired.  Nurse educators in

specialty units said the graduate nurse should have basic skills, and according to the

specialty, they would provide orientation to what was needed.

*Critical Thinking*

Many of the nurse educators commented on critical thinking skills as being

important.  One-half of the educators expected that new graduates should have

beginning critical thinking skills, but said the graduates needed more experience to fully

develop those skills.  Nurse educators commented on how graduate nurses were given

case scenarios in orientation to help them with critical thinking.  One nurse educator

noted:

They have a good basic knowledge. Some of them pick it up very easily when

they come out and are working well with their preceptors. I make all of the new

grads do critical thinking case studies to help in tying that all together. I mean

they have the knowledge, but we just need to take them that one step further

thinking about everything in total. I think during the orientation period most of them come along very well.

Nurse educators expected graduate nurses to have beginning critical thinking skills in place. They did not expect these skills to be fully developed. Nurse educators look for ways to help graduate nurses develop these skills. They provide case scenarios in orientation. They also talk about experience being important to develop critical thinking skills. Nurse educators report that graduate nurses have beginning critical thinking skills, but also report that they would like to see it further developed before coming into practice. One nurse educator commented on her expectation for critical thinking in the graduate nurse and how this expectation is not met:

A big expectation of mine besides the basic skills is some critical thinking skills. We have seen some come in and this is a simple example, like a pulse ox, and the pulse ox is beating at 85 and they are like oh my god. Critical thinking skills, this is a very basic example. Is it on the finger, has the patient just come back from surgery, what would predisposition that patient from having that condition? ... Those are the kinds of things I would like to see a little more.

A nurse educator commented on clinical application of knowledge in regard to developing critical thinking skills:

I think they have the background knowledge. I like that about it, but I don't know about like clinical rotations and if they are all the same in all programs. That might be different in some programs and those nurses might not be as skilled or have developed their critical thinking skills as well because if they have not had a lot of patient contact they are not going to be able to do that. If they don't get enough experience in those situations then how can you apply?

Assessment skills, psychomotor skills, and critical thinking skills are expectations of nurse educators for the graduate nurse. These three areas of clinical skills are seen as an important part of what the graduate nurse needs to come into the work field with at the time of hire. The degree to which graduate nurses are expected to be competent in these areas does vary among nurse educators. Nurse educators report that graduate nurses are expected, at the minimum, to have a basic knowledge and understanding of these skills. Nurse educators expect graduate nurses to have some clinical experience with these skills, but realize that it takes sufficient clinical practice to become proficient with these skills. Nurse educators provide opportunities to apply clinical skills during orientation periods for new graduates. Some incorporate case studies to develop critical thinking. They also provide clinical experience to further develop psychomotor skills. The one skill that all nurse educators expected graduate nurses to have is good physical assessment skills. Nurse educators said this skill is essential, and graduate nurses should be proficient in doing a physical assessment at the time of hire.

<center>*Confidence*</center>

The second theme to emerge was *confidence*. Nurse educators expected graduate nurses to have enough confidence to ask questions. They noted that some graduate nurses would keep quiet and not ask questions, because they think it is something they should already know. Nurse educators stressed that if a new graduate nurse does not ask questions, this may be someone they really need to watch. A nurse educator commented on self-confidence and the graduate nurse:

I think they have to have a certain amount of self-confidence. Yet, some people are kind of defensive and think they should know everything. You have to have

enough self-confidence to feel comfortable to ask questions.  If a new grad is not asking questions that is a red flag for me.

Overconfidence was identified as a problem for graduate nurses.  Graduate nurses who are overconfident may not ask questions to get the information they need to make sound clinical judgments.  Nurse educators said overconfidence can affect patient safety when graduate nurses do not ask questions.  One nurse educator commented on overconfidence in the graduate nurse:

> In the past 2 years we have seen new grads come in that are pretty much, I guess the word I would use is overconfident.  Sometimes that gets them into trouble and that goes back to my comment about know what you don't know.  Knowing that you don't know enough and asking instead of just assuming that you know.  Or being overconfident and just doing it.

The same nurse educator continued in regard to overconfidence, patient safety, and whether new graduates are meeting her expectations:

> It is really on an individualized basis and the only thing that I have seen that I really have concerns with is in regards to patient safety is that they are overconfident and they do not take the time to ask when they don't know.

Nurse educators reported confidence as a factor in the transition for the graduate nurse into practice.  If the graduate nurse lacked confidence, the transition into nursing practice was more difficult.   A nurse educator commented on the relationship between confidence and transitioning during the graduate nurses orientation program:

> I think it affects their confidence.  I have seen some nurses drop out of the program because of pressure.  These are the gals who have graduated from (a baccalaureate program) who can't accept the pressure of maybe critical thinking,

not being able to put it all together, maybe the reality shock. They can't get past

that. But one of the things I would like to see more of is confidence …. They lack

confidence.

In summary, confidence is identified as an expectation nurse educators have for

graduate nurses. Nurse educators report that confidence is an important factor in the

transition from graduate nurse to nurse. If a graduate nurse is more confident, the

transition may go smoothly. Nurse educators report both lack of confidence and

overconfidence in the graduate nurse. Graduate nurses who are overconfident may not

ask questions that help them see the entire picture. Overconfidence can impact patient

safety if graduate nurses do not have all information needed to make sound clinical

judgments. A lack of confidence can also prevent graduate nurses from asking

questions. Graduate nurses may be afraid to ask questions if they think it is something

they should already know. This will also affect the graduate nurses' ability to make

sound clinical judgments. Some nurse educators said confidence comes with clinical

experience. Others said confidence is a personality trait and not something that can be

learned or developed.

### *Professionalism*

The third theme that emerged from the data was *professionalism*. Nurse

educators expected graduate nurses to have a high degree of professionalism. This

included looking professional, as well as having attributes that go along with

professionalism, such as leadership skills. Nurse educators said this is something

graduate nurses should learn in school and it should carry over into the workplace.

Being professional, according to nurse educators, was wearing clean and ironed clothing

or scrubs.  It also included not having any body piercings or tattoos that could be seen by patients.  One nurse educator commented on professional attire in the workplace:

> First, the biggest thing is before we even start orientation they should have professional attire.  They should present themselves in a professional manner.  You would be surprised at how many come in a pair of blue jeans and that is not acceptable, especially during orientation.  We expect you to be professional and should not have to ask because you are graduating from a college and you should have already learned that kind of thing, so we should not have to say that you need to iron your wrinkled scrubs…

Nurse educators said part of the professional behaviors they expected were to exhibit leadership behavior and not be part of gossip or negative behavior towards other employees.  A nurse educator commented on behaviors that are not professional and acceptable for the graduate nurse:

> That is where some of the professional behaviors really need to come in.  Like not rolling your eyes and the little jibber jabbers.  It is okay to talk about personal things with your co-staff members, but talking about one another is not acceptable.

Professionalism was also associated with the current role of today's nurse in the hospital setting.  It meant being part of the professional team and being partnered with physicians, rather than being the physician's helper.  A nurse educator described this partnered relationship with the physician and how graduate nurses are eager to accept this role, but may not be experienced enough to feel comfortable in this role.  The nurse educator commented:

I think nursing has turned a corner, where when I was in school and we followed the physician down the hall with the charts. I think that they are very accepting and very eager to be the physician's partner and they just don't know how to do that yet. I think they are scared. They just don't have that experience and they can't stand up to what they believe in because they are not sure if they are right yet.

In summary, professionalism was identified as an expectation for graduate nurses. Professionalism for graduate nurses includes professional appearance, behaviors, and being a member of the team. Some nurse educators said graduate nurses do not always meet their expectations for professionalism, like coming to orientation in blue jeans. Other nurse educators said graduate nurses were eager to be part of the professional team, but did not yet have the experience to feel comfortable in this position. As with the other two themes of *clinical skills* and *confidence, professionalism* is an area that develops for the graduate nurse over time and through experience in the work field.

## Discussion of the Results

Ten agency nurse educators, who had at least one or more years of experience orienting graduate nurses, were interviewed to describe their expectations of the graduate nurse. Three themes emerged from the data: (a) *clinical skills,* (b) *confidence,* and (c) *professionalism.* The theme *clinical skills* was divided into three subcategories: (a) *assessment skills, (b) psychomotor skills,* and (c) *critical thinking skills.*

In this study, nurse educators expected graduate nurses to have clinical skills in three areas. They expected good head-to-toe assessment skills. Nurse educators

reported this was an essential skill for graduate nurses at the time of hire. Nurse educators expected graduate nurses to have knowledge and understanding of psychomotor skills. Some nurse educators expected competence in these skills at the time of hire, while others said they wanted graduate nurses to at least have knowledge of psychomotor skills and gave graduate nurses clinical experience with these skills during orientation. Nurse educators expected graduate nurses to have beginning critical thinking skills, but recognized that this was something that would be developed over time and with experience.

Cheek and Jones (2003) identified that a greater clinical component was needed in nursing education. Two areas that were further defined in this clinical component were problem solving skills and life-long learning skills. Clinical skills taught in nursing school need the clinical application for those skills in school, but students should also be able to continue to learn and improve on those skills as graduate nurses. Cheek and Jones recommended that nursing education should include flexibility and adaptability that supports critical thinking and life long learning skills. These skills will promote continued learning in practice for the graduate nurse.

Nurse educators expected graduate nurses to have confidence at the time of hire. A lack of confidence was a factor in graduate nurses not asking questions during orientation, seeking needed information. Nurse educators reported that graduate nurses often report they should already know things and were not confident enough to ask if they did not know something. A lack of confidence was cited by nurse educators as a reason for a difficult transition into nursing practice. Nurse educators reported overconfidence as a problem for some graduate nurses. Graduate nurses who are overconfident often do not have adequate information to make sound clinical judgment

regarding patient care.  Nurse educators said patient safety can be compromised if clinical judgments are made using inadequate information.  Etheridge (2007) reported that confidence in making sound clinical judgments is something that is developed over time and with experience.  Etheridge further reported this process occurs through clinical experience with a wide variety of patients, agency educator help, and discussion with peers.  A work place that is supportive and allows graduates to feel comfortable asking questions will foster this process and help the graduate nurse develop the confidence needed to make sound clinical judgments.  Graduate nurses need to have enough confidence to ask questions in order to grow, but not to be over confident, so that patient safety is compromised.

Professionalism is an expectation that nurse educators have for graduate nurses. Graduate nurses need to appear professional.  Clothing needs to be appropriate for their jobs.  Graduate nurses should not have piercings or tattoos that are visible while they are in the work place.  Another area of professionalism that was identified is being a professional member of the team.  Graduate nurses may not be fully confident in that position at the time of hire, but presenting themselves in a professional manner will begin to ease them into that role.  Maben et al. (2005) reported that graduate nurses were facing professional sabotage when they attempted to put values and ideals into place. As a professional member of the team, nurses need to feel valued and confident in their position.  If they are facing professional sabotage, they may not be confident in their role as team member.

The Theory of Transitions was the theoretical framework for this study.  Graduate nurses are in a period of transition when they begin work as a nurse.  This transition is developmental and situational for the graduate nurse.  Developmental factors include

taking what the graduate nurse has learned at school and putting it into practice. This would involve using the clinical skills learned at school, such as assessment skills, psychomotor skills, and critical thinking skills. Nurse educators' expectations in this area will influence this transition for the graduate nurse. Schumacher and Meleis (1994) identified expectations as one of the influencing factors in a transition. If graduate nurses do not meet nurse educators' expectations for knowledge and preparation, this could hamper graduate nurses' transition into practice. Meleis et al. (2000) identified a lack of preparation and knowledge as an inhibiting factor in transition. If graduate nurses meet nurse educators' expectations, this will facilitate transition into nursing practice. Situational factors that affect transition for the graduate nurse include community (work environment), in which the graduate nurse will begin nursing practice. Meleis et al. (2000) reported that a lack of community support will hinder transition. If graduate nurses feel support within their new community, the transition will be facilitated. This may include support from the graduate nurses' peer group, as well as support from nurse educators within the organization.

Other components in the Theory of Transitions that pertains to graduate nurses during transition are process indicators and outcome indicators. In order for a transition to be healthy, it should include both process indicators and outcome indicators (Meleis et al. 2000). If graduate nurses experienced positive process indicators, they will feel connected, located, situated, and develop confidence and coping. Healthy outcome indicators for graduate nurses include mastering new skills for transition and developing a fluid yet integrative identity. Being able to meet nurse educators' expectations plays a part in successfully mastering transitional processes. This is supported by the Theory of

Transitions, which identifies expectations as either an inhibitor or facilitator of transition, depending on whether those expectations are met.

## Summary

In this chapter the demographics and findings of the study were presented and discussed.  The overarching themes were presented.  The three main themes were (a) *clinical skills,* (b) *professionalism,* and (c) *confidence.*  The theme *clinical skills* included three subcategories: (a) *assessment skills, (b) psychomotor skills,* and (c) *critical thinking skills.*  The three themes and subcategories came from the narrative data from participant interviews.  The results were discussed, along with comparisons made to the literature and the theoretical framework for this study.

CHAPTER V

SUMMARY, CONCLUSIONS, IMPLICATIONS,
LIMITATIONS AND RECMOMENDATIONS

Introduction

The purpose of this study was to explore and describe what agency educators' expectations are of the newly graduated nurses from baccalaureate programs. In this chapter a summary of the findings is provided. Conclusions, nursing implications, and recommendations are presented.

Summary

This study used an exploratory, descriptive design using qualitative methodology. The study can further be categorized as a naturalistic qualitative inquiry. This design and methodology were appropriate due to the lack of information in the literature on agency educators' expectations of graduates from baccalaureate nursing programs. This design allowed agency educators to freely express their opinions and observations regarding their expectations of graduate nurses at the time of hire.

Ten agency educators were recruited for the interviews. The inclusion criteria for the agency educators were met. All participants actively worked with graduate nurses during the orientation process, had a minimum of a BSN degree in nursing, and had one year or more experience in orienting new graduate nurses.

Three themes emerged from the data analysis. The three themes were: (a) *clinical skills*, (b) *confidence*, and (c) *professionalism*. The first theme of *clinical skills* had three subcategories: (a) *assessment skills,* (b) *psychomotor skills,* and (c) *critical thinking skills.*

The first theme identified in the study was *clinical skills.* This included *assessment skills*, *psychomotor skills*, and *critical thinking skills*. Nurse educators expected graduate nurses to come into the work place with good head-to-toe assessment skills. This was reported by all ten nurse educators in this study. Nurse educators also noted that new graduates needed to have good knowledge of psychomotor skills, such as Foley, IV, and nasogastric tube insertion. This also included the care of these devices after insertion. Five nurse educators reported graduates should be competent in these skills. Other nurse educators reported that knowledge and understanding of these skills and procedures was important. Nurse educators recognized that graduate nurses may not have had opportunity for clinical application of these skills and worked to provide these clinical opportunities in orientation. The third clinical skill that nurse educators expected was critical thinking skills. Nurse educators reported that graduate nurses should have beginning critical thinking skills at the time of hire. Nurse educators realized that critical thinking skills develop over time and with clinical experience. Many of the nurse educators used case scenarios during orientation periods to help promote critical thinking skills in graduate nurses.

Nurse educators reported that their expectations for clinical skills were not always met. All ten nurse educators reported that the graduate nurses had good background educational knowledge of nursing, but at times lacked the clinical application of this knowledge and because of this, fell short of their expectations. This finding is supported by other studies that indicate graduate nurses are not meeting agency expectations following graduation (Cheek & Jones, 2002; Etheridge, 2007; Halfer & Graf, 2006; Heslop et al., 2001).

The second theme identified was *confidence.* Nurse educators expected a level of confidence in graduate nurses. They identified this as an important factor in continuing development as a nurse. Nurse educators reported confidence played a significant role in the graduate nurses transitioning process to the role of nurse. Nurse educators differed on how graduate nurses developed confidence. Some said it was a personality trait and not something that can be learned. Other nurse educators described confidence as something graduate nurses develop over time with clinical practice. Meleis et al. (2000) portrayed confidence as something that was developed in the transitional process and was a positive process indicator in the Theory of Transitions. This process indicator is a sign of a healthy transition into nursing. It shows that nurses can develop confidence, but that it is over time and with clinical experience. Etheridge (2000) also identified confidence as a characteristic that develops over time and improved with experience and encouragement. Etheridge included confidence as one of the characteristics that graduate nurses developed as they learn to think like a nurse.

The third theme identified in this study was *professionalism.* Professionalism is an expectation that nurse educators have for graduate nurses. Nurse educators reported that professionalism is something that should be introduced in nursing school and even be part of the nursing curriculum. Some nurse educators reported they see a high degree of professionalism in the graduate nurses. Other nurse educators report that they see things like graduate nurses coming to orientation in blue jeans and body piercings. Nurse educators expect graduate nurses to be professional members of the healthcare team. They see the nurse as being a partner with the physician and other team members in delivering patient care. One of the transitional conditions in the

Theory of Transitions is cultural beliefs and attitudes.  In the past, one prevalent attitude was that the nurse was the physician's helper.  Today, graduate nurses emerge from nursing programs with a strong set of values and sense of professionalism (Maben et al., 2005).  According to Maben et al., graduate nurses often have this sense of professionalism sabotaged when they encounter poor nursing role models and a lack of support.  If graduate nurses encounter a negative nursing culture during transition, their sense of professionalism will be affected.

In summary, the results of this study revealed three expectations that nurse educators had for graduate nurses at the time of hire.  Nurse educators expected graduate nurses to come into the workplace with clinical skill, which included assessment skills, psychomotor skills, and critical thinking skills.  Graduate nurses are expected to have beginning knowledge of these skills, but not necessarily to be competent in them.  Nurse educators expected graduate nurses to have confidence. Graduate nurses should have confidence to ask questions about things they need to know.  Nurse educators also identified confidence as being a factor in how well graduate nurses transition into nursing practice.  Nurse educators also expected graduate nurses to have professionalism exhibited in their appearance and behavior.  Nurse educators also viewed professionalism as part of the graduate nurses' role as a member of the healthcare team.

## Conclusions

The following conclusions are based on the findings of this study:

1. Nurse educators expect graduate nurses to have good head-to-toe assessment skills.

2.  Nurse educators expect graduate nurses to have knowledge and understanding of psychomotor nursing skills.

3.  Nurse educators expect graduate nurses to have beginning critical thinking skills.

4.  Nurse educators expect graduate nurses to have confidence.

5.  Nurse educators expect graduate nurses to exhibit professionalism.


Implications for Nursing and Nursing Education

Preparing future nurses for today's healthcare field is a complex and difficult process.  The healthcare field is constantly changing and becoming more challenging every day.  The complexity and acuity of patients is on the rise, due to the increase in chronic diseases and shortened hospital stays.   Listening to the perceptions of nurse educators in hospital settings talk about their expectations for graduate nurses gives insight into the nursing implications for the education of future nurses who will be caring for these complex patients.

Many graduate nurses begin their careers in the hospital setting.  Nurse educators in hospital settings are able to give a realistic viewpoint of what is needed in the hospital for the graduate nurse to succeed.  In order to succeed, graduate nurses must make the transition from graduate nurse to nurse in a complex and challenging work environment.  If nursing education is able to provide graduate nurses with the skills they need, graduate nurses have a better chance of succeeding and thriving in their role as a nurse.

An implication for nursing education is to find ways to improve the professional attitudes and behaviors of graduate nurses.  Nursing has continued to strive to identify

itself as a profession, and one way to further this is to help future nurses see themselves as professionals. This needs to be an ongoing endeavor throughout the nursing program. Nursing instructors should be exhibiting professional behaviors in the classroom and the clinical setting to be good role models for graduate nurses. Professional behavior should be required of students in the clinical setting, as well as in the classroom. Nursing students should be given the opportunity to develop as a member of the professional team during clinical rotations. This may include attending team meetings to discuss patient care. It may also include giving students opportunities to talk to physicians regarding their patients' care. It can be difficult to find these opportunities, but clinical instructors need to be aware and watching for opportunities for nursing students to practice and work on developing professional behavior.

Adequate clinical application of skills during school is an implication for nursing education. When agency educators discussed whether their expectations were met, they often talked about students needing more clinical time to develop skills and confidence in doing those skills. Nurse educators indicated that with more clinical time and experience, graduate nurses would gain the confidence needed for a smoother transition into nursing practice. Nurse educators fully supported the idea of nursing students doing an internship program prior to graduation. One nurse educator suggested a collaboration between clinical facilities and nursing schools. Considering most clinical groups have eight students with one instructor, this collaboration would involve four students out of the clinical group working individually with a nurse, taking a full team of patients. This would give the students a chance to see how a nurse coordinated the care of four to five patients, and also give the nurse one-to-one time with that student to provide the clinical experiences he/she might not have otherwise. The

other four students in the clinical group would work directly with the instructor.  This would give the instructor more time to coach students and make clinical opportunities available.

Both the suggestions of required internship programs and the development of collaborations between clinical facilities and schools of nursing would provide students with more clinical time and opportunities to apply knowledge to practice.  Using these types of innovative ways to improve nursing education would help educate nurses to achieve success in clinical practice and to start to close the theory-practice gap that exists in nursing.

Limitations

During the interview, the researcher asked agency educators about their expectations for baccalaureate prepared nurses.  In many of the interviews, agency educators made specific statements in regards to baccalaureate prepared nurses in comparison to associate degree prepared graduate nurses.  But considering that it may have been difficult to keep that delineation clear during the orientation process and during the interview, the researcher noted that there may have been some overlap between agency educator expectations of all graduate nurses, regardless of their educational preparation.

Recommendations

The results of this study have provided insight into nurse educators' expectations of baccalaureate graduate nurses at the time hire.  Recommendations for further research include:

1. Conduct further qualitative and quantitative studies to explore education needs to better prepare baccalaureate students for nursing.

2. Conduct qualitative and quantitative studies to explore innovative ways to provide students with opportunities for clinical application of knowledge while in school.

3. Conduct studies to investigate possible collaborations between clinical facilities and schools of nursing to provide improved clinical experiences for nursing students.

4. Conduct studies to investigate ways to promote nursing confidence and professionalism through instructor role modeling during clinical and classroom instruction.

Summary

This chapter provided a summary of the current study. Conclusions that were drawn from the results of the study were addressed. Implications for nursing practice, education, and research were provided, along with recommendations for research to continue to explore and find ways to improve nursing education. Study limitations were addressed.

The implications for nursing education included promoting professional attitudes and behaviors in graduate nurses. Another implication for nursing education is to find ways to give students opportunities for adequate clinical application of skills. Promoting professional behavior and gaining confidence through adequate clinical application will help graduate nurses succeed in the transition to nurse. Nursing research can assist in this endeavor by investigating innovative ways to provide nursing students with improved

clinical experiences, as well as to look at ways to promote professionalism and

confidence that students can carry over to their nursing practice.

APPENDIX A

Demographic Questionnaire

Demographic Questionnaire

1. Age_____

2. What is your educational level:  Associate Degree_____  BSN_____
   Master's_____

3. How many years have you been at your current job: _____

4. How many years have you been a nurse:_____

5. Do you have a nursing specialty area:  Yes_____  No_____

6. If yes, what is your specialty area:_____

7. How many years have you been orientating new graduate nurses in your current
   position as a nurse educator:_____

8. Approximately how many new graduate nurses do you orientate per month at
   your facility:_____

9. How many of the new graduate nurses that you orient per month are BSN
   graduates:_____

APPENDIX B

Interview Guide

Interview Guide

The following questions will be used to guide the interview process.

1. What are your expectations of the baccalaureate graduate at the time of hire?
2. What is your perception of how baccalaureate graduates meet those expectations?
3. What is your perception of how baccalaureate graduates are falling short of those expectations?
4. How do you think expectations affect baccalaureate graduate nurses as they transition in practice?
5. Can you identify areas where nursing education could improve in a way that would ease the transitional process for graduate nurses?
6. Is there anything else that you would like to talk about in regards to the new graduate nurses that come to your facility?

APPENDIX C

Invitation to Participate in a Research Study

INVITATION TO PARTICIPATE IN A RESEARCH STUDY

This letter is to invite you to participate in a research study that I am conducting at the University of Wisconsin Oshkosh, College of Nursing. The research study, Agency Nurse Educators' Expectations of Baccalaureate Graduate Nurses, is to identify your expectations of the new graduate nurse. This will give you a chance to describe what you feel is needed to better educate nursing students in baccalaureate programs.

Knowledge gained from this study may help to improve baccalaureate nursing education programs. Understanding your expectations of new graduate nurses will assist academic educators to better evaluate and modify nursing program curricula.

I am asking that you agree to meet with me for an audio taped interview.  We can meet at a place convenient to you.  I will ask you a few questions about your experience with new graduate nurses. The audio taped interviews will be transcribed verbatim and will contain no identifying information about you or the facility where you work. If there are any questions that arise during the data analysis, I will contact you by phone or email to make sure the information is accurately perceived. I may use direct quotes from your interview in the study summary, but there will be nothing that will identify you or your agency. Audio tapes will be destroyed after the study is completed.

It is reasonably foreseeable that you will experience no discomfort during this study. The risk of harm that could result from your participation in this study is minimal.

The interview will last about one hour in length. This time may be shorter or longer depending on the time needed for you to describe your expectations.

Your participation in the study is completely voluntary. If you agree to participate and then change your mind, you can stop at any time.

All information for this study will be treated confidentially. Information which identifies you as an individual will not be used in any way in this study.

If you have questions about this study, you may call or email:  Susan L. Frerks, R.N., University of Wisconsin Oshkosh, College of Nursing. Telephone number:  (920) 582-7419. Email address:  Frerks76@uwosh.edu.

If you have any questions regarding your rights or concerns about the study, please direct them to:  Chair, Institutional Review Board for the Protection of Human Participants, C/O Grants Office, University of Wisconsin Oshkosh, 800 Algoma Boulevard, Oshkosh, WI, 54901, or call (920) 424-2125.

I will contact you by email within one week. Thank you for considering participating in this study.

Sincerely,

Susan L. Frerks, R.N., BSN

APPENDIX D

Informed Consent

UNIVERSITY OF WISCONSIN OSHKOSH

I,_____, have read a description of the research study,  Agency Educators' Expectations of Baccalaureate Graduate Nurses, which explained the scope, aim, and purpose of the study; the expected duration of my participation; the procedures which will be used; the reasonably expected benefits to myself and others; the reasonably foreseeable discomfort and risk of harm which could result from my participation in this study; and other information required under procedures for informed consent.

I have been provided with a copy of the summary. If you have any questions regarding your rights or concerns about the study, please direct them to:  Chair, Institutional Review Board for the Protection of Human participants, C/O Grants Office, University of Wisconsin Oshkosh, 800 Algoma Boulevard, Oshkosh, Wisconsin 54901, (920) 424-1415.

I voluntarily agree to participate in the study. I understand that my participation is strictly voluntary. I understand that I can terminate the interview at any time without penalty.

_____                    _____
    Date                                        Signature of Research Participant

                                               _____
                                               (Print) Name of Research Participant

I voluntarily agree to be audio taped in this study, and that I may ask the taping to stop at anytime. I understand that the tapes will be destroyed upon completion of this study. I agree to have portions of my interview used when reporting results of the study.  No identifying information will be included.

_____                    _____
    Date                                        Signature of Research Participant

                                               _____
                                               (Print) Name of Research Participant

_____                    _____
    Date                                        Signature of Witness

                                               _____
                                               (Print) Name of Witness

APPENDIX E

UW Oshkosh IRB Approval Letter

**OSHKOSH**

January 22, 2010

Ms. Susan Frerks
731 Wilson St.
Winneconne, WI  54986

Dear Ms. Frerks:

On behalf of the UW Oshkosh Institutional Review Board for Protection of Human Participants (IRB), I am pleased to inform you that your application has been approved for the following research: Agency Nurse Educator's Expectations of Baccalaureate Graduate Nurses.

Your research has been categorized as NON-EXEMPT, which means it is subject to compliance with federal regulations and University policy regarding the use of human participants as described in the IRB application material. Your protocol is approved for a period of 12 months from the date of this letter.  A new application must be submitted to continue this research beyond the period of approval.  In addition, you must retain all records relating to this research for at least three years after the project's completion.

Please note that it is the principal investigator's responsibility to promptly report to the IRB Committee any changes in the research project, whether these changes occur prior to undertaking, or during the research.  In addition, if harm or discomfort to anyone becomes apparent during the research, the principal investigator must contact the IRB Committee Chairperson.  Harm or discomfort includes, but is not limited to, adverse reactions to psychology experiments, biologics, radioisotopes, labeled drugs, or to medical or other devices used.  Please contact me if you have any questions (PH# 920/424-7172 or e-mail:rauscher@uwosh.edu).

Sincerely,

Dr. Frances Rauscher
IRB Chair

cc: Sharon Chappy
1475

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