

# Exploration of Competence in New Graduate Nurses

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# Introduction

- The primary purpose of nursing education programs is to graduate competent novices who are ready to begin their nursing careers.
- Competence in new graduate nurses is uniquely defined and evaluated by healthcare institutions.
- A gap in knowledge exists between nursing education programs and healthcare institutions regarding competence.

# Study Aims

Purpose: To identify the definition and evaluation of competence of new graduate nurses in hospital settings.

Research questions:

1. How is competence in the new graduate nurse defined in the hospital setting?
2. How is competence in the new graduate nurse evaluated in the hospital setting?

# Theoretical Framework

Benner's Novice to Expert theory (Benner, 2001)

- Describes the development of competence in nursing practice through five stages:
  - novice, advanced beginner, competent, proficient, and expert.
- Addresses the theory-practice gap experienced by new nurses.

# Methods

Mixed methods research design consisting of:

- Quantitative online survey and
- Descriptive qualitative interviews

## Quantitative Survey

Online survey with forced choice and open-ended questions about how competence in new graduate nurses is defined and evaluated.

# Methods

## Qualitative interviews

- Conducted online or via telephone using a semi-structured interview guide.
- Explored how competence in new graduate nurses is identified and evaluated.
- Participants included new nurse orientation program directors (n=19) and preceptors (n=11).

# Sampling

- North Carolina and nationally
- Sampling frame – all hospitals in NC and all US hospitals currently accredited by CCNE for their nurse residency program.
- Survey invitations were sent to contact names and emails obtained for 142 hospitals in NC and 31 US hospitals.

# Sampling

## Qualitative interviews

- Purposive sampling from survey participants
- Snowball sampling from interview participants to identify preceptors for interviews
- Interviews occurred March-July 2020.
- Interviews were conducted until data saturation was reached.

# Data Analyses

## Quantitative surveys

- Frequency statistics and qualitative content analysis

## Quantitative interviews

- Transcribed verbatim and verified
- Qualitative content analysis
- Coding with NVivo to identify major themes and subthemes

# Findings - Quantitative

- 68 participants completed the online survey December 2019-March 2020
- Response rate 42%
- 52 (76%) responses from NC, 31 counties
- 16 (24%) responses from US hospitals, 11 states
- 25% were stand alone hospitals, 75% were health systems

# Findings - Quantitative

- New graduate residency program (85%)
- Of those, 25% were accredited by CCNE and 3% were applying for CCNE accreditation
- 69% of health systems used central and local orientation programs

# Findings - Quantitative

- 54% of hospitals hired 60% or more ADN nurses
- 53% of hospitals hired 30% or less BSN nurses
- 87% used preceptors in orientation
- Of those, 97% indicated preceptors have a role in evaluating new graduate RN competence.

# Findings - Quantitative

Competence defined:

A central theme was management of patient care which included:

- Safe care of a group of patients
- Appropriate use of resources

# Findings - Quantitative

Competence evaluated:

- 20 or more participants identified checklists or checkoffs, competency-based measures, and/or evaluation by either a preceptor, educator, or clinical coach.
- Other measures identified included learning modules, observation, testing, demonstration, and simulation.

# Findings - Qualitative

- 30 interviews conducted: 19 new nurse orientation coordinators or educators and 11 preceptors
- Interviews conducted March-July 2020
- Major themes included characteristics indicating competence and incompetence in new graduate nurses.

# Competence

4 major themes were identified that indicated *competence* in the new graduate nurse.

- Basic nursing care
- Big picture
- Communication
- Personal characteristics

# Competence

## Basic nursing care

- Completion of orientation checklists including psychomotor and cognitive skills.

## Big picture

- Ability to prioritize care based on changing patient assessments.
- Ability to recognize patient care needs or nursing unit activities to assist colleagues or accommodate unit workflow.



# Competence

## Communication

- Ability to communicate socially and therapeutically with the patient and family.
- Effective communication with coworkers during report and with interdisciplinary team members.
- Ability to clearly communicate patient data to the physician, including escalating patient problems up the chain of command.

# Competence

## Personal characteristics

- Eager to learn and actively sought out new learning opportunities.
- Aware of resources and able to use them appropriately.
- Aware of their own limitations and quickly sought assistance when experience or knowledge lacking.

# Incompetence

3 major themes were identified that indicated *incompetence* in the new graduate nurse.

- Unsafe
- Not self-aware
- Not showing progression

# Incompetence

## Unsafe

- Inability to recognize and report changes in patient assessment in a timely manner.
- Repeated medication errors.
- Incomplete documentation.
- Inability to state rationale for interventions or clinical decisions.
- Institutional policies and procedures not followed.

# Incompetence

## Not self-aware

- Unable to recognize their limitations resulting in not seeking help appropriately.
- Over-confident and proceeded independently in performing procedures without seeking appropriate resources.
- Not aware of their mistakes until pointed out to them.
- New learning experiences not sought out or resisted.

# Incompetence

## Not showing progression

- Did not demonstrate progress during orientation, even if extended.
- Repeated errors.
- Constructive feedback was rejected or did not result in improvement.

# Conclusions

- Competence in the new graduate was uniquely defined by varying institutions.
- Patient safety, communication, and awareness of limitations were essential components of competence.
- Competence was evaluated using a variety of measures, commonly including checklists, checkoffs, and preceptor evaluations.

# Recommendations for nursing education

New graduates need skills in prioritization of care and seeing the “big picture” related to unit workflow issues.

Nurse educators can address through:

- Case studies of complex patients,
- Simulations with two or more patients, and
- Clinical experiences and discussions with a focus on unit dynamics and team collaboration.

# Recommendations for nursing education

Professional and personal communication skills are essential components of competence.

Nurse educators can address through:

- Practice in giving nursing report,
- Clinical experiences and scenarios in simulation or classroom, and
- Role play focusing on escalating communication up the chain of command.



# Recommendations for nursing education

Skills such as resource utilization, self-reflection, and appropriate response to feedback are needed.

Nurse educators can address through:

- Use of policy and procedure manuals to guide practice,
- Self-reflective activities, and
- Student creation of self-improvement plans in response to faculty feedback.



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# References

Benner, P. (2001). *From novice to expert: Excellence and power in clinical nursing practice (Commemorative edition)*. Prentice Hall Health.