

Self-Reported Confidence Levels and Satisfaction by New Graduate
Nurses Practicing Independently in a Nurse Residency Program

By

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Abstract

Background: The current challenges in retaining and maintaining confident and satisfied new graduate nurses are attributed to three primary factors: lack of competence, lack of self-confidence and lack of peer support (Twibell et al, 2012). There has been a call for nurse residency programs to supplement the transition from student nurse to working nurse.

Objective: The purpose of this study was to determine if new graduate nurses enrolled in the University of California Davis' Nurse Residency program reported satisfaction with their current job and to determine their level of confidence with specific nursing situations and tasks.

Setting and Participants: The Casey Fink Graduate Nurse Survey was distributed to 39 new graduate nurses in the 16th week of the residency program.

Methods: This study utilized quantitative data collected from the Casey-Fink Graduate Nurse Experience Survey. Descriptive and inferential statistics were then utilized to analyze the data.

Results: Participants with an orientation over 8 weeks were more likely to feel they would be able to complete their patient assignment on time ($p < 0.0084$). There was also a significant association between those that worked on the adult medical/surgical unit and experiencing greater personal stress ($p < 0.004$). However, overall, 82.5% of participants were moderately or very satisfied with various aspects of their job (benefits, salary, vacation, etc.).

Conclusions: The results of this study led to three major conclusions in the area of the new graduate nurse experience in residency programs: There is a relationship between the unit the new graduate nurse works on and reported stress levels, fear and lack of confidence are major difficulties experienced immediately following hospital orientation with a preceptor, and new graduates want and improved orientation experience.

Introduction:

The projected nursing shortage poses many issues in healthcare nationally, not only for those who will be receiving nursing care, but also for those who will be providing it. According to the Bureau of Labor Statistics (BLS), the national nursing workforce is expected to grow from 2.74 million jobs in 2010 to 3.45 million jobs in 2020, a 26% increase (BLS, 2012). Further, 495,500 current nurses will need to be replaced due to retirement, bringing the total shortage to 1.2 million in the year 2020 (BLS, 2012). Only adding to this problem is the shortage of nursing schools' capability to produce the new graduate nurses to contribute to the Registered Nurse (RN) workforce. The Council on Physician and Nurse Supply (CPNS) recently cited that an estimated additional 30,000 nurses need to be trained annually to begin to meet the current nursing shortage (CPNS, 2008). This national shortage of nurses, that is expected to grow over time, also poses many issues at the state and local levels.

In order to prepare for the projected nursing shortages and meet budgets, many cuts have been made to healthcare programs provided to the public. These cuts in funding lead to "inadequate access to care (particularly in rural and inner-city locations), lack of emergency preparedness, and decreased ability to accomplish planned expansion of healthcare services (CPNS, 2013). For example, California's 2012-2013 budget included cuts to public, private and district hospitals that totaled \$387.4 million alone (Health Access, 2012). The lack of resources, specifically in the hospital setting, affects all providers of healthcare, but especially those that make up the largest group in the healthcare workforce, nurses.

With a push to turn out more new graduate nurses in order to meet the projected nursing shortage, newly employed nurses find themselves in extremely stressful and often overwhelming situations within the first year of working as a new nurse. This is mostly due to the older, sicker

and more complex patients now being taken care of in hospitals, which will only get worse with the aging baby-boomer population (AHA, 2013).

New graduate nurses, in the first year of working, experience high-stress rates and a high likelihood of job turnover. This is directly related to their confidence and satisfaction in their first year of work as an RN. In a study published in 2007 by Kovner in the *American Journal of Nursing*, it was found that of 3,266 nurses surveyed who had received their nursing license within the previous year “13% had changed principle jobs after one year, and 37% reported they felt ready to change jobs” (Kovner et al, 2007, p. 59). This study further goes on to point out some of the high-stress situations this population encounters, citing “more than half of the respondents (51%) worked voluntary overtime, and almost 13% worked mandatory overtime. Also, 25% reported at least one on-the-job needle stick in a year; 39%, at least one strain or sprain; 21%, a cut or laceration; and 46%, a bruise or contusion; 62% also reported experiencing verbal abuse. A quarter of them found it ‘difficult or impossible’ to do their jobs at least once per week because of inadequate supplies” (Kovner et al, 2007).

In discussing new graduate nurses, it is important to understand the difference between novice and beginner nurse. As theorized by Patricia Benner, there are five levels of competency for nurses. First entering the profession with no experience is described as a “novice nurse” where thinking is very concrete and task-oriented. Once theory is supplemented by experiences, the “novice nurse” transitions to “beginner nurse,” where experiences can be applied to theory and patterns and inferences are made (Benner, 1984). The nurse then transitions to competent, then proficient, then expert. These last three stages are not generally met by the new graduate nurse in the first year and therefore will not be discussed here.

Unfortunately, many new graduate nurses are still leaving the profession, finding it difficult to transition from novice to beginner nurse and often experiencing burnout (Twibell et al, 2012). This often leads to leaving the job or profession as a whole. Not only does this negatively affect the nursing shortage, it is very costly to employers as well. It is estimated that the cost of nurse turnover is anywhere from \$22,000 to \$64,000 per nurse (Bland, Jones and Gates, 2007). As job retention in the first year of nursing is directly linked to job satisfaction and confidence, many new graduate nurse residency programs have attempted to alleviate the burnout and attrition rates in this group (Cowin, 2002; Mryyan 2005). Nurse residency programs are designed to help the new nurse transition to working nurse in the first year of work by offering additional resources, such as classes and mentorships. The Casey-Fink Graduate Nurse Experience survey (<http://www.uch.edu/for-healthcare-professional/professional-resouces/casey-fink-survey-instruments/grad-nurse-experience/>) aims to determine if completion of such a residency program improves competence, self-confidence and induces peer support in new graduate nurses who are attending or who have attended a nurse residency program, thus increasing overall job satisfaction. The survey breaks these categories down into five domains to analyze the questions: support, patient safety, stress, communication/leadership, and professional satisfaction.

Statement of the Problem:

The current challenges in retaining and maintaining confident and satisfied new graduate nurses are attributed to many factors. Three of the main recurring themes that lead to turnover, however, are lack of competence, lack of self-confidence and lack of peer support (Twibell et al, 2012). Due to this, there has been a call for nurse residency programs to supplement the transition from student nurse to working nurse, a call made by many organizations, such as the

American Nurses Association (ANA) and the Institute of Medicine's (IOM) report *The Future of Nursing: Leading change, advancing health* (IOM, 2010). Additionally, the projected nursing shortage will be a continuing problem. New graduate nurses are expected to fill this gap; however, increased patient acuity, lack of support for new graduates and high expectations of new nurses often lead this population to experience burn out and leave their job or the profession altogether.

Literature Review:

The literature review was conducted by utilizing the CINAHL database. Originally the search included the terms “new graduate nurse,” “competence,” “self-confidence,” and “peer support.” This search did not yield any articles, therefore each section utilized different search terms and criteria to explore the recurring themes of competence, self-confidence and peer support that came up in the background information review. In all searches, the criteria were set for articles to be in English, to be full text, and to date from 2003 to the present.

The first literature search, regarding competence, utilized the search terms “nurse residency,” “turnover,” and “competence.” Articles were excluded if they were editorials, dealt with rural hospitals or populations, or if the evaluation was still ongoing. The next literature search utilized the search terms “new graduate nurse” and “confidence.” Exclusion criteria were met by articles that were editorials, dealt with outpatient settings or that were not specific to new graduate nurses. The final literature search utilized the search terms “new graduate nurse” and “peer support.” Exclusion criteria included articles that were not specific to new graduate nurses and articles that dealt with outpatient settings.

The literature review revealed three areas related to the graduate nurse experience that lead to new nurses leaving their current job or having the intention to leave. The first section will

address research related to new graduate nurse competence levels, as described by the articles reviewed. The second section will focus on research studies dealing with new graduate nurses and their self-confidence during the transition from student nurse to working nurse. Finally, the third section will discuss research related to perceived peer support and the need for it in the new graduate nurse population.

Lack of Competence. In nursing, there is a known and accepted knowledge gap between nursing school and real nursing practice (Burns and Poster, 2008; Cowin and Hengstberger-Sims, 2005; Kramer, 1974; Gardner, 1992). A 2005 data review from the previous 10 years “found that 65%-76% of inexperienced RNs did not meet the expectations for entry-level clinical judgment and the majority had difficulty translating knowledge and theory into practice” (Ulrich et al, 2010). Beyond evaluated competence, perceived competence by the new graduate nurse is also an important factor in overall satisfaction. Although actual clinical competence may be high, as evidenced by specific measurable outcomes, if perceived competence is not high by the new graduate nurse, turnover rates will be elevated (Beecroft, Dorey and Wenten, 2008). One study showed that clinical competence of new graduate nurses consistently increased when measured throughout their nurse residency program (Kowalski and Cross, 2009). Clinical competence scores, as measured by the new graduate’s preceptor utilizing the “Preceptor Evaluation of Resident” tool, more than met the expected score at the eight-month interval. Further, the residents’ self-report of competence increased by the end of the residency program.

The Vermont Nurse Internship Project (VNIP), a new graduate nursing program initiative, has looked specifically at how a nurse residency program can help measure and increase clinical competence and therefore reduce turnover and increase retention. The VNIP implemented the Competency Outcomes and Performance Assessment (COPA) Model statewide

with all new graduate programs in 1999 (Lenburg et al, 2011). This model focused on implementing “specific nursing performance behaviors that exemplify the nurse’s critical thinking, leadership, management, knowledge integration, and human caring relationship skills,” therefore allowing the program to measure clinical competence in an objective way (Lenburg et al, 2011, p. 294). Key factors to the program’s success include a focus on experiential learning and the use of effective preceptors to facilitate competence in the clinical setting (Lenburg, 2011). Since implementing this program, VNIP began tracking retention rates of new graduate nurses. In 2008, the turnover rate of new graduate nurses in Vermont was less than 10 percent, compared to the national average of 35% to 60% (Boyer, 2008). This underlines the critical time that is the transition of the new graduate nurse from novice to beginner nurse.

Lack of Self-Confidence. In a 2012 article by Zimmerman and Ward-Smith that looked at various factors that lead to a high turnover rate of new graduate nurses, one of the key factors cited was lack of confidence. Such a lack encompasses many skills of nursing, including performance, patient assessment, clinical decision making and independent autonomous functioning (Zimmerman and Ward-Smith, 2012). Further, this article found that confidence steadily declines over the first year of new graduates in the profession but slowly increases around 18 months. The issue here is that many new graduates leave the profession within the first year, falling short of the 18 months that may be required to gain the confidence needed to stay within the profession, leaving room for new graduate residency programs to help keep this vulnerable population in the profession. Further, the area of nurses’ self-concept (a broader term including self-confidence) correlates negatively or positively with new graduate nurse outcomes. Nurse self concept specifically predicts turnover and increases in the latter half of the new nurses first year of work (Cowin and Henstburger-Sims, 2006). It is of note that while increasing self-

confidence is key in new graduate nurses, this is not synonymous with alleviating all fears and anxieties the new graduate nurse experiences. As Goodwin-Esola et al pointed out, “Although the very best orientation will not fully eliminate new graduates’ sense of anxiety, a successful orientation will guide the novice registered nurse to use these feelings constructively by promoting a sense of confidence, competence and satisfaction” (2009, p. 411).

Specialty patient areas, such as intensive care units, pose an additional issue with new graduate nurses and self-confidence. Nursing schools spend little to no time in specialty areas, and therefore nurses are often not exposed to these units in nursing school. Programs such as the “ICU shadow-a-nurse” have been developed to alleviate lack of exposure to specialty areas by students in nursing schools, however this still does not address the transition period from new graduate nurse to working nurse in the long run (Messmer, Jones and Taylor, 2004).

Lack of peer support. Confidence is often overlapping with peer support, as peer support or lack of it can either help or decrease confidence (Kelly and McAllister, 2013). The transition from new graduate to working nurse has been shown to be stressful; often peer support has been shown to ease this transition (Kelly and McAllister, 2013). Family support is needed in this transition; however, the support of other nurses is key. Whether peer support comes from a preceptor, other staff nurses, or other new graduate nurses, this group can provide the new graduate nurse insight into their day-to-day transition that non-nurses cannot and specifically help provide confidence, competence and satisfaction that is often lacking in the new graduate nurse (Goodwin-Esola, Deely, and Powell, 2009). This concept was supported when new graduate RNs who had completed nurse residency programs were surveyed in regards to their job satisfaction and retention rates. Researchers found that communication with peers in the same cohort was extremely beneficial (Anderson et al., 2009). Specifically, debriefing and e-mail

communication with peers in their nurse residency cohort were ranked highly among new graduate nurses (Anderson, et al, 2009).” This article, therefore, confirmed that interactive new graduate residencies that included peer-to-peer debriefing were beneficial overall. Kelly and McAllister (2013) also confirmed this finding, stating new graduate nurses learn from each other, support each other and provide a protective environment when in cohorts (p.174). Further, this sense of belonging in the workplace has a positive relationship in numerous areas including total satisfaction and coworker relationships (Winter-Collins and McDaniel, 2000).

Beyond peer support from the same new graduate cohort, peer support from preceptors or experienced coworkers is also extremely beneficial to the new graduate nurse (Kelly and McAllister, 2013). There is a certain “nursing culture” that the preceptor role helps the new graduate nurse transition into (Kelly and McAllister, 2013 p. 171). Another study by Goodwin-Esola et al looked at “progress meetings” as a way to support new graduates. These meetings were scheduled and structured to be a neutral zone where the new graduates could discuss clinical scenarios, learn from peers and gain feedback from preceptors. The study found that the implementation of the progress meetings “served as a method to reduce turnover and increase retention” (Goodwin-Esola, 2009, p. 414).

The literature has identified that the three key areas for potential issues in the transition from new graduate nurse to working nurse are clinical competence, self-confidence and peer-support. These three areas have been integrated into nurse residency programs in order to address the transition and hopefully decrease nurse turnover. However, no research has examined these factors specifically at the time in which the new graduate nurse, in a nurse residency program, is ending hospital orientation with a preceptor and beginning to practice independently.

Purpose of the Study:

The purpose of this study was to determine if new graduate nurses enrolled in the University of California Davis' Nurse Residency program reported satisfaction with their current job and to determine how confident they felt with specific nursing situations and tasks. With the nursing shortage only expected to grow by 2020, it is imperative that new nurses be given the support they need, especially in the first year of their career. Turnover, burnout and clinical competence are only a few of the issues that may arise when new nurses do not receive the support or training that they need.

Definitions:

Novice Nurse – “The novice nurse has no experience in the situations in which they are expected to perform. They lack confidence to demonstrate safe practice and require frequent verbal and physical cues. Practice is within a prolonged time period and he/she is unable to use discretionary judgment (Benner, 1984).”

Beginner Nurse – “Beginners demonstrate marginally acceptable performance because the nurse has had prior experience in actual situations. He/she is efficient and skillful in parts of the practice area, requiring occasional supportive cues. Knowledge is developing (Benner, 1984).”

Nurse Burnout – “An emotional condition marked by tiredness, loss of interest or frustration that interferes with job performance (Gale Encyclopedia of Medicine, 2008).”

Nurse Residency programs – A yearlong structured curriculum for new graduate nurses with no previous work experience as a registered nurse. The program is an adjunct to work experience during this time and may involve simulation experience, research projects and additional classes on nursing topics. Residency programs further develop critical thinking and improve decision making in the new graduate.

Methods:

As the nursing shortage continues to grow, nurse residency programs have been created in an attempt to increase retention rates, specifically in the new graduate population. New graduate nurses, however, continue to have some of the highest rates of turnover. Further, these nurse residency programs do not address the stressors associated with the specific time period of ending orientation in the work-place setting. Therefore, the following research questions were addressed in this study:

1) What are the self-reported comfort levels with common nursing skills and procedures for new graduate nurses after completion of orientation and the beginning of independent nursing practice?

2) What is the self-reported level of job-satisfaction of new graduate nurses in a residency program after completion of orientation and the beginning of independent nursing practice?

This study utilized quantitative data collected from a cohort of nurse residency participants, utilizing the Casey-Fink Graduate Nurse Experience Survey (2006 revised edition). The survey consisted of five-point Likert-scale, Yes-No and multiple choice questions addressing comfort level with skills and procedures, job satisfaction and basic demographic questions.

Design:

This study utilized a cross-sectional design to study a single cohort of new graduate nurses at a specific period in time (16 weeks) during their nurse residency program. Quantitative data was collected utilizing the Casey-Fink Graduate Nurse Experience Survey. Based on the literature, the following hypotheses were made:

H1: New graduate nurses working in specialty units, such as pediatrics or ICU, will have higher stress levels than those not working in specialty units

H2: New graduate nurses with previous healthcare experience will feel more comfortable and/or confident than those without previous experience

H3: New graduate nurses with longer orientations will feel more competent performing specific skills and procedures than those with shorter orientations

H4: New graduate nurses with a greater number of preceptors will feel more supported than those with a lower number of preceptors

Setting:

This study took place at the University of California, Davis Medical Center, a large academic hospital in Northern California that employs over 2,500 nurses. The hospital provides a nurse residency program that has been active for the last two years and follows the model of the University Health System Consortium (UHC)/American Association of Colleges of Nursing (AACN) Nurse Residency Program. The program is one year long and currently has three active cohorts enrolled. The survey was distributed to a cohort of nurses during one of their instructional days for the nurse residency program.

Sample/Participants:

Convenience sampling was used to obtain participants for this study. All participants were new graduate Registered Nurses that made up one entire cohort of the nurse residency program at UC Davis. The nurses had completed 16 weeks of work since date of hire. As part of the one-year nurse residency program, the nurses complete a hospital orientation at the beginning of the program. The hospital orientation includes working with the guidance of a nurse preceptor

for 16 weeks, and therefore all of the participants in the study were just beginning to practice nursing independently without a preceptor.

Measurement Instrument:

The Casey-Fink Graduate Nurse Experience Survey was used to measure the new graduate nurses' confidence levels with various skills and situations specific to nursing, as well as their job satisfaction overall. The Survey consists of 46 questions total with 33 questions utilizing a five-point Likert scale from "strongly disagree" to "strongly agree," 9 multiple-choice questions and 4 Yes-No questions. The survey is organized into five sections, with the fifth section consisting of demographics.

The Survey was originally developed in 1999 and has since been revised twice (Fink, Krugman, Casey and Goode, 2008). The version used for this study was the 2006-revised edition. Since the initial survey creation, it has been distributed to over 10,250 graduate nurse residents that have participated in UHC/AACN nurse residency programs across the United States (Casey and Fink, 2012). Content validity was established through a review of the survey by expert nurse directors and educators. The questions in the Survey have been further been divided into five factors that affect the participants self reported confidence levels and overall job satisfaction. These factors are support, patient safety, stress, communication/leadership and professional satisfaction. Internal consistency of these factors and the corresponding questions within these categories, when scored by summing all factors is $\alpha=0.89$ (Fink, Krugman, Casey, and Goode, 2008).

Ethical Considerations:

Approval for the use and distribution of the Casey-Fink Graduate Nurse Experience Survey was obtained prior to dissemination of the survey. A memorandum of understanding

between Ms. Monica Aguilar (UC Davis Nurse Residency Program Coordinator) and the researcher was also been completed, outlining the agreement to conduct research in the nurse residency program at UC Davis Medical Center. The Institutional Review Board process and approval was completed prior to data collection and informed consent was obtained from all participants. No identifiers were used in data collection, thus minimizing the potential for any risks to the research participants.

Data Collection:

Data were collected during one of the cohort's instructional days. As part of the new graduate residency, these instructional days are mandatory classes each nurse attends in addition to their unit and hospital orientation. The instructional days consist of classroom learning, simulation and/or approved hospital trainings. Half of the cohort was given the survey at the end of their instructional day and half of the cohort was given the survey at the beginning of their instructional day. Consent was attached to the survey and distributed to the participants, which informed them of their implied consent with their participation in the survey. A brief introduction of the researcher and the aim of the study were given and any questions were answered. The researcher then left the classroom for the allotted 15 minutes for participants to complete the survey. Both groups were given the survey in a small classroom within the Center for Virtual Care at the medical center. At the end of 15 minutes, the surveys were collected, however; additional time was given if requested by the participant until the survey was complete.

Data Analysis:

The results of this survey were organized utilizing Microsoft Excel (Microsoft, 2007) and analyzed with the Statistical Package for the Social Sciences (SPSS), version 22.0, software (IBM Corporation, 2013). Descriptive and inferential data were gathered and sorted based on the

significance of the results. The Casey-Fink survey groups questions into specific factors of support, patient safety, stress, communication/leadership and professional satisfaction. The following results will be first introduced with the basic demographic data of the participants and then the survey results will be discussed in the order in which they appear in the survey. An alpha level of 0.05 was used for this study.

Results:

Table 1a and 1b describe the study participants. All new graduate nurses in the nurse residency program are required to have a minimum of a Bachelor's of Science in Nursing, therefore, further data on specific educational background were not collected. Demographic data on age, gender, ethnicity, specific nursing school attended, degrees obtained other than nursing and scheduled work pattern were also not obtained based on the International Review Board's recommendation to protect anonymity of the participants. Participants worked in the adult medical/surgical, adult critical care (ICU), obstetrics/labor and delivery, pediatrics/pediatric ICU, or oncology units. Thirty nine respondents completed the survey. Of the respondents, the majority (92.3%) had previous experience as either a volunteer in healthcare, as a nursing or medical assistant, as an Emergency Medical Technician (EMT), or from a student externship. Data on the length of orientation was gathered and ranged from less than 8 weeks to still ongoing at 16 weeks. Lastly, the number of primary preceptors was gathered, which ranged from one to eight (Table 1b).

Table 1a
Demographic Data

<i>n=39</i>	n	Frequency (%)
Demographics		
Previous Experience		
Volunteer	24	61.5%
Nurse Assistant	6	15.4%
Medical Assistant	2	5.1%
Unit Secretary	0	0.0%
Emergency Medical Technician	5	12.8%
Nurse Externship	15	38.5%
Other	5	12.8%
Orientation Length		
Still ongoing	4	10.2%
≤ 8 weeks	18	46.2%
9-12 weeks	12	30.8%
13-16 weeks	5	12.8%
Unit		
Adult Medical/Surgical	21	53.7%
Adult ICU	8	20.3%
OB/Post Partum	2	5.1%
Neonatal ICU	0	0.0%
Pediatrics/PICU	7	38.4%
Oncology	1	2.5%

Note. Participants were allowed to select more than one answer for “previous experience,” therefore the sum is greater than 100%

Section I of the survey asked participants to list the top three skills or procedures that they were uncomfortable performing independently. This was chosen from a list of 22 common nursing skills (see appendix A) and had an option for the participant to fill in a skill or procedure not listed. There was also a space for participants to mark “performs all skills independently”; however, none of the participants selected this option. Table 2 depicts the most frequently selected options overall, meaning it was either selected as the number one, two, or three skill/procedure.

Table 1b
Demographic Data

<i>n=39</i>	n	Frequency (%)	
Demographics			
Number of preceptors			
	1	6	15.4
	2	10	25.6
	3	9	23.1
	4	7	17.9
	5	3	7.7
	6	2	5.1
	7	1	2.6
	8	1	2.6
	Mean	5	-

Table 2
Frequencies of top three skills participants are uncomfortable performing independently

<i>n=39</i>	#1 Code Blue Response	#2 Ventilator Management	#3 Central Line Access
Total Number (Percent)	22 (18.8%)	12 (10.3%)	9 (7.7%)

Note: There were 39 participants responding, however, each was allowed to choose three answers. Therefore the percentages are out of a total of 117 answers.

Section II utilized a five-point Likert scale (1=strongly disagree, 2=disagree, 3=agree, and 4=strongly agree and 5=N/A) to ask participants levels of confidence with various nursing situations. Initially descriptive statistics utilizing frequencies were obtained from the responses to the questions in this section to examine trends in answers, such as if the data was split between agreeing and disagreeing or if the data was skewed in one direction. Based on these trends and the literature, inferential statistics were compiled to look for associations or lack thereof. Chi-squared tests were initially planned, however, due to small cell sizes (frequencies less than 5) it

was decided to utilize the Fisher’s exact test in the interest of obtaining exact p values. The following discusses the results found to be statistically or clinically significant.

A frequency analysis found that 23.1% of participants disagreed or strongly disagreed with the statement “I am able to complete my patient care assignment on time”. Based on the literature, it was hypothesized that those with a longer orientation would more likely feel they could complete their patient care assignment on time. The results did show that participants with an orientation over 8 weeks were more likely to agree or strongly agree that they would be able to complete their patient assignment on time ($p < 0.0084$ Table 3).

Table 3:
Chi Square Test between ability to complete assignment on time and orientation length

		On Time		Total
		Strongly Disagree/ Disagree	Strongly Agree/Agree	
Orient Length	≤ 8 Weeks	8	10	18
	Ongoing	0	4	4
	9-12 Weeks	0	12	12
	13-16 Weeks	0	5	5
Total		8	31	39

Chi-Square Tests

	Value	Df	Asymp. Sig. (2- sided)
Pearson Chi-Square	11.742 ^a	3	.008
Likelihood Ratio	14.849	3	.002
Linear-by-Linear Association	2.942	1	.086
N of Valid Cases	39		

a. 6 cells (75.0%) have expected count less than 5. The minimum expected count is .82.

Next, it was noted that participants were fairly split between feeling comfortable and not feeling comfortable in knowing what to do for a dying patient. When asked to rank the statement “I am comfortable knowing what to do for a dying patient,” 61.5% of participants disagreed or strongly disagreed. Based on the literature it was hypothesized that previous healthcare experience may lead to more comfort in caring for dying patients. Table 4 shows participants with previous healthcare experience as a volunteer specifically tended to feel comfortable in knowing what to do for a dying patient. While not statistically significant ($p < 0.59$), when the data were collapsed into two categories results shown may have clinical significance.

Lastly, one of the major findings was that 51.3% of participants were experiencing stress in their personal lives. It was hypothesized, based on the literature, that this may be dependent on the unit the participant works in. Specialty units, such as pediatrics or ICUs, do not have the same exposure in nursing school as other general units, like medical/surgical, do. When a Fisher’s Exact Test was completed on these variables, it was found that there was a significant association between the adult medical/surgical unit and experiencing greater personal stress, as shown in Table 5 ($p < 0.004$).

Table 4:
Fisher’s Exact Test between volunteer experience and comfort with caring for a dying patient

	Dying Pt	
	Disagree/Strongly Disagree	Agree/Strongly Agree
Volunteer	0	24
Nursing Assistant	1	5
Medical Assistant	0	2
Unit Secretary	0	0
EMT	0	5
Student Extern	14	15
Other	0	5

Chi-Square Tests

	Value	Df	Asymp. Sig. (2- sided)	Exact Sig. (2-sided)	Exact Sig. (1- sided)	Point Probability
Pearson Chi-Square	5.815 ^a	2	.055	.049		
Likelihood Ratio	6.641	2	.036	.049		
Fisher's Exact Test	5.273			.059		
Linear-by-Linear Association	5.200 ^b	1	.023	.042	.021	.017
N of Valid Cases	39					

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is .77.

b. The standardized statistic is 2.280.

Section III of the survey examined participants' satisfaction levels with various aspects of their job (Table 6), utilizing a five-point Likert scale where 1=very dissatisfied and 5=very satisfied. Overall, 82.5% of participants were moderately satisfied or very satisfied with the following aspects of their job.

Table 5:

Chi-Square with Fisher's Exact Test between unit assignment and personal stress

	Experiencing Stress				Total
	Strongly Disagree	Disagree	Agree	Strongly Agree	
Unit					
Adult M/S	4	5	12	0	21
Adult CC	2	3	2	1	8
OB	0	2	0	0	2
Peds	2	3	1	1	7
Oncology	0	1	0	0	1
Total	8	14	15	2	39

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Pearson Chi-Square	31.268 ^a	12	.002	.004		
Likelihood Ratio	28.450	12	.005	.002		
Fisher's Exact Test	22.282			.004		
Linear-by-Linear Association	.014 ^b	1	.906	.913	.473	.043
N of Valid Cases	39					

a. 18 cells (90.0%) have expected count less than 5. The minimum expected count is .08.

b. The standardized statistic is -.118.

Table 6:

Levels of satisfaction with various job aspects

	Very Dissatisfied	Moderately Dissatisfied	Neither	Moderately Satisfied	Very Satisfied	Total:
Salary			1	19	19	39
Vacation			11	15	13	39
Benefits			3	19	17	39
Hours		2	4	11	22	39
Weekends off		7	8	10	14	39
Responsibility		1	7	19	12	39
Opportunities		1	3	19	16	39
Encouraged			6	19	14	39
Work straight days	1	2	5	15	16	39
Total (Percent):	1(0.0%)	13(3.8%)	48(13.7 %)	146(41.7%)	143(40.8 %)	351

Question IV of the survey consists of four multiple-choice questions that specifically address the transition period from new graduate nurse to working nurse. Each question prompts the participants to “select all that apply” and therefore frequencies were ran to see which answers were chosen the most often (Table 7). Full descriptions of each question in section IV are listed in the Casey-Fink Survey in Appendix A.

Table 7
*Frequencies of difficulties in the transition from new graduate
to working RN*

<i>n=39</i>	n	Frequency (%)
Question 1 – Difficulties		
Role Expectations	13	33.3
Lack of Confidence	22	56.4
Workload	19	48.7
Fears	23	59.0
Orientation Issues	10	25.6
Question 2: Support		
Improved Orientation	19	48.7
Increased Support	8	20.5
Unit socialization	16	41.0
Improved Work Environment	10	25.6
Question 3: Most Satisfying		
Patients and Families	27	69.2
Ongoing Learning	22	56.4
Professional Nursing Role	24	61.5
Positive Work Environment	26	66.7
Question 4: Least Satisfying		
Nursing Work Environment	12	30.8
System	17	43.6
Interpersonal Relationships	2	5.1
Orientation	5	12.8

Discussion:

With the projected nursing shortage in the near future and the population continuing to age, new graduate nurses have been called on to alleviate this burden and to build up the nursing workforce. To ensure retention of these new nurses and to ease the transition from school to work, nurse residency programs have been enacted to bridge this gap. The three key areas

identified by the literature that nurse residency programs hope to affect are new graduate nurses' competence, self-confidence and peer support.

Various studies have looked at new graduate nurses and the effects of nurse residencies on their transition into the working nurse role. However, none of these studies have looked at the period in which the new graduate nurse first begins practicing on his or her own, without the guidance of a preceptor. The purpose of this quantitative cross-sectional study was to determine if new graduate nurses enrolled in the University of California Davis' Nurse Residency program reported satisfaction with their current job and to determine how confident they felt with specific nursing situations and tasks, specifically at the point in their nurse residency program in which they began practicing nursing independently. The overall intent of this study, therefore, was to fill this research gap and further the research on nurse residency programs and the new graduate nurse experience.

The Casey-Fink Graduate Nurse Experience Survey was distributed to 39 new graduate nurses in nurse residency program at the University of California Davis Medical Center. The survey was distributed at week 16 of the residency program during one of the instructional days on campus. Data analysis of the survey produced information on comfort levels with various nursing skills and situations, confidence levels with patient care and communication, and satisfaction levels with specific aspects of the job.

Results showed that new graduate nurses were least likely to be comfortable in "code blue" situations, with this ranking number one (35.9%) and tied for number two (12.8%) of their top three skills/scenarios they were uncomfortable performing independently. This specific situation far outranked the other 21 choices from the list provided for the participant to choose from. With participants working in different specialties, ranging from pediatrics to adult

medical/surgical to the intensive care unit, this result was expected. Even though the participants experience a wide array of skill sets and patient conditions, the complexity and infrequency of “code blue” scenarios on units other than the intensive care units would support their discomfort. Further, as the population continues to age and have more comorbidities, inpatient hospital care has become and will continue to be more complex and acute (Potter, Barr, McSweeney and Sledge, 2003). The other skill tied for the number two ranking was ventilator management. This result was also not surprising, as patients on ventilators are only placed on specific units in the hospital. Only participants from the pediatric or adult intensive care units in this survey care for patients on ventilators. Ventilator management was the only skill on the list provided that was limited to the unit in which the participant worked in, all other skills or procedures had the possibility of being applicable regardless of unit worked on.

The next section of the survey looked at confidence and comfort levels of various nursing situations. It was found that nurses with an orientation longer than eight weeks were more likely to feel they could complete their patient assignment on time. As previously stated, the “orientation” period is in addition to the nurse residency and is usually specific to the unit the nurse works on. During the orientation phase, the new graduate nurse works under the guidance of a preceptor and receives any additional training that is unit specific. The finding that a longer orientation is at least marginally associated with a feeling of being able to complete one’s patient assignment on time is congruent with the literature. It has been shown that the new graduate nurse needs at least one year to make the transition from novice nurse to beginner nurse (Hillman and Foster, 2010; Ziimerman and Ward-Smith, 2012) and the extended orientation time means more time working with a preceptor, which leads to increased confidence and feelings of being supported (Winter-Collins and McDaniel, 2000; Kelly and McAllister, 2013).

Previous healthcare experience, specifically as a volunteer, was found to be related to higher comfort levels in caring for a dying patient ($p < 0.59$). It was hypothesized that those with previous experience in healthcare would be more likely to be confident in various patient situations, as they may have been exposed to these situations before. However, no data has shown that healthcare volunteer experience specifically would help in knowing how to care for a dying patient in the nursing role. When looking at other factors such as unit worked on or orientation length, there was no statistical significance found in relation to increased comfort levels of caring for a dying patient.

The data also showed that there was a correlation between the unit the nurse worked on and whether or not they were experiencing personal stress in their life ($p < 0.004$). It was expected that specialty units, such as the intensive care unit, would have higher levels of stress due to lack of previous exposure to these areas in nursing school (Messmer, Jones and Taylor, 2004). However, participants that worked in adult medical/surgical units actually reported higher levels of stress. As nursing schools spend the majority of their clinical time in these units, this was an unexpected finding. It is possible that the nurses in the specialty units actually had closer supervision during their orientation, which may have helped to keep their stress levels lower.

Interestingly, the majority of nurses in the study were moderately or very satisfied with various aspects of their job (82.5%). It has been shown by multiple studies that nurse residency programs improve new graduates' satisfaction and retention rates; however, these studies have all utilized data collected after completion of the residency program (Kowalski and Cross, 2009; Hillman and Foster, 2010; Ulrich et al, 2010; Anderson et al, 2009; Lenburg et al, 2011). This finding may show that nurse residency programs have a positive impact on new graduate satisfaction levels even early on in their residency program.

In regards to the questions asking specifically about the transition period from new graduate to working nurse, lack of confidence and fear were found to be major difficulties experienced during this transition. Further, the majority of nurses cited an improved orientation would help them feel more supported in this transition. These findings were again congruent with the literature, but may also suggest more data collection be done to see if these results are the same later in the residency program.

Limitations:

Although valuable data was gathered to add to the research on nurse residency programs, there were limitations to this study. The first limitation was the modification of the demographics section of the survey. Again, this was done to ensure anonymity of the participants, as an entire cohort from the nurse residency program participated. However, due to this modification data on age, ethnicity, nursing school attended and date of graduation, nursing degree received, non-nursing degrees held, and work schedule pattern were not collected. This data would have helped provide valuable insight into possible differences based on these demographics as well as helped external validity for future studies. A second limitation was the environment in which the study was performed. The survey was distributed during one of the cohort's instructional days. Half of the cohort received the survey at the end of their instructional day and half of the cohort received the survey at the beginning of their instructional day. Factors such as fatigue or being in a hurry to leave may have affected the participants' answers. Further, this survey evaluated the residency during an instructional day; this may have affected the participants' willingness to give honest answers. This limitation may affect internal validity of the survey results.

Other limitations include a small sample size and no comparison group. These data serves as a baseline for this cohort, but due to the lack of comparison or control group there is no way to

control for other factors that may be affecting their experiences. Further, being a cross-sectional study, no follow up data was collected on this cohort (mainly due to time constraints) and does not allow for trending or comparison at a future date in this cohort's nurse residency experience.

Recommendations for Future Research:

Based on the results and limitations of this study, there are several recommendations for future research. The finding that the specific unit worked on and personal stress levels may be related must be further studied. The literature already acknowledged that new graduate nurses on specialty units, such as intensive care units, are more likely to experience stress due to lack of exposure to these areas in nursing school. However, further research on the different experiences and different needs of new graduate nurses in residency programs based on the unit worked on should be explored. Next, this study lacked various demographic data they might have been helpful in finding associations with confidence and satisfaction levels. Future studies should include these data to better understand all of the factors that may affect the new graduate nurse's experience. Lastly, future research should utilize control or comparison groups or follow-up surveys to control for factors that may affect the graduate nurse experience outside of the residency program and to trend data in the same cohort throughout their residency experience.

Conclusion:

The results of this study led to three major conclusions in the area of the new graduate nurse experience and nurse residency programs.

The first conclusion is that there is a relationship between the unit the new graduate nurse works on and reported stress levels and that the highest stress was in the adult medical/surgical unit. This was a new finding in the body of research and indicates that higher stress levels are not linked only to specialty units as previously thought. Other studies have noted that the transition

from student nurse to working nurse is stressful in itself and can lead to burnout and high turnover rates, but have not looked into the difference in stress levels amongst various nursing units specifically.

The second conclusion is that fear and a lack of confidence are major difficulties experienced immediately following hospital orientation and during the time in which the new nurse begins practicing without the guidance of a preceptor. Although the literature has not examined this specific time period in new graduate nurses' transition, this is in alignment with data on the first year of new nurses' experiences.

The final conclusion is that this cohort of nurses want an improved orientation. It is clear from the literature that nurse residency programs improve new nurse outcomes and feelings such as satisfaction, retention and confidence. This conclusion, however, shows that work still must be done on developing nurse residency programs to help best support these new nurses.

Nurses make up the largest professional group in healthcare. As the population ages and becomes more complex, it will be a continuing battle to teach and retain competent and passionate new nurses. By continuing the growing research and development of nurse residency programs we are investing into the future of not only our nurses, but also our entire healthcare system.

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Appendix A

Casey-Fink Graduate Nurse Experience Survey (revised)

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

1. _____
2. _____
3. _____
4. _____ I am independent in all skills

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

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

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
12. I am able to complete my patient care assignment on time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I feel the expectations of me in this job are realistic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I feel prepared to complete my job responsibilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I feel comfortable making suggestions for changes to the nursing plan of care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I am having difficulty organizing patient care needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I feel I may harm a patient due to my lack of knowledge and experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. There are positive role models for me to observe on my unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. My preceptor is helping me to develop confidence in my practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I am supported by my family/friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I am satisfied with my chosen nursing specialty.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I feel my work is exciting and challenging.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I feel my manager provides encouragement and feedback about my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I am experiencing stress in my personal life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. If you chose agree or strongly agree, to #24, please indicate what is causing your stress. (You may circle more than once choice.)				
a. NCLEX				
b. Finances				
c. Child care				
d. Living situation				
e. Personal relationships				
f. Job performance				
g. Graduate school				

III. How *satisfied* are you with the following aspects of your job:

	VERY DISSATISFIED	MODERATELY DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	MODERATELY SATISFIED	VERY SATISFIED
Salary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vacation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benefits package	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hours that you work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weekends off per month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your amount of responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities for career advancement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of encouragement and feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunity to work straight days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IV. Transition (please circle any or all that apply)

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

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

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

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

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

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

resources, great facility, up-to- date technology)

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

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

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

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

1. Area of specialty:

- a. Adult medical/surgical
- b. Adult Critical Care
- c. OB/Post Partum
- d. NICU
- e. Pediatrics
- f. Emergency Department
- g. Oncology
- h. Transplant
- i. Rehabilitation
- j. OR/PACU
- k. Psychiatry
- l. Ambulatory Clinic
- m. Other: _____

2. What previous health care work experience have you had:

- a. Volunteer
- b. Nursing Assistant
- c. Medical Assistant
- d. Unit Secretary
- e. EMT
- f. Student Externship
- g. Other (please specify): _____

5. How long was your unit orientation?

- a. Still ongoing
- b. \leq 8 weeks
- c. 9–12weeks
- d. 13–16 weeks

6. How many primary preceptors have you had during your orientation? _____ (number of preceptors)