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Nurse Preceptor Development and the Impact On Self-Efficacy

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Nurse Preceptor Development and the Impact on Self-Efficacy

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Executive Summary

Nurse Preceptor Development and the Impact to Self-Efficacy

Problem

New graduates are confronted with significant challenges associated with transitioning from the role of student nurse to licensed professional (Bratt, 2009). Additionally, even experienced nurses transitioning to a new role or facility, face similar challenges. Typically, clinical preceptors are utilized to orient nurses into new roles within the acute care setting. Such experienced nurses are valuable assets to the organization due to their contribute to the overall quality of care delivered (Moore, 2008), but in many cases they receive little or no formal educational preparation regarding role expectations. The problem statement describing this capstone project is: Will (P) Newly Hired Nurses oriented (I) following the implementation of a preceptor educational program when compared to (C) newly hired nurses oriented prior to the preceptor educational program (O) report an increase in self-efficacy at the completion of the nursing orientation period?

Purpose

The purpose of this study was to 1) develop and implement a structured preceptor development orientation program and 2) to assess the level of self-efficacy of newly hired nurses who are oriented by preceptors who complete the preceptor program.

Goal

The goal of this project was to measure the efficacy of the multifaceted educational intervention in providing structure to assist nurse preceptors in the orientation of newly hired staff nurses and the impact of the structured program to promote self-efficacy for the orientee.

Objectives

Project objectives included: to develop and implement a structured preceptor program; to assess the level of self-efficacy of newly hired nurses who were oriented by preceptors completing the program; to determine whether or not the educational intervention had a statistically significant effect on the development of orientee confidence; to identify correlations between demographic variables such as age in years, years of experience, educational preparation, clinical specialty, and confidence scores.

Plan

Following a comprehensive literature review, a nurse orientation focus group was established to assess the preceptor development process and the educational intervention was designed from the focus group feedback. Subsequently, a survey instrument for measuring nurse orientee experience was identified and permission for use was obtained. Following Institutional review board approval from Carolinas HealthCare System and Regis University, the project was implemented and data was collected. Finally, pre- and post-intervention data was coded, entered into spreadsheets and the Statistical Package for the Social Sciences was utilized to analyze.

Outcomes and Results

A total of 44 participants completed both the pre- and post-intervention surveys and a total of 135 preceptors participated in the educational intervention. The mean confidence scores did not prove to be statistically significant between the pre- and post-intervention period. Furthermore, variations in the orientation length and educational preparation of the newly hired nurses were identified across the organization.

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Through this course of study there are many individuals who deserve acknowledgement in their role to support and encourage my success. My husband Jerry deserves much recognition for his continuous voice of encouragement, unrelenting childcare services for our two children, and his organizational skills in keeping our household operational over the past two years. I would also like to thank my daughters Claire and Nora for sharing me with Regis University.

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The assistance and development of new nurses is only accomplished if the preceptors themselves are provided professional development and growth opportunities to become skilled in the art and science of nurse precepting (Ulrich, 2011). The role of the preceptor in ensuring that newly hired nurses successfully transition into the practice setting utilizing a cost efficient method is essential. Assessments of the orientation experience and the development of nurse preceptors are essential in fostering confidence and self-assurance of newly hired nursing staff. New graduate nurses are confronted with significant challenges associated with transitioning from the role of student nurse to licensed professional (Bratt, 2009). The purpose of this project was to assess the level of self-efficacy of newly hired nurses oriented following a nurse preceptor educational program intervention.

Problem Recognition and Definition

The future of nursing depends on the development and support of nurses entering the profession. New nurses enter the workforce and must be prepared to provide safe, efficient, accurate, and compassionate care (Benner, Sutphen, Leonard, & Day, 2010). Nurse preceptors serve at a point in which the education of new nurses and the practice of nursing merge. The role of nurse preceptor is a vital link to future nursing practice in order to unite what new nurses are taught as students and how they practice. Additionally, nurse preceptors serve at a point in which new nurses compare what they know to what they need to know (Ulrich, 2011).

It is essential that nurse preceptors receive educational preparation and support, as well as reward and recognition as part of a structured preceptor program. Nursing practice is not limited to only clinical patient care as well as the evidence to support nursing practice is not limited to

patient care (Houser & Oman, 2011). The design of this project was a quasi-experimental, non-randomized sampling study of newly hired nursing staff at Carolinas Medical Center-NorthEast. In respect to this Doctor of Nursing Practice Capstone project. The identified outcome measures were not limited to patient care data but rather to indicators of nursing orientee self-reported confidence.

Problem Statement

Nurses are confronted with significant challenges associated with transitioning into new roles (Bratt, 2009). Turnover in the new graduate population is a documented phenomenon, with reports indicating 30%-61% of new graduates changed their place of employment (Casey, Fink , & Propost, 2004). Experienced nurses are valuable assets to the organization as they contribute to the overall quality of care delivered (Moore, 2008); however in many cases they receive little or no formal educational preparation regarding preceptor role expectations. A focus group of staff nurses, clinical supervisors, and nurse managers was convened in October of 2012 to identify practice issues related to nursing orientation. The group identified there was no formal structure or specific guidelines for preceptors at Carolinas Medical Center-NorthEast. Influences that enhance and sustain preceptorship models had not been clarified, and the process for preceptorship had not been well defined. More information was needed regarding whether implementation of a structured preceptor program would enhance and improve the experience for newly hired nurses, improve orientees' reported self-efficacy, and result in improved retention of professional nursing staff.

This project was an evidence-based practice project in which a quality improvement plans, program evaluation, and educational intervention was completed. The project utilized the

acronym "PICO". The acronym stands for: Population or Disease (P), Intervention or Issue of Interest (I), Comparison group or Current Practice (C), and Outcome (O) and is usually framed as a question (Melnyk & Fineout-Overholt, 2011, p. 31). The PICO question for this project was: Will (P) Newly Hired Nurses oriented (I) following the implementation of a preceptor educational program when compared to (C) newly hired nurses oriented prior to the preceptor educational program O) report an increase in self-efficacy at the completion of the nursing orientation period? Findings from the study provided additional data regarding the further expansion and refinement of nurse preceptor education within the facility.

Literature Review

Searches for publications related to nursing orientation and preceptorships were completed using CINAHL, Academic Search Premier, Medline, and Google Scholar databases. Searches were completed using subject heading searches for nursing orientation, preceptor, nurse preceptor, nurse residency, orientation, preceptorship, nurse orientees, nursing students, and new graduate. A total of forty-six articles were located and eight of the articles were identified to have no relationship to nursing preceptors or the nursing orientation process. The articles utilized to guide this project resulted in one level III, three level IV, four level V, twenty-one level VI, and one level VII. See Appendix A for the Systematic Review of the Literature table completed for this project.

Nurse Preceptor Role.

Serving in the role of preceptor is a challenging and stressful commitment for experienced nurses (Hallin & Danielson, 2008; Trepanier, Early, Ulrich, & Cherry, 2012). The role of the nurse preceptor in ensuring that newly hired nurses successfully transition into the

practice setting in a cost efficient and clinically effective method is essential due to major pay-for-performance initiatives and revenue adjustments for acute care facilities secondary to the Patient Protection and Affordable Care Act. Preceptors assist newly hired nurses to develop confidence and self-assurance in a new work environment. The assistance and development of other nurses is only accomplished if the preceptors are provided professional development and growth opportunities to become skilled in the art and science of nurse precepting (Ulrich, 2011).

Nurse Turnover.

The financial impact of nurse turnover must also be considered as health care organizations are challenged with balancing quality patient care with fiscal pressures. Turnover of new graduate nurses had a major financial impact on acute care facilities. It is reported that each new nurse who leaves their role within one year of hire will generate an estimated cost of $82,000 or more to the hiring organization. American Nurse Today reports new graduate nurse turnover to be an alarming 30% within the first year of practice and as much as 57% in the second year (Twibell, et al., 2012).

Clinical Competency.

Nurse Preceptors are pivotal in clinical competency development of new graduate nurses and the validation of clinical competence in experienced nurses. Preceptors are essential in assessing skills, attitudes, and knowledge associated with clinical competency. Utilizing preceptors to develop novice nurses' clinical skills as well as critical thinking has proven beneficial (Forneris & Pedan-McAlpine, 2009; Ulrich, 2012).

Theoretical Foundation

Benner's Novice to Expert and Knowles Adult Learning theories were selected to provide the theoretical underpinnings for this Capstone Project. Benner's Model (1982) emphasizes clinical nursing care, learning by observing, and using preceptors. Preceptorship provides experiential learning, facilitating knowledge transfer from an expert to a novice. Knowles Adult Learning Theory of andragogy focuses on the art and science of helping adults learn (Knowles, 1973).

Benner identified five levels of nursing experience in which each level builds upon the next level guiding the novice across a continuum of encounters and proficiencies to the level of expert. The five levels of Benner's novice to expert theory are novice, advanced beginner, competent, proficient, and expert (Benner, Tanner, & Chesla, 2009). Novice nurses are beginners with no experience, and they are learning as well as following a specific set of rules or regulations in order to complete tasks. The advanced beginner can perform a set of duties as assigned and has baseline knowledge or experience to recognize and guide them through patient care situations. The competent nurse is a nurse with a few years of experience at the bedside within the same practice setting. This nurse is gaining perspectives during patient care and is capable of planning actions and interventions to achieve an efficient workflow. The proficient nurse is skillful in receiving, processing, and formulating patient care treatment plans in addition to understanding the circumstances in its entirety. The proficient nurse has a holistic understanding of the patient as well as how to appropriately make decisions to support the whole patient and is capable of modifying plans as events occur. The expert nurse does not rely on

rules, regulations, or principles. This nurse pulls from his or her personal history and utilizes intuition to practice at a flexible, proficient frequency (Tomey & Alligood, 2006).

Benner differentiates between the "knowing how" to the "knowing why," which means that an individual may know how to complete a certain task prior to developing a theoretical explanation for the task necessity (Tomey & Alligood, 2006). Novice nurses react to clinical situations differently than expert nurses and expert nurses identify subtle cues that a patient may be deteriorating that are often missed by the novice (Benner, Sutphen, Leonard, & Day, 2010). Development of the expert nurse takes place over a period of time. The levels of progression through the continuum are based on changes in three areas: 1) reliance on abstract principles to reliance on experience, 2) development from segmental to holistic assessments, and 3) progression from observer to engaged care provider. The learning process for new nurses occurs differently and nursing tasks are carried out differently at each level (Benner, 1982). It is only through experience that a nurse can move from one stage to the next (Benner & Wrubel, 1982). Utilizing Benner's model to identify the stages of clinical competency and assist new nurses through these stages is important for preceptors to employ in fostering the development of clinical reasoning skills of new hire nurses (Hill, 2010).

Knowles Adult Learning theory is centered on the idea that the instructor does not possess all the knowledge but rather that, students or participants sharing personal experiences leads to greater understanding and fulfillment in the development of the subject (Knowles, 1973). According to Knowles (1973), the adult learners are internally motivated, self-directed, and resistance is met when imposing or conflicting information is presented. Open discussion with the preceptor and nurse orientee assists with overcoming resistance and ensuring motivated,

self-directed learners. Adult learners need to share knowledge and explore the impact of life experiences to the new concept being learned. The adult learner must experience a need to learn by finding real-life tasks or problems to apply the new knowledge. The role of the educator or preceptor is to facilitate a readiness for problem-based or scenario based learning that is relevant and practical in order to promote an awareness regarding the need for new knowledge. Finally, the adult learner must be respected as a colleague for their experience, prior knowledge, and expression of ideas (McGrath, 2009).

Market/Risk Analysis

The Nurse Preceptor Development program has many strengths and opportunities to assist Carolinas Medical Center-NorthEast with the provision of quality patient care as well as the pursuit of a healthy work environment that promotes optimal patient experiences. The program equips Carolinas Medical Center-NorthEast with the structure and processes to ensure a highly trained nursing workforce that is educated and supported through a program devised by nurses through shared decision making.

Strengths, Weaknesses, Opportunities, and Threats

An analysis was conducted for the Nurse Preceptor Development Program. The primary strength of the program is the multifaceted nature of the program. The program consists of communication of preceptor role expectations, a standardized educational program, preparation of nurse preceptors, and the provision of tools and materials to assist nurse preceptors in the orientation of new nurse hires. There are some weaknesses inherent in a project focused upon nursing education. One weakness is the unpredictable sample size, which is limited by the number of nursing staff hired during the study interval and the number of nurse preceptors

participating in the educational intervention. A small sample size serves to threaten the validity of the study. An additional weakness identified with the program is the financial impact to work productivity and the associated costs of the program to business unit budgets.

The application of the program to other clinical settings, patient populations, and healthcare disciplines serves as an opportunity for the program. An opportunity includes utilizing the post-intervention assessment at various intervals following orientation to assess the perception of preceptor support in developing confidence in practice. According to Zaccagnini and White (2011) project leaders should assess and plan to minimize project threats (Zaccagnini & White, 2011). A threat this project must face and address is the cooperation of leadership staff within the organization. The organization has a history of inconsistent implementation of previous preceptor programs and buy-in of nursing leadership to the new structured program was essential.

Need, Resources, and Sustainability

Resources needed to attract and retain the target audience included facility email and directory access in order to distribute marketing materials for initial and ongoing preceptor courses. The facility email and directory access was utilized as a vehicle to deliver the survey tools to nurse orientee participants. The survey platform utilized for this project was Survey Monkey™. Currently Carolinas Medical Center-NorthEast has a contract with Survey Monkey™ to distribute and securely store survey results. Access to the survey instrument tool was obtained. Reservations of classroom space, audiovisual aids, and use of a facility laptop for internal Wi-Fi usage was necessary to ensure a successful implementation of this project. Carolinas Medical Center –NorthEast utilizes Microsoft SharePoint™ to serve as a communication tool as well as a

reference site for clinical services. A nursing orientation SharePoint™ site was established and contained orientation tools such as competency checklists, evaluation tools, and orientation reference guides. Nurse preceptors were recruited to participate in the preceptor workshop and the workshop curriculum was approved through the Nurse Manager Council. Nurse Managers assisted the Clinical Nurse Educators with communicating the project structure to the Nurse Preceptors. Nurse Preceptors were then enrolled in the preceptor workshop. The Nursing Orientation Coordinator provided a list of nurse orientees following the facility nursing orientation program to the project leader. The survey tool and a request to participate in the study were distributed by hospital email to both orientee groups.

The driving forces of this project were to improve the organizational Nurse Orientation Program by offering new hire nurses highly-trained and knowledgeable preceptors as well as fostering critical thinking and improved clinical skills through a supportive safe learning environment. To shape the future of nursing within the organization, this project offered standardized education, orientation evaluation, and ongoing orientation support for both the preceptor and the nurse orientee. The supportive culture created with this project ensures consistent preceptor development and serves to provide structure for nurses suited to serving as preceptors. Through validation and acknowledgment of preceptors' contributions to the organization, a sense of dedication and engagement into developing future nurses can be obtained.

The restraining forces associated with the preceptor program were the expense associated with the hourly wages of staff attending the training programs in addition to the program development by the Nursing Professional Development department. The work unit productivity

was impacted by the preceptors attending the program as the nursing unit must also be staffed with nurses to provide patient care during the time preceptors attended the training courses. Previously, Carolinas Medical Center-NorthEast has provided a preceptor course. Compliance with preceptor course requirements was inconsistent and program guidelines were not defined. Acceptance of program requirements and guidelines by facility nurse leaders and department nurse managers was essential to this project. An additional barrier associated with the program was ensuring SharePoint™ access to the preceptor portal was granted for all preceptors. An ongoing analysis of preceptors meeting program requirements by the Nursing Professional Development Department was a manual process that requires continuous oversight.

Stakeholders and Project Team

Stakeholders are individuals within an organization that are affected by a project or program (Zaccagnini & White, 2011). The primary stakeholders for this project included nurse preceptors, newly hired nursing staff, and Clinical Nurse Educators. The secondary stakeholders for this program were nurse managers, facility administrators, and patients.

Administrative oversight of the nurse preceptor development program was provided by the Assistant Vice President of Patient Care Services. The Doctor of Nursing Practice (DNP) student enlisted the Clinical Nurse Educators to serve as the designated staff members for the nursing divisions which they support to promote the Nurse Preceptor Development program. The Nurse Manager Council provided feedback on formats and time frames for preceptor education to the Clinical Nurse Educators and the DNP student. The nurse manager was responsible for the identification of unit resources and staff members to support the educational efforts of the preceptor development program and to schedule staff members for preceptor educational

activities. An additional role for the nurse manager was to support participation in initial and ongoing development of nurse preceptors. The Clinical Supervisor was the nurse that assumed a charge nurse role at the unit level on a daily basis. The Clinical Supervisor collaborated with nurse preceptor(s) to identify learning needs and facilitate staff learning by ensuring preceptor participation in educational activities. The nurse preceptor role requires an experienced and competent registered nurse who serves as a role model, educator, socializer, advocate, and evaluator while supporting the growth and development of nursing orientees (Ulrich, 2011). Nurse preceptors must have received formal training to function in this capacity.

Cost-Benefit Analysis

The total cost of this project was approved by the facility administrators and nurse managers. Cost associated with this project included preceptor training time (productive nursing time) estimated at $4,400.00; Nurse Educator course development and training time estimated at $2,352.00; and course material printouts estimated at $50.00 all of which are donated by the facility. The overall estimated initial setup cost associated with this project is $6,802.00 (Appendix F). The total benefit of the project was estimated at $75,198 per incidence of nurse turnover avoidance. The cost of the project implementation was favorable in comparison to the potential for cost avoidance associated with nurse turnover. Furthermore, the potential benefit to future nurse orientees and avoidance of preceptor burnout must be considered. Additionally, therwasis not a monetary value associated with organizational commitment and workplace engagement for both the nurse preceptor and the newly hired staff nurse.

Project Objectives

Mission and Vision

The mission of this project was to establish and promote an environment where preceptors feel empowered to orient and educate new hires through innovative teaching strategies and nursing best practices, for the benefit of patients served through nursing care. Shaping the future of nursing by supporting and empowering nursing preceptors through innovative teaching strategies and nursing best practices served as the vision of this project. The vision and mission of supporting nursing preceptors in order to promote the ongoing orientation and onboarding of new nurses is essential to the future of nursing. The nurse preceptor is an essential role that instructs, educates, and fosters professional growth of future nurses (Ulrich, 2011). Future nurses need to be prepared to serve in various roles across transitions of care as well as serving as coordinator of care, patient advocate, and patient teacher (Benner, Sutphen, Leonard, & Day, 2010). The only way to ensure preparation of new nurses into practice is through the support and development of the nurse preceptor role (Ulrich, 2011).

Goals

The primary goal of this project was to measure the effectiveness of the Preceptor Workshop educational intervention in providing structure to assist current nurse preceptors in the orientation of newly hired staff nurses and the impact of a structured program in promoting self-efficacy for the nurse orientee. An ancillary goal of this project was to break down practice silos between clinical education, nursing management, and frontline nursing staff. The project structure was utilized to promote an increase in cooperation and communication across the various roles and to provide resources currently available within the facility.

Outcome Objectives

The first objective of this capstone project was to develop and implement a structured preceptor development orientation program. Establishment of a corporate-based initial preceptor training program has been accomplished to provide a theoretical foundation to the role of preceptor. Following the initial preceptor training program a facility based Preceptor Workshop was established in order to provide direction on operational aspects of serving as preceptor at the facility level as well as defining the role of preceptor expectations. A new preceptor application process was established and distributed to the Nursing Professional Development and Leadership Council.

The second objective of this capstone project was to assess the level of self-efficacy of newly hired nurses who were oriented within the organization by preceptors completing the educational intervention. Self-efficacy was measured by the new nurse's response to preceptor assistance with building confidence utilizing the Casey-Fink Graduate Nurse Experience Survey© tool. The mean confidence scores were calculated pre- and post-intervention and analyzed using independent groups t-test to determine if a statistically significant increase in reported self-efficacy in patient care occurred in the post-intervention period.

Evaluation Plan

Logic Model

During project development the Logic Model program was employed in the planning and resources were identified to accomplish the project activities (Appendix B). Identified resources included nurse preceptors, newly hired staff nurses, clinical nurse educators, nursing orientation coordinator, SharePoint™ access, acquisition of a survey tool, as well as course location for the

Preceptor Workshop program, and support of the nursing leadership team at the clinical site. The conceptual map for this project displays these items and identifies the relationships between the variables (See Appendix C). A project timeline was established to ensure feasibility of the project plan (See Appendix E).

To address the problem, nurses currently serving in the role of nurse preceptor were recruited to attend the Nurse Preceptor Workshop. During the Nurse Preceptor Workshop the preceptors were be provided online operational tools and resources to assist them with the orientation process for newly hired staff nurses as well as a review of the role of nurse preceptor. Newly hired staff nurses to the organization completed an orientation survey which included rating the preceptor's ability to assist in developing self-efficacy related to nursing practice.

Population and Sampling Parameters

The study participant group was comprised of a sample of convenience. The nurse orientee study groups consisted of two groups. The first group included nurses hired or transferred to Carolinas Medical Center-NorthEast before the preceptor educational intervention. The second group encompassed nurse orientees employed after the preceptor educational intervention completed. Data were collected at the conclusion of orientation for both nurse orientee groups

All new hire or transfer nurses were recruited to participate in the online survey following completion of nursing orientation at Carolinas Medical Center-NorthEast. The pre-intervention group consisted of a retrospective polling of Nurse Orientees hired prior to the implementation of the preceptor educational program. The post-intervention group consisted of Nurse Orientees completing nurse orientation following the nurse preceptor educational intervention. The survey

link was distributed by email to Nurse Orientee participants. Subject inclusion criteria included newly hired Registered Nurses employed before and after the implementation of the preceptor educational intervention. The exclusion criteria for this project included Registered Nurses transferring departments within Carolinas Medical Center-NorthEast as well as newly hired Registered Nurses employed before, but not completing orientation prior to the implementation of the preceptor educational intervention.

According to Polit (2010), a power analysis is utilized by researchers during the planning phase to assist the researcher in determining sample size in order to minimize risk of Type II errors. Power analysis consists of four components: the significance criterion, power, the population effect size, and the sample size. An online A-priori sample size calculator for student t-tests was utilized to complete a power analysis (Polit, 2010). After completing the online power analysis, the minimal sample size was determined as 51 in order to ensure a desired statistical power level .80 in order to maintain a moderate effect size (Soper, 2012). A study sample of 50 nurse orientees in both study groups will ensure a 95% confidence interval ($\alpha = 0.05$). The minimum sample size was determined using a calculation for the study that implements an t-test for independent samples in the analysis. A sample size of 50 was determined to be appropriate, with the following parameters: alpha level (α) = 0.05; power size = 0.8. No more than 100 study subjects will be utilized for this study with 50 subjects serving as the control and 50 subjects serving as the intervention group.

There was no compensation for study participation, and recruitment to the study for newly hired staff occurred following completion of nursing orientation. The sample size was

limited by the number of newly hired staff nurses employed during the study interval and the number of nurse preceptors attending the educational session.

Setting

The population of focus included nurse preceptors and newly hired staff nurses practicing in a tertiary acute care facility in central North Carolina. Study participants included staff nurses serving in the role of preceptor and new staff members practicing at Carolinas Medical Center-NorthEast. The site for this project is Carolinas Medical Center-NorthEast. Carolinas Medical Center-NorthEast is a 457 bed tertiary acute care facility, owned and operated by Carolinas Healthcare System and is located in the Charlotte Metropolitan area of North Carolina (Carolinas HealthCare System, 2013).

Methodology and Measurement

The primary data to be collected were the participants' self-reported confidence rating. The secondary data that were collected included other influences of the orientation experience. The tool that was selected for this project was the Casey-Fink Graduate Nurse Experience Survey© tool (Appendix D). The Casey-Fink Graduate Nurse Experience Survey© instrument was selected due to psychometric analysis. The tool is comprised of five factors for assessment: Support, Patient Safety, Stress, Communication/Leadership, and Professional Satisfaction. Permission to use the instrument was granted by the authors.

Collection Method

The data elements of this project were collected utilizing the Casey-Fink Graduate Nurse Experience Survey© instrument through an online survey method. All responses were submitted anonymously by the study groups. The data collection procedure for the nurse orientee study

groups of pre-intervention and post-intervention orientees was the same. An anonymity disclaimer for the protection of the nurse orientees was included in the introduction of the online survey tool. Each study participant was asked to voluntarily complete the online survey tool. A request to waiver documentation of consent was requested and approved by both Institutional Review Boards, as signed consent served as the only identifier linking the subjects to the research.

Survey Instrument

The Casey Fink Graduate Nurse Experience Survey© was selected as the survey instrument tool and consists of five sections. The first section of the survey instrument is designed to assess the skills and procedures that the nurse is uncomfortable performing independently and is considered nominal data (Casey & Fink, 2006). The items in section four are demographic in nature and are therefore considered nominal. Section two consists of twenty-four questions on a four point balanced response format from strongly disagree to strongly agree the question under study in this section is the ranking of the preceptor to assist in developing confidence of the newly hired nurse (Casey & Fink, 2006). The data collected in section two are categorized as interval data. An independent t-test was selected to compare the difference of the group means associated with confidence scores. The study groups of this project did not consist of the same individuals and the individuals were not connected to one another in a systematic manner. Therefore, the descriptive statistics were analyzed using the Mann-Whitney U to evaluate differences between the demographic variables and the dependent variable for self-efficacy.

The survey instrument was distributed by invitation utilizing a blinded distribution list for both study groups. A link to the online survey tool was included in the invitation email. The study subjects navigated to the survey instrument through a hyperlink located in the email. The hyperlink directed the study participants to an online survey platform, Survey Monkey™, to complete the Casey-Fink Graduate Nurse Experience Survey©. The online survey platform ensured anonymity of the study subjects as there are no identifiers included in the entry or completion of the survey tool online. The online secondary site also allowed for all data to be exported into a spreadsheet format.

The raw data were then exported into a spreadsheet for sorting and coding prior to entry into the Statistical Package for the Social Sciences (SPSS™). Each subject group was coded using one for pre-intervention study group and two as post-intervention study group. The raw data were sorted and a code for each value was assigned for the variables. The principle investigator determined codes for the legitimate values. The data were entered into the appropriate cells within SPSS™ with labels and the measures for each value were assigned. The raw data were then inspected for outliers, wild codes, or irregularities. SPSS™ was utilized to analyze the descriptive statistics to evaluate the highest and lowest values for each variable.

Human Subjects Protection

The population of focus for this capstone project study was nurse preceptors and newly hired staff nurses practicing in a tertiary acute care medical center. This research project did not directly involve patients. No subjects defined as members of a vulnerable population were the focus of this project. The research that was conducted consisted of an educational intervention which poses a minimal risk to human subjects. This capstone proposal received exempt review

by both Regis University Institutional Review Board (IRB) and Carolinas HealthCare System IRB (Appendix G). The rationale for the request of exempt status was based on one of the identified exempt study categories from 45CFR46.101.b. The category supporting exempt status was:

> *My research will be conducted in established or commonly accepted educational settings, involving normal educational practices, such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricular, or classroom management methods. Personal identifiers will not be collected inking individuals to the collected data* (Regis University, 2013).

The identity of participants in this study remained confidential. Names were not collected for further protection of the participants. All documents were kept in a password-protected computer at the study facility. The password was maintained and kept secure by the principle investigator only. The records of this study will be kept protected for three years and then destroyed. As required by Regis University and Carolinas HealthCare System the principle investigator completed Collaborative Institutional Training Initiative (CITI) certification (See Appendix H).

Instrument Reliability and Validity

Psychometric analysis is available for the Casey-Fink Graduate Nurse Experience Survey© instrument and served as the primary rationale for selecting the survey tool for this project. The Casey-Fink (2006) has documented reliability estimates for the factors with Cronbach's alpha values ranging from .71 to .90 (Casey & Fink, 2006). The data collection

procedures for the nurse orientee study groups of pre-intervention and post-intervention orientees were the same to ensure reliability and consistency of the data collection.

Project Findings and Results

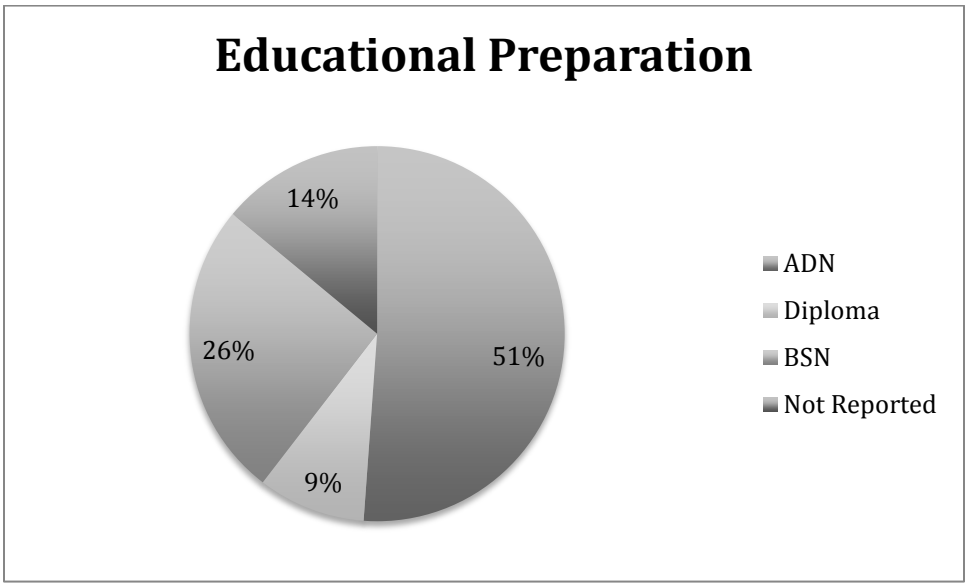
Description of the Sample

These findings describe the sample of nurses who completed orientation within the defined timeframes of the study for both the pre- and post- intervention phases. In the pre-intervention phase there were 29, and in post-intervention phase there were 15 subjects respectively. The effect size of this project was assessed to evaluate the strength of any relationship identified in the project. The results for the sample population of 44 showed an effect size is 0.044 with a significance of p=0.596 and Cohen's d of 0.050.

The gender distribution of the study sample consisted of 81.8 percent female and 6.8 percent male with 11.4 percent of participants not indicating gender. The mean age of study participants was 33.42 (± 8.812) years with a range of 20 to 51 years. The mean nursing years of experience of study participants was 4.64 (± 6.348) years with a range of 0 to 21 years. The percentages of participants for each department specialty area were as follows: Adult Medical/Surgical 38.6; Adult Critical Care 11.4; OB/Postpartum 15.9; Emergency Department 11.4; Other 15.9; and 2.3 from Oncology, Psychiatric, and Pediatrics. The study sample consisted of graduates from approximately 16 different nursing schools. The racial distribution of the sample consisted of 75.0 percent Caucasian and 6.8 percent Black with a total of 2.3 percent as Hispanic, Asian, or other racial groups with a total of 11.4 percent of the participant's

not indicating ethnicity during the survey. The study sample was comprised of 51.2 percent of nurses prepared at the Associate Degree level, 25.6 percent Baccalaureate prepared, 9.3 percent Diploma graduates, and 14.0 percent of participants not reporting a nursing degree.

Figure 1. Educational preparation of study participants

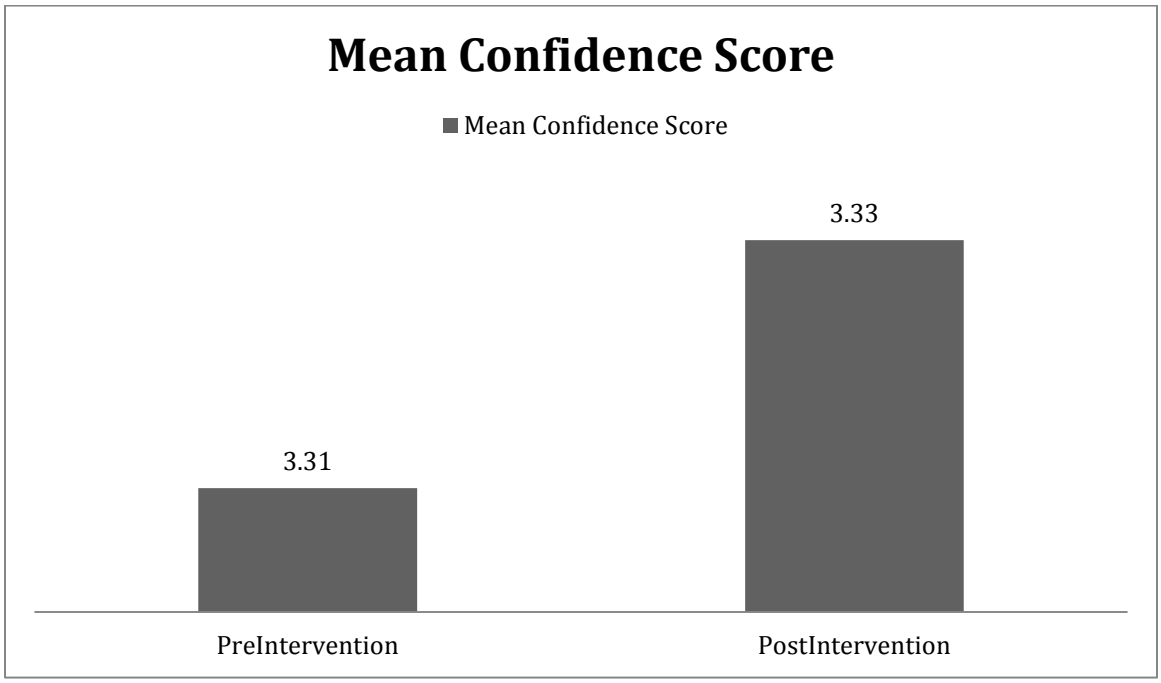


Objective One

The objective of this capstone project was to determine whether or not the educational intervention had a statistically significant effect on nursing orientee reported self-efficacy. Self-efficacy was measured by the new nurse's response to the survey question in regards to preceptor assistance with building confidence. The findings of the data analysis were not statistically significant for improvement over time ($p = 0.767$). An independent t-test was utilized to determine significance. The mean confidence score on the pre-intervention group was 3.31 (±.806) points with a range of 4 to 2. The mean confidence score on the post-intervention was 3.33 (±.816) points with a range of 4 to1 (See Figure 2). Although slight improvement in mean

confidence scores was identified in the post-intervention period, the improvement was not statistically significant.

Figure 2. Differences in confidence mean scores in the pre- and post-intervention periods.

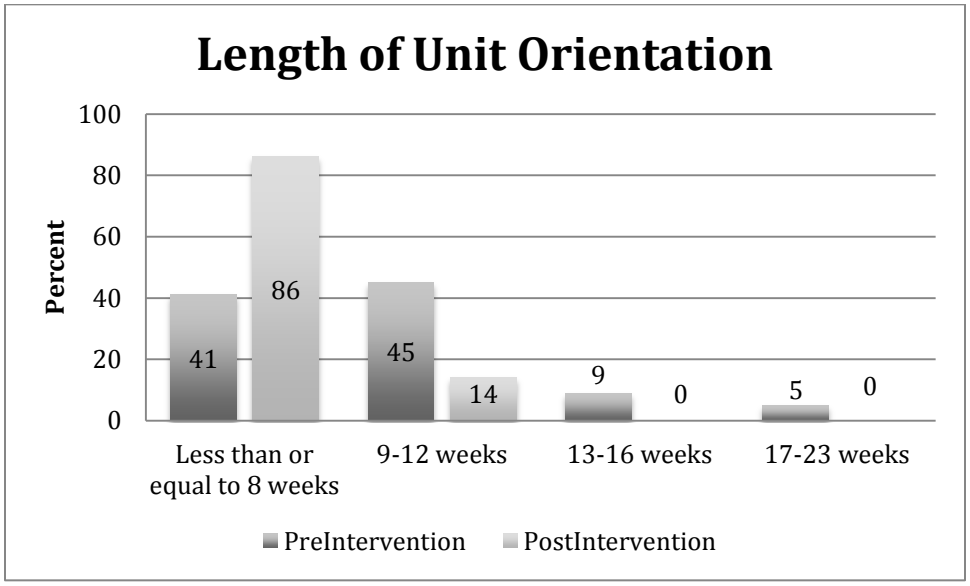


Objective Two

The second objective of this capstone project was to evaluate the orientation timeframes provided to newly hired nurses across the organization. The orientation survey assessed the amount of orientation time provided to orientees pre- and post-intervention. The timeframes provided for selection included the following: 1) less than or equal to eight weeks; 2) nine to twelve weeks; 3) thirteen to sixteen weeks; and 4) seventeen to twenty-three weeks. The orientation timeframes for unit orientation showed minimal change following the educational

intervention. The pre-intervention orientation of less than or equal to eight weeks was reported by 41% (n=9) of orientees, 45% (n=10) reporting nine to twelve weeks, 9% (n=2) reporting thirteen to sixteen weeks, with only one orientee reporting seventeen to twenty-three weeks of orientation. The post-intervention group was slightly different than the pre-intervention group with 86% (n=12) of participant reporting less than or equal to eight weeks, 14% (n=2) reporting nine to twelve weeks and no participants reporting thirteen to sixteen weeks or seventeen to twenty-three weeks of unit orientation.

Figure 3. Length of unit orientation by groups.



Objective Three

A third objective was to evaluate the study group demographics and any association to the dependent variable. Correlations between self-efficacy reported as confidence score and the demographic variables such as BSN preparation, orientation length, gender, practice specialty and years of experience were investigated. A Mann-Whitney U test was used to assess for any associations between the variables. A correlation plan was created to systematically evaluate

correlations among the following variables: BSN and non-BSN preparation to confidence score (p=.176); less than 2 years of experience and greater than 2 years of experience to confidence score (p=.220); less than or equal to 8 weeks of orientation and nine to twelve weeks to confidence score (p=.306); less than or equal to 8 weeks of orientation and thirteen to sixteen weeks to confidence score (p=.900); gender to confidence score (p=.519); and Adult Medical Surgical Specialty and Adult Critical Care Specialty to confidence (p=.355). No significant correlation was noted between the planned groups.

Limitations, Recommendations, Implications for Change

Limitations

A limitation noted is the variation in preceptor development prior to entry into the preceptor program associated to this project. The preceptor's level of experience ranged from novice preceptor to expert preceptor. Due to the nature of competency progression as a preceptor the study subjects (newly hired nurses) were exposed to variations in orientation that included but were not limited to variation in preceptor educational preparation, preceptor experience in the role of preceptor, and length of orientation experience associated with the progression of skill development. Furthermore, the relationship between preceptor and orientee is a complex relationship that is multifaceted, resulting in variants in the orientation experience. The educational intervention in the workshop methodology utilized in this project provides a platform for discussion, participation, and reflective learning through experiences. Despite the commitment to a preceptor workshop curriculum in the development of the preceptor for consistency in the intervention, the potential for historical effects exists from each participant's personal experiences as preceptor or nurse orientee. Although the educational intervention was

considered beneficial by the preceptor participants with regard to clarification of the preceptor role, the timeframe allotted for the educational intervention posed staffing challenges for the nurse managers due to the volume of preceptors participating in the course (*n*=135).

Recommendations

Implementation of a structured preceptor program is essential in standardizing the approach to improving the skills of those who serve in the role of preceptor as well as ensuring appropriate preparation of the newly hired nurse. The results of this project provide evidence to further explore the orientation experience to enhance the learning environment and reinforce the impression of organizational commitment, promoting retention. Through the course of this project it was identified that newly hired nurses were being oriented on a historical timeframe of eight to twelve weeks. Staff nurses orienting twelve hours shifts for eight weeks excluding corporate classroom orientation the nurse has 18 shift opportunities and 216 orientation hours compared to a nurse that works eight hour shifts for an eight week orientation has 30 shift opportunities for a total of 240 orientation hours. An evaluation of the timeframes of unit orientation is warranted to assess orientee schedules for twelve hour shifts on the traditional timeframe rather than the eight hour shift of the traditional orientation schedule.

Implications for Practice

The implementation of evidence into practice reaches beyond the benefit to the newly hired nurses and to the organizations in which they are employed. Results of the project did not provide generalizable findings, however the project provided evidence to support further exploration of the complexities associated with orientation and preceptor's confidence in the orientation process. The traditional eight to twelve week orientation has transitioned from eight

hour shifts to twelve hour shifts resulting in decreased shift episodes. Traditional orientation timeframes may not be most effective in building confidence in nurse orientees due to decreased time for practice reflection following preceptor coaching and less practice shifts to apply practice changes from previous shifts. A consideration to modify the orientation schedule allowing reflective learning practice to build confidence as well as extending the orientation length through the shortening the shift hours might provide opportunities for preceptor coaching, practice reflection, and shift repetition. Additional information is needed to assess reported self-efficacy associated with length of shift within the orientation period.

Finally, this project helped to define the process for evaluating the orientation process and to assess the effective of nurse preceptors. Given the importance of preceptorship in facilitating the transition of newly hired nursing staff into the workplace, it is necessary to invest in the development of preceptor(s) and systematically evaluate the orientation experience from the perspective of the newly hired nurse. Further research is needed to identify techniques to promote self-efficacy of the newly hired nurse and to assess the preceptor's confidence in the orientation process.

Summary

Preceptorships are pivotal in clinical competency development. A preceptor program provides structure to the orientation experience and supports the goal of sustaining a talented nursing workforce. Future nurses must be prepared to serve in various roles across transitions of care as well as serving as coordinator of care, patient advocate, and patient teacher (Benner, Sutphen, Leonard, & Day, 2010). Education and training to advance the skill of nurse preceptors provides enduring healthcare organizational benefits greater than reduction in nursing staff

turnover (Bratt, 2009). Optimization of nurse precepting skills provides a higher quality of care by competent and efficient nursing staff, promotion of staff satisfaction and nurse engagement in addition to organizational commitment. To achieve the goal of retaining and sustaining a talented nursing workforce, the establishment of a preceptor program to facilitate the development of newly hired nurses should be established. Nurse preceptors require preparation and ongoing support in order to promote the successful orientation and on-boarding of new nurses.

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Appendix A

Systematic Review of Literature

Student Name: Angie Hatley

Author/Year Article Title and Journal	Database and Keywords Funding Source	Research Design and Level of Evidence	Study Aim/Purpose	Population Studied/Sample Size/Criteria/ Power	Methods/Study Appraisal/ Synthesis Methods	Primary Outcome Measures and Results	Author Conclusions/ Implications of Key Findings	Strengths/ Limitations	Comments
Ballard, J., Mead, C., Richardson, D., & Lotz, A. (2012). Impact of disease-specific orientation on new graduate nurses satisfaction and knowledge retention. *Journal of Neuroscience Nursing* , 168-174. doi:10.1097/JNN.0b013e318252746 5		Qualitative Study Level VI	To demonstrate the effectiveness of a disease-specific orientation program for neuroscience nurses.	Population: New Graduate Nurses on a 37 bed acute neuroscience unit of a 540 bed academic medical center in Illinois. Sample Size: 18	Method: Pre and Post Testing; Satisfaction Surveys	Neuroscience exam scores baseline 63.27%, 3 month 76.48%; and 6 month 84%.	The program studied not only provided competency in providing basic nursing care, but also increased knowledge base and confidence in caring for complex neuroscience patients.	Limitations: Large orientation group of 18 participants resulting in challenges with following orientation tracks and ensuring the assigned disease population was scheduled on the corresponding track week.	The review of this program provided support to focus learning objects on disease process specific to the area of practice in addition to supporting new graduate nurses with basic nursing skills.

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Author/Year Article Title and Journal	Database and Keywords Funding Source	Research Design and Level of Evidence	Study Aim/Purpose	Population Studied/Sample Size/Criteria/ Power	Methods/Study Appraisal/ Synthesis Methods	Primary Outcome Measures and Results	Author Conclusions/ Implications of Key Findings	Strengths/ Limitations	Comments
Barton, D., Gowdy, M., & Hawthorne, B. (2005). Mentorship programs for novice nurses. *Nurse Leader* , 41-44. doi:10.1016/j.mnl.2005.06.005		Committee Report Level VII	Aim/Purpose: to demonstrate and acknowledge the positive correlations between decreased turnover and job satisfaction of novice nurses in healthcare organizations that have structured mentorship programs.	Population: New Graduate Nurses Size: not described	Not a true study. Descriptive publication of mentorship program.	Enhance critical thinking through unit-based teaching and to foster communication among nursing and other interdisciplinary team members.	Mentorship programs are valuable resource and decrease turnover rates.	Strengths: Identified benefits to nursing leadership to nursing staff. Limitations: No correlation or baseline data to determine if novice nursing with mentor demonstrated more satisfaction that novice nurses with preceptors.	Refers to Brenner theory Novice to Expert and Marlene Kramer's research of three phases of novice nurse experience.
Bashford, C. W., Shaffer, B. J., & Young, C. M. (2012). Assessment of clinical judgment in nursing orientation. *Journal for Nurses in Staff Development, 28* (2), 62-65. doi:10.1097/NND.0b013e31824b4155		Mixed-method study (investigator-recorded field notes and surveys) Level VI	explore the perceived value of using a competency-based assessment (CBA) process to determine the baseline knowledge and judgment kills of newly hired registered nurses during the orientation period	Population: Newly hired RNs Sample Size: 31 (28 Female; 3 Male; 11 New Grads)	Method: survey of questions distributed to sample population Study Synthesis: Quantitative data analyzed through frequency distribution and final analysis using triangulation conducted.	87% reported time spent doing the CBA was useful in identifying strengths and learning needs 73% reported preceptor reviewing action plan with preceptee 65% reporting receiving a copy of their action plan	Comprehensive assessment and review of results create a foundation for a culture of safety from the beginning of orientation . CBA with newly hired RNs is time well invested.	Strengths: CBA had been in place within the organization for many years. Limitations: Preceptors not reviewing the plan with all new hires and new hires not receiving a copy of the plan.	This study included all new hires (experienced and new grads). Supporting the theory of time spent evaluating learning needs and identifying strengths is a well spent exercise during the orientation period.

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Author/Year Article Title and Journal	Database and Keywords Funding Source	Research Design and Level of Evidence	Study Aim/Purpose	Population Studied/Sample Size/Criteria/ Power	Methods/Study Appraisal/ Synthesis Methods	Primary Outcome Measures and Results	Author Conclusions/ Implications of Key Findings	Strengths/ Limitations	Comments
Berkow, S., Virkstis, K., Stewart, J., Aronson, S., & Donohue, M. (2011). Assessing Individual frontline nurse critical thinking. Journal of nursing administration, 41(4), 168-171.		Review of Research by the Nursing Executive Center Level V	improving critical thinking skills for frontline nursing staff	iterative process of 100 industry leaders to identify core nursing competencies	5 hospitals participated in pilot to test diagnostic test. 128 staff nurses assessed.	the nurse being assessed to have the critical thinking skills to enable them to deliver safe and effective patient care.	necessary to conduct frontline assessment in improving nurse performance. Critical thinking is routinely viewed as a one size fits all and is not such.	evaluation is based on individuals identified as strong critical thinkers to complete the assessment review.	Supporting literature for critical thinking assessment with new hire nurses in and effort to increase frontline staff clinical reasoning and clinical judgment skills.
Boateng, B. A. (2011). Should generational characteristics be considered in instructional methods? The instructional preferences of millennials and its implications for medical education. *The Internet Journal of Medical Education, 2* (1), 1. doi:10.5580/26e7	medical education	Descriptive Exploratory Study Level V	determine whether generational characteristics should be considered in instructional design	4th year medical students and residents in a southern medical school in the United States	quantitative inquiry/ asked students to rank what they considered important instructional practices in a classroom or clinical setting	Non-parametric statistics were used to analyze the data	Regardless of generational characteristics, sound instructional practices should be employed for effective learning	limitations - small sample of baby boomers 1%, self-reported data, a low response rate, and the potential for response bias from medical students and residents	Medical Education rather than Nursing Education however supports development of a sound educational structure.

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Brakovich, B., & Bonham, E. (2012). Solving the retention puzzle: Let's begin with nursing orientation. *Nurse Leader* , 50-61.		Descriptive Study Level VI	Demonstrate nursing orientation techniques correlating to reduction in turnover rates.	Population: New Graduate Nurses (Five Hospital Healthcare System, Southeastern US).	Method: Casey-Fink Graduate Nurse Experience Survey administered during third month of employment. Sample Size: 157	Number of Preceptors-50% reported 1; 35.9% reported 2 / Length of Unit Orientation - 27.6% 10-12 weeks; 16.7% 12-16 weeks / Skills Comfort - 50% report uncomfortable with NGT / Causes of Stress- 60% indicated lack of comfort with caring for dying patients and 66% feeling overwhelmed by patient care responsibilities and workload.	Confirmation of published studies indicating new graduate nurses reporting challenges in transitioning into practice in the areas of stress, actual job performance, deficits in clinical skills and knowledge, and lack of confidence and feelings of inadequate preparation.		Supports socialization of new graduates into the work place and providing a supportive group environment such as a cohort or mentorship to assist with identified challenges.
Brooks, E. M., & Thomas, S. (1997). The perception and judgment of senior baccalaureate student nurses in clinical decision making. Advances in Nursing Science, 19(3), 50-69.	content analysis, decision making, ethics, holism, intuition, judgment, king, perception, wholism	Descriptive Exploratory Study Level V	clarify BTIPA, contribute to nursing's knowledgebase by extending King's theory	1. subjects with some prior exposure to clinical situations 2. baccalaureate program students from NLN accredited programs. 18 senior nursing students from 2 different programs.	clinical situation vignette, structured interviews with open ended questions. Classification of narrative content into theoretical categories.	no two subjects viewed the simulated situation in the same manner. Interrelationship of perception and judgment occurs through the intrapersonal characteristics of one's self as it is the interaction of all of ones self.	the central premise was supported . Support that a wholoisitic approach and suggests the need for a greater emphasis, in nursing education, on the intrapersonal development of the student.	strengths- subject diversity (age range 20-46; 10 differing religious backgrounds; health related work experiences prior to program entry 0-13.5 yrs.) limitations - small sample size	This study supports the use of simulation, however proper evaluation of the simulated experience needs to be well designed and implemented.

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Author/Year Article Title and Journal	Database and Keywords Funding Source	Research Design and Level of Evidence	Study Aim/Purpose	Population Studied/Sample Size/Criteria/ Power	Methods/Study Appraisal/ Synthesis Methods	Primary Outcome Measures and Results	Author Conclusions/ Implications of Key Findings	Strengths/ Limitations	Comments
Chandler, G. E. (2012). Succeeding in the first year of practice. *Journal for Nurses in Staff Development, 28* (3), 103-107. doi:10.1097/NND.ob013e31825514ee		Qualitative, Descriptive Design Level VI	To learn the process necessary for a successful transition and to describe effective support for new nurses to develop the knowledge, skills, and attitudes needed to progress through the first year of practice.	Population: New Graduate Nurses (80% BSN, 20% ADN) Sample Size: 36	Method: Data collected through semi-structured interview of 5 questions Analysis: Inductive Content Analysis after each interview.	3 themes identified - "They were there for me", There are no stupid questions", and "Nurturing the Seeds".	Critical importance of welcoming the new nurse into an inquisitive supportive environment where good staff relationship flourish. Self-judging qualities do not need to be reinforced, new recruits benefit from positive reinforcement, recognition of daily accomplishments, and opportunities for inclusion.		Preceptor development need for clinical teaching. "o develop teaching strategies, discuss teaching and learning issues, and build on educational evidence.

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Cho, S.-H., Lee, J. Y., Mark, B. A., & Yun, S.-C. (2012). Turnover of new graduate nurses in their first job using survival analysis. *Journal of Nursing Scholarship, 44* (1), 63-70. doi:10.1111/j.1547-5069.2011.01428.x	new graduate, registered nurse, survival analysis, turnover	Longitudinal Study Level VI	To examine factors related to turnover of new graduate nurses in their first job.	Population: New Graduate Nurses with first job as a fulltime RN in a hospital. Sample Size: 351	Method: Survival Analysis conducted to estimate survival curves and related factors.	Estimated probabilities of staying in first job for 1,2,and 3 years were 0.823, 0.666, and 0.537. Dissatisfaction with interpersonal relationships, work content, and physical work environment was associated with a significant increase in the hazards of leaving the first job.	Hospital characteristics as well as job satisfaction are significantly associated with new graduates' turnover.	Limitation: Follow-up period less than years and limited information on job characteristics because the survey was not targeted specifically to nursing graduates.	Supports theory of developing a mentor program to assist and facilitate social interactions and ensure staff satisfaction.

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Author/Year Article Title and Journal	Database and Keywords Funding Source	Research Design and Level of Evidence	Study Aim/Purpose	Population Studied/Sample Size/Criteria/ Power	Methods/Study Appraisal/ Synthesis Methods	Primary Outcome Measures and Results	Author Conclusions/ Implications of Key Findings	Strengths/ Limitations	Comme
Cranley, L. A., Doran, D. M., Tourangeau, A. E., Kuskniruk, A., & Nagle, L. (2012). Recognizing and responding to uncertainty: A grounded theory of nurses' uncertainty. *Worldviews on Evidence-Based Nursing* , 149-158. doi:10.111/j.1741-6787.2011.00237.x	nurses, uncertainty, clinical decision-making, information seeking, acute care, grounded theory, interviews	Non-Experimental Descriptive Study Level VI	Purpose: develop a substantive theory to explain how staff nurses experience and respond to uncertainty in their practice. Aim: to better understand how nurses experience uncertainty and seek in formation when uncertain.	Population: 14 MedSurg ICU Staff nurses in two teaching hospitals in Ontario, Canada	Methods: in-depth, semi-structured interviews Synthesis Methods: Strauss and Corbin Open-Coding and Axial-Coding (Coding Paradigm)	Outcome Measure: Ensure open ended questions with interview lasting 30-60 minutes, pilot test conducted with APRNs to ensure open ended. Results: questions restructured to ensure openness.	Theory recognizing and responding to uncertainty characterized the processes through which nurses' uncertainty manifested and how it was managed. Process of assessing, reflecting, questioning, or predictability of outcome is how uncertainty was recognized. responses highlighted the cognitive-affective strategies used to manage uncertainty. Mean Age 35.6 yo; Mean Yrs Nsg Experience 10 Mean Yrs ICU Experience 6.8	Strengths: provides a foundation from which further research to extend, test, and refine a theory of uncertainty. Adds to nursing knowledge of how uncertainty is manifested and responded to in nursing practice. Advances nursing science by describing uncertainty from nurses perspectives. Limitations: No defined outcomes of the study a lead to a conclusion other than further study needed to occur.	Nursing ed programs r assist nurse developing articulating managing uncertainty Capstone p focus on as nurses with manage un within the environme

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Author/Year Article Title and Journal	Database and Keywords Funding Source	Research Design and Level of Evidence	Study Aim/Purpose	Population Studied/Sample Size/Criteria/ Power	Methods/Study Appraisal/ Synthesis Methods	Primary Outcome Measures and Results	Author Conclusions/ Implications of Key Findings	Strengths/ Limitations	Comme
Feng, R.-C., Chen, M.-J., Chen, M.-C., & Pai, Y.-C. (2010). Critical thinking competence and disposition of clinical nurses in a medical center. *Journal of Nursing Research, 18* (2), 77-86.	critical thinking competence, critical thinking disposition, clinical nurses Funding: Taipei Veterans General Hospital.	Random Sample Level IV	To measure the critical thinking competency and critical thinking disposition of clinical nurses as well as to explore the related factors of critical thinking competence.	Population: Clinical Nurses from four different clinical ladders stratified randomly. Sample Size: 269	Method: Taiwan version of the modified Wastson-Glaser Critical Thinking Appraisal and Critical Thinking Disposition Inventory was utilized to measure critical thinking competency and critical thinking disposition. Reliability: Cronbach α coefficient of 0.85 Analysis: SPSS	Competency of interpretation was the highest critical thinking competence factor. Inference as the lowest, and reflective thinking as a critical thinking disposition was more positive. Age and years of nursing experience, and experiences in other hospitals significantly influenced critical thinking competence.	Nursing experience and clinical ladders positively affect critical thinking competency and disposition. Issues of critical thinking competency increasingly need to be measured. Therefore, appropriate tools for nursing should be further developed and explored for specific areas of practice.	Limitations: Study conducted at only one medical center restricting generalization to other institutions.	Supports of a critic measure evaluate progressi orientatio

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Author/Year Article Title and Journal	Database and Keywords Funding Source	Research Design and Level of Evidence	Study Aim/Purpose	Population Studied/Sample Size/Criteria/ Power	Methods/Study Appraisal/ Synthesis Methods	Primary Outcome Measures and Results	Author Conclusions/ Implications of Key Findings	Strengths/ Limitations	Comment
Feng, R.-F., & Tsai, Y.-F. (2012). Socialisation of new graduate nurses to practicing nurses. *Journal of Clinical Nursing, 21* , 2064-2071. doi:10.111/j.1365-2702.2011.03992.x	new graduate nurse, organizational socialization, practicing nurse, professional socialization	Qualitative Descriptive Study Level VI	Explore the socialization experience of new graduate baccalaureate nurses to practicing nurses.	Population: Baccalaureate Graduates, Fulltime employed at four medical centers in Taiwan with first fulltime work experience. Sample Size: 7	Semi-structured, open-ended, in-depth interviews transcribed verbatim and analyzed by content analysis.	Three themes identified which included overwhelming chaos, learning by doing, and being an insider.	Transition from new graduate nurse to practicing nurse was stressful for these participants, particularly due to the clash between the professional value of patient-orientated nursing care and the organization value of task-oriented nursing.	Limitations: Small sample size, author states that a small sample was however acceptable for the depth of exploratory study. Results cannot be generalized.	Transition int practice setti challenging a stressful. The support of mentorship programs an socialization other new gr nurses assist this transitio article suppo need for mer and socializa
Friedman, M. I., Cooper, A. H., Click, E., & Fitzpatrick, J. (2011). Specialized new graduate RN critical care orientation: Retention and financial impact. *Nursing Economics, 29* (1), 7-14.		Retrospective, Descriptive Design Level VI	Purpose: Determine the effect of a specialized orientation program (CCNFP) on retention of new graduate RNs and the net cost of tis orientation program.	Population: new RNs hired during 2004 and 2007. Sample Size: 30 RNs from 2004; 60 RNs from 2007	Method: Retrospective review of data collected as part of the health systems usual activity, de-identified data were obtained from HR department.	Results: Annual retention in 2004 53.3% and in 2007 78.3%.	Conclusion: Specialized orientation programs that support new graduate RNs have documented increased retention and decreased turnover.	Limitations: use of convenience sample limited the generalizability of the findings. Retrospective comparative descriptive study design. Variables were not explored as potential reasons for turnover or leaving position.	This study ill the cost-ben development implementat structured nu orientation p

Student Name: Angie Hatley

Author/Year Article Title and Journal	Database and Keywords Funding Source	Research Design and Level of Evidence	Study Aim/Purpose	Population Studied/Sample Size/Criteria/ Power	Methods/Study Appraisal/ Synthesis Methods	Primary Outcome Measures and Results	Author Conclusions/ Implications of Key Findings	Strengths/ Limitations	Comments
Giallondard, L. M., Wong, C. A., & Iwasiw, C. L. (2010). Authentic leadership of preceptors: Predictor of new graduate nurses' work engagement and job satisfaction. *Journal of Nursing Management, 18* , 993-1003. doi:10.1111/j.1365-2834.2010.01126.x	authentic leadership, job satisfaction, new graduate nurses, preceptors, work engagement	Descriptive Study Level VI	Examine the relationship between new graduate nurses' perceptions of preceptor authentic leadership, work engagement, and job satisfaction.	Population: RNs with less than 3 years experience working in an acute care setting. Sample Size: 170	Predictive non-experimental survey.	20% of variance in job satisfaction was explained by authentic leadership and work engagement. Work engagement was found to mediate the relationship between authentic leadership of preceptors ard engagement of new graduate nurses.	New graduates paired with preceptors who demonstrate a high level of authentic leadership feel more engaged and are more satisfied. Engagement is an important mechanism by which authentic leadership affects job satisfaction.		Managers should be aware of the role of preceptors authentic leadership playing into promoting work engagement and job satisfaction of new hires.

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Author/Year Article Title and Journal	Database and Keywords Funding Source	Research Design and Level of Evidence	Study Aim/Purpose	Population Studied/Sample Size/Criteria/ Power	Methods/Study Appraisal/ Synthesis Methods	Primary Outcome Measures and Results	Author Conclusions/ Implications of Key Findings	Strengths/ Limitations	Comments
Hatler, C., Stoffers, P., Kelly, L., Redding, K., & Carr, L. L. (2011). Work unit transformation to welcome new graduate nurses: Using nurses' wisdom. Nursing Economics, 29(2), 88-93.	Funding: St. Joseph's Foundation	Comparative Study Level IV	Develop a dedicated Transition unit (DTU) using a theory driven approach. Purpose: To address employee on-boarding and practice environment issues and to focus on attracting and retaining experienced and newly graduated RNs on an active inpatient unit.	Population: Newly hired RNs Sample Size: 30	Methods: EOM Survey Pre and Post; Lasater's Clinical Judgment Rubric; Patient Satisfaction Scores	Outcomes evaluated to system of care delivery, with evaluation elements related to staff nurses, new graduate nurse, and patients. Findings: Cost-Benefit Analysis conducted total savings 800,000. Retention Before 18 Retention After 28 Difference 10 RNs at 80,000 per RN cost for replacement.	Model effective in achieving goals of retention and development of new graduate nurses in enhancing perceptions of seasoned staff members.	Strengths: one dedicated work unit to initiate the orientation process for further control variables.	Structured onboarding process results in new graduate RNs developing effective clinical judgment skills and enhancing communication skills.

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Hennerby, C., & Joyce, P. (2011). Implementation of a competency assessment tool for agency nurses working in an acute paediatric setting. *Journal of Nursing Management, 19* , 237-24. doi:10.1111/j.1365-2834.2011.01223.x	agency, change, competency, nurses, paediatric	Mixed Method, Qualitative Cost Analysis Level VI	Aim: Report on the implementation of a competency assessment tool for registered general agency nurses working in an acute paediartic setting, using a change management framework.	Population: Agency nurses within the specialty area of pediatrics. Sample Size: 79	Method: Nine-Stage Change Framework (Young's Theory) used to guide the implementation of the competency assessment tool within a paediatric acute care setting.	Results: 72% of agency nurses had good to very good competency levels while a second evaluation showed that 86% held the same level of competency. Over a period of 4 months, a total of 18% of agency nurses scored below the set baseline standard and were deemed unsuitable to work in he specialized are of paediatrics.	Conclusion: The change initiative comprised the introduction of a competency assessment of all agency nurses employed in the organization. Reports that the participative approach had a positive impact beyond the change project in strengthen trust and openness among the different functions and grades.	Limitations: Further testing for the applicability of the competency assessment tool needs to be completed for applicability to other areas.	Demonstration of planned change and Young's Theory of planned change.

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Kelly, J., & Ahern, K. (2008). Preparing nurses for practice: A phenomenological study of the new graduate in Australia. *Journal of Clinical Nursing, 18* , 910-918. doi:10.111/j.1365-2702.2008.02308.x	Australia, nurse socialization, nursing education, professional role.	Qualitative Descriptive Study Level VI	Explore the expectations of final year nursing students before they start employment and to describe the experiences of newly graduated nurses during their first six months of employment as registered nurses.	Population: Students in a Bachelor of nursing program at an Australian University. Sample Size: 13	Methods: Semi-structured interviews at prior to commencing employment, one month, and six months postemployment.	Prior to employment participants held positive perceptions for their impending role. After one month of employment the participants identified a culture the embraced cliques in which they were excluded. Graduates were unprepared for "bitchiness" and the limited amount of assistance received from experienced registered nurses.	Nursing curriculums need to prepare new graduates for the identified stressors and oppressive practices in order to be proactive in and preventing and responding which such factors arise. Socialization should be included in courses to ensure these issues are addressed and in an effort to eradicate oppressive practices.	Limitations: Participants experiences cannot be assumed to represent all new graduates in Australia as participants were drawn from only one school of nursing and one participant that transferred to Canada was not analyzed separately.	Evidence of the need for ongoing review and guidance through the nursing orientation program as well as proper selection of preceptors to eliminate oppressive practices.

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Kaddoura, M. A. (2010). New graduate nurses' perceptions of the effects of clinical simulation on their critical thinking, learning, and confidence. *Journal of Continuing Education in Nursing, 41* (11), 506-516.		Qualitative Descriptive Design Level VI	Explore new graduate nurse's perceptions of critical thinking promotion in the context of clinical simulation during critical care nursing training.	Population: new gradate nurses from an ICU unit. Sample Size: 10	Method: Semi-structured interviews Analysis: qualitative content analysis identifying key themes.	Themes identified: Just-in-Time learning of cognitive and psychomotor skills, fostering critical thinking and leadership skills through feedback on simulation, and safety in a nonthreatening learning environment.	Simulation contributed significantly to building confidence in critical thinking skills of the studied population improved learning and communication skills with other health care professionals and the study participants reported that simulation enabled the development of leadership and stress management in nonthreatening environment.	Limitations: Small sample size, cannot generalize findings to entire new graduate nurse population.	Supporting evidence for simulated experience to aid in putting knowledge and skill into practice.

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Kaddoura, M. A. (2010). Effect of the essentials of critical care orientation (ECCO) program on the development of nurses' critical thinking skills. *Journal of Continuing Education in Nursing, 41* (9), 424-432. doi:10.3928/00220124-20100503-05		Exploratory Qualitative Descriptive Design Level VI	Explore new graduate nurses' perceptions of factors that helped to develop their critical thinking skills throughout their critical care orientation.	Population: BSN New Graduate Nurses within a large hospital utilizing ECCO program for critical care orientation. Sample Size: 8	Semi-structured interview method. Demographic questions initially followed by interview at the completion of orientation with qualitative content analysis approach.	Primary themes identified around gathering knowledge, application of knowledge, benefits of the ECCO program, and concerns about the ECCO program in relation to the new graduate nurses' critical thinking skills.	An effective critical care orientation program can provide benefits in staff retention and satisfaction.	Limitations: Small sample size, robust qualitative approach for the review of data. All participants white females 21-30 years of age limiting findings not generalizable to the entire new graduate population.	Study of the ECCO program and progression of learning experiences throughout the program in providing an educational foundation.

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Khan, K., & Ramachandran, S. (2012). Conceptual framework for performance assessment: Competency, competence, and performance in the context of assessments in healthcare-deciphering the terminology. *Medical Teacher* , 920-928.		Descriptive Study Level VI	Distinguish between competence and competency and explain the relationship of competence and performance in the light of the Dreyfus model of skills acquisition.	Population: New hired nurses	Dreyfus Model	Modification of the Dreyfus model applicable to assessments in healthcare and propose a new model for assessment of performance and performance rating scale(PRS) based on the model.	Propose the use of an adapted version of the PRS will result in benchmarking of performance and allowing candidates to track progression of skills in various areas of clinical practice.		Supportive literature in utilization of structured program to evaluate skill acquisition.

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Khosravani, S., Manoochehri, H., & Memarian, R. (2005). Developing nurse critical thinking skills in nursing students by group dynamics. Internet Journal of Advanced Nursing Practice, 7(2), 1-1.	Group dynamics, Critical thinking skills, Community health nursing, Nursing students	quasi-experimental study Level III	conducted to determine the effects of group-dynamic sessions on critical thinking skills of baccalaureate nursing students. The purpose of the research was to identify whether students could develop their critical thinking abilities after participating in these sessions as a teaching strategy.	60 senior students were selected and randomly divided into two equal groups.	Data collection tools included demographic questionnaire and four forms of clinical reports based on nursing process. For students in the experimental group, selected topics on family health were discussed over 8-10 group-dynamic sessions, and for other students in the control group, routine educational program was performed	T-test revealed a significant difference in total and partial scores of critical thinking skills in the two groups.	concluded that applying "cooperative learning methods" appears to be helpful as a suitable approach in clinical training of nurses.		Instruction and method of instruction effects how the graduate applies the knowledge and skill into the practice setting.

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Kowalski, S., & Cross, C. L. (2010). Preliminary outcomes of a local residency programmed for new graduate registered nurses. *Journal of Nursing Management, 18* , 96-104. doi:10.111/j1365-2834.2009.01056.x	new graduate nurses, nurse residency, preceptors	Comparative Study Level VI	Aim: new graduate nurses participating in a year-long local residency programmed at two hospitals in Las Vegas Purpose: to support the value of residency programs	Population: New graduate nurses Sample Size: 36	Methods: Preceptor Evaluation of Resident (competency assessment), Pagana's Clinical Stress Questionnaire, Spielberger;s State-Trait Anxiety Inventory, Casey-Fink Graduate Nurse Experience Survey Statistical Analyses: Wilcoxon's signed-rank test to compare pre/post surveys Friedman's test to compare k-related samples to obtain statically valid P-value. SPSS or SAS.	Improve clinical competency and critical thinking skill so new graduate RNs.	Need for residency programs for new graduate RNs in acute care settings due to increasing acuity of patients, complexity of the acute care setting and the high turnover rate during first year of practice.	Strengths: Attrition rate for this program lower than other documented residency programs. Limitations: Small sample size, difficulty collating outcome measures to only one cohort.	Found increased support from nursing staff, preceptors, and managers during the residency program effects attrition rate.

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Meretoja, R., & Koponen, L. (2011). A systematic model to compare nurses' optimal and actual competencies in the clinical setting. *Journal of Advanced Nursing* , 414-421.	evaluation research , management, nursing competencies', professional development, surgical nursing	Mixed-method study Descriptive Level VI	Report of a study to develop a model to compare nurses' optimal and actual competencies in the clinical setting.	Population: RNs employed within the specialty of surgical nursing. Sample Size: 87	Multidisciplinary expert group of 24 determined a list of the optimal competencies using the Nurse Competence Scale (NCS). Participants of the study were evaluated by nurse managers from five different units using the NCS.	Optimal competence level was significantly higher than the nurses' self-reported actual or nurse managers' assessed level of actual competence. Some competence items were identified as key challenges for future education of professional nursing practice.	It is important for multidisciplinary experts in a particular care context develop an understanding of the future competency requirements for patient care.	Limitations: Small pilot group of experts.	A need for a multidisciplinary approach to identifying key medical surgical key competencies.

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Ostini, F., & Bonner, A. (2012). Australian new graduate experiences during their transition program. Contemporary Nurse, 41(2), 242-252.	nursing; new graduate; orientation; education; transition; recruitment; retention	Qualitative Study Level VI	This study aimed to explore the experiences of new graduates in their transition to the RN role in a rural context.	Nurses who had completed the new graduate program at a regional base hospital in Central New South Wales between August 2008 and December 2009. voluntary basis only.	Data analysis w utilizing qualitative content analysis	semi-structured interviews (45-60 mins)	"This study provides insight into the experiences of new graduates in the transition process in a rural area, including strategies that both supported and challenged new graduates during this process. . Surprising advantages were identified in a rural new graduate program and the findings reinforce the utilization of support programs to aid in the new graduate transition process."	This study contributes to what is known about the transition of new graduates in a rural facility and has implications for program improvements, students considering rural employment on graduation and for the recruitment and retention of new graduate RNs in rural areas. Limited to rural area outside of US.	Four themes where identified, including being supported, being challenged, reflections on being a new graduate, and reflections on a rural new graduate programs. The themes identified from this study must be addressed in capstone project.

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Purling, A., & King, L. (2012). A literature review: Graduate nurses' preparedness for recognizing and responding to the deteriorating patient. Journal of Clinical Nursing, 21, 3451-3465. doi:10.1111/j.1365-2702.04348.x	adverse event, deteriorating patient, graduate nurses, literature review, novice nurses, prearrest Funding: Flinders University School of Nursing and Midwifery, 2011 Undergraduate Student Publishing Incentive Award.	Integrative Review Methodology Level VI	Explore research literature that provided data on factors that influence new graduate nurse's preparedness for recognition and response to patient deterioration in the acute care setting.	Sample: 17 qualitative studies identified and reviewed.	Integrative review, comprehensive literature search.	Thematic analysis of the studies provided six major themes related to the aim of the review. Emergent themes: clinical staff support, lack of nurse experience, overwhelming workload, holistic patient assessment, past experiences, and lack of available resources.	Importance of positive staff support and subsequent confidence building. Graduates that experienced the appropriate support resulted din feeling able to present effective assessments and less fearful of reprimand when escalating an intervention call.	Limitations: number of qualitative studies found to inform, absence of studies specifically focused on experiences of recognizing and responding to deteriorating patients. Strengths: qualitative studies identified were robust and demonstrated minor weaknesses only to limited recognition of researcher bias and small sample sizes.	Ongoing supportive environment essential and assisting new graduates with the confidence to address and alert for deteriorating patients.

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Sandstrom, B., Borglin, G., Nilsson, R., & Williman, A. (2010). Promoting the implementation of evidence-based practice: A literature review focusing on the role of nursing leadership. *Worldviews on Evidence-Based Nursing* , 212-223. doi:10.111/j.1741-6787.2011.00216.x	evidence-based practice, implementation, leadership, nurse administrator, nurse managers, research use, staff nurse	Systematic Review Level VI	Systematically review the literature regarding leadership and its possible influence on the process of implementation EBP.	Sample: Seven Papers	Literature review conducted. 43 potentially relevant papers identified, of which 36 were excluded after review performed by two independent reviewers.	Seven papers utilized for review. Findings divided into three major areas: characteristics of the leader, characteristics of the organization, and characteristics of the culture. Findings indicate that leadership is vital for the process of implementing EBP in nursing and also highlights the possible importance of the organization and culture in which the leader operates.	Scholarly agreement that leadership is a vital role and driving force for the implementation of EBP in nursing practice. Additional research is need regarding the role of the leader was apparent.	Limitations: Search was limited to three databases: CINAHL, Medline, and Cochrane Library. Only one of the seven studies was rated to be of high scientific quality and the other six rated as moderate.	This review of literature serves as support for ensuring leadership as the driving force for the implementation of EBP in nursing such as competency assessment, clinical thinking assessments, and nurse residency programs.

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Thompson, C., & Stapley, S. (2011). Do educational interventions improve nurses' clinical decision making and judgment? A systemic review. *International Journal of Nursing Studies, 48* , 881-893. doi:10.1016/j.ijnurstu.2010.12.005	Decision making, judgment, educational activities, systematic review Funding: University of York's Vice Chancellor's discretionary fund.	Systematic Review Level VI	Identify effectiveness of educational interventions to improve nursing judgment and decision making.	Sample: 24 studies included in review.	Method: Review of studies published since 1960, reporting any educational intervention that aimed to improve nurses' clinical judgment or decision making were included.	5262 Citations 24 studies reviewed. The effectiveness and efficacy of interventions was mixed.	Educational interventions to improve nurses' judgments and decisions are complex and the evidence from comparative studies does little to reduce the uncertainty about "what works". Nurse Educators need to pay attention to decision, as well as pedagogical, theory in the design of interventions.	Limitations: Variety of educational approaches were reported, study quality and content reporting was generally poor.	I am uncertain as to how this article will be utilized within the context of my capstone project, however found it interesting that not one educational intervention had impact to change or support practice, but that a variety of educational interventions were utilized to achieve desired outcomes.

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Trepanier, S., Early, S., Ulrich, B., & Cherry, B. (2012). New graduate nurse residence program: A cost-benefit analysis based on turnover and contract labor usage. *Nursing Economics, 30* (4), 207-214.		Retrospective Analysis Level VI	Purpose: To conduct a cost-benefit analysis of a nursing residency program utilizing turnover rate and contract labor usage. Study Aim: Assess the economic outcomes of new graduate RN residency program.	Population: New Graduate Nurses Multi-Site Healthcare Corporation (15 community hospitals) Sample Size: 524	Methods: databases accessed electronically to evaluation accounting and human resources data as well as the residency company database to deidentify the residents.	Nurse Turnover Rate and Contract Labor Usage. New Graduate Residency Program resulted in a decrease in 12 month turnover from 36.08% to 6.41%(17.9 mil to 2.7 mil) and reduction in contract labor from 19k to 5.5k	Nurse residency programs should be valued as an investment as opposed to an expense	Limitations: utilized secondary data of a healthcare corporations community hospitals and may not be applicable to other healthcare settings. Confounding variables included economic state from 2008 to 2010 resulting in elimination of jobs and reallocation of staff possibly resulting in reduction on contract labor dollars.	Supports residency programs as a cost-effective measure to provide adequate transition into nursing practice.

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Wangensteen, S., Johansson, I. S., Bjorkstrom, M. E., & Nordstrom, G. (2010). Critical thinking dispositions among newly graduate nurses. *Journal of Advanced Nursing* , 2170-2180.	California Critical Thinking Disposition Inventory, critical thinking, newly graduated nurses, Norway, nurse education	Cross-sectional Descriptive Study Level V	Study Aim: To describe critical thinking dispositions among newly graduated nurses in Norway and to study whether background that had any impact on critical thinking dispositions.	Population: New Graduate Nurses in Norway (27 Universities) Sample Size: 618 Statistical Power: 79.6%	Method: Data collected utilizing two questionnaires (California Critical Thinking and study-specific questionnaire to gather background data). Data collected between October 2006 and April 2007 using the California Critical Thinking Disposition Inventory. Response Rate 33%. Analysis: Pearson's chi-square test	Results: 80% reported a positive disposition towards critical thinking. A significant higher proportion of nurses with high critical thinking scores ere found among those older than 30 years, those with university education prior to nursing education, and those working in community healthcare.	Conclusions: Leaders and faculty to encourage and nurture critical thinking among new graduate nurses and nursing students. Results indicate a need for more student-active learning models.	Limitations: Only 178 respondents complete background survey regarding age, gender, and educational preparation. Response rate of 33% no clear evidence for drop out rate.	This article serves as support for the need of critical thinking assessment and supportive programs to aid in the develop of clinical judgment and reasoning skills among the new graduate nurse population.

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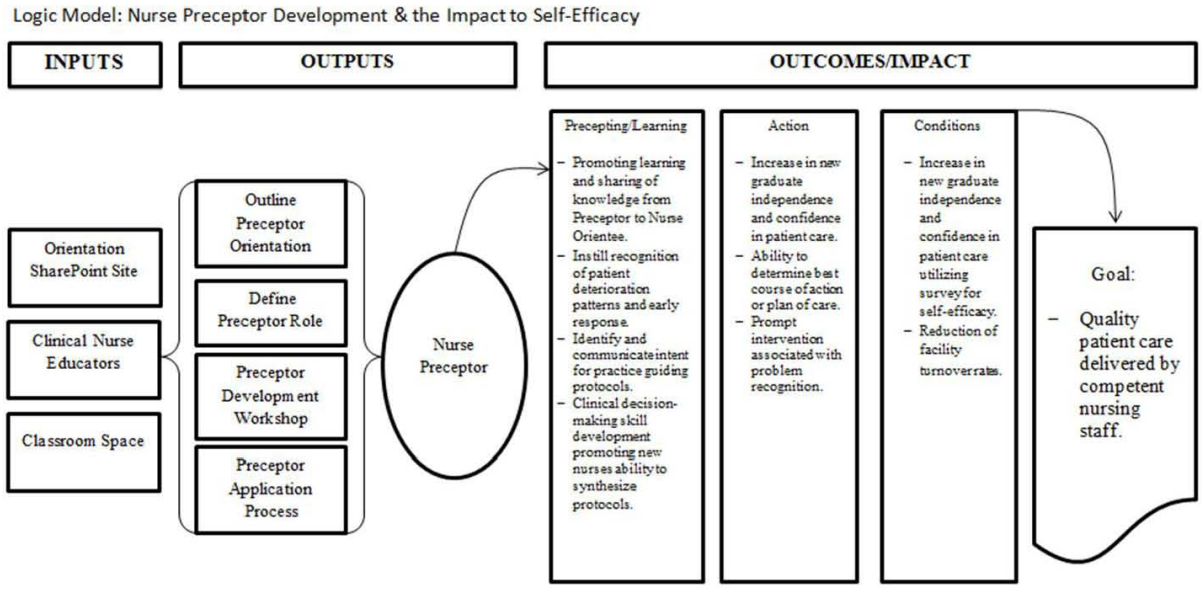
Washington, G. T. (2012). Performance anxiety in new graduate nurses: Is it for real? *Dimensions of Critical Care Nursing, 31* (5), 295-300. doi:10.1097/DCC.ob013e3182619b4c	Funding: Epsilon Sigma Chapter; Sigma Theta Tau International	Comparative Study Level IV	Verify the presence and identify the level of performance anxiety in a sample of new graduate nurses.	Population: New Graduate Nurses Sample Size: 34	Method: Survey administered to participants Synthesis: Cronbach α reliability coefficient used (r=0.82), Paired t Test Analysis: SPSS	Performance Anxiety (CEAF) Pre 46.26 Post 39.12 *Table with Specific Items on page 298 of article*	Using the developed tool (Clinical Experience Assessment Form) to determine the presence and level of performance anxiety will allow educators, preceptors, and managers to more readily intervene.	Limitations: Majority of participants between ages of 20 and 29; Not all hospitals had residency programs.	Theoretical Framework: Peplau's Theory of Interpersonal Relations

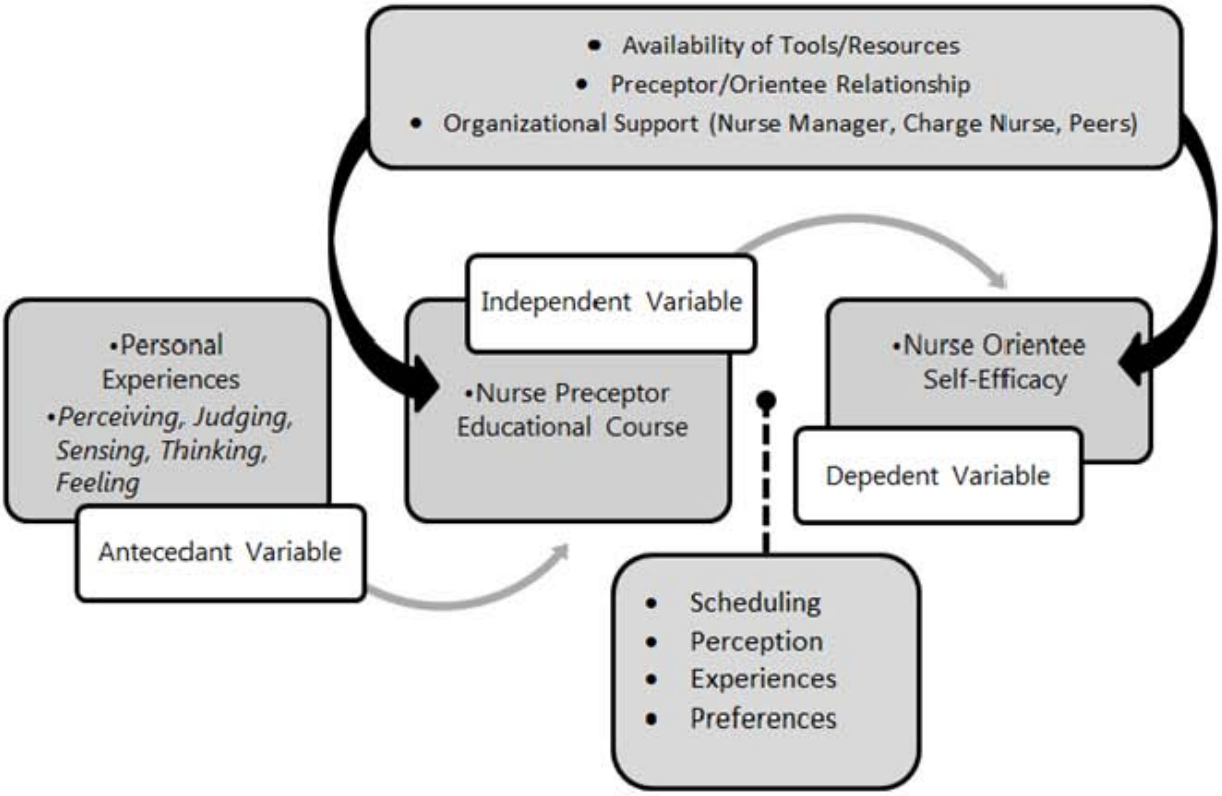
Appendix B

Logic Model



Appendix C

Conceptual Diagram



Appendix D

Measurement Tool/Instrument

Attachment 1 – Casey-Fink Graduate Nurse Experience Survey

Casey-Fink Graduate Nurse Experience Survey (revised)

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

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

Drop down list of skills

Assessment skills

Bladder catheter insertion/irrigation

Blood draw/venipuncture

Blood product administration/transfusion

Central line care (dressing change, blood draws, discontinuing)

Charting/documentation

Chest tube care (placement, pleurovac)

Code/Emergency Response

Death/Dying/End-of-Life Care

Nasogastric tube management

ECG/EKG/Telemetry care

Intravenous (IV) medication administration/pumps/PCAs

Intravenous (IV) starts

Medication administration

MD communication

Patient/family communication and teaching

Prioritization/time management

Tracheostomy care

Vent care/management

Wound care/dressing change/wound vac

Unit specific 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.	○	○	○	○
2. I am comfortable knowing what to do for a dying patient.	○	○	○	○
3. I feel comfortable delegating tasks to the Nursing Assistant.	○	○	○	○
4. I feel at ease asking for help from other RNs on the unit.	○	○	○	○
5. I am having difficulty prioritizing patient care needs.	○	○	○	○
6. I feel my preceptor provides encouragement and feedback about my work.	○	○	○	○
7. I feel staff is available to me during new situations and procedures.	○	○	○	○
8. I feel overwhelmed by my patient care responsibilities and workload.	○	○	○	○
9. I feel supported by the nurses on my unit.	○	○	○	○
10. I have opportunities to practice skills and procedures more than once.	○	○	○	○
11. I feel comfortable communicating with patients and their families.	○	○	○	○
12. I am able to complete my patient care assignment on time.	○	○	○	○
13. I feel the expectations of me in this job are realistic.	○	○	○	○
14. I feel prepared to complete my job responsibilities.	○	○	○	○
15. I feel comfortable making suggestions for changes to the nursing plan of care.	○	○	○	○
16. I am having difficulty organizing patient care needs.	○	○	○	○
17. I feel I may harm a patient due to my lack of knowledge and experience.	○	○	○	○
18. There are positive role models for me to				

observe on my unit.	○	○	○	○
19. My preceptor is helping me to develop confidence in my practice.	○	○	○	○
20. I am supported by my family/friends.	○	○	○	○
21. I am satisfied with my chosen nursing specialty.	○	○	○	○
22. I feel my work is exciting and challenging.	○	○	○	○
23. I feel my manager provides encouragement and feedback about my work.	○	○	○	○
24. I am experiencing stress in my personal life.	○	○	○	○

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. Finances
b. Child care
c. Student loans
d. Living situation
e. Personal relationships
f. Job performance
g. Other _____

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	○	○	○	○	○
Vacation	○	○	○	○	○
Benefits package	○	○	○	○	○
Hours that you work	○	○	○	○	○
Weekends off per month	○	○	○	○	○
Your amount of responsibility	○	○	○	○	○
Opportunities for career advancement	○	○	○	○	○
Amount of encouragement and feedback	○	○	○	○	○
Opportunity for choosing shifts worked	○	○	○	○	○

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. **Age: _____ years**
2. **Gender:**
   a. Female
   b. Male
3. **Ethnicity:**
   a. Caucasian (white)
   b. Black
   c. Hispanic
   d. Asian
   e. Other
   f. I do not wish to include this information
4. **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: _____
5. **School of Nursing Attended (name, city, state located): _____**
6. **Date of Graduation: _____**
7. **Degree Received:** AD: _____ Diploma: _____ BSN: _____ ND: _____
8. **Other Non-Nursing Degree (if applicable): _____**
9. **Date of Hire** *(as a Graduate Nurse)***: _____**
10. **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)*: _____
11. **Have you functioned as a charge nurse?**
    a. Yes
    b. No

12. Have you functioned as a preceptor?

a. Yes
b. No

13. What is your scheduled work pattern?

a. Straight days
b. Straight evenings
c. Straight nights
d. Rotating days/evenings
e. Rotating days/nights
f. Other *(please specify)*: _____

14. How long was your unit orientation?

a. Still ongoing
b. ≤ 8 weeks
c. 9 – 12 weeks
d. 13 – 16 weeks
e. 17 - 23 weeks
f. ≥ 24 weeks

15. How many *primary* preceptors have you had during your orientation?

_____ number of preceptors

16. Today's date: _____

Casey-Fink Graduate Nurse Experience Survey
Reliability and Validity Issues

This tool has been developed over several years and consists of five sections. Items in the first section relate to skills and procedures the graduate nurse is uncomfortable performing independently. Items in section three relate to job satisfaction. Items in sections four and five are either demographic in nature (e.g., "How many primary preceptors have you had during your orientation?") or are open-ended ("List the top skill you are uncomfortable performing independently") so that neither section can be quantitatively summarized.

The second section is composed of 24 questions responded to using a 4-point balanced response format (Strongly Disagree to Strongly Agree) and an additional question where the respondent answers "yes" or "no" to a series of stressors. All but the stress items appear to address the respondents' professional comfort, expectations or supports. The stress item addresses the respondent's personal life and does not appear to be conceptually similar to the other items.

All items were subjected to exploratory factor analysis – Principal Axis Factoring with Varimax© rotation. Principal Axis Factoring was selected to decrease the likelihood of overestimating the explained variance and item factor loadings common with Principal Components analysis.

In the analysis a 5-factor solution was found, accounting for 46% of the variation in total scores. The factors were labeled Support, Patient Safety, Stress, Communication/Leadership and Professional Satisfaction. Reliability estimates for the factors ranged from .71 to .90.

Specific constitution of the factors follows. Items on each factor are listed in the order of the magnitude of their corresponding loadings, highest to lowest.

Support (α = .90)
CF19 My preceptor is helping me to develop confidence in my practice
CF9 I feel supported by the nurses on my unit
CF6 I feel my preceptor provides encouragement and feedback about my work
CF7 I feel staff is available to me during new situations and procedures
CF18 There are positive role models for me to observe on my unit
CF10 I have opportunities to practice skills and procedures more often than once
CF4 I feel at ease asking for help from other RNs on the unit
CF13 I feel the expectations of me in this job are realistic
CF23 I feel my manager provides encouragement and feedback about my work

Patient Safety (α = .79)
CF16 I am having difficulty organizing patient care needs
CF5 I am having difficulty prioritizing patient care needs
CF8 I feel overwhelmed by my patient care responsibilities and workload
CF12 I am able to complete my patient care assignment on time
CF17 I feel I may harm a patient due to my lack of knowledge and experience

Stress ($\underline{\alpha}$ = .71)
CF25A Finances causing stress
CF24 I am experiencing stress in my personal life
CF25C Student Loans causing stress
CF25E Personal relationship(s) causing stress
CF25D Living situation causing stress
CF25F Job performance causing stress
CF25B Child care causing stress

Communication/Leadership ($\underline{\alpha}$ = .75)
CF1 I feel confident communicating with physicians
CF3 I feel comfortable delegating tasks to the nursing assistant
CF15 I feel comfortable making suggestions for changes to the nursing plan of care
CF14 I feel prepared to complete my job responsibilities
CF11 I feel comfortable communicating with patients and their families
CF2 I am comfortable knowing what to do for a dying patient

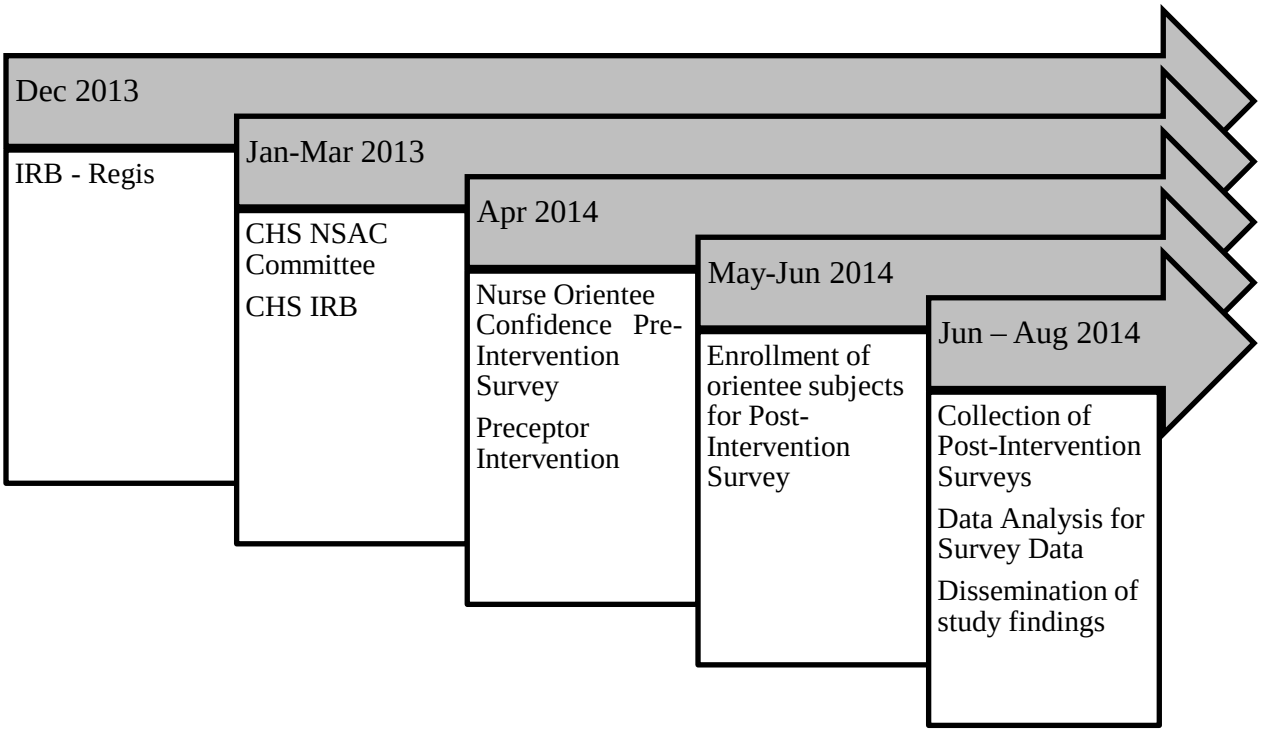
Professional Satisfaction ($\underline{\alpha}$ = .83)
CF22 I feel my work is exciting and challenging
CF21 I am satisfied with my chosen nursing specialty
CF20 I am supported by family/friends

If the instrument is scored by summing all of the items, including the stress items, the internal consistency estimates is $\underline{\alpha}$ = .89.

Content validity has been established by review of expert nurse directors and educators in both academic and private hospital settings. The content of this tool is derived from a substantial and comprehensive literature review. This instrument was identified as discriminating between nurses with varied amounts of experience during the first year of practice.

Appendix E

Timeframe



Appendix F

Budget and Resources

Training Time:	
Nursing time (donated paid time from each dept) estimated at: $22/hr x 2 hr course x 100 participants	$4400
Trainer Time:	
$28/hr x 2 hr course x 2 trainer	$112
Course Development Time & Materials:	
$28/hr x 40hr x 2 trainers	$2240
Handout materials:	$50
Total costs	**$6802 (estimated)**

Appendix G

IRB Approval Letters

REGIS UNIVERSITY
Academic Grants
3333 Regis Boulevard, H-4
Denver, Colorado 80221-1099
303-458-4206
303-964-5528 FAX
www.regis.edu

IRB–REGIS UNIVERSITY

February 6, 2014

Angie Hatley
17419-A Frog Pond Road
Oakboro, NC 28129

RE: IRB #: 14-029

Dear Ms. Hatley:

Your application to the Regis IRB for your project, "Nurse Preceptor Development and the Impact on Self-Efficacy of Newly Hired Nurses," was approved as an exempt study on January 27, 2014. This study was approved per exempt study category 45CFR46.101.b(#1).

The designation of "exempt" means no further IRB review of this project, as it is currently designed, is needed.

If changes are made in the research plan that significantly alter the involvement of human subjects from that which was approved in the named application, the new research plan must be resubmitted to the Regis IRB for approval.

Sincerely,

Patsy Cullen

Patsy McGuire Cullen, PhD, PNP-BC
Chair, Institutional Review Board
Professor & Director
Doctor of Nursing Practice & Nurse Practitioner Programs
Loretto Heights School of Nursing
Regis University

cc: Dr. Patricia Cullen

Carolinas HealthCare System

March 25, 2014

Angie Hatley, MSN, RN
Nursing Education
920 Church Street, North
Concord, NC 28025

RE: Nurse Preceptor Development and the Impact on Self-Efficacy of Newly Hired Nurses

IRB File # 03-14-09EX

Dear Ms. Hatley

I reviewed your proposal (dated original) and determined your study meets the criteria for exempt status set forth in Code of Federal Regulations Title 45 Part 46 § 101(b), Category # 2: Anonymous educational tests, surveys, interviews or observations.

Any changes to the research study must be presented to the IRB for approval prior to implementation. If we can be of further assistance, feel free to contact the IRB Office, 704-355-3158.

Sincerely,

Michael Brennan, DDS
Chair, IRB

/cff

Note: The IRB complies with the requirements found in Part 56 of the 21 Code of Federal Regulations and Part 46 of the 45 Code of Federal Regulations. Federal-Wide Assurance # 00000687. The Registration Number is IORG 0000740. The Carolinas HealthCare System Institutional Review Board follows the ICH GCP guidelines with regard to the rights of human subjects.

Carolinas HealthCare System

Nursing Scientific Advisory Committee (NSAC)

March 18, 2014
Angie Hatley
Loretto Heights School of Nursing

RE: Protocol: #005-14: "Nurse Preceptor Development and the Impact on Self-Efficacy of Newly Hired Nurses"

Dear Angie,

The Nursing Scientific Advisory Committee has considered your protocol, "Nurse Preceptor Development and the Impact on Self-Efficacy of Newly Hired Nurses" and elected to give your study *full approval*. You may initiate your project pending sanction by the IRB or IACUC, as required, and supportive funding. If you will be utilizing the lab, radiology or pharmacy for your research please contact the following (Lab: Pat O'Rourke 355-5596; Radiology: Jeff Aho 355-3612; Pharmacy: Ryan Bender 355-5142). If at anytime you wish to revise your protocol, please submit the revision for our review.

Best of luck with your investigation. Please refer to the research policy dealing with research conduct (**ADM 240.01**) located in the CHS Policy and Procedure & Procedure Manual. Should you have any questions or concerns, please contact Michelle O'Sullivan (704-355-0642 or michelle.osullivan@carolinas.org) or Gayle Casterline (704-355-0765, gayle.casterline@caroinas.org).

Sincerely,

Dr. Gayle Casterline MD

Gayle Casterline, RN, PhD
Chair, Nursing Scientific Advisory Committee

cc: IRB – Jon Schwaiger
Co-Investigators
CNE
NSAC File

Appendix H

CITI Training

CITI Collaborative Institutional Training Initiative

Human Research Curriculum Completion Report
Printed on 11/20/2012

Learner: Angie Hatley (username: hatle0493)
Institution: Regis University
Contact Information Department: Loretto Heights School of Nursing DNP Program
Phone: 980-581-1924
Email: afhatley@gmail.com
IRB Reference Resource:

Stage 1. Basic Course Passed on 11/20/12 (Ref # 9202318)

Required Modules	Date Completed	
Introduction	11/19/12	no quiz
Regis University	11/19/12	no quiz
Elective Modules	**Date Completed**	
Avoiding Group Harms: U.S. Research Perspectives	11/19/12	3/3 (100%)
History and Ethical Principles - SBR	11/19/12	4/5 (80%)
History and Ethical Principles	11/19/12	6/6 (100%)
Defining Research with Human Subjects - SBR	11/19/12	5/5 (100%)
The Regulations and The Social and Behavioral Sciences - SBR	11/19/12	4/5 (80%)
Basic Institutional Review Board (IRB) Regulations and Review Process	11/19/12	5/5 (100%)
Assessing Risk in Social and Behavioral Sciences - SBR	11/19/12	5/5 (100%)
Informed Consent - SBR	11/19/12	4/5 (80%)
Informed Consent	11/19/12	4/4 (100%)
Privacy and Confidentiality - SBR	11/19/12	4/5 (80%)
Social and Behavioral Research for Biomedical Researchers	11/20/12	4/4 (100%)
Records-Based Research	11/20/12	2/2 (100%)
Genetic Research in Human Populations	11/20/12	2/2 (100%)
Research With Protected Populations - Vulnerable Subjects: An Overview	11/20/12	4/4 (100%)
Research with Prisoners - SBR	11/20/12	4/4 (100%)
Vulnerable Subjects - Research Involving Prisoners	11/20/12	4/4 (100%)
Research with Children - SBR	11/20/12	4/4 (100%)
Vulnerable Subjects - Research Involving Children	11/20/12	3/3 (100%)

Research in Public Elementary and Secondary Schools - SBR	11/20/12	4/4 (100%)
Vulnerable Subjects - Research Involving Pregnant Women, Human Fetuses, and Neonates	11/20/12	3/3 (100%)
International Research - SBR	11/20/12	3/3 (100%)
International Studies	11/20/12	3/3 (100%)
Internet Research - SBR	11/20/12	5/5 (100%)
FDA-Regulated Research	11/20/12	5/5 (100%)
Human Subjects Research at the VA	11/20/12	3/3 (100%)
Research and HIPAA Privacy Protections	11/20/12	4/5 (80%)
Vulnerable Subjects - Research Involving Workers/Employees	11/20/12	4/4 (100%)
Hot Topics	11/20/12	no quiz

For this Completion Report to be valid, the learner listed above must be affiliated with a CITI participating institution. Falsified information and unauthorized use of the CITI course site is unethical, and may be considered scientific misconduct by your institution.

Paul Braunschweiger Ph.D.
Professor, University of Miami
Director Office of Research Education
CITI Course Coordinator

Return

Appendix I

Agency Letter of Support to Complete Project

Carolinas Medical Center
NorthEast

October 5, 2013

To Regis University Institutional Review Board (IRB):

I am familiar with Angie Hatley's research project entitled *Nurse Preceptor Development and the Impact to Self-Efficacy of Nurse Orientees*, an evidence-based practice (EBP) project in which a quality improvement plan, program evaluation, with an educational intervention will be completed. I understand Carolinas Medical Center-NorthEast's involvement to be supporting the implementation of a structured preceptor training program by the Clinical Education Services Department, allowing nurse preceptors and nurse orientees to be surveyed providing archival data regarding the orientation process from the preceptor as well as the new nurse orientee perspective. A pre-test/post-test evaluation survey will utilized to assess the effectiveness of the educational intervention provided to nurse preceptors. The project will be internal to a Carolinas Medical Center-NorthEast and will serve to inform the organization of issues regarding self-efficacy of new nurse orientees at the completion of the orientation period.

I understand that this research will be carried out following sound ethical principles and that participant involvement in this research project is strictly voluntary and provides confidentiality of research data, as described in the proposal.

Therefore, as a representative of Carolinas Medical Center-NorthEast, I agree that Angie Hatley's research project may be conducted at our agency/institution.

Sincerely,

Kathleen Grew, MSN, RN

Kathleen Grew, MSN, RN
Vice President and Chief Nursing Officer