Facilitating a Smooth Transition from New Graduate to Professional Nurse

Utilizing an Evidence-Based Evaluation Tool

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Abstract

The absence of a simple and easy-to-use method to measure the confidence of the new graduate nurses, while addressing their unique needs during their transition into the professional role, triggered this research. An evidence-based tool, the Casey-Fink Graduate Nurse Experience Survey (CFGNES), was utilized and administered to all ten new graduates on their first day of didactic. The results were analyzed and follow historical trends of CFGNES studies. The analysis was shared with the Nursing Education Manager and necessary changes in the program were made to accommodate the participants’ concerns. Furthermore, upon evaluation of the CFGNES and its implementation, participants agreed it is a helpful method to voice their concerns and a useful tool to tailor the program to their needs for success. This was validated by the organization’s efforts in reacting to the results and addressing their needs immediately. This survey will be administered again at three months, six months, and finally at 12 months as an ongoing assessment of both the new graduates and the organization’s efforts. The implementation of this tool has proven beneficial for both the organization and the new graduates entering into their professional role. It has helped to create a sense of importance, value, and support for the newcomers, while giving the organization data to help with future new graduate programs. Moreover, increased satisfaction of the new graduates may correlate with improved patient outcomes, increased employee retention rates, and decreased hospital spending on random extraneous resources and material.
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While many new nursing graduates struggle finding a position to start their career, many others who find jobs face the challenge of transitioning from the student role into the professional role. Reality shock kicks in, as well as the stress of role adjustment, causing many new graduates to quit their jobs. “The turnover of graduate nurses as a result of these transitioning stresses ranges from 20% to more than 40%, resulting in a personal impact on the graduate nurse and a financial loss for acute care hospitals estimated at $40,000 per graduate nurse who leaves in the first year of practice” (Casey, Fink, Goode & Krugman, 2008). Replacement costs of new graduates are high, especially when hospitals have to spend premium labor dollars associated with registry ortraveler nurses because sudden loss of a new employee (Casey, Fink, Krugman & Propst, 2004). It is crucial to facilitate a smooth transition of new graduate nurses to ensure their retention with their organization.

A South Bay non-profit community hospital organization was awarded Magnet status in 2005, the first Bay Area hospital to receive this honor. As such, this hospital does not have a problem with nurse retention. However, this is the first time the hospital is having a new graduate nurse program in three years. In addition, there is a lack of an evidence-based tool to evaluate the transition experience of their new graduate nurses. As nursing is an ever-changing career, it is essential for this organization to measure the effectiveness of their new graduate nurse program and tailor it to the needs of these new vulnerable nurses.
Rationale

Root Cause Analysis

Upon assessing the needs of the hospital’s new graduate nurse program and finding there was a lack of formal evaluation, the following four main contributing factors were identified: financial factors, human factor, inadequate resources, and critical thinking assessment. During the financial assessment, reasons attributing to this issue were the perception of an expensive evaluation tool and statistical analysis program. The cost of hiring and training a new graduate nurse at this organization is $80,000 and plus the potential cost of attrition. Due to financial and time constraints, it was also discovered there would be no re-training of preceptors. Therefore, without having an evaluation tool, capturing pertinent data on the effectiveness of the preceptors is potentially lost. The combination of vulnerability and job anxiety of new graduates in a new work environment impedes communication among staff, thus making it difficult to build relationships, all part of the human factor. It was also found that the hospital has inadequate resources for education staffing to conduct surveys, minimal IT support and lack of expertise in data analysis. Furthermore, a common and unfortunate truth was identified that preceptors are oftentimes given full patient assignments. Root cause analysis uncovered inconsistencies due to the variability of resources on different units and the inadequate training of newer managers in assessing the performance of a new graduate, leading to the delegation of the assessment to preceptors. See Appendix.

Literature Review

Research supports the seriousness of job performance anxiety that new graduate nurses experience. In 2009, Dyess and Sherman found that new nurses are confident with the realization
of all they learned in nursing school, but have fear of the uncertainty in unfamiliar patient situations. Dyess and Sherman also discuss the development by the National Council of State Boards of Nursing (NCSBN) of an evidence-based regulatory model for the transition of new nurses into practice. The NCSBN has intentions for this to be implemented across the United States as a requirement for new graduate nurses to maintain their license after their first year of practice (Dyess & Sherman, 2009). The potential nursing shortage has generated increasing interest in new graduate nurse programs. Adding to this the potential for regulatory requirements, it is important for nurse educators to reevaluate their approach to their new graduate nurse programs (Dyess & Sherman, 2009).

The curiosity of researchers led to a unique study that explored new nurses’ perceptions of their clinical confidence and their performance (Marshburn, Engelke, & Swanson, 2009). Findings proved that the new graduates perceptions are directly correlated to their performance in clinical practice. As new nurses become more self confident, they are more likely to provide safe and effective patient care. However, when there is a gap in their perceived confidence, patient safety may be jeopardized, and thus nurse educators must implement strategies and activities to aid in the progress of the new nurse (Marshburn et al., 2009).

The findings of Johnstone, Kanitsaki, and Currie (2008) firmly propose that adequate support is crucial to new graduate nurses during their transition into practice. Johnstone et al. (2008) sought out to further define this support in its entirety and found that it gives new graduate nurses “courage and confidence...to practice competently, safely, and effectively in the levels and areas they have been educationally prepared to work” (Johnstone et al., 2008). The study also discovered that while you must have sufficient resources to offer support, the effectiveness is largely dependent on the attitudes of those offering the support.
Diana Halfer (2007) reported on the revamping of the new graduate orientation at Chicago’s Children’s Memorial Hospital. In 2002, the turnover rate within the first year of employment for new graduate nurses was 29.5% (Halfer, 2007). In reviewing new graduate nurses’ job satisfaction, the nursing recruitment and retention committee found that role adjustment consisted of much more than merely mastering clinical skills, and that mentoring and opportunities for professional development were also influential. The committee looked at what other organizations were doing and remodeled their orientation to include competency development and role transition, as well as enhanced preceptor support, and a more individualized orientation geared at new graduate nurses. As a result of the improvements, the turnover rate decreased from 29.5% to 12.3%, resulting in substantial cost-savings (Halfer, 2007). In addition, intangible benefits were realized as well, including “improved health care team satisfaction, higher morale, and greater productivity” (Halfer, 2007). The nurses that have gone through this revitalized program communicate having a more solid understanding of nursing and feel they can “hit the ground running” (Halfter, 2007).

Another study reported on lessons learned from investigating 10 years of research on new graduate nurse residency programs (Goode, Lynn, McElroy, Bednash, & Murray, 2013). “The Future of Nursing report, the Carnegie Foundation study, the Joint Commission, and the National Council of State Boards of Nursing” all stand behind new graduate nurse programs that support transition into practice (Goode et al., 2013). In examining 10 years of data, results showed hospitals that participated in new graduate nurse transition programs had significant increases in retention rates. Furthermore, data showed a compelling improvement in new graduate nurses perceived ability to organize, prioritize, communicate, and to be clinical leaders (Goode et al., 2013). Goode et al. (2013) also discuss implementing such a program necessitates strong hospital
leadership support, as well as an evidence-based curriculum which is evaluated and revised to fulfill the demands of the new graduate nurses in a dynamic health care environment.

**Cost Analysis**

According to the Nursing Education Manager at this hospital, it costs an estimated $80,000 for hiring, orienting, and training of each new graduate. Unit managers requested this most recent new graduate program; therefore, the cost is being deducted from each hiring unit’s training budget. Each new graduate receives one week hospital orientation, one week intense focused didactic, ten additional days of weekly didactic, and twenty-four shifts with a preceptor. The average cost of a preceptor’s hourly wage is $60. Both the preceptor and new graduate nurse are being compensated individually, yet they have a patient load equivalent of an experienced nurse. This has a negative impact on productivity. The cost and process of hiring an experienced nurse are much lower than that of the new graduate. In fact, according to the Nursing Education Manager at this organization, it only takes two weeks to orient and train an experienced nurse.

Therefore, it is imperative to use a reliable tool that evaluates the transition progress of the new graduate. Extensive research was conducted for a reliable, valid, and evidenced-based evaluation tool of a new graduate program. The Casey-Fink Graduate Nurse Experience Survey (CFGNES) was determined to be a best fit for this hospital environment. The creators of this tool grant free access and use, only requiring completion of a questionnaire describing its intended use. For the ease of use with this tool, the project team utilized the hospital’s active subscription to SurveyMonkey, thus not incurring any additional costs.

**Project Overview**

To identify the stressors experienced by a cohort of nurse graduates, to define similarities, and track the results over specified intervals, a published study was done (Casey et al., 2004).
The CFGNES was developed from the results of this qualitative study to measure the new graduate nurses’ experience during the transition into the nursing role (Casey et al., 2004). The survey was revised in 2006 to include topics on job satisfaction, confidence, and comfort level in performing skills and procedures (Casey et al., 2008). Since then, the CFGNES “has been further validated by over 10,000 graduate nurse residents participating in the University Health System Consortium/AACN Post Baccalaureate Residency program and elsewhere nationally and internationally” (K. Casey & R. Fink, personal communication, October 5, 2013).

The goal of the project is to implement an evidence-based measurement (CFGNES) of the new graduate nurse experience at the start of the new graduate program, to evaluate and aid in the transition of the hospital’s new graduates from student nurse to professional nurse. The results of the survey will be analyzed and relayed to the Nursing Education Manager. This will serve as ongoing evidence of areas the new graduates feel the need for more support, providing suggestions for topic presentations and discussion.

**SWOT Analysis**

The project team analyzed the CFGNES by conducting a SWOT analysis. Numerous strengths and opportunities were identified, as well as some weaknesses and threats. A major benefit of the CFGNES is that it is an evidence-based tool, which can be utilized to enhance the experience and reduce barriers in the transition process. It serves as an outlet for the new graduates to express their concerns and for the hospital to apply this data to create an individualized new graduate program. Weaknesses of this project plan are the future cost of data analysis, the emphasis on quantitative data versus qualitative data, and the initial administering of the survey being too early. However, implementing the CFGNES into the new graduate program offers opportunity to increase new graduate satisfaction and retention, and increase or
decrease resources appropriately. Social desirability response bias and participants minimizing the importance of the survey are recognized to be potential threats.

**Strengths**
- Allows to voice concerns
- Means for additional educational & skills support
- Individualized plan
- Continuous evaluation of trends
- Evidence-based tool proven to enhance the experience & reduce barriers in transition

**Weaknesses**
- Cost of data analysis
- Variable resources on different units
- Emphasis on quantitative data vs qualitative data
- Timing of administering initial survey too early

**Opportunities**
- Increase new grads satisfaction and retention
- Change unit cultures
- Increase or decrease resources accordingly
- Continue education (preceptors & new grads)

**Threats**
- Social desirability response bias
- Participants’ minimization of importance of the survey

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**Methodology**

**Nursing Theory**

The Stages of Transition Theory illustrates the transitions new graduate nurses experience during the first year of practice (Duchscher, 2008). In the first three to four months, reality shock occurs. Near the six month mark the new graduates experience a crisis of confidence. In the final three months graduates achieve a more stable level of comfort and confidence with their roles, responsibilities, and routines (Duchscher, 2008). This transition theory provides a fitting visual of historical results of the CFGNES, which also show a decline in confidence at around six months (Casey et al., 2008).
Data Source

Data was collected after the administration of the CFGNES to the new graduate nurses. Results reflected subjective quantitative and qualitative data. The purpose of this survey was to obtain baseline data measuring the concerns of the new graduates, which in turn can help the organization tailor their new graduate program accordingly. An added benefit of the survey is promoting connectedness among the new graduates by sharing the results that highlight commonalities of their feelings and fears.
Timeline

The initial CFGNES was administered on the first day of didactic on November 4th, 2013 for baseline data measurement. Analysis of the results took place a few days later and reviewed with the Nursing Education Manager. On November 18th, 2013, key results were shared with the new graduates to examine their similarities and areas of needed support, as well as stimulate further discussion. Based on the results of the initial survey, recommendations were made to the Nursing Education Manager to include didactic topics on stress management, communication skills with physicians, and caring for a dying patient. These topics were incorporated into the final weekly didactic meetings. The new graduates were also asked to complete an evaluation of the CFGNES tool. On February 3rd, 2014, the CFGNES will be administered a second time, at the three-month mark. The same process of analysis, reporting, sharing, and topic suggestions will be followed at this time, and again at six months, and finally at 12 months.

Expected Results

Results of the CFGNES are expected to reflect the trends of previous research over the last 10 years that utilized the same tool. This includes an anticipated increase in confidence by the third month into the new graduate program. Confidence and job satisfaction are likely to decline at the six months period. However, these qualities will increase after nine months, and be
even stronger by the completion of the 12 months (Goode et al., 2013). It is anticipated they will build connections based on their similar experiences and feelings revealed through the CFGNES results, which in turn will help them support each other.

**Nursing Relevance**

Healthcare is constantly changing to improve patient outcomes and quality of care while increasing nursing satisfaction and decreasing costs. The significant contributions of the CFGNES tool assist new graduates to voice their needs. This could be essential in successful new graduate programs. Once responsive organizations utilize the survey findings in a proactive approach, it will aid their new graduates in feeling highly valued and empowered. Hickson (2013) states:

> It is not enough to hire new graduates. Nursing leaders must provide a foundation for growth and development in an effort to meet the demands of a challenging healthcare system. Individuals, who have the ability to affect organizational changes such as nurse leaders, have a responsibility to the new generation of RNs to provide an ethical and culturally safe work environment that is committed to professional actualization. Confidence levels of new graduates will naturally increase over time and will be further boosted through adapting the new graduate program to the needs expressed through the results of the CFGNES. This increased confidence will promote building trust with patients and interdisciplinary teams.
Forces of Magnetism

As this tool is being utilized at this Magnet hospital, it proves the dedication and commitment to excellence this organization has to its nurses and to the community. The structure of Magnet status is based on 14 Forces of Magnetism grouped into Five Model Components (ANCC, 2013). The first model is Transformational Leadership, which represents the organization’s flexibility to changes. This is reflected in this particular organization’s utilizing the results of the CFGNES to modify the new graduate program. Within the second model, Structural Empowerment, staff are “developed, directed, and empowered to find the best way to accomplish the organizational goals and achieve desired outcomes” (ANCC, 2013). The CFGNES creates a sense of empowerment in the new graduates providing a framework for voicing concerns. The third model is Exemplary Professional Practice, which originates with nursing, involving an all-inclusive understanding of the role (ANCC, 2013). The CFGNES tool gauges the new graduates’ comfort with many of the vital aspects in nursing including safe practice, communication skills, confidence, critical thinking, coping, asking for help, building relationships, and support groups. New Knowledge, Innovations & Improvements is the fourth
model, which states, “Our current systems and practices need to be redesigned and redefined if we are to be successful in the future” (ANCC, 2013). By implementing this evidence-based tool, the hospital has taken a step towards redesigning the new graduate program. The fifth and last model is Empirical Outcomes, in which Magnet hospitals are appointed to become leaders of the future and models for solutions in health care and demonstrating excellence (ANCC, 2013). Due to their high retention rates, the hospital’s demonstrated valuing of the new graduate nurses’ perceptions and successes, utilization of the CFGNES by the organization can serve as a model to other Magnet and non-Magnet hospitals looking to enhance their new graduate programs.

**Summary Report**

**Data**

The hospital hired seven new graduate nurses. There are three additional nurses included at their manager’s request attending and participating in the new graduate program: one dialysis nurse and two newer nurses from the surgical floor who were hired earlier this year. Results from the CFGNES data revealed the new graduates ages range from 23 to 42, with 29 the average age. Eight of the new graduate program participants are female and two are male. Eighty percent are Caucasian and 20% are Asian. Nine of the ten have their BSN, while one has an ADN and is in the process of pursuing a BSN. All ten nurse graduates indicated they had previous health care work experience, including volunteers, nursing assistants, unit secretaries, EMTs, student externships, and home health aids.

The first question on the CFGNES asks the new graduates to choose from a list the top three skills or procedures they are uncomfortable performing independently. Among the top three overall were MD communication, arterial, venous, and pulmonary lines, and care of a ventilated patient. After learning this, the Nursing Education Manager reassured the new
graduates that they would not be exposed to this intense level of care and critical care skills. The didactic week also included a presentation on communicating with physicians after the survey was administered, but the Nursing Education Manager still took the survey results as valuable feedback considering increasing more information and simulation on MD communication. Other top skills and procedures identified by the new graduates as sources of angst are code/emergency response, prioritization/time management, blood product administration/transfusion, and charting/documentation.

The initial CFGNES also reflected that 80% of the new graduates are not comfortable knowing what to do for a dying patient. Based on these results, this was a topic suggested to cover in future didactic meetings. Also enlightening was that 70% of the new graduates expressed feeling they may harm a patient due to lack of knowledge and experience. While the new graduates are all highly competent, these results are likely reflective of a lack of confidence.

Forty percent of the new graduates expressed having stress in their personal lives, with 100% attributing this to job performance, 50% to child care, and 33% each to finances, living situation, personal relationships, and graduate school. The CFGNES has a question directly related to the difficulties transitioning from the student role to the RN role. Results showed 90% of the new graduates identified workload (i.e. organizing, prioritizing, feeling overwhelmed, ratios, patient acuity) as the biggest difficulty. This was followed by 80% citing: role expectations (e.g. autonomy, more responsibility, being a preceptor or in charge) and fears (e.g. patient safety), and 70% identifying: lack of confidence with MD/PT communication skills, delegation, knowledge deficit, critical thinking and orientation issues with unit familiarization, learning technology, relationship with multiple preceptors, information overload. However, the results also reflect the new graduates feel they have strong support from positive role models on
their unit and by family and friends. They also feel at ease asking for help from other RNs on their unit.

**Evaluation, Conclusion, Recommendations**

The following evaluation form was administered to the new graduates after presenting the results to them.

![Evaluation of the Casey-Fink Graduate Nurse Experience Survey](image)

Nine of the ten nurse graduates responded yes to the first question that the survey allowed them to voice their concerns. Eighty percent indicated they felt the survey was a means of additional support from the Nursing Education Manager. Eight of them also said they think they would answer the survey differently after having been on the unit a couple times, and nine agreed it would be better to take the survey for the first time after six weeks. Of these, two of the new graduates provided a written suggestion to take the initial survey after one or two weeks. One hundred percent marked yes for the last question that CFGNES is a useful tool to tailor the program to their needs for success.

Kathy Casey, one of the creators of CFGNES, indicated that the ideal time to obtain baseline data is within the first six weeks of a new graduate program (K. Casey, personal
communication, October 31, 2013). This allows the new graduates enough time to have experience on the unit to be able to answer all of the questions more authentically. However, due to the timing of the start of the new graduate program at this organization, this was not feasible. With this in mind, along with the feedback from the new graduates, it would be recommended for the next new graduate program to administer the initial survey later (i.e. at least wait until two weeks, and ideally six weeks). The survey was also given at the end of the first day of didactic when the nurse graduates may have been overwhelmed and tired; therefore, it might be more beneficial to offer the survey earlier in the day as well. SurveyMonkey provides analysis of the results, which the CNL students further analyzed. However, ideally a statistician utilizing SPSS software should do the analysis.

Sustainability plan

Implementation of the initial baseline CFGNES has taken place for the hospital’s current new graduate program and its benefits are already being recognized. Follow-through of the survey will need to be administered to the new graduates again at three months, six months, and one year. In addition to having the new graduates retake the CFGNES at these specified intervals, analysis, reporting, sharing, and topic suggestions will also need to occur. The Nursing Education Manager has been identified as the champion to carry out this plan and to track the results and trends and modify the new graduate program as necessary. It is also crucial for the Nursing Education Manager to continue to be a resource of support. This continuity with the new graduates is essential, especially at the height of vulnerability when new grads struggle with their confidence and comfort in their new role. In addition, two of the hospital’s educators involved in the new graduate program have also been informed of this plan. This is important so that the plan does not lie solely with the Nursing Education Manager. The new graduates are also aware of the
plan and purpose of taking the CFGNES at these intervals, thereby serving as stakeholders and increasing the sustainability. As the CFGNES is a reliable, evidence-based tool utilized worldwide, the hospital will continue to recognize the rewards and it will become part of all future new graduate programs. Furthermore, if this plan is followed through for the entire year, the new graduates will experience a smoother transition into practice, further promoting the hospital’s stellar retention rates.
References


