THE PERCEPTION OF STUDENT NURSES’ PROGRESS TOWARDS PRACTICE READINESS IN A REVISED BACCALAUREATE NURSING PROGRAM

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Abstract
The purpose of this descriptive study was to explore the perception of prelicensure senior-level undergraduate nursing students’ progress towards readiness for professional practice in a revised curriculum within a two-year baccalaureate nursing program in the northeastern United States. A convenience sample of 64 senior-level traditional and accelerated baccalaureate nursing students responded to a modified version of the Casey Fink Readiness for Practice Survey (CFRPS). Overall, participants reported a high level of confidence in feeling prepared for the professional role. Three areas of weakness in which they felt did not help them prepare for the role was simulation, writing reflective journals, and care of dying patients. Most of the 19 items on the CFRPS correlated significantly with the outcome variable of item #20, “I feel ready for the professional nursing role” using bivariate analysis correlation coefficients. Three items found not statistically associated with practice readiness were communication with diverse patient populations, documenting in the electronic medical record, and ethical issues. The three skills/procedures that senior-level students reported as the least confident in performing were responding to a CODE, blood draw/venipuncture, and intravenous (IV) starts. Comparisons were analyzed using ANOVA between the three types of BSN programs and practice readiness resulting in no associated difference. This research may support course and clinical redesign for nursing program improvement in student learning and begin a foundation towards benchmarks on practice readiness in nursing education.
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Dedication

For my children, Gabrielle Elizabeth, Mackenzie Colleen, and Jack Christopher Revaitis
# Table of Contents

Abstract ................................................................................................................................. 3
Acknowledgements .................................................................................................................. 4
Dedication ................................................................................................................................. 5
Chapter 1: Introduction ........................................................................................................... 10
  Statement of the Problem: The Topic ................................................................................. 10
  The Research Problem ......................................................................................................... 12
  Justification for the Research Problem .............................................................................. 12
  Deficiencies in the Evidence .............................................................................................. 13
  Purpose Statement ............................................................................................................... 13
  Relating the Discussion to the Audiences ........................................................................ 14
Significance of the Problem .................................................................................................... 14
Positionality Statement ........................................................................................................... 17
  Nurse Educator Bias ........................................................................................................... 18
  Conclusion ............................................................................................................................ 20
Research Questions .................................................................................................................. 20
  Research Problem ............................................................................................................... 20
  Overarching Research Question ....................................................................................... 21
Theoretical Framework ............................................................................................................ 21
Conclusion ................................................................................................................................ 24
Chapter 2: Literature Review ................................................................................................ 26
Readiness for Practice ............................................................................................................ 28
  Preceptors ........................................................................................................................... 29
  Academia ............................................................................................................................. 29
  Perception of Nurses and Employers ............................................................................... 30
Skills and Procedures Necessary for Safe Practice .............................................................. 32
Student Factors and Characteristics ...................................................................................... 35
Limitations ............................................................................................................................... 35
Summation ............................................................................................................................... 36
Chapter 3: Methodology ......................................................................................................... 38
Research Problem .................................................................................................................... 38
  Overarching Research Question ....................................................................................... 38
Research Design ....................................................................................................................... 39
Population and Sample .......................................................................................................... 41
Discussion of Findings

Chapter 5: Discussion of Research Findings

Introduction ................................................................................................................. 72
Research Problem ........................................................................................................ 72
Overarching Research Question .................................................................................. 73
Discussion of Findings .................................................................................................. 74
Practice Readiness ....................................................................................................... 74
Confidence in Skills and Procedures Necessary for Practice Readiness ................. 75
Factors and Individual Characteristics Associated with Practice Readiness .......... 76
Theoretical Framework ................................................................................................. 77
More Preparation ......................................................................................................... 77
Implications .................................................................................................................. 79
Implications for Practice ...........................................................................................................79
Implications for Research ........................................................................................................80
Summary ................................................................................................................................81
References.................................................................................................................................86
Appendix A: Casey-Fink Readiness for Practice Survey ............................................................92
Appendix B: Clinical Courses and Units Assigned to Students .................................................97
Appendix C: Rank Order of Level of Confidence in Skills/Procedures .................................99
List of Tables

1a. Type of bsn program enrolled........................................................................................................50
1b. Gender...........................................................................................................................................51
1c. Ethnicity ........................................................................................................................................51
1d. Previous health care experience ......................................................................................................51
1e. Clinical immersion site same as current place of employment........................................................52
2. Top 3 clinical units participants listed as prepared them the most for practice .........................52
3. Reliability statistics for cfrips ..........................................................................................................54
4. Level of confidence in managing a medical/surgical patient assignment in the hospital ..........57
5. Means representing type of bsn program with the dependent variable........................................58
6. Anova of type of program to item #20 practice readiness.................................................................58
7. Mean comparisons of types of bsn program .....................................................................................59
8. Mean and standard deviation level of confidence from cfrips survey items #1-20......................60
9. Pearson r correlation coefficient level of confidence from cfrips survey items #1-20. .............63
10. Spearman’s rho correlation coefficient level of confidence from cfrips survey items #1-20...65
Chapter 1: Introduction

Statement of the Problem: The Topic

A growing concern for the public is mediocre health care leading to medical errors and unsafe practices by health professionals. Unfortunately, medical errors and practice issues continue to affect quality and safety in health care. Researchers from Johns Hopkins University estimate that the number of deaths due to hospital preventable medical errors is over 400,000 deaths per year, four times higher than reported by the Institute for Medicine (IOM) (Makary & Daniel, 2016). In 2003, the IOM generated an historical report, Health Professions Education, discussing the transformation of health care and the need to rethink the way we educate health care providers. Several years later, this same initiative was emphasized by Benner, Sutphen, Leonard, and Day (2010) in their seminal work stating that the education of health professionals needs to change in order for health care to improve. According to the United States (U.S.) Department of Labor, Bureau of Labor Statistics (2017), more than 2.9 million registered nurses (RNs) make up the largest portion of health care workers and can make a significant contribution to quality, safe patient care.

A challenge exists in suitably preparing nursing students to practice safely and effectively in a highly dynamic and intense health care environment (Casey, et al., 2011; Edward, Ousey, Playle, & Giandinoto, 2017; Rusch, Manz, Hercinger, Oertwich, & McCafferty, 2018). Employers and academics seem to have a perception that a gap exists in the preparation of graduates for quality, safe practice. In essence, traditional nursing education seems to be failing its graduates in their readiness for practice. Graduates must be able to transfer their knowledge and skills and critically apply them to the profession. Employers often state that recent graduates do not have the skills and clinical judgment to properly handle complex patients. Traditional
nursing education involves students educated by nurse preceptors on an acute hospital unit in a group of approximately eight students. The research continues to question this teaching methodology. Evidence shows that graduates experience reality shock on the job, feeling less confident and comfortable, putting quality and safety at risk (Rusch, et al., 2018).

In a time of a shortage of nurses and nursing faculty, schools of nursing heeded the call to revise their curricula and change the way nursing students learn and experience nursing practice before transitioning as a registered nurse. In this changing health care landscape, ambulatory, community, and transitions of care are prevalent, and graduate nurses need to know how to care for individuals in different settings, not just acute care alone. Care transitions require a different skill set and forward-thinking that seems to be lacking in traditional nursing curricula (Edward, et al., 2017). Nursing scholars need to study students and recent graduates to understand their perception of their level of confidence and comfort in their role as registered nurses.

As with higher education curricula, evaluation of student learning is important to the success of graduates in practice and for program outcomes. More attention to this process is required to guarantee graduates are prepared in improving health care safety (IOM, 2011). Nurse graduates are surveyed via a standardized questionnaire as alumni one to three years post-graduation to assess their level of comfort, but the survey does not ask about those skills and procedures students find difficult to perform independently, and what specifically was missing in their education to prepare them in their new role.

The National League for Nursing Accreditation Standards (2016) require nursing education programs to meet certain criteria in order to provide quality education excellence. Standard V-F discusses a culture of learning and diversity and the curriculum and evaluation processes. It states that education programs must provide evidence of students’ readiness for
practice through experiential learning that builds on leadership skills, clinical reasoning and reflective thought. Thus, schools of nursing need to evaluate practice readiness in changing curricula environments.

**The Research Problem**

Professional role development in undergraduate nursing students is essential for successful transition to practice. With positive comfort and confidence levels, nursing students can improve their focus on competencies and outcomes to meet practice readiness needs and provide safe nursing care. Limited research exists in student nurses’ practice readiness in pre-licensure BSN programs that have moved away from the traditional approach of educating students. The purpose of this research is to explore the perception of undergraduate nursing students’ progress towards readiness for the professional role in a revised curriculum in a two-year baccalaureate nursing program in the northeastern United States. This research will add to the knowledge that graduates are ready for practice to provide safe care and decrease medical errors in a complex health care environment. Additionally, the evidence will show how important it is for schools of nursing to evaluate their nursing programs, plan course redesign for program improvement in student learning, and begin a foundation towards benchmarks in nursing education. Faculty and administration can utilize research evidence on students’ perceptions of practice readiness to adjust teaching strategies and program outcomes that translate to practice based on deficiencies in students’ perceived learning.

**Justification for the Research Problem**

The impact of this research reaches patients and nursing care practices. Administration and faculty can securely say that graduates are ready to practice in a challenging, complex, changing health care environment with research evidence on the level of comfort and confidence
and immersion experiences in transitioning from student nurse to a generalist in nursing practice. Excellence in nursing practice is measured by nurse-sensitive outcomes related to quality and safety. This research adds to what is already known; it is necessary for education change, improvements, program effectiveness, and benchmarking. Nurse educators may continue with traditional teaching strategies without truly knowing if students are applying theory to practice. The science of nursing needs more evidence to show that learners are acquiring quality and safety skills necessary in practice. Based on the author’s experience at a college of nursing, the research problem can also be justified. The college of nursing lacks the evidence from valid evaluations in courses. Student evaluations are subjective and questionable measures of acquiring knowledge and skills in these courses. Data from a practice readiness survey can provide valuable feedback. Even though subjective, it is specific and has open-ended questions to review narrative responses.

**Deficiencies in the Evidence**

Deficiencies in the evidence lie within newly revised nursing programs that are changing the traditional education process of experiential learning. In our revised program, traditional experiences are now called immersion experiences to capture the essence of students in situations that are prevalent today. These experiences offer exposure in acute care, population- and community health, transitional care, and care coordination. It is unknown whether these immersion experiences are preparing students properly for the registered nurse role.

**Purpose Statement**

The purpose of this descriptive study is to explore the perception of prelicensure undergraduate nursing students’ progress towards readiness for professional practice in newly revised curriculum in a two-year baccalaureate nursing program in the northeastern United
States. The instrument used will also give researchers a narrative view on practice readiness based on two open-ended questions that will be described later. This research will add to the knowledge that graduates are ready for practice to provide safe care and decrease medical errors. Additionally, the evidence will show how important it is for schools of nursing to evaluate their nursing programs and plan course redesign for program improvement in student learning. Graduates may improve practice readiness, quality and safety in healthcare, and decrease medical errors after effectively engaging in immersion experiences as student nurses to prepare for practice.

**Relating the Discussion to the Audiences**

Schools of nursing, faculty, students, the nursing profession, and the health care community at large may benefit from this research. Schools of nursing can redesign their curricula to better meet the needs and skills of students through formative assessments on the perception of students’ progress towards practice readiness. Nurse educators will be able to adapt their teaching methods to better engage students in authentic assessment in knowledge and skills to ensure graduates are successful to improve patient outcomes. These new graduates will be prepared for the challenges in health care and promote quality and safety in their nursing practice. The nursing profession counts on schools of nursing to train their students adequately. Ultimately, patients will benefit from this research as they will be cared for by excellent nurses who will be constantly aware of necessary quality and safety improvement in health care.

**Significance of the Problem**

A study examining practice readiness in nursing students is important for several reasons. First and foremost, patient outcomes are likely to improve. Second, students can benefit from substantial evaluation methods that will promote practice readiness and success. Additionally,
schools of nursing can profit from sound program outcomes with best practices. In practice, nurse-sensitive indicators and community care outcomes evaluate nursing care and show the value of nurses in improving quality and safety. Finally, state boards of nursing could mandate that all nursing schools must use a practice readiness tool.

One way that the study adds to the scholarly research and literature in the field is by increasing the evidence of factors related to readiness and preparation of student nurses. Another area that this research adds to the literature is in disseminating knowledge to employers. This study will examine the perception of student nurses’ progress towards readiness for practice in revised nursing curriculum as an additional level of program assessment and sharing the evidence with practice partners.

The Institute of Medicine’s (2011) trio of reports called for improvements in quality and safety practices in health care. On a national level, it is our duty as a nursing profession to safeguard patients. Thus, professional organizations in nursing education developed recommendations for schools of nursing to implement changes to the education system. An example in considering safety at the individual and mass levels, the Quality and Safety Education for Nurses (QSEN) initiative realized the need for safety at the systems level and provided nursing faculty with teaching strategies to connect learning outcomes (Jones, 2013). These active learning strategies provide faculty with convenient tools essential to learners to promote higher order thinking necessary for nursing practice (Briston, 2017). The investigation of student practice readiness is worthy of inquiry for future graduates, employers, and patients, for quality and safe nursing care, for reducing preventable medical errors, and saving lives at a national and global level.
Understanding concepts and acquiring skills is just the minimum necessary for nursing practice. Graduates must apply their knowledge and skills to situations requiring clinical judgement. Rote learning styles will not prepare nurses to critically think about predicting and managing complications (Chung, Lim, Liu, Lau & Wu, 2016). This study will seek to determine what factors move nursing students towards higher level learning and clinical judgment according to student comfort level, thus improving their transition to practice.

Unfortunately, many new graduates are lacking in practice readiness because of a theory-practice gap in nursing education. Schools of nursing have a responsibility to ensure that students receive the proper education in quality and safety for the community at large. Traditional nursing education is not connecting the link between knowledge and application. With a constantly changing health care landscape, educational institutions must move away from the traditional curriculum and bridge the gap between theory and application to practice. Innovative pedagogy and immersion experiences focus on student-centered learning, which builds critical thinking in true to life experiences.

Nurses must abide by the American Nurses Association’s Code of Ethics and protect patients. Too many preventable medical errors continue to occur globally. Along those lines, it seems relevant to state that it is the nurse’s duty as faculty to ensure that nurse graduates are prepared for the changing health care environment and be leaders in quality improvement. There is no room for error.

Consumers of health should not be tolerant of the current nature of medical errors. They should expect the utmost excellence in quality and safe care especially in nursing care. It would not be acceptable for nursing education to stand back and say that the nursing profession is not accountable for the prevention of medical errors. Current education is not reducing medical
errors and must change its traditions. Therein lays the significance of the problem. Lives are at stake.

**Positionality Statement**

Scholar-practitioners investigate problems in their practice but must identify their own biases, perspectives, judgments, positions, and personal opinions about the issues in order to establish sound research. In doing so, the researcher brings themselves closer to a position of neutrality in their views of the participants and conclusions at the end of inquiry (Briscoe, 2005).

Researchers from Johns Hopkins University estimate that the number of deaths due to hospital preventable medical errors is over 400,000 deaths per year, four times higher than reported by the IOM (Makary & Daniel, 2016). Employers and academics seem to have a perception that a gap exists in the preparation of graduates for quality, safe practice. Furthermore, a challenge exists in adequately preparing students to practice safely and effectively in a highly dynamic and intense health care environment (Casey, et al., 2011; Edward, Ousey, Playle, & Giandinoto, 2017; Rusch, Manz, Hercinger, Oertwich, & McCafferty, 2018). Traditional nursing education seems to be failing its graduates in their readiness for practice. Graduates must be able to transfer their knowledge and skills and critically apply them to the profession. Authentic assessment pedagogy considers learning transferred to real world experiences. Nurse educators need to determine if their teaching strategies translate to practice. This study will add to the knowledge that student experiences and application of learning will lead them to graduate practice readiness. Thus, this is worthy to research. The following topics will be discussed related to the researcher’s positionality: personal background and experiences, faculty bias, and researcher implications.
According to Benner (1982), nurses go through five stages of competence based on sound educational background and years of experience: novice, advanced beginner, competent, proficient, and expert. She defined a competent nurse as having 2-3 years of experience. Quality and safety of care can be improved if graduate nurses are taught practice readiness (Cronenwett, Sherwood, & Gelmon, 2009). Practice readiness can be taught with authentic assessment pedagogy, using real-world experience. New graduates feel thrown to the wolves’ once off orientation and less confident in practice readiness.

The researcher’s experiences as a nurse and nurse educator have formed biases and must be considered as one conducts research. Nursing faculty need to consider the challenges of new graduates and ensure that students are applying what they learn to real-world practice. The proposed research question is: What is the perception of undergraduate nursing students’ progress towards readiness for the professional nursing role in a revised BSN program?

**Nurse Educator Bias**

Because the researcher is in a position of authority, the researcher needs the student participants to view them as a student as well and not as a faculty member. Positionality may lead to misrepresentations of the data. The researcher must isolate personal bias, opinions, feelings, and intuition in order to preserve a neutral position as a researcher. For example, positive and effective student experiences and innovative, complex patient experiences are personal biases that can hinder research. As the researcher comes to view their own positionality, the researcher will be aware of the perspectives during data collection, data analysis, and forming conclusions. The researcher will seek the assistance of the dissertation chair and/or advisor, and committee to question the researcher along the way to be cognizant of biases. More scholar-practitioners, researchers, and experts involved in the study may add greater depth in interpreting
the data and in reliability and validity of the instruments and study (Briscoe, 2005). The researcher considers that using quantitative methods could have less bias than qualitative methods due to statistical analysis of numbers versus thematic analysis of words. However, the researcher will be reporting on narrative responses to open-ended survey questions. The researcher will ensure that one is open to other findings besides what one sees as a solution to the problem. Other faculty may provide suggestions on how to improve practice readiness for students other than the research findings. The researcher’s position could potentially slant the scholarly work but will precariously analyze the data with clarity and avoid a clouded vision through the use of software programs, methodologists, statisticians, and content experts.

The researcher has selected current senior level students as participants but need to be reminded of the conflict of researchers’ power imbalance between faculty and students. The researcher realizes that power issues may exist related to education, years of experience, and institutional relationships (Machi & McEvoy, 2009). Students may have negative feelings towards the researcher as an instructor because of a difference in viewpoints and teaching and learning methods, and worry about the consequences of participating in research.

The researcher has worked at the same university for ten years and does not have another perspective from a different institution to compare it to. This may be a disadvantage if the researcher uses these students as participants alone. It may be beneficial to consider other institutions that have changed their curriculum in a similar way that the researcher’s workplace has done or request a professional nursing organization to send out the survey to try to obtain a more generalizable population from other institutions nationally and even internationally.
Conclusion

As the researcher dives into the pool of knowledge within one’s problem of practice, the researcher can use background information, the literature review, and theoretical frameworks to support the study and initial conclusions. Scholar-practitioners are inquisitive and perform research to improve their profession. Scholar-practitioners must be cognizant of positionality to ensure that findings are based on sound, rigorous judgment and not clouded by biases. Scholar-practitioners do not want to cause harm to the population or practice profession by skewing results. Reflection on positionality helps to bring the researcher closer to neutrality but realizing that may not fully remove positionality from their problem of practice and study.

Research Questions

Research Problem

Professional role development in undergraduate nursing students is essential for successful transition to practice. With positive comfort and confidence levels, nursing students can improve their focus on competencies and outcomes to meet practice readiness needs and provide safe nursing care. The purpose of this research is to explore the perception of prelicensure undergraduate nursing students’ progress towards readiness for professional practice in a revised curriculum in a two-year baccalaureate nursing program in the northeastern United States. This research will add to the knowledge that graduates are ready for practice to provide safe care and decrease medical errors. Additionally, the evidence will show how important it is for schools of nursing to evaluate their nursing programs and plan course redesign for program improvement in student learning.
**Overarching Research Question**

What is the perception of undergraduate nursing students’ progress towards readiness for the professional nursing role in a revised BSN program?

**Sub-questions**

1. What is practice readiness as defined by current literature and from the perception of student nurses?
2. What skills and procedures do students identify as challenging to complete independently that may hinder their progress towards readiness for practice based on the Readiness for Practice survey instrument?
3. What factors and individual characteristics influence students’ perception of their progress towards readiness for the professional nursing role based on the Readiness for Practice survey instrument?
4. What do students report as helpful to feel more prepared for the professional nursing role?

This research is important for students, faculty and administrators to design a quality nursing program where higher-level learning is happening and graduates are prepared for professional practice in complex environments.

**Theoretical Framework**

This section attempts to synthesize the use of Kolb’s Experiential Learning Theory (ELT) as a model for my dissertation. The proposed research will explore the perception of students’ readiness for the professional role in a revised undergraduate nursing program. The information below will show why and how the theory applies to my dissertation with respect to the problem of practice, context, and audience.
Nursing has a significant impact on the health of the nation, community, and the individual. In order to ensure that graduate nurses are competent in providing safe and effective quality health care, it is our duty as educators to evaluate teaching strategies, learning, and program outcomes. As a nurse educator and scholar practitioner, the researcher feels that a problem in practice is that student nurses do not seem to be comfortable and confident in their preparation for their professional role. Historically, nursing education has maintained its traditional way of training students in clinical experiences. In the past decade, several high-profile professional organizations have called for drastic renovation. At the research site, faculty, administration, and community partners revised the nursing curriculum and implemented different immersion experiences in caring for patients in the undergraduate baccalaureate program.

Kolb’s (1984) Experiential Learning Theory was selected as the theoretical framework to guide this proposed research. The development of research questions and how the methodology relates to the theory will be discussed in the following paragraphs.

Kolb’s Experiential Theory of Learning (ELT) provides a solid foundation for this study. Kolb (1984) ELT provides a model based on an experiential learning cycle of stages that help educators and learners understand and explain human behavior while facilitating student learning. It is based on three previous well-known theorists: (1) Dewey’s assumption that learning must be grounded in experience, (2) Lewin’s position of the importance of active learning, and (3) Piaget’s emphasis on the interaction between person and environment on intelligence (McLeod, 2013). According to Kolb, “learning is the process whereby knowledge is created through the transformation of experience” (1984, p. 38). A student must progress through the four stages for learning to take place: (1) Concrete experience, (2) Reflective observation, (3)
Abstract conceptualization, and (4) Planning active experimentation. The last two stages of the cycle consider that students apply theory to the experience of doing the activity and plan for subsequent experiences using theory and reflection. He emphasizes that past and new experiences are vital to the learning process. Effective learning is achieved when learners progress through all of the stages and apply their learning to practice. Students’ level of comfort, confidence and practice readiness based on their stages of Kolb’s theory will assist in a successful transition to nursing practice.

In exploring each tenet of the Experiential Learning Theory, the research can see how all of the principles can influence this research. The author presents his theory to show that experiential learning is central to the learning process (McLeod, 2013). Educators can evaluate student learning on how well students can apply what they have learned in other experiences and apply them to new, higher level learning experiences (Kolb, 2015). This study will look at deeper and meaningful experiences which would add to the support for Kolb’s theory.

The literature shows strong evidence for Kolb’s ELT and its impact on scholarly research. It crosses many disciplines such as education, management, computer science, psychology, accounting, law, medicine, and nursing (Kolb, 1999). The framework also has no cultural boundaries since it has been used by researchers in the UK, Canada, Israel, Thailand, and China to name a few. A large majority of ELT research is in higher education where it is used as a framework for education innovation, curriculum and program design (Claxton & Murrell, 1987). In recent years, 81% of the nursing studies used ELT as its theoretical framework showing its relevance and impact on nursing education and science (Kolb, 2013). Laschinger (1990) reported that:
Kolb’s theory of experiential learning has been tested extensively in the nursing population. Researchers have investigated relationships between learning style and learning preferences, decision-making skills, educational preparation, nursing roles, nursing specialty, factors influencing career choices and diagnostic abilities. As would be expected in a human service profession, nursing learning environments have been found to have predominantly concrete learning press, matching the predominating concrete styles of nurses…Kolb’s cycle of learning which requires the use of a variety of learning modalities appears to be a valid and useful model for instructional design in nursing education. (p. 991).

The proposed instrument planned for this study is the Casey-Fink Readiness for Practice survey. The Likert-scale items ask participants about their experiences with certain skills, procedures, and experiences in nursing. This tool aligns well with Kolb’s Experiential Learning Theory as it identifies strengths in experiences and weaknesses in learning and will provide for a more robust and sound study. In an attempt to add to the literature, the researcher intends to use a quantitative design with a small portion of narrative analysis using the ELT and the Casey-Fink Readiness for Practice tool for the proposed work to explore the perception of student nurses’ transition to a professional nursing role.

Conclusion

After reviewing the literature on Kolb’s Experiential Learning Theory, the researcher has discovered that there may be more complexities to higher level learning and practice readiness than first thought. It may depend on past experiences, new learning experiences, learner styles, teaching strategies, evaluation methods, reflection, class size, program of study, and learners’
age. The research will add to the evidence that the Experiential Learning Theory impacts nursing education.

In changing the education landscape, graduate nurses will have the clinical judgment necessary to decrease medical errors and ensure quality and safety in health care. This chapter has presented a problem in practice, a proposed research study, and the evidence to support its importance to nursing science. Practice readiness and a smooth transition into the professional nursing role will benefit graduates, employers, nursing education, and patients.
Chapter 2: Literature Review

This chapter will provide a discussion of the evidence related to the perception of undergraduate student nurses’ progress towards readiness for practice in a revised baccalaureate nursing program. The concept of practice readiness entails clinical confidence in skills and procedures aligned with higher-level learning in nursing knowledge and professional attributes (Rusch, Manz, Hercinger, Oertwich, & McCafferty, 2018). According to the literature, “new graduate nurses identify that a lack of clinical confidence inhibits successful transition into professional practice” (Rusch, et al., 2018, p. 1). Therefore, in a time of reinventing health professional education, schools of nursing heeded the call to revise their curricula and change the way nursing students learn and experience nursing practice before transitioning as a registered nurse, in order to improve the quality and safety of health care and reduce medical errors. More attention to clinical competence, the care of multiple, complex patients, and improving learning and program outcomes is required to guarantee graduates are prepared in improving health care safety (IOM, 2011). Program outcomes can be measured through grades, state board examinations, faculty and student satisfaction surveys, and graduate, alumni and employer longitudinal surveys. Additionally, it is essential for nursing scholars to explore and understand students’ and recent graduates’ perceptions of their level of confidence and comfort in their role as registered nurses with the aim of evaluating best education practices. The following information will attempt to define practice readiness based on current literature, identify skills and procedures that the nursing profession identifies as necessary for a competent registered nurse, and discuss factors and individual characteristics that may influence students’ perception of their progress towards readiness for the professional nursing role.
To identify relevant literature, searches were completed using the EBSCO host, CINAHL, SCOPUS, and PUBMED electronic databases. Key search terms included nursing students, baccalaureate nursing students, BSN, practice readiness, and readiness for practice. The following research question was the focus of the literature review: What is the perception of undergraduate nursing students’ progress towards readiness for the professional nursing role in a revised BSN program? Sub questions include:

1. What is practice readiness as defined by current literature and from the perception of student nurses?
2. What skills and procedures do students identify as challenging to complete independently that may hinder their progress towards readiness for practice based on the Readiness for Practice survey instrument?
3. What factors and individual characteristics influence students’ perception of their progress towards readiness for the professional nursing role based on the Readiness for Practice survey instrument?
4. What do students report as helpful to feel more prepared for the professional nursing role?

The literature revealed that graduates felt several components missing from their nursing education: (1) additional clinical time, (2) more technical skills, (3) a broader range of real-life experiences, and (4) more practice communicating with physicians (Casey, et al., 2011; Chappy, Jambunathan, & Mamoche, 2010). Also, they lacked comfort in pharmacology and pathophysiology content, leadership and management skills, electronic health record (EHR) management, delegation skills, and the ability to manage multiple patient care assignments or
recognize changes in patients’ conditions (Berkow, Virkstis, Stewart, & Conway, 2008; Burns & Foster, 2008; Candela & Bowles, 2008; Casey et al., 2011; Li & Inward, 2008).

**Readiness for Practice**

Readiness for practice is a concept that is mutually agreed upon between nursing education and practice partners as an obligation and growing concern in the competence level of new graduates. However, the literature showed inconsistencies in the expectations of new graduates as perceived by nurses, preceptors, employers, academia, and students, and no set standards or benchmarks to educate and validate students’ progression to the professional role (Bowdoin, 2014; Rusch, et al, 2018; Wolff, Regan, Pesut, & Black, 2010). Furthermore, to compound the issue, there is not a specific definition and factors that are standard for all nursing programs. It appears there is not a consistent definition that is agreed upon in higher education; therefore, one can miss important studies about practice readiness if other similar terms are not included in the search. Other related terms in the literature include: confidence level, level of comfort, and clinical competency. This review of the literature stayed consistent in using readiness for practice as keywords, but this could be a limitation in this paper.

Much of the evidence shared a common theme that different perceptions of practice readiness exist between nursing students and new graduates, and different expectations of academia and employers, including administration and practicing nurses (Hickey, 2009; Numminen, et al., 2014; Rusch, 2018). Collective weaknesses and deficits were found in both nursing students and new practicing nurses such as pharmacology knowledge (Dilles, Vander Stichele, Van Bortel, & Elseviers, 2011; Rusch, et al, 2018; Simonsen, Daehlin, Johansson, & Farup, 2014; Sulosaari, et al., 2015) and complex technical skills performance, time
management, nursing care priorities, and management of multiple or complex patients (Kumm, Godfrey, Richards, Hulen, & Ray, 2016; Rusch, 2018).

Graduate nurses reported that a lack of clinical confidence interferes with their successful transition into the professional role (Ortiz, 2016; Rusch, 2018) while Edwards, Burnard, Bennett, and Hebden (2010) found that students reported a decrease of self-esteem and an increase in stress levels as they progress through their nursing program. In a study exploring students preconceptions of community health nursing, Le (2011) noted that even though senior-level students may be entering this setting, they need to adjust their skills and approaches to handle unfamiliar roles and unexpected patient issues that leads to students questioning their abilities and increasing their levels of stress, anxiety, and confusion.

**Preceptors**

Nursing students and new graduates are mentored by experienced registered nurse preceptors to guide them in their transition to professional practice and to evaluate their progress. Regarding nurse preceptors, the evidence showed that there is “no standardized set of nurse expectations for student clinical performance” (Rusch, et al., 2018, p. 3). Their expectations of student clinical performance seemed to be based on their own perspectives of what is necessary for nursing care and education. A study on students’ perceptions of practice readiness may help to align clinical performance expectations with students, preceptors, academia, and employers.

**Academia**

Current literature described curricular assessment practices of nursing programs that have changed their curricula to meet the needs of new nurses working in a highly-technical, dynamic health care landscape based on the call to action from stakeholders. Interestingly, the evidence presented shares the same issue as Tanicala (2006) described over ten years ago that “there is no
identifiable best practice in clinical curricula design and implementation” (Diefenbeck, Hayes, Wade, & Herrman, 2011, p. 633). Understanding students’ perceptions and aligning them with other stakeholders’ expectations and program outcomes can lead to the development of best practices. Diefenbeck, et al. (2011) examined their revised BSN program through student-centered outcomes evaluation as a way of program effectiveness and continuous quality improvement. They used NCLEX-RN pass rates, standardized undergraduate exit and alumni surveys and students’ perceptions of program components in the form of a faculty-developed survey and focus groups as approaches to outcome data. As an example, one focus group question stated, “How has the program prepared you for nursing practice?” (Diefenbeck, et al., 2011, p. 630). From a sample of 105 senior-level nursing students, ninety-three percent reported that they were prepared to practice as an entry-level general practitioner upon graduation. Eight students in the focus groups stated that they were ready to transition as a new nurse but wanted more actual practice and clinical experiences that reflect the realities of job placement. These results are supported by Casey, et al., (2011) and Chappy, Jambunathan, & Mamoche (2010). Many researchers suggested further exploration of students’ perception of practice readiness and competency-based assessments as objective data of readiness for practice (Casey, et al., 2011; Diefenbeck, et al., 2011; Leh, 2011) and there seems to be a need for clinical education evaluation.

**Perception of Nurses and Employers**

Several studies examined the perceptions of employers and nurses in practice on the practice readiness of new graduates, citing common areas for improvement such as higher-level learning, prioritizing care, and leadership skills. Missen, McKenna, & Beauchamp (2016) described nurses and preceptors’ perceptions of new graduate clinical competence and found
areas of concern in more dynamic clinical or technical skills and critical thinking. Consistent with Hickey, 63% of preceptors reported new graduate nurses needed more assistance with the performance of technical skills. Wolff et al. (2010) discussed that experienced nurses viewed new graduate readiness as the ability to “hit the floor running” (p. 189) which would mean that they need to be prepared to work in an ever changing highly-technical health care environment and recognize changes in patients’ condition before an unfavorable outcome may occur. Similar to findings by Romyn, et al. (2009), new and experienced nurses perceived readiness for practice as the ability to provide competent, unsupervised care. This evidence continues to conclude that there is “no universally established set of expectations that define new graduate readiness for practice” (Rusch, et al, 2018, p. 2).

The inconsistency in the evidence suggests that nurses and practice partners have differing perspectives on practice readiness compared to academic partners especially related to higher-level thinking and clinical judgment. Historically, Bloom’s (1956) work in developing higher order thinking provides a framework for curriculum development and learning outcomes (Kantar, 2014). Practicing nurses feel that new graduates are missing critical thinking while practice partners and academic partners agree that nursing programs are meeting this benchmark. More research by nurse scholars is needed to ensure that educators can capture students’ higher order thinking levels. Focusing on content driven teaching strategies and student knowledge acquisition is not improving on Bloom’s (1956) taxonomy of analysis, synthesis, and evaluation in higher order thinking. Limited research identified assessment of higher-level thinking in nursing students’ progress towards practice readiness.

It is often cited that new nurses are not meeting competency expectations in: critical thinking, clinical reasoning, and clinical judgment (Hickey, 2009; Kumm, et al., 2016; Rusch, 2018),
managing priorities of care (Kumm, et al., 2016; Lofmark, Smide, & Wikblad, 2006; Rusch, 2018), completing challenging responsibilities independently (Hezaveh, Rafii, & Seyedfatemi, 2013; Hickey, 2009; Missen, McKenna, & Beauchamp, 2016; Rusch, 2018; Wolff, Pesut, & Regan, 2010) and predicting and communicating patients’ complications (Clarke & Aiken, 2003; Hezaveh, Rafii, & Seyedfatemi, 2013; Missen, McKenna, & Beauchamp, 2016; Rusch, 2018). This leads to approximately 25% of new nurses leaving a position in their first year impacting negatively on patient safety and health care outcomes from increased turnover (Bae, Mark, & Fried, 2010; Duffield, Roche, O’Brien-Pallas, & Catling-Paull, 2009; NCSBN, 2018). Employers expect certain competencies in higher level reasoning skills achieved by new graduates that fit well with Kolb’s Experiential Learning Theory: (1) to accurately assess, reflect, and use best evidence to care for complex health situations, (2) predict and manage complications and changes in patient status and “thinking like a nurse,” (3) effectively communicate with the interprofessional health care team, and (4) use moral reasoning and accountability in nursing care (Bowdoin, 2014; Casey, et al., 2011).

**Skills and Procedures Necessary for Safe Practice**

The American Association of Colleges of Nursing (AACN) (2018) compiled the *Essentials Series* on a national consensus-level to inform nursing programs of the essential elements of nursing education, which outlines “the necessary curriculum content and expected competencies of graduates from baccalaureate, master’s and Doctor of Nursing Practice programs” as a guideline for accreditation of nursing programs. The *Essentials for Baccalaureate Education for Professional Nursing Practice*, updated every ten years, encompasses nine key elements of the knowledge, skills, and attitude necessary for a new graduate in nursing practice. The following lists the nine *Essentials*:
Essential I: Liberal Education for Baccalaureate Generalist Nursing Practice -
A solid base in liberal education provides the cornerstone for the practice and education of nurses.

Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety – Knowledge and skills in leadership, quality improvement, and patient safety are necessary to provide high quality health care.

Essential III: Scholarship for Evidence Based Practice - Professional nursing practice is grounded in the translation of current evidence into one’s practice.

Essential IV: Information Management and Application of Patient Care Technology - Knowledge and skills in information management and patient care technology are critical in the delivery of quality patient care.

Essential V: Health Care Policy, Finance, and Regulatory Environments - Healthcare policies, including financial and regulatory, directly and indirectly influence the nature of functioning of the healthcare system and thereby are important considerations in professional nursing practice.

Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes – Communication and collaboration among healthcare professionals are critical to delivering high quality and safe patient care.

Essential VII: Clinical Prevention and Population Health - Health promotion and disease prevention at the individual and population level are necessary to improve population health and are important components of baccalaureate generalist nursing practice.
Essential VIII: Professionalism and Professional Values - Professionalism and the inherent values of altruism, autonomy, human dignity, integrity, and social justice are fundamental to the discipline of nursing.

Essential IX: Baccalaureate Generalist Nursing Practice - The baccalaureate graduate nurse is prepared to practice with patients, including individuals, families, groups, communities, and populations across the lifespan and across the continuum of healthcare environments. The baccalaureate graduate understands and respects the variations of care, the increased complexity, and the increased use of healthcare resources inherent in caring for patients (AACN, 2008).

The document provides a framework for how to incorporate the components into nursing curricula via innovative teaching strategies, a full list of skills, clinical examples, and faculty toolkits. An instrument that supports the components of the Essentials would work for this study.

Another organization on the national level concerned with the quality and safe practice of graduate nurses is the National Council of State Boards of Nursing (NCSBN) which “is an independent, not-for-profit organization through which boards of nursing act and counsel together on matters of common interest and concern affecting public health, safety and welfare, including the development of nursing licensure examinations” (NCSBN, 2018). The NCSBN (2018) is currently conducting a national study on transition to practice. Their research question is: Does a standardized transition to practice model improve safety and quality in nursing care? Preliminary results of the NCSBN study showed key evidence for the need for this thesis research.
Student Factors and Characteristics

The literature showed much research on new graduates’ practice readiness and performance improvement such as residencies and internships at the level of employment, but not within nursing curricula and nursing students. Few studies provided evidence on the factors and characteristics that may influence nursing students’ perception of their progress towards readiness for the professional nursing role. Critical thinking, clinical reasoning and clinical judgment are factors involved in practice readiness. Bowdoin (2014) reported that limited research exists related to nursing students’ perceptions, emotions, and experiences as potential influences of those factors. She described predictors of readiness for professional nursing practice as younger age, prior healthcare experience, and greater perception of professional competence but not moral reasoning as a significant predictor of practice readiness. Her research was consistent with demographic statistics in 2012, and, according to the 2016 National League for Nursing’s (NLN) Biennial Survey of Schools of Nursing’s results on student characteristics in BSN programs, the gender (85% female) and minorities (70% white and Non-Hispanic) have not changed, but age has changed close to 10% more are less than 30 years of age. This thesis research will add to the nursing science on these concepts.

Limitations

Several concerns and limitations throughout the literature review may hinder answers to the research questions for this study. Difficulty arises in generalizing the findings across most studies due to a single site, low sample size, curriculum differences, variability in individual interpretation of survey items, and no standardized set of nurse expectations for student clinical performance (Rusch, 2018). A key issue is that there is little consensus in the literature for a concise, conceptual definition of what is necessary for practice readiness. Without a clear
definition, readiness for practice is up for interpretation as preconceived competencies based on various stakeholders’ personal experiences, expectations, and perspectives on nursing care and education instead of formulated on sound evidence of best practice and benchmarks (Numminen, et al., 2014; Rusch, 2018). Also, many of the studies described in this literature review used faculty-developed questionnaires that may have weak reliability and validity along with focus groups that only offer small sample size narrative perspectives. Rusch, et al. (2018) described use of a Readiness for Practice tool that seemed to be developed by the authors. Not much information about it was in the study. However, Bowdoin (2014) utilized the Casey-Fink Readiness for Practice survey which has been reported by the developers as used by several researchers and has established validity and reliability. Hence, that is the instrument selected for this study instead of a faculty-developed questionnaire to provide more rigor to the study. Additionally, there is need for replication studies using the same Readiness for Practice tool, for instance. A consistent tool will increase the generalizability of the findings and support a standard set of expectations and benchmarks. Additionally, the scarcity of studies on nursing students and nursing programs to reduce the academia-practice gap shows a need for more research (Bowdoin, 2014; Casey, et al., 2011; Reagor, 2012).

**Summation**

The research evidence presented in this paper shows the importance of practice readiness as graduate nurses’ transition into the professional role to improve health care quality and safety. More empirical evidence with depth and focus is needed to support teaching strategies, clinical education, and positive learning outcomes in curricular assessment and ongoing improvement to meet the needs of a complex health care environment. Senior nursing students’ progress towards practice readiness may be dependent on the type of institution, culture, student demographics,
personal beliefs, values, and past experiences, faculty, and teaching strategies used in academic and clinical education. Populations less studied in the literature included alumni, clinical agencies and employers, and senior-level students. A gap in the literature reveals the lack of studies comparing nursing education perspectives and practice partner perceptions, and student perceptions of readiness for practice (Diefenbeck, et al., 2011). Best practices could be developed by including objective data in the form of competency-based assessments as well as research assessing student perceptions. This research will bring more gravity to the literature, improve practice readiness, and potentially reduce medical errors.
Chapter 3: Methodology

Research Problem

Professional role development in undergraduate nursing students is essential for successful transition to practice. With positive comfort and confidence levels, nursing students can improve their focus on competencies and outcomes to meet practice readiness needs and provide safe nursing care. Limited research exists in student nurses’ practice readiness in revised baccalaureate nursing (BSN) programs that have moved away from the traditional approach of educating students. The revised curriculum (the intervention) has changed didactic and clinical instruction from its traditional ways and moved more towards student-centered and forward-thinking clinical experiences. The purpose of this research is to explore the perception of undergraduate nursing students’ progress towards readiness for the professional role in a revised curriculum in a two-year BSN in the northeastern United States. This research will add to the knowledge that graduates are ready for practice to provide safe care and decrease medical errors in a complex health care environment. Additionally, the evidence showed how important it is for schools of nursing to evaluate their nursing programs, plan course redesign for program improvement in student learning, and begin a foundation towards benchmarks in nursing education. Faculty and administration can utilize research evidence on students’ perceptions of practice readiness to adjust teaching strategies and program outcomes that translate to practice based on deficiencies in students’ self-perceived learning.

Overarching Research Question

What is the perception of undergraduate nursing students’ progress towards readiness for the professional nursing role in a revised BSN program?

Sub-questions
1. What is practice readiness as defined by current literature and from the perception of student nurses?

2. What skills and procedures do students identify as challenging to complete independently that may hinder their progress towards readiness for practice based on the Readiness for Practice survey instrument?

3. What factors and individual characteristics influence students’ perception of their progress towards readiness for the professional nursing role based on the Readiness for Practice survey instrument?

4. What do students report as helpful to feel more prepared for the professional nursing role?

This research will explore the effects of a revised baccalaureate nursing program on students’ perceptions of their progress towards practice readiness. The results may be important for students, faculty, and administrators to design a quality nursing program where higher-level learning is happening and graduates are prepared for professional practice in complex environments.

**Research Design**

The purpose of this descriptive study is to explore the perception of prelicensure senior-level undergraduate nursing students’ progress towards readiness for professional practice in a revised curriculum within a two-year baccalaureate nursing program in the northeastern United States. The researcher will use both quantitative and qualitative approaches to data analysis as the data collection tool has open-ended questions that will provide additional support to the evidence and is described later in the instrument section below. The participants will be invited to complete a survey, the Casey-Fink Readiness for Practice Survey© 2008 (CFRPS) via a
Qualtrics link in an email. Consent for participation in the study will be obtained electronically before participants begin the survey, and all participants will be anonymous.

The researcher will look to define what practice readiness means to nursing students, explore skills and procedures that students identify as challenging to complete independently that may hinder their progress towards readiness for practice, and identify factors and individual characteristics that may influence students’ perception of their progress towards readiness for the professional nursing role. Additionally, the researcher will explore themes related to narrative responses of senior-level nursing students on why they chose nursing as a career, what does practice readiness mean to them, and what they list as helpful to feel more prepared for the professional nursing role.

Close to the end of their first semester or quarter as senior level students, a convenience sample of prelicensure undergraduate baccalaureate nursing students will complete a survey addressing individual characteristics and factors related to their education and immersion experiences, their comfort and confidence level on skill performance, and ending with open-ended questions related to choosing the nursing profession and improvement for their preparation into the professional nursing role. Descriptive statistics and multiple linear regression will be used for data analysis. The outcome variable of readiness for practice will be measured using the Casey-Fink Readiness for Practice Survey© 2008 (CFRPS). Developed in 2007, this three section tool measures factors which influence students' readiness for practice; level of comfort performing skills independently; and readiness for the professional role by measuring level of confidence and comfort when providing patient care. Quantitative and qualitative data will be collected and analyzed. The themes identified in the qualitative approach will provide a deeper understanding of the study results.
Population and Sample

The target population for the study is senior-level prelicensure undergraduate nursing students enrolled in their fall semester or winter quarter, August 2018 to December 2018, before an anticipated graduation date of May 2019. Senior-level students will have a full year of clinical experience in the BSN program and can evaluate their practice readiness better than without the experience aligning with the theoretical framework of Kolb’s Experiential Learning Theory. The convenience sample is selected from the researcher’s university of employment located in the northeastern United States. This may play a part in research bias. To examine their perceptions on their progress towards readiness for practice, all 276 senior-level BSN nursing students will be invited to participate in this study via email and asked to complete a survey via Qualtrics. A response rate will be included in the data analysis section. Demographic variables will be obtained to present a detailed description of the population under study.

Ethical Considerations

The study will incorporate measures to protect the rights of the participants of the study through several processes. The researcher will obtain expedited institutional review board (IRB) approval from Northeastern University and Thomas Jefferson University before starting the study because of the minimal risk to the participants in the study. Full disclosure about the study’s purpose, methodology, and data collection will be provided to the participants. The students are consenting to the study when they begin the survey. Confidentiality and anonymity will be maintained as the researcher will not include participant identifiers to the survey. It is important to acknowledge the risk of power within the study since the researcher will be teaching the students in the fall semester during recruitment and data collection. This may cause students to not want to participate or feel that it is mandatory to complete the survey. The researcher,
viewed as a student as well, will emphasize that in no way does this affect their grades, it is completely confidential, and anonymity will be maintained throughout the study. The participants can withdraw from the study at any time without fear of retribution. The data obtained from the study will be electronically filed and password protected, locked in a file cabinet and shredded after five years.

**Instrumentation and Data Collection**

This section will describe the instrument used in the quantitative and qualitative approaches to this study design used to explore the perception of prelicensure undergraduate nursing students’ progress towards readiness for professional practice in a revised BSN program. The variables for the study will be gathered from the validated tool, the Casey Fink Readiness for Practice Survey© 2008 (CFRPS) with modifications to the first section to fit the sample. The dependent and outcome variable is the perception of students’ progress towards practice readiness and can be measured by item #20 “I feel ready for the professional nursing role” and responses to their level of confidence in managing more than two patients. All senior-level nursing students at the university will receive an email inviting them to participate in a 15-minute online survey via Qualtrics. The intervention used for the study is a revised BSN curriculum with non-traditional clinical immersion experiences. The independent variables are: (1) immersion experience with 3 primary variables (type [acute v transition]), specialty site and hours), (2) type of nursing program and (3) factors necessary in providing patient care as listed in items 1 – 19 of CFRPS. Three primary variables of the immersion experience will be measured by the modified demographic portion of the CFRPS from question #13.
Practice Readiness Measurement

Readiness for practice ensures that graduate nurses feel confident to perform quality nursing care and employers feel confident in colleges of nursing in providing the necessary education for new employees to work safely. In this study, the dependent variables of practice readiness and confidence level in managing multiple patient assignments will be measured by the CFRPS. Approval to use the tool was granted on July 23, 2018 (Appendix A). The Casey-Fink Practice Readiness Survey explores confidence levels in factors related to patient care that are consistent with the outcomes of a baccalaureate generalist nurse (AACN, 2008; Reagor, 2012). The tool explores three concepts related to nursing practice preparedness that can help to answer the research questions: (1) demographic data and the senior nursing student’s clinical experience, (research questions #2 & #3), (2) comfort level with clinical and relational skill performance (research question #2), and, finally (3) two open-ended questions asking participants why they chose nursing and what will prepare them for nursing practice (research question #4). The demographic survey will be modified to fit the sample and overarching research question. The independent and outcome variables will be measured using the 20 Likert-scale items (1=strongly disagree, 2=disagree, 3=agree, 4=strongly agree) answered by the participants on their degree of confidence or comfort in handling the listed competencies of new graduates and confidence in managing complex patients. Descriptive statistics and multiple linear regression will be reported. Specific focus will be on responses to the outcome variable, Item #20 “I feel ready for the professional nursing role,” to answer the overarching research question.

Validity and Reliability
Validity and reliability are important in research to ensure that there is rigor in the instruments and results. Validity can be expressed as construct validity, content validity, and criterion validity. Psychometrics exist for the Casey-Fink Readiness for Practice© 2008 survey. According to Casey, et al. (2011), the developers of the instrument, an expert panel reviewed and confirmed content validity in 2007. The panel reported Cronbach’s alpha as 0.50 to 0.80 for the four subscales (Casey, et al., 2011). Exploratory and confirmatory factor analyses were performed with a Cronbach’s alpha of 0.69 overall for the 20 items in section three and supported the instrument as a valid and reliable tool to assess practice readiness (Bowdoin, 2013).

Data Collection

Prior to data collection, institutional review board approval will be sought from Northeastern University and Thomas Jefferson University as part of protecting the rights of the participants. At the middle of spring semester, an email will be sent to the senior nursing students asking to participate in the study. A Qualtrics link will be included in the email for students to click to complete the Casey-Fink Readiness for Practice© 2008 survey and consent to participation which is strictly voluntary. The data from the survey will attempt to explore the factors associated with senior-level nursing students’ perceptions of their progress towards practice readiness before their final semester of the program. Reminder emails will be sent each week for two weeks to recruit a higher response rate.

Data Analysis

This section will summarize the data analysis procedures in this study. SPSS software will be used to analyze the descriptive and inferential statistics. Before beginning data analysis,
the researcher needs to screen the data sets. Screening the data will attempt to identify outliers that may threaten the validity, reliability, and generalizability of the study results. Data will be imported into SPSS and rechecked looking for values outside of the range of possible values, thus ensuring accuracy of data input.

The overarching research question is: What is the perception of undergraduate nursing students’ progress towards readiness for the professional nursing role in a revised BSN program?

Sub-questions
1. What is practice readiness as defined by current literature and from the perception of student nurses?
2. What skills and procedures do students identify as challenging to complete independently that may hinder their progress towards readiness for practice based on the Readiness for Practice survey instrument?
3. What factors and individual characteristics influence students’ perception of their progress towards readiness for the professional nursing role based on the Readiness for Practice survey instrument?
4. What do students report as helpful to feel more prepared for the professional nursing role?

Variables

The dependent or outcome variable is readiness for practice and the level of confidence students consider in managing multiple patient assignments based on students’ answers from the CFRPS. The descriptive variables, independent variables, and the outcome will be reported as means and frequencies and shown in tables applying the most appropriate data analysis. Independent variables will be explored to find predictor variables of practice readiness and
differences between groups in undergraduate nursing students. The independent variables are immersion experience and the survey items #1-19. The immersion experience includes the type of clinical area (acute or transition), specialty unit (i.e. obstetrics, pediatrics, intensive care unit), and number of hours exposed to the immersion. Additionally, comparisons will be made between the three types of programs: traditional program, facilitated accelerated course tract one-year (FACT-1), and accelerated two-year program (FACT-2).

The survey items #1-19 are key nursing activities that promote readiness for practice. Respondents select their level of comfort and confidence in these readiness factors. Casey, et al. (2011) reported that, “items were designed to target specific skills and nursing activities that senior nursing students would be expected to perform prior to graduation from their nursing education program and analyze levels of perceived readiness in light of personal characteristics and experience factors that were believed by the panel to influence readiness” (p. 647). The authors of the survey identified four subscales to categorize these activities in their factor analysis: clinical problem solving, professional identity, trials and tribulations, and learning techniques (Casey, et al., 2011). Furthermore, these factors are supported by the American Association of Colleges of Nursing as essential requirements for new graduates.

**Data Analysis of Research Questions**

Research question #1: *What is practice readiness as defined by current literature and from the perception of student nurses?* The term practice readiness will be answered from current literature in Chapter 2 of the literature review and from the modified demographic survey that includes the author-developed survey question, “What does the term ‘practice readiness’ mean to you?” using thematic analysis. This will provide knowledge on students’ understanding of the term and if it is comparable to what current literature states.
Research question #2: What skills and procedures do students identify as challenging to complete independently that may hinder their progress towards readiness for practice based on the Readiness for Practice survey instrument? Responses will be reported as descriptive statistics.

Research question #3: What factors and individual characteristics influence students’ perception of their progress towards readiness for the professional nursing role based on the Readiness for Practice survey instrument? Means will be reported on the variables and confidence levels indicated by the students. The variables will be analyzed using independent sample t-tests and multiple linear regression.

Research question #4: What do students report as helpful to feel more prepared for the professional nursing role? Thematic analysis will be used to report responses to this specific question in the CFRPS.

The researcher will attempt to find a relationship between readiness for practice scores and factors related to the immersion experience and the identified specific learning needs towards readiness while analyzing comparisons between groups based on type of program (traditional, FACT-1, or FACT-2). Differences in self-confidence or practice readiness based on the variables will be compared using independent sample t-tests and multiple linear regression. The CFRPS instrument contains 5 items, Items # 4, 5, 8 and 9, that are negatively worded and will be reversed prior to data analysis. The survey questions are consistent with the outcomes of a baccalaureate generalist nurse (AACN, 2008, Reagor, 2012). The narrative responses will be interpreted and attempted to find themes using content analysis with the help of experts, recording frequency of responses, and then seek to make comparisons of the themes to overall quantitative results. These responses will provide richer evidence and offer suggestions on
improvements in the program. The researcher will present the data in a variety of techniques, using figures, graphs, tables, and narrative discussions. Readers can feel confident that the study and its analyses will be conducted with rigor and thoughtful processes.

**Validity, Reliability, and Generalizability**

Threats can exist in relation to validity, reliability and generalizability. Validity and reliability for the instrument was discussed above in the data collection section. The researcher is confident in the instrument’s validity and reliability results. However, the researcher is concerned about sample size and non-response rate, and therefore the representativeness of the sample to population could be called into question. Results of significance tests are reported but should be interpreted with caution. The study would need to be replicated with other participants to increase the samples and provide some generalizability.
Chapter 4: Results

The purpose of this descriptive study was to explore the perception of prelicensure senior-level undergraduate nursing students’ progress towards readiness for professional practice in a revised curriculum within a two-year baccalaureate nursing (BSN) program in the northeastern United States. This chapter presents the study results: descriptive statistics of the study population, the findings of statistical analyses performed to answer the research questions and testing selected variables for associations and possible predictors of practice readiness for the professional nursing role.

Data Cleaning and Transformation

The researcher collected descriptive data and online Casey-Fink Readiness for Practice survey (CFRPS) results from student respondents at the research site. At the conclusion of the survey period, the data was downloaded on the Qualtrics platform and examined for missing values and irregularities. All data analysis was conducted using SPSS version 25. Data cleaning involved either renaming or relabeling categorical and continuous variables in SPSS and coded to effectively evaluate the research questions and analytic strategy. Also, the CFRPS had four negative questions that needed to be recoded to match direction of the 4-point Likert scale. The final step in data cleaning was the deletion of 22 participants who did not complete the survey. With data cleaning and transformation complete, data analysis included descriptive statistics, correlations, and analysis of variance (ANOVA) tests to address the research questions.

Descriptive Statistics

The data used in this research was collected from a college of nursing at a university in the northeastern United States. The sample consisted of all senior-level students from all three nursing programs (traditional, accelerated 2-year [FACT2], and accelerated 1-year [FACT1]) at
the research site that were enrolled during the spring 2019 semester. Junior-level students were excluded from the study. All 262 students received an invitation to participate in the study. Sixty-four senior-level nursing students enrolled in their final semester in the revised BSN program completed the survey. Participants were anonymous and no identifiable data was collected. Data was collected from February 2019 to March 2019. The survey was started by 86 participants and was completed by 64 senior students. The response rate was 24%.

Most participating senior nursing students were in the accelerated programs (second-degree students) combined (54.7%) compared to the traditional, 2-year program (45.31%). However, the traditional and FACT2 have a 2-year curriculum together while the FACT1 have a one-year curriculum. The researcher considered them separately and the descriptive statistics show that the traditional program had the most respondents (45.3%, 29). The sample predominately identified as female (82.8%) with an age range from 21 – 47 years with a mean age of 27 (SD± 6.04) years. Majority of students identified as white and non-Hispanic (76.6%). Many participants reported prior health care experience (52.38%) and 36.36% worked on the clinical unit where they had a clinical immersion experience. Table 1 represents a summary of the descriptive statistics of study participants.

<table>
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<th>Table 1a</th>
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<tr>
<td><strong>Type of BSN program enrolled</strong></td>
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<tr>
<td><strong>Variable</strong></td>
</tr>
<tr>
<td>Traditional</td>
</tr>
<tr>
<td>Accelerated 2 year (FACT-2)</td>
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<tr>
<td>Accelerated 1 year (FACT-1)</td>
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<td>Total</td>
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Table 1b

**Gender**

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<tr>
<td>Female</td>
<td>53</td>
<td>82.8</td>
</tr>
<tr>
<td>Prefer not to answer</td>
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<td>1.6</td>
</tr>
<tr>
<td>Total</td>
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<td>94.4</td>
</tr>
<tr>
<td>Missing</td>
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<tr>
<td>Total</td>
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Table 1c

**Ethnicity**

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<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
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<td>1.6</td>
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<td>Asian</td>
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<td>15.6</td>
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<tr>
<td>Black or African American</td>
<td>2</td>
<td>3.1</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>White</td>
<td>49</td>
<td>76.6</td>
</tr>
<tr>
<td>Total</td>
<td>63</td>
<td>98.4</td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>Total</td>
<td>64</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 1d

**Previous health care experience**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>33</td>
<td>51.6</td>
</tr>
</tbody>
</table>
Several additional questions in the demographic portion of the survey gathered information on student nurses’ clinical experiences in their clinical courses and most experiences were in the medical/surgical units. See Appendix B. Approximately 30% of student respondents stated that the adult medical/surgical unit prepared them the most for practice followed by the emergency department (15.79%). These results are shown in Table 2.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>12</td>
<td>18.8</td>
</tr>
<tr>
<td>No</td>
<td>21</td>
<td>32.8</td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
<td>51.6</td>
</tr>
<tr>
<td>Missing</td>
<td>31</td>
<td>48.4</td>
</tr>
<tr>
<td>Total</td>
<td>64</td>
<td>100</td>
</tr>
</tbody>
</table>

### Table 2

**Top 3 Clinical Units Participants Listed as Prepared Them the Most for Practice**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Medical/Surgical Unit</td>
<td>35</td>
<td>30.7</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>18</td>
<td>15.79</td>
</tr>
<tr>
<td>Adult Intensive Care Unit (ICU)</td>
<td>11</td>
<td>9.65</td>
</tr>
</tbody>
</table>
Research question #1: What is practice readiness as defined by current literature and from the perception of student nurses?

Readiness for practice is a concept that is mutually agreed upon between nursing education and practice partners as an obligation and growing concern in the competence level of new graduates. The literature showed that there is not a specific definition for readiness for practice and related factors that are standard for all nursing programs. It appears that a consistent definition for practice readiness that is agreed upon in higher education does not exist. Other related terms in the literature included: confidence level, level of comfort, and clinical competency. Research question #1 was answered by senior nursing students’ perceptions of what practice readiness means to them. Responses by participants were coded into themes. Majority of students defined practice readiness as:

- Feeling comfortable
- Confident to practice independently
- Competent
- Safe practice

Respondents stated, “Practice readiness means preparedness to competently care for patients as a new graduate. It is a combination of confidence and academic preparation;” “Personally, practice readiness means a new healthcare graduate is able to meet certain requirements and criteria that equip them with the necessary skills competencies, and confidence to safely practice effective patient care;” “Being able to confidently, safely, and effectively take care of patients. This means feeling and being prepared to predict complications and how to intervene if necessary.” Also, one participant responded, “I have not yet heard of this term.”
Research question #2: What skills and procedures do students identify as challenging to complete independently that may hinder their progress towards readiness for practice based on the Readiness for Practice survey instrument?

While statistical significance is not the primary purpose in this dissertation, the inferential tests were performed to make arguments and inferences about the sample to this institution over time in this descriptive study. The CFRPS scores were examined for reliability using the Cronbach’s alpha and other statistical tests were performed to find means and correlations using Pearson and Spearman Rho. Cronbach’s alpha for this scale was calculated to be .743 which is acceptable. See table 3. Psychometrics exist for the Casey-Fink Readiness for Practice© 2008 survey. According to Casey, et al. (2011), the developers of the instrument, an expert panel reviewed and confirmed content validity in 2007. The panel reported Cronbach’s alpha as 0.50 to 0.80 for the four subscales (Casey, et al., 2011). This study supported the instrument as a valid and reliable tool to assess practice readiness.

Table 3

<table>
<thead>
<tr>
<th>Reliability Statistics for CFRPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cronbach’s Alpha</td>
</tr>
<tr>
<td>.743</td>
</tr>
</tbody>
</table>

The study participants were asked to rank in order the skills/procedures from the CFRPS list that they identified as the most uncomfortable performing independently at the time. See Appendix C for the entire ranking scale. A pattern was noted that respondents chose a few skills/procedures more often at the ends of the spectrum and other skills/procedures were in the middle or plateaued across the ranking scale. The most uncomfortable rank was labeled as number one and the least uncomfortable was labeled as 19. Therefore, the least confident skills/procedures were ranked with the lowest numbers and the most confident in the highest
range of numbers. The three skills/procedures that were rated as the least confident in performing across one through four rankings as the lowest and most difficult were:

- Responding to an emergency/CODE/changing patient condition (54.7%)
- Blood draw/venipuncture (48.44%), and
- Intravenous (IV) starts (34.38%)

The frequency count for the lowest rank of 1 of most uncomfortable (least confident) performing skills is intravenous (IV) starts (9.38%, 6), blood draw/venipuncture (12.5%, 8), pulse oximetry (14.06%, 9), and responding to an emergency/CODE/change in patient condition (29.69%, 19).

On the other end of the ranking spectrum, the frequency count for the highest rank of 19 of least uncomfortable (most confident) performing skill was pulse oximetry (10.94%, 7) and other (81.25%, 52). The other category that participants listed as the highest level of confidence in performing was an open fill-in category option. Only 9 out of 52 respondents filled in the other category with specific skills such as bed baths, communicating with patients, communication with other staff such as doctors, knowing medication interactions, monitoring a ventilator, prioritization, putting in a new IV, and vital signs. Three participants ranked other as #1, least confident in performing the skill/procedure independently. The researcher did not have a way to determine which fill in was ranked low or high on the scale. Since rank 19 listed other as the most frequent skill/procedure, the researcher noted that rank 18 included blood glucose monitoring (28.13%, 18), pulse oximetry (21.88%, 14), and responding to a CODE (12.50%, 8) as least uncomfortable (most confident). Since pulse oximetry and responding to an emergency/CODE/change in patient condition were selected on both ends of the rank order spectrum, the researcher needs to consider that participants may have been confused by the scale. This will be addressed in Chapter 5. EKG/Telemetry monitoring and interpretation (count 11)
and trach care/suctioning (10) ranked at a level 8 with double digit number of respondents listing that towards the lower end of confidence. Medication administration (count 12) ranked #13 with the most respondents and charting/documentation ranked #16 by the most respondents (14 count).

The researcher examined the results of the CFRPS survey and the skills/procedures rank order questions for similarities and differences in the results. Item #1 in the CFRPS survey, “I feel confident communicating with physicians” resulted in a mean of 2.83 which is considered above the middle range of 2.5 on a 4-point Likert scale. One respondent did list communicating with physicians in the other category of the ranking question, but the researcher cannot determine if this was considered difficult or not to perform independently by the senior-level nursing student since the other category was ranked #1 and #19. Item #4, “I have difficulty documenting care in the electronic medical record” resulted in a mean of 3.16 (recoded) and not statistically significant. In the rank order question, charting/documentation showed a flat plateau beginning at 1 (least confident) and towards the end at 16 (count of 14) the highest rank it received by the respondents. This would be consistent with the CFRPS survey question with its above 2.5 mean of 3.16.

Senior-level nursing students responded to the question on how confident they are in managing two, three, and four patient assignments on a medical-surgical unit in a hospital. Table 4 represents the participants’ level of confidence.
Table 4

*Level of Confidence in Managing a Medical/surgical Patient Assignment in the Hospital*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Not Confident</th>
<th>Very Confident</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Caring for 2 patients</td>
<td>1.56%</td>
<td>0%</td>
</tr>
<tr>
<td>Caring for 3 patients</td>
<td>6.25%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Caring for 4 patients</td>
<td>34.38%</td>
<td>21.88%</td>
</tr>
</tbody>
</table>

Results showed individual item means ranged from 2.14 to 4.38 with the highest level of confidence in caring for two patients, 53.13% very confident. The mean decreased by close to 1 as the patient assignment increased. Approximately 34% of respondents are not confident in caring for 4 patients on a medical/surgical unit.

**Research question #3: What factors and individual characteristics influence students’ perception of their progress towards readiness for the professional nursing role based on the Readiness for Practice survey instrument?**

Another factor, type of BSN program, was analyzed using univariate descriptive statistics representing means against the dependent variable, item #20 on the survey. Table 5 displays the results. The accelerated 2-year student participants reported the highest mean of 3.12. The accelerated 1-year program student participants reported a mean of less than 2.5, at 2.44 when asked if they feel ready for the professional nursing role.
Table 5

*Means representing type of BSN program with the Dependent Variable*

<table>
<thead>
<tr>
<th>Type of BSN program enrolled:</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional</td>
<td>3.00</td>
<td>.598</td>
<td>29</td>
</tr>
<tr>
<td>Accelerated 2 year (FACT-2)</td>
<td>3.12</td>
<td>.766</td>
<td>26</td>
</tr>
<tr>
<td>Accelerated 1 year (FACT-1)</td>
<td>2.44</td>
<td>.882</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>2.97</td>
<td>.734</td>
<td>64</td>
</tr>
</tbody>
</table>

a: Dependent Variable: I feel ready for the professional nursing role.

Analysis of variance (ANOVA) was performed to find an association with practice readiness and the three types of programs students were enrolled in at the college of nursing. Table 6 represents ANOVA. The results showed no statistical significance at $\alpha = .05$ (F 3.024, p .056) in the different types of programs (traditional, accelerated 2-year, and accelerated 1-year) and practice readiness, and furthermore, the R Squared = .090 (Adjusted R Squared = .060) results in a poor fit.

Table 6

*ANOVA of Type of Program to Item #20 Practice Readiness*

<table>
<thead>
<tr>
<th>Tests of Between-Subjects Effects</th>
<th>Source</th>
<th>Type III Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Corrected Model</td>
<td>3.061a</td>
<td>2</td>
<td>1.531</td>
<td>3.024</td>
<td>.056</td>
</tr>
<tr>
<td></td>
<td>Intercept</td>
<td>398.090</td>
<td>1</td>
<td>398.090</td>
<td>786.483</td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td>Typebsnprg</td>
<td>3.061</td>
<td>2</td>
<td>1.531</td>
<td>3.024</td>
<td>.056</td>
</tr>
</tbody>
</table>
Also, the researcher examined the means of each program and compared them to one another. Table 7 represents the comparisons. It is important to note the sample size of each program: Traditional N = 29, FACT-2 N = 26, and FACT-1 N = 9. The results show no statistical significance in the mean of one program to the mean of another related to practice readiness.

Table 7

Mean Comparisons of Types of BSN program
Dependent Variable: I feel ready for the professional nursing role.

<table>
<thead>
<tr>
<th>(I) Type of BSN program enrolled:</th>
<th>(J) Type of BSN program enrolled:</th>
<th>Mean Difference (I-J)</th>
<th>Std. Error</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional</td>
<td>Accelerated 2 year (FACT-2)</td>
<td>-.12</td>
<td>.192</td>
<td>.835</td>
</tr>
<tr>
<td></td>
<td>Accelerated 1 year (FACT-1)</td>
<td>.56</td>
<td>.271</td>
<td>.132</td>
</tr>
<tr>
<td>Accelerated 2 year (FACT-2)</td>
<td>Traditional</td>
<td>.12</td>
<td>.192</td>
<td>.835</td>
</tr>
<tr>
<td></td>
<td>Accelerated 1 year (FACT-1)</td>
<td>.67</td>
<td>.275</td>
<td>.059</td>
</tr>
<tr>
<td>Accelerated 1 year (FACT-1)</td>
<td>Traditional</td>
<td>-.56</td>
<td>.271</td>
<td>.132</td>
</tr>
<tr>
<td></td>
<td>Accelerated 2 year (FACT-2)</td>
<td>-.67</td>
<td>.275</td>
<td>.059</td>
</tr>
</tbody>
</table>

Multiple Comparisons
Dependent Variable: I feel ready for the professional nursing role.

<table>
<thead>
<tr>
<th>(I) Type of BSN program enrolled:</th>
<th>(J) Type of BSN program enrolled:</th>
<th>95% Confidence Interval</th>
<th>Lower Bound</th>
<th>Upper Bound</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional</td>
<td>Accelerated 2 year (FACT-2)</td>
<td>-.60</td>
<td>.37</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Accelerated 1 year (FACT-1)</td>
<td>-.13</td>
<td>1.24</td>
<td></td>
</tr>
<tr>
<td>Accelerated 2 year (FACT-2)</td>
<td>Traditional</td>
<td>-.37</td>
<td>.60</td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Item</td>
<td>Variable</td>
<td>Strongly Disagree (1)</td>
<td>Disagree (2)</td>
</tr>
<tr>
<td>---</td>
<td>----------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>-----------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>1</td>
<td>I feel confident communicating with physicians.</td>
<td>1.56% 31.25% 50.00% 17.19%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I am comfortable communicating with patients from diverse populations.</td>
<td>0.00% 1.56% 45.31% 53.13%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>I am comfortable delegating tasks to the nursing assistant.</td>
<td>1.56% 10.94% 64.06% 23.44%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>I have difficulty documenting care in the electronic medical record.</td>
<td>37.50% 40.63% 21.88% 0.00%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>I have difficulty prioritizing patient care needs.</td>
<td>12.50% 67.19% 20.31% 0.00%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>My immersion educator provided feedback about my readiness to assume an RN role.</td>
<td>4.69% 18.75% 53.13% 23.44%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>I am confident in my ability to problem solve.</td>
<td>0.00% 12.50% 71.88% 15.63%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Description</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>---</td>
<td>------------------------------------------------------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>8</td>
<td>I feel overwhelmed by ethical issues in my patient care responsibilities.</td>
<td>29.69%</td>
<td>50.00%</td>
<td>17.19%</td>
</tr>
<tr>
<td>9</td>
<td>I have difficulty recognizing a significant change in my patient's condition.</td>
<td>25.00%</td>
<td>65.63%</td>
<td>9.38%</td>
</tr>
<tr>
<td>10</td>
<td>I have had opportunities to practice skills and procedures more than once.</td>
<td>7.81%</td>
<td>31.25%</td>
<td>42.19%</td>
</tr>
<tr>
<td>11</td>
<td>I am comfortable asking for help.</td>
<td>0.00%</td>
<td>3.13%</td>
<td>37.50%</td>
</tr>
<tr>
<td>12</td>
<td>I use current evidence to make clinical decisions.</td>
<td>0.00%</td>
<td>10.94%</td>
<td>67.19%</td>
</tr>
<tr>
<td>13</td>
<td>I am comfortable communicating and coordinating care with interdisciplinary team members.</td>
<td>0.00%</td>
<td>21.88%</td>
<td>53.13%</td>
</tr>
<tr>
<td>14</td>
<td>Simulations have helped me feel prepared for clinical practice.</td>
<td>15.63%</td>
<td>37.50%</td>
<td>37.50%</td>
</tr>
<tr>
<td>15</td>
<td>Writing reflective journals/logs provided insights into my own clinical decision-making skills.</td>
<td>29.69%</td>
<td>40.63%</td>
<td>26.56%</td>
</tr>
<tr>
<td>16</td>
<td>I feel comfortable knowing what to do for a dying patient.</td>
<td>15.63%</td>
<td>48.44%</td>
<td>29.69%</td>
</tr>
<tr>
<td>17</td>
<td>I am comfortable taking action to solve problems.</td>
<td>0.00%</td>
<td>17.19%</td>
<td>65.63%</td>
</tr>
<tr>
<td>18</td>
<td>I feel confident identifying actual or potential safety risks to my patients.</td>
<td>1.56%</td>
<td>9.38%</td>
<td>62.50%</td>
</tr>
</tbody>
</table>
I am satisfied with choosing nursing as a career. 0.00% 1.56% 35.94% 62.50% 3.61 0.52

I feel ready for the professional nursing role. 1.56% 23.44% 51.56% 23.44% 2.97 0.73

The dependent variable, item #20, “I feel ready for the professional nursing role” displays a mean of 2.97 which is above the middle range of 2.5 on a 4-point Likert scale. Approximately 75% of respondents agreed that they are ready for practice. Also, results showed individual item means ranged from 2.03 to 3.61 with the highest level of confidence in the following three items:

- Item #19 “I am satisfied with choosing nursing as a career.”
- Item #11 “I am comfortable asking for help.” and
- Item #2 “I am comfortable communicating with patients from diverse populations.”

Three items resulted in a mean of less than 2.5 and are the lowest scoring items:

- #14 - “Simulations have helped me feel prepared for clinical practice.”
- #15 – “Writing reflective journals/logs provided insights into my own clinical decision-making skills.”, and
- #16 - “I feel comfortable knowing what to do for dying patients.”

**Bivariate Analysis: Pearson’s r Correlation Coefficient**

Pearson’s r correlation coefficient was used to measure the relationship between the variables. Each independent variable of items #1 – 19 was correlated with the dependent variable #20 to find a relationship between the factors. Table 9 represents Pearson r analysis. All but three of the items showed a significant positive correlation, with r ranging from r = .261 to .543, with the dependent variable of item #20, “I feel ready for the professional nursing role.” The item
with the strongest relationship at a moderate effect size is item #12, “I use current evidence to make clinical decisions” \( (r = .543, p = .000) \). The three items that were not statistically significant were:

- item #2, “I am comfortable communicating with patients from diverse populations.”
- item #4, “I have difficulty documenting care in the electronic medical record.” and
- item #8, “I feel overwhelmed by ethical issues in my patient care responsibilities.”

Table 9

*Pearson r Correlation Coefficient Level of confidence from CFRPS survey items #1-20.*

<table>
<thead>
<tr>
<th>Item</th>
<th>I feel ready for the professional nursing role.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel confident communicating with physicians.</td>
<td><strong>Pearson Correlation 0.348</strong>, Sig. (2-tailed) .005, N 64</td>
</tr>
<tr>
<td>I am comfortable communicating with patients from diverse populations.</td>
<td><strong>Pearson Correlation 0.204</strong>, Sig. (2-tailed) .107, N 64</td>
</tr>
<tr>
<td>I am comfortable delegating tasks to the nursing assistant.</td>
<td><strong>Pearson Correlation 0.449</strong>, Sig. (2-tailed) .000, N 64</td>
</tr>
<tr>
<td>I have difficulty documenting care in the electronic medical record.</td>
<td><strong>Pearson Correlation 0.123</strong>, Sig. (2-tailed) .334, N 64</td>
</tr>
<tr>
<td>I have difficulty prioritizing patient care needs.</td>
<td><strong>Pearson Correlation 0.334</strong>, Sig. (2-tailed) .007, N 64</td>
</tr>
<tr>
<td>My immersion educator provided feedback about my readiness to assume an RN role.</td>
<td><strong>Pearson Correlation 0.328</strong>, Sig. (2-tailed) .008, N 64</td>
</tr>
<tr>
<td>I am confident in my ability to problem solve.</td>
<td><strong>Pearson Correlation 0.408</strong>, Sig. (2-tailed) .001, N 64</td>
</tr>
<tr>
<td>I feel overwhelmed by ethical issues in my patient care responsibilities.</td>
<td><strong>Pearson Correlation 0.171</strong></td>
</tr>
<tr>
<td>Statement</td>
<td>Pearson Correlation</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>I have difficulty recognizing a significant change in my patient's condition.</td>
<td>.278*</td>
</tr>
<tr>
<td>I have had opportunities to practice skills and procedures more than once.</td>
<td>.287*</td>
</tr>
<tr>
<td>I am comfortable asking for help.</td>
<td>.275*</td>
</tr>
<tr>
<td>I use current evidence to make clinical decisions.</td>
<td>.543**</td>
</tr>
<tr>
<td>I am comfortable communicating and coordinating care with interdisciplinary team members.</td>
<td>.284*</td>
</tr>
<tr>
<td>Simulations have helped me feel prepared for clinical practice.</td>
<td>.294*</td>
</tr>
<tr>
<td>Writing reflective journals/logs provided insights into my own clinical decision-making skills.</td>
<td>.261*</td>
</tr>
<tr>
<td>I feel comfortable knowing what to do for a dying patient.</td>
<td>.311*</td>
</tr>
<tr>
<td>I am comfortable taking action to solve problems.</td>
<td>.439**</td>
</tr>
<tr>
<td>I feel confident identifying actual or potential safety risks to my patients.</td>
<td>.449**</td>
</tr>
<tr>
<td>I am satisfied with choosing nursing as a career.</td>
<td>.505**</td>
</tr>
</tbody>
</table>

**. Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed).
Bivariate Analysis: Spearman’s rho Rank-Order Correlation Coefficient

Variables using a Likert scale have some researchers argue that they are ordinal rather than continuous because it is difficult to know whether the distance between the scale/categories is the same at every point (Muijs, 2011). Therefore, the researcher also used Spearman’s rho correlation coefficient to measure the same rankings as ordinal variables and analyze the relationship between two ordinal variables. Each independent variable of items #1 – 19 was analyzed with the dependent variable #20 to find a relationship between the factors. Table 10 represents Spearman’s rho analysis. The analysis showed the same results as Pearson r correlation. All but three of the items showed a significant positive correlation, with r ranging from .261 to .565, with the dependent variable of item #20, “I feel ready for the professional nursing role.” The item with the strongest relationship at a moderate effect size is item #12, “I use current evidence to make clinical decisions” (r = .565, p = .000). The three items that were not statistically significant were:

- item #2, “I am comfortable communicating with patients from diverse populations.”
- item #4, “I have difficulty documenting care in the electronic medical record.” and
- item #8, “I feel overwhelmed by ethical issues in my patient care responsibilities.”

Table 10

<table>
<thead>
<tr>
<th>Item</th>
<th>I feel ready for the professional nursing role.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel confident communicating with physicians.</td>
<td>Spearman's Rho Correlation .322**</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed) .010</td>
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<td></td>
<td>N 64</td>
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<tr>
<td>Statement</td>
<td>Spearman's Rho Correlation</td>
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<tr>
<td>I am comfortable communicating with patients from diverse populations.</td>
<td>.210</td>
</tr>
<tr>
<td>I am comfortable delegating tasks to the nursing assistant.</td>
<td>.387**</td>
</tr>
<tr>
<td>I have difficulty documenting care in the electronic medical record.</td>
<td>.152</td>
</tr>
<tr>
<td>I have difficulty prioritizing patient care needs.</td>
<td>.374**</td>
</tr>
<tr>
<td>My immersion educator provided feedback about my readiness to assume an RN role.</td>
<td>.355**</td>
</tr>
<tr>
<td>I am confident in my ability to problem solve.</td>
<td>.420**</td>
</tr>
<tr>
<td>I feel overwhelmed by ethical issues in my patient care responsibilities.</td>
<td>.182</td>
</tr>
<tr>
<td>I have difficulty recognizing a significant change in my patient's condition.</td>
<td>.293*</td>
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<td>Statement</td>
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<tr>
<td>I have had opportunities to practice skills and procedures more than once.</td>
<td>64</td>
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<tr>
<td>I am comfortable asking for help.</td>
<td>64</td>
</tr>
<tr>
<td>I use current evidence to make clinical decisions.</td>
<td>64</td>
</tr>
<tr>
<td>I am comfortable communicating and coordinating care with interdisciplinary team members.</td>
<td>64</td>
</tr>
<tr>
<td>Simulations have helped me feel prepared for clinical practice.</td>
<td>64</td>
</tr>
<tr>
<td>Writing reflective journals/logs provided insights into my own clinical decision-making skills.</td>
<td>64</td>
</tr>
<tr>
<td>I feel comfortable knowing what to do for a dying patient.</td>
<td>64</td>
</tr>
<tr>
<td>I am comfortable taking action to solve problems.</td>
<td>64</td>
</tr>
</tbody>
</table>
**Quantitative Summary**

The descriptive statistics analysis was completed to provide an overview of the study population’s demographics, type of BSN program enrolled, and the level of confidence or practice readiness for the professional nursing role as reported by the senior-level nursing students. Descriptive statistics showed that the study population predominately identified as female, white race, and in the accelerated programs who reported that the medical/surgical units prepared them the most for practice followed by the emergency department.

In quantitative analysis, senior-level nursing students reported that responding to an emergency/CODE/change in patient condition, blood draws/venipuncture, and intravenous (IV) starts were the most difficult skills/procedures to perform independently. Many factors on the CFRPS showed a positive significant correlation with practice readiness as reported by the participants. Only three items in the CFRPS did not show significant findings in both Pearson r and Spearman’s rho correlation coefficient. The item with the strongest relationship at a
moderate effect size was item #12, “I use current evidence to make clinical decisions.” The three items that were not statistically significant were:

- item #2, “I am comfortable communicating with patients from diverse populations.”
- item #4, “I have difficulty documenting care in the electronic medical record.” and
- item #8, “I feel overwhelmed by ethical issues in my patient care responsibilities.”

Research question #4: What do students report as helpful to feel more prepared for the professional nursing role?

Fifty-nine participants responded to this question in open text format. The researcher identified themes by noting the frequency and percentages of certain key words related to nursing education in each response. Most students (35.6%) reported that more hands-on nursing work in clinical experiences would prepare them more for the professional nursing role. Other themes noted were more lab (27.1%) and simulation time (18.6%), required nurse externships (internships) (13.6%), more pharmacology (22%) and less professional practice learning. Some students responded with a variety of issues related to the clinical experience such as more clinical time/hours and caring for more than one patient, shadowing a registered nurse instead of caring for a single patient, better clinical instructors, and more time on specialty clinical units. The most common responses were compiled in the list below:

- More labs: not just in the foundations course but a lab per semester (at least a day or two instead of clinical, theme-based labs)
  - Foundations labs all four semesters/ labs and simulations weekly that correlate with health promotions courses (trach care, chest tubes, IVs before 4th semester)
  - Groups too large/too rushed/mediocre lab instructors for some
- Nurse externship: should be a requirement
• More simulation
  o “fine tuning simulation” and doing more of them
  o More simulation and labs would have been more beneficial with even less clinical
• More acute clinical units/higher acuity patients
  o More meaningful clinical experiences/too much down time
  o Unhelpful in terms of skills development and time management
  o Less UAP work
  o More hands-on experience
  o More beneficial shadowing RNs instead of being assigned a single patient to see entire role and everything that’s being done/assign student nurses to RNs not patients
  o Not a lot to do at clinical
  o Nurses so busy and didn’t have time to teach us
  o Less medical/surgical units and more experience in other settings
  o Introduce nursing responsibilities on clinical units sooner than 4th semester
  o Smaller clinical groups
  o More responsibility at clinical
  o More standardization for clinical instructors
  o Handle more patients during clinical (add a patient each semester) and have opportunity to administer medications more often
  o More clinical time instead of professional practice courses
  o Build a better hospital culture where learning and teaching are expected and celebrated
• Aligning clinical with didactic learning (3rd semester)

• Better clinical instructors
  o Seem uninterested in teaching and patient care

• More pharmacology
  o More medication administration/IVs, pumps

• Less professional practice courses

• More pathophysiology

• More EMR/documentation experience for time management
  o EPIC training

Approximately 45% of respondents felt that they would feel more confident and prepared for the professional nursing role if they had more lab and simulations throughout the curriculum that are more structured and given weekly or each semester. This correlated with the CFRPS item #14, “Simulations have helped me feel prepared for clinical practice” which resulted in a mean of 2.41, less than the average 2.5.
Chapter 5: Discussion of Research Findings

Introduction

This study explored the perception of prelicensure senior-level undergraduate nursing students’ progress towards readiness for professional practice in a revised curriculum within a two-year baccalaureate nursing program in the northeastern United States. The researcher used both quantitative and qualitative approaches to data analysis as the data collection tool had open-ended questions that provided additional support to the evidence. The data collected from the Casey-Fink Readiness for Practice Survey (CFRPS) indicated skills and procedures, the type of program and clinical unit, and individual characteristics for a possible association with the level of confidence and practice readiness for the professional nursing role reported by senior-level nursing students’ before finishing their final semester of the revised baccalaureate program.

This chapter begins with a summary of the problem of practice addressed by this research and a restatement of the research questions. The author discusses, interprets, and compares the results presented in Chapter Four to the research literature, implications of the findings and concludes with suggestions for further research on practice readiness.

Research Problem

Professional role development in undergraduate nursing students is essential for successful transition to practice. Nursing students can improve their focus on competencies and outcomes to meet practice readiness needs and provide safe nursing care with positive comfort and confidence levels. Limited research exists in student nurses’ practice readiness in revised baccalaureate nursing (BSN) programs that have moved away from the traditional approach of educating students. The revised curriculum has changed didactic and clinical instruction from its traditional ways and moved more towards student-centered and forward-thinking clinical
experiences. The purpose of this research was to explore the perception of undergraduate nursing students’ progress towards readiness for the professional role in a revised curriculum in a two-year BSN program in the northeastern United States. This research adds to the knowledge that graduates are ready for practice to provide safe care and decrease medical errors in a complex health care environment. Additionally, the evidence showed how important it is for schools of nursing to evaluate their nursing programs, plan course and clinical redesign for program improvement in student learning, and begin a foundation towards benchmarks in nursing education. Faculty and administration can utilize research evidence on students’ perceptions of practice readiness to adjust teaching strategies, clinical experiences, and program outcomes that translate to practice based on deficiencies in students’ self-perceived learning.

**Overarching Research Question**

What is the perception of undergraduate nursing students’ progress towards readiness for the professional nursing role in a revised BSN program?

Sub-questions

1. What is practice readiness as defined by current literature and from the perception of student nurses?

2. What skills and procedures do students identify as challenging to complete independently that may hinder their progress towards readiness for practice based on the Readiness for Practice survey instrument?

3. What factors and individual characteristics influence students’ perception of their progress towards readiness for the professional nursing role based on the Readiness for Practice survey instrument?
4. What do students report as helpful to feel more prepared for the professional nursing role?

This research explored the effects of a revised baccalaureate nursing program on students’ perceptions of their progress towards practice readiness. The results may be important for students, faculty, and administrators to design a quality nursing program where higher-level learning is happening and graduates are prepared for professional practice in complex environments.

Discussion of Findings

The central research question for this descriptive study was: What is the perception of undergraduate nursing students’ progress towards readiness for the professional nursing role in a revised BSN program? Participants were invited to complete the Casey-Fink Readiness for Practice Survey (CFRPS) during the middle of their last semester before graduation between March 2019 and April 2019. The sample included 64 senior level nursing students, 55 in the traditional/accelerated 2-year (FACT-2) program and nine in the accelerated one-year program, FACT-1 (total 35 accelerated, second degree students). Study participants identified predominately as female, non-Hispanic (76.6%) and 52.38% with previous health care experience.

Practice Readiness

In the first section, the meaning of practice readiness as reported by the study participants was compared to the literature. The concept of practice readiness entails clinical confidence in skills and procedures aligned with higher-level learning in nursing knowledge and professional attributes (Rusch, Manz, Hercinger, Oertwich, & McCafferty, 2018). According to the literature, “new graduate nurses identify that a lack of clinical confidence inhibits successful transition into
professional practice” (Rusch, et al., 2018, p. 1). The findings from this study support the conclusions made by Rusch, et al (2018). The students responded that practice readiness means feeling comfortable and having confidence and competence in safe nursing practice also consistent with the results from Reagor (2010). Participants shared that clinical confidence in skills, procedures, and prioritizing how to manage complications was important to their practice readiness and transition. Their confidence level in managing patients decreased as the number of patients increased aligning with other studies’ evidence (Bowdoin, 2014; Brown, 2016; Casey, et al., 2011; Pillai, 2014; Reagor, 2010). The Institute of Medicine stated that more attention to clinical competence and the care of multiple, complex patients is required to guarantee graduates are prepared in improving health care safety (IOM, 2011). Nursing programs may consider changing educating students clinically in groups to more individualization, and leveling their simulation and clinical experiences by increasing the number of patients that students care for in those settings as they move through the curriculum. This area can be a start to building a foundation of best practice benchmarks in nursing education.

**Confidence in Skills and Procedures Necessary for Practice Readiness**

Research question number two asked, what skills and procedures do students identify as challenging to complete independently that may hinder their progress towards readiness for practice based on the Readiness for Practice survey instrument? The three skills/procedures that students rated as the least confident in performing across one through four rankings as the lowest and most difficult were (1) responding to an emergency/CODE/changing patient condition, (2) blood draw/venipuncture, and (3) intravenous (IV) starts. These findings were consistent with other studies (Casey, et al., 2011; Reagor, 2010). This evidence is not surprising to nurse educators because they do not teach venipuncture and intravenous starts to students. Those two
skills are taught on the job during a lengthy orientation process for new graduates. Most students will not experience high acuity student patient assignments during their clinical education. High acuity patient assignments are not usual practice in nursing education. However, nurse educators can plan simulation focusing on responding to an emergency/CODE/changing patient condition. This may help in new graduate students transitioning to practice. Transitioning away from group clinical education to one-on-one clinical education can be an option for hands-on clinical learning. Also, this could be another area for job orientation programs to emphasize in improving practice readiness for new nurses.

The researcher noted that students ranked pulse oximetry and responding to an emergency as having both a lack of confidence in and high confidence in performing these skills. Other studies reported pulse oximetry and blood glucose monitoring as the least uncomfortable performing (Reagor, 2010). In looking at the selections on both ends of the ranking spectrum, it would appear that a similar number of respondents may have been confused by the scale and its instructions and the mobile, electronic format versus paper-pencil survey format.

**Factors and Individual Characteristics Associated with Practice Readiness**

Quantitative data analysis of CFRPS scores showed that 75% of student respondents strongly agreed or agreed on item #20 “I feel ready for the professional nursing role” near the end of the revised BSN curriculum indicating most students felt confident in transitioning to practice. Individual item mean scores showed that students reported the most confidence in their nursing career choice, asking for help, and communicating with patients from diverse populations. The revised BSN curriculum includes the concept of culture in every course and emphasized the importance of students asking questions during clinical experiences. The lowest individual mean scores showed that students reported a lack of confidence in simulations, writing
reflections to improve clinical decision-making, and caring for dying patients. Furthermore, regarding the question about managing more than two patients, students reported that they lack confidence in assuming responsibility of a full team assignment which may be four to five patients, their confidence decreases as the number of patients increases adding to the evidence from other studies with the same results. The overall response from students was to incorporate more lab and simulations across the curriculum, therefore, the researcher suggests simulations should focus on increasing the level of patient assignments and acuity.

An additional factor tested as a predictor of practice readiness was type of BSN program. Out of the 64 student participants, 35 had prior degrees. No statistical significance was found with practice readiness.

**Theoretical Framework**

Kolb’s Experiential Learning theory suggests that experience is important in comfort and confidence in the work environment. The traditional clinical setting in nursing is the medical-surgical unit with a group of 6 – 8 students learning together from one registered nurse adjunct clinical faculty. In this study, several different sites were examined to see if one showed that students felt more prepared as a result of that experience. A transition site was defined as a site not in the acute hospital setting. Examples of transition sites listed by participants included rehabilitation units/centers and nursing homes/long-term care centers (Philadelphia Senior Center, Foulkeways, Consortium, Cathedral Village, Hearth). The revised BSN program had included more transition sites than in its previous legacy curriculum and students reported 8-14% of their clinical experiences were in transition sites. Students reported that the medical/surgical clinical units prepared them the most for practice compared to other clinical experiences.

**More Preparation**
The senior-level student participants responded to a free text question about what they need more of to prepare them for practice. The researcher noted that some student responses were categorized into more than one theme. Most of the student participants voiced a desire to perform more skills in the lab, simulations, hands-on practice during clinical experiences, and time shadowing a registered nurse. These results would indicate that students are not feeling prepared in traditional group clinical education and may benefit more from individual clinical learning that provides real-life experiences, hands-on practice and interning with a direct care registered nurse.

**Limitations**

Research is bound by certain limitations. The researcher examined students’ perception of practice readiness and factors related to a single revised baccalaureate curriculum in Pennsylvania so it would not be feasible to generalize findings and compare results to other nursing programs in the country. Senior-level nursing students in other nursing programs may have different perceptions of their readiness for practice. Another limitation to the study was the response rate of 24%. The sample size of 64 was low and not generalizable to other populations. Also, the number of participants in the traditional program was comparable to the accelerated 2-year program, N = 29 and 26 respectively. However, the accelerated 1-year program only had nine respondents. The group sizes made it difficult to make comparisons. Additionally, the instrument, the Casey-Fink Readiness for Practice Survey (CFRPS), is a self-report questionnaire which indicates perceptions, but may cause subjective bias. In order to provide more rigor to the study, the researcher used qualitative, open-ended questions in the instrument. The instrument may not have fit the culture of the revised BSN program in focusing on the changing health care landscape of population health, transitions of care, and caring for chronic conditions in the
community, moving away from acute care, skills-based focus such as this instrument seems to explore. Researchers considering the use of the CFRPS should clearly instruct participants on the rank order question related to their level of comfort in skills and procedures to avoid confusion and result in discrepancies. Furthermore, students were instructed by several different clinical educators who may have a variety of teaching styles which may affect students’ perceived readiness for practice.

**Implications**

The findings of this study have implications for practice and research relevant to nursing education and the profession of nursing even with the limitations referenced in the above section. The results of this descriptive study have implications for practice related to nursing program evaluation, redesigning courses and clinical experiences, safer health care practices, and academic-practice partner collaboration. The implications for research suggest replication studies and building benchmarks for nursing education.

**Implications for Practice**

The implications for practice can lead faculty, administrators, and practice partners towards collaboration on building a foundation of nursing education benchmarks and standardized new graduate transition to practice programs. Overall, most senior nursing students perceived that they were ready for the professional nursing role. The findings from this study could provide curricular evaluation to this research institution such as more time in the lab, simulations, pharmacology, and hands-on experience to improve clinical confidence and overall student satisfaction. The researcher recommends a start to nursing education benchmarks for new graduate nurses to improve confidence and safe practice to reduce medical errors, close the education-practice gap and increase retention rates for practice partners: in the last semester of
senior year, an advanced medical-surgical clinical rotation should include students caring for more than two patients and/or paired one-to-one with a registered nurse preceptor to learn the full aspects of day-to-day nursing care and provide more hands-on experience. It may be time to change clinical education to nursing students learning in smaller clinical groups or caring for three to four complex, high-acuity patients with a registered nurse preceptor for more than just their last semester of nursing education to promote practice readiness and safe nursing professional practice.

**Implications for Research**

Kolb’s experiential learning theory postulates that perception of practice readiness should increase as students gain more experience and knowledge in the curriculum, especially as seniors in their last semester. Future research could compare junior-level and senior-level students and what improvements to curriculum need to be added to prepare juniors better for senior year. Furthermore, senior students surveyed via the CFRPS can be followed into their first year of practice to provide evidence for the instrument as a predictor of benchmarks for practice readiness. Dr. Regina Fink and Kathy Casey, MSN developed the Graduate Nurse Survey before the CFRPS, which is an instrument used in nurse residency programs to gather data on new graduate nurses at various points in their first year of employment to promote retention in the nursing workforce. These two tools can be used with nursing schools and employers to determine predictors of practice readiness.

Further research could include replication studies in other BSN programs, faculty perceptions of students’ readiness for the professional nursing role or follow students from the beginning of the nursing program and use a pre-and post-test format. Another area for research is to compare nursing programs with transition sites and other additional learning experiences to
ones with acute care and traditional experiences alone. Additionally, the development and use of different instruments measuring practice readiness, focusing on other skills/procedures necessary in the changing health care environment may provide better alignment of results and culture of revised BSN programs. Evidence is needed to support specific clinical learning experiences, units, and group versus individual learning opportunities and determine which could be benchmarks in preparing students for the professional nursing role.

**Summary**

The purpose of this study was to provide empirical evidence about a revised baccalaureate nursing program and add to the body of knowledge on perceived practice readiness of senior-level nursing students. Clinical confidence plays a large role in the perception of practice readiness for new graduate nurses in delivering safe, nursing care and reducing medical errors. Professional role development in undergraduate nursing students is essential for successful transition to practice. High levels of confidence and comfort perceived by students at the end of nursing programs can be achieved through specific competencies and outcomes to meet practice readiness needs and provide safe nursing care. Limited research exists in student nurses’ practice readiness in revised baccalaureate nursing (BSN) programs that have moved away from the traditional approach of educating students. The data collected from the Casey-Fink Readiness for Practice Survey (CFRPS) indicated skills and procedures, the type of program and clinical unit, and individual characteristics for a possible association with the level of confidence and practice readiness for the professional nursing role reported by senior-level nursing students’ before finishing their final semester of the revised baccalaureate program. The revised curriculum incorporated more transitional clinical experiences versus the traditional acute care experiences. However, students still reported that the traditional clinical experience of
an advanced medical-surgical unit prepared them the most for practice and no predictor for type of BSN program, prior degree and readiness was found to be statically significant. Seventy-five percent of participants agreed that they were ready for practice. Focused attention needs to be on the 25% who responded that they are not prepared and why. The sample included 64 senior level nursing students, 55 in the traditional/accelerated 2-year (FACT-2) program and nine in the accelerated one-year program, FACT-1 (total 35 accelerated, second degree students).

Participants were invited to complete the CFRPS during the middle of their last semester before graduation between March 2019 and April 2019.

Thematic analysis was used to report responses to the first research question on what practice readiness means to the participants responding to the CFRPS. Majority of students defined practice readiness as feeling comfortable and confident to practice independently and be competent in safe nursing practice. This was found consistent with the literature and other studies on practice readiness.

While statistical significance was not the primary purpose in this dissertation, the inferential tests were performed on research questions two and three to make arguments and inferences about the sample to this institution over time in this descriptive study. The three skills/procedures that were rated as the least confident in performing and most difficult were responding to an emergency/CODE/changing patient condition, blood draw/venipuncture, and intravenous (IV) starts. The researcher examined the results of the CFRPS survey and the skills/procedures rank order questions for similarities and differences in the results. The researcher did not find statistically significant similarities or differences in the factors and skills/procedures and could not state that they are associated with factors predicting readiness for practice.
The descriptive statistics analysis was completed to provide an overview of the study population’s demographics, type of BSN program enrolled, and the level of confidence or practice readiness for the professional nursing role as reported by the senior-level nursing students. Descriptive statistics showed that the study population predominately identified as female, white race, and in the accelerated programs who reported that the medical/surgical units prepared them the most for practice followed by the emergency department.

In quantitative analysis, senior-level nursing students reported that responding to an emergency/CODE/change in patient condition, blood draws/venipuncture, and intravenous (IV) starts were the most difficult skills/procedures to perform independently. Many factors on the CFRPS showed a positive significant correlation with practice readiness as reported by the participants. Only three items in the CFRPS did not show significant findings in both Pearson r and Spearman’s rho correlation coefficient. The item with the strongest relationship at a moderate effect size was item #12, “I use current evidence to make clinical decisions.” The three items that were not statistically significant were comfortable communicating with patients from diverse populations, difficulty documenting care in the electronic medical record, and overwhelmed by ethical issues in patient care responsibilities.

To further explore students’ perception of practice readiness, an open-ended item associated with research question #4 was explored to add to the context of the research questions and results. Approximately 45% of respondents felt that they would feel more confident and prepared for the professional nursing role if they had more lab and simulations throughout the curriculum that are more structured and given weekly or each semester. This correlated with the CFRPS item #14, “Simulations have helped me feel prepared for clinical practice.”
The most important conclusion found for this research is that most student participants felt prepared for practice and that an advanced medical-surgical unit prepared them the most for practice in the revised BSN curriculum. However, the student participants responded that they needed more hands-on experience to feel prepared for their future role. The research site revised its curriculum to include more transition sites for clinical due to the changing landscape of the health care environment. However, since an advanced medical-surgical unit is considered a traditional, acute clinical experience, more revisions may be necessary to include more advanced medical-surgical clinical experiences for students to feel prepared to practice safely. Furthermore, it may be time to change the traditional way of clinical learning in large groups to smaller groups or single students and evaluate individual learning such as internships in the last year or each year of nursing education instead. Additionally, nurse educators can emphasize to students of the changing health care landscape and how their preparation for the professional role is also changing. The respondents reported the importance of providing meaningful and more simulations in the nursing program. Nursing programs may consider leveling their simulation and clinical experiences by increasing the number of patients that students care for in those settings as they move through the curriculum. This area can be a start to building a foundation of best practice benchmarks in nursing education. Most students will not experience high acuity student patient assignments during their clinical education. However, nurse educators can plan simulation focusing on responding to an emergency/CODE/changing patient condition. This may help in new graduate students transitioning to practice. Also, this could be another area for job orientation programs to emphasize. It may be time to change clinical education to smaller clinical groups or individual nursing students caring for three to four complex, high-acuity patients with a registered nurse preceptor in an internship atmosphere for more than just their last
semester of nursing education to promote practice readiness and safe nursing professional practice.
References


Appendix A

Casey-Fink Readiness for Practice Survey
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(Modified to fit sample)

Please fill in the blank or circle the response that represents your individual profile.

1. Age: _______ years

2. Gender:
   a. Female
   b. Male
   c. Other
   d. Prefer not to answer

3. Ethnicity:
   a. Caucasian/White
   b. Black/African American
   c. Hispanic, Latino, or Spanish origin
   d. Asian
   e. Native American or Pacific Islander
   f. Other
   g. I do not wish to include this information

4. Do you have previous health care work experience (modified):
   a. yes
   b. no

5. Currently employed:
   a. Yes
   b. No
6. If yes (question #5), are you employed in a healthcare related position:
   a. Yes
   b. No

7. If you answered yes to question #6, was your immersion experience at your current place of employment?
   a. Yes
   b. No

8. Type of BSN program enrolled (modified):
   a. Traditional
   b. Accelerated 2 year (FACT-2)
   c. Accelerated 1 year (FACT-1)

9. Please list your immersion sites clinical area from the list below for all 3 immersions (modified):
   a. Immersion 3: __________
   b. Immersion 2: __________
   c. Immersion 1: __________
   d. Which clinical area(s) prepared you the most for practice? ________________________
   e. Which clinical area(s) prepared you the least for practice? ________________________

List of clinical areas:
Adult M/S
Adult ICU
Transition site:____________
Oncology/BMT
OB (L&D, POST PARTUM)
Pediatric M/S
Pediatric ICU
NICU
Mental Health
Ambulatory Care Setting
Rehabilitation
Emergency Department
OR/Perioperative Setting
Other: ________________________________

10. What does the term “practice readiness” mean to you?
__________________________________________________________________________
________________________________________________________________

Casey-Fink Readiness for Practice Survey
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List three skills/procedures you are most uncomfortable performing independently at this time? Select from list below.

1. __________
2. __________
3. __________
4. _________I am independent in all skills listed below

List of skills
Assessment skills
Bladder catheter insertion/irrigation
Blood draw/venipuncture
Blood glucose monitoring device
Central line care (dressing change, blood draws, discontinuing)
Charting/documentation
Chest tube care
EKG/Telemetry monitoring and interpretation
Giving verbal report
Intravenous (IV) medication administration
Intravenous (IV) starts
IV pumps/PCA pump operation
Medication administration
NG tube/Dobhoff care
Pulse oximetry
Responding to an emergency/ CODE/changing patient condition
Trach care/suctioning
Wound care/dressing change/wound vac
Please answer each of the following questions by placing a mark inside the box/circle:

What is your current level of confidence in managing a patient care assignment on an adult Medical/Surgical unit:

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<tr>
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<th>Not Confident</th>
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<th>3</th>
<th>4</th>
<th>5</th>
<th>Very Confident</th>
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<td>Caring for 2 patients</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Caring for 3 patients</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Caring for 4 patients</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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1. I feel confident communicating with physicians. [ ] [ ] [ ] [ ] [ ]
2. I am comfortable communicating with patients from diverse populations. [ ] [ ] [ ] [ ] [ ]
3. I am comfortable delegating tasks to the nursing assistant. [ ] [ ] [ ] [ ] [ ]
4. I have difficulty documenting care in the electronic medical record. [ ] [ ] [ ] [ ] [ ]
5. I have difficulty prioritizing patient care needs. [ ] [ ] [ ] [ ] [ ]
6. My clinical instructor provided feedback about my readiness to assume an RN role. [ ] [ ] [ ] [ ] [ ]
7. I am confident in my ability to problem solve. [ ] [ ] [ ] [ ] [ ]
8. I feel overwhelmed by ethical issues in my patient care responsibilities. [ ] [ ] [ ] [ ] [ ]
9. I have difficulty recognizing a significant change in my patient's condition. [ ] [ ] [ ] [ ] [ ]
10. I have had opportunities to practice skills and procedures more than once. [ ] [ ] [ ] [ ] [ ]
11. I am comfortable asking for help. [ ] [ ] [ ] [ ] [ ]
12. I use current evidence to make clinical decisions. [ ] [ ] [ ] [ ] [ ]
13. I am comfortable communicating and coordinating care with interdisciplinary team members. [ ] [ ] [ ] [ ] [ ]
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<tr>
<td>14. Simulations have helped me feel prepared for clinical practice.</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<td>15. Writing reflective journals/logs provided insights into my own clinical decision-making skills.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>16. I feel comfortable knowing what to do for a dying patient.</td>
<td>O</td>
<td>O</td>
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</tr>
<tr>
<td>17. I am comfortable taking action to solve problems.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>18. I feel confident identifying actual or potential safety risks to my patients.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>19. I am satisfied with choosing nursing as a career.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>20. I feel ready for the professional nursing role.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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</table>

**What could be done to help you feel more prepared to enter the nursing profession?**

---

Thank you for completing this survey!
## Appendix B

### Clinical Courses and Units Assigned to Students

<table>
<thead>
<tr>
<th>Course</th>
<th>Clinical Immersion Site/Unit</th>
<th>Frequency</th>
<th>Percent</th>
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<tr>
<td>Advanced/Selective</td>
<td>Adult Medical/Surgical</td>
<td>31</td>
<td>21.53</td>
</tr>
<tr>
<td></td>
<td>Emergency Department</td>
<td>25</td>
<td>17.36</td>
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<tr>
<td></td>
<td>Rehabilitation</td>
<td>15</td>
<td>10.42</td>
</tr>
<tr>
<td>Immersion 3 (OB, Peds, Gero)</td>
<td>OB (L&amp;D, POST PARTUM)</td>
<td>52</td>
<td>27.08</td>
</tr>
<tr>
<td></td>
<td>Pediatric Medical/Surgical</td>
<td>45</td>
<td>23.44</td>
</tr>
<tr>
<td></td>
<td>Adult Medical/Surgical</td>
<td>19</td>
<td>9.9</td>
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<tr>
<td>Immersion 2</td>
<td>Adult Medical/Surgical</td>
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<td></td>
<td>Mental Health</td>
<td>35</td>
<td>24.82</td>
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<td></td>
<td>Transition site:</td>
<td>20</td>
<td>14.18</td>
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<tr>
<td></td>
<td>Acute Rehab</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Philadelphia Senior Ctr</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Foulke Ways</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Powerback Rehab</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consortium</td>
<td></td>
<td></td>
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<tr>
<td>Immersion 1</td>
<td>Adult Medical/Surgical</td>
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<td>40.95</td>
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<td></td>
<td>Transition site:</td>
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<td>29.52</td>
</tr>
<tr>
<td></td>
<td>Nursing home/long term care</td>
<td>9</td>
<td>8.57</td>
</tr>
<tr>
<td>Cathedral Village</td>
<td></td>
<td></td>
<td></td>
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<td>------------------</td>
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<td></td>
</tr>
<tr>
<td>Hearth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oncology/BMT</td>
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## Appendix C

### Rank Order of Level of Confidence in Skills/Procedures

#### Level of Confidence in Performing Skills/procedures Independently – Rank 1 - 10

<table>
<thead>
<tr>
<th>Skill/Procedure</th>
<th>Most uncomfortable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
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<tbody>
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<td>Assessment skills</td>
<td>7.81%</td>
<td>5</td>
<td>3.1</td>
<td>3%</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Bladder catheter insertion/irrigation</td>
<td>1.56%</td>
<td>1</td>
<td>1.5</td>
<td>6%</td>
<td>1</td>
<td>7.8</td>
<td>1%</td>
<td>5</td>
<td>4.6</td>
<td>9%</td>
<td>3</td>
</tr>
<tr>
<td>Blood draw/venipuncture</td>
<td>12.50%</td>
<td>8</td>
<td>20.31</td>
<td>1%</td>
<td>3</td>
<td>9.3</td>
<td>8%</td>
<td>6</td>
<td>6.2</td>
<td>5%</td>
<td>4</td>
</tr>
<tr>
<td>Blood glucose monitoring device</td>
<td>7.81%</td>
<td>5</td>
<td>12.50</td>
<td>2%</td>
<td>8</td>
<td>4.6</td>
<td>9%</td>
<td>3</td>
<td>4.6</td>
<td>9%</td>
<td>3</td>
</tr>
<tr>
<td>Central line care (dressing change, blood draws, discontinuing)</td>
<td>3.13%</td>
<td>2</td>
<td>9.3</td>
<td>8%</td>
<td>6</td>
<td>7.8</td>
<td>1%</td>
<td>5</td>
<td>10.94</td>
<td>9%</td>
<td>7</td>
</tr>
<tr>
<td>Charting/documentati on</td>
<td>1.56%</td>
<td>1</td>
<td>3.1</td>
<td>3%</td>
<td>2</td>
<td>4.6</td>
<td>9%</td>
<td>3</td>
<td>6.2</td>
<td>5%</td>
<td>4</td>
</tr>
<tr>
<td>Chest tube care</td>
<td>3.13%</td>
<td>2</td>
<td>4.6</td>
<td>9%</td>
<td>3</td>
<td>12.50</td>
<td>2%</td>
<td>8</td>
<td>12.50</td>
<td>2%</td>
<td>8</td>
</tr>
<tr>
<td>EKG/Telemetry monitoring and interpretation</td>
<td>0.00%</td>
<td>0</td>
<td>1.5</td>
<td>6%</td>
<td>1</td>
<td>3.1</td>
<td>3%</td>
<td>2</td>
<td>7.8</td>
<td>1%</td>
<td>5</td>
</tr>
<tr>
<td>Giving verbal report</td>
<td>1.56%</td>
<td>1</td>
<td>3.1</td>
<td>3%</td>
<td>2</td>
<td>6.2</td>
<td>5%</td>
<td>4</td>
<td>3.1</td>
<td>3%</td>
<td>2</td>
</tr>
<tr>
<td>Intravenous (IV) medication administration</td>
<td>0.00%</td>
<td>0</td>
<td>0.0</td>
<td>0%</td>
<td>0</td>
<td>1.5</td>
<td>6%</td>
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<tr>
<td>Intravenous (IV) starts</td>
<td>9.38%</td>
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<td>3%</td>
<td>9</td>
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<td>3</td>
<td>6.2</td>
<td>5%</td>
<td>4</td>
</tr>
<tr>
<td>IV pumps/PCA pump operation</td>
<td>0.00%</td>
<td>0</td>
<td>0.0</td>
<td>0%</td>
<td>0</td>
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<td>6%</td>
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<td>1.5</td>
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<tr>
<td>Medication administration</td>
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</tr>
<tr>
<td>NG tube/Dobhoff care</td>
<td>1.56%</td>
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<td>0</td>
<td>3.1</td>
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<tr>
<td>Pulse oximetry</td>
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<td>10.94</td>
<td>9%</td>
<td>7</td>
<td>1.5</td>
<td>6%</td>
<td>1</td>
<td>4.6</td>
<td>9%</td>
<td>3</td>
</tr>
<tr>
<td>Responding to an emergency/ CODE/changing patient condition</td>
<td>29.69%</td>
<td>1</td>
<td>10.94</td>
<td>9%</td>
<td>7</td>
<td>7.8</td>
<td>1%</td>
<td>5</td>
<td>6.2</td>
<td>5%</td>
<td>4</td>
</tr>
<tr>
<td>Trach care/suctioning</td>
<td>1.56%</td>
<td>1</td>
<td>0.0</td>
<td>0%</td>
<td>0</td>
<td>7.8</td>
<td>1%</td>
<td>5</td>
<td>6.2</td>
<td>5%</td>
<td>4</td>
</tr>
<tr>
<td>Wound care/dressing change/wound vac</td>
<td>0.00%</td>
<td>0</td>
<td>1.5</td>
<td>6%</td>
<td>1</td>
<td>0.0</td>
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Table 8b: Level of Confidence in Performing Skills/procedures Independently – Rank 11-19

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<th>Skill/Procedure</th>
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<th>13</th>
<th>14</th>
<th>15</th>
<th>16</th>
<th>17</th>
<th>18</th>
<th>Least</th>
<th>Uncom</th>
<th>fortably</th>
<th>Total</th>
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<td>4</td>
<td>7.8%</td>
<td>5</td>
<td>4.6%</td>
<td>3</td>
<td>14.06%</td>
<td>3</td>
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<tr>
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<td>1</td>
<td>5</td>
<td>6.2%</td>
<td>4</td>
<td>7.8%</td>
<td>5</td>
<td>6.2%</td>
<td>4</td>
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<td>1.5%</td>
<td>1</td>
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<td>1</td>
<td>4.6%</td>
<td>3</td>
<td>7.8%</td>
<td>5</td>
<td>6.2%</td>
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</tr>
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<td>6</td>
<td>7.8%</td>
<td>5</td>
<td>10.94%</td>
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<td>7.8%</td>
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<td>5</td>
<td>10.94%</td>
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<tr>
<td>NG tube/Dobhoff care</td>
<td>12.0%</td>
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<td>6.2%</td>
<td>5</td>
<td>6.2%</td>
<td>4</td>
<td>6.2%</td>
<td>4</td>
<td>4.6%</td>
<td>3</td>
<td>3.1%</td>
<td>2</td>
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<tr>
<td>Pulse oximetry</td>
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<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
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<td>1</td>
<td>1.5%</td>
<td>1</td>
<td>7.8%</td>
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</tr>
<tr>
<td>Responding to an emergency/ CODE/hanging patient</td>
<td>3.1%</td>
<td>2</td>
<td>1.5%</td>
<td>1</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>3.1%</td>
<td>2</td>
<td>1.5%</td>
<td>1</td>
</tr>
<tr>
<td>Trach care/suctioning</td>
<td>7.8%</td>
<td>1</td>
<td>3.1%</td>
<td>2</td>
<td>6.2%</td>
<td>4</td>
<td>4.6%</td>
<td>3</td>
<td>3.1%</td>
<td>2</td>
<td>3.1%</td>
<td>2</td>
</tr>
<tr>
<td>Wound care/dressing change/wound vac</td>
<td>6.2% 5%</td>
<td>4</td>
<td>9.3% 8%</td>
<td>6</td>
<td>7.8% 1%</td>
<td>5</td>
<td>9.3% 8%</td>
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<td>6.2% 5%</td>
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<td>6.2% 5%</td>
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</tr>
<tr>
<td>Other_________________________</td>
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<td>0.0% 0%</td>
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<td>1.5% 6%</td>
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<td>0.0% 0%</td>
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