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Senior BSN Students' Confidence, Comfort, and Perception of Readiness for Practice

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Senior BSN Students' Confidence, Comfort, and Perception of Readiness
for Practice

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by

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Abstract

In order for new graduate nurses to practice confidently, senior nursing students must be adequately prepared to assume the role of a nurse in a professional setting. This study, using the Casey-Fink Readiness for Practice Survey, focused on identifying senior Bachelor of Science in Nursing (BSN) students' level of comfort/confidence performing various skills and perception of readiness for practice as new graduate nurses. All participants had recently completed their senior preceptorship course. Participants completed the survey and descriptive statistics were used to analyze data, while free response answers were studied and key words were identified to categorize responses into themes. The results of the study revealed that students felt confident in their communication, problem solving, and decision making skills; however, they did not feel entirely prepared to enter the nursing profession. Senior BSN students and new graduate nurses alike reported similar skills as being difficult to independently perform, and students also felt less comfortable caring for multiple patients at a given time.

Keywords: New graduate nurse, readiness for practice, confidence

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Chapter 1: Introduction

Nursing students are faced with many stressors including school work, exams, case studies, clinical preceptorship hours, and simulations. However, unlike most majors, the stress does not end when a diploma is received and final grades are calculated. Shortly after graduation, the next, and most important step, is taking and passing the National Council Licensure Examination for registered nurses (NCLEX-RN). The NCLEX-RN tests nursing students for minimal competency to work in an entry-level position. The Casey-Fink Readiness for Practice Survey helped to examine senior BSN students' perceptions of readiness for professional practice after their senior preceptorship course was completed.

Significance

Confidence is one of the most important components of nursing practice. New graduate nurses must be prepared for the various scenarios they may face once they begin working. They should also be able to confidently and comfortably complete skills, administer medications, communicate between members of the healthcare team, and perform tasks within their scope of practice. It is expected that individuals entering their nursing career have been adequately prepared by their nursing education, and that they are equipped “with competencies that are foundational to their practice and transferable across diverse practice settings and client populations” (Wolff, Regan, Pesut, & Black, 2010).

Problem Statement

Throughout nursing school, Bachelor of Science in Nursing (BSN) students are involved in classes, clinical rotations, skill labs, and simulation experiences. As a result, an institution's goal is to adequately prepare students to enter the nursing profession. However, students do not always feel entirely competent or confident performing all skills or

participating in assorted situations because of various reasons. During a student's senior preceptorship experience, opportunities to perform all skills in the hospital may not be present. For most students, gaining confidence occurs as a result of performing skills numerous times. Each student has individual strengths and weaknesses, and may feel more confident in some areas than others. Also, some skills, such as interacting with patients from different cultures, may be a challenge for students participating in their senior preceptorship in a small town or rural area. Because of assorted reasons, senior BSN students may not feel entirely confident performing all skills and the institution should address the areas where students feel weak.

Purpose

The purpose of this study was to identify and address the areas where senior BSN students felt the least comfortable or confident. This study also evaluated students' perception of readiness for practice in a professional nursing setting. As a result, the information gathered from this study allowed the institution's school of nursing to be aware of the areas where senior students need the most improvement.

Research Question

This study aims to answer the following research question:

1. What is the student's level of comfort/confidence for readiness for practice after completing their senior preceptorship course?

Theoretical Framework

Patricia Benner's theory, "From Novice to Expert," was the theoretical foundation used for this study. Patricia Benner focused on how nurses develop skills and abilities over time. This model was derived from the Dreyfus Model of Skill Acquisition and modified to

provide a more objective way to assess the progress of nursing skills (Davis & Maisano, 2016). Benner's Model discusses how a nurse begins in the novice stage and progresses through the other stages to ultimately become an expert. As the nurse progresses, new skills and knowledge are gained. The five stages mentioned are: Novice, advanced beginner, competent, proficient, and expert (Davis & Maisano, 2016).

The novice stage encompasses the period of time where the new nurse has no previous experience. As a result, the ability to use discretionary judgment is limited (Davis & Maisano, 2016). The novice individual lacks confidence and requires continuous cues in practice. They may also have a hard time differentiating between which tasks should be completed first since real-life situations often differ from what is learned in an academic setting.

As a novice individual gains knowledge, experience, and confidence, they progress to the advanced beginner stage. At this point, the nurse will have been involved in enough real-world situations that their confidence and comfort performing tasks and skills will be improved (Davis & Maisano, 2016). Cues may be required, but only on occasion. The advanced beginner still needs assistance in prioritization and may still need the guidance of a mentor. If a competent nurse is helping this individual, it will ensure that important patient needs are not left unattended, because the advanced beginner is not yet able to distinguish between which task is the most important (Benner, 1982).

The third stage is the competent stage, where the nurse is able to prioritize by referencing past experiences. This nurse has usually been working two to three years, and is able to reason and demonstrate efficiency. The competent individual is able to work in an organized manner because of planning done prior to caring for patients (Benner, 1982). As a

result, a feeling of mastery is achieved. However, they still lack the “speed and flexibility” of the proficient nurse (Benner, 1982).

The proficient stage is characterized by the nurse's ability to look at a situation as a whole in order to see the greatest priority for a specific scenario. Decision-making is easier because nurses are able to use previous experiences to understand the situation in a holistic manner (Benner, 1982). Here, nurses are able to recognize what is abnormal because they have been accustomed to what is normal.

The final stage in Benner's model describes the expert nurse who has an enormous amount of experience. At this level, the nurse is able to understand a situation on a deeper level than a nurse at any other stage. The expert nurse is able to focus on long-term goals and patient outcomes that are possible if excellent nursing care is provided (Benner, 1982). Analytical problem solving is used for new situations and holistic care is provided, rather than step-by-step techniques.

Patricia Benner's model, “From Novice to Expert,” discusses the five stages that a nurse can progress through as skills and knowledge are gained through experience in a professional nursing setting. Benner's model also gives insight as to which teaching techniques are the most beneficial at each level; for example, a novice nurse relies heavily on the advice and cues from a more experienced nurse mentor. Using Benner's model, hospitals and other healthcare settings are able to assist and guide nurses through the levels as they gain experience and are able to apply the knowledge gained to various situations.

Chapter II: Literature Review

This chapter includes a literature review of articles discussing new graduate nurse readiness for practice. Various databases were utilized, including Cumulative Index to Nursing and Allied Health Literature (CINAHL), ProQuest, and Bulldog OneSearch.

Literature Related to Problem Statement

Wolff, Pesut, and Regan, (2009) conducted an exploratory study to research the perceptions of readiness for practice of new graduate nurses. The 150 nurses involved, with varying amounts of experience, were divided into 15 focus groups looking at the practice, education, and regulatory sectors. Interviews were conducted amongst focus groups and questions addressed how perceptions of readiness had changed in the past decade, what factors influenced practice readiness, and what recommendations participants had for encouraging practice readiness. The findings revealed that participants' expectations and understandings of new graduate readiness for practice were influenced by the historical and social context of nursing education and professional practice. Participants felt that practice readiness involved having a generalist foundation with some job-specific capabilities. Providing safe client care was also important, along with having a balance of knowing, thinking, and doing. Participants also mentioned class distinctions between nurses, because nursing is one of the few disciplines with more than one level of education leading to the same title of “registered nurse.” The predominant idea in some of the focus groups was that diploma prepared nurses were better equipped than baccalaureate-prepared nurses to perform competently in practice settings. These participants attributed this to the perceived differences in clinical hours that baccalaureate students received. However, most were not aware of the actual number of clinical hours included in most baccalaureate programs.

Others believed that when nursing students only spent a brief period of time in a particular practice setting, limited opportunities were available to utilize their theoretical knowledge. These participants also felt that it was a necessity to provide students with experiences at the end of their education that represented “real life” situations, particularly in terms of managing workloads.

Liou, Chang, Tsai, and Cheng (2013) conducted a study of 256 and 266 nursing students, in 2009 and 2010 respectively, in an RN-BSN night school program to assess their clinical competence. This study discussed the efforts made by nursing education programs to meet the requirements of readiness for practice in the workplace, specifically the development of students' clinical skills. Here, students were asked to complete pretest and posttest surveys and participate in the nursing practice program, which included skill practice and tests, before their last clinical practicum. At the end, a Clinical Competence Questionnaire was used to measure the outcome of deliberate practice. Findings of the study indicated that participants who had work experience, earned a higher grade point average, practiced their skills by watching educational videos, and had higher pretest competence scores, displayed significantly higher posttest competence scores. Participants who worked in the operating room or outpatient department, scored higher on self-confidence in clinical performance, and had a higher level of future job stress exhibited significantly lower posttest competence scores. Work experience increased clinical abilities; however, working in the operating room or outpatient department did not have the same effects, because of the fact that many skills were not performed in that setting. However, skill reviews and better performance before practice promoted competence. Providing this program to allow students

the opportunities to practice skills is suggested to help students increase their level of competence.

An exploratory study was conducted by Walker, Storey, Costa, and Leung (2015), using the 64-item Work Readiness Scale (WRS) developed by Caballero, Walker, and Fuller-Tyszkiewicz, among 450 newly registered nurses. Some of the original items were reworded or removed in order to best suit the newly graduated nurse population. The final scale was a 60-item self-report, including 51 items from the original scale and nine new items relative to new graduate nurses. This study suggested that work readiness is indicative of career advancement potential, role performance, and success as a nurse. The specific attributes that make up work readiness are not yet clearly defined, but many employers have noted that the skills that are lacking usually involve personal and relational competencies, which students do not necessarily learn in an educational setting. The revised study added to the evidence supporting the reliability of the WRS and confirmed the applicability of a revised Work Readiness Scale for use among new graduate nurses.

Walker and Campbell (2013) used a quantitative survey to investigate the relationship between work readiness and a selection of variables that represented the work experiences during the first year of a new graduate nurse's practice. Ninety-six students were asked to complete a modified version of the 64-item work readiness scale (WRS), originally created by Caballero et al. (2011). Several original items were reworded or eliminated, based on whether or not they suited the new graduate nurse population. This study aimed to examine how the attributes of work readiness predict job satisfaction, work engagement, and intention to remain. Clinical competence and organizational acumen, the ability to make quick and efficient decisions, were highly related to job satisfaction. However, social intelligence, the

ability to work well with others, was not found to be associated with job satisfaction. Of the numerous work readiness elements, none were found to predict new graduate nurses' intention to remain. Clinical competence was an important factor in achieving positive work outcomes. Those who perceived themselves as clinically competent were more satisfied with their job and vice versa. A perceived lack of experience was reported to lead to feelings of anxiety, dissatisfaction, lack of confidence, and lowered self-esteem (as cited in Walker & Campbell, 2013). Job satisfaction was also highly affected by organizational acumen. This study also noted that graduate nurses who are aware of what they may experience in a clinical setting are much less likely to experience reality shock when exposed to something different in the 'real' world compared with nursing school. This research suggested that those with greater organizational acumen have greater job satisfaction because their expectations match the realities of the clinical work setting. While social intelligence did not affect directly job satisfaction, it is positively related to work engagement. The findings of this study showed that newly graduated nurses who perceived themselves as being socially intelligent were more likely to seek support and adjust to the work environment and feel more engaged as a result. Although none of the elements associated with work readiness were able to predict intention to remain based off of the sample from this study, there were connections present. As an example, new graduate nurses with greater organization acumen appeared to be more satisfied with their job and, as a result, were less likely to leave. The opposite may be true as well. Also, nurses with greater organization acumen are more likely to be engaged in their work and are more likely to remain as a result. Here, the reverse may also be true. The findings of this study indicate that dimensions of work readiness uniquely predict work outcomes.

Casey et al. (2011) conducted a descriptive study of 429 senior baccalaureate nursing students. This study utilized the Casey-Fink Readiness for Practice Survey to examine perceptions of readiness of students upon completion of their senior practicum course. The specific goals were to: (1) identify the skills and procedures that students found challenging to perform independently, (2) confirm an investigator-developed instrument used to measure level of comfort and confidence, (3) understand the students' perception of readiness for practice, and (4) identify and correlate readiness with individual characteristics and personal reasons for deciding upon nursing as a career. The results of this study revealed that students felt confident in their communication skills and ability to ask others for assistance. However, students felt least confident in the area of management of care; delegation, handling multiple patient assignments, calling a physician, responding to a change in a patient's condition, and treating a dying patient were all areas where senior BSN students felt they lacked confidence. This study found that while senior nursing students tend to perceive that they are ready for practice, newly graduated nurses often disagree. The findings revealed that the senior practicum experience is beneficial for students to gain confidence and competence, however, they must be prepared to face situations in the clinical setting that they may not have encountered before.

A phenomenological study was conducted by Delaney (2003) to examine the transition experience of new graduate nurses during orientation. A purposive sample of 10 nurses participated and gave perspectives from their individual experiences. Mixed emotions were felt, including pride and happiness as well as anxiety and anticipation. Preceptors played an important role in the new graduate's transition into the professional practice setting. When a preceptor exhibited professional qualities, new graduates transitioned well.

However, when a preceptor did not exhibit these qualities, graduates had less positive perceptions and experienced delayed progress. However, even when preceptors were less than ideal, new graduates still reported a certain level of comfort and progress made that resulted from consistent interactions. New graduate nurses reported that stress was common, and resulted from the multiple tasks and roles required. Skill such as starting intravenous (IV) lines and communicating with physicians were frequent stressors reported by new graduates. Managing multiple patients was also found to be stressful, as well as time management. Many reported that they had a hard time dealing with the death of a patient, because they may not have experienced that situation in nursing school. This study found that confidence slowly increased as the new graduate nurses learned organization and prioritization. After a rhythm was established and graduates found their own style, they reported feeling connected to the unit and institution. Despite stress experienced during orientation, new graduates stated that they still found great value and meaning in their work. By the end of the 12-week orientation, most of the new graduate nurses felt ready to work independently and that they were welcomed and supported, although a few felt that more time was necessary.

Price, Buch, and Hagerty (2015) utilized a descriptive, comparative design in their study and used the American Association of Colleges of Nursing (AACN) Confidence Survey, a 112-item instrument developed by the university where the study took place. Two groups were surveyed: BSN students who finished their traditional senior clinical course during the fall or winter semesters in the 2010-2011 academic year and BSN students who completed the newly revised senior clinical preceptorship course in the fall or winter semesters in the 2011-2012 academic year. There were significant differences between the

two groups in their level of perceived confidence in two of the AACN Essentials outcome areas: Health care policy, finance, and regulatory environments and professionalism and professional values. The students in the traditional group felt significantly less confident about health care policies, finance, and regulatory environments compared to the students in the preceptorship group. However, the perception of confidence in the traditional group was much higher in relation to professionalism and professional values. In regard to the seven other AACN Essential areas, there was no significant difference in self-perceived confidence of students who completed a traditional senior clinical course and those who completed a preceptorship senior clinical course. Students in both groups consistently perceived that they were confident in meeting all of the AACN Essential areas, except for Essential V, Health Care Policy, Finance, and Regulatory Environments. The findings indicated that both methods of education may reinforce confidence in similar ways. They also showed that self-reported confidence may not be the best measure of student knowledge or outcomes. This study revealed that although the AACN Confidence Survey could assess perceived knowledge, it did not measure perceived level of confidence in the application of knowledge, clinical judgment and reasoning skills, or performance abilities in the role of a nurse. The findings also suggested that other measures of student outcomes, such as NCLEX-RN pass rates, used alongside the AACN Confidence Survey, may provide a better program evaluation to assess the effectiveness of various BSN programs.

Kelly and Courts (2007) conducted a cross-sectional study that included 132 new graduate nurses working in critical care or medical surgical units. This study used the professional self-concept nurses instrument (PSCNI) to measure three dimensions of professional self-concept: professional practice, satisfaction, and communication. The

specific goals of this study were to: (1) specify the professional self-concept of new graduate nurses working in critical care units and medical surgical units six months after the completion of their nursing program, (2) review professional self-concept in relation to age, marital status, and educational level of new graduate nurses, and (3) examine the perceptions of new graduate nurses' educational preparation for their particular unit. This study found that the level of professional self-concept was positively related to the age of the new graduate nurses. However, marital status or educational level did not affect professional self-concept. Most of the nurses interviewed stated that they had good clinical experiences and felt that clinical rotations helped to prepare them for the realities of professional nursing. Some, however, made negative comments regarding a perceived lack of preparation in critical thinking. Several felt they were more prepared to write papers than to care for patients in a clinical setting. When the new graduate nurses were asked about how to improve the educational preparation for work experiences, participants discussed a need for increased clinical experiences, as well as more patient contact, more variety in clinical settings, and increased exposure to patients requiring different levels of care. Other students suggested a need for more nursing faculty or clinical instructors that encouraged learning and asking questions. Overall, this study revealed that new graduate nurses had a strong sense of professional practice, satisfaction, and communication. Leadership was the area where most of the participants were lacking. Most of the new graduate nurses interviewed felt that their clinical experiences were the most important part of their education and helped facilitate an easier transition into professional nursing practice.

Ortiz (2016) used a descriptive qualitative research design to explore this research question: "How do new graduate nurses account for their lack of professional confidence and

how does it develop during their first year of practice in the hospital setting?” Interviews were conducted and 12 new graduate nurses were asked to discuss both positive and negative experiences of professional confidence development. All of the participants felt that they lacked confidence during their first year of professional practice. Seven key themes were discovered after analysis of data: The importance of communication, making mistakes, the disconnect between school and professional practice, independence, building of relationships, the importance of positive feedback, and gaining experience. Participants noted that professional confidence improved as a result of experiences such as practicing independently, forming relationships with other members of the health care team, receiving positive feedback or encouragement, and gaining experience. All of the new graduate nurses agreed that making independent decisions was an important part of professional confidence. Many stated that even after six months, they still second-guessed themselves or required reassurance from other nurses before making a decision. Another component that these nurses discussed involved communicating with physicians. After repeated communication, many stated an increase in confidence as a result. Participants in this study unanimously agreed that they felt a lack of professional confidence at the start of their nursing career. They also discussed that making mistakes and communication experiences decreased their level of confidence. This study allowed for nurse educators to be made aware of the lack of confidence experienced by new graduate nurses, and to know how to best facilitate the transition from student to practicing nurse.

In order to better understand the transition from student to new graduate nurse, a qualitative descriptive study was performed by Romyn et al. (2009). A total of 186 participants including new graduates, staff nurses, managers, and educators participated. A

variety of topics were discussed, including the gap existing between student and new graduate, practice readiness, clinical experience, meeting urgent patient needs, importance of preceptors/mentors, and characteristics of new graduate nurses. The recommendations from participants for a successful transition included a wide variety of suggestions such as: review of nursing programs' curricula to ensure relevance to student needs and the ever changing workplace, use of simulations to improve skills, evaluation of current strategies to ensure effectiveness, creation of formal mentorship programs, development of programs for employment of undergraduate students, identification of units that have demonstrated success in the recruiting and retention of new graduate nurses, and ensuring that all nurses work to their full scope of practice. One finding of this study discussed participants' lack of knowledge about the strategies already in place to facilitate a successful transition of new graduate nurses into professional practice. This lack of knowledge was reflected by the recommendations given. This study revealed that assumptions regarding practice readiness needed to be addressed and efforts needed to be made to ensure a smooth transition to professional practice. Participants agreed that in order to achieve successful transitions and retention of new graduates, collaboration is required from all areas involved.

Strengths and Limitations of Literature

Numerous articles were available regarding new graduate nurses with a BSN degree, giving information about their transition from the educational setting to professional practice. Studies discussed the challenges that participants faced, their level of confidence and competence, and how prepared they felt to enter into the workforce. However, there was much less information available about new graduate nurses with an Associate Degree in

Nursing (ADN). As a result, it was challenging to compare new graduate nurses with different educational backgrounds.

Chapter III: Methodology

This chapter focuses on the use of the Casey-Fink Readiness for Practice Survey as a means of completing a descriptive study to obtain information about senior BSN students' perception of confidence and readiness to enter the nursing profession after the completion of their senior preceptorship course. This study was conducted at a school of nursing that offers a variety of nursing programs, while focusing specifically on senior BSN students. The purpose of this study was to identify the senior BSN students' level of comfort/confidence performing various skills and perception of readiness for practice after completing their senior preceptorship course.

Research Design

This descriptive study aimed to collect information, without any form of manipulation or experimentation. This study, using the Casey-Fink Readiness for Practice Survey, was a non-experimental quantitative and qualitative study.

Setting

The survey was conducted at a School of Nursing in a faith-based private university. The university offers a wide variety of nursing programs including an associate degree program (ADN), traditional BSN, RN to BSN, and master of science in nursing (MSN) programs that include education, administration, and the Family Nurse Practitioner (FNP) option. A doctorate of nursing practice (DNP) program is available as well, along with a post-baccalaureate certificate in Nursing Education and post-master's certificates in Nursing Education, Nursing Administration, and Family Nurse Practitioner. The School of Nursing provides two open labs for students to practice skills, along with four simulation rooms.

Students participate in off-site clinical experiences including a senior preceptorship totaling 96 hours.

Sample

A convenience sample of 25 senior BSN students who had completed their senior preceptorship experience participated in this study. All participants were Caucasian females.

Protection of Human Subjects

Approval was received from the University's Institutional Review Board. A consent form (Appendix A) was provided for each participant. All surveys were completed anonymously and contained no identifying information. The survey only asked for participants' thoughts on being a nursing student at the end of their BSN preceptorship course. There was no benefit for participating, no reimbursement, and no financial costs to the participants. The survey was only for research purposes and to possibly help schools of nursing better prepare nursing students in the future. All answers of this survey were kept anonymous and confidential.

Instruments

The Casey-Fink Readiness for Practice Survey (Appendix B) was used to determine the perception of senior BSN students' confidence and readiness to enter the nursing profession. The original tool was modified to remove the demographics portion. Permission to use and modify the tool was obtained from the authors (Appendix C). The first portion of the modified tool focused on the student's comfort level with both clinical and relational skill performance. Participants were asked to identify the top three skills or procedures that they felt most uncomfortable performing independently from a list of 18 skills and procedures, with the option to add an item that was not listed. Next, students were asked about their level

of confidence in managing multiple patient assignments, ranging from caring for four patients to two patients using a Likert scale with a range of 1-5, with 1 = Not Confident and 5 = Very Confident. Lastly, students were presented with a list of 20 items asking for a self-report about their level of comfort/confidence in performing key nursing activities using a Likert scale (1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree). This comfort/confidence questionnaire was used to identify the four domains of readiness offered during the senior practicum course in development of readiness for practice. These domains included: Clinical problem solving, learning techniques, professional identity, and trials and tribulations. The third section consisted of two open-ended questions asking respondents' reasons for choosing nursing as a profession and what they thought could be done to help them feel more prepared to enter nursing practice in a professional setting. The Chronbach's alpha ranged from 0.5-0.8 for each of the subscales.

Data Collection Procedure

Participants were surveyed at the conclusion of their senior preceptorship. Before distributing the surveys, the researcher explained the survey and gave a consent form to each participant. Participants were informed that 10-15 minutes would be given to complete the Casey-Fink Readiness for Practice Survey and that their answers were anonymous and no identifying information would be obtained. The researcher stepped out of the room at that point and was not present while the surveys were distributed and filled out. After the survey was completed, students were asked to turn the survey into a large envelope placed in the front of the room and pick up a debriefing statement (Appendix D). Once all of the surveys were placed in the envelope, the researcher came back into the room to collect the envelope.

Data Analysis

Data was analyzed using an excel spreadsheet and SPSS version 23 software. Data was analyzed using descriptive statistics. Free-response answers were studied and key words were identified to categorize responses into themes.

Chapter IV: Results

This chapter discusses the results of the Casey-Fink Readiness for Practice survey, after being administered to a class of senior BSN students upon completion of their preceptorship course. The results of this study revealed the areas where students felt comfortable and confident, and the areas where they did not.

Sample Characteristics

Twenty-five Caucasian females participated in this study. Each student was a senior BSN student who recently completed their senior preceptorship course.

Major Findings

Skills/Procedures Students Were Most Uncomfortable Performing Independently

Of the 18 skills that students felt most uncomfortable performing independently, the top 10 are listed in Table 1. The top three skills reported were NG tube/Dobhoff Care, responding to an emergency/CODE/changing patient condition, and chest tube care and trach care/suctioning.

Table 1

Top 10 Skills/Procedures that Students were Most Uncomfortable Performing Independently (n=25)

Skill/Procedure	n (%)
NG tube/Dobhoff care	13 (52)
Responding to an emergency/CODE/changing patient condition	8 (32)
Chest tube care	7 (28)
Trach care/suctioning	7 (28)
Central line care (dressing change, blood draws, discontinuing)	6 (24)
Wound care/dressing change/wound vac	6 (24)
Bladder catheter insertion/irrigation	4 (16)
Blood draw/venipuncture	4 (16)
EKG/Telemetry monitoring and interpretation	4 (16)
IV pumps/PCA pump operation	3 (12)

Comfort/Confidence Domains

Clinical problem solving (7 items). Participants in the survey reported relatively low levels of confidence when communicating with physicians ($M = 2.52$, $SD = 0.87$), yet they felt comfortable communicating and coordinating care with interdisciplinary team members ($M = 3.00$, $SD = 0.76$). They felt confident in their ability to problem solve ($M = 3.00$, $SD = 0.58$), take action to solve problems ($M = 3.08$, $SD = 0.49$), and identify actual or potential safety risks to their patients ($M = 3.08$, $SD = 0.57$). Participants agreed that they use current evidence to make clinical decisions ($M = 3.32$, $SD = 0.56$), but did not feel comfortable knowing what to do for a dying patient ($M = 2.64$, $SD = 0.76$). Results are displayed in Table 2.

Table 2

Students' Level of Comfort/Confidence in Performing Key Nursing Activities – Clinical Problem Solving

Question	M	SD
1. I feel confident communicating with physicians	2.52	0.87
7. I am confident in my ability to problem solve	3.00	0.58
12. I use current evidence to make clinical decisions	3.32	0.56
13. I am comfortable communicating and coordinating care with interdisciplinary team members	3.00	0.76
16. I feel comfortable knowing what to do for a dying patient	2.64	0.77
18. I feel confident identifying actual or potential safety risks to my patients	3.08	0.57

Learning techniques (2 items). Participants reported that simulations helped them feel prepared for clinical practice ($M = 3.08$, $SD = 0.57$) but did not feel that writing reflective logs provided insights into clinical decision-making skills ($M = 2.40$, $SD = 0.76$). Results are displayed in Table 3.

Table 3

Students' Level of Comfort/Confidence in Performing Key Nursing Activities – Learning Techniques

Question	M	SD
14. Simulations have helped me feel prepared for clinical practice	3.08	0.57
15. Writing reflective journals/logs provided insight into my own clinical decision-making skills	2.40	0.76

Professional identity (5 items). Respondents felt comfortable communicating with patients and their families ($M = 3.28$, $SD = 0.46$) and asking for help ($M = 3.60$, $SD = 0.5$). Most agreed that their clinical instructor provided feedback about their readiness to assume the role of a nurse ($M = 3.44$, $SD = 0.77$). They felt satisfied with their decision to choose nursing as a career ($M = 3.68$, $SD = 0.48$), yet did not feel entirely ready for the professional nursing role ($M = 2.88$, $SD = 0.60$). Results are displayed in Table 4.

Table 4

Students' Level of Comfort/Confidence in Performing Key Nursing Activities – Professional Identity

Question	M	SD
2. I feel comfortable communicating with patients and their families	3.28	0.46
6. My clinical instructor provided feedback about my readiness to assume RN role	3.44	0.77
11. I feel comfortable asking for help	3.60	0.50
19. I am satisfied with choosing nursing as a career	3.68	0.48
20. I feel ready for the professional nursing role	2.88	0.60

Trials and tribulations (6 items). Participants reported feeling comfortable delegating tasks to the nursing assistant (M = 3.12, SD = 0.60) and did not identify documenting care in the electronic medical record as a difficult skill to perform (M = 2.12, SD = 0.67). Few students reported having difficulty prioritizing patient care needs (M = 2.16, SD = 0.55) or recognizing a significant change in a patient's condition (M = 2.16, SD = 0.69). Regarding ethical issues associated with patient care responsibilities, few participants felt overwhelmed (M = 1.96, SD = 0.45). Most agreed that they had the opportunity to practice skills and procedures more than once (M = 3.44, SD = 0.65). Results are displayed in Table 5.

Table 5

Students' Level of Comfort/Confidence in Performing Key Nursing Activities –Trials and Tribulation

Question	M	SD
3. I am comfortable delegating tasks to the nursing assistant	3.12	0.60
4. I have difficulty documenting care in the electronic medical record	2.12	0.67
5. I have difficulty prioritizing patient care needs	2.16	0.55
8. I feel overwhelmed by ethical issues in my patient care responsibilities	1.96	0.45
9. I have difficulty recognizing a significant change in my patient's condition	2.16	0.69

10. I have had opportunities to practice skills and procedures more than once	3.44	0.65
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Patient Care Assignment

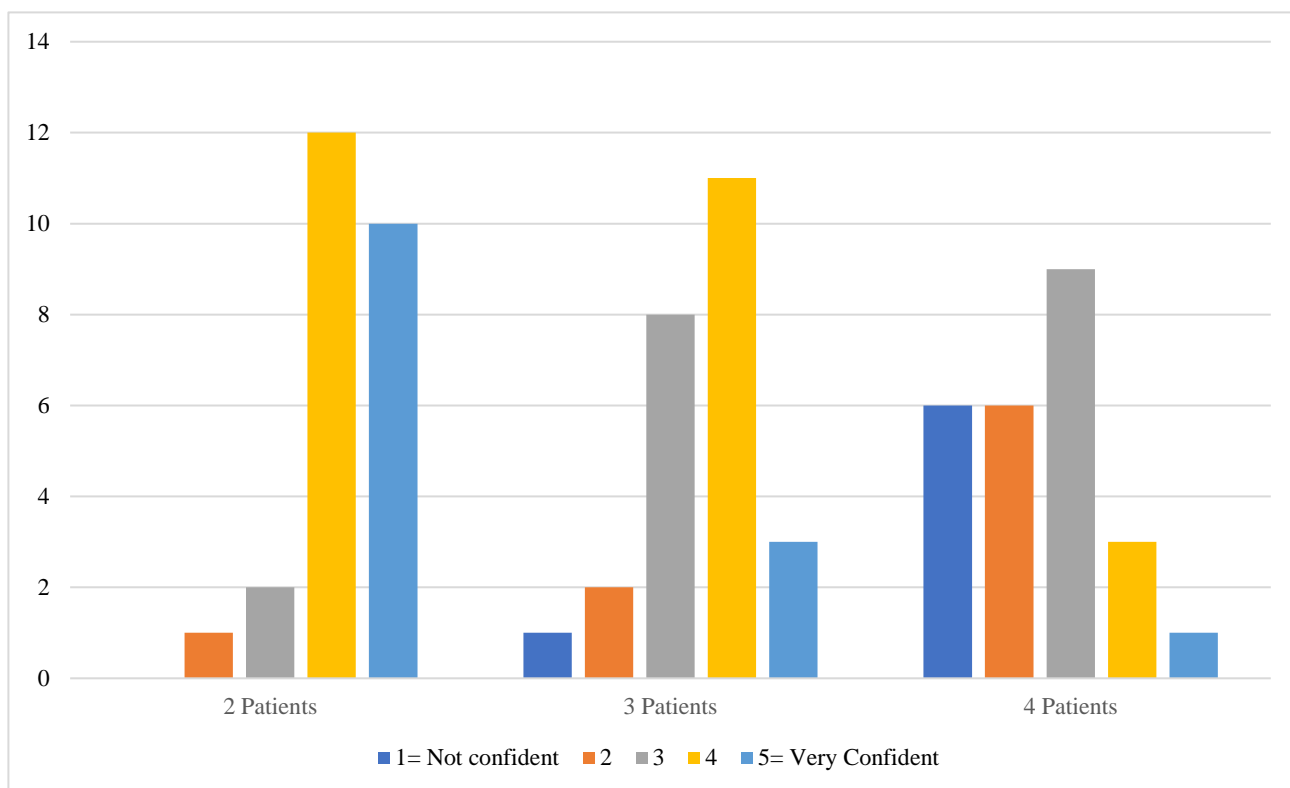
Participants were asked, “What is your current level of confidence in managing a patient care assignment on an adult Medical/Surgical unit?” and answers varied. Regarding the management of two patients, students felt confident (mean = 4.24, SD = 0.78). Students were also confident managing three patients at one time (mean = 3.52, SD = 0.96), but caring for four patients, however, was not a task where students felt confident (mean = 2.48, SD = 1.12). Results are displayed in Table 6 and Figure 1.

Table 6

Level of Confidence Managing Multiple Patient Assignments

Number of Patients Assigned	M	SD
2	4.24	0.78
3	3.52	0.96
4	2.48	1.12

Figure 1. Level of confidence managing multiple patient assignments



Reasons for Choosing Nursing as a Career

For the first open-ended question, students were asked, “Please share the major reasons why you chose nursing as a career” and four common themes arose. These themes included: benevolence, a desire to make a difference, career opportunities, and influential people.

Benevolence. For many students, a love for helping others was their primary reason for deciding to become a nurse. Statements were made about the desire to serve and help others in their time of need. This selfless attitude was reflected in many of the responses. Some felt as if they were called to be a nurse, and others expressed their passion for caring for others.

The desire to make a difference. Participants expressed a desire to be “the best part of someone’s worst day” or to “help people during the hardest moments of their lives.”

Students viewed the career of nursing as rewarding and wanted the ability to care for others in their time of need. Simply put, one student's goal of "making a difference in the lives of my patients and families," was a response that reflected this overall theme.

Career opportunities. For some, the career opportunities available were motivating factors for these students to become a nurse. Several referred to the promising job market and multiple career options, while others mentioned that having multiple avenues for advancement was a reason why they chose nursing.

Influential people. Several respondents gave examples of influential people in their lives that inspired their career choice. For some, it was the nurses who cared for a family member that encouraged them to become a nurse themselves. For others, it was the ability to personally care for a sick loved one that sparked their interest for nursing. One student stated that they initially chose nursing in order to follow into their family's footsteps, but realized that the career was a great fit for them because it was one where they would be able to help others.

Preparation to Enter the Nursing Profession

For the question, "What could be done to help you feel more prepared to enter the nursing profession?" students provided a variety of responses; however, most centered around a desire for more experience before entering the workforce. The phrases, "more preceptorship time" or "more clinical hours" were used in over two thirds of the responses. Students also wanted the ability to participate in more simulations and have more opportunities to practice skills. Other participants wanted to change the timing of the senior preceptorship course from the fall semester to the spring semester, when the academic workload for this particular semester would be somewhat lighter. Some responses reflected a

desire to participate in clinical locations in the specific area where a student was interested in working in upon graduation, or be able to work in multiple areas during the senior preceptorship course. A request to update documentation for simulation experiences was mentioned as well. Students also requested that the school of nursing faculty would “Tell me how my first six months will really be” and others felt that the training in the hospital as a new graduate nurse would best prepare them to enter the nursing profession.

Chapter V: Discussion

This study explored the student's level of comfort/confidence for readiness for practice after completing their senior preceptorship course. This chapter discusses the findings from this study.

Implications of Findings

The findings of this study demonstrated the confidence, comfort, and perception of readiness for practice among senior BSN students who recently completed their preceptorship course. Interestingly, a study of new graduate nurses revealed that the same skills that senior BSN students did not feel confident performing were also a challenge for new graduate nurses (Delaney, 2003).

Of the 18 skills that students felt most uncomfortable performing on their own, the top four skills reported were NG tube/Dobhoff Care, responding to an emergency/CODE/changing patient condition, and there was a tie between chest tube care and trach care/suctioning. Students may have felt uncomfortable performing these skills because opportunities to practice with patients in the clinical setting during their senior preceptorship may have been limited depending on location and patient needs. Although students reported having multiple opportunities to practice skills, practicing on mannequins in labs or simulations versus a patient in the clinical setting is a different experience.

Regarding communication, participants appeared to feel comfortable overall. Individuals reported feeling comfortable communicating and coordinating care with interdisciplinary team members, as well as delegating tasks to the nursing assistant. However, students did not feel confident communicating with physicians. This most likely occurred because students were not permitted to call physicians during their clinical

experiences, update them on patient statuses, or consult them regarding patient care. However, respondents felt comfortable communicating with patients and their families, and asking for help from others. During clinical rotations, students were provided with numerous opportunities to interact with patients and their families, allowing them to gain both experience and confidence.

Respondents felt confident in their problem solving and decision making skills, but did not feel that writing reflective logs or journals were beneficial. They agreed that they used current evidence to make clinical decisions and that simulations helped them feel prepared for clinical practice. When asked about their comfort level regarding knowing what to do for a dying patient, students felt uncomfortable. This was most likely a result of not experiencing the death of a patient during their preceptorship course or prior clinical experiences.

Overall, students felt confident documenting, prioritizing patient care, and recognizing a significant change in patients' conditions. Interestingly, although students overall reported confidence and felt satisfied with their decision to choose nursing as a career, they did not feel entirely ready for the professional nursing role, despite receiving feedback from their clinical instructors. At this point, it would be beneficial to learn more about students' specific clinical experiences.

For students, level of confidence regarding management of multiple patient care assignments decreased as the number of patients increased. This was most likely due to the fact that during their senior preceptorship, most students did not typically manage care of greater than three patients at one given time. Most students were located in the Emergency Department (ED,) Intensive Care Unit (ICU,) or a step-down critical care unit, where patient

assignments do not typically exceed three patients. Also, with more patients comes more responsibility, including an increased amount of medications to administer, nursing skills to perform, questions to answer, or patient education to provide.

Application to Theoretical Framework

Patricia Benner's Theory, "From Novice to Expert" formed the theoretical framework for this study. Senior BSN students reported feeling confident in communication skills and problem solving abilities, but still did not feel entirely ready to assume the role of a nurse. The novice stage, as described by Benner, encompasses the time where new graduate nurses lack confidence and require continuous cues from a nurse mentor in professional practice. Prioritization may also pose a challenge. The skills that senior BSN students felt less comfortable performing were similar to the skills that new graduate nurses reported as challenging as well.

Novice new graduate nurses reported experiencing stress when performing skills such as starting intravenous (IV) lines, communicating with physicians, managing multiple patient assignments, or dealing with the death of a patient (Delaney, 2003). Delaney's study, like Benner's, found that confidence slowly increased as new graduate nurses gained experience, knowledge, and organization and prioritization skills. Although senior BSN students may not feel confident entering the nursing profession, they are not alone. New graduate nurses report the same feelings and stressors and, with time and experience, eventually progress through Benner's stages.

Limitations

A variety of limitations were present for this study. The small sample size provided a limited amount of data. Only one school of nursing was represented, and participants were

all Caucasian females, so those surveyed did not depict a diverse population or other nursing educational programs. The locations for senior preceptorship students were limited to three general locations: Intensive Care Unit (ICU,) Emergency Department (ED,) or a step-down critical care unit, so other areas were not represented. In these departments, students reported typically caring for a maximum of three patients at a given time, so students were not able to manage care of assignments exceeding three patients.

Implications for Nursing

Preparing BSN students to assume the role of a registered nurse, feeling confident and ready, is essential for the future of nursing. Nursing education programs must provide students with adequate opportunities to practice skills, develop self-confidence, and gain experience and knowledge. If senior BSN students and new graduate nurses both report feeling uncomfortable performing specific skills or procedures, it is imperative that schools of nursing address these areas. Because students are less comfortable managing multiple patient assignments, perhaps they should spend more one-on-one time with nurses who care for greater than three patients at a time during their clinical experiences.

Recommendations

In order to feel prepared to enter the professional nursing role, senior BSN students must be comfortable performing skills and procedures. Further research is necessary to investigate readiness for practice and confidence, using a larger and more diverse sample. Multiple schools of nursing or nursing education programs should be used, and ADN students could be included as well. Because students did not feel entirely ready to enter the nursing profession and did not feel confident performing key skills, increasing opportunities

for students to practice skills should lead to an improvement in confidence and readiness for practice.

Conclusion

Senior BSN students reported feeling satisfied with their decision to choose nursing as a career, but did not feel entirely ready to assume the role of a registered nurse. While students felt confident in communication, problem solving, decision making, prioritization, and documentation skills, there were still some areas where they recognized a need for improvement. New graduate nurses reported feeling uncomfortable independently performing similar skills as senior nursing students, demonstrating a need for additional opportunities to practice skills in order to increase students' confidence and readiness for practice.

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APPENDIX A

Informed Consent Form

Level of Confidence and Perception of Readiness for Practice of Senior BSN Students

You are being asked to participate in a research study conducted by Megan Wray, a Bachelor of Science in Nursing student at Gardner-Webb University (GWU).

PURPOSE: The purpose of this study is to identify senior BSN students' level of comfort/confidence performing various skills and perception of readiness for practice after completing their senior preceptorship course.

PROCEDURE: You are being asked to complete the Casey-Fink Readiness for Practice Survey. Once you have completed this survey, you will have no further obligations to the study. The researcher will provide instructions on how to complete the survey. Your participation should take approximately 10-15 minutes.

VOLUNTARY PARTICIPATION: Participation in this study is voluntary. There is no benefit to you for participating and there will be no reimbursement provided. Your decision to participate or not to participate will in not way affect your current relationship or status with the Hunt School of Nursing. You have the right to withdraw from the research study or refuse to answer any question(s) at any time without penalty. If you decide not to participate, please place the blank survey inside the collection envelope.

CONFIDENTIALITY: The researcher is asking you to complete this survey anonymously. Please do not disclose any identifying information on the survey. All research data will be stored in the researcher's room in a locked file cabinet. All electronic data will be stored on the researcher's personal computer which is password protected. After completion of the study, all surveys will be given to the Hunt School of Nursing for storage. Surveys will be kept for three years in a secure location.

RISKS & BENEFITS: The Institutional Review Board at GWU has determined that participation in this study poses no risk to participants. There are no direct benefits associated with participation in this study; however, your participation may provide insight about the preparedness for practice of BSN students graduating from the Hunt School of Nursing.

If you have questions, want more information or have suggestions, please contact Megan Wray, who may be reached at 704-472-4488 or at mwray@gardner-webb.edu. You may also contact Dr. Tracy Arnold at 704-406-4359 or at tarnold@gardner-webb.edu.

If you have any concerns or complaints regarding this study, benefits, or risks associated with being in this study, please contact the Institutional Review Board for Gardner-Webb University at 704-406-4724.

CONSENT TO PARTICPATE:

Please retain this copy of the consent form for your records.

By completing this survey you are voluntarily consenting to participate in this research study. If you choose not to participate in this study, please discard this survey. Thank you.

APPENDIX B

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
- Other _____

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?

	NOT CONFIDENT			VERY CONFIDENT	
	1	2	3	4	5
Caring for 2 patients					
Caring for 3 patients					
Caring for 4 patients					

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
1. I feel confident communicating with physicians.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am comfortable communicating with patients from diverse populations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I am comfortable delegating tasks to the nursing assistant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I have difficulty documenting care in the electronic medical record.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I have difficulty prioritizing patient care needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My clinical instructor provided feedback about my readiness to assume an RN role.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I am confident in my ability to problem solve.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I feel overwhelmed by ethical issues in my patient care responsibilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I have difficulty recognizing a significant change in my patient's condition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I have had opportunities to practice skills and procedures more than once.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I am comfortable asking for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I use current evidence to make clinical decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I am comfortable communicating and coordinating care with interdisciplinary team members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Simulations have helped me feel prepared for clinical practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Writing reflective journals/logs provided insights into my own clinical decision-making skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I feel comfortable knowing what to do for a dying patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I am comfortable taking action to solve problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I feel confident identifying actual or potential safety risks to my patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I am satisfied with choosing nursing as a career.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I feel ready for the professional nursing role.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please share the major reasons why you chose nursing as a career.

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

Thank you for completing this survey!


APPENDIX C

RE: Question Regarding the Use of the Casey-Fink Readiness for Practice Survey - Google Chrome

<https://outlook.office.com/owa/projection.aspx>

Reply all | Delete | Junk | ...

RE: Question Regarding the Use of the Casey-Fink Readiness for Practice Survey

 Fink, Regina <Regina.Fink@ucdenver.edu>
Tue 9/13, 1:53 PM
Megan Wray; caseykt@aol.com

Reply all

Inbox

You replied on 9/13/2016 1:56 PM.

Megan—
That is fine with us to modify the demographics.
Good luck with your work.

Regina

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APPENDIX D

Debriefing Statement

Senior BSN students,

Thank you for your participation in this research on senior BSN readiness for practice and level of comfort/confidence, after the completion of the senior preceptorship course.

The goal of this study was to learn more about the perception of senior BSN students' confidence and readiness to enter the nursing profession. By asking about senior preceptorship experiences, skills that students felt least comfortable performing, level of confidence for managing multiple patients, and including a comfort/confidence questionnaire, information was obtained that can help schools of nursing further improve their educational programs. As a result of this study, clinical problem solving, learning techniques, professional identity, and trials and tribulations were assessed.

Your participation in the open-ended questions was important in helping researchers understand the reasons for choosing nursing as a profession and what they thought could be done to help them feel more prepared to enter nursing practice in a professional setting.

Final results will be available from the investigator, Megan Wray, by April 2017. You may contact me at mwray@gardner-webb.edu to receive an email copy of the final report. All results were submitted anonymously and grouped together; therefore, individual results are not available.

If you have any additional questions regarding this research, please contact Megan Wray.

Thank you.