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Self-Advocacy Training to Support Self-Confidence in Transition to Practice

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Self-Advocacy Training to Support Self-Confidence in Transition to Practice

by

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Abstract

Background: The crisis in the competency of newly licensed graduate nurses continues to grow despite the efforts of nursing academia. Transition to practice programs has improved new graduate attrition and narrowed the gap of practice readiness, but much of the responsibility to train graduate nurses falls on nurse preceptors. Many of these preceptors have minimal nursing experience and little to no training in fostering clinical judgment. Furthermore, nurse preceptors must balance providing care for their clients while also guiding novice nurses. They often do not have the time to provide the emotional support, real-time reflection, and timely feedback required to build the necessary confidence that new nurses need for success. Providing senior nursing students with tools to effectively communicate with their preceptors and advocate for their own learning may overcome some barriers to gaining the confidence needed for success as they begin their transition to the nursing role.

Method: This quality improvement project utilized a pretest-posttest design to determine if a self-advocacy training session, receiving email and text affirmations, and a group debriefing session increased the self-confidence of senior nursing students in communicating their learning needs and obtaining support from their preceptors. The project also included a self-advocacy training follow-up survey that used descriptive statistics to determine the effectiveness of the strategies used.

Results: A single-sample *t*-test compared the mean self-confidence pretest score to the mean self-confidence posttest score. A significant difference was found ($t(18) = 10.4$, $p < 0.05$. The self-confidence posttest score mean of 4.82 (*sd = 0.04*), was significantly greater than the self-confidence pretest score mean. All questions on the Self-Advocacy Follow-up Survey rated between 4.5 and 5, indicating that students found the self-advocacy training methods helpful.

Conclusion: The activities of the self-advocacy project may prove beneficial to include in senior-level students' focused client care experience (FCCE) course to help students understand the challenges of their preceptors, improve assertive communication skills, and increase resiliency and emotional intelligence.

Recommendations: The activities proved beneficial to the students and should be considered for permanent implementation in the course. The project should be repeated to increase the number of participants, thus the reliability and validity, to determine the impact of the self-advocacy training to enhance self-confidence. Modifications should be made to class sequencing and delivery to improve the relevancy of the training materials to the senior nursing students.

Keywords: self-advocacy, transition to practice, practice readiness, competency, self-confidence, senior nursing students

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Project Recognition

There exists a significant gap between what a graduate nurse (GN) has gleaned from nursing school and their readiness to practice those learned concepts and skills. This phenomenon is evident in nursing faculty, preceptors, managers, and the graduates themselves. This gap has resulted in GNs feeling unprepared, anxious, and lacking confidence; preceptors struggling to care for patients while providing added guidance and supervision to poorly prepared GNs; and an increased turnover, including five to 18% of new nurses leaving the profession within the first year (Casey et al., 2021; Kaihlanen et al., 2019; Powers et al., 2019; Reebals et al., 2022). Most importantly, patients are suffering poorer outcomes due to the GNs' inability to recognize condition changes and respond appropriately (Casey et al., 2021; Kaihlanen et al., 2019; Powers et al., 2019; Reebals et al., 2022).

Identified Need

In response to the lack of practice readiness, academic programs have implemented focused client care experiences (FCCE) with assigned nurse preceptors that mirror the onboarding GN clinical orientation. Clinical agencies have also developed transition-to-practice programs (TPPs) offering classroom and simulation experiences, as well as extended time with registered nurse preceptors supervising patient care. These programs are becoming the standard for pre-licensure, final clinical experiences, and onboarding GNs, depending heavily on the preceptor to bridge the practice gap. Unfortunately, more and more preceptors are underqualified for this crucial role. Student nurses are satisfied with the experience of the FCCEs and the efforts of the preceptors; however, entry-level competency is continuing to decline at alarming rates (Kavanagh & Sharpnack, 2021), and TPPs do not assure competency and safe practice. A major overhaul is needed in nursing academia to address this practice gap, but nurse educators and academia are not yet equipped or prepared for the changes (Kavanagh &

Sharpnack, 2021). Kavanagh and Szweda (2017) brought attention to the severity of the practice readiness issue in a study that determined an average of only 23% of GNs are competent for entry-level practice, which was measured by their ability to both identify a client's change in condition and manage it correctly. Despite the widespread efforts to improve critical thinking in academia, yearly studies indicate that practice readiness continues to decline (Kavanagh & Sharpnack, 2021). Using the same tool to measure entry-level competencies, Kavanagh and Sharpnack (2021), found that a steady decrease of 2-4% each year continues, with 2019 resulting in an average of 11% of GNs deemed competent for entry-level practice. The COVID-19 pandemic dropped the numbers to 8% in 2020, and averages are expected to remain as low or lower as pandemic-infused clinical practice restrictions and increased social anxieties plague the rising GNs (Kavanagh & Sharpnack, 2021). The impact of this decline in practice readiness is seen in healthcare across all continents, which reports that at least 10% of all patients experience some form of harm from medical care, with even higher occurrences of errors among new nurses (Murray et al., 2020). Kim and Shin (2020) add that a lack of confidence in SNs and GNs can lead to negative patient safety outcomes and increased nursing errors, contributing to preventable complications and extended recovery time (Kim & Shin, 2020). Considered the fourth industrial revolution, technological expansions are affecting healthcare and education so quickly that both academic and practice industries are struggling to maintain competencies (Kavanagh & Sharpnack, 2021). Medical knowledge is accelerating by 200% every 10 weeks, and current teaching methods are failing to prepare future workers for the necessary skills of the job market (Kavanagh & Sharpnack, 2021). Patients are sicker, yet their in-patient days are shortened to the point that students are not able to see the full outcomes of medical and nursing treatments, nor are they able to learn the patients' baseline health to determine changes in conditions appropriately (Casey et al., 2021; Kaihlanen et al., 2019; Powers et al.,

2019). Clinical sites are becoming more difficult to acquire as many inpatient venues and procedures are being replaced by outpatient settings, and more healthcare academic programs compete for clinical space. Furthermore, a large portion of the nursing workforce, in both academic and clinical settings, are “Baby Boomers”, born between 1946 and 1965. These nurse leaders, educators, and preceptors are retiring, leaving a significant shortage of experienced nurses to provide quality care for patients and educate our future nurses.

The COVID pandemic has been another challenge that has exacerbated the already difficult practice setting, causing some nurses to leave the bedside due to personal and family illnesses, fear of infection, or unwillingness to accept the mandated vaccines. Student clinicals have either been cancelled, or the normal groups of eight to 10 students accepted by each clinical unit have been cut by half (Housh, 2021). Many hospital units have continued to decrease the number of students allowed per clinical unit, exacerbating the limited clinical experiences being offered (Housh, 2021). The pandemic did push academia to adapt to more interactive technological strategies that the current generations of students prefer, using virtual simulations and both synchronous and asynchronous online teaching. However, studies on the effectiveness of simulation to increase students’ knowledge have been inconsistent, and knowledge gained has not been shown to translate to the practice environment (McGarry et al., 2014).

Additional barriers that impact readiness for practice are within the students’ own perceptions of competence, skills, and knowledge (LaRose et al., 2013; Kim & Shin, 2020). Lack of confidence, anxiety, and poor support from team members and mentors can impede the SNs' ability to “recognize and rescue” (Henderson et al., 2015; Reebals et al., 2022). Henderson et al. (2015), states that SNs and GNs are susceptible to feelings of inadequacy, isolation, and worry. In a textbook on critical thinking, author Rosalinda Alfaro-LeFevre (2020) claims that novice

nurses lose the “brainpower” to assess and analyze when dealing with anxiety and self-doubt (p. 100). In a webinar on teaching clinical reasoning skills, Rischer (2022), shared that “how [student nurses] notice what they are seeing is interpreted by their emotions, by their confidence, and by their anxieties. All of these insecurities influence clinical reasoning skills and the subsequent judgements that will be made” (16:45) . Student nurses who feel unprepared feel added pressures during their focused client care experiences, which leads to fear of losing the relationship with their preceptors, fatigue, and transition shock (Kim & Shin, 2020). More importantly, students who lack confidence are less likely to ask questions or confirm correct practices and interventions to assure safe practice. Barrett (2020) states that preceptors are more than clinical trainers, but “…also positive role models, and ‘socializers’, facilitating psychosocial needs… and offering emotional, social, and mental support” (p. 707). They are expected to innately know how to provide effective, quality instruction to SNs and GNs (Bengtsson & Carlson, 2015). However, many preceptors have limited formal training, especially in providing constructive feedback and emotionally supporting GNs through difficult clinical experiences (Barrett, 2020). Even with training, preceptors are often not equipped to adequately and safely onboard the novice nurse, and frequently experience burnout from stress and added responsibilities (Barrett, 2020). Furthermore, current preceptors have less experience in effectively managing a patient assignment and are taking on an increased workload by orienting the novice nurse. Preceptors worry about their own liabilities when SNs and GNs fall short of safe care decisions, and recognize they need more support in providing constructive criticism and quality feedback, as well as concrete tools to promote critical thinking (Bengtsson & Carlson, 2015). Preceptors also want mentors available that can support and coach them through difficult situations with their students (Bengtsson & Carlson, 2015). Nurse managers and administrators are responsible to support preceptors with these needs, but often

do not address these needs (Bengtsson & Carlson, 2015). Unfortunately, the post-pandemic nursing shortage and staffing crisis leave managers poorly equipped to allow for better patient ratios and additional time for end-of-shift debriefing, evaluation, and coaching with students, or for preceptors to do the same with their own mentors. Transition to practice leaders may recognize that preceptors need additional support and training, but they are not prepared to add more to the preceptors' workloads by adding more training programs. In addition, many nurses are leaving their jobs to join travel agencies for higher pay. The excessive fees that hospitals are paying for these nurses leave fewer resources for their own nurses.

The outcomes of poorly prepared and inexperienced preceptors, or even worse, nurses who are being mandated to precept when they choose not to, are SNs and GNs who lack support, confidence building, and quality instruction and feedback. Failure to effectively communicate with and nurture SNs and GNs will instill a lack of confidence and ultimately a decreased ability to critically think (Reebals et al., 2022).

Transition to practice programs have been somewhat successful in improving the new graduates' onboarding experiences and retention rates. In addition, pre-licensure clinical experiences can greatly influence the onboarding TPP experience by providing a more realistic picture of the complexity and demands of the nurse's role (Kaihlanen et al., 2019). However, stressors still exist and progress is needed to address the downward spiral of practice readiness to improve clinical judgement and patient outcomes (Casey et al., 2021). The current healthcare system, nursing shortage, preceptor inexperience, and lack of radical changes in nursing education contribute to the issue. Ultimately, it is the degree of emotional and social support during the FCCE and TPP that will either overcome or hinder the SNs' ability to apply knowledge to their patient's care. Meeting novice nurses where they are during their FCCE experiences by

removing barriers to their critical thinking, namely lack of confidence and social anxieties, could be a small step toward success in the interim.

Problem Statement

Poor communication and support from novice preceptors can exacerbate the low confidence and anxiety of student nurses, increasing attrition of new graduates and further impairing their ability to recognize and rescue patients in distress. This DNP project aimed to determine the effect self-advocacy training had on the confidence of senior associate degree nursing (ADN) students in communicating their learning and evaluation needs to their preceptors and the evaluation of the effectiveness of self-advocacy training on communication and support from preceptors during the FCCE.

Literature Review

The sources used for the literature review were the Cumulative Index for Nursing and Allied Health Literature [CINAHL], PubMed, and Google. Keywords explored included: new graduate registered nurses, student nurses, transition to practice, safe practice, clinical judgment, transition to practice programs, and self-confidence.

Practice Readiness

Transition to practice programs have been increasingly implemented worldwide over the past 15 years with noted improvement in new nurse retention and patient safety. However, both issues remain a concern due to the ever-growing shortage of nurses and the continued issues related to failure to rescue and patient safety. Nurse leaders continue to conduct studies to determine how to improve the GNs' transition to practice. Some studies aimed to discover how to measure practice readiness through patient outcomes and competency, while others have studied specifically what GNs and other healthcare team members define as *practice readiness*.

Having recognized that GNs are alarmingly less prepared for safe practice, despite success on NCLEX, authors Kavanagh and Szweda (2017) conducted a study to measure the GNs' ability to both identify a change in condition and manage it correctly. They determined that an average of 23% of GNs were competent for entry-level practice (Kavanagh & Szweda, 2017). A web-based competency tool known as the Performance Based Development System (PBDS) assessment was administered to over 5,000 GNs from 2011-2015 who were hired by a large education-based health institution in the mid-west, but had not yet started employment. These GNs were an even mix of associate and baccalaureate graduates from 21 states and 140 different nursing programs. Kavanagh and Szweda concluded that academia needed a much stronger focus on experiential learning, critical thinking, and application of nursing judgement. Strengths of this study were the size and diversity of the sample size reflecting a variety of programs across multiple states. Weaknesses were the limitations of a virtual case study and the knowledge that GNs might respond differently to actual patient cues and responses.

Kavanagh, partnered with co-author Sharpnack (2021), published another peer-reviewed article in 2020 to increase awareness of the continued decline of practice readiness, and to offer the complexities that contribute to the cause. Utilizing the same PBDS assessment tool in the 2017 study, the authors shared the findings from 2015–2020 and discovered that the practice readiness of GNs has continued to decline each year, with the final assessment in 2020 (pre-pandemic) being 8% (2021). The only details offered in this article regarding the sample of the NGs was the size, which ranged from 970–1,225 yearly. The authors concluded that nursing education must take ownership of the continued decline and with the use of technological advances and elevated pedagogy, strive for the much-needed overhaul of nursing education. Strengths of this article included the consistency and longevity of the data, the continued large sample sizes, and the depth of research that described the complexity of causes. One limitation

might be the lack of data regarding the research study; however, the purpose of the article was to address the causes and solutions of the continued decline in practice readiness.

Regarding perspectives of practice readiness, Harrison et al. (2020) conducted a qualitative study using semi-structured interviews with 43 nurses, 11 physicians, five human resource personnel, and eight other allied health professionals. The 67 participants of the study had an average of 13.7 years of experience. The researchers used an "instrumental collective case-study design" with purposive and snowball sampling to determine how healthcare professionals define GN readiness. Findings from these individuals indicated that of four domains of readiness, described as personal, professional, clinical, and industry, the personal domain was consistently evaluated as the most important skill to possess. This domain describes what most consider *soft skills,* which include communication, teamwork, and a positive attitude. In all four domains, the level of self-confidence was also identified as a key element in demonstrating practice readiness. Conversely, another study that utilized a scoping literature review of 32 articles from 2015 through 2018 discovered that within the single discipline of nurses, expectations were quite varied (Murray et al., 2020). While the main purpose of this structured literature review was to assess the safe practices of GNs, one theme identified was that nurse managers had unrealistic expectations of GNs (Murray et al., 2020). Managers expected a higher degree of expertise upon entry to practice than preceptors or "undergraduate coordinators". Furthermore, GNs perceived their abilities to be more proficient than both preceptors and managers. This disparity of expectations causes GNs to experience increased anxiety, feel overwhelmed, and lack confidence in their abilities. Limitations noted in both Harrison's and Murray's studies included that readiness is difficult to measure, subjective, and contextual. Harrison's study recommends a need for reliable and consistent evaluation tools (Harrison et al., 2020). Murray et al. (2020) study goes further to state that consistent and

realistic GN expectations should be developed based on current social and education trends. A strength of the Harrison et al. (2020) study was that it involved interdisciplinary staff from four different healthcare systems in Australia, yet was still able to provide several consistent themes of practice readiness. The value of the Murray et al. (2020) study was the large number of articles reviewed on the focused topic of TPPs, and that the authors' selection of articles was limited to no earlier than 2015 so that the review would address more recent findings.

Another study also conducted in Australia evaluated the perceptions of what GNs felt aided their practice readiness, specifically regarding the activities of the TPPs. Henderson et al. (2015) utilized a mixed method design using surveys on 78 GNs and focus group interviews on 10 of those original 78 in a follow-up 1 year later. They used a purposive and convenience sample of baccalaureate graduates from a 2011 GN cohort. While the sample in this study began relatively strong, the few that finished the study weakened the generalizability of findings. However, the initial survey information provided much insight to the researchers. Henderson et al. (2015) found that study days and simulations were strongly valued by GNs to provide refresher classroom theory, but equally valued the opportunity to socialize and debrief on their experiences with one another. Preceptors and mentors were also highly valued, especially when providing encouragement and support. The authors noted that the "intangible elements" of support and encouragement were very important to the GNs, however, the TPPs did not spend much time and effort on the inclusion and monitoring of these elements (Henderson et al., 2015).

A mix of both quantitative and qualitative studies was utilized to measure the practice readiness of GNs. Kavanagh and co-authors were able to validate the lack of critical thinking and competency in GNs in two studies spanning 10 years, as well as the contributing factors. Henderson et al. (2015) evaluated opinions of practice readiness by gaining valuable lived

experiences and perceptions from GNs, while Harrison et al. (2020) extracted this information from healthcare providers who were present during their transition to practice. The literature review conducted by Murray et al. (2020) indicated a variety of qualitative and quantitative studies and mixed designs from 32 articles, all supporting the issues with practice readiness. All resources determined that GNs and the other healthcare team members valued a positive attitude, teamwork, and encouragement as key factors in supporting the transition to practice. Furthermore, all studies addressed the need for academic reform and recommended that incorporating new strategies into the TPPs that support confidence, encouragement and positive regard would be beneficial (Harrison et al., 2020; Henderson et al., 2015; Kavanagh & Sharpnack, 2021; Kavanagh & Szweda, 2017; Murray et al., 2020).

Key concerns regarding GN practice readiness are critical thinking and nursing judgment. These qualities have been found lacking, as GNs struggle in their ability to determine if a client is experiencing a change in condition and, if so, what to do about it. Academia is part of this deficit, as diploma programs heavy in clinical application have transitioned to associate's and bachelor's degree programs that have far less clinical application and exposure. Furthermore, nursing programs struggle to find clinical placements for their students, relying more on simulated scenarios. Acute care facilities have attempted to accommodate for this lack of clinical exposure by extending what has historically been an 8-12-week orientation to a standard of 12–14 weeks of mentor supervision and support. However, these weeks are often cut short or compromised due to short staffing issues. Included in the TPPs are refresher classes on similar topics learned in nursing school, simulation experiences, debriefing, and social gathering and support. These strategies have been shown to enhance nursing student learning, confidence, and satisfaction, so the same intervention was applied to new graduates.

Now that TPPs have been in place for nearly 20 years, many nurse leaders and educators are taking a closer look at which of the activities within the programs are most effective, if at all. Sapiano et al. (2018) conducted a pre-and-posttest study utilizing convenience and purposive sampling on 166 second and third-year diploma and baccalaureate students. They aimed to determine if SNs' knowledge and judgment improved after participation in virtual simulation exercises and if any knowledge gained correlated to improved performance in simulation experiences. Students participated in three virtual simulations where clients experienced deterioration, with pre-and posttest evaluations in all three simulations. The authors noted a statistically significant growth in learning with the pre-and-posttests, demonstrating improved knowledge. Also noted was that with repetitive practice, students performed better in their recognizing and rescuing activities within the virtual simulations (Sapiano et al., 2018).

Sapiano et al. (2018) also pointed out that there exists an assumption that more knowledge leads to better clinical performance. However, this is not always the case. Their study did not support a statistically significant correlation between knowledge and practice. Sapiano et al. (2018) stated that their study was weakened due to no control group, and by only including students from one university. Most importantly, they claim there was no way to measure if the actions and decisions performed by the students during the virtual simulation would be transferred to the clinical setting. While the researchers identified that simulation would improve knowledge, but not necessarily improve practice, they concluded that virtual simulation is needed to enhance the clinical management of deteriorating conditions.

Guerrero et al. (2022) also completed a study to evaluate the effectiveness of simulation in strengthening critical thinking skills. They added a measure for potential gains in self-confidence and satisfaction. A quasi-experimental design was utilized using purposive sampling,

and both nursing students in their final semester and seasoned staff nurses were evaluated. High-fidelity simulation scenarios were utilized for a normal delivery obstetrical case and a critical care case involving a chest tube. This study found that for both the nursing students and the experienced nursing staff, critical thinking, satisfaction, and self-confidence were all improved based on the simulation activities. Strengths noted with the Guerrero et al. (2022) study were that the pre-and posttests were piloted by nursing faculty for accuracy and readability; and that the findings were consistent with prior studies indicating the strength of high-fidelity simulation experiences for critical thinking and self-confidence. Limitations included a small sample size, utilizing one academic/acute care location, and having no males in the sample of nurses. Another limitation is the variation in simulation studies since many of the tools utilized for evaluation have not been tested for reliability or validity.

While these studies seem contradictory to how well simulation practice can contribute to performances in the clinical setting, they both supported the use of simulation to increase knowledge and confidence. Confidence has been noted to support higher critical thinking. Also, repeated practice and enhanced knowledge are foundational to supporting clinical judgments. In addition, the Sapiano et al. (2018) study may have been limited due to the virtual nature of clicking buttons. High-fidelity simulation is a closer milieu to a patient care setting with a more realistic hands-on experience, which may transfer more easily to an actual clinical scenario.

What was further supported by these articles was the finding that self-confidence and social support are key aspects of the TPPs. What seems to work best in TPPs are classroom instruction and the actual clinical experiences, but also a variety of simulation exercises, the most effective being a high-fidelity simulation. Equally important are emotional, social, and academic support from academic and practice partners. Novice nurses can think more critically

when feeling more accepted and supported by preceptors and senior nurses on their respective units (Guerrero et al., 2022).

Social Support and Encouragement within Transition to Practice Programs

Now that self-confidence, perceived competency, social support, and encouragement are recognized as key factors to promote critical thinking and decrease attrition, this literature review will examine how well the TPPs are achieving these outcomes for GNs.

Utilizing an integrative systematic review of 23 articles from two databases, from 2016-2020, Reebals et al. (2022) evaluated TPPs among GNs in acute care hospital settings. The focus was to determine barriers and strengths for successful TPPs. One important finding was that when preceptors and mentors were competent, prepared, and adequately trained in adaptation to culture shock and providing thorough feedback, satisfaction and self-confidence among GNs were higher. Another finding was the need for structure and consistency within the TPPs. While GNs were part of a TPP, often staffing shortages, lack of support, and unrealistic expectations left GNs dissatisfied, lacking confidence in their abilities and in asking for help when needed (Reebals et al., 2022). The limitations described for this literature review included low levels of evidence among half of the articles, and that TPPs were so different that it was difficult to generalize the findings. The latter limitation further supports the need to improve TPPs through standardization. As Reebals et al. (2022) discovered with their article reviews, most findings support the need for providing emotional support and a sense of belonging. Sherman and Labat (2021) took this a step further and wrote a peer-reviewed expert opinion article providing a list of recommended strategies to implement into structured TPPs. Rather than conducting a study or literature review, they utilized their expertise and best practice recommendations, applying theories of generational differences (the impact of social media), COVID pandemic stressors, and “the Circle of Influence”, to develop methods to help GNs to better cope and adapt to their new

roles (Sherman & Labat, 2021). These strategies specifically involve ways that preceptors, supervisors, and managers can provide needed support for anxiety and stress. Sherman and Labat (2021) discussed training on resilience strategies; increasing 'check-ins' to build relationships, establishing trust, and providing GNs an opportunity to express feelings safely; implementing debriefing protocols to help process a stressful or upsetting event; and regular journaling each shift throughout the TPP. Of these strategies, Sherman felt resiliency training within the TPPs was the priority.

Gaps in Literature

To determine how to best facilitate the transition to practice for GNs, it is first helpful to determine what practice readiness means to the various stakeholders, such as the nurse leaders, educators, credentialing agencies, as well as mentors, managers, and the GNs. Practice readiness must be evaluated from the essentials of nursing practice, regarding competency and nursing judgment. In addition, one must recognize that how healthcare team members define practice readiness is widely varied and subjective. These variations can be seen in the unhealthy discrepancy between GNs' perception of their own readiness compared to that of their managers, which can leave the GNs feeling inadequate, lacking confidence and security (Murray et al., 2020). A gap to address this issue is to bring managers and supervisors up to date on the current challenges of academia and provide a realistic expectation of GN competencies (Murray et al., 2020). In addition, the perspective of the GNs was solicited by researchers to determine what they valued in their TPPs to promote optimal learning and satisfaction. GNs most valued a sense of belonging and feeling safe, followed by specific feedback on how to improve their practice (Henderson et al., 2015).

Secondly, the literature was examined to evaluate how effective TPPs have been since their inception and spread across developed nations. It is clear that TPPs have been

instrumental in helping with the transition “shock” and attrition issues of GNs (Guerrero et al., 2022). However, significant numbers of GNs are still leaving the profession prematurely, despite the success of TPPs (Reebals et al., 2022). Strategies used in these programs were evaluated, showing that classroom instruction, high-fidelity simulation, debriefing, and social support had the highest correlation to improved GN satisfaction, self-confidence, and knowledge (Reebals et al., 2022; Sherman & Labat, 2021). Unfortunately, these findings did not directly correlate to improved critical thinking and priority actions at the bedside (Sapiano et al., 2018). Furthermore, the tools used to evaluate simulation have limited reliability and validity (Sapiano et al., 2018).

The data from healthcare perceptions of practice readiness and measures of effective TPP strategies were instrumental in determining the best strategies to improve TPPs. Supporting the GNs' self-confidence, sense of belonging, and psycho-social integrity enables them to feel safe and focus more on their clients. It promotes a higher likelihood that GNs will ask questions when needed and facilitate critical thinking earlier in the transition process. The issues discovered are that, despite knowing of the need to support confidence and foster safety, many TPPs are not able to provide quality, trained, consistent preceptors due to the short staffing and higher acuities. Healthcare agencies and leaders must be dedicated to saving time, money, and resources by investing in improvements of TPPs. By implementing additional strategies that would increase their sense of belonging and security, it is believed GNs would experience higher confidence levels, retention, and better nursing judgement.

Needs Assessment

Population/Community

This project was offered to 49 senior nursing students enrolled in a Focused Client Care Experience course in spring 2023 at a small, private College of Health Sciences in the southern United States.

PICOT Statement

- **P**opulation: ADN senior-level students about to enter their FCCE clinical experience
- **I**nterventions: Synchronous educational event prior to FCCE; email and text reminders throughout FCCE; debriefing at the end of the FCCE.
- **C**omparison: Attitudes and perceptions of confidence before the educational event and after the FCCE experience; Effectiveness of self-advocacy training on communication and support from preceptors during their FCCE.
- **O**utcome: Increased confidence in communicating learning needs and obtaining support preceptor(s)
- **T**ime: Over 7-8 weeks of an FCCE experience

Available Resources

The DNP Project Leader works at the project implementation site; therefore, many resources were available, which included:

- access to College/School of Nursing, and senior nursing students;
- access to facilities to observe and communicate with students and preceptors;
- access to email communication with faculty, staff, students, and preceptors;
- facilities, technology, and learning platforms available to implement teaching and evaluation methods for the project;
- access to FCCE course, student FCCE schedules, and list of preceptors;
- access to office equipment as needed to create packets, learning modules, or tools.

Desired and Expected Outcomes

The desired outcome of this DNP project was:

- After participating in a self-advocacy training program, nursing students who have completed their FCCE will report increased confidence in effectively communicating their learning needs with their preceptors.

The expected outcome of this DNP project was:

- Senior nursing students who have utilized the self-advocacy training during their FCCE will have higher levels of self-confidence as they begin their roles as a GN.

Team Selection

The selected practice partner holds a DNP degree, is the Dean of the School of Nursing at the project site, and has held an advanced practice role as a family nurse practitioner (FNP). The practice partner has also taught in the FCCE course, assisting in designing the FCCE educational experience, preceptor packets, and evaluation tools, and interacting with preceptors and students throughout the FCCE experience. There are no selected committee members.

Scope of Project

All students enrolled in NSG 241 were required to participate in a 3-hour, Self-Advocacy Training session, Ready to Launch, prior to beginning their focused client care experience, as part of the NSG 241 curriculum. Prior to beginning the session, the DNP Project Leader explained the purpose of the session, the components related to the DNP Project, and provided informed consent (Appendix A) regarding completing the pre- and postsurveys, receiving affirmation texts, and participating in the debriefing session.

As part of the current curriculum for NSG 241 and the FCCE, students were required to:

1. Attend four on-campus clinical days, receiving classroom instructions with an application to practice/simulation.
2. Attend an FCCE orientation session, where FCCE assignments and clinical packets are

distributed. Clinical packets include expectations, clinical tools, forms to set goals with preceptors, and preceptor evaluation tools for midterm and completion of the FCCE experience.

3. Attend 10, 12-hour shifts with an assigned preceptor in an acute care setting.
4. Complete a journal prompt every other day of FCCE clinical and post to the learning platform, for a total of four journal entries.
5. Complete an FCCE clinical tool that provides examples of executing each of the course student learning outcomes.
6. Complete weekly goals assessments with the preceptors.
7. Complete a variety of mandatory standardized practice exams, including two attempts at a comprehensive predictor of NCLEX success.

This DNP project enhanced these current requirements by:

1. Utilizing one of the on-campus clinical days to teach an advocacy training seminar— required
2. Providing 5-7 affirmations via email and text to the students throughout their FCCE, as a reminder of what they learned and to enhance their self-confidence. A selection of affirmations was available for use at the DNP Project Leader's discretion (Appendix B)— optional
3. Providing a debriefing session to express thoughts, feelings, and experiences of their FCCE. The goal was to obtain practical tips from peers, and guidance from faculty, DNP Project Leader, on how to use the self-advocacy concepts to facilitate socialization and support from preceptors (Appendix C)— optional
4. Providing a pocket-sized notebook (referred to as a little black book) for students to log important facts, events, skills completed, questions or concerns, or insights gained each

day of the FCCE. These were to be taken to the preceptor to facilitate evaluations and discussions, and to use for completing the weekly journals posted to the learning platform. These were provided by the DNP Project Leader at her personal expense. Students were to use these notebooks as desired— optional.

5. Modifying course journal prompts to facilitate deeper reflection on the concepts learned in the self-advocacy training. The DNP Project Leader worked with the NSG 241 faculty to modify the weekly journaling assignment prompts (Appendix D)— required.

Objectives and Timeline

Objectives

1. After receiving self-advocacy training, senior nursing students will report increased confidence in communicating their learning needs to their assigned preceptors and interdisciplinary team by the end of their FCCE experience.
2. After receiving self-advocacy training, senior nursing students will report the effectiveness of self-advocacy training on communication and support from preceptors during the FCCE.

Timeline

A. August- December 2022
   - Material development
   - Completed QI application

B. January 2023
   - Submitted QI application

C. February 2023
   - QI application approved
   - Ordered project supplies

D. March-April 2023

- Project implementation
  - Week 1: Completed Self-Advocacy Training class; journals distributed
  - Weeks 2-7: Ten 12-hour FCCE clinical shifts completed
  - Three-five affirmations per week were emailed or texted
  - Five Journal entries completed by students
  - Week 7: Required standardized exam completed; Lunch and debriefing session offered
  - Week 8: Final project surveys emailed to students; Distributed QR codes to students after the second required standardized exam.

Theoretical Underpinnings

The theoretical framework for this project included both Maslow's Hierarchy of Needs and Duchscher's Stages of Transition Theory and Transition Shock Model.

Maslow's theory states that humans satisfy their physical, social, emotional, psychological, and spiritual needs according to a specific hierarchy, with the most essential, biological needs taking the highest priority (Research History, 2021). Subsequent levels, in order of priority, include safety, security, and social stability; love, friendship, and a sense of belonging; self-esteem & self-confidence; and finally, self-actualization (Research History, 2021).

Duchscher's Transition Shock Theory utilizes Maslow's principles, as well as the initial findings on transition shock from Kramer's 1974 study, and Benner's Five Stages of Novice to Expert Skills Acquisition that was introduced in the early 1980s (Graf et al., 2020). Duchscher's three stages include *Doing, Being, and Knowing* (2008). Duchscher claims that transition shock occurs in the initial stage of *Doing* when the GN is "learning, performing, concealing, and accommodating" (Duchscher, 2008, p. 443). Unlike Benner, Duchscher feels that GNs begin this

stage as a novice rather than advanced beginners, as they have little to no experience and are not prepared for the expectations of their role. In this stage, GNs cannot look beyond their own fears and limitations to see their patient (Graf et al., 2020). They are attempting to learn, perform tasks, modify their expectations, and conceal what they do not know, as well as conceal their anxieties and fears of missing patient cues or feeling incompetent (Graf et al., 2020). So much of the GNs' time and energy is on mastering new tasks that they are unable to use clinical judgement (Duchscher, 2008). According to the framework, *transition shock* occurs during this phase at about 3 months into the training period.

In stage two of Duchscher's theory, the GN enters *Being* and is now at a level equivalent to the advanced beginner and early competent phases of Benner. Elements in this phase include "doubting, examining, revealing, and searching" (Duchscher, 2008, p. 443). The GNs start to see beyond themselves and their own insecurities, connecting what they learned while in academia to what they are seeing in practice. They start to focus more on the patient, make their own judgments, and are more comfortable asking questions. Most GNs reach this stage at 5-6 months of their residency, and Duchscher states that this is the point of *transition crisis*. This crisis is due to continued doubt and insecurities, but now due to being on their own and without the constant supervision and safety net of preceptors. The third and final phase is called *Knowing.* This is equivalent to Benner's advanced beginner and early competency stages, where the GN can answer questions for others, see beyond the 'tasks' of their own workload and prioritize, and help others with their own workloads. Characteristics in stage three include "separating, accepting, exploring, and recovering" (Duchscher, 2008, p. 443).

Both Maslow's Hierarchy of Needs and Duchscher's Transition Shock Theory substantiate the need for social support for novice nurses in order to facilitate the ability to learn and adapt to their new role. Furthermore, these models provide the theoretical structure

and predictions of what to expect of novice nurses at specific stages in their transition to practice. These principles, specifically the elements and behaviors described in the "doing" phase, will be the foundation of a training session for student nurses who are about to enter their FCCE experience. Strategies to identify their own learning, performing, concealing, and accommodating behaviors will guide their reflective writing. As present and future preceptors will have progressively less experience and training, student nurses need to be better informed of what they will experience and will need their own strategies to successfully anticipate and navigate their initial stages of the transition to practice. It is the hope that the student nurse will take the knowledge, skills, and attitudes learned to their transition to practice as GNs and continue to advocate for their social and learning needs.

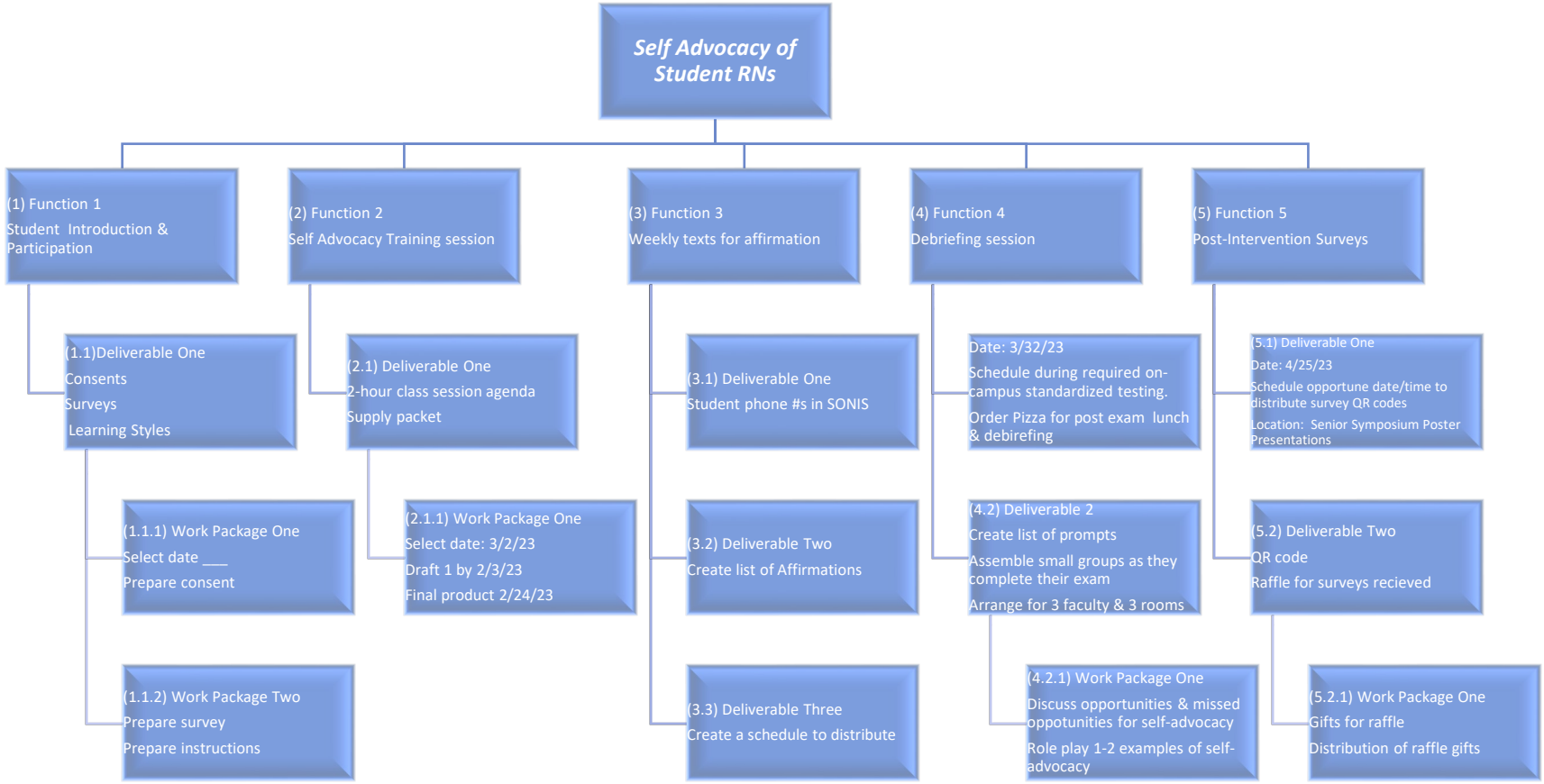
Work Planning

Project Management Tool

Figure 1 outlines a Work Breakdown Structure used for key elements of this DNP project development.

Figure 1

Work Breakdown Structure



Cost/Benefit Analysis

The cost to maintain a nurse has become more expensive than the prior literature indicates due to the worsening shortage post-pandemic, as well as the growing trend of nurses being recruited by contract travel nurses for significantly higher pay. In 2019, hospitals paid an average of 4.7% of "their total nurse labor expenses for contract travel nurses, which skyrocketed to a median of 38.6% in January 2022" (American Hospital Association [AHA], 2022). Travel nurses are about 23% of the nurse workforce, yet they cost healthcare systems 40% of the labor expenses. Furthermore, the margins, or profit charges, from the agencies have risen from an average of 16% to an average of 62%. Compared to pre-pandemic wages, hospitals are paying 213% more hourly wages for contract nurses (AHA, 2022). The average nursing salary in Charlotte, North Carolina ranges from $65,000 to $99,000, depending on the website of a Google search. According to Indeed.com (2022, August), the average base salary for contract or travel nurses in Charlotte, North Carolina is $136,000. With the margin fees added, it costs the hospital employers $220,320 per travel nurse per year. Hospitals could employ three nurses for the cost of one travel nurse, indicating that the need to retain GNs is higher than ever. Even minimal success of this project should have enough financial impact to incentivize nurse leaders to make a better investment in supporting the preceptor SN/GN dyad.

Costs

- Notebooks for students to complete journaling anticipated at $2.00 each: $100
- Debrief luncheon Party: $475
- There were no additional costs for faculty and preceptor participation and monitoring and evaluation of the project.

Benefits

Cost benefits to maintaining nursing staff due to increased confidence and perceived decision-making were:

- The costs of replacing an RN after completing orientation (including recruitment costs from Human Resources) are $60,000 to $90,000. Students with improved socialization and self-confidence are more likely to remain in their positions, thus reducing these costs.
- The cost *difference* between an RN employee versus a resource nurse when the nurse's position must be filled by an agency or travel nurse: $220, 320 - $75,000 = $145,320 in potential savings.

Evaluation Plan

Data for this project was collected using a pretest-posttest design. Participants were asked to complete a Self-Confidence Pretest and Posttest (Appendix E) and a Self-Advocacy Training Follow-Up survey (Appendix F). All surveys were created by the DNP Project Leader and reviewed by the DNP Project Chair for face validity.

The Self-Confidence Pretest and Posttest surveys consisted of eight questions on the student nurse's perceived confidence in areas related to communication and clinical judgment. Questions were answered based on a five-point Likert Scale, using the qualifiers strongly agree (5) to strongly disagree (1). The surveys were distributed via Qualtrics. Data were analyzed using a single sample t-test.

The Self-Advocacy Training Follow-Up Survey consisted of 11 questions to evaluate the student nurse's perceptions of the effectiveness of self-advocacy training on communication and support from preceptors during their FCCE. Ten questions were based on a five-point Likert Scale and used the qualifiers always (5) to not at all (1), and some questions also included a "Not

Applicable – Did not participate" option if the student did not participate in a particular optional activity. The survey ended with one open-ended question to provide the SNs with an opportunity to share additional information. Surveys were distributed via Qualtrics. Data were analyzed using descriptive statistics.

Additionally, as part of the current FCCE curriculum, students were required to complete weekly journals and load them to the learning platform. The journals had some questions in common, such as explaining skills that were practiced and sharing the most valuable learning experiences for that week. Additional questions to the journaling designed by the DNP Project Leader and faculty prompted the student to address key components of the self-advocacy training, such as communication struggles and how they were handled, and the ability to obtain critical teaching moments and evaluation from preceptors. The journaling also allowed the course faculty to provide support, coaching, and role-playing that aligned with the concepts taught in the initial self-advocacy training. This support was ongoing and occurred throughout the 6-week FCCE. The DNP Project Leader did not review the journal entries for this project; however, the value of the journaling was evaluated by the students in the Self-Advocacy Training Follow-Up Survey.

Project Implementation

Threats and Barriers

One barrier to the project occurred on the day of the 3-hour self-advocacy training session. The lead faculty of the FCCE course asked to make a few announcements before the DNP Project Leader began, and ultimately used a full hour to distribute the final FCCE preceptor and clinical assignments, documents, and directions. Students were distracted with their assignments and schedules and had difficulty focusing on the self-advocacy training. The hope was to avoid this distraction by distributing the student assignments, materials, and instructions

during class 2 weeks prior; however, a COVID outbreak among the school of nursing faculty caused a 2-week closure of on-campus classes, and there were delays in receiving preceptor assignments from the nurse managers. Essentially, two classes were combined into one, and the students were rather overwhelmed.

A second barrier involved the daily distribution of affirmations via text messaging. The plan was for the project leader to update all volunteers' cell phone numbers in the registration managing system so that texts could be conveniently received by students while in their FCCE clinical. During implementation, it was discovered that only the student had the right to activate the feature to receive email announcements through text. The registrar shared that she was not aware of this during prior planning and discussions. The students were then notified via email that if they wanted to receive affirmations by text, they would need to update their SONIS accounts; otherwise, all affirmations would be sent via email. Sixteen of the 49 participants had already activated their text messages, and none of the additional volunteers changed their accounts. Affirmations were sent to all volunteer participants via email, with 16 students also receiving the affirmations by text.

Monitoring of Implementation

The project began with the self-advocacy training class held on campus and taught by the DNP Project Leader. Prior to beginning the session, the DNP Project Leader explained the purpose of the project and distributed the self-confidence pretest survey. The survey was distributed via Qualtrics using a QR code that was printed on a piece of paper with no other information. The survey closed immediately, as it was intended to be answered prior to the self-advocacy training. One student was absent from the class, therefore excluded from completing the survey.

Once the self-confidence pretest survey was completed, the DNP project leader explained that affirmations would be sent to the students during the FCCE experience to those who were interested in receiving them. A folder was circulated with consent instructions. Students who consented to receive the affirmations via text and/or email signed their names and provided their phone numbers. While the folder was being circulated, pocket-sized journals were passed out to all the students. The DNP Project Leader explained that accepting the journals was on a volunteer basis and that the purpose of the journals would be explained during the training session. The 3-hour self-advocacy training was then initiated, with the DNP Project Leader as the guest speaker. Elements of the Self-Advocacy Training included:

- Resilience training, including concepts of emotional intelligence.
- The preceptors' perspective: Appreciating the challenging position of the preceptor role.
- Assertive communication.
- The little black book: How to take pertinent notes in real-time to log skills, experiences, and questions to use later with the preceptor for evaluation, critical thinking, and debriefing. The pocket journal was provided for these notes and additional journaling and debriefing.
- The power of journaling and debriefing.
- The power of confidence.
- Knowing what you do not know.
- Resources for the new graduate (FreshRN podcasts; KeithRN).

Following the completion of Self-Advocacy Training, the DNP Project Leader sent three to five affirmation messages every week for 5 weeks, totaling 20 affirmations. Some days were omitted due to all students being in class for testing purposes, or due to holidays. The affirmations were designed to remind students of their strengths and to facilitate support and

confidence. All students received the same affirmation message. The DNP Project Leader used the password-protected, college registration platform, SONIS, to send emails and texts to the participating students. The four students who declined participation, one student who was absent from the Self-Advocacy Training class, and one student who failed to progress to the FCCE experience, were omitted from receiving the emails and texts. At the conclusion of the FCCE experience and study, the document with the phone numbers was destroyed.

During week 6 of the FCCE experience, all students returned to class for required standardized testing unrelated to this DNP Project. The group of 50 students was divided into two groups of 25 to test on different days. At the conclusion of their testing day, students were invited to lunch and a voluntary debriefing session at the DNP Project Leader's personal expense. The DNP Project Leader sent a survey through the learning platform offering the volunteer "lunch and debrief", asking students who had planned to stay for a "lunch order". Once students completed their exam, they came to the assigned room and received their lunch. Twenty-one of the 25 students attended the lunch and debrief on the first day, and 11 of the 23 students attended the second day. Once a group of four to six students gathered, a faculty member, who was not a member of the course, took them to a circular table at the end of the room to eat and talk about their experience. Students were offered the opportunity to share feelings, challenges, and experiences of their FCCE, and to determine if any of the strategies they learned had been helpful. An additional conference room was reserved if needed, but the groups were small, and the completion times of the exam were varied enough that no more than two groups were in session at the same time. A script to prompt students to explore their feelings and experiences, written by the DNP Project Leader, was provided to faculty 2 weeks prior to the lunch and debriefing, the day prior to the meeting, and a written copy was available the day of the debriefing.

As part of the current FCCE curriculum, students were required to complete weekly journals and load them to the learning platform. The journals had some questions in common, such as explaining skills that were practiced and sharing the most valuable learning experiences for that week. Additional questions to the journaling designed by the DNP Project Leader prompted the student to address key components of the self-advocacy training, such as communication struggles and how they were handled, and the ability to obtain critical teaching moments and evaluation from preceptors. The journaling also allowed the course faculty to provide support, coaching, and role-playing that aligned with the concepts taught in the initial self-advocacy training. The DNP Project Leader did not review the journal entries for this project; however, the value of the journaling was evaluated by the students in the Self-Advocacy Training Follow-Up Survey.

During the final week of the FCCE, the DNP Project Leader distributed two additional surveys: The Self-confidence Posttest and the Self-Advocacy Training Follow-Up survey, to be completed on a volunteer basis. Both surveys were delivered via Qualtrics, and the link and QR code were sent via email. The surveys remained open for 1 week. The closure of the final surveys concluded the implementation phase of the DNP project.

Interpretation of Data

Forty-three participants completed the self-confidence pretest. The mean score was 4.35 (*sd = 0.39*). Nineteen participants completed the self-confidence posttest. The mean score was 4.82 (*sd = 0.04)*. Data were entered into Microsoft Excel and analyzed. A single-sample *t*-test compared the mean self-confidence pretest score to the mean self-confidence posttest score. A significant difference was found ($t(18) = 10.4$, $p < 0.05$. The self-confidence posttest score mean of 4.82 (*sd = 0.04*), was significantly greater than the self-confidence pretest score mean.

Eighteen participants completed the Self-Advocacy Training Follow-Up Survey. Data were entered into Microsoft Excel and analyzed using descriptive statistics. Results are illustrated in Figures 2–11.

Figure 2

Self-Advocacy Training Follow-up Survey: Question 1

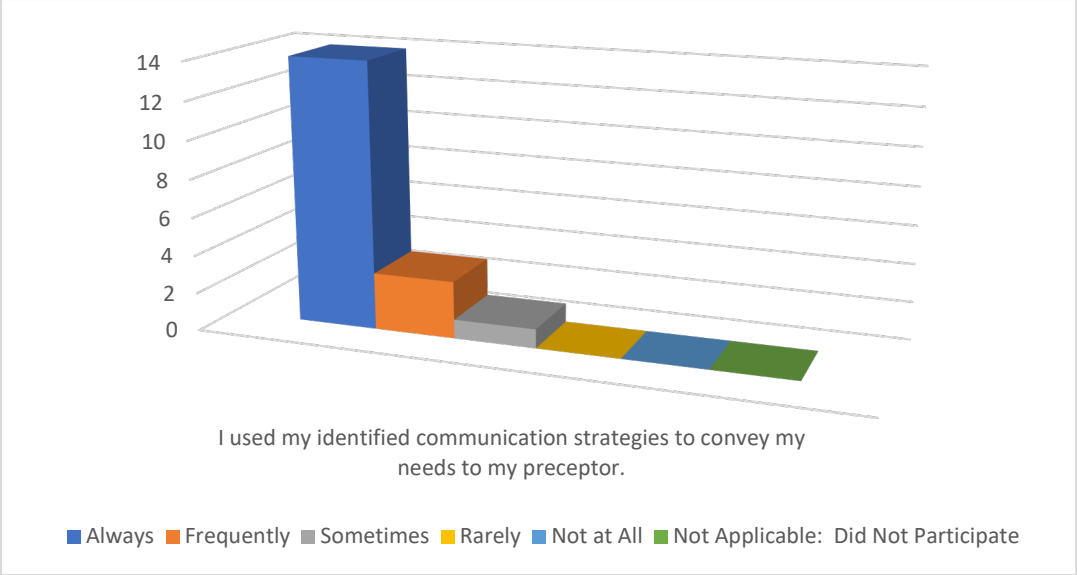


Figure 3

Self-Advocacy Training Follow-up Survey: Question 2

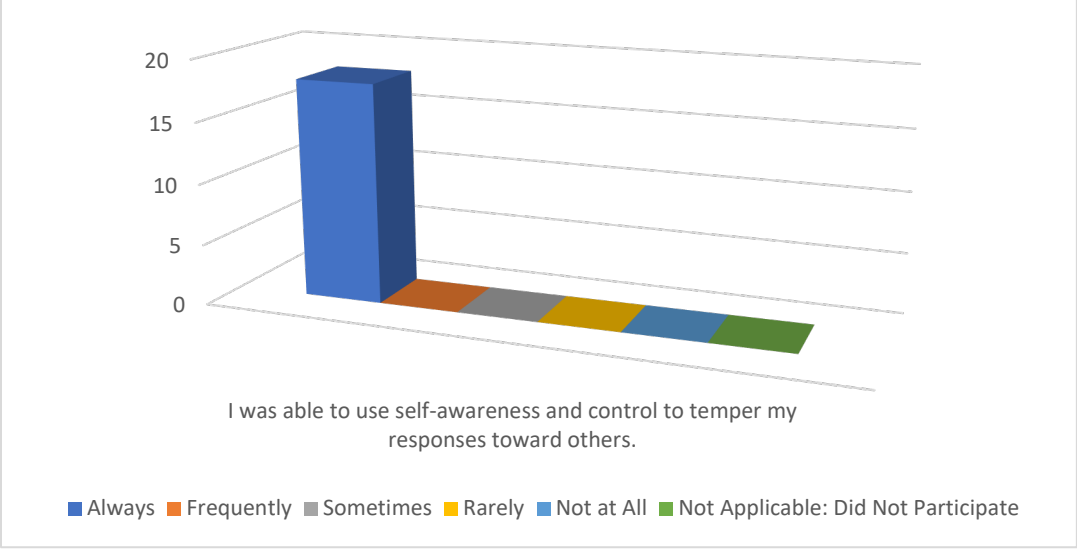


Figure 4

Self-Advocacy Training Follow-up Survey: Question 3

Figure 5

Self-Advocacy Training Follow-up Survey: Question 4

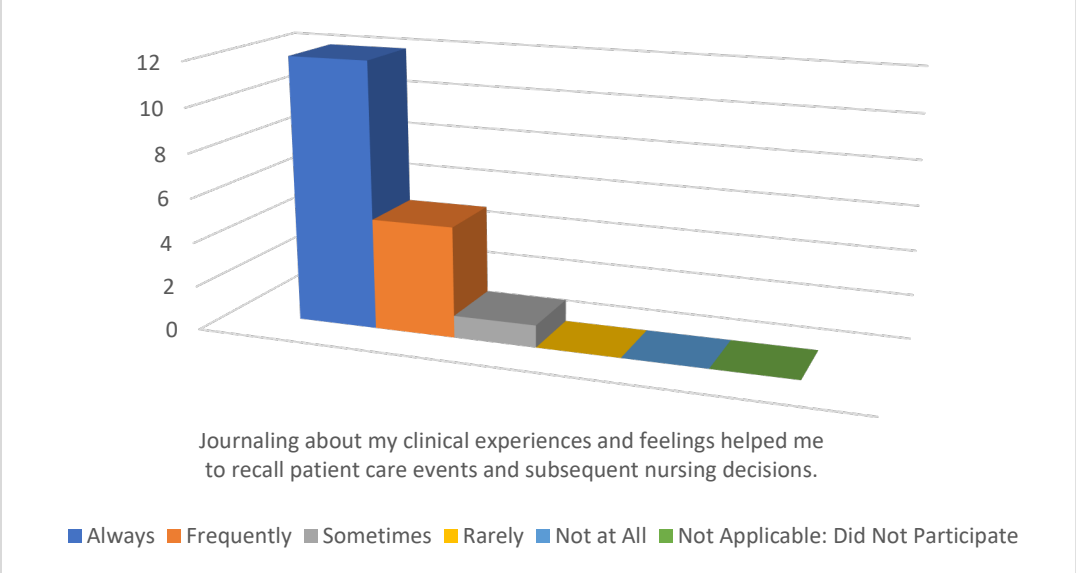


Figure 6

Self-Advocacy Training Follow-up Survey: Question 5

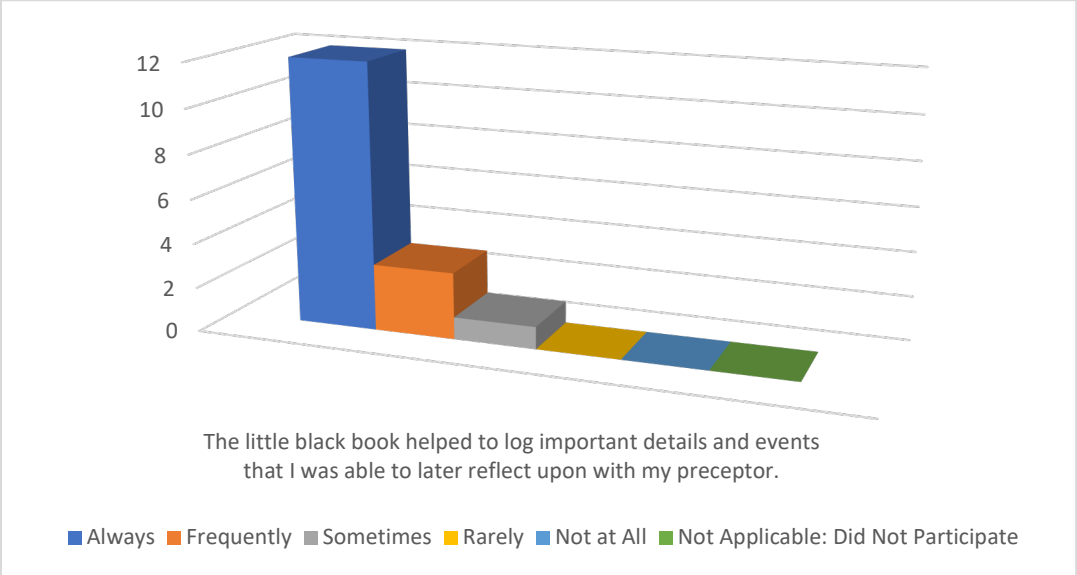


Figure 7

Self-Advocacy Training Follow-up Survey: Question 6

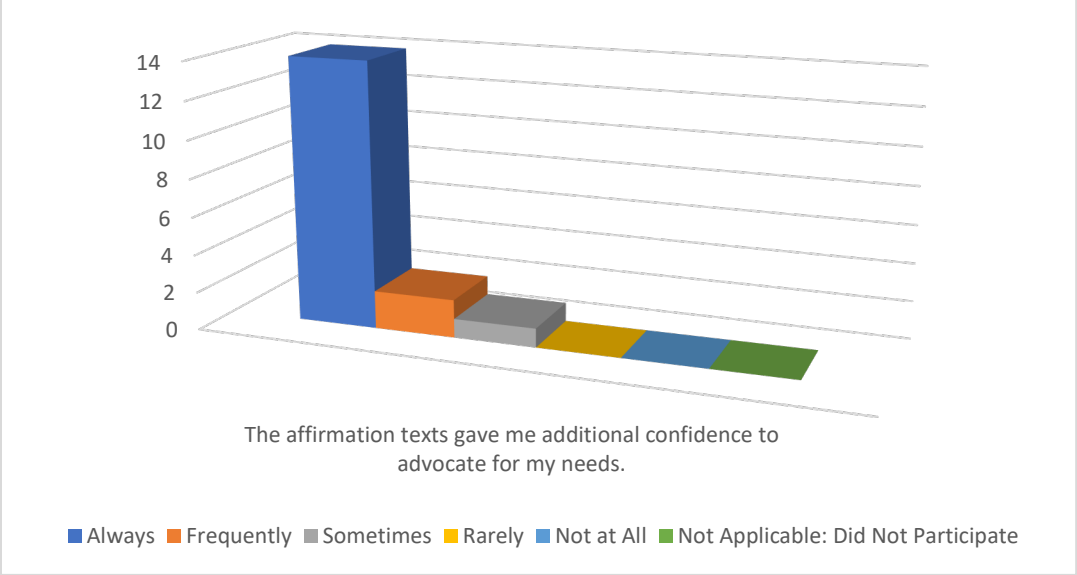


Figure 8

Self-Advocacy Training Follow-up Survey: Question 7

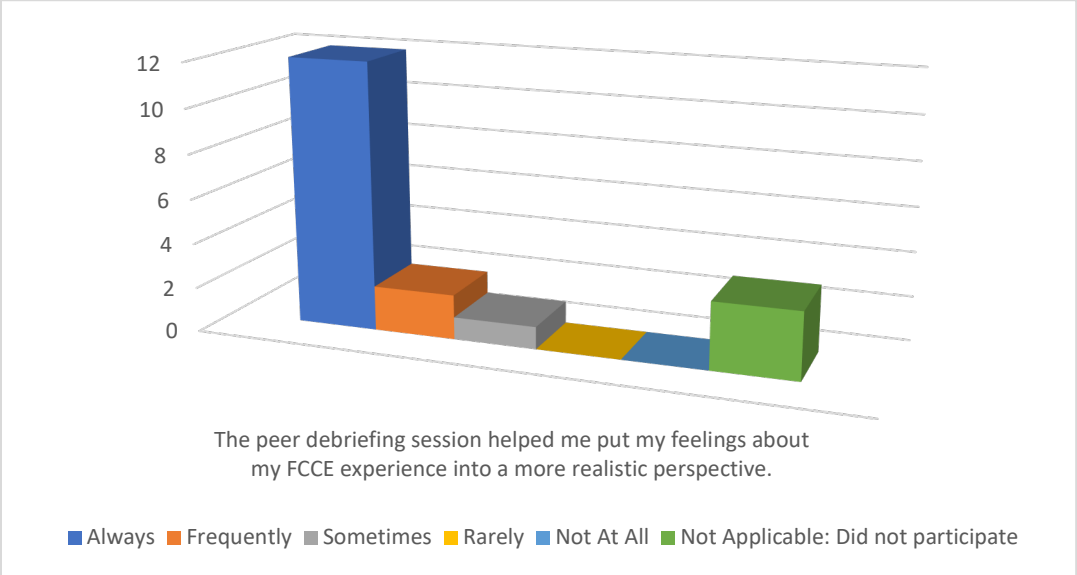


Figure 9

Self-Advocacy Training Follow-up Survey: Question 8

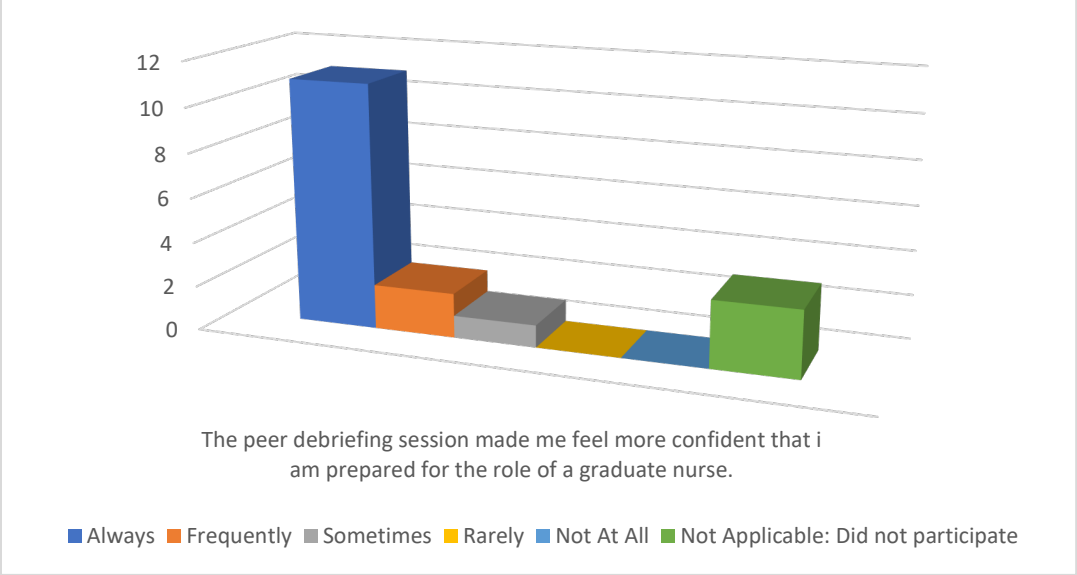


Figure 10

Self-Advocacy Training Follow-up Survey: Question 9

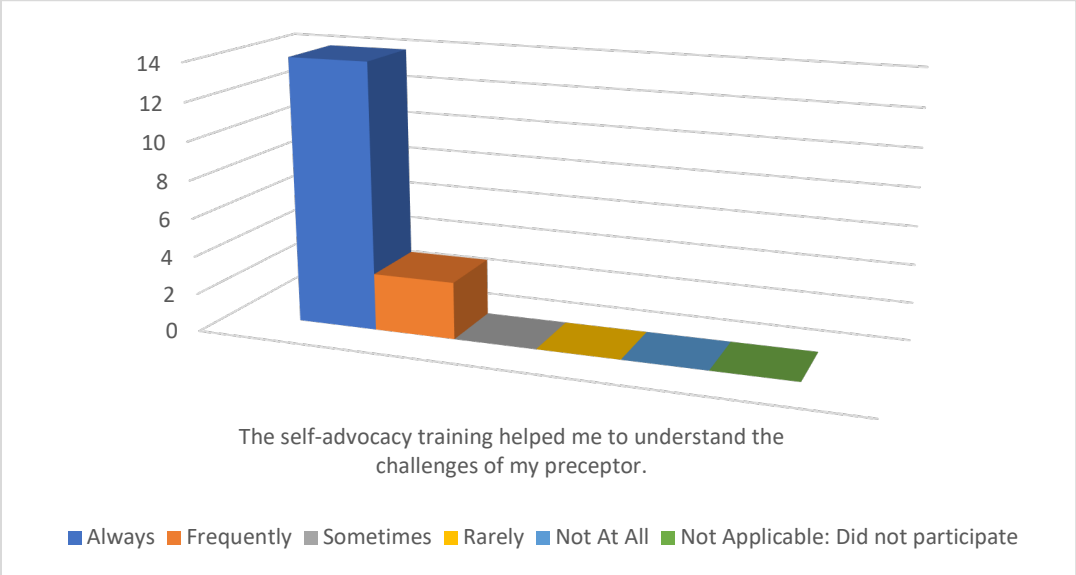
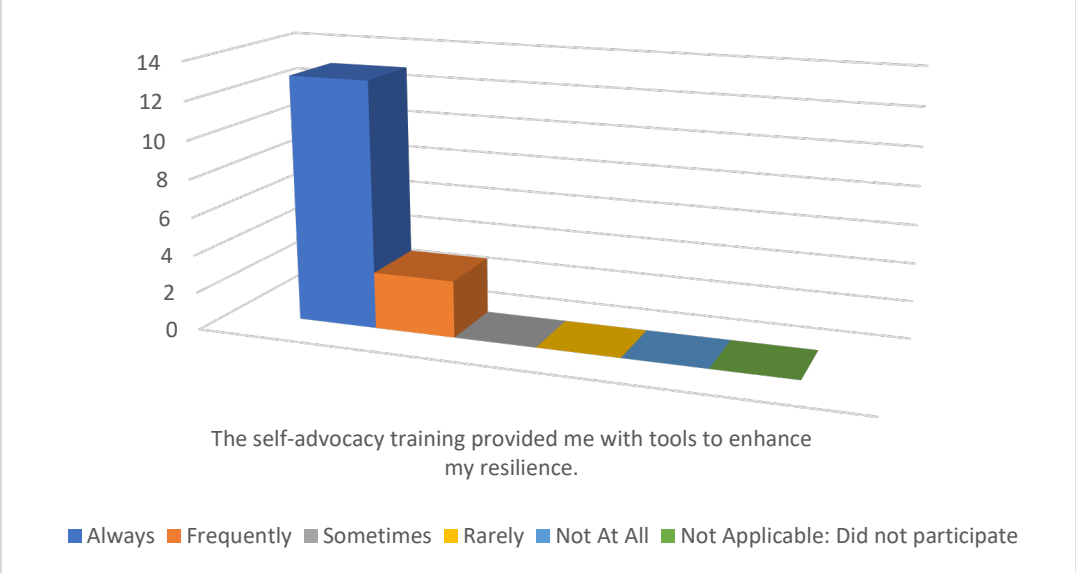


Figure 11

Self-Advocacy Training Follow-up Survey: Question 10



The final question to the Self-Advocacy Follow-Up Survey was an open-ended question requesting any additional information that the student feels would improve the project to

better their FCCE experience. Two responses were received, one being unrelated to the project activities, which requested that students be provided with better preparation for nursing skills. The other comment was related to the debriefing, stating *"I found the debriefing experience…really informative and useful for future discussions and practice scenarios. Good job!"*

Of the 18 participants that responded to the Self-Advocacy Training Follow-Up Survey, those that participated in the interventions found them helpful in achieving the individual objectives of the self-advocacy training. The averages of the scores were between 4.5 and 5.0 (4.0 indicated *frequently*, and 5.0 indicated always). These findings are consistent with the results of the Self-Confidence Post-Test results, indicating a higher level of self-confidence after the self-advocacy training and activities. On the Self-Advocacy Training Follow-Up Survey, question three, *I used calming strategies to help me focus and think*, was the only question to receive a "rarely" rating, and received a 4.5 average. The two questions regarding the debriefing session, questions seven and eight, had three participants each that did not participate in the debriefing. Post-survey response participation minimized the validity of the data.

Discussion

Limitations

This DNP project utilized a small convenience sample of 43 students in one location, with only associate degree pre-licensure students. Furthermore, the response to the post-survey was less than the minimum of 30 participants recommended for a reliable study, with only 44% of the students responding to the post surveys compared to those that completed the first survey. In addition, the decrease in the time allotted for the Self-Advocacy Training session, as well as the timing of the release of FCCE assignments and preceptors, may have limited the ability of the students to focus on the training and the interactive strategies provided.

Another limitation is that with or without the self-advocacy intervention program, most students feel a higher sense of self-confidence after the completion of their FCCE clinical experience. Students benefit from an unprecedentedly high number of clinical hours (120), the consistency of having the same one or two preceptors on the same nursing unit, and the ability to focus on higher skills expected of the registered nurse rather than the total care model expected of traditional faculty-supervised clinical experiences. Lastly, students entered their FCCE experience with already high levels of confidence. Students often do not have a realistic awareness of the challenges of the FCCE experience, of the difficulties in communication with a single preceptor, and of their own limitations.

Recommendations

To validate the results of this project, the study should be repeated with larger samples of students across various locations and pre-licensure programs. The self-advocacy training should be given either prior to any FCCE clinical assignments being distributed or at least 2 weeks after, to minimize distractions. The training should also receive the recommended time of 2 ½ hours, or 2 hours with a nominal class preparation assignment. Also, adding more role-play including clinical situations can enhance the value of the training for the students, perceiving it as equally relevant to their success as practicing a hands-on skill.

Because of the statistical significance of the posttest results and the positive ratings in the descriptive analyses, the self-advocacy training should be permanently included in the FCCE course with the recommended modifications described above.

Conclusion

The literature is clear that nurse graduates are unprepared for practice, and that most preceptors are overworked and undertrained to fully prepare these nurses for safe practice. In addition, when graduate nurses become aware of their limitations, their fear and anxiety can

greatly hinder their ability to critically think and make sound nursing judgments. Much is needed to improve the preparation of nurse graduates, both academically and through the transition to practice. Helping nursing graduates learn to better advocate for their own learning may be a small step in meeting the growing challenges of practice readiness. While self-advocacy training has been shown to benefit confidence levels in a small convenience sample, more research is necessary to validate the findings.

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Appendix A

Informed Consent Form for Online Survey

Title of Quality Improvement (QI) Project:
Self-Advocacy Training to Support Self-confidence in Transition to Practice

Project Leader: Debbie Allder, Gardner-Webb University DNP Student

Purpose

The purpose of this Quality Improvement (QI) project is to equip senior students who are about to enter their focused client care clinical experience with additional tools to advocate for adequate mentoring from their preceptors. Through optimal support and learning, students will potentially have an increase in confidence and subsequent success in transitioning to the role of graduate nurse.

Procedure

As a participant in the project, you will be asked to:

- Complete three surveys – A Self-Confidence Pretest and Posttest and a Self-Advocacy Training Follow Up Survey;
- Consider the use of a "little black book" for note-taking;
- Receive affirmation texts;
- Attend a lunch and debriefing session.

You may participate in as few or as many of the activities as you desire.

Time Required

It is anticipated that the project will require approximately one hour of your time. Each survey is estimated to take 5 minutes and the lunch and debriefing session is estimated at 45 minutes.

Voluntary Participation

Attendance at the Self-Advocacy training is mandatory. Participation in surveys, note-taking, affirmation texts, and debriefing sessions within this project is voluntary. You have the right to withdraw from the quality improvement project voluntary activities at any time without penalty. You also have the right to refuse to answer any survey question(s) for any reason without penalty. If you choose to withdraw, you may request that any of your data that has been collected be destroyed unless it is in a de-identified state.

Confidentiality

The information that you give in the project will be handled confidentially. Your survey data will be anonymous which means that your name will not be collected or linked to the data. The survey results will be collected and stored in the Qualtrics database in aggregate form. After completion of the DNP Project, all data will be submitted to the Hunt School of Nursing at Gardner-Webb University, where it will be stored for 3 years and then destroyed.

Your identity will be known if you participate in the affirmation texts or lunch and debriefing sessions; however, this information will not be used to identify you in any written documents. Because of the nature of the data, I cannot guarantee your data will be confidential and it may be possible that others will know what you have reported.

Risks

There are no more than minimal risks anticipated from participation in this project. It is possible that your identity will be known as a result of your participation in the affirmation texts and lunch and debriefing session, and it may be possible that others share what you have reported. If, as a result of the project, you experience distress from participating in the project, please contact your focused client care experience instructor, Kristy Williams at 704-813-4070.

Benefits

There are no direct benefits associated with participation in this project. The project may help participants understand the expectations of their preceptors and practicum experience and obtain assertive communication skills to advocate for personal learning and evaluation needs.

Payment

You will receive no payment for participating in the project.

Right to Withdraw from the Project

You have the right to withdraw from the project at any time without penalty. You may choose to participate in as many or as few of the voluntary activities as you desire.

How to Withdraw from the Project

If you do not want to complete all the of activities, please follow these procedures:

- If you do not want to complete the surveys, do not to scan the QR code or close the survey at any time. If you have already completed the surveys, they cannot be removed since they are in a deidentified state.
- If you do not want to participate in the affirmation texts, do not write your phone numbers on the paper provided or contact the DNP Project Leader to have your name removed from the group text.
- If you do not want to participate in the debriefing session, do not stay after class to attend the session. If you are in the session, you may choose not to answer any question or you may leave the room at any time.
- If you do not want to use the little black book, you may choose not to use it and may repurpose it for your personal use.

If you have questions about the project, contact:

Project leader's name: Debbie Allder
Student Role: DNP Candidate
Gardner-Webb University, Hunt School of Nursing
Project leader's telephone number: 704-787-6830
Project leader's email address: dsa0623@gardner-webb.edu

Project chair's name: Tracy Arnold, DNP, RN, CNE
Gardner-Webb University, Hunt School of Nursing

Project chair's telephone number: 704-406-4359
Project chair's email address: tarnold@gardner-webb.edu
If you have concerns about your rights or how you are being treated, or if you have questions, want more information, or have suggestions, please contact the IRB Institutional Administrator listed below.

Dr. Sydney K. Brown
IRB Institutional Administrator
Gardner-Webb University
Telephone: 704-406-3019
Email: skbrown@gardner-webb.edu

Voluntary Consent by Participant

I have read the information in this consent form and fully understand the contents of this document. I have had a chance to ask any questions concerning this project and they have been answered for me. I agree to participate in this project. You may keep a copy of this form for your records.

Appendix B

Affirmation Texts

1. Every nurse has been where you are now. Take a breath, because you have what it takes too!
2. You are fearfully and wonderfully made. You conquered nursing school!! You are capable.
3. You have the courage to do this work, and to do it well
4. Every day you are closer to your goal. You are making progress in ways you do not even recognize
5. You must experience some degree of stress/adversity in order to develop resilience and experience. Have you felt uncomfortable today? *Feel yourself-grow!*
6. Feelings are not facts!! Nursing is a profoundly complex profession, and yes you are good enough, smart enough, and dedicated enough to see it through.
7. Yes, it is hard, but I get to make a difference in people's lives every day!
8. Every day I master new experiences and new information.
9. My positive attitude creates good energy for myself and others
10. Nurses are powerful. I am powerful
11. I solve complex problems every day
12. I am proud of what I have accomplished, what I can do, and what I know I can become
13. I am not afraid to ask for help. It shows my humility, & desire for quality & safety
14. You are a capable nurse who can take on the challenges of today
15. I am doing my best today, giving all I have, to learn all I can, to be the best that you can be, and that is enough.
16. I believe in myself and have faith in my calling. I chose to be a nurse because I know I have what it takes.
17. I am invaluable to my patients. I will hear & see what others do not, & advocate for them to the best of my ability
18. Caring for others comes easily for me. I am good at it. It will radiate in all that I do.
19. I am thankful for the honest critique from my preceptor. It is not easy for him/her. I will show gratitude and use it to become a better nurse than yesterday.
20. Where did that come from? I just pulled out nursing knowledge that I forgot I had! And there is so much more buried within me.
21. I will begin my day with compassion and empathy. I will extend grace to others and to myself.
22. I am human. I am not perfect. No one is perfect. I will make mistakes. I need them to learn, and I will use each of them to my greatest advantage.
23. Today I will see the good in every situation
24. I will remember—it is not about me. Feelings/frustrations/behaviors of others go way beyond the here and now. I will recognize this, and ask, "Are you okay? How can I help?

Reference:

Kristenson, S. (2022, May 27) 99 Nurse and nursing student affirmations for 2023. *Happier Human* https://www.happierhuman.com/nurse-affirmations/

Appendix C

Debriefing Script for Faculty Members

Thank you for taking the time to stop in for lunch, and to share some of your FCCE experiences with me and your peers. The goal here is to allow you to reflect more deeply, learn from one another's experiences, and consider alternative strategies for some of the situations that you have encountered.

By being here, you are consenting to participate voluntarily. You may end your participation and leave at any time without penalty. There are minimal anticipated risks in joining this debriefing session. If you have any concerns or questions, please notify the DNP project leader, Debbie Allder, at 704-787-6830, or by email at Debbie.allder@cabarruscollege.edu. This session should take about 30 minutes.

1. Share a time during your FCCE where you felt very anxious, nervous, or overwhelmed.
    - What happened? How did you respond?
2. Do you wish you had responded differently? How?
3. Did you ever achieve resolution? (Faculty to allow a single student to share their experience, and then follow up with questions 2
4. Once a student has shared, ask the group to offer alternative solutions, or offer some yourself.

Give several students the opportunity to share.

End by providing affirmations that the student(s) is/are not alone in these situations and feelings. ALL nurses have similar experiences. The student is capable. Adversity is necessary to build resilience, to learn; and to grow. There will be many more of these situations, but each time, it will get easier, and the situations less frequent.

Appendix D

Journal Prompts

1. Explain how you obtained feedback from your preceptor daily/informally, and for your midterm evaluation of goals? Did you request honesty? Do you feel you obtained honesty? How did you demonstrate emotional maturity when receiving the critique?

2. Discuss an error that you made, or an intervention that did not go well. How did your preceptor support you through this? How did you suppress the negative thoughts that tried to rob you of your confidence? Share how you are going to take this incident to become a better nurse and a better person.

3. Share a moment when you felt a disconnect with your preceptor or another team member- as though they were talking about you or upset with you. Did you use your assertive communication (speaking kindly and using "I" statements) and share your feelings, and ask for clarification? How did it go?

4. Describe a time when your preceptor performed a skill or duty that did not match what you learned in clinical, or what you thought was policy/procedure. How did you handle this, and what did you learn from it?

5. Discuss a time when you felt your preceptor was moving through his/her work quickly, and not taking the time to explain to you what was going on or include you in the tasks. Explain your thoughts, how you handled the situation, and if you learned anything later that explained the behavior.

6. Describe a time that one of your patients had a change in status that required some urgent activity, but you did not pick up on it as quickly as your preceptor. Or maybe you discovered something was different with your client, but you were not sure what to do. What did you learn from this situation?

7. Explain a time that, during an assessment and discussion with one of your clients, you discover an important finding that requires intervention, but you do not feel heard by your preceptor or the provider. How do you advocate for your patient and yourself?

8. Your preceptor or another staff member asks you to do something that you are fully sure you know how to do. You do not want to admit this because you do not want to look incompetent. How did you handle this situation? How would you assure that the next time you are asked to do this task, you DO KNOW what to do?

9. Share a time when your preceptor asked you to do a task independently that requires RN supervision. Were you able to uphold best practice and decline? How did you handle this situation?

Appendix E

Self-Confidence Pretest and Posttest Survey

I feel confident asking my preceptor questions when I do not understand or need clarification of certain concepts.

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

I feel confident asking my preceptor for help when I do not feel comfortable performing skills independently.

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

I feel confident asking for feedback on my progress if they are NOT readily offered by my preceptor.

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

I feel confident receiving feedback on areas for improvement.

- ○ Strongly agree
- ○ Somewhat agree
- ○ Neither agree nor disagree
- ○ Somewhat disagree
- ○ Strongly disagree

I feel confident that I can re-direct my thinking to avoid taking situations personally.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

I feel confident I can independently recognize a change in a client's condition.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

I feel confident in my ability to implement appropriate interventions when my client has a change in condition.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

I feel confident that I am prepared for the role of graduate nurse.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Appendix F

Self-Advocacy Training Follow-up Survey

I used my identified communication strategies to convey my needs to my preceptor.

- Always
- Frequently
- Sometimes
- Rarely
- Not at all

I was able to use self-awareness and control to temper my responses toward others.

- Always
- Frequently
- Sometimes
- Rarely
- Not at all

I used calming strategies to help me focus and think.

- Always
- Frequently
- Sometimes
- Rarely
- Not at all

Journaling about my clinical experiences and feelings helped me to recall patient care events and subsequent nursing decisions.

- Always
- Frequently
- Sometimes
- Rarely
- Not at all

The little black book helped to log important details and events that I was able to later reflect upon with my preceptor.

- Always
- Frequently
- Sometimes
- Rarely
- Not at all
- Not applicable - I did not participate

The affirmation texts gave me additional confidence to advocate for my needs.

- Always
- Frequently
- Sometimes
- Rarely
- Not at all
- Not applicable - I did not participate

The peer debriefing session helped me put my feelings about my FCCE experience into a more realistic perspective.

- Always
- Frequently
- Sometimes
- Rarely
- Not at all
- Not applicable - I did not participate

The peer debriefing session made me feel more confident that I am prepared for the role of a graduate nurse.

- Always
- Frequently
- Sometimes
- Rarely
- Not at all
- Not applicable - I did not participate

The self-advocacy training helped me to understand the challenges of my preceptor

- Always
- Frequently
- Sometimes
- Rarely
- Not at all

The self-advocacy training provided me with tools to enhance my resilience.

- Always
- Frequently
- Sometimes
- Rarely
- Not at all

Please share any additional information that you feel would improve this project to better the FCCE experience for students.