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Preparing the New Graduate Nurse Entering Critical or Progressive Care Practice Areas: What is the Effect of Blended Orientation Approaches on Their Level of Self-Confidence and Satisfaction with Current Orientation Methods?

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Preparing the New Graduate Nurse Entering Critical or Progressive Care Practice Areas:
What is the Effect of Blended Orientation Approaches on Their Level of Self-Confidence
and Satisfaction with Current Orientation Methods?

by

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A thesis submitted to the faculty of
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Abstract

The transition from student nurse to professional nurse is often difficult for the new graduate especially if transitioning into critical or progressive care areas of practice. It is imperative for new graduates to receive a clinical orientation that meets their educational and transitional needs. The orientation process should provide them with a strong foundation in critical or progressive care practices. Educators are challenged to provide educational opportunities while accommodating diverse learning needs and continuing to maintain competency that ensures the highest quality of patient care and improved patient care outcomes.

New graduate nurses hired into the critical or progressive care areas were asked to participate in a study evaluating the effect of blended orientation approaches on their level of self-confidence and satisfaction with current orientation methods. Their level of self-confidence and satisfaction were evaluated and measured using a pretest and posttest questionnaire. New graduates entering critical or progressive care areas of practice were evaluated following nursing school (prior to hospital orientation) and following a two month hospital orientation model. The results did not reveal any significant difference between pre and post orientation.

The review of literature suggests that the use of a more blended learning approach to teaching and learning can be beneficial. Blended learning is a growing area in education requiring more evaluation and research.

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Chapter I

Introduction

Transitioning from student nurse to professional nurse is often difficult for the new graduate especially if transitioning into critical or progressive care. The intense and dynamic transition new graduates experience when leaving the educational arena and entering as a professional practicing nurse should inspire educators and institutions to provide preparatory education including extended, sequential, and structured orientation programs that provide a bridge from previous student expectations to the reality of employment (Duchscher, 2008).

The current and predicted future of the global shortage of nurses along with the high demands for nursing professionals is growing at faster rates than the rate at which nurses are graduating. The Health Resources and Services Administration predicts there to be a shortage of at least one million registered nurses by the year 2020 (Chesnutt & Everhart, 2007).

The replacement of seasoned nurses has and will continue to result in the replacement of once highly competent and experienced nurses with an influx of new graduates who lack the ability to function and navigate the clinical arena due to escalating levels of patient acuity and increasing workload demands (Duchscher, 2008). According to Duchscher (2008), the new graduate's experience of transition when entering professional practice is referred to as the process of making a significant adjustment both personally and professionally at the start of one's nursing career.

Statement of the Problem

It has become imperative for new graduates entering critical or progressive care practice areas to receive a clinical orientation that meets their educational and transitional needs as well as providing them with a strong foundation in critical or progressive care (Chesnutt & Everhart, 2007). Clinical educators are challenged to provide educational opportunities to accommodate new graduates' diverse learning needs while maintaining competency that ensures the highest quality of patient care and patient care outcomes. The objective of this study is to evaluate the effectiveness of a blended orientation approach on the level of self-confidence and satisfaction with current orientation methods for new graduates entering the critical or progressive practice areas. The traditional method incorporated traditional classroom learning and clinical instruction with a preceptor. A few years back, the use of online learning modules and mentorship were added to the orientation process. Over the past couple of years, the orientation process for critical care and progressive care has been revised and restructured to include more blended learning modalities beyond the traditional orientation model. Several of the same teaching-learning modalities remain part of the new orientation process including online learning modules, traditional classroom learning, mentorship and clinical instruction with a preceptor on designated units of employment. The difference between the traditional model and the new orientation model involves more blended learning modalities including hands on stations, case scenarios, discussions, and high-fidelity simulation. Simulation is designed to target assessment and critical knowledge.

Background

The transitional journey from student nurse to new graduate nurse or professional nurse has been noted in literature as being stressful, frustrating, discouraging, and disillusioning. The term transition shock describes the disturbing discrepancies between what new graduates knew while enclosed in school and what they now perceive, experience, and understand as they enter the professional world. According to Duchscher (2009), transition shock refers to the experience of moving from the well-known and comfortable role of a student to the less familiar role of a professionally practicing nurse. Mohr (1995) proclaimed that the hospital environment tends to move new graduates away from the ideal of professional nursing practice and toward more productive and efficient institutional goals. In one particular study by Duchscher (2009), new graduates were more focused and consumed with just trying to perform in their new role at the level expected from their co-workers. They shared feelings of frustration and guilt concerning their inability to perform the basic practice principles they believed were essential to the professional role. The majority of the transition consisted of “finding their way in a world for which they had been prepared but were not wholly ready” (Duchscher, 2009, p. 1108). It was also reported that new graduates are often more focused on completing tasks rather than spending quality time with patients and families (Duchscher, 2009). The primary concerns for new graduates focused on understanding what was expected, doing it well, and completing tasks on time.

New graduates are entering the professional world and discovering they have neither the practice expertise nor the confidence to effectively function in a highly dynamic and intense clinical environment, such as critical and progressive care. They are

confronted with higher patient acuities, nursing workloads, and institutional demands. In another study by Duchscher (2008), one participant made the contrast between student nurse and now professional nurse as “being in a private little bubble and things are going on all around me and I cannot hear them, I cannot see them” (p.445). Therefore, these new nurses are developing a sense of resentment which is directed inward for feeling like they are failing to provide the kind of care for which they were educated to provide (Duchscher & Myrick, 2008).

New graduates entering the demanding workloads and the high level of stress inherent in workplaces across America, as well as the aging nursing workforce, are factors contributing to an exodus of both new and seasoned nurses leaving the practice of nursing. Duchscher (2009) identified five factors contributing to the movement of new graduates between institutions or out of the profession altogether, including:

- Emotional exhaustion secondary to competing professional demands, excessive workloads, and a sense of powerlessness to effect change
- Horizontal violence and abuse from seasoned registered nurse colleagues
- A plummeting professional self-concept and self-confidence within new graduates without sufficient consideration for the impact of this change on their professional motivations and inspirations
- Hospitals that are severely understaffed, with registered nurses subsisting within a culture that is resistive to new ideas and burdened by negative attitudes about nursing and health care, and
- Undergraduate educational and employment institutions that do not consistently or comprehensively provide formal knowledge transfer or

professional integration programs of support such as undergraduate curricula on transition preparation, seasoned-novice nursing mentorship and preceptorship programs, new graduate internships or residencies, transition facilities or new graduate advocacy initiatives or extended workplace orientations (para. 7).

Theoretical Framework

The concept of self-efficacy or self-comfort was best described in Albert Bandura's social cognitive theory. According to Bandura (1995), self-efficacy is "the belief in one's capabilities to organize and execute the course of action required to manage prospective situations" (p. 2). In other words, self-efficacy is basically a person's own belief or judgment in their ability or confidence to be or become successful in a particular situation. Self-efficacy beliefs tend to influence individual choices and their course of action. Individuals tend to perform tasks which they feel competent and confident in performing while avoiding those which they do not feel competent or confident in performing. Efficacy beliefs affect the stress and anxiety of individuals as they perform a particular activity (Pajares & Schunk, 2001). Self-efficacy measurements "reflect the level of difficulty individuals believe they can surmount" (Bandura, 2005, p. 311).

Nursing practice is becoming a complex and varied field that requires precision, dedication, care, and expertise. Nurses must obtain and possess both the skills and tools necessary to respond to changes in a patient's condition or response, recognize specific trends, and understand the complexity of a patient's condition over time. Patricia Benner researched clinical nursing practice for the purpose of discovering and describing

knowledge which is embedded into nursing practice. Benner was interested in how nurses learn to do nursing. She studied the nature of nursing practice and how nurses gain knowledge and expertise, clinical competency, critical thinking skills, and problem-solving abilities.

Benner's approach using the Dreyfus and Dreyfus Model of Skill Acquisition has been referenced for the development of new graduate orientation programs. This mid-range theory or model is situational and includes five levels of skill acquisition and development, including: novice, advanced beginner, competent, proficient and expert. Benner places most new graduates entering professional nursing practice as advanced beginner nurses. An advanced beginner nurse is guided by rules and oriented through task completion. They view clinical situations as a test of their abilities to handle a given situation and lose focus on the patient needs and responses. They develop into competent nurses through learning from actual practice situations. The competent nurse is beginning to recognize specific patterns and determine priorities based on the specific patient situation. Competency may be defined as an ability to perform a specific task with appropriate and desirable outcomes under a variety of patient related circumstances. As nurses gain more knowledge, expertise, and skill enhancement, they are able to progress through the five stages and eventually become nurses with expertise and an intuitive grasp of the situation (Tomey & Alligood, 2006).

Benner proclaimed that as humans, we come to know things by being in situations. Once a particular situation is experienced and learned there is an embodied recognition of its meaning. Nursing skills are learned over time and experientially. Participants that become involved grow and encounter opportunities to gain nursing

expertise. As described later, simulation can provide unique and enrichment experiences which challenge students to identify and resolve common patient problems. Nurses enter the practice of nursing with different levels of competency. Simulation allows new graduates at different levels to gain new insight into their awareness, improve patient management, and improve critical thinking via situational learning (Tomey & Alligood, 2006).

Purpose and Rationale

As technology, institutional demands, the voice of healthcare, and patients' levels of acuity continue to rise and change, nursing practice is becoming an even more complex and varied field. Nurses must be prepared to change, grow professionally, and continually learn and embrace new knowledge. As Benner proclaimed, we learn by being in situations. Once a situation is experienced and learned, meaning can be applied which allows the learner to obtain the necessary and required nursing skills for practice.

It has been demonstrated that humans learn through different methods and at varying paces. For new graduates to be wholly prepared and successful, institutions must better prepare and provide the necessary instructional content through different methods of teaching and learning. The study was designed to assess a newly restructured orientation process for new graduates in order to evaluate their perceived self-efficacy and satisfaction with the established teaching and learning methods. The focus was to evaluate if the institution is wholly and adequately preparing new graduates to enter the critical or progressive care areas of practice.

Chapter II

Literature Review

Restructured Orientation Models

A review of the literature reveals that the transition from the role of student to professional nurse can be a difficult process. The transition process occurs when new graduates realize the gap between what they felt prepared for and what they actually discover to be their experience in the real world. Benner (1982) proclaimed that novice nurses think and act differently than seasoned nurses.

Clinical educators are challenged to provide educational opportunities and adequate orientation programs to meet the educational and orientation needs of new graduates entering critical and progressive care areas of practice. The diverse learning styles also provide educators with a challenge in meeting the needs of the individual learner. The literature review has provided useful information on successful orientation models as well as relevant information in regard to blended learning and high-fidelity simulation.

The assessment of traditional orientation models is imperative in determining areas for revision in order to meet the needs of nurses with various levels of experience and diverse learning styles. The Northwestern Memorial Hospital in Chicago, Illinois evaluated their traditional method of critical care orientation and concluded a need to implement major revisions to the current critical care model by creating a new model of orientation. The primary goal of the new program was to provide new nurses with the education and skills necessary to function independently and competently. Benner's

“novice to expert” model which describes 5 levels of proficiency using the Dreyfus and Dreyfus Skills Acquisition Model was used as a reference to guide the critical care orientation curriculum and help nurses adjust to their new role in their chosen areas of nursing practice (Morris et al., 2007; Morris, Pfeifer, Catalano, Fortney, Nelson, Rabito, & Harap, 2009). Their primary goal was to develop a program that provided both blended learning and three distinct pathways: one for the experienced critical care nurses, one for experienced non-critical care nurses, and one for graduate nurses (Morris, Pfeifer, Catalano, Fortney, Nelson, Rabito, & Harap, 2009). According to Morris, Pfeifer, Catalano, Fortney, Nelson, Rabito, & Harap (2009), the new program was developed with the intention to provide the following outcomes:

- relevant learning opportunities to meet individual needs
- various learning pathways to accommodate diverse experience
- a standardized approach in all the ICUs
- a consistent method for evaluating competence
- assessment of individual critical thinking skills (p. 253).

The new program also fostered adult-centered learning versus the traditional teacher-centered method. The use of the adult learning theoretical framework served to build upon each learner's learned experiences; incorporate a variety of learning methods including online learning; use a problem-solving approach to learning; provide self-directed learning; and provide an avenue and opportunity to effectively evaluate the learner's critical thinking ability (Morris, Pfeifer, Catalano, Fortney, Nelson, Rabito, & Harap, 2009).

According to Fleming (2001), students have different learning styles which can be classified using the Visual, Aural, Read/Write, Kinesthetic (VARK) model which is identified as Visual: learning by seeing; Aural: learning by hearing; Read/write: learning by reading and writing; and Kinesthetic: learning by doing. It is imperative to utilize all possible avenues and technologies to objectively provide effective learning opportunities for diverse learning styles.

Northwestern Memorial Hospital focused on assisting new graduates to obtain the necessary skills needed to function independently and competently. The inclusion of blended learning to offer learning methods which were adjusted based on experience, learning needs, and learning styles was imperative. The use of online learning, case studies, human simulation, clinical time with a preceptor, service based classroom lectures, quizzes, games, videos, mock events, review of pertinent evidence-based articles, and demonstration with return demonstration were blended learning methods included in the orientation process.

The research team successfully evaluated satisfaction, preparedness to manage individual patient care assignments, retention, turnover, vacancy, recruitment, cost of orientation, and length of orientation. The overall results demonstrated a successful new orientation model for the critical care areas. The mean satisfaction score for the new orientation model was 83%. The managers' satisfaction score was 93% while the educators score was 80% and the preceptors score was 73%. The overall satisfaction of readiness of staff to manage their patient care assignments was rated 70% for new graduate nurses by managers, 65% by educators, and 54% by preceptors. The overall retention rates increased from 91.2% in May 2005 to 93.7% by August 2006. The actual

turnover rate for the ICU decreased from 10.31% to 9.50% one year following implementation of the new orientation program. The cost of the program increased but the overall length of the program remained unchanged (Morris, Pfeifer, Catalano, Fortney, Nelson, Rabito, & Harap, 2009).

The new model for preparing new nurses, particularly new graduates, for the critical care areas proved to be beneficial and purposeful in meeting the diverse needs of the nurses entering into these areas of practice. According to Morris et al., (2007), in order for new nurses to gain a sense of confidence and demonstrate this confidence, a program must include time to adequately prepare, resources which are strong in critical care concepts and practice in real-life or simulated situations to enhance the critical thinking and critical reasoning approach. The results revealed an increase in the level of confidence; level of efficiency and time management skills; decreased anxiety because clinical concepts were introduced in a structured manner; increased critical thinking skills; increased problem-solving abilities; better understanding of care associated with complicated critically ill patients; and better networking abilities (Morris, Pfeifer, Catalano, Fortney, Nelson, Rabito, & Harap, 2009).

In 2002, the University of Colorado Hospital (UCH) developed a hospital-wide Residency Program as part of the University's Health System Consortium and the American Association of Colleges of Nursing Post Baccalaureate Nurse Residency Program Demonstration Project tailored to meet the needs of graduate nurses and help develop competent first line caregivers. The program was included in a 1-year program for baccalaureate prepared graduates and included a series of classroom courses and support sessions (Chestnutt & Everhart, 2007).

In 2003, the UCH took an approach similar to Northwestern Memorial Hospital and assessed their own critical care clinical orientation model and concluded that revisions also were imperative. Their intensive care orientation program was not as consistent or as structured as the Residency Program to accommodate the needs of its learners. The Residency Program offered a structured series of classroom courses, facilitated support sessions, specific well-structured and outlined stages including clinical competency verification for stage advancement, and didactic modules. The goals of the program were to reduce new graduate turnover rates, enhance job satisfaction and autonomy, increase critical thinking skills, improve new graduate support, and promote better patient outcomes and safety. The development of a detailed unit-specific staged orientation program for the surgical intensive care unit with the primary purpose of better preparing their graduate nurses for critical and acute care practice became a priority. Developing adequate competency required to function as acute care nurses became imperative (Chesnutt & Everhart, 2007).

The program achieved success because the stages clearly defined checklists, defined patient assignments, and defined competency requirements. The stages were important since the program required the lead nurses to assign a specific type of patient assignment that matched the new graduate's skill and knowledge level. The complexity of assignments progressed from lower acuity to higher acuity through the five stages which allowed the new graduate to be challenged without feeling overwhelmed. Preceptors accepted the new staged approach due to the incremental patient assignments that matched learning needs and organization of the components on the checklist was easy to use. Graduate nurses reported that the requirement to demonstrate competency

between stages increased their confidence in their clinical practice (Chesnutt & Everhart, 2007).

The Catholic Medical Center in Manchester, New Hampshire determined graduate nurses become too focused on completing basic critical care tasks and requested a means to seek a more efficient approach to skill development for these graduate nurses. After a thorough literature review, the team identified consistencies evident in practice that were preventing an easier transition from student to practicing nurse. Proulx and Bourcier (2008) concluded that

- lack of confidence in skill performance
- deficits in critical thinking and clinical knowledge
- relationships with peers and preceptors
- struggles with being dependent on others yet wanting to be independent
- frustration with the work environment
- organization and priority-setting skills
- communicating with physicians (p. 44)

seemed to present the most difficult reasons hindering a positive transition from the educational arena into actual practice.

The development of their new orientation program was modeled after Benner's 5-stage skill acquisition model. The primary goal was to help nurses become "more fluent with hands-on technology and skills, so their thought processes could be dedicated to higher level thinking when they were later assigned to work with the unit preceptors" (Proulx & Bourcier, 2008, p. 46). The new model also needed to provide more structure, consistency, and foster critical thinking skills sooner (Proulx & Bourcier, 2008). The new

program included three phases of the orientation process. Phase 1 began with the first day on the unit and consisted of orientation with the unit educator to provide a more structured approach to patient care and provide standardized information on basic patient care (Proulx & Bourcier, 2008). Phase 2 moved the graduate nurse to be able to care for at least 1 patient under supervision since phase 1 should have provided enough hands-on orientation and structure (Proulx & Bourcier, 2008). Phase 3 allowed the graduate nurse to work their hired shifts and care for 2 patients under supervision (Proulx & Bourcier, 2008).

The new program received positive feedback. Graduate nurses felt more secure in having time to master the technical skills necessary during the first phase. They also felt that being paired with another new graduate to care for the same patient helped to foster a peer relationship with a new coworker. Preceptors felt it was easier to take on two new graduates with one patient a piece while providing supervision to both than to have one new graduate with one patient requiring supervision and a patient of their own to care for. It was evident that hands-on technical skills improved as well as prioritizing, critical thinking, and time management (Proulx & Bourcier, 2008).

Learning Styles

The traditional method of learning has been face-to-face classroom lectures. As noted earlier, it is important for clinical educators to determine, recognize and incorporate different learning methods that match the preferred learning style of each individual learner so the individual can achieve their learning goals (Orey, 2002). Blended learning, incorporating modified lectures, tutorials, seminars, workbooks, online discussion forums, web-based learning modules, etc., is a method of educating from a distance that

uses the advances in technology combined with the traditional face-to-face classroom lectures (Ireland, Martindal, Johnson, Adams, Eboh, & Mowatt, 2009).

Ireland, Martindal, Johnson, Adams, Eboh, and Mowatt (2009) evaluated a blended learning approach of an undergraduate learning module titled *Research and Evidence-Based Practice*. The blended learning approach incorporated modified lectures, tutorials, seminars, workbooks, and online discussion forums. The evaluation approach involved assessing the blended learning experiences in terms of knowledge, attitude and experience. According to Ireland, Martindal, Johnson, Adams, Eboh, and Mowatt (2009), the evaluation of the study involved three different phases including a questionnaire to assess knowledge and attitudes towards research, the perception of its application to practice, and the actual understanding of the learning experience; a focus group to explore issues from phase 1; and a telephone interview to evaluate the blend of teaching and learning methods. Participants rated each of the blended learning techniques as useful except for the online discussion forum which was rated neutrally at 54.5%. In phase 1, in terms of testing knowledge, the mean score of correct answers was 57.6%. In terms of attitude, 25.7% strongly agreed and 60% agreed that research is of value to the clinical nurse and that research should be performed. In phase 2, eight distinct themes emerging from the data were revealed including: difficulty with subject matter; any staff factors; choice of learning style; navigation of the virtual campus; flexibility of blended approach; benefits of lectures; and relevance to practice (Ireland, Martindal, Johnson, Adams, Eboh, & Mowatt, 2009).

The study concluded that a blended learning approach to teaching and learning can be beneficial as long as careful and particular attention is focused on the use of

available technology and diverse learning styles. The research revealed that careful consideration and evaluation of blended approaches is imperative. According to Scott (2003), the need for ongoing evaluation is a way to build upon past success and is essential for successful implementation of blended learning. Blended learning can positively encourage and affect life-long learning skills which are important to professional development (Ireland, Martindal, Johnson, Adams, Eboh, & Mowatt, 2009).

Simulation-Based Learning

Scenario-based simulation is gaining more acceptance in nursing programs as well as hospital-based orientation programs and continuing education. However, little information or research is noted for hospital-based programs instituting simulation in teaching and learning practices. Simulation was best defined by Gaba (2007) as a technique that may be used to replace real experiences with guided experiences that mimic or replicate aspects of the real world in a fully interactive manner. Leigh (2008) defined simulation as a vehicle for transferring classroom knowledge into a safe and risk-free learning environment. Thus, simulation can be considered a teaching and learning method that can provide and promote innovative educational experiences to measure and develop clinical competency, promote teamwork, and improve patient care processes (Nagle, McHale, Alexander, & French, 2009).

Simulation can assist with reducing medical errors, enhance patient safety, provide more effective clinical instruction time, and provide specific clinical learning experiences for staff. According to Broussard (2009), simulation provides several advantages such as the opportunity to critically analyze their responses whether right or wrong in a safe environment that does not compromise patient safety. The learner has the

ability to reflect upon the actual experience, analyze their mistakes, receive feedback and have the opportunity to repeat the scenario to enhance their knowledge. Additional advantages may include increased retention of knowledge by building upon prior knowledge and relating the simulation experience to real clinical scenarios that can further enhance their critical thinking skills. Broussard (2009) identified that simulation learning can provide various opportunities for the integration of feedback and reflection, which increase the learner's ability to synthesize knowledge and make sound and safe nursing care decisions. According to Childs and Sepples (2006), simulation allows for the retention of knowledge for a longer period of time, skills acquisition is quicker, learners are more satisfied, critical thinking is enhanced resulting in elevated self-confidence and better problem-solving abilities. As Confucius said, "I hear and I forget. I see and I remember. I do and I understand" (Childs & Sepples, 2006, p. 155).

Nagle, McHale, Alexander, and French (2009) identified that simulation mimics the principles of adult learning as acknowledged by several educational theorists. Rogers (1969) proclaimed that adult learners can learn best through self-initiated learning within a non-threatening environment. Knowles (1970) attested that adult learners are more motivated to learn when actively engaged in the learning process, when they can integrate personal experiences into the process, when given the opportunity to problem solve, and when they can immediately reflect upon what they have learned. Kolb (1984) defined learning as a process of knowledge transformation into experience (Nagle, McHale, Alexander, & French, 2009).

Critical care orientations are focused on exposing new graduates or novice nurses to the intensive care environment and preparing them to manage high acuity patients.

The inclusion of simulation as a teaching/learning modality into a critical and progressive care orientation program provides graduate nurses with a guaranteed experience via high-risk patient situations and allows them to obtain hands-on practice (Stefanski & Rossler, 2009). According to Stefanski and Rossler (2009), if graduate nurses are allowed the opportunity to be involved and experience clinical situations through simulation, “their self-confidence in their abilities to manage critically ill patients increases as they become adept in their newly chosen profession” (p.444). Unfortunately, the cost and availability of educators or staff are difficult for hospitals to accommodate.

The University of Louisiana at Lafayette Department of Nursing (ULLDON) developed a large, state-of-the-art simulation laboratory primarily for critical care. The laboratory consists of six high-fidelity simulators, a viewing tower, audio/video capabilities, and supply rooms. The nursing department recognized the importance of integrating simulation into their undergraduate baccalaureate program and decided to share their facilities with the community through the creation of a week-long critical care course involving simulation (Stefanski & Rossler, 2009).

Hospitals are pressured to retain newly recruited nurses and retention of these nurses is difficult when the newly hired become dissatisfied associated with the current critical care environment (Stefanski & Rossler, 2009). The ability to assist the new graduates in feeling prepared helps them gain self-confidence and remain satisfied.

Preparing the Critical Care Nurse was developed to offer a week-long program which consisted of didactic lecture with corresponding simulation activities. The program was created using a body systems approach and included concepts in cardiovascular, respiratory, renal, endocrine, neurological, gastrointestinal, infectious disease, and trauma

emergencies (Stefanski & Rossler, 2009). Simulation activities were conducted in the afternoon following the daily lecture material.

The program was evaluated using a questionnaire presented on the last day to assess participants' satisfaction with learning involving simulation as well as assessing their confidence level. All participants agreed that simulation provided them with valued learning materials and activities to enhance learning as a critical care nurse. At least 96% agreed that the use of simulation was effective. Reports of self-confidence were positive and 88% felt confident and prepared to care for critically ill patients (Stefanski & Rossler, 2009). Stefanski and Rossler (2009) agreed that simulation is one innovative strategy that a nurse educator can implement to transition the new graduate nurse into critical care. Simulation offers a mechanism by which practice skills, such as communication, critical thinking, organization, and leadership, can develop. The researchers feel it is imperative that simulation become an accepted practice and continued research should be conducted in the field of simulation as a venue for educating and preparing the practicing nurse (Stefanski & Rossler, 2009).

In 2002, the Massachusetts General Hospital (MGH) formed an interdisciplinary team of educators who diligently researched the use of simulation, developed and implemented a simulation program labeled the Knight Simulation Program. Seven programs were offered on a regular basis with five programs targeting nurses and two aimed at broader interdisciplinary audiences. Each scenario was aimed at specific clinical or behavioral content. Simulated patient scenarios were included in all programs with evaluation in the form of videotaping and debriefing. Simulation occurred in a risk-free experiential environment along with other teaching modalities to foster the development

of safe, efficient, and competent client centered care (Nagle et al. 2009). Simulation was demonstrated to be a useful teaching methodology for nurses at all levels. According to Nagle, McHale, Alexander, and French (2009), simulation was shown to be beneficial in applying theoretical knowledge. The impact of equipment costs, adequate space, faculty preparation, and low learner to educator ratios can create barriers for effective learning in simulation. Nagle, McHale, Alexander, and French (2009) suggested that additional research should be conducted to evaluate the effectiveness of this teaching method on learner performance, patient safety, and client outcomes that seek to justify the costs and lessen the barriers.

According to Childs and Sepples (2006), the educational experience offers nursing students the time to “acquire knowledge, incorporate critical thinking and psychomotor skills, develop self-confidence in their abilities, and then transfer this knowledge to the clinical setting where they have the opportunity to care for patients” (p. 154). Thus, the College of Nursing and Health Professions at the University of Southern Maine (USM) in accordance with the National League for Nursing and Laerdal Corporation studied the simulation development and implementation process to measure satisfaction. Faculty developed four simulation scenarios increasing in complexity with a final mock code. The students were a mix of 55 baccalaureate and second degree students and they rotated through the four simulated scenarios in a specified time frame. The goal was to test the validity and reliability of the instrument used in the study: The Educational Practice Scale for Simulation (EPSS) measuring educational practices present in the simulation and importance of each practice to the participant (Childs & Sepples, 2006). Participants felt that the feedback process was most conducive with

learning followed by collaboration, active learning, high expectations, and diverse learning opportunities. The participants enjoyed the learning experience and felt they learned the most from the mock code scenario. The rhythm strip analysis was also considered valuable. In conclusion, the interactive, focused simulation experiences proved to be valuable experiences for learning skills and developing critical thinking (Childs & Sepples, 2006).

Kaakinen and Arwood (2009) completed a systematic analysis of available nursing simulation literature between 2000-2007 to determine the usefulness and application of a new learning theory. A thorough review was completed to determine if simulation was viewed more as a teaching modality or as a way to develop learning opportunities. A total of 650 articles were reviewed before being reduced to 120 articles based on the inclusion of nursing simulations in the English language. Of the 120 articles reviewed, 94 discussed simulation as primarily a teaching method while the remaining 16 articles were analyzed to evaluate how learning was used in the design of simulation. Simulation has been determined to be useful as more of a teaching modality meaning that simulation is a planned experience aimed at providing specific goals, methods and achieving specific goals or objectives.

Kaakinen and Arwood (2009) referenced Bandura (1965; 1995) as the social change theorist who advocated that self-efficacy occurs through reinforcement learning. Simulation is designed in a way to provide planned stimuli developed and implemented to give the learner an opportunity to meaningfully respond. According to Kaakinen and Arwood (2009) if simulation is to measure clinical skills and self-efficacy, the experience should be based on faculty providing students with scenarios that allow participants to

positively respond to stimuli and receive positive feedback. If a participant can respond in a positive manner, self-efficacy may be enhanced. In the review of the nurse educator literature, simulation was found to be helpful in enhancing self-confidence and self-efficacy in performing clinical work.

Kaakinen and Arwood (2009) propose that educators focus on the purpose of the simulation experience and determine if the intent is for teaching or learning purposes. If the focus is on teaching, traditional planned simulations can assist with developing mastery of taught skills through performance. Kaakinen and Arwood (2009) suggest for novice students such as new graduates, learning-based simulations may prove more beneficial in developing critical thinking and problem-solving through conceptual learning. Conceptual learning assists the clinician with the ability to effectively evaluate the learning experience and assess the knowledge level of the participant. More research is necessary for effectively evaluating the efficacy of simulation for improving conceptual learning. If simulation is intended to enhance knowledge and foster participant learning then the simulation design should be redesigned to shift from teaching to a more learning focus (Kaakinen & Arwood, 2009).

The complexity of the acutely ill patient can appear overwhelming to the new graduate nurse. Most acutely ill patients present with life threatening diagnoses cumbered with additional co-morbidities and fluctuating stability. The fast-paced environment can become extremely challenging resulting in increased anxiety, frustration, and lack of confidence in the ability and comfort to care for these patients (Stefanski & Rossler, 2009).

As stated earlier, it has become imperative for new graduates entering acute care areas of practice to receive a clinical orientation designed to prepare them to manage acute situations independently. Stefanski and Rossler (2009) stated “ensuring that these first faces feel prepared, gain self-confidence, and remain satisfied in their decision to practice in critical care is of paramount concern” (p. 444). The primary objective of the study is to evaluate the effectiveness of a blended orientation approach on the level of self-confidence and satisfaction with current orientation methods for new graduates entering the critical or progressive care practice areas.

Review of the literature emphasizes the significance of providing structured orientation programs to meet the needs of the new graduate nurse entering critical or progressive care areas of practice. It is important for educators to determine, recognize, and incorporate different learning modalities that match the preferred learning style of each individual learner. Advances in technology, new standards for patient care, generational differences and different learning styles have forced the focus of administration and educators to provide innovative approaches to orient the novice nurse, who is often a new graduate, into critical and progressive care areas. The ability for the educator to develop integrative processes of thinking, which provide the opportunity to introduce interrelated concepts, allows the new graduate nurse to recognize relationships commonly seen in the acutely ill patient population and obtain the necessary skills, knowledge and self-confidence to care for these patients.

Chapter III

Method

Subjects, Sampling, Setting

Twenty-four new graduate nurses hired for the progressive or critical care areas were enrolled in the study following consent. Specific demographic variables included: age to determine average age; gender; specific type of unit (critical care, progressive care) employed; actual nursing degree obtained from educational institution (associate degree in nursing , bachelor's degree in nursing) ; and previous medical experience or education. The study was conducted in a hospital located in the southeastern part of the United States beginning March 2011 and ending July 2011. Subjects were introduced into the study at various times throughout this time frame as the hospital filled vacancies with new graduate nurses hired on an unit considered progressive care or critical care.

Instruments

The method used to measure self-efficacy was through a questionnaire. The instrument, *Student Satisfaction and Self-Confidence in Learning*, utilized for measurement and evaluation of nursing students during simulation, was obtained from the National League for Nursing and Laerdal Medical as developed by Jefferies and Rizzolo (2006). The instrument includes two sub-scales. The first subscale, *Student Satisfaction with Current Learning*, is a 5-item instrument evaluating student satisfaction containing a number of declarative statements with a scale after each statement related to the current orientation program (Jefferies & Rizzolo, 2006, p. 7). "Content validity of the instrument was established by nine clinical experts validating the content and relevance of each item for the concept of satisfaction. Reliability was tested using Cronbach's alpha

and found to be 0.94” (Jefferies & Rizzolo, 2006, p.7). The *Self-Confidence in Learning Using Simulations* is the second subscale. This is an 8-item instrument measuring how confident students felt about the skills they practiced, knowledge obtained, and how they rate their own self-comfort in their ability to confidently and independently apply this knowledge and skill to practice (Jefferies & Rizzolo, 2006). “Content validity was established by nine clinical experts in nursing, and reliability, tested using Cronbach’s alpha, was found to be 0.87” (Jefferies & Rizzolo, 2006, p.7). Permission was obtained from the National League for Nursing and Laerdal Medical for use of the *Student Satisfaction and Self-Confidence in Learning* measurement tool.

Procedures

With permission, the questionnaire was renamed *Nurse Satisfaction and Self-Confidence in Learning* and modified to develop specific questions regarding satisfaction and self-comfort in relation to the blended learning modalities designed and implemented to prepare these new graduates to function independently as professionals in their chosen areas of critical or progressive care practice.

Prior to submission of the pretest (Appendix A), the researcher obtained permission from the Institutional Review Board (IRB) for Gardner-Webb University (GWU) and elected hospital. New graduate nurses willing to participate and hired to work in critical and progressive care were included in the research process.

Prior to submission of the pretest, the new graduate was informed of the research purpose and administered a human subject information form (Appendix C). The human subject information form detailed the purpose of the study and the rights for participating in research. Each participant had the opportunity to read and have explained the

information on the form. At any time during the study the participant had the option to decline to participate in the study. The form included contact numbers of the primary investigator (PI) and PI's Gardner-Webb University research advisor. The form included benefits of the study. All participants were ensured strict confidentiality of any data collected by assignment of a number placed on top of each pretest questionnaire by the PI. The participant was instructed to write the number on the provided sheet of paper and then seal in the provided envelope with their name placed on the outside of the envelope. The sealed envelope was returned to the participant during the posttest questionnaire (Appendix C) and participants were asked to write the number at the top of the questionnaire so pretest and posttests could be compared.

The pretest questionnaire, evaluating self-confidence in learning following graduation from an accredited school of nursing, was administered immediately following hospital-wide general orientation. The posttest evaluating satisfaction with current learning and self-confidence in learning following orientation, was administered immediately upon completion of a two month organized blended learning orientation curriculum.

The pretest questionnaire was a series of eight questions evaluating their self-confidence of learned material following nursing school and prior to orientation. An open-ended question was added asking the participant to provide specific goals they would like to accomplish during the orientation process in order to assess any specific trends which could be used to modify or restructure the orientation process in the future. The follow-up posttest questionnaire was a series of five questions rating their level of satisfaction with current learning and one question identifying their preferred learning

style. Review of the literature has shown that humans learn best through one of four methods: visual, aural, read/write, or kinesthetic. Identifying how most participants learn best can also be a determinate of what specific blended learning approaches should be included or modified for future orientation approaches. The posttest questionnaire also included a series of eight questions evaluating their level of self-confidence in learning. An open-ended question was added to allow the participant to provide a brief description of the positive and negative aspects of the orientation process as well as any future suggestions in order to assess any specific trends which could be used to modify or restructure the orientation process in the future. Questions were presented in a clear, concise and concrete format.

Methodology

Data collected from the study were compiled and analyzed using descriptive statistics and dependent t-test methodologies. Descriptive statistics allow for general statistical information to be generated, frequencies revealing distribution of variables, and general data exploration. The dependent t-test is “a test using the *t*-statistic that establishes whether two means collected from the same sample (or related observations) differ significantly” (Field, 2005, p. 728). The dependent t-test involves two groups that are compared actually using one group measured on two occasions. The dependent t-test provided results indicating whether self-confidence with current learning changed following orientation.

Chapter IV

Results

The participants in this study were 24 new graduate nurses. Participation was voluntary, and confidentiality was guaranteed. The age of the participants ranged from 22 years to 46 years, and the average age was 32.17 years. 71% of the participants were female and 29% of the participants were male. 13% of the participants worked in a critical care unit and 87% of the participants worked in a progressive care unit. 77% of the participants held an ADN degree and 31% of the participants held a BSN degree. 21% of participants had previous medical background and 79% of participants had no previous medical background. All participants in the sample chose kinesthetic as their preferred learning style or method.

The pretest questionnaire, *Nurse Satisfaction and Self-Confidence in Learning Pretest*, was an 8-item instrument measuring how confident new graduates felt about their skill level, knowledge obtained, and how they felt about their own self-confidence in their ability to confidently and independently apply this knowledge and skill to practice post nursing school. Reliability was tested using Cronbach's alpha and found to be 0.81. The mean Self-Confidence in Learning score was 2.70 (SD = .70). The posttest questionnaire, *Nurse Satisfaction and Self-Confidence in Learning Posttest*, consisted of 2 subscales. The first subscale, *Satisfaction with Current Learning*, was a 5-item instrument designed to measure nurse satisfaction with five different items containing a number of declarative statements with a scale after each statement related to the current orientation program. Reliability was tested using Cronbach's alpha and found to be 0.88. The mean satisfaction in learning was 2.29 (SD= 0.64). The second subscale, *Self-*

Confidence in Learning, was an 8-item instrument designed to measure the effect of blended orientation approaches on new graduates' level of self-confidence with current orientation methods. As with the pretest survey, it measures how confident new graduates felt about their skill level, knowledge obtained, and how they felt about their own self-comfort in their ability to confidently and independently apply this knowledge and skill to practice following a two month structured orientation process. Reliability was tested using Cronbach's alpha and found to be 0.94. The mean Self-Confidence in Learning score was 2.41 (SD = .82). All three scales are measured using a 5-point Likert scale with responses ranging from 1 (strongly agree) to 5 (strongly disagree).

A paired-samples *t-test* was conducted to test whether self-confidence with current learning changed following orientation. The sample for this test was reduced to seven participants (the number for which pre- and post scores were available). The hospital's Human Resource department recently changed their hiring process for new graduates. Prior to this change, new graduates were hired and allowed to begin orientation but only function as nurse aides until they passed their state boards. Currently, new graduates must obtain their nursing license before applying, interviewing, or be offered a nursing position. Most new graduates once began orientation following graduation usually in May, but with the change in the hiring process, most are not beginning orientation until July or August. The study evaluates a two month orientation process so only seven participants had completed, but seventeen more participants remain enrolled for a total of twenty-four participants. The results indicated that there was no significant difference between pretest score for Self Confidence in Learning ($M = 2.32$,

SD = .71) and the posttest score for Self-Confidence in Learning (M = 2.41, SD = .82),

$t(6) = -.37, p = 0.72.$

Figure 4.1. Average Pre- and Post- Test Scores

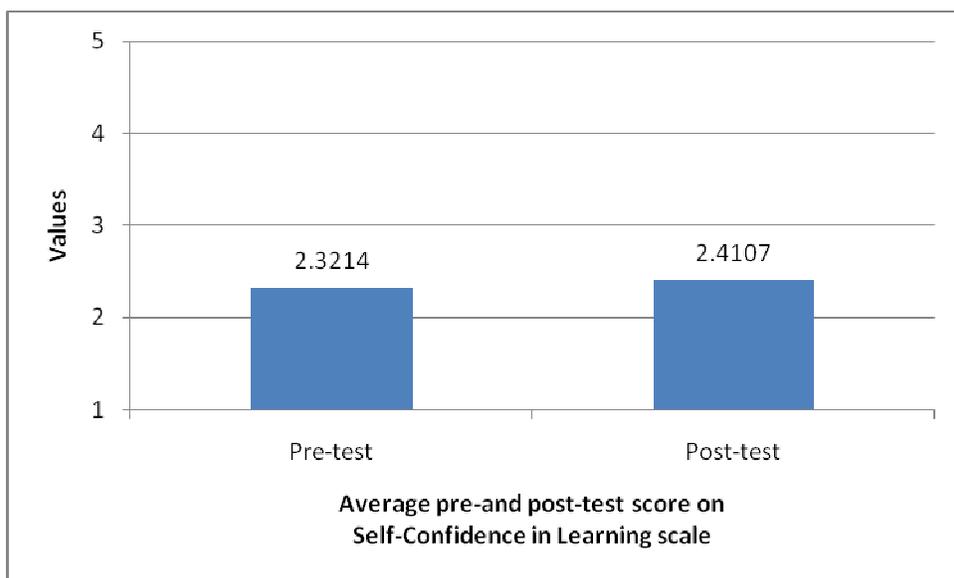


Figure 4.1. Average Pre- and Post- Test Scores: This graph shows the mean average pre- and post-test score on the Self-Confidence in Learning Scale. Responses (Values) ranging from 1 (strongly agree) to 5 (strongly disagree).

Figure 4.2. Pre- and Post- Test Scores

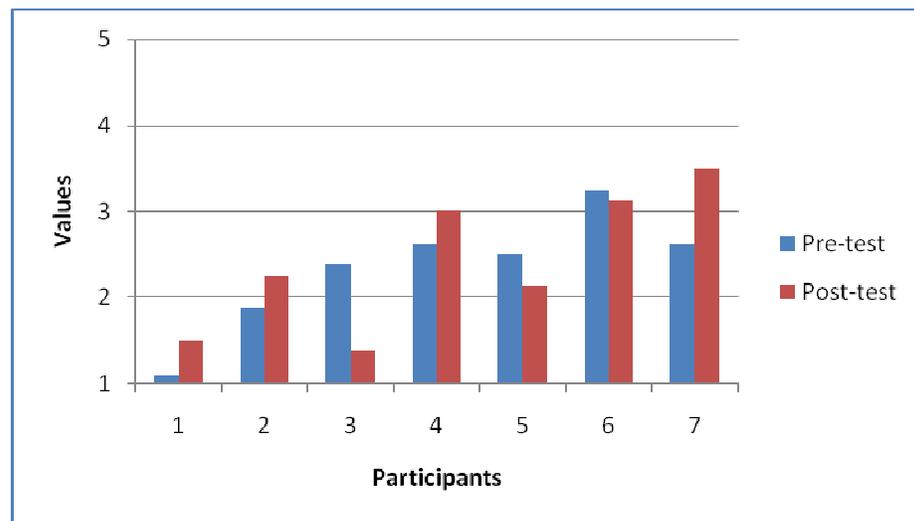


Figure 4.2. Pre- and Post- Test Scores: This graph shows the average pre- and post-test score on the Self-Confidence in Learning Scale for each of the seven participants. Responses (Values) ranging from 1 (strongly agree) to 5 (strongly disagree).

For four of the participants, the score on the SCL (self-confidence in learning) scale went up indicating that that they agreed less, (were less confident in their ability) and that for three, the score improved (went down) indicating that they were more confident in their ability.

Chapter V

Discussion

Interpretation of Findings

The primary focus of the study was to determine how a blended learning approach of orientation affected the level of new graduate self-confidence and satisfaction following a two month structured orientation curriculum. New graduates entering critical care or progressive care areas of practice were evaluated following nursing school (prior to hospital orientation) and following a two month hospital orientation model. The two month orientation process involved traditional lectures, online modules, case studies, discussion, and high-fidelity simulation.

Based on the reliability results using Cronbach's alpha test each survey was determined to consistently reflect the construct it was measuring. The *paired t-test* results did not reveal any real significant difference between pre and post orientation. Interestingly, the mean is slightly higher in the posttest, indicating a lower level of self-confidence on the post-test. Surprisingly, new graduates ranked their level of self-confidence high in many areas including critical thinking and reasoning prior to orientation. It is difficult to determine if the orientation provided by the hospital increased or lowered their self-confidence and satisfaction based on their responses on the surveys and the statistical results. Several participants agreed that the use of online learning modules was not a preferred method of learning. All participants preferred hands on or the kinesthetic type of learning style.

Limitations

The timeframe of the study produced a small sample size which limited statistical evidence to determine how the blend of orientation approaches affected levels of self-confidence and satisfaction. The research study time frame has been extended upon request and approval. Currently seventeen new graduate nurses have been added to the study for a total of twenty-four enrolled participants. The aim is to obtain more participants in order to produce a more valid study.

The pre and post test questions are not stated exactly the same with the same text. The questions directly correlate and the concept of the questions is the same but confusion could occur during data collection, with data analysis, and with statistical reporting. In the future, the pre and post test questions should be stated exactly the same to limit confusion and increase validity of the study.

Implications for Nursing

The review of literature suggests that the use of a more blended learning approach to teaching and learning can be beneficial to the new graduate nurse entering professional practice. Blended learning is a growing area in education requiring more evaluation and research. It is challenging for the nurse educator and institutions to find the “right blend” for a full range of learning styles. The incorporation of more blended learning into orientation or even practice areas may prove to be beneficial in preparatory education, such as new orientation models, and begin to encourage life-long learning skills which are essential for nursing practice.

Implications for Further Research

The study suggests that the blend of teaching and learning methods should be researched further to assess how nursing practice-based outcomes are affected. The research study time frame has already been extended upon request and approval. A suggestion would be to have an instructor evaluate the new graduate following graduation to determine how well these new graduates are prepared to enter critical care or progressive care based on the instructor's evaluation. Following the orientation process, the nurse educator, clinical preceptor, and/or manager could evaluate to determine if these new graduates learned the required skills and necessary knowledge and performed at their own self-perceived level of nursing care.

The ability for institutions to adequately prepare new graduates for nursing practice is imperative but challenging. The ability to incorporate the "perfect blend" of teaching and learning modalities is difficult. New graduates are the future of nursing and institutions must find a way to adequately transition them into professional nursing practice and prevent them from exiting the profession.

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Appendix A

Assigned #__

Nurse Satisfaction and Self-Confidence in Learning: Pretest

Demographics:

Age: ____

Gender: (M or F) (circle one)

Unit Employed: _____ (Critical Care or Progressive Care) (circle one)

Nursing Degree: (ADN, BSN, MSN) (circle one)

Educational Background (in addition to nursing, if applicable): _____

Instructions: This questionnaire is a series of statements about your personal attitudes about your current preparation/skill level prior to the instruction you received during your orientation program. Each item represents a statement about your attitude toward your learning and self-confidence in obtaining the instruction you need. There are no right or wrong answers. You will probably agree with some of the statements and disagree with others. Please indicate your own personal feelings about each statement below by marking the column that best describes your attitude or beliefs about each statement. Please be truthful and describe your attitude as it really is, not what you would like for it to be. This is anonymous with the results being compiled as a group, not individually.

Mark:

SD= STRONGLY DISAGREE with the statement

D= DISAGREE with the statement

UD=UNDECIDED – you neither agree nor disagree with the statement

A=AGREE with the statement

SA=STRONGLY AGREE with the statement

Self-Confidence in Learning	SD	D	UN	A	SA
1. I am confident that I have obtained the necessary content for working in the critical and progressive care areas from my instructors while in nursing school.					
2. I am confident my nursing school covered critical content necessary for the mastery of medical surgical curriculum.					
3. I am confident that I have developed the skills and obtained the required knowledge from nursing school to perform necessary tasks and critical thinking in a clinical setting.					
4. It has been my responsibility as a prior nursing student to learn what I needed to know from the nursing program.					
5. I am confident in my abilities to identify and discuss medical and nursing interventions for the unstable medical surgical patient.					
6. I am confident of my abilities to demonstrate nursing management/treatment of the acutely ill patient.					

7. I am confident nursing school included and provided critical thinking skills and activities for my preferred learning style.					
8. I am confident nursing school provided appropriate and effective critical thinking/reasoning blended learning activities to enhance my knowledge and critical thinking/reasoning abilities.					

Please provide specific goals you would like to accomplish during the orientation program:

Appendix B

Human Subject Information Sheet

You are being asked to take part in a research study evaluating the effectiveness of a blended orientation approach on the level of self-confidence/self-comfort and level of satisfaction with current orientation methods for new graduates entering the critical or progressive care practice areas. The research is being conducted as part of the primary investigator's requirements in completing a Master of Science degree in nursing education. Please read this form carefully and ask any questions you may have before agreeing to take part in the study.

What is the title of the study: Preparing the new graduate nurse entering critical or progressive care practice areas: What is the effect of blended orientation approaches on their level of self-confidence and satisfaction with current orientation methods?

What we will ask you to do: Prior to your agreement to participate in this study, the researcher will inform you of the research purpose and you will have the opportunity to read and ask questions to further clarify the intent of this research. If you agree to participate in the study, you will be asked to complete a pretest evaluating your self-confidence of learned material following your graduation from a school of nursing. The pretest will be administered on the last day of your hospital general nursing orientation. You will also be asked to complete a posttest evaluating your level of self-confidence in learning and level of satisfaction immediately upon completion of a two month organized blended learning orientation model. Each test should only take 5-10 minutes to complete. Please be truthful and describe your attitude as it really is, not what you would like for it to be. This is anonymous with the result compiled as a group, not individually.

Risks and benefits:

There is no risk associated with this study. While there are no benefits to you, the study results will be used to assist clinical educators in providing the best structured educational opportunities to accommodate new graduates' diverse learning needs while maintaining competency that ensures the highest quality of patient care and patient care outcomes.

Compensation: None

Your answers will be confidential. The records of this study will be kept private. You are ensured strict confidentiality of any data collected by assignment of a number, placed on top of each pretest by the researcher. You will be asked to write the number on the provided slip of paper and then seal in an envelope with your name placed on the outside of the envelope. The sealed envelope and research records will be kept in a locked file; only the researchers will have access to the records. The sealed envelope will be returned to you during the posttest and you will be asked to write your assigned number at the top of the survey so pretest and posttest results can be compared. You may keep your

envelope and destroy as you prefer. In any sort of report we make public we will not include any information that will make it possible to identify you.

Taking part is voluntary: Taking part in this study is completely voluntary. You may decline to participate in this study and it will not affect your employment or relationship with Mission Hospital. At any time during the study, you may withdraw from the study and it will not affect your employment or relationship. A copy of the consent form will be presented to you and all participants at the time of consent.

If you have questions: The researcher conducting this study is Jennifer Forbes RN, BSN, CCRN. Please ask any questions you have now. If you have questions later, you may contact Jennifer Forbes (PI) at 1-828-678-9401 or nsgjcl@msj.org or Dr. Marcia Miller (Gardner-Webb University research advisor) at 1-704-406-4364 or mlmiller@gardner-webb.edu. If you have any questions or concerns regarding your rights as a subject in this study, you may contact the Institutional Review Board (IRB) at 607-255-5138 or access their website at <http://www.irb.cornell.edu>.

You will be given a copy of this form to keep for your records.

Appendix C

Assigned #__

Nurse Satisfaction and Self-Confidence in Learning: Post-Test

Demographics:

Age: ____

Gender: (M or F) (circle one)

Unit Employed: _____ (Critical Care or Progressive Care) (circle one)

Nursing Degree: (ADN, BSN, MSN) (circle one)

Instructions: This questionnaire is a series of statements about your personal attitudes about your current preparation/skill level following the instruction you received during your orientation program. Each item represents a statement about your attitude toward your learning and self-confidence in obtaining the instruction you need. There are no right or wrong answers. You will probably agree with some of the statements and disagree with others. Please indicate your own personal feelings about each statement below by marking the column that best describes your attitude or beliefs about each statement. Please be truthful and describe your attitude as it really is, not what you would like for it to be. This is anonymous with the results being compiled as a group, not individually.

Mark:

SD= STRONGLY DISAGREE with the statement

D= DISAGREE with the statement

UN=UNDECIDED – you neither agree nor disagree with the statement

A=AGREE with the statement

SA=STRONGLY AGREE with the statement

Satisfaction with Current Learning	SD	D	UN	A	SA
1. The blended teaching methods used in this orientation program were helpful and effective.					
2. The orientation program provided me with a variety of learning materials and activities to promote my learning the medical surgical curriculum.					
3. I enjoyed how my instructors taught and conducted the orientation program.					
4. The teaching materials and methods used in this orientation program were motivating and helped me to learn.					
5. The way my instructors taught and conducted the orientation program was suitable to my learning needs.					
6. What is your preferred learning style or method? (write your answer here): _____					

Self-Confidence in Learning	SD	D	UN	A	SA

1. I am confident that I am mastering the necessary content for the critical and progressive care areas that my instructors presented to me.					
2. I am confident that this orientation program covered critical content necessary for the mastery of medical surgical curriculum.					
3. I am confident that I am developing the skills and obtaining the required knowledge from this orientation program to perform necessary tasks and critical thinking in a clinical setting.					
4. It is my responsibility as the student to learn what I need to know from this orientation program.					
5. I am confident in my abilities to identify and discuss medical and nursing interventions for the unstable medical surgical patient.					
6. I am confident of my abilities to demonstrate nursing management/treatment of the acutely ill patient.					
7. I am confident the orientation model included and provided critical thinking skills and activities for my preferred learning style.					
8. I am confident the orientation program provided appropriate and effective critical thinking/reasoning blended learning activities to enhance my knowledge and critical thinking/reasoning abilities.					

Please provide a brief description of the positive and negative aspects of the orientation process as well

as any future suggestions: _____
