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Nurse Managers and Hospital Nurse Educators' Views related to the Knowledge, Skill and Attitude Requirements of Newly Licensed Nurses in the Las Vegas and Salt Lake Valleys

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Nurse Managers and Hospital Nurse Educators' Views related to the Knowledge, Skill and

Attitude Requirements of Newly Licensed Nurses in the Las Vegas and Salt Lake Valleys

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In partial fulfillment of the requirements for the degree of

Doctor of Nursing Practice

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Abstract

Background: In 2017, approximately 230,569 new Registered Nurses (RNs) were licensed in the United States. Of these, over a quarter will leave their first position in less than a year. While 90% of academic leaders feel nursing graduates are ready for practice, only 10% of clinical leaders agree. Recent changes in health care, and an intensifying theory-practice gap hint that newly licensed nurses (NLNs) may not be equipped for today's workplace.

Objective: This qualitative project asked, "What do nurse managers and hospital educators perceive as required knowledge, skills and attitudes (KSAs) for NLNs to ensure successful and safe orientation or residency?"

Methods: Semi-structured interviews were conducted with twelve nurse managers and hospital-based nurse educators responsible for orienting NLNs. Interviews were conducted between October 2017 and January 2018 in the Las Vegas, Nevada and Salt Lake City, Utah nursing markets.

Results: Ten themes emerged from the project. Among them "readiness to learn," "customer service," "physical assessment skills" and "empowerment" ranked highest. Understanding the KSAs hiring nurse managers felt NLNs should possess may help academia better prepare new nurses for today's work environment.

Conclusion: Colleges of nursing and facility partners need to communicate more frequently to ensure graduates leave school prepared to enter the workforce with the knowledge and skills relevant to the current healthcare environment. Nursing is a science, *and* an art. Have we

sacrificed the art of nursing to focus on the science only? Increased focus on the art of nursing

may help the NLN in essential skill areas for today's work environment.

Background

In 2017, approximately 230,569 new Registered Nurses (RNs) were licensed in the United States (National Council of State Boards of Nursing, 2018). The literature typically refers to this group of RNs as "newly qualified nurses," "nurse graduates," "newly licensed nurses" or "graduate nurses." For simplicity and consistency, hereafter, the term "newly licensed nurse" (NLN) will be used to refer to any graduate of an accredited nursing educational program, which leads to Registered Nurse (RN) licensure. To become licensed, new RNs are required to complete an accredited nursing education program and pass the National Council Licensure Examination for Registered Nurses (NCLEX-RN©). Created, administered, and overseen by the National Council of State Boards of Nursing (NCSBN), this national exam is updated every three years to reflect the current healthcare environment in which new nurses will practice (National Council of State Boards of Nursing, 2017). Specifically, NCSBN conducts surveys and interviews of both NLNs and those that hire and train them for this purpose. Despite NCSBN's attempt to keep the licensure exam up-to-date and reflect the practice requirements of NLNs, there exists a theory–practice gap.

The theory-practice gap represents the difference in the educational preparation of nursing students and the requirements of the workplaces in which their students will practice upon graduation (Maben, Latter, & Clark, 2006; Haddad, Moxham & Broadbent, 2017). There has been a supposition that the theory–practice gap has increased as nursing education has placed less emphasis on clinical experiences and education and more on the theory of nursing practice (Saifan, AbuRuz, & Masa'deh, 2015). Some authors have suggested that the gap is related to the relationship between theory taught and differences in current practice; specifically, an

understanding how theory taught in the classroom relates to nursing practice in the current

practice environment (Scully, 2011). Furthermore, differences in the competencies required by

academic programs and by the practice environment in which NLNs will practice is evidence of

the theory-practice gap (Rafferty & Lindell, 2011; Numminen et al, 2014). Specifically, 90% of

academic leaders feel the nursing students that are graduating are ready to provide safe and

effective care while only 10% of nurse executives feel NLNs they have hired are prepared to

provide safe, effective care in the practice environment (Berkow, Virkstis, Stewart, & Conway,

2008). Finally, academic nurse educators and clinical nursing unit managers view practice

readiness differently, each from a very different perspective and driven by internal and external

factors unique to either the academic or clinical environment (Haddad, Moxham & Broadbent,

2017).

Changes in the nursing environment which have accompanied health reform have further

intensified the theory-practice gap. Insurance expansion under the Patient Protection and

Affordable Care Act (ACA) has increased inpatient utilization of healthcare services

(Department of Health and Human Services, Centers for Medicare & Medicaid Services, 2010).

Additionally, a growing number of Americans are living with complex chronic health conditions

which necessitate an increase in nurses' critical thinking abilities and clinical judgment, areas in

which newly qualified nurses are generally poorly rated (Salmond & Echevarria, 2017). Students

are traditionally educated in an illness model (a focus on illness and cure) while the current

healthcare system is moving towards illness prevention and health maintenance (Salmond &

Echevarria, 2017). Taken together this suggests that newly licensed nurses need a wide skill set

for a more diverse population focused on health maintenance and promotion which prepares

them to work in today's complex healthcare environment.

These issues of education and preparedness for professional practice are exacerbated when viewed from a legal perspective. In a 2017 article, Brooks notes that from a legal perspective, there is no novice licensed nurse. When a nurse receives a license to practice, he/she is held to the same standard as other nurses. Legally, there is no leeway for new nurses in practice. Brooks notes, "…as a licensed nurse, one is obliged to be competent in one's professional practice. There is no 'grace period'" (Brooks, 2017, p. 11). Thus, it is imperative that nurse educators and practicing nurses work together to best prepare students for today's professional setting (Brooks, 2017).

Purpose

This qualitative study addressed the question: what knowledge, skills and attitudes are needed from newly qualified nurses graduating from an accredited Bachelor of Science in Nursing (BSN) program to be successful in the first 120 days of employment as reported by hiring nurse managers or hospital-based nurse educators? Specifically, what well developed competencies do NLNs need when entering the practice environment to progress safely and successfully through the residency or orientation period provided at your facility?

Specific Research Objectives

1.   Describe the knowledge, skills, and attitudes that hiring managers or hospital-based nurse educators report expecting newly qualified nurses to possess during their first 120 days in a professional nursing position.

2.   Describe the theory-practice gap—that is, the difference between the expected knowledge, skills and attitudes that hiring managers or hospital-based nurse educators report

requiring of newly qualified nurses during their first 120 days in a professional nursing position but are reported as being absent or significantly underdeveloped.

Research Question

The research question guiding this project was "What competencies do hiring nurse managers and/or hospital-based nurse educators expect the NLN to possess to facilitate successful orientation or residency programs and provide safe patient care in the first one hundred twenty (120) days of professional nursing practice?"

Study Significance

The competence of NLNs has been studied from different perspectives. Perceptions of new nurses, managers and hospital administration, experienced staff nurses, clinical nurse educators and faculty have been examined (Diede, McNish, & Coose, 2000; Evans, 2001; Lee, Chey & Wang, 2002; Lofmark, Smide & Wikblad, 2004; Hickey, 2009; Wolff, Pesut & Regan, 2010; Freeling & Parker, 2015; Missen, McKenna, & Beauchamp, 2016). However, no study has explored this phenomenon from the hiring nurse managers' point of view and none has focused on the first 120 days of work on an acute care unit.

Literature Review

The literature is rich with information about the qualifications of NLNs from the perspective of the newly licensed nurse or the staff nurses who work with them (Diede, McNish, & Coose, 2000; Evans, 2001; Lee, Chey & Wang, 2002; Lofmark, Smide & Wikblad, 2004; Hickey, 2009; Wolff, Pesut & Regan, 2010; Freeling & Parker, 2015; Missen, McKenna, & Beauchamp, 2016). Frequently, these studies have described the quality of preparation received

through educational programs, the skills in which NLNs or staff nurses felt they were most and

least competent, and the transition from student to working nurse. While this information is

valuable, academics also need the perspective and input from nurse managers who hire graduates

as NLNs and hospital-based nurse educators who oversee their orientations and residency

programs.

To determine the size and scope of the literature exploring nurse managers and hospital-

based educators' views regarding NLN competencies, a review of the evidence was conducted.

CINAHL, Medline, and Google Scholar were used as the primary bibliographic databases for

this review. Key search terms included combinations of the following: "newly qualified nurses,"

or "newly licensed nurse," or "graduate nurse," or "newly graduated nurse." Search terms also

included "characteristics," or "qualities," or "knowledge," or "skills," or "attitudes," or

"competencies." To ensure the studies included the perspective of those who hire and/or orient

NLNs, "hospital-based nurse educator," or "manager" or "hiring manager." were also used. Full

text articles available in English and published since 2000 were reviewed. Additionally, to be

included in the review, articles had to report nurse leaders' expectations of NLNs with nurse

leaders being defined as unit or department nurse managers, hospital-based nurse education

coordinators who facilitate NLN orientation or residency programs, or directors of nursing in

acute care facilities. Articles that focused on NLN's expectations or experience were not

included. In total, six unique titles were identified as being relevant to this study. A

chronological review follows.

In 2000, faculty from the Clemson University College of Nursing studied survey

responses from 68 nurses who had opportunities to observe or assess NLNs in the clinical

setting. Questions focused on behaviors and skills of the NLN. Responses showed that NLNs were rated highly for professionalism, dependability, safety and infection control, and technical and computer knowledge (Lowry, Timms, & Underwood, 2000). This study also revealed that students lacked basic skills and competencies in organization and time management when caring for multiple patients. Lowry, Timms and Underwood (2000) also reported that teamwork and leadership skills needed further development before professional practice.

Mallory, Konradi, Campbell and Redding (2003) identified the qualities that nurse leaders valued most in NLNs. Semi-structured interviews with 44 nurse leaders revealed the strengths and weaknesses of NLNs and provided a list of their ideal qualities. Identified strengths included a willingness to learn, enthusiasm and success-oriented attitudes while weaknesses included the inability to respond appropriately to constructive criticism, lack of prioritization skills, and unrealistic expectations of the work to be done. In this study, nurse leaders listed humility, honesty, a thick skin, critical thinking ability, and motivation as qualities needed in the ideal NLN. Because nursing leaders were asked about the actual and ideal qualities of NLNs, it adds little to what is known about NLN competence.

Utley-Smith (2004) surveyed nurse managers from three distinct healthcare practice areas—acute care hospitals, home health agencies, and nursing homes—regarding the competencies required of NLNs hired into each area. The study revealed differences in the competencies each segment of the healthcare system identified as being most valuable. While communication was a common and highly valued competency across all three sectors, hospital-based respondents valued direct care ability and competence in health promotion. Subjects from home health agencies valued health promotion most highly followed by interpersonal

communication. Finally, respondents from nursing homes reported needing newly qualified

nurses skilled in supervision and direct care (Utley-Smith, 2004).

In cooperation with the Nursing Executive Center and with the assistance of over 100

nursing experts, Berkow, Virkstis, Stewart & Conway (2008) generated a list of 36 NLN

competencies and obtained 5,700 nurse leaders' satisfaction ratings of NLNs on each

competency. Results demonstrated high satisfaction on competencies related to information

technology utilization, rapport with patients and families, and respect for diverse cultures.

Competencies with the lowest satisfaction ratings included the ability to prioritize, anticipate

risk, and appropriately delegate tasks. Notably, these authors remarked that only 10% of hospital

and health system nurse leaders perceived NLNs to be prepared to provide safe and effective

care (Berkow, Virkstis, Stewart, & Conway, 2008). This study provided the most comprehensive

look at the satisfaction of nurse leaders with the competence level of NLNs, and because of the

large sample size, it provided valuable information to nurse educators about areas in which

curricula may be improved to better prepare the newly licensed nurse for today's nursing

practice.

The remaining two studies were conducted outside the U.S. and have more limited

generalizability. Brown and Crookes (2016) utilized the Delphi method to create a list of the

necessary skills of NLNs in Australia. With the help of nursing experts from practice and

academia, the authors generated a list of thirty skill areas and asked nurse managers, directors, or

clinical educators to rank the skills in order of importance for NLNs. Two thirds of the skills

areas were identified as "necessary" by 90% or more of the respondents with communication,

documentation, and privacy ranking highest. Use of the Delphi method by these researchers was

a strength of this study. However, differences between Brown and Crookes list of skills and the competencies identified by other researchers suggested the need for further investigation.

A Finnish study compared nurse managers and academic nursing educators' views of the competence of NLNs (Numminen et. al. 2014). Using the Nurse Competence Scale as a tool, the authors asked 86 nurse educators and 141 nurse managers to assess the competence of recently graduated nursing students in seven categories related to Benner's Novice to Expert theory and the seven domains of nursing: therapeutic interventions, ensuring quality, work role, helping role, teaching and coaching, diagnostic functions, and managing situations. Numminen et al. found that nursing educators assessed recent graduate competence higher in all areas of the survey than nurse managers (Numminen et al. 2014). This study highlighted the disconnect between nurse educators and nurse managers' perceptions of NLN competence.

Most recently, Haddad, Moxham and Broadbent (2017) studied the difference in the concept of "practice readiness" (p. 392) between academic nurse educators and nursing unit managers. The authors reported that nursing educators from the university sector had a different idea of practice readiness guided by curriculum and accreditation requirements than did nursing unit managers. Nursing unit managers understood the concept from a budgetary and staffing viewpoint and expected NLNs to be able to "hit the ground running" (p. 394) without too many concessions such as smaller patient loads. While Haddad, Moxham and Broadbent (2017) found that unit managers realized this was probably an unrealistic expectation, collaboration between the universities and clinical facilities was not adequate to bring the two differing expectations closer together.

While these studies approached the question of preparedness of new nurses from different

perspectives, taken together, the evidence-base demonstrated the unique perspectives of nurse

managers regarding NLN competencies and suggested differences by practice setting. Findings

suggest that NLNs were perceived to be competent in basic nursing skills, but less competent in

more technical skills. Nurse managers did not agree on the importance of NLNs' technical

abilities. Some indicated that NLNs became competent on-the-job while others indicated that

competencies were acquired during nursing school (Mallory et al. 2003). Berkow and colleagues

(2008) suggested that NLNs lacked competence in many key areas, Numminen et al (2014)

argued that gaps in competence would be challenging to overcome given differences they found

in nursing educators' perception of competence and expectations of NLNs in the clinical setting.

By exploring hiring managers and hospital-based nurse educators' perceptions of NLN

competence in an in-depth way, this project contributes to what is known about NLN

competence and the theory-practice gap.

Theoretical Framework

The theory which guided this research was Patricia Benner's nursing theory "Novice to

Expert" (Deakin University, 1984; Marble, 2009, Gardner, 2012; Benner, 1984; 2001). Benner

contends that nurses begin their careers as novices and progress through the Dreyfus stages of

skill acquisition to advanced beginner, competent, proficient, and expert as they gain clinical

experience through their work and move from concrete based thinking guided by rules and

protocols to more intuitive, practice-based thinking based on knowledge and recognition of

situations (Benner, 1984; Marble, 2009). In the novice stage, nurses' actions are guided by rules

and protocols as the nurse has little or no professional experience on which to base decisions or

actions. In the advanced beginner stage, the nurse begins to notice aspects related to situations but still requires some cueing. Advanced beginners can demonstrate "marginally accepFigure performance" (Benner, 1984; Benner, 2001; Health, 2011). The third stage, competent, describes a nurse who begins to see his/her actions in relationship to long term plans and outcomes of which the nurse is consciously aware. According to Benner, nurses in the competent stage have worked in a similar nursing setting for two to three years (Benner, 2001, p. 25). The fourth stage, proficient, is characterized by the ability to see situations holistically and in the context of long term goals. The final stage in skill acquisition and in Benner's theory is the expert stage. Nursing practice in this stage is guided by intuition, experience, and seeing situations as a whole and as they relate to past experiences (Benner, 2001). Nurse educators strive to prepare graduates who function as a novice or advanced beginner in entry level nursing positions.

Identifying and Defining Variables

To begin each interview, demographic information was gathered for interviewees including the length of time in the position, highest degree of education, gender, and nursing market in which they worked (Las Vegas, NV or Salt Lake Valley, Utah). Each participant was also asked to provide the number of NLNs they had hired during each of the past two years and the level of education of the NLNs hired. Length of orientation period by unit and/or the length of residency period by facility were also recorded.

Methods

Research Design

A qualitative study design using semi-structured interviews explored the competency needs of hiring nurse managers or hospital-based nurse educators who hired and trained newly licensed nurses. Interviews, lasting approximately one hour each were used to gather information related to the competency requirements of the newly licensed nurses during the first 120 days of professional practice. Semi structured interviews were selected for their flexibility—that is, they ensured that all the necessary data elements were captured while allowing an expansion of the subjects' ideas, as needed. Questions were open-ended and provided the interviewer with the opportunity to ask clarifying questions and explore issues that were raised during the interviews (Doody & Noonan, 2013). Additionally, semi-structured interviews with a conversational, free flowing style have been shown to encourage complex answers, rich in detail which help uncover new concepts or ideas (Doody & Noonan, 2013).

Study Population

A purposive sample of hiring nurse managers and hospital-based nurse educators located in the Las Vegas and Salt Lake valleys was used for this research (Creswell, 2014). Subjects were selected from five hospital systems through contacts established by a college of nursing in the Southwest United Sates with campuses in both Nevada and Utah which trains baccalaureate nursing students. This nursing program has extensive contact with both hospital-based nurse educators and unit managers in both the Las Vegas and Salt Lake valleys for placement of nursing students in their respective facilities for clinical experiences. Contacts for clinical

placement provided a point of entry into each hospital system. Working with existing contacts,

necessary permissions were obtained to invite appropriate system employees to participate in the

study. Selecting study participants from a variety of hospital systems in two healthcare markets

produced a sample that was diverse in age, experience, and education level. The use of a

purposive sample enabled recruitment from a variety of unit types on which NLNs started their

career. Additionally, selecting from large, flagship hospitals and smaller community hospitals

provided variation in the populations served and the services offered. A recruitment grid was

used to optimize the sample for the study's intended purpose and to diversify the interviewees by

demographic and workplace characteristics. Study recruitment took four months to complete

(October 2017 – January 2018).

Inclusion Criteria

Inclusion criteria comprised having hired or oriented at least two newly licensed nurses

within the past year, holding a position at the facility that included the hiring and/or orienting

nurses as a regular part of job duties for at least one year, consenting to participate in the project

and having the interview audio recorded. Hospital unit managers were included in the study if

they were directly responsible for hiring newly licensed nurses. Hospital based nurse educators

and nursing unit educators were included if they oversaw the hospital's nurse residency program

or managed the orientation of NLNs on the unit of hire. Exclusion criteria included nurse

managers or hospital-based nurse educators not directly responsible for hiring or orienting newly

licensed nurses and those nurse managers or hospital-based nurse educators who were in the

position for less than one year.

Setting and Sample Size

A sample of at least three hiring nurse managers or a combination of two nurse managers and a hospital nurse educator from each of the hospital systems operating in the Salt Lake City, Utah and Las Vegas, Nevada markets were invited to participate in this project. This combination was intended to include large. flagship hospitals, which offer a large variety of healthcare services and nursing units, and smaller community hospitals, which offer a more limited menu of services and nursing units in the two regions facilitating obtaining the intended sample of nurse managers and hospital-based nurse educators. Subjects were recruited until the point of data saturation. Saturation refers to the point at which new data no longer provides new information (Creswell, 2014). Interviews took place at the facility in which the nurse managers or hospital-based nurse educators were employed.

Recruitment of Subjects

An initial email was sent to the clinical placement contacts requesting participation or recommendations for candidates that would like to participate (Appendix A). The email described the study, it's purpose and the expected time commitment. The initial email was sent out two weeks before data collection in the Las Vegas region and four weeks before data collection in the Salt Lake region were scheduled to begin. Staggering the start of data collection in the two markets allowed time for the investigator to arrange interview appointments and travel plans. Second and third interview requests were sent out weekly, as necessary. Interviews were scheduled at the convenience of the subject. An informed consent form (Appendix B) was presented at the beginning of each interview to obtain written consent to proceed with the interview as well as to grant permission to audio record the interview.

Data Collection Procedure

An interview guide (Appendix C) was used to structure the content and the sequence of questions and to take notes (Creswell, 2014). Interviews were audio recorded and transcribed verbatim by a professional transcriptionist using graphical word processing software (Doody & Noonan, 2013; Opdenakker, 2006). During the interview, notes were taken as a secondary source of documentation.

Instrument and Measurement

An interview guide—comprised of 5 scripted, open-ended questions—was developed and used to conduct the interviews. The guide's scripted content was used to begin and end the interviews. At the beginning of each interview, the script reviewed important details about the nature of the study and study questions. The script included a discussion of informed consent to cue the interviewer to obtain written consent from the interview participant. Information regarding privacy and confidentiality were also included. Additionally, the script prompted the interviewer to gather appropriate demographic data.

The interview guide included open-ended questions, which were designed to be broad and allowed the interviewee to interpret and answer based on his/her experience (Jacob & Ferguson, 2012). Broad questions provided a better understanding of the specific needs of hiring nurse managers and hospital-based nurse educators tasked with orienting newly licensed nurses to their units. Additionally, broad-based questions allowed the interviewee to answer freely provided information that the interviewer did not anticipate (Jacob & Ferguson, 2012).

Scripting at the end of the interview invited any final thoughts from the subject, thanked the respondent for participating, and included content that addressed how the subject could get in contact with the investigator with questions or concerns after the interview concluded (Jacob & Ferguson, 2012; Doody & Noonan, 2013).

Data Analysis

Demographic data were analyzed quantitatively and reported in the aggregate. The qualitative data analysis software program ATLAS.ti was used to manage and analyze responses to the open-ended questions (Guest, MacQueen, & Namey, 2012). The thematic analysis method of analysis included several steps and required a.) initial coding of the response only to the question which prompted the response, b.) coding of the response to overall themes, including to Benner's seven domains of nursing (2001) and c.) coding each response to similar information gathered in previous or later questions. Triangulation was utilized during analysis to increase trustworthiness of the data (Creswell, 2014). To accomplish this, interview data from similar interviewees were compared for similarities which bound the data and added validity to the responses and final report.

During the thematic coding process, all interviews were reviewed and coded by either the PI or one of the co-investigators (SW). Then, for purposes of concordance, the non-coding investigator reviewed and verified the other's coding to improve interrater reliability. For instances in which there were disagreements about the coding, the researchers discussed and reconciled the discrepancies. Additionally, once coding and thematic analysis were completed, themes were considered within the context of Benner's theory of "Novice to Expert" for categorization and reporting where appropriate; specifically, the seven domains of nursing

practice and 31 competencies (Benner, 2001). A final list of themes was produced and shared

with respondents for review. Interview participants were asked to confirm the investigators'

analysis and verify that their interview information was appropriately understood and interpreted

or clarify the information as needed. This added review by interview participants heightens the

trustworthiness of these study findings (Creswell, 2014; Amankwaa, 2016; Connelly, 2016).

Ethical Considerations

      The study protocol was reviewed and approved by Roseman University and The

George Washington University's Institutional Review Boards (IRBs) and study procedures

conformed to ethical principles and all institutional, state, and federal regulations. Project data—

in both written and electronic formats—were maintained to ensure the protection of all subjects:

- Transcripts of each interview were produced in Microsoft Word and the original audio
  files (MP3) were immediately destroyed.

- Transcripts, wholly or partially, were imported into file formats suiFigure for analysis
  including ATLAS.ti and Microsoft Excel. These files were maintained on a password
  protected external hard drive and accessed using password protected laptop computers.

- Subjects' signed consent forms, the handwritten notes that were taken during the
  interviews, and the external hard drive that stored the electronic data were kept in a
  locked file cabinet, which could only be accessed by the investigator and an
  administrator. This filing cabinet was located in the locked office of the Director of
  Clinical Resources for Roseman University of Health Sciences College of Nursing in
  Henderson, Nevada.

- Identifiers, which were limited to subjects' initials, were removed from all files after

   analysis was completed.

- Written and electronic data from the project will be maintained for no longer than 5

   years and destroyed thereafter.

The study protocol was reviewed and approved by Roseman University and The George Washington University's Institutional Review Boards (IRBs) and study procedures conformed to ethical principles and all institutional, state, and federal regulations to ensure the protection of all subjects. Confidentiality of study participants was ensured by maintaining all identifiable information separate from study-related data MP3 recordings and transcriptions of interviews were maintained on a private, password protected drive on a password protected computer Audio files were destroyed after the data analysis was completed. ATLAS.ti files were kept on the same password protected drive. When data extraction and coding were complete, data were de-identified, and a unique number was assigned to each interview participant to maintain confidentiality. The master list of interviewees, associated identifiers, and signed consent forms were maintained on a password protected flash drive and stored in the locked office of the Director of Clinical Resources for Roseman University of Health Sciences College of Nursing in Henderson, Nevada. The master list of interviewees, consent forms and de-identified data will be maintained for no longer than 5 years and destroyed thereafter.

Results

Demographics

Twelve interviews were conducted over the course of 4 months. Among interviewees, 58% (n=7) were from the Las Vegas, Nevada area and 42% (n=5) were from the Salt Lake City, Utah area. All of the interview subjects were female, ranging in age from 25 to 61 years, and had been in their positions from one to six years with (mean=3.13years; Appendix D, Figure 1). Hospital-based educators made up 25% (n=4) of interview subjects. (Appendix D, Figure 2). Of the unit managers and directors interviewed, four managed general medical/surgical units, one managed and intensive care unit (ICU), two managed pediatric units and one was the manager of a labor and delivery unit (Appendix D, Figure 3). Fifty-eight percent (n=7) had completed a master's degree and 42% (n=5) had completed a bachelor's degree.

Interview subjects reported having a combination of nurse residency and orientation programs. Orientation periods varied in length with the longest being one year in length for float pool nurses at a pediatric specialty hospital and the shortest lasting 7 weeks on a medical/surgical unit. The mean length of NLNs' orientations was 8 weeks. Residency periods ranged in length from 6 weeks to one year. Of those interviewed, only one stated that the unit hired only bachelor's prepared nurses. All others reported having hired both associate's and bachelor's degree prepared NLNs.

To begin each interview, subjects were asked how well prepared the NLNs who were hired or oriented were for assuming the role of a professional nurse on the unit of hire. Of the study participants, 25% (n=4) said the graduates were prepared to enter their workforce. An

additional 16% (n=2) said NLNs from some schools seemed prepared while those from other

schools were not prepared for their first nursing job. However, 42% (n=5) said the NLNs hired

were not prepared for their first job in nursing. One hospital educator from the Salt Lake City,

Utah market said, "Most students are ill prepared. They can't function, even after orientation.

They struggle". Another unit educator noted, "I just don't know that what they learned in

nursing school is super representative of what they're actually doing at the bedside". Interview

subjects noted a lack of time management skills, lack of confidence, and an inability to "see the

bigger picture" or to apply pathophysiology knowledge to the nursing assessment of their patient

to guide their nursing care.

Subsequent interview questions focused on three major areas identified in Quality and

Safety Education for Nurses (QSEN) resources: knowledge, skills, and attitudes. Interview

subjects were asked to focus on the knowledge, skills, and attitudes that were needed in the NLN

during the first 120 days of employment with a focus on safety and successful orientation. Select

quotes are included here to illustrate the interview subjects' thoughts on each of the 10 major

themes. A composite view of themes can be found in Appendix E, Figure 4. Verbatim quotes

from interview subjects are found in Appendix G.

Physical Assessment and Associated Pathophysiology

The first major theme identified was the skill of physical assessment and related

pathophysiologic knowledge. Overall, 42% of interviewees (n=5) noted that a very good

understanding of pathophysiology was necessary for safe practice and successful orientation. Of

these, three specifically named pathophysiological knowledge and an additional two study

participants noted that the ability to identify a patient's worsening condition was crucial

(Appendix E, Figure 1). Additionally, physical assessment and the ability to link this to pathophysiologic knowledge was discussed as both critical knowledge and an essential skill.

Medication Administration

Equally important to respondents was the skill of safely administering medications. Forty-two percent (n=5) of subjects reported that medication administration and an understanding of pharmacology were necessary to ensure NLNs practice safely during their initial 120 days. Respondents identified safe medication administration, knowledge of expected side effects for common medications, potential drug-drug interactions and where to find this information as critical to safe practice.

Readiness to Continue Learning

More than one third of study participants (42%, n=5), representing both unit managers and educators, noted despite having just finished their nursing education, NLNs needed to enter the workforce with a continuing desire to learn and ask questions. The employers in this project were looking for NLNs that are engaged in the work (n=5), inquisitive (n=6), persistent in seeking out learning opportunities (n=3) and who are strong enough to ask their questions while remaining humble enough to learn from those around them (n=3).

Customer Service

Another area of concern for hospital-based nurse educators and managers alike was the NLN knowledge of Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores and their implication for the facility. It was noted that NLNs seem to be aware of the HCAHPS score but did not fully understand the implications of low scores or what goes

into the scoring itself. Furthermore, it was felt that NLNs needed better customer service skills to

positively affect HCAHPS scoring in the facility or on the unit. These customer service skills

were seen as missing in many NLNs hired by the respondents.

Technical Skills

There were some differences of opinion regarding the skills needed by the NLN for initial

nursing practice. While all nurse managers and unit directors had definite skill sets they require

of the NLN, 40% of nurse educators felt that nursing skills were something that could be taught

after hire, specifically initiating an intravenous line (IV) and insertion of a urinary catheter.

However, an understanding of the theory behind the technical skill was considered important for

the NLN to comprehend. While starting an IV was an important skill for nurse managers, more

important was an understanding of IV therapy, knowledge of various IV fluids and their uses.

Almost all other basic nursing skills were necessary by interview subjects. Hiring

managers felt that the NLN should be at the advanced beginner level with most skills. However,

hospital-based nurse educators felt that the unit managers' and charge nurses' expectations in

this area were somewhat unrealistic. Technical nursing skills in which the NLN should have

some skill included inserting a urinary catheter, inserting a nasogastric tube, changing sterile

dressings such as those used for Central and Peripherally Inserted Central Lines, ostomy care and

wound care (Appendix E, Figure 2).

There were two skills nurse managers believed were important for the NLN to possess

which may prove problematic for schools of nursing because student nurses are not permitted to

practice these in clinical settings: transfusing blood and speaking to a physician on the phone.

Communication

Another crucial skill that was missing according to the nurse managers was communication. This encompassed not only the above-mentioned ability to speak to physicians but general communication. In fact, some nurse managers felt that many NLNs lacked in basic human interaction skills. This lack of communication was seen not only as impeding their nursing care but also their customer service skills thus affecting HCAHP scores for the unit.

Empowerment

Over half of those interviewed (58%, n=7) felt that the NLN must be empowered to use their knowledge, maintain their dignity in the work environment and challenge the status quo. Study participants also felt that NLNs needed to feel empowered to ask questions without feeling ridiculed or embarrassed and to advocate for their patient (Appendix E, Figure 3).

Positive Attitude

Other highly valued characteristics were a positive attitude (n=6) and ability to work with a team (n=6). Positivity was felt to essential to building a therapeutic team, maintaining a caring attitude and assisting in the customer service aspect nursing in today's healthcare environment.

Resource Utilization

Thirty-three percent of those interviewed noted NLNs often lacked an adequate knowledge of available resources and good resource utilization skills. Knowing what resources were available, where to find answers to questions and who represented an appropriate resource

among the staff were all considered essential to safety for the first 120 days of a NLNs nursing

practice.

Professionalism

Finally, professionalism and maintaining a professional attitude were identified as

essential characteristics by 33% (n=4) of subjects. Especially problematic for some was the lack

of punctuality of NLNs as well as their professional attire and interview skills.

<div align="center">

Discussion

</div>

This project corroborates previous research related to the NLN when viewed through the

eyes of those who hire and orient them. The importance of physical assessment skills, mentioned

in this project by 42% of respondents is in agreement with previous studies (Brown & Crookes,

2016; Mallory, Konradi, Campbell, & Redding, 2003; Berkow, Virkstis, Steward, & Conway,

2008). It is evident in the research that Nurse Managers expect NLNs to be able to assess their

patient appropriately. However, respondents in this project added the importance of

understanding the pathophysiology of the patient's disease process and the inter-related nature of

body systems as essential in providing safe care during the first 120 days of practice. This

corroborates Berkow and colleagues (2008) finding that only 40% of those working with new

graduates were satisfied with the NLN's understanding of pathophysiology and suggests that

simply knowing how to assess a patient is not sufficient. NLNs must know how the information

gleaned from the assessment relates to the disease process and affects the patient, their disease

progression and other body system functioning and how this information guides the patient's

plan of care.

To improve the ability of the NLN to "put it all together", as one nurse manager suggested, the use of critical thinking questions and reflective thinking in the clinical education area could be used. Critical analysis and reflective thinking were reported as desired skills by nurse managers (Brown & Crookes, 2016).   Additionally, the need for effective communication is supported by previous research. Berkow and colleagues (2008) noted that 41% of nurses were satisfied with NLN's communication with other professionals. Additionally, both Utley-Smith (2004) and Brown and Crookes (2016) found that nurses and nurse managers expect NLNs to be competent and independent in their communication skills. Specifically, Utley-Smith noted that hospital administrators placed higher importance on interpersonal communication skills than other skill areas (Utley-Smith, 2004. P. 169). Finally, Berkow et al (2008) reported that only 47% of nurse leaders were satisfied with the customer service skills of NLNs. Similarly, respondents in this project also expected NLNs to be proficient in communication. Furthermore, they linked NLN ability to communicate with patients directly to their skills in the customer service arena. However, it was also noted that NLNs lack an understanding of the importance of customer service as it relates to HCAHPS scoring and the implication of this scoring on nurses at the bedside. Specifically, the impact of HCAHPS scoring on budget which, in turn dictates some nurse staffing decisions within facilities. Surprising, some nurse managers place such a high value on customer service ability that they will forgo a candidate who performed better in nursing school for a candidate who may have struggled a bit during school but brings with them customer service experience, even outside of the healthcare environment. The responses suggest a need for academic nurse educators to expand discussions of HCAHPS scoring to include their implications on the business aspect of nursing. NLNs also need to understand the importance of customer service in today's nursing environment.

Basic nursing skills have been rated as highly necessary by several studies (Brown & Crookes, 2016; Mallory et al, 2003; Lowery, Timms & Underwood, 2000; Berkow, Virkstis, Stewart & Conway, 2008;). This study confirms the importance of the technical nursing skills taught throughout nursing programs, yet managers say students are often lacking these skills. The difference of opinion validates earlier research by Mallory et al (2003), which found a similar split opinion. The use of increased high-fidelity simulation in nursing programs which require students to practice skills which occur with lower frequency in the clinical setting could increase the proficiency of the NLN in this area.

A new theme emerging from this project was that of empowerment. No previous study was found to have any discussion of the empowerment of the NLN. While this may be regional finding, responses received during this project do suggest a need for the NLN to feel empowered during their initial 120 days of practice. Discussion of empowerment was often associated with the ability to ask questions without feeling as if the NLN would be considered ill prepared for not knowing the information. Additionally, NLNs need to be empowered to challenge the status quo and ask experienced nurses "why" when they have new information about a skill, treatment or intervention.

For example, one nurse manager suggested that NLNs can be teachers to more experienced nurses on the integration of evidence into practice by pointing out where new evidence suggests a better way to perform traditional nursing tasks or a new treatment option. However, one nurse educator noted the difficulty in helping the NLN feel empowered without adding to a sense of entitlement also mentioned by several respondents. Academic nurse

educators will walk a fine line but must make the future NLN feel confident in asking questions

and feel comforFigure seeking guidance when appropriate.

Resource utilization, another theme mentioned by interview subjects in this study, does

not appear with the same phrasing in previous studies, however, it may be combined with such

skills as "utilizing information technology and informatics" (Berkow, et al, 2008, p 472) or "uses

information technology to …solve patient care problems" (Utley-Smith, 2004, p. 168) by other

authors. The meaning of resource utilization when discussed by participants in this project was

that NLNs must the most appropriate resource to seek out when help is needed. One manager

noted NLNs often go to other NLNs with questions instead of asking more experienced nurses or

unit nurse educators. The reasons for this tendency to go to an unqualified peer for assistance is

an area that warrants further study. While some interview subjects felt this may be related to a

desire to appear more knowledgeable on the part of the NLN, others felt it was related to lack of

feeling empowered to ask questions or seek out assistance.

A surprising finding of this study was that some nurse managers want NLNs to be

proficient in skills that cannot be practiced by students in the clinical setting. The skills expected

at a higher level of competence included the transfusion of blood products and speaking to a

physician on the phone. Both skills are discussed in nursing programs but require a license to

perform in the clinical setting. Thus, student nurses cannot assist in the transfusion of blood

products beyond monitoring the patient and students are not allowed to take a physician's order

by phone and thus have limited opportunities to speak to physicians on the telephone during

clinical rotations. These finding suggest a lack of understanding by some hiring managers of the

scope of practice under which the student must perform. However, the importance placed on

these skills by some hiring nurse managers suggests that nurse educators need to enhance

training in these areas during the nursing curriculum. Additionally, one nurse manager added that

nurses on clinical units could allow students to listen in on their conversations with physicians

and act as role models and mentors for this crucial skill.

Through the lens of Benner's Theory

The knowledge, skills and attitudes mentioned by the participants in this study fell into

three of Patricia Benner's nursing domains. First, physical assessment and an understanding of

the related pathophysiology were associated with the Diagnostics and Monitoring nursing

domain (Benner, 2001, p 95) (Appendix F, Figure 1). Competencies under this domain include

detecting and documenting changes in the patient's condition, anticipating deterioration, and

understanding the particular demands or experiences of the illness. These competencies were

seen as requiring an understanding of the patient's physical assessment in relation to the

diagnosed illness and potential complications.

Next, many of the comments related to customer service and communication were felt by

the authors to fall within the Helping Role domain (Benner, 2001. p 47) (Appendix F, Figure 2).

Competencies here include being present with the patient, providing informational support and

developing a healing relationship. Communication is vital for creating the healing relationship.

Furthermore, communication and customer service skills help nurses demonstrate that they truly

care for the patient, a crucial component of healthcare customer service (Clouarte, 2016).

Finally, medication administration skills align with the Administering and Monitoring

Therapeutic Interventions and Regimens domain (Benner, 2001, p 121) (Appendix F, Figure 3).

This domain includes the competency of safe and accurate medication administration. Since this domain also includes therapeutic interventions, many of the basic nursing skills such as starting an intravenous line, inserting and managing a urinary catheter and wound care are also seen as part of this domain.

When asked about the competence level expected of the NLN, only one hospital-based nurse educator expected them to be at the competent stage and then, only in the skill of physical assessment. It should be noted that Benner suggests that a competent nurse has been working on a particular unit or skill for two to three years and that actions are seen in terms of "long range goals of which the nurse is consciously aware" (Benner, 2001, p 25-26). Instead, nurse managers and hospital-based nurse educators expected the NLNs they hired to be at a novice or advanced beginner level. Benner describes an advanced beginner as someone who can demonstrate "marginally accepFigure performance" and as those who can begin to notice situational components (Benner, 2001, p 22).

Limitations

Limitations of this study included the small sample size as well as the limited number of nursing markets represented. These limit the generalizability of the study to other regions of the country and to other populations and settings. Regional differences influence the type and focus of nursing education that meets the needs of community partners. Another limitation was the lack of any male subjects. The possibility exists that male and female nurse managers may have differing views on the necessary knowledge, skills and attitudes required by the NLNs they hire.

Implications

This project reinforces the need for academic nurse educators and those leading in the practice arena to work much more closely if the NLN is to be prepared to enter practice. Areas of concern to the nurse managers, including communication, assessment skills and knowledge and understanding of HCAPHS and customer service may be improved by nurse educators through enhancement of the curriculum.

To improve the education of the undergraduate nursing student in the HCAHPS scoring and customer service area, Eisert, Bartlett Ellis, Geers and Werskey (2017) suggest using the HCAHPS survey questions as part of the debriefing process after clinical or simulation activities. In this way, educators can introduce the customer service aspect of nursing which includes letting the patient know you care and making them understand that the nurse truly cares about them (Clouarte, 2016). This could be a simple addition to debriefing by the faculty that has the potential to greatly impact the future NLNs understanding of HCAPHS scoring and the customer service aspect of providing nursing care.

Physical assessment skills are of concern to those who hire NLNs. It is not enough that the NLN know how to perform an assessment on a patient. Employers expect them to link their assessment finding with pathophysiologic knowledge and more fully understand the implications for the patient and the care they provide. The use of low and high-level questions may assist students in making these advanced connections. Instructors may ask a low-level question to assess the students current knowledge of a disease or condition and follow it with higher level questions which require students to analyze, and synthesize information leading to a better

understanding of the patient's condition (Merisier, Larue & Boyer, 2018). This can be done in the classroom, simulation lab and clinical setting.

The safe administration of medication with an understanding of how administered drugs affect the body, their potential dangers, expected effect and potential adverse effects is a concern to those who hire and train the NLN. Understanding of pharmacology, the rights of medication administration and how to avoid errors can be a part of every course. Some research has suggested that simulation in medication administration may be instrumental in improving safe medication administration skills among nursing students. Sanko & McKay (2017) found that the use of simulation in medication administration had a positive effect on medication administration and safety practices of nursing students. Schools of nursing may use simulation as a means of improving the safety of NLN medication administration and an understanding of the importance and risks of medication administration in the clinical setting.

Empowerment is an issue which requires attention from the academic and practice environment. Bradley-Jones, Irvine and Sambrook (2007) suggest that allowing students to use skills they have learned and mastered in the clinical setting, maintaining consistent clinical placement to enhance the mentor/student relationship and allowing increasing responsibility in the clinical setting are ways for educators to increase the feeling of empowerment among their students. Furthermore, Ahn & Choi (2015) found that having a voice as a learner and feeling valued also increased the empowerment among nursing students in Korea. Similarly, working nurses should understand that the NLN is a novice and will have questions about things that may seem elementary or intuitive to the more experienced RN and should not be made to feel inadequate for having asked. Empowering students to be active learners, seek out answers to

their questions and ask for help when appropriate may also help with a better understanding and use of available resources.

Areas ripe for further research include the effect of social media and communication methods which remove the personal interaction from the communication process on NLN communications skills. Resource utilization and the propensity of NLNs to use inappropriate resources to answer questions is also an area in need of further inquiry. Finally, techniques for empowering students in the classroom and clinical settings may be developed which encourage questioning and confidence without leading to increased entitlement. More data on NLN understanding of and impact on HCAHPS scoring may also provide educators and practicing nurse managers with valuable information related to improving the patient experience.

Conclusion

Opportunities exist for colleges of nursing and facility partners to communicate frequently so graduates are better prepared for their first nursing job and meet the needs of the facility. This research reveals areas in which colleges of nursing can strengthen their curricula. Specific areas of attention should include interpretation of assessment findings, communication, resource utilization and basic customer service skills. Furthermore, additional focus within nursing curricula to customer service skills related to HCAHPS scoring would benefit the NLN. It should be remembered that nursing is not just a science, but is also an art. Have we sacrificed the art of nursing and shifted focus to the science only? A return to the art of nursing may assist in areas seen as lacking such as communication and customer service.

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Appendix A – Email invitation to participate

RESEARCH STUDY: Nurse Managers' and Hospital Nurse Educators' Views related to the Competence Requirements of Newly Licensed Nurses in the Las Vegas and Salt Lake Valleys

INTRODUCTION
My name is Delos Jones and I am pursuing a Doctor of Nursing practice (DNP) in nursing education from The George Washington University in Washington D. C. In partial fulfillment of the graduation requirement, I am conducting a study that may contribute to what is known regarding competencies required by hiring nurse managers and hospital-based nurse educators of newly licensed nurses for the first 120 days of professional practice.

You are invited to participate in this study and provide your input on the necessary knowledge, skills and attitudes of newly licensed nurses hired on your unit which lead to a successful start to the new nurse's career. Your decision to participate is completely voluntary, and you can withdraw at any time.

Current literature regarding nurse managers' views of newly licensed nurses has focused on lists of competencies ranked by nurse managers within varying timeframes ranging from within the first six months to the first year of practice. This provides schools of nursing information about the skill level of the new nurse/recent graduate but does not illuminate the competencies required by hiring managers which may be needed for the first ninety days of practice but not adequately covered in orientation or residency programs. These may include knowledge, skills or attitudes which you, as nurse managers feel are needed for a successful start to a nursing career on your unit or in your facility and are expected to be well developed at the time of hire allowing orientation or residency programs to focus on more specific or advanced nursing skills.

All nurse managers or hospital-based nurse educators who have hired at least 2 newly licensed nurses in the past year are invited to participate. ALSO—DON'T THEY HAVE TO HAVE BEEN IN THEIR JOBS FOR 1+ YEARS?

WHAT IS INVOLVED IN THE STUDY
If you decide to participate, you will be asked to complete a face to face interview with myself. The interview can be competed in your office and at your convenience over the next 2 months. Interviews will last approximately 1 hour and will be semi-structured to allow for complete topic coverage and clarification when necessary. All interviews will be recorded (audio only) for data processing at a later time. The transcription of the interview will be verbatim and will be made available to you when completed upon request. Interviews will be confidential with demographic data collected and reported only in general terms to protect the privacy of all participants.

Interviews will be scheduled between May and July 2017. The investigator will travel to Salt Lake City a minimum of 2 times to facilitate inclusion of nurse managers in the Salt Lake Valley. Interviews scheduled in the Las Vegas Valley will be scheduled at the most convenient time for the interviewee.

Your participation is completely voluntary; you may stop at any time. If you choose to discontinue participating in the study, you will not be penalized in any way. If you choose to participate in the study, there will be no compensation to you. You will be contributing to the body of knowledge for the nursing profession. A reply to this e-mail will be interpreted as consent to contact you to set up an appointment for the interview. A formal, written informed consent form will be presented for signature at the interview.

RISKS
The potential for risks associated with this study is low. The nature of the topics being addressed is not particularly sensitive or delicate. Based on prior experience, it is not expected that the questions addressed will be disturbing or distressing for subjects. You may stop your participation in this study at any time. Issues of personal health history or other private information from among subjects will not be sought under this study. There is, however, the possible risk of loss of confidentiality. While every effort will be made to keep your information confidential, this cannot be guaranteed.

1

BENEFITS TO TAKING PART IN THE STUDY
You may experience an increased awareness of your requirements of newly licensed nurses and the knowledge, skills and attitudes necessary for working on your unit. Once the data has been analyzed in aggregate, Roseman University, College of Nursing, may use the information obtained to make modifications and improvements to its nursing curriculum and the completed study information will be made available to participants of the study and the general public.

CONFIDENTIALITY
The researcher, Roseman University of Health Sciences, and The George Washington University are committed to maintaining strict confidentiality. Institutional Review Board (IRB) approval (has been obtained) from Roseman University of Health Sciences, as well as the IRB at the George Washington University. The interview will not reveal any personal information that can be traced back to you, maintaining your anonymity. All interview information and data related to the interview will be stored on a computer and flash drive in a locked office. Interview recordings will be de-identified prior to transcription to maintain anonymity. The data will be used solely for research and scholarly purposes. The computer and flash drive will be erased after 5 years and any paper notes associated with the interviews will be shredded after 5 years. There will be paper written at the conclusion of the project as partial fulfillment for the researcher's Doctoral degree.

INCENTIVES
There are no incentives for or direct benefits from participating in this study; however, your participation will benefit science and humankind by contributing new knowledge, which could positively influence nursing education and/or patient care.

YOUR RIGHTS AS A RESEARCH PARTICIPANT
Participation in this study is voluntary. You have the right not to participate at all or to leave the study at any time. Deciding not to participate or choosing to leave the study will not result in any

penalty or loss of benefits to which you are entitled, and it will not harm your relationship with Roseman University of Health Sciences, College of Nursing. You may choose to leave the study at any time.

CONFLICT OF INTEREST
The researcher denies any conflict of interest in this project.

If you wish to participate in this research, or if you have additional questions about participation, please contact me by telephone at 702-968-1634or 801-550-9943 or by email at delosrn@gwu.edu .

Thank you.

Appendix B: Consent Form

THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON, DC

Informed Consent for Participation in a Research Study

Title of research study: **Nurse Managers' and Hospital Nurse Educators' Views related to the Competence Requirements of Newly Licensed Nurses in the Las Vegas and Salt Lake Valleys**

Investigator: *Delos Jones, Department of Nursing*

Why am I being invited to take part in a research study?
We invite you to take part in a research study because you hire and orient newly licensed nurses for work in your facility and/or on your nursing unit.

What should I know about a research study?
- Someone will explain this research study to you.
- Whether or not you take part is up to you.
- You can choose not to take part.
- You can agree to take part and later change your mind.
- Your decision will not be held against you.
- You can ask all the questions you want before you decide.

Who can I talk to?
If you have questions, concerns, or complaints, or think the research has hurt you, talk to the research team at ***11 Sunset Way, Henderson NV 89074, by calling 702-968-1634, or by email at*** delosrn@gwu.edu

This research is being overseen by an Institutional Review Board ("IRB"). You may talk to them at 202-994-2715 or via email at ohrirb@gwu.edu if:

- Your questions, concerns, or complaints are not being answered by the research team.
- You have questions about your rights as a research subject.

Why is this research being done?
Information gained through this study may be used by schools of nursing to revise or update curricula to more appropriately prepare nursing students for entry to practice as informed by hiring nurse managers and hospital-based nurse educators. Specifically, what competencies do hiring nurse managers and hospital-based nurse educators feel newly licensed nurses should have well developed when entering the practice environment to get through the residency or orientation period safely?

How long will I be in the study?

We expect that interviews associated with this research study will take approximately 1 hour of your time.

What happens if I agree to be in this research?

Once you have agreed to participate in the study, the primary investigator will contact you to arrange a time and place to conduct the one (1) hour interview. This may be done in your office or place of work if allowed by your facility's policy or it may take place at the Roseman University campus in either South Jordan, Utah or Henderson, Nevada.

Is there any way being in this study could be bad for me?

The risks and discomforts associated with participation in this study are not greater than those ordinarily encountered in daily life or during the performance or routine physical or psychological examinations or tests.

Will being in this study help me in any way?

You will not receive any personal benefit from participating in this research.

What happens to the information collected for the research?

To the extent allowed by law, we limit your personal information to people who have to review it. We cannot promise complete secrecy. The IRB and other representatives of this organization may inspect and copy your information. Others include faculty advisors at Roseman University of Health Sciences and the George Washington University.

The privilege of confidentiality does not extend to information about sexual or physical abuse of a child. If any member of the research team has or is given such information, he or she is required to report it to the appropriate authority or agency, such as child protective services, a law enforcement agency, or your State's toll-free child abuse reporting hotline. The obligation to report includes past and current alleged or reasonably suspected abuse as well as past or current known abuse. Examples of such abuse include physically harming your child or having inappropriate sexual contact with your child.

Appendix C: Interview guide

Introduction and study overview:

Good morning/afternoon/evening. I am Delos Jones, a Doctor of Nursing Practice student at the George Washington University. Thank you for agreeing to take part in this research study. This interview should take approximately one hour. During the interview, I will be asking you questions related to the newly licensed nurses you have hired to work on your unit or for your new nurse residency program. Specifically, I will be asking about knowledge, skills and attitudes that you, as a hiring manager or nurse educator feel must be well understood for the first 120 days of professional nursing practice on your unit. These would represent knowledge, skills and/or attitudes that you feel should be in place to get through or as a foundation for your orientation or nurse residency programs. The goal of this research is to provide schools of nursing with a better picture of what you, as a hiring nurse manager need in a newly licensed nurse during the initial 120-day period as the NLN may be going through orientation but still working on the unit as a professional nurse. This information may be used by schools of nursing to update or revise their curriculum to better prepare their students for work on your unit or in your facility.

Throughout the interview, I will ask broad open-ended questions about what you feel are necessary knowledge, skills and attitudes for newly licensed nurse success during the first 120 days of practice on your unit/in your facility. I may follow-up with clarifying questions or provide other prompts to gather more detailed information about your answers. These questions may be related to Benner's Novice to Expert theory and the skill level you feel newly licensed

nurses should achieve before starting their practice in certain areas. To assist you in this, I will

provide a cue sheet describing the performance of a nurse in each of Benner's stages.

With your permission, I would like to record the audio from this interview for later analysis. This

audio recording will be kept confidential and may be transcribed verbatim for review. At no time

during data analysis or reporting will you name be used, or any information divulged that could

identify you directly. Information gained through this study will be reported in the aggregate

meaning that no individual's data will be reported independently in such a way that someone

could identify you as the source of the information. If quotes from interviews are used to support

the data in the report, the quote will be linked to a unit or facility type only (such as the manager

of a large ICU or the educator from a metropolitan hospital).

Do you have any questions about the study, how this interview will proceed or how the data will

be reported?

If you have no further questions, will you please sign the informed consent and audio recording

consent forms before you?

Thank you. Shall we begin?

Demographic Information:

Facility _____

Hospital Chain _____

Market

Salt Lake Valley ☐   Las Vegas Valley ☐

Age _____

Gender: Male ☐   Female ☐

Highest level of nursing education:

ADN ☐   BSN ☐   MSN ☐   DNP ☐   PhD ☐

How long have you held your current position?

Position held: Hiring nurse manager ☐   Hospital based nurse educator ☐

How many newly qualified nurses have you hired in the past 2 years?

Education level of NLNs hired for your unit/facility

Associates ☐   Bachelors ☐

What type of unit do you manage?

ICU ☐   Med/Surg ☐   Medical ☐   Surgical ☐   Emergency ☐

Women' Services ☐   Pediatrics ☐   Rehab ☐

How long is the orientation period for NLNs?

Does your facility have a NLN residency program?

      If yes, how long is this residency program?

Interview questions/prompts:

- In your opinion, how well prepared are the NLNs you have hired for the first 120 days of practice?

- What specific knowledge is needed for the first 120 days of practice on your unit?

  o What knowledge or understanding is needed that is not specifically covered or reviewed during orientation?

- What specific knowledge should be well understood to prepare NLNs as a foundation for or before beginning your orientation or residency?

- What skills does a NLN need to have well developed for the first 120 days of practice on your unit?

  o What skills are needed to work on your unit initially that are not covered during orientation?

  o What skills do you teach or reinforce as part of your unit's orientation process?

- What skills must be well developed to ensure successful orientation or residency?

  o At what level would you say newly licensed nurses need to perform these skills? Novice, Advanced beginner, Proficient, or competent?

- What specific attitudes do you require of NLNs you hire for your unit?

  o What attitudes are necessary for NLN success in the first 120 days of practice as a foundation for orientation?

  o What attitudes are necessary for NLN success in orientation or residency?

  o What attitudes do you require that may not be specifically discussed or taught during your orientation or residency program?

- Is there anything else you would like to tell me related to your requirements for newly

    licensed nurses you hire?

Signature Block for Adult

Your signature documents your permission to take part in this research.

_____

Printed name of subject

_____   _____

Signature of subject   Date

_____   _____

Signature of person obtaining consent   Date

My signature below documents that the information in the consent document and any other written information was accurately explained to, and apparently understood by, the subject, and that consent was freely given by the subject.

_____   _____

Signature of witness to consent process   Date

Appendix D

Figure 1: Interview subject time in qualifying position
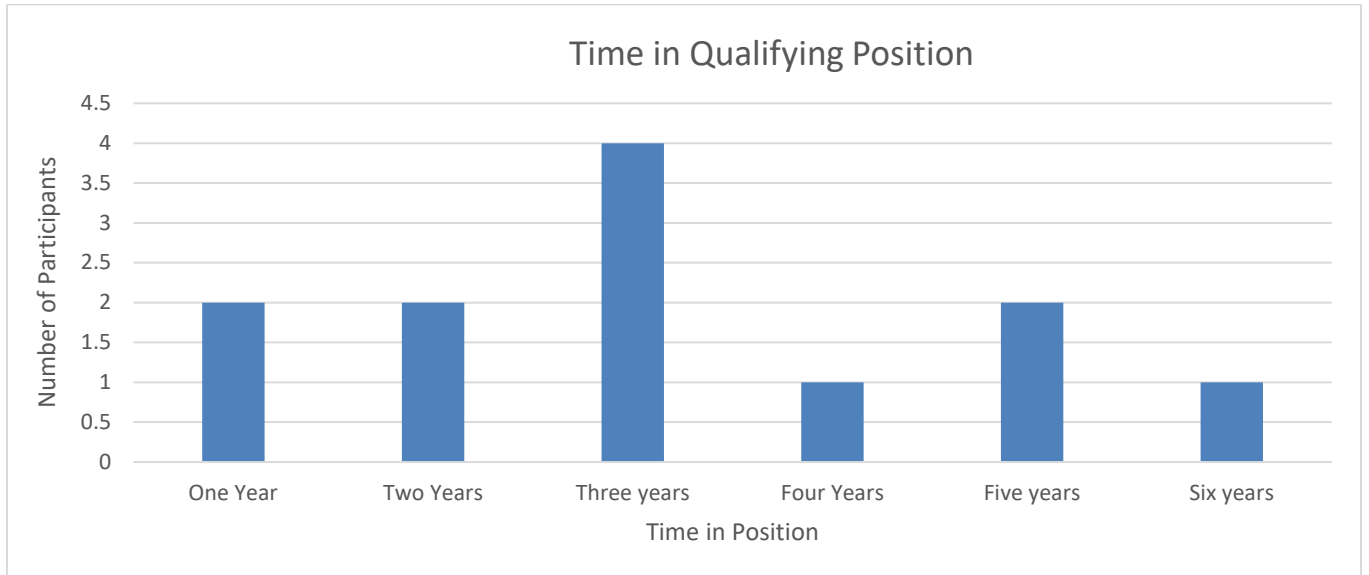
Figure 2: Interview participant position title
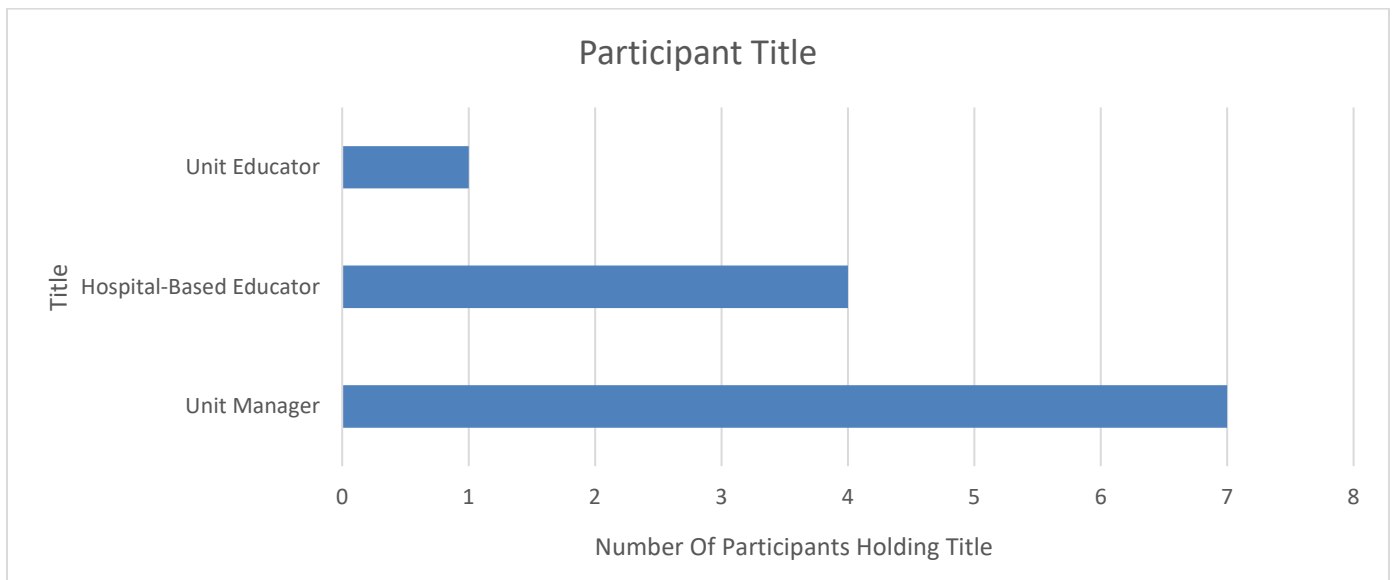
Figure 3: Nursing Units Represented by Unit Manager
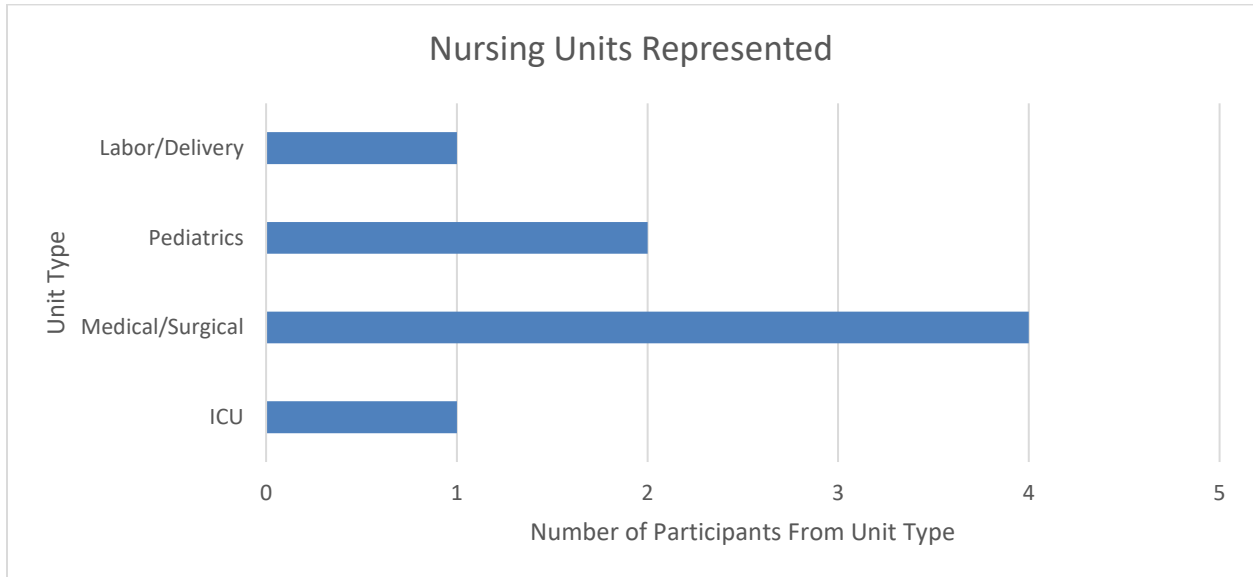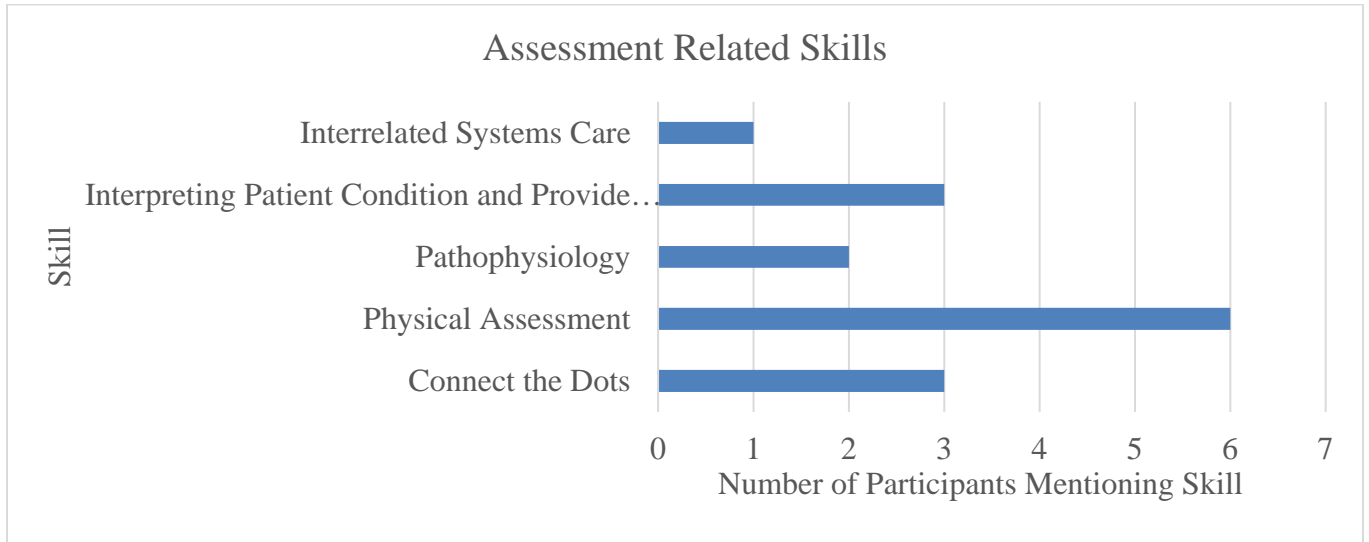
Appendix E
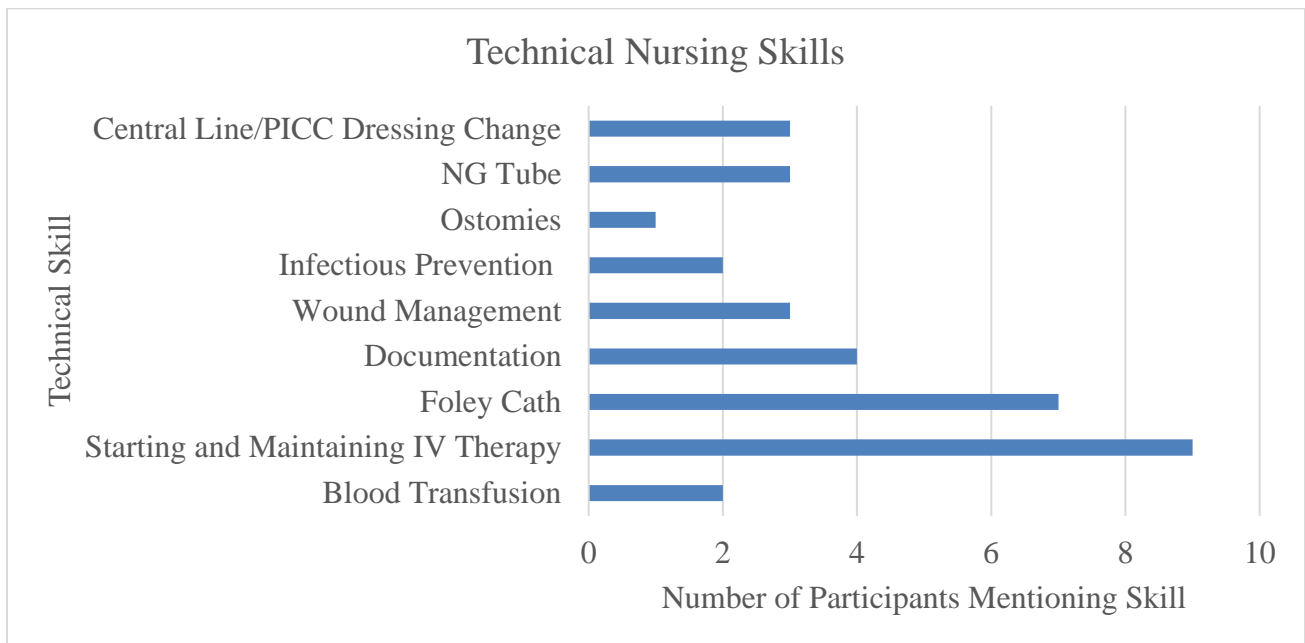
Figure 1:

Figure 2: Required Technical Nursing Skills

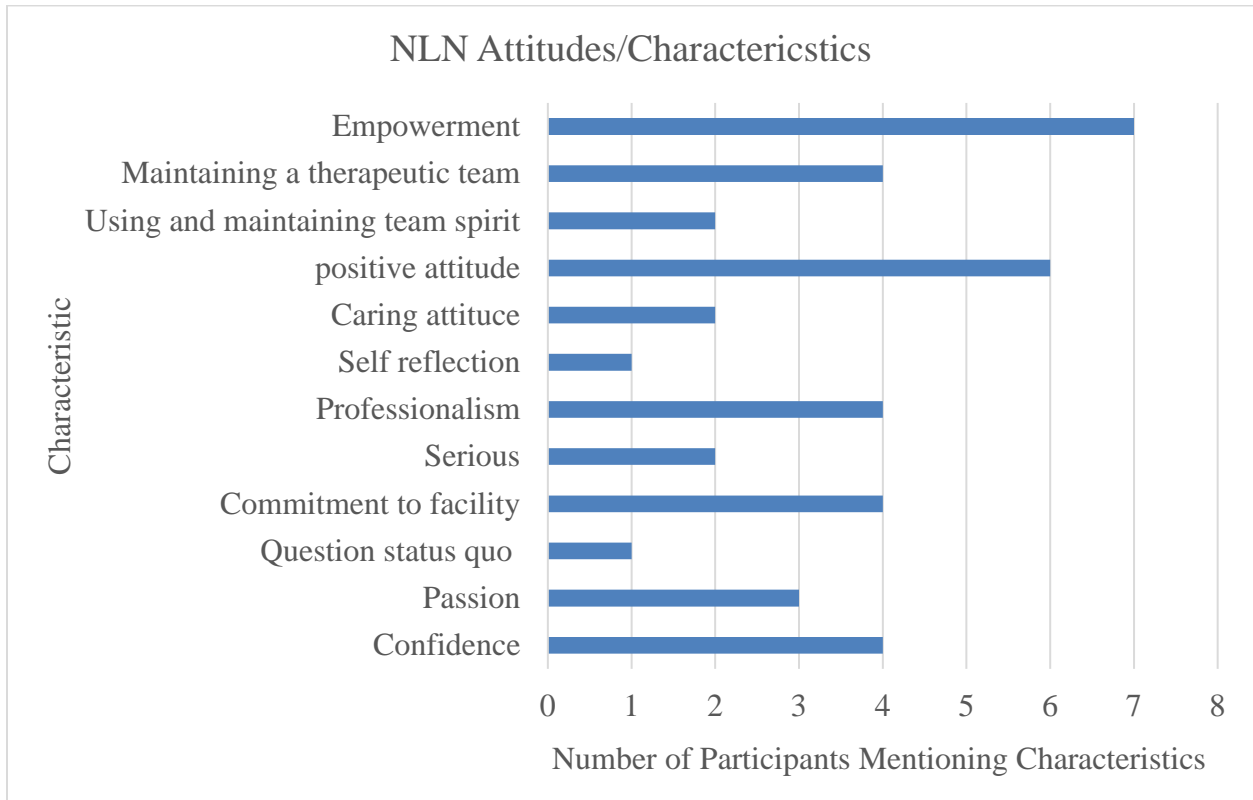Figure 3: Desired NLN Attitudes and Personal Characteristics
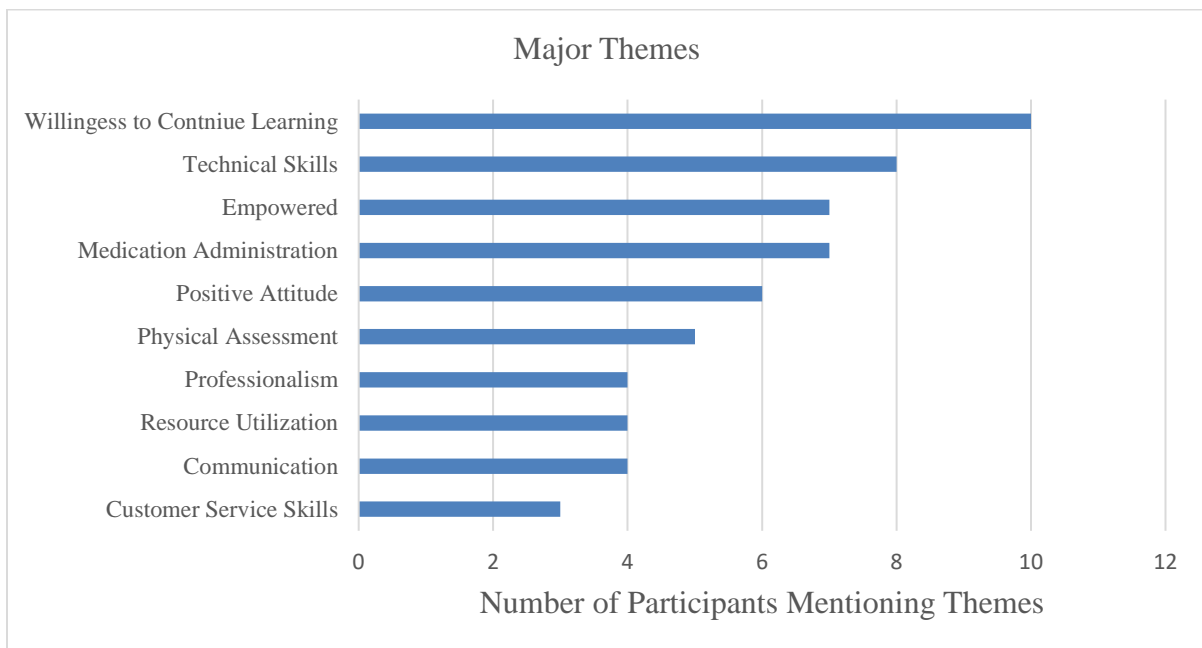

NLN Attitudes/Charactericstics

Figure 4: Major Themes Composite

Major Themes

Appendix F

Results as Related to Patricia Benner's Novice to Expert Model
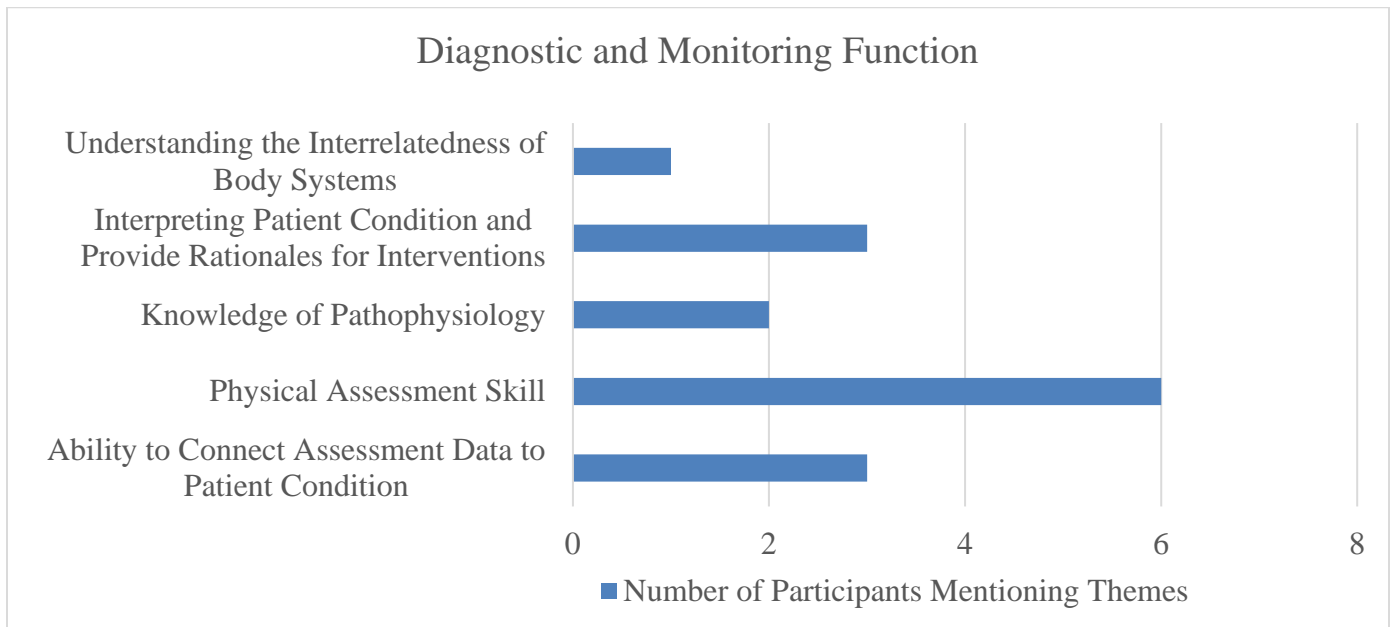
Figure 1:

Diagnostic and Monitoring Function
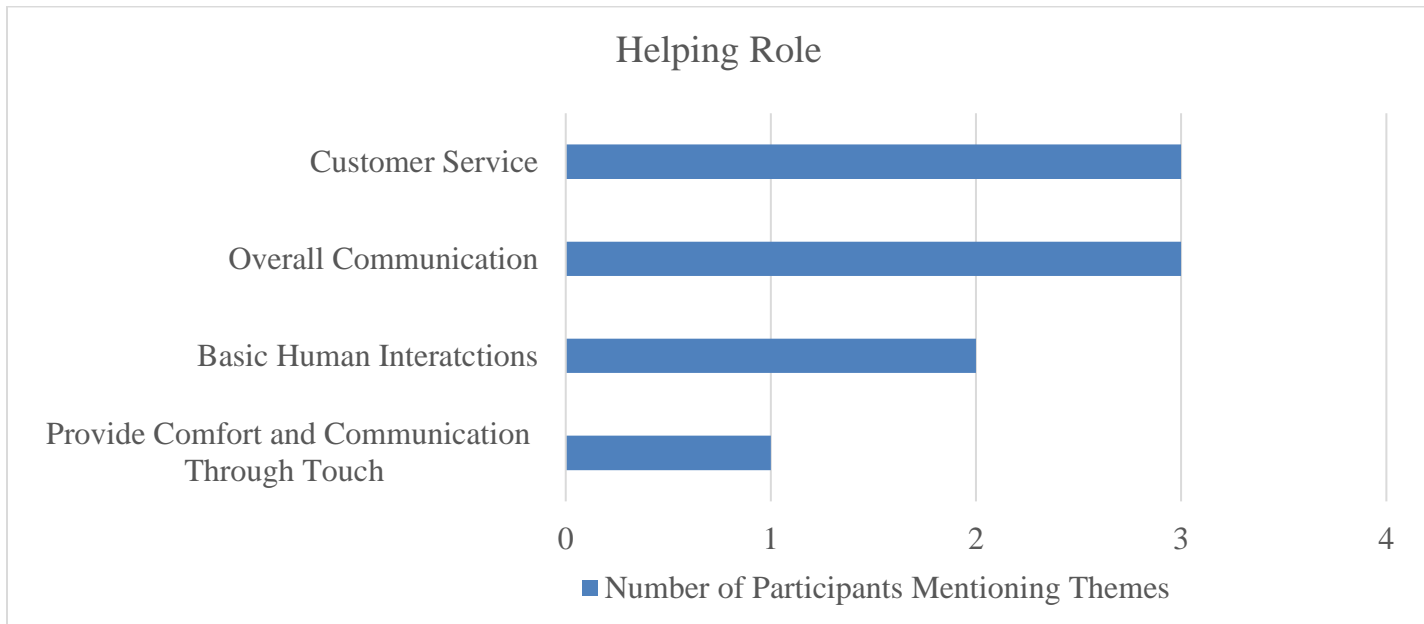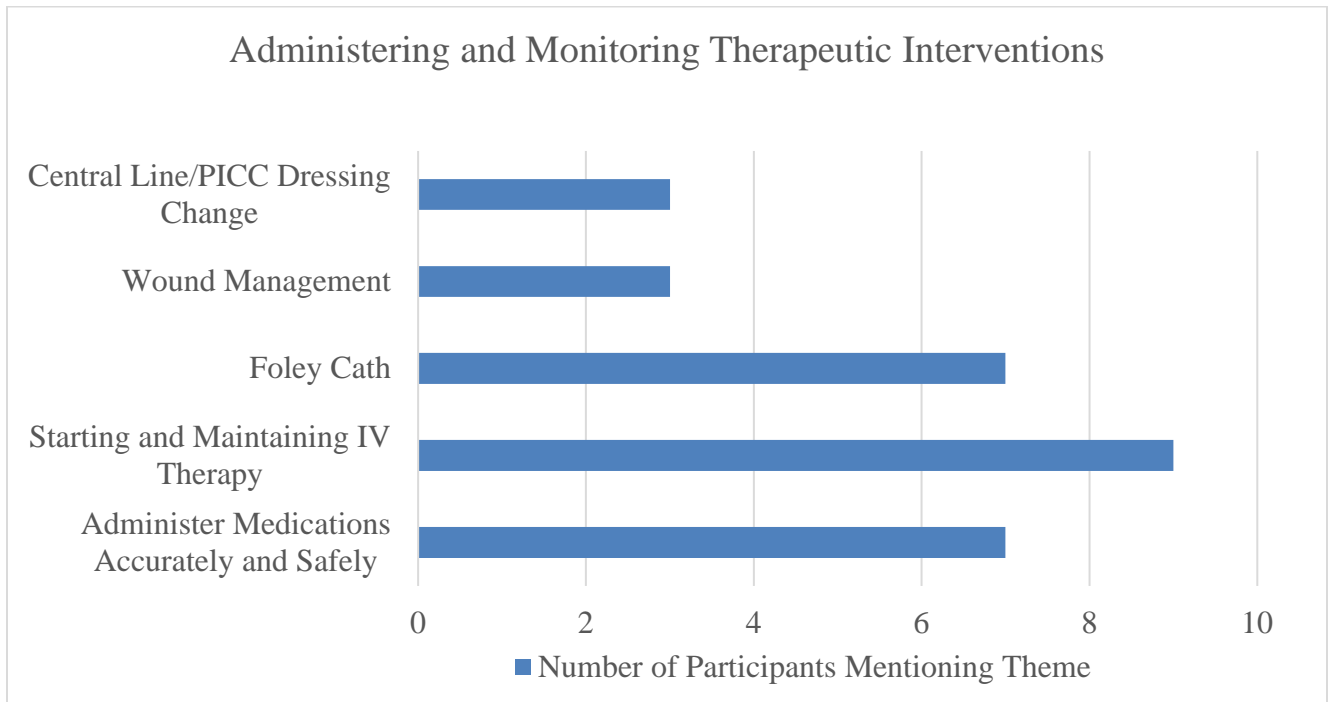
Figure 2:

Figure 3:

Appendix G

PHYSICAL ASSESSMENT	
Hospital-based Nurse Educator	"The number one skill, and I am trying to decide if I want to say the only skill that they need to come with is assessment. Assessment is the absolute foundation, absolute cornerstone of what we do as nurses."
Nurse Manager	"They need very good assessment skills and an understanding of the importance of a good assessment, Assessment is huge"
MEDICATION ADMINISTRATION	
Hospital-based Nurse Educators	"I want them to have a really good understanding of how to safely administer medications."
Nurse Managers	"Those that have done well in pharmacology, they're not spending as much time in the med room having to really process what medications are for." "They have to understand that this is a chemical that can basically kill you if you don't handle it correctly. Students should understand why it is so important we have all these checks and balances in place" READINESS TO LEARN Hospital-based Nurse Educators "I am looking for new grads who say, ok, I want to be right here, tell me, show me what I missed, let me hear your thinking" "They fell like by asking questions that they're going to make themselves look like they don't know things, but actually when they don't ask questions that makes us more concerned." Nurse Managers "I want them to be humble enough to know that they don't know everything." "Listen. Listen and take in. Ask questions and listen and try to learn from that" "They need to be confident in asking questions…you're always scared when people don't ask questions"
CUSTOMER SERVICE	Sample of Participant Responses
Hospital-based Nurse Educators	"I think the HCAHPs, the patient experience scores are huge right now, that's 22% of your reimbursement back for your hospital. It can financially impact them too, they want more nurses on the units, more FTEs, you know, you have to look at it from a business perspective too. For example, this year, we've lost a million dollars because of those. You can't have all that if you're losing that much money." "The customer service piece is hard and you either have that, I think, or you don't. But it would be nice, I don't know

	how much the schools cover that - our HCAHP scores are low, but that is all customer service driven."
Nurse Managers	"Healthcare has gone to such a customer service-based industry …and I don't think we teach a lot of customer service type skills in our programs. Customer service skills come from previous experience, not taught in nursing school."
TECHNICAL SKILLS	
Hospital-based Nurse Educators	"I can teach anyone to start an IV. I need students who understand IV therapy. They need to have some understanding of different fluids, what they do and when/why they are used." "IV starting is a skill. It's not something you just learn overnight."
Nurse Managers	"It would be good if they could start an IV but again that is a type of thing you learn after a while." "One obvious skill they need is the ability to start an IV."
Hospital-based Nurse Educators	"When inserting Foleys, they don't seem prepared." "They do not have a good grasp of different types of central vascular access devices." "Wound care is sorely lacking in a lot of our new grads: placing a wound vac, staging pressure ulcers: interventions for stages of pressure ulcers." "They need to be better at following directions even for a wound care dressing change, sterile field. It's amazing the people who can't do sterile fields. PICC line dressing change, central line dressing changes are huge".
COMMUNICATION	
Hospital-based Nurse Educators	"We are lacking in communication - 25 years ago, we had time to communicate and now it seems that the patients feel like they are not being communicated with. They [the NLN] are missing the connecting, the bond within them, the trust with the patient - the touchy - feely stuff."
Nurse Managers	"The concept that most of our young nurses have a real problem with is how to relate to other generations without using technology. Unless they have a background where they interacted with the public, all different ages of public, you know, they don't have the skills to be able to go in and speak to a persona and be able to find that common bond that makes you the type of effective nurse you can be."
EMPOWERMENT	
Hospital-based Nurse Educators	"You have to get in there and say hey, I'm here, what can I learn, can I follow you?: They are afraid to speak up….they have permission to be proactive…if you are having problems on your orientation and you're not feeling

	comforFigure to speak up or you can't or there is some dynamic going on on the floor, because that happens, let me know, I'll be your advocate"
Nurse Managers	"It would help if they [the schools] empowered the students to feel comforFigure questioning, not cocky, but to be able to, if they see an older nurse and they are teaching them and they are doing something wrong, they need to call it out and they need to report it." "The empowerment piece has to come from the nursing school, that you are the nurse, you know what you are doing. You have to think though things, it's okay for you to question an order. It's okay for you to ask for help"
POSITIVE ATTITUDE	
Hospital-based Nurse Educators	"We look for positive attitudes, those who are friendly, kind, caring, compassionate to their families and to their patients."
Nurse Managers	"I want people with a very positive attitude, you have to be able to stay positive, a generally happy person." "I look for optimism, I look for people who really have a positive outlook." "I want a positive attitude for sure. I think they bring enthusiasm, I do. I think they bring a lot to our team." "Positivity really helps, and if one person gets down, it doesn't pull down everybody else, everybody brings them back up." "Don't let attitudes of others affect your care and compassion for those people."
RESOURCE UTILIZATION	
Hospital-based Nurse Educator	They (orienting NLNs) will go to another new grad and it's the blind leading the blind. So, it's kind of scary, it's like the advanced beginner helping the advanced beginner, but they don't go to the competent nurse to ask."
Nurse Managers	I don't know everything, and I don't expect you to know everything because you can't. I expect you to know where to find the information."
PROFESSIONALISM	
Hospital-based Nurse Educators	"We look to see that they are dressed professionally, their first impression. We look for a smile, good eye contact, that they are speaking clearly, answering the questions appropriately, so we know they can communicate." "Patients have to trust that we are going to care for them and how we present ourselves is huge to our patients."
Nurse Managers	" Punctuality actually seems to be kind of a big problem."