Examination of Baccalaureate Nursing Students’ Readiness for Practice

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Thesis

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Approved by Thesis Committee:

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Committee Chair

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Abstract

The purpose of this replication study was to examine baccalaureate nursing students’ readiness for practice as a registered nurse. A convenience sample of 26 seniors at a local southern Colorado university was chosen to participate in the Casey-Fink Readiness for Practice Survey. Overall, participants rated a high level of readiness for practice, although areas of weakness included provider communication and caring for a dying patient. Participants felt uncomfortable performing chest tube care, code response, IV insertion and trach care. Sub-group comparisons were done and included previous work experience, previous degree, age range, elective clinical rotation participation and previous health care experience (Certified Nurse Assistant and student nurse externs). Statistical analysis using t tests, ANOVA, and Kruskal Wallis demonstrated no statistical difference between sub groups. This readiness for practice survey could be administered to subsequent graduating seniors to identify areas for improvement, gaps in curriculum and as information for employers to focus on during nursing orientation.
Acknowledgements

I sincerely appreciate and admire Dr. Peg Rooney for serving as my thesis chairperson. Your expertise and support provided valuable assistance throughout this process and you are an exemplary educator. To my former classmate and colleague Daphne Bradley, I am grateful for your friendship and insights while serving on my thesis committee. I also thank Nancy Whetzel for her willingness to serve on this thesis committee and her support of my research.

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CHAPTER I

Introduction

Nurses report their transition from the educational setting to the practice setting as a “period of stress, role adjustment, and reality shock” (Casey, Fink, Jaynes, Campbell, Cook, & Wilson, 2011, p. 646). This difficult transition can lead to feelings of inadequacy and in some cases nurses leaving the profession. Early identification of their needs prior to graduation is vital. Therefore, baccalaureate nursing students’ readiness for practice as a registered nurse was examined.

Background and Significance of the Problem

Since the 1970’s there has been concern regarding the preparedness and readiness for practice in nursing graduates. It was noted that nurses entering the workplace were inadequately prepared for the reality of clinical environments (Usher, K., Mills, J., West, C., Park, T., & Woods, C., 2015). This perceived lack of readiness is commonly stated as the rationale for researchers “assessing the clinical competence and the performance of beginning practitioners and identifying effective models of nursing education” (Wolff, Regan, Pesut, & Black, 2010, p. 2). There exists a significant concern since despite changes to the education foundation for nursing there remains a lack of readiness (Wolff, 2010).

This concern regarding nurses’ readiness extends globally with Australia, Canada, and the United Kingdom studying the concept of readiness for practice. United Kingdom participants felt they “did not have adequate skills for nursing registration and were therefore concerned about qualification” (Morrell & Ridgway, 2014, p. 522).
Generally, specific areas of concern identified by pre-licensure nurses included deficits in “pharmacology, pathophysiology, leadership, knowledge, skills, and delegations” (Morrell & Ridgway, 2014, p. 521). These perceptions were inclined to decrease student confidence and competence. If these are the areas of concern for senior nursing students, then potential curriculum changes can be identified.

This replication study provided data on the needs of senior nursing students and identified areas that need further emphasis in education. Recent studies indicate that “30% to 60% of graduate nurses change jobs or leave the field altogether during the first year” and they cite feelings of being inadequately prepared as one of the reasons they leave the nursing profession (Casey, Fink, Jaynes, Campbell, Cook, & Wilson, 2011, p. 646). In the background study for the Casey-Fink Readiness for Practice Survey validation, it was noted that students reported their programs did not adequately prepare them for “leadership and management skills, electronic health record management, delegation skills, the ability to manage multiple patient care assignments, or recognize changes in patient condition” (Casey et. al., 2011, p. 646). The information shared by these potential nursing graduates provided their own insights regarding weaknesses and areas for improvement.

Through survey results from senior students, gaps were identified in readiness for practice in the professional RN role. This study involved replication of the original Casey et. al. study, in an attempt to “validate findings from the previous research or generate new research evidence about a different setting” (Grove, Burns & Gray, 2013, p. 78). The original readiness for practice study by Casey and Fink involved a combination of baccalaureate and associate degree nursing students and this study involved solely
baccalaureate nursing students. Information gained from this study potentially provided useful information for the future southern Colorado employers of these graduates regarding areas to emphasize during new graduate orientation. Nursing programs could implement curricular modifications geared towards filling in the identified gaps prior to graduation.

Statement of the Problem

There is a significant amount of literature “describing the need for curricula that prepare graduates for work in dynamic health care environments” (Candela & Bowles, 2008, p. 267). New graduates are entering the work force and find they have “neither the practice experience nor the confidence” to navigate the health care environment (Duchscher, 2008 p. 441). Readiness for practice was an aspect to explore regarding the needs of future nursing graduates. In the research conducted by Kathy Casey and Regina Fink a Readiness for Practice Tool was developed and validated as a method for students to rate their own readiness (Casey et. al., 2011). Of interest in this study were the students’ perceptions of their own readiness for practice in another school setting. Therefore, the research question was: What are baccalaureate nursing students’ perceptions of their readiness for practice?

Purpose of the Study

The purpose of this study was to examine baccalaureate nursing students’ readiness for practice as a registered nurse.
Chapter II

Review of Literature

Relevant Literature

The purpose of this study was to examine baccalaureate nursing students’ readiness for practice as a registered nurse. Literature was reviewed from the domains of nursing, nursing education and nursing theory. The literature search was conducted using the research databases; CINAHL, Ovid, Science Direct and Google Scholar. Extensive literature review revealed multiple articles on the topic of readiness for practice. International studies regarding the topic of readiness for practice were also included.

Various descriptions of readiness for practice were noted throughout the literature review. The meaning for one study specified readiness for practice as “having a generalist foundation and some job specific capabilities, providing safe client care, keeping up with the current realities of nursing practice, being well equipped with the tools needed to adapt to the future needs of clients, and possessing a balance of doing, knowing and thinking” (Wolff et. al., 2010, p. 1). Others definitions included being competent and having the knowledge, skills and judgment that is required for such role performance (Casey, Fink, Jaynes, Campbell, Cook, & Wilson, 2011). Through the work of Wolff et. al., four aspects of readiness for practice emerged including; having a generalist foundation and some job-specific capabilities, providing safe client care, keeping up with current realities and future possibilities, and possessing a balance of doing, knowing and thinking (2010).

In 2009 Mary Hickey identified new graduate nurse readiness for practice however the results were based on preceptors’ opinions of students’ readiness for practice. Two
hundred preceptors were surveyed and specific areas “in need of improvement identified in this study are consistent with those in prior studies: complex or advanced skills, prioritization, organization, managing a caseload of patients and critical thinking” (Hickey, 2009, p. 40).

Concerns about the preparation of nursing students was also explored in the United Kingdom. In 2014 in the *British Journal of Nursing*, students were noted to feel ill-prepared for their future nursing placement. Eight themes were identified including; “being used as an extra set of hands, mentors appearing to treat student practice documentation as unimportant, high staff expectations, importance of a mentor, students feeling that they lacked knowledge, and students feeling unsupported and stressed” (Morrell & Ridgway, 2014, p. 518). It was interesting to note that despite these findings, students in this study did demonstrate clinical competence. The literature review by Morrell & Ridgway identified three themes including stress, support and competence.

A study by Casey and Fink was done to examine factors that influence senior nursing students’ perceptions of their readiness for practice and also determined their comfort level performing skills independently (Casey et. al., 2011). The population for this study consisted of a convenience sample of 429 senior baccalaureate nursing students (BSNs) from three nursing schools in a Western state from October 2008 to December 2009. Each school offered an intensive preceptor guided clinical experience and included mentorship by a nurse preceptor.

A validated tool, Casey-Fink Readiness for Practice Survey (CFRPS), was developed to measure self-perceived readiness (2011). Items were identified that targeted activities and skills that senior nursing students would be expected to perform. The survey
consisted of three components; demographic and experience information, comfort with skill performance, and measuring self-reported confidence & comfort regarding specific key skills. The findings from this study stated that overall students were highly confident in their ability to communicate with patients and families and also in requesting help from others. Areas in need of additional confidence included; “delegating of tasks, handling a multiple patient assignment, calling the physician, responding to a change in patient condition, and treating a patient who is dying” (Casey et. al., 2011, p. 651).

The Casey-Fink Readiness for Practice Survey (CFRPS) had been utilized in various other studies. Replication studies provide value in applying existing theory to new situations to allow for generalizability to different cultures, races, locations, and subjects (Grove, Burns, & Gray, 2013). One dissertation identified generational differences and their impact on readiness for practice (Pillai, 2015). In a sample of 273 participants, this study noted “non-traditional students perceived more readiness, and increased readiness was also reported as generation increased from youngest to oldest” (Pillai, 2015). In contrast, another study of 110 pre-licensure nursing students noted the following as “statistically significant predictors of greater perceived readiness for practice; younger age (p=0.02), prior or current healthcare experience (p=0.02), and greater professional competence (p=0.002)” (Bowdoin, 2014). In comparison an Australia study of 113 undergraduate nursing students used the CFRPS and discovered “confidence in caring for multiple patients was inversely associated with age indicating higher levels of confidence in younger nursing students” (Woods, West, Mills, Park, Southern, Usher, 2014, p. 359). In addition, it was found that the majority of students felt prepared and that simulation was part of their preparedness. Further suggestions to improve readiness and
preparedness included expanded placements, small clinical and class sizes, more modern equipment, and increased use of simulation for skills practice (Woods et al., 2014).

Two additional Australian studies involved readiness for practice. Areas of concern for students’ post-graduation were similar to other studies of the same content. Senior nursing students reported they were uncomfortable “performing invasive procedures and reported low levels of confidence in the area of professional identity” (Usher, Mills, West, Park & Woods, 2015, p. 3245). The conclusion from this study highlighted the importance of improving student competence and confidence. The other small interpretive, descriptive study explored preparedness for practice regarding nursing students that spent their final year in a university-based clinical school of nursing (Watt & Pascoe, 2013). The outcome of the clinical school experience revealed participants felt prepared to practice. Final conclusions included that a university-based clinical school of nursing has “the potential to offer a model for enhancing new graduate nurses’ preparedness for practice” (Watt & Pascoe, 2013, p. 29).

Three recent doctoral dissertations implemented the CFRPS. In 2010, 483 BSN Nursing students in Kansas and Missouri were surveyed regarding their readiness for practice after implementation of a nursing internship (Reagor). Increased readiness was reported after the clinical internship. A 2014 study of readiness for practice included 110 pre-licensure nurses include diploma, associate degree, and baccalaureate programs located within the 16 states from the Southern United States (Bowdoin). This study utilized a mixed method approach and also incorporated Professional Values Survey & Professional Action Survey in addition to the CFRPS. This study noted the following statistically significant predictors of greater perceived readiness for practice; younger age
(p=0.02), prior or current healthcare experience (p=0.02), and greater professional competence (p=0.002) (Bowdoin, 2014). A Michigan study of 273 Senior BSN nursing students focused on the generational differences in perceived readiness for practice (Pillai, 2015). It was noted that non-traditional students perceived more readiness, and increased readiness and as generation increased from youngest to oldest (Pillai, 2015).

Literature searches revealed that senior baccalaureate degree nursing students who do not participate in a preceptor-guided clinical experience or internship has not been studied using the CFRPS. Additionally, varying the location of a study is another way to compare the results of the original study and a replicated one (Polit & Beck, 2008). Population and sample size can also be manipulated in a replication study (Grove, Burns, & Gray, 2013).

Nursing Theoretical Framework

Patricia Benner, author of From Novice to Expert: Excellence and Power in Clinical Nursing Practice, identified the early nurse as an Advanced Beginner which is the appropriate stage for the population in this study. In her Novice to Expert theory she outlined the tasks in each stage of progression for nursing practice. Novice is the initial stage and represents no experience in the nursing setting. Progression then proceeds to the Advanced Beginner stage. At this level, nurses perform at marginally acceptable levels due to previous experience in actual situations. They need support and help setting priorities and they are only beginning to see patterns of meaning in their practice (Benner, 2001). Knowledge is developing and their experiences as a new nurse may elicit feelings of “terror in which they recognize that they are in over their heads and lose all capacity to plan or act” (Benner, 1982, p. 57). Readiness for practice is a measure of
the advanced beginners’ thoughts on their own abilities. Therefore, Benner’s Novice to Expert theory was utilized to frame this study.

**Key Words**

Terms used in the writing and implementation of this study are defined below.

*Advanced Beginner:* nurses perform at marginally acceptable levels due to previous experience in actual situations (Benner, 2001).

*Baccalaureate of Science in Nursing:* an academic degree awarded upon satisfactory completion of a 4-year course of study in a college or university. The recipient is eligible to take the national certifying examination to become a registered nurse. A BSN degree is a prerequisite to advancement in nursing education and advancement in many systems and institutions that employ nurses (Baccalaureate of Science in Nursing, 2015).

*Certified Nurse Assistant:* a person trained and certified to assist hospital patients or residents of long-term care facilities with hygiene and other activities of daily living under the supervision of a nurse (Certified Nurse Assistant, 2015).

*Clinical Competence:* the capability to perform acceptably those duties related to patient care (Clinical Competence, 2015).

*Perception:* the way you think about or understand someone or something (Perception, 2015).

*Readiness for Practice:* “competent and having the knowledge, skills and judgment that is required for such role performance” (Casey et. al., 2011, p. 646).

*Registered Nurse:* a graduate trained nurse who has been licensed by a state authority after qualifying for registration (Registered Nurse, 2015)
Replication: the deliberate repetition of research procedures in a second investigation for the purpose of determining if earlier results can be confirmed (Polit & Beck, 2008).

Self-Confidence: a feeling of trust in one's abilities, qualities, and judgment (Self-Confidence, 2015).

Student Nurse Extern: student participating in a temporary training program for nursing in a workplace (Student Nurse Extern, 2015).

Summary

In completion of the literature review, the significance and importance of readiness for practice was noted. Findings were similar in context yet varied on specific results. International studies noted similar needs also for undergraduate senior nursing students. As noted by Patricia Benner there needs to be a remedy for the practice-education gap and thus calls for a radical transformation in how nurses are educated and emphasizes the need for changes in the education of nurses (Benner, Sutphen, Leonard, & Day, 2010). The 2010 Robert Wood Johnson Foundation Initiative on the Future of Nursing noted that today’s nursing curriculum needs to link knowledge, practice and clinical reasoning (Casey et. al., 2011). Further evaluation and improvements in nursing students’ readiness for practice is one retrospective method to consider as a potential source of information to improve nursing education.
CHAPTER III
Method

Description of Research Design

The purpose of this study was to examine baccalaureate nursing students' readiness for practice as a registered nurse. A replication study design was utilized since the focus was to “determine whether similar findings will be found” (Grove, Burns, & Gray, 2013, p. 77). This design also helped to “establish the credibility of the findings and extend the generalizability of the findings” (Grove, Burns, & Gray, 2013, p. 77). This method was chosen since the intent was to determine whether the findings were similar despite minor changes in the conditions of research (Grove, Burns, & Gray, 2013).

Identification of the Population and Sample

The target population for the study was senior baccalaureate nursing students (BSNs) enrolled in their final semester at a small southern Colorado university. The pending completion date for their BSN program was May 6, 2016. All thirty-one eligible students enrolled in NSG 451 Nursing Leadership and Issues course were invited to voluntarily participate in the study.

Protection of Human Subjects

Approval was obtained from the Colorado State University-Pueblo Institutional Review Board prior to any data collection from participants (See Appendix A-Institutional Review Board Written Approval). The researcher conducted the study in accordance with the standards of the nursing department and the university. The researcher explained the study and described the purpose. Participants were reminded that participation in the study was voluntary and that they could refuse to be in the study or stop at any time. Participants completed a consent form prior to any data collection.
They then completed the Casey-Fink Readiness for Practice Survey during class time (Appendix C). If at any time during the survey they chose to withdraw there were no consequences. Participants remained anonymous with no identifying information collected. It was emphasized that the responses would not affect their course grade, status in the nursing program, or graduation date. The researcher will keep all data in a locked file cabinet and will shred all surveys after five years.

**Instrument**

The Casey-Fink Readiness for Practice Survey served as the validated tool for this study. Permission to use this tool was granted on January 20, 2016 (Appendix D). The instrument consisted of three sections. The first section included demographic data and information regarding senior practicum experiences. The second section involved students’ comfort with both relational and clinical skill performance. This section included twenty questions utilizing a Likert scale (1=strongly disagree, 2=disagree, 3=agree, 4=strongly agree). The third section had two open-ended questions asking respondents reasons for choosing the profession of nursing and what could be done to assist in preparedness for entry into nursing practice (Casey et. al., 2011).

**Procedure**

Participants were allowed 15 minutes during their NSG 451 Nursing Leadership and Issues course to complete the paper and pencil Casey-Fink Readiness for Practice Survey on a voluntary basis. It was reiterated that the survey was anonymous and would not affect their course grade, status in the Nursing program, or graduation date.
Data Analysis

Specific focus was placed on the twenty questions regarding self-reported readiness for practice. These twenty questions utilized a Likert scale (1=strongly disagree, 2=disagree, 3=agree, 4=strongly agree). Averages from each of the twenty questions were calculated and reported. Confidence in caring for more than one patient and identifying skills that students did not feel ready to perform were also reported. The open-ended questions were also analyzed for trends in responses. Comparisons between groups included differences in self-confidence based on degree status, completion of NSG 491 Nursing Elective (commonly known as "Passions" since the students are allowed to choose an area of clinical interest), previous health care experience, and age. A comparison was also examined between what specific healthcare experience might have influenced the participants' ratings such as Certified Nurse Assistant (CNA), student nurse externship or neither.
Chapter IV

Results

Research Results

The purpose of this study was to examine baccalaureate nursing students’ readiness for practice as a registered nurse. The research design was a replication of the Casey and Fink study from 2011 titled, Readiness for Practice: The Senior Practicum Experience. After explaining the study and obtaining consent, 26 baccalaureate nursing students, enrolled in NSG 451 Leadership and Issues, took the paper and pencil Casey-Fink Readiness for Practice Survey (CFRPS) during class time. The survey took 15 minutes to complete. A total of 33 students were eligible to participate, but five students were absent from class the day of the survey and two students opted to not participate. Participants were anonymous and no identifying information was collected.

Demographics of the twenty-six respondents included:

Age Range-Twenty respondents 21-29 years old; three respondents 30-39 years old; and three respondents 40 years old to later 50s.

Gender-Twenty-five female and one male.

Race-Eleven White/Caucasian; ten Hispanic; two Black and three Bi-racial.

Specific focus was placed on the twenty questions of the survey regarding self-reported readiness for practice. Confidence in caring for more than one patient and identifying skills that students did not feel ready to perform were also analyzed. Table 1 reflects the participants’ rating their level of comfort with registered nurse skills and tasks, along with the mean and standard deviation for each item.
Table 1: Mean and Standard Deviation of Registered Nurse Skills and Tasks (N=26)

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Agree (3)</th>
<th>Strongly Agree (4)</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel comfortable communicating with physicians (note N=25)</td>
<td>1</td>
<td>9</td>
<td>11</td>
<td>4</td>
<td><strong>2.72</strong></td>
<td><strong>0.79</strong></td>
</tr>
<tr>
<td>2. I am comfortable communicating with patients from diverse populations.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. I am comfortable delegating tasks to the nursing assistant.</td>
<td>4</td>
<td>13</td>
<td>9</td>
<td></td>
<td><strong>3.19</strong></td>
<td><strong>0.69</strong></td>
</tr>
<tr>
<td>4. I have difficulty documenting care in the electronic medical record.</td>
<td>14</td>
<td>8</td>
<td>4</td>
<td></td>
<td><strong>1.62</strong></td>
<td><strong>0.75</strong></td>
</tr>
<tr>
<td>5. I have difficulty prioritizing patient care needs.</td>
<td>5</td>
<td>17</td>
<td>4</td>
<td></td>
<td><strong>1.96</strong></td>
<td><strong>0.60</strong></td>
</tr>
<tr>
<td>6. My clinical instructor provided feedback about my readiness to assume an RN role.</td>
<td>1</td>
<td>13</td>
<td>12</td>
<td></td>
<td><strong>3.38</strong></td>
<td><strong>0.70</strong></td>
</tr>
<tr>
<td>7. I am confident in my ability to problem solve.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>3.23</strong></td>
</tr>
<tr>
<td>8. I feel overwhelmed by ethical issues in my patient care responsibilities.</td>
<td>13</td>
<td>10</td>
<td>3</td>
<td></td>
<td><strong>1.62</strong></td>
<td><strong>0.70</strong></td>
</tr>
<tr>
<td>9. I have difficulty in recognizing a significant change in my patient’s condition.</td>
<td>5</td>
<td>20</td>
<td>1</td>
<td></td>
<td><strong>1.85</strong></td>
<td><strong>0.46</strong></td>
</tr>
<tr>
<td>10. I have had opportunities to practice skills and procedures more than once.</td>
<td>1</td>
<td>4</td>
<td>11</td>
<td>10</td>
<td><strong>3.15</strong></td>
<td><strong>0.83</strong></td>
</tr>
<tr>
<td>11. I am comfortable asking for help.</td>
<td>1</td>
<td>8</td>
<td>17</td>
<td></td>
<td><strong>3.62</strong></td>
<td><strong>0.57</strong></td>
</tr>
<tr>
<td>12. I use current evidence to make clinical decisions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>3.46</strong></td>
</tr>
<tr>
<td>13. I am comfortable communicating and coordinating care with</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>3.12</strong></td>
</tr>
</tbody>
</table>
Most items reflected that students were comfortable with the skill or task. However, four areas were noted with a lower level of comfort or agreement (out of a possible 4):

- “I feel comfortable communicating with physicians”—Mean 2.72; SD 0.79
- “Simulations have helped me feel prepared for clinical practice”—Mean 2.88; SD 0.95
- “Writing reflective journal/logs provided insights into my own clinical-decision making skills”—Mean 2.46; SD 0.99
- “I feel comfortable knowing what to do for a dying patient”—Mean 2.81; SD 0.8
Additional data was obtained regarding participants’ confidence level in caring for more than one patient. Table 2 lists the respondents’ confidence level in caring for two, three, and four patients.

Table 2: Confidence Level in Caring for 2, 3, and 4 Patients

<table>
<thead>
<tr>
<th></th>
<th>Not confident</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very Confident</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caring for 2 patients</td>
<td>1</td>
<td>2</td>
<td>24</td>
<td></td>
<td>4.92</td>
<td>0.27</td>
<td></td>
</tr>
<tr>
<td>Caring for 3 patients</td>
<td></td>
<td>13</td>
<td>13</td>
<td></td>
<td>4.50</td>
<td>0.51</td>
<td></td>
</tr>
<tr>
<td>Caring for 4 patients</td>
<td></td>
<td>15</td>
<td>9</td>
<td>2</td>
<td>3.50</td>
<td>0.65</td>
<td></td>
</tr>
</tbody>
</table>

As noted in the table students were confident in their ability to care for two and three patients. However, the mean confidence level decreases by one level when caring for four patients compared to three patients.

In addition, data was collected regarding skills students are uncomfortable performing. They were asked to pick from a list of skills and select three skills in which they are uncomfortable performing. Below the table notes the frequencies of responses for various skills.

Table 3: Frequencies of Skills Uncomfortable Performing

<table>
<thead>
<tr>
<th>Top Skills Uncomfortable Performing</th>
<th>Frequencies</th>
<th>Percentage of Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest tube care</td>
<td>14</td>
<td>54%</td>
</tr>
<tr>
<td>Code response</td>
<td>9</td>
<td>35%</td>
</tr>
<tr>
<td>IV insertion/removal</td>
<td>8</td>
<td>31%</td>
</tr>
<tr>
<td>Trach care</td>
<td>8</td>
<td>31%</td>
</tr>
<tr>
<td>NG insertion</td>
<td>7</td>
<td>27%</td>
</tr>
<tr>
<td>Catheter insertion</td>
<td>5</td>
<td>19%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Wound care</td>
<td>5</td>
<td>19%</td>
</tr>
<tr>
<td>Central line care/dressing changes</td>
<td>4</td>
<td>15%</td>
</tr>
<tr>
<td>Medication administration</td>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td>Blood draw</td>
<td>2</td>
<td>7%</td>
</tr>
<tr>
<td>Charting/documentation</td>
<td>2</td>
<td>7%</td>
</tr>
</tbody>
</table>

Student responses in Table 3 revealed that they did not feel comfortable performing chest tube care, code response, IV insertion/removal and trach care as the top skills.

Associated data among sub-groups was collected and analyzed to obtain as much information as possible from the survey results. In consultation with a PhD statistician, the data was analyzed and statistical tests applied. Differences in self-confidence based on degree status, completion of NSG 491 Nursing Elective (commonly known as "Passions" since the students are allowed to choose an area of clinical interest), previous health care experience, and age were examined.

Results of independent samples t-tests indicated no statistically significant differences in self-confidence among any of the sub groups for each variable. Age was originally measured in three different age ranges: 21-29 years, 30-39 years, and 40 years-late 50s. Because two of the group sizes were quite small, the variable was recoded into two groups of age ranges: 21-29 years and 30 years and older.

Since group sizes for some subgroups were small, all t-test analyses were replicated with non-parametric tests (Mann Whitney U-tests and Kruskal Wallis) for the original coding of age. The Mann-Whitney U test is used to compare differences between two independent groups and the Kruskal Wallis test is used to compare differences between more than two groups when the dependent variable is either ordinal or continuous but not normally distributed. A normal distribution is often difficult to achieve when sample or group sizes are small, particularly when an ordinal scale is used,
as in the present study. Therefore, because Mann Whitney and Kruskal Wallis tests do not require normality in the dependent variable, they are ideal for analyses of small group studies. Results for non-parametric testing confirmed the t-test results hence no statistical significance. Table 4 outlines the mean, SD, t-test and non-parametric test results.

Table 4: Results of Analysis of Differences in Self-Confidence

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>No previous degree (N=20)</td>
<td>2.83</td>
<td>0.58</td>
<td>-0.77</td>
<td>0.45</td>
</tr>
<tr>
<td>Previous degree holder (N=6)</td>
<td>3.03</td>
<td>0.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did not take &quot;NSG 491&quot; elective course (N=19)</td>
<td>2.88</td>
<td>0.52</td>
<td>0.05</td>
<td>0.96</td>
</tr>
<tr>
<td>Took “NSG 491” elective course (N=7)</td>
<td>2.87</td>
<td>0.65</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No previous healthcare experience (N=7)</td>
<td>2.81</td>
<td>0.49</td>
<td>-0.38</td>
<td>0.71</td>
</tr>
<tr>
<td>Previous healthcare experience (N=19)</td>
<td>2.91</td>
<td>0.59</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-29 years old (N=20)</td>
<td>2.85</td>
<td>0.58</td>
<td>-0.44</td>
<td>0.66</td>
</tr>
<tr>
<td>30 years old and above (N=6)</td>
<td>2.97</td>
<td>0.44</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The t-value is a test statistic that measures the difference between an observed sample statistic-such as the mean difference between those who took the Nursing 491 elective course and those who did not-and its hypothesized population parameter. A t-test compares the observed t-value to a critical value on the t-distribution to determine whether the difference between the estimated and hypothesized values of the population
parameter is statistically significant. The p-value is the indicator of statistical
significance. In the context of this study it indicates whether the observed difference
between groups in this sample is so much greater than random chance or error that one
would expect to find it in the population as well. A p-value, or probability, of less than
0.05 is generally considered statistically significant. That is, 95 times out of 100, the
result found in the sample will be true in the population.

In an effort to identify what specific healthcare experience might have influenced the
participants' ratings, an analysis was done using the categories: Certified Nurse Assistant
(CNA), student nurse extern or neither. Differences in self-confidence scores based on
practical training were examined using ANOVA and Kruskal Wallis. Both tests are used
for examining differences between more than two groups, but the latter is specifically for
small samples or groups, as in this study. Table 5 includes the mean and standard
deviation for each group. Although the means clearly indicate a small increasing level of
self-confidence based on type of practical training, results from the ANOVA test indicate
no statistically significant differences ($F = 0.235, p = 0.792$). Kruskal Wallis results
likewise showed no significant difference ($\chi^2 = 0.711, p = 0.701$).

Table 5: Differences in Self-Confidence Based on Practical Training

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNA (N=6)</td>
<td>2.99</td>
<td>0.52</td>
</tr>
<tr>
<td>Student Nurse Extern (N=9)</td>
<td>2.91</td>
<td>0.63</td>
</tr>
<tr>
<td>Neither (N=11)</td>
<td>2.80</td>
<td>0.52</td>
</tr>
</tbody>
</table>
Additionally, there were two free-response questions. The first one asked, “Please share the major reasons why you chose nursing as a career.” Sixteen students (62%) noted caring, compassion and/or a need to help others. The following are actual student comments:

- “I love helping care for people and knowing I could make a huge impact on someone’s life.”
- “Having a passion to help people and advocate for others.”
- “It is a calling. I want to do missions. I want to give.”
- “Caring- making a change in a person’s life.”

Six students (23%) described the ability to have an impact and/or make a difference. Four responses (15%) focused on the economics and/or practical aspects of nursing such as a flexible schedule and reasonable pay.

The second free response question asked, “What could be done to help you feel more prepared to enter the nursing profession?” Six students (23%) noted a desire to perform/practice more skills or certain situations:

- “More communication practice and certain areas of skill practice.”
- “More opportunities to practice specific skills, more individual care (autonomy).”
- “Assessment skills in a simulation. More simulation experience. More opportunities to practice skills on the unit. More focused time with experienced RN to improve documentation skills.”

Two students (8%) expressed a desire for more simulation experiences and two (8%) desired more practice on documentation and charting. Two students (8%) expressed a need to practice the task of delegation. Three students (12%) described a need for more
practice with communication, specifically communication with the physician or provider.

Student comments included:

- “More practice with approaching and contacting physicians.”
- “Learning to communicate with interdisciplinary team. I had no experience in calling physicians, etc.”

In regard to the Nursing 491 elective course (commonly known as "Passions" since the students are allowed to choose an area of clinical interest), two students (8%) noted that it was valuable to them:

- “‘Passions’ prepared me more than anything. Every student should understand the importance of doing ‘Passions’.”
- “Choice in senior clinical, wish ‘Passions’ would have been more advertised as beneficial experience.”

**Limitations**

This study had a small convenience sample (N=26) and included senior students at only one southern Colorado university. Due to absences, five students were unable to participate further reducing the sample size. Comparisons among subgroups involved even smaller groups. Students at other universities may have different perceptions of their readiness for practice. Also, the participants may have rated their readiness higher than they actually felt in order to impress the researcher or due to their inexperience in a completely autonomous nurse role. The survey only measures the students’ own perception of their readiness for practice and does not consider other input such as faculty’s opinion of their readiness for practice. Additionally, there was only one male participant so gender differences could not be measured.
Chapter V

Conclusions and Recommendations

Conclusions

The purpose of this study was to examine senior baccalaureate nursing students’ readiness for practice as a registered nurse. Results of this study indicated that the senior baccalaureate nursing students at this local southern Colorado university have a strong perception of their readiness for practice as professional nurses. This readiness for practice survey given to seniors provided information about areas of perceived strength and weakness. Gaps in the nursing program curriculum could be addressed based on survey responses. For example, the program in this study could initiate more teaching/simulation with chest tubes, trach care, code response, care of the dying patient and communicating with a physician and providers. The survey would have more meaning if given to a larger group of students. For example, in this study no statistically significant differences were noted among the subgroups. However, with a larger sample this might prove otherwise. Finally, students may overestimate their readiness for practice. For example, in this study almost all students felt ready to assume a RN role. This may indicate “arrogance” or false confidence on their part rather than true confidence, a trait necessary for a successful career.

Recommendations

The Casey Fink Readiness for Practice Survey (CFRPS) could be a useful tool for other universities to evaluate students’ perceptions of their readiness. The information obtained could be utilized to identify strengths and weaknesses, not only of students, but also of program curriculum. Faculty surveys could also be done to obtain their
perceptions of student readiness for practice. Future employers of these graduates might benefit from the data collected regarding areas to emphasize during nursing orientation at their facilities and in turn potentially improve retention of these new nurses.

This study may be replicated with future classes of senior baccalaureate students to compare the perceptions of one student group to another. Further studies could be done to determine if elective courses such as Nursing 491 (“Passions”) benefit students desiring more clinical practice. Further studies using a larger sample size may provide more generalizable results. The use of additional categories in the ‘previous healthcare experience’ question might provide meaningful data.

Finally, it would be beneficial to administer this or another survey during graduates’ first year of work experience after becoming immersed in the RN role. Time in the role may provide a different perspective on readiness for practice.

Summary

Assessment of senior baccalaureate nursing students’ readiness for practice will remain a part of total program evaluation. Nursing departments are increasingly aware that students’ perceptions play a role in determining overall program satisfaction. Since students’ readiness for practice is the goal of any nursing program, surveys may provide one way of determining job readiness. Ensuring the readiness of new graduate nurses has the potential to increase retention in the nursing field and potentially prevent them from leaving the field prematurely. The critical shortage of nurses requires a multisystem approach with universities as key stakeholders in the education and graduation of confident, competent nurses.
References


APPENDIX A

INSTITUTIONAL REVIEW BOARD WRITTEN APPROVAL
IRB Review

Proposal Titles: Examination of Baccalaureate Nursing Students Readiness for Practice

Principal Investigator: Brown

New applications for Nursing

Dear Heather,

Thank you for submitting your IRB application “Examination of Baccalaureate Nursing Students Readiness for Practice”. This application has been reviewed according to the policies of this institution and applicable federal regulations. The review category for this application is Exempt. This letter serves as notification that you now have IRB approval for a period of 12 months from the date of this letter. The expiration date for your approval is 3.25.17. Once human research has been approved, it is the Principal Investigator’s responsibility to report any changes in research activity related to the project, including revisions or amendments, serious adverse consequences, renewal or completion. If you have any questions, please contact me at barbara.brettgreen@csupueblo.edu. Thank you for your concern regarding the protection of human subjects, and good luck with your research.

Best regards,

Barbara Brett-Green, Ph.D.

IRB Chair
APPENDIX B

CONSENT FORM
Consent to Participate in a Research Study
Colorado State University-Pueblo

TITLE OF STUDY:
Examination of Baccalaureate Nursing Students’ Readiness For Practice

PRINCIPAL INVESTIGATOR:
Heather Brown RN, BSN
MSN-Nurse Educator candidate, Department of Nursing,
hd.brown1@pack.csupueblo.edu

WHY AM I BEING INVITED TO TAKE PART IN THIS RESEARCH?
As a senior nursing student prior to graduation, your own thoughts about readiness to practice as a Registered Nurse are desired.

WHO IS DOING THE STUDY?
The research team includes the principal investigator Heather Brown. The members of the Thesis Committee include Dr. Peg Rooney, Nancy Whetzel and Daphne Bradley.

WHAT IS THE PURPOSE OF THIS STUDY?
The purpose of the study will be to examine baccalaureate nursing students’ perceptions of their readiness for practice.

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?
The study will take place on campus during your NSG 451 course in the Technology Building Room 220 on April 4, 2016. It will take approximately 15 minutes to complete a survey about your perceptions of readiness.

WHAT WILL I BE ASKED TO DO?
The paper and pencil survey will ask questions regarding your opinions about your own readiness to practice as a Registered Nurse.

ARE THERE REASONS WHY I SHOULD NOT TAKE PART IN THIS STUDY?
You should not participate in this study if you are under 18 years of age.

Page 1 of 3 Participants Initials_______Date_______
WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

There are no known risks involved with this study. However, it is not possible to identify all potential risks in research procedures, but the researcher has taken reasonable safeguards to minimize any known and potential, but unknown, risks.

ARE THERE ANY BENEFITS FROM TAKING PART IN THIS STUDY?

Information obtained could provide a basis for curricular changes to improve future students’ readiness for practice.

DO I HAVE TO TAKE PART IN THE STUDY?

Your participation in this research is voluntary. If you decide to participate in the study, you may withdraw your consent and stop participating at any time without penalty.

WHO WILL SEE THE INFORMATION THAT I GIVE?

We will keep private all research records that identify you, to the extent allowed by law. The researcher will keep all data in a locked file cabinet and will shred all surveys after five years.

This study is anonymous. For this study, we are not obtaining your name or other identifiable data from you, so nobody (not even the research team) will be able to identify you or your data. We may be asked to share the research files for audit purposes with the CSU Institutional Review Board ethics committee, if necessary. When we write about the study to share with other researchers, we will write about the combined information we have gathered.

WILL I RECEIVE ANY COMPENSATION FOR TAKING PART IN THIS STUDY?

There will be no compensation for your participation.

WHAT IF I HAVE QUESTIONS?

Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions about the study, you can contact the investigator, Heather Brown at hd.brown1@pack.csupueblo.edu.
If you have any questions about your rights as a volunteer in this research, contact:

Barbara Brett, Ph.D.
Assistant Professor
Department of Psychology
Colorado State University - Pueblo
719.549.2676
barbara.brettgreen@csupueblo.edu

We will give you a copy of this consent form to take with you.

WHAT ELSE DO I NEED TO KNOW?

Your participation in the survey will not affect your grade, graduation date or status as a CSU-Pueblo Nursing student.

Your signature acknowledges that you have read the information stated and willingly sign this consent form. Your signature also acknowledges that you have received, on the date signed, a copy of this document containing three (3) pages.

_________________________________________  ______________________
Signature of person agreeing to take part in the study                     Date

_________________________________________
Printed name of person agreeing to take part in the study

_________________________________________  ______________________
Name of person providing information to participant                     Date

_________________________________________
Signature of Research Staff
APPENDIX C

CASEY-FINK READINESS FOR PRACTICE SURVEY
Casey-Fink Readiness for Practice Survey

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

1. Age: _______ years

2. Gender:
   a. Female
   b. Male

3. Ethnicity:
   a. Caucasian (white)
   b. Black
   c. Hispanic
   d. Asian
   e. Native American
   f. Other
   g. I do not wish to include this information

4. Other non-nursing degree (if applicable): ______________________

5. What previous health care work experience have you had:
   a. Nursing assistant
   b. Medical assistant
   c. Volunteer
   d. Unit secretary
   e. EMT
   f. EMT - Paramedic
   g. Student Externship
   h. Nurse Intern or Advanced Care Partner
   i. Other: (please specify) ________________________________

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

8. Average # hours worked/week while enrolled in BSN program: #_________ Hours

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

10. Current GPA __________

11. Type of BSN program enrolled:
   a. Traditional
   b. Accelerated
   c. Worksite
   d. CHOICE
   e. Other: ______________________

12. Are you enrolled in an employer supported scholarship program?
   a. Yes
   b. No

13. Month/year started in BSN program: __________________________

14. Clinical Area of Senior Clinical experience:
   a. Adult M/S
   b. Adult ICU
   c. Oncology/BMT
   d. OB (L&D, POST PARTUM)
   e. Pediatric M/S
   f. Pediatric ICU
   g. NICU
   h. Mental Health
   i. Ambulatory Care Setting
   j. Rehabilitation
k. Emergency Department
l. OR/Perioperative Setting
m. Other: ____________________________

15. Was your senior clinical experience at your current place of employment?
   a. Yes
   b. No

16. What setting was your senior clinical experience located:
   a. Urban setting
   b. Rural setting

17. How many clinical hours were you required to complete during your senior clinical experience?
   # __________ Hours

18. How many hours did you spend with your unit charge nurse?
   # __________ Hours

19. How many primary preceptors did you have during your senior clinical experience?
   # __________ Preceptors

20. Were you required to review NCLEX-RN questions during your senior clinical course?
   a. Yes
   b. No

21. If yes (question 21) how many questions/week did you review? # __________ Questions

22. What did YOU do to prepare for your senior clinical experience: (may select more than one answer)
   a. Practiced skills in learning lab
   b. Participated in simulation assignment
   c. Developed a care plan
   d. Brought medication reference or PDA to clinical
   e. Set daily goals with preceptor
   f. Met with preceptor prior to start of clinical experience
   g. Oriented to facility/tour unit
   h. Discussed personal learning needs with clinical faculty
i. Did nothing to prepare

j. Other: ____________________________

List three skills/procedures you are most uncomfortable performing independently at this time?

Select from list below.

1.

2.

3.

4. ______ I am independent in all skills listed below

List of skills

Assessment skills
Bladder catheter insertion/irrigation
Blood draw/venipuncture
Blood glucose monitoring device
Central line care (dressing change, blood draws, discontinuing)
Charting/documentation
Chest tube care
EKG/Telemetry monitoring and interpretation
Giving verbal report
Intravenous (IV) medication administration
Intravenous (IV) starts
IV pumps/PCA pump operation
Medication administration
NG tube/Dobhoff care
Pulse oximetry
Responding to an emergency/Code/changing patient condition
Trach care/suctioning
Wound care/dressing change/wound vac
Other: ____________________________
<table>
<thead>
<tr>
<th>Not Confident</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Very Confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caring for 2 patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caring for 3 patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caring for 4 patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statement</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Agree</td>
<td>Strongly Agree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>----------</td>
<td>-------</td>
<td>----------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. I feel confident communicating with physicians.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I am comfortable communicating with patients from diverse populations.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. I am comfortable delegating tasks to the nursing assistant.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I have difficulty documenting care in the electronic medical record.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I have difficulty prioritizing patient care needs.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. My clinical instructor provided feedback about my readiness to assume an RN role.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. I am confident in my ability to problem solve.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I feel overwhelmed by ethical issues in my patient care responsibilities.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. I have difficulty recognizing a significant change in my patient's condition.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. I have had opportunities to practice skills and procedures more than once.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. I am comfortable asking for help.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. I use current evidence to make clinical decisions.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. I am comfortable communicating and coordinating care with interdisciplinary team members.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Simulations have helped me feel prepared for clinical practice.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Writing reflective journals/logs provided insights into my own clinical decision-making skills.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. I feel comfortable knowing what to do for a dying patient.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. I am comfortable taking action to solve problems.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. I feel confident identifying actual or potential safety risks to my patients.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. I am satisfied with choosing nursing as a career.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. I feel ready for the professional nursing role.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Thank you for completing this survey!
APPENDIX D

APPROVAL TO USE CASEY-FINK TOOL
The Casey-Fink Readiness for Practice Survey Revised: Utilization

Thank you for your inquiry to use one of the Casey-Fink Survey instruments. These surveys were developed to elicit the voice of nursing students, graduate nurses, and nursing staff with hopes of enhancing their educational formation and advancing their contribution to leading change as health care professionals.

You have permission to use these surveys free of cost. In return, we are requesting your contact information and reasons for how the survey(s) will be used in your practice setting. This information will be used for our ongoing research on utilization of the Casey-Fink Surveys.

The Survey Monkey survey you are asked to complete will take approximately 2-3 minutes. We are grateful for your participation and appreciate the information you share with us.

Sincerely,

Kathy Casey and Regina Fink

https://s.zoomerang.com/Survey/WEB22GPZNKPJJP

1/20/2016
VITAE

Heather Dawn Brown

B.S.N., RN

Colorado State University-Pueblo

July 2016

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EDUCATION

Colorado State University-Pueblo
Bachelor of Science in Nursing May 2001
Magna Cum Laude
Minor in Psychology

TEACHING EXPERIENCE

Colorado State University-Pueblo 2011-Present
Adjunct Nursing Instructor

Pueblo Community College 2014-Present
Adjunct Nursing Instructor

Colorado Technical University 2011-2014
Adjunct Nursing Instructor

RESEARCH EXPERIENCE/SCHOLARLY OR CREATIVE ACTIVITIES

Regional Access to Graduate Education Research Conference
Simulation and Teaching Medication Administration
Poster Presentation-April 2015
Mary Kontz Evidence Based Practice Award-May 2016

SERVICE/PROFESSIONAL ACTIVITIES

Friends of Nursing Member 2015-Present
Sigma Theta Tau Member 2001-Present
Phi Kappa Phi Member 2014-Present
American and Colorado Nurses Association Member 2014-Present