WORK READINESS OF NEWLY GRADUATED NURSES WITH IMPLICATIONS

FOR ACADEMIA AND EMPLOYERS

by

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DEDICATION

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ABSTRACT

Background: The transition and retention of newly graduated nurses are worldwide problems. With the nursing shortage and 33-61% of newly graduated nurses leaving their job within the first year, newly graduated nurses need to be work ready. Work readiness of new nurses is a new concept developed in Australia.

Significance: New nurses are a vulnerable population that is dependent upon experienced nurses for knowledge, skills, and socialization into the profession. However, new nurses often experience rudeness, humiliation and conflict influencing professional success, patient care, and retention.

Purpose: To apply the Work Readiness Scale – Graduate Nurses (WRS-GN) to a population of Baccalaureate (BSN) and Master's Entry into the Profession of Nursing (MEPN) graduates from a southwestern university and determine if there is a relationship between the variables of work readiness, individual experiences of graduates, and the two groups. Research questions included:

1) What is the relationship between work readiness (social intelligence, personal work characteristics, work competence, and organizational acumen) and individual experiences?

2) Do newly graduated BSN and MEPN degree nurses differ on the WRS-GN constructs of social intelligence, personal work characteristics, work competence, and organizational acumen?

Method: Descriptive correlational study with a convenience sample of graduates from a southwestern university. Participants received a survey through their school email account and a message was placed on the Alumni Facebook page.

Results: Thirty participants (9.2% response rate), 93.3% were female, and 76.7% work in Arizona. None of the participants were planning to leave the profession of nursing in the next year. A statistically significant relationship was detected between work competency and length of nurse residency (r=.44, p=0.02) and a negative relationship was detected between personal work characteristics and nurse residency (r=-.41, p=0.02). No relationship was detected between the two groups and constructs of work readiness.

Implications/conclusions: Work readiness is complex. Longer nurse residency is associated with greater work competence. Academia and employers should collaborate and provide courses that enhance the work readiness of newly graduated nurses. The WRS-GN has been tested once in a population of Australian graduate nurses therefore further research is needed to validate the WRS-GN.

CHAPTER I: INTRODUCTION

Growing healthcare needs of an aging population with chronic diseases, decreased resources amidst the push to decrease costs, and a nursing shortage necessitate rapid and smooth entry of new nurses into healthcare (Jeffreys, 2015). However, newly graduated nurses' transition and integration into the work environment is difficult. Researchers suggest that transition can be facilitated when new nurses possess specific work readiness attributes that assist in prioritizing tasks, critical thinking, and accepting responsibility (Walker, Storey, Costa, & Leung, 2015). New nurses exhibiting these higher-level attributes will not only have an easier transition but benefit patients and the organization through prioritization, clearly and rationally thinking through situations, and taking on more responsibility. However, a gap exists related to the concepts that constitute work readiness in newly graduated nurses and which entity, academia, or employers, should assume increased responsibility in making sure new nurses are ready to work. Work readiness, a multidimensional concept recently described by researchers in Australia, can help determine whether newly graduated nurses in the United States have the attributes needed for success in the work environment. Therefore, the purpose of this study was to describe the relationships between work readiness variables (social intelligence, work competence, personal work characteristics, and organizational acumen) and individual experiences (personal life experiences and professional experiences) of newly graduated baccalaureate degree (BSN) and Master's Entry to the Profession of Nursing (MEPN) registered nurses (RNs) from a university in the southwest, that will be referred to as *the university*. In addition, BSN and MEPN nurses were compared for potential differences in work readiness variables.

Thirty-three to 61% of newly graduated nurses plan to change their place of employment or leave the profession of nursing within their first year of work (Walker et al., 2015). Many factors lead to these dramatic numbers. First, the healthcare environment is demanding, high risk, and often includes long work hours (Walker & Campbell, 2013). Second, patient acuity, or complexity of the patient, has increased over the last decade, leading to increased demands on nurses and making the transition from student to professional nurse more difficult (Missen, McKenna, & Beauchamp, 2015). Third, 12-hour work shifts can limit family time and personal self-care, such as adequate sleep, exercise, and nutrition (Han, Trinkoff, & Geiger-Brown, 2014). Nurses often report the physical demands and resultant injuries as one reason for leaving the profession (Brewer, Kovner, Greene, Tukov-Shuser, & Djukic, 2011). Lastly, incivility, or any action that is rude, intimidating, or hostile in the workplace, can cause new nurses to leave organizations (Kerber, Woith, Jenkins, & Astroth, 2015).

Employers expect new graduates to be prepared to work and hit the ground running (Missen et al., 2015; Newton, Cross, White, Ockerby, & Billett, 2011). The fiscal constraints of organizations dictate that newly graduated nurses be independent in clinical skills and function at a high level upon employment (Missen et al., 2015). Therefore, employers are specifically looking for attributes and skills that equip graduates to succeed in the workforce (Caballero & Walker, 2010). Due to increased complexity of patients, cost of attrition, the demanding work environment, and the nursing shortage with a need for an estimated one million nurses by 2020 (Wu, Fox, Stokes, & Adam, 2012), nurses need adequate skills and knowledge to function at a high level upon entering the profession.

Work readiness is a new concept identified by researchers in Australia that includes attributes beyond clinical knowledge and skills, such as problem solving, communication, and teamwork proficiencies (Walker, Yong, Pang, Fullarton, Costa, & Dunning, 2013). The concept incorporates four constructs: social intelligence (SI), personal work characteristics (PWC), work competence (WC), and organizational acumen (OA) (Walker et al., 2015). This study focused on challenges of newly graduated nurses, transition into practice, work readiness concepts, application of a new work readiness tool in a sample of newly graduated nurses and implications for academia and employers.

Research Questions

There were two overarching questions for this research study. First, what is the relationship between the variables of work readiness (social intelligence, personal work characteristics, work competence, and organizational acumen) and individual experiences (personal life experiences and professional experiences)? Second, do newly graduated BSN (Bachelor of Science) and MEPN (Master's Entry into the Profession of Nursing) degree nurses differ on the variables of social intelligence, personal work characteristics, work competence, and organizational acumen?

Background and Significance

Newly graduated nurse transition, integration, success, and retention to professional nursing are outcomes that remain a challenge to academia and employers worldwide (Jeffreys, 2015; Walker et al., 2015). The growing healthcare needs of an aging society, a shortage of nurses, and 40% of practicing nurses over the age of 55 years dictate the need for nurses being work ready (Jeffreys, 2015; Weiner, 2015). Turnover—that is, nurses leaving their positions— has negative consequences, such as lost productivity due to RNs having to continually train new

hires, economic costs of training new hires, and decreased efficiency of a unit due to continual training, which leads to job dissatisfaction and a training-turnover cycle (Gilmartin, 2013). Because issues in safety and quality of patient care can be linked to turnover, transition and retention of newly graduated nurses is essential for organizations (Gilmartin, 2013).

Newly Graduated Nurses

A new graduate is one who has completed an undergraduate degree and is entering the professional workforce for the first time (Caballero & Walker, 2010). Sources vary regarding the length of time after entering the professional workforce that a nurse continues to be considered a newly graduated nurse. Benner (1984) suggests that a new nurse develops competency during the first 18 to 24 months of practice. Schoessler and Waldo (2006) indicate that the first 18 months of practice are the critical months of role development. Yet another definition of a newly graduated nurse is one with less than three years of experience (Laschinger, Grau, Finegan, & Wilk, 2010). Although these authors define the time period differently, they agree that the first year is an exceptionally critical time during which the emotional, sociocultural, knowledge application, and physical demands in personal and professional role adjustment render new nurses vulnerable (Boychuk Duchscher, 2008). Laschinger (2012) suggests that improved work readiness skills of the newly graduated nurse reduce stress and help retain them in the profession. In her postal survey of 342 nurses with one to two years of experience, she found that participants who felt prepared to function as nurses had significantly higher job satisfaction and lower intent to leave the nursing profession.

Vulnerability. During the first year of professional practice, new nurses' image of their practice changes from task-oriented focus to a patient- and family-centered focus (Schoessler &

Waldo, 2006). Newly graduated nurses experience self-doubt, stress, and shock related to their transition from student to professional nurse (Shirey, 2009). Fundamental nursing education is learned as a student; however, new nurses depend upon experienced registered nurses (RNs) to help them continue their education through application of knowledge into practice, skill proficiency, and organizational policies and procedures. The newly graduated nurse also relies upon experienced RNs to assist in socialization and acceptance into the nursing profession (Saltzberg, 2011).

Experienced RNs are often in positions of oversight of the new nurses' performance through orientation, preceptorship, management, or feedback and evaluation, which can place new nurses in vulnerable positions. One study (McKenna, 2003) found that 58% of new nurses believed that they were undervalued, and 34% believed that they had been denied learning opportunities. Some 34% also reported that they had experienced verbal statements that were humiliating, rude, or unjustly critical - if the new nurse feels vulnerable, she/he may be unwilling to seek help, leading to errors and inadequate patient care (Flateau-Lux & Gravel, 2014). According to Flateau-Lux and Gravel (2014), new nurses often remain silent about these behaviors out of fear and embarrassment, or they leave the profession entirely.

Academic preparation of nurses. The American Association of Colleges of Nurses (AACN) published *The Essentials of Baccalaureate Education for Professional Nursing Practice* (Appendix A). These essentials provide the framework for constructing baccalaureate nursing curricula and include such elements as care provider and coordination of care, knowledge and skills, and attitudes and professional membership (AACN, 2008). However, being a professional nurse encompasses more than education.

The American Nurses Association (ANA) develops and disseminates the standards, guidelines, and principles that define nursing across the nation (ANA, 2015). The *Scope and Standards of Practice* provides a framework for key aspects of the nurse's professional role that inform and guide nursing practice (ANA, 2015). There are 17 standards that describe the five W's of nursing practice—that is, the who, what, where, when, and why of nursing practice (Appendix A) (ANA, 2015). Not all nations have the same type associations or boards that define nursing practice.

Academia would benefit from understanding the factors that comprise work readiness in order to reduce attrition, improve delivery of care, and assist in a successful transition of nurses into the workforce (Walker et al., 2015). Use of the WRS-GN can help determine whether newly graduated nurses are work ready for the demanding healthcare environment and identify potential areas nursing curricula could be altered to increase nurses' work readiness.

Employers. New graduates are valued for their new ideas, fresh thinking, and potential leadership (Caballero & Walker, 2010); however, new graduates commonly lack the on-the-job experience necessary to be successful in their first professional position. The worsening nurse shortage and fiscal constraints necessitate that employers seek qualified employees. Employers are evaluating the amount of training needed for new nurses and, in turn, employer and academic perceptions of new graduates' readiness to work have diverged (Wolf, Pesut, & Regan, 2010).

Employers have used a variety of tools and tests to help them choose qualified candidates. For example, medication calculation tests, tests related to critical thinking, or other skill-related examinations have been used during the interview process (Dray, Burke, Hurst,

Ferguson, & Marks-Maran, 2011). Although these methods have their merits, none begin to address the complex nature of work readiness.

Work Readiness

Experts predict that the aging workforce will lead to vast labor shortages and the need for new graduates to be highly qualified, adaptable, and multi-skilled (Caballero & Walker, 2010). Caballero and Walker (2010) define work readiness as specific characteristics and attributes that go beyond clinical knowledge and skills and prepare a graduate for success in the work environment. Research conducted in Australia (Caballero, Walker, & Fuller-Tyszkiewicz, 2011) demonstrated that the construct of work readiness is multidimensional and consists of SI, PWC, OA, and WC (Appendix B). (See the Conceptual Framework section for a detailed description of each concept.)

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Philosophical Perspective

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A constructivist perspective underpins this study. The constructivist paradigm acknowledges that multiple realities or truths are constructed through social interactions in different environments (Hunter & Krantz, 2010; Guba & Lincoln, 1982). Therefore, individuals create their own reality based on cultural, social, and experiential interactions.

Constructivism in education assumes that learning is a process. Students construct their own knowledge through integration of information presented in academia with previous experiences and realities to form new knowledge (Rolloff, 2010). From a constructivist viewpoint, faculty guide students' formation of meaning by starting with foundational concepts and building upon this foundation. The goal of the constructivist perspective in education is to develop essential nursing skills such as critical thinking, collaboration, and inquiry (Rolloff,

2010). Thus, students are not just containers into which to pour knowledge; rather, they bring unique experiences and meaning to build new truths and realities. New nurses bring different academic, work, and personal experiences into the workforce, as noted in the conceptual framework constructs (Figure 1; Appendix B). Although work readiness has not been directly linked to constructivism in the literature, constructivism suggests that work readiness is individually constructed and perceptions of work readiness affects the perceived stress and job satisfaction ultimately contributing to the success and transition of the newly graduated nurse.

Conceptual Framework

A conceptual framework (Figure 1; Appendix B) was developed for this study that offers a context for the identification, description, and relationships between the antecedents, constructs of work readiness, and outcomes. The framework was based on individual experiences identified in the literature as related to work readiness identified by Boychuk Duchscher (2009), Laschinger (2012), Liu et al. (2016), and Rolloff (2010), constructs of work readiness derived from Caballero et al. (2011), and the outcomes identified in the literature (Cheng et al., 2016; Gilmartin, 2013; Henderson, Ossenberg, & Tyler, 2015; Liu et al., 2015; Wu et al., 2012). The far left side of the framework consists of the individual experiences of personal life experiences and professional experiences. The middle of the framework is the broad category of work readiness and includes the constructs of SI, PWC, WC, and OA. The category of outcomes on the far right of the conceptual framework includes engagement, retention, and job satisfaction.
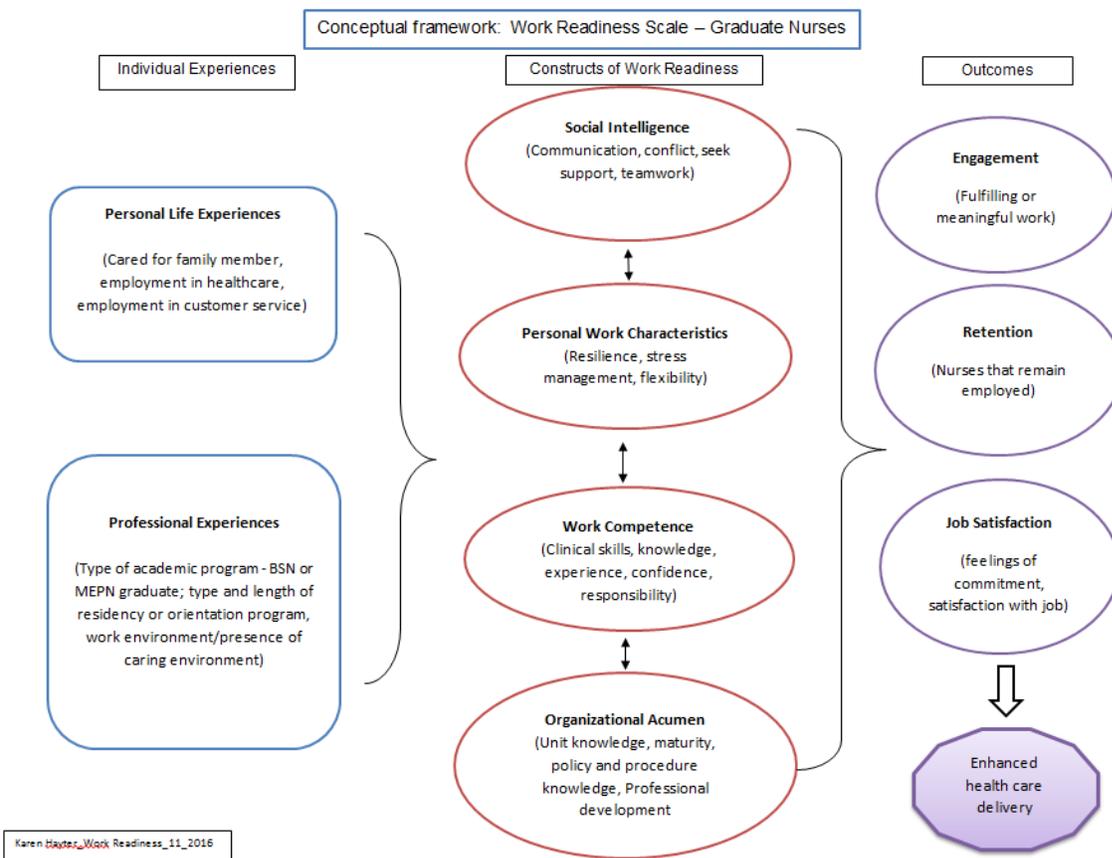
FIGURE 1. Conceptual Framework: Work Readiness Scale-Graduate Nurses.

Study Concepts

   Individual experiences. Antecedents to the construct of work readiness are individual characteristics, including personal life experiences and professional experiences. Individual characteristics form the foundation of the person as a nurse and can play a role in work readiness.

   Personal life experiences. Adults are unique individuals with practical and firsthand experiences that contribute to their approach to problems and life in general (Candela, 2012). Work readiness is not a single-dimension concept. Therefore, individuals with work experiences that include leadership, teamwork, adaptability, or communication can possess stronger personal

WC or SI skills (Walker et al., 2015). Individuals bring different skills and perspectives to their first professional nurse position, based on their life experiences. For example, the person who cared for a parent or sibling with a debilitating or chronic disease or worked as a certified nursing assistant may possess experience in basic nursing care. Likewise, a person who was employed in customer service may have better communication or problem-solving skills.

      Professional experiences. Professional experiences include the academic program, the type and length of a residency program or orientation, and work environment. The academic atmosphere plays an important part in the new nurse's transition to professional nurse. Educators have an opportunity to provide high-quality knowledge and skills and can also assist in personal maturity by reviewing the cause and effect of clinical situations and students' actions, leading to appropriate emotional response and subsequent behaviors (Cheng et al., 2016). The AACN specifies essentials of nursing education, but programs differ on how the content is delivered. Thus, owing to nursing programs' varied curricula and clinical learning experiences, new nurses differ in knowledge, which frustrates the experienced nurses charged with assisting them with their transition to professional practice (Wolff, Pesut, & Regan, 2010).

      Researchers have hypothesized that a theory-practice gap exists, preventing the translation of nursing as taught in the academic setting to nursing as practiced (Freeling & Parker, 2015). According to Freeling and Parker (2015), dynamics that influence this transition to practice include covert rules of the unit, lack of support or poor nursing role models, heavy workloads, and shortage of staff. Academia can assist students by identifying potential barriers and providing ways to mitigate the gaps.

Upon hire, new nurses should be oriented to the organization and to the unit. Generally, experienced nurse preceptors are assigned to new nurses to help them assimilate and to introduce them to the profession (Henderson, Ossenberg, & Tyler, 2015). Reinforcement from the preceptor and other nursing team colleagues can help the new nurse feel supported, socialized within the team, and less vulnerable and isolated (Henderson et al., 2015).

In 2002, The Joint Commission endorsed clinical education for new nurses (Anderson, Hair, & Todero, 2012), providing the impetus for nurse residency programs. The AACN joined forces with The Joint Commission to develop specific teaching strategies and content for nurse residency programs (Anderson et al., 2012). In 2009, the NCSBN recommended development of nurse residency programs, and in 2010, the Institute of Medicine published similar recommendations (Bratt & Felzer, 2012). Although each of these organizations recommends that nurse residency programs be developed, the resulting programs vary in length, content, and results (Anderson et al., 2012), and do not provide standard experiences or support mechanisms. However, nurse residency programs provide organizations with the opportunity to shape and train newly graduated nurses in ways intended to reinforce their missions, visions, and values (Anderson et al., 2012).

Work Readiness

Caballero and Walker define work readiness as "The extent to which graduates are perceived to possess the attitudes and attributes that make them prepared or ready for success in the work environment" (Caballero & Walker, 2010, p. 16). Through Caballero and Walker's research, they identified four constructs of work readiness, social intelligence, personal work characteristics, work competence, and organizational acumen (Caballero & Walker, 2010).

Social intelligence. Social intelligence refers to the ability to communicate with a range of people, to work as a team, to manage interpersonal conflict, and to seek support. The *ability to communicate* with a range of people refers to communication between many disciplines and levels of staff within a hospital whether physicians, physical therapists, respiratory therapists, dieticians, charge nurses, managers, clergy, nursing assistants, technicians, or family. *Teamwork* refers to the ability to work with interdisciplinary team members, such as those listed, and integrate self into the work environment (Walker et al., 2013). *Managing interpersonal conflict* refers to handling interdisciplinary, collegial, and family negative social interactions (Walker et al., 2013). Lastly, *seek support* refers to the ability to recognize when to ask for assistance or confer with a colleague (Walker et al., 2013). Of the four constructs, SI has emerged as the most critical element in successful shift and assimilation into the professional work environment (Walker et al., 2013). Competent interpersonal skills are necessary in working with a variety of disciplines and managing the conflicts that may occur in the work environment (Walker et al., 2013).

Personal work characteristics. Personal work characteristics consist of resilience, flexibility, and stress management. *Resilience* is an individual's ability to adapt positively to life challenges that are described as stressful, negative, or traumatic and focuses on healthy development regardless of exposure to life challenges (Brandburg, Symes, Mastel-Smith, Hersch, & Walsh, 2013; Fergus & Zimmerman, 2005). *Flexibility* is an awareness of tasks that need completing, preparation for the unexpected and being able to delegate tasks to cope with the unexpected (Walker et al., 2013). Lastly, *stress management* concerns the ability to maintain a

healthy work life balance and personal stress management abilities to maintain wellbeing (Walker et al., 2013).

Work competence. Work competence is the third construct of work readiness and includes clinical skills, technical knowledge, experience, confidence, and responsibility. The term *clinical skills* refer to the ability to perform nursing role activities such as assessment, aseptic technique, and overall care of a patient (Walker et al., 2013). Walker and colleagues (2013) describe *technical knowledge* as the understanding of nursing knowledge that brings a strong foundation to clinical skills. The authors describe *experience* as the repetition of clinical situations leading to confidence in a procedure or skill and decision making. *Confidence* refers to the belief in one's own skills and knowledge. *Responsibility* refers to being aware of the care decisions and wellbeing of the patient as well as one's own accountability to practice in a safe and thorough manner (Walker et al., 2013).

Organizational acumen. Organizational acumen consists of ward/unit knowledge, knowledge of hospital policies and procedures, maturity, and professional development (Walker et al., 2013) Specific *ward/unit knowledge* is not necessarily transferrable to another ward/unit. For example, an orthopedic unit may have a different way of doing a task than a cancer or transplant unit. *Knowledge of hospital policies and procedures* refers to the awareness of the correct person to call or manner in which to carry out certain tasks (Walker et al., 2013). *Maturity* refers to the ability to cope with the demands of the work environment in a calm and purposeful manner (Walker et al., 2013). *Professional development* refers to the willingness to accept constructive criticism and be passionate about learning new skills (Walker et al., 2013).

Outcomes

Outcomes of this conceptual model are engagement, retention, and job satisfaction, with the ultimate goal of enhanced health care delivery. Over the last decade, a plethora of literature has been published related to transition of the newly graduated nurse, maintaining the new nurse in the organizations of hire, maintaining nurses within the profession, and experiences of new nurses. The impetus for all the literature is the looming nursing shortage and newly graduated nurses leaving positions within the first year (Park & Jones, 2010). The three outcomes in the conceptual framework are prevalent in the literature and related to each other.

Engagement. Work engagement is important due to the nursing shortage, increasing medical costs, and high rate of medical errors (Bargagliotti, 2012). Bargagliotti (2012) defines *engagement* as positive, fulfilling or meaningful work. New graduate work engagement has been shown to be related to positive work conditions and job satisfaction (Laschinger, 2012).

Job satisfaction. Job satisfaction relates to factors such as the work environment and empowerment. Empowerment leads to nurses' feelings of fulfillment in their work (Laschinger, 2012). The work environment consists of training, perceived organizational commitment to the employee, holding a desired position, workload, time to care for patients, and team respect (Bratt & Felzer, 2012).

Retention. Retention is the percentage of new nurses who remain employed after a specific period, often measured as 12 or 24 months (Park & Jones, 2010). Studies show that new graduates associate the work environment with attitudes and behaviors concerning their job and profession (Unruh, Zhang, & Chisolm, 2016). This suggests that changes to the work environment will improve retention of new nurses. Integration and commitment of new nurses

directly affects satisfaction and staff retention (Henderson et al., 2015). A work environment that is negative projects a lower organizational commitment to the employee, leading to intentions of leaving the organization (Unruh et al., 2016).

The three outcomes of engagement, job satisfaction, and retention are linked, and one outcome can affect another. Perhaps this is one reason that organizations find it difficult to achieve success in all three areas. Before the ultimate outcome of enhanced patient care can be achieved, the newly graduated nurse must transition from student to practicing professional. Nurses who are work ready successfully make this transition and are better able to think critically, prioritize responsibilities, and convey confidence (Walker & Campbell, 2013).

<div align="center">**Summary**</div>

The looming nursing shortage, changes in healthcare, and an aging society necessitate the need for smooth transition, integration, and success of newly graduated nurses. Work readiness, a new concept developed in Australia, was studied and a conceptual framework constructed to describe the individual experiences that a person brings into the profession, the constructs of work readiness, and the outcomes of the newly graduated nurse that lead to an ultimate outcome of enhanced patient care. Personal experiences, type of academic program, nurse residency program, and a supportive environment all contribute to the success of the newly graduated nurse.

CHAPTER II: REVIEW OF THE LITERATURE

Mobility of today's workers, an aging population with multiple health needs, and vast nursing shortages have led to the need for skilled, high-aptitude, adaptable employees (Caballero & Walker, 2010). Newly graduated nurses entering the workforce for the first time are valued by employers; however, with a rapidly changing and demanding healthcare environment it is essential that graduates be work ready (Caballero & Walker, 2010).

Arlene Walker and Catherine Lissette Caballero of Australia first described the concept of work readiness (2010). Walker is a professor at Australia's Deakin University and Associate Head of the School of Rural and Regional Development. Caballero is employed through the Human Resources Services Division of Deakin University and is a registered psychologist. Caballero and Walker (2010) discovered that employers' current employment assessment methods do not measure work readiness effectively, so they developed a tool to measure this multidimensional concept. Using this tool, which is based on the distinctive constructs of work readiness, employers would be able to recruit and target specific employees (Caballero & Walker, 2015), potentially leading to more engaged and satisfied employees who remain in the organization.

Work readiness is designated as an imperative selection criterion for employers, yet terms for and definitions of the concept vary (Caballero & Walker, 2010). This literature review examines previous definitions, concepts, research, and tools related to nursing and work readiness.

Nursing Education, Practice, and Regulation

United States Baccalaureate Education

The journey to becoming a registered nurse (RN) begins with education. The student may enter either a two-year associate program or a four-year baccalaureate program. For the purposes of this study, education in the United States setting will refer to a four-year baccalaureate program.

Several levels of governance oversee nursing education and practice. The AACN is the oversight body for baccalaureate programs and developed *The Essentials of Baccalaureate Education for Professional Nursing Practice*. The Baccalaureate Essentials provide a framework for nursing curricula and the expected outcomes of graduates (AACN, 2008) to ensure that all baccalaureate programs provide equivalent education to nursing students in the United States (Appendix A).

The National Council of State Boards of Nursing (NCSBN) is composed of members from boards of nursing in all 50 states, the District of Columbia, American Samoa, Guam, Northern Mariana Islands, and the Virgin Islands (NCSBN, 2012). The NCSBN published the 2011 Uniform Licensure Requirements (NCSBN, 2012) which includes board and applicant responsibilities for educational requirements, international candidate requirements, examination for licensure, criminal background checks, substance use disorder disclosure, and disciplinary actions. The American Nurses Association (ANA) also guides practice through its *Standards of Professional Nursing Practice* (Appendix B) (ANA, 2015). Beyond the national oversight organizations, each state has a Nurse Practice Act (NPA) passed by the state's legislature to guide practice (Russell, 2012). The state board of nursing develops rules and regulations that

clarify the NPA. Each state board of nursing reports to the NCSBN, which reviews rules and regulations before they may be enacted (Russell, 2012). Nurses are responsible for following state licensure regulations, which are overseen by the NCSBN. Nurses licensed in multiple states are required to know the requirements for each state in which they are licensed. To ease the newly graduated nurse's transition, the NCSBN developed the Transition to Practice (TTP) Model, a program of learning to support change from education to practice (NCSBN, 2013). Training modules created for the TTP model include objectives, outlines, exercises and references for five categories: communication and teamwork, patient-centered care, evidence-based practice, quality improvement, and informatics (NCSBN, 2013). These modules provide education, practice, and professionalism to guide the new nurse.

A master's program with entry into nursing practice was established by the university in which this research takes place. The Master's Entry to the Profession of Nursing (MEPN) program is an intense 15-month master's generalist and pre-licensure program (University of Arizona Master's Entry to the Profession of Nursing, 2016). Students entering this program must have a bachelor degree from an accredited university and must meet certain requirements including prerequisite courses. The MEPN program follows *The Essentials of Baccalaureate Education for Professional Nursing Practice*, American Nurses Association Code of Ethics for Nurses, and meets AACN requirements. Graduates of this program are considered newly graduated nurses; however, MEPN graduates bring a different perspective to the profession of nursing by virtue of their previous education.

Work Environment

A supportive work environment is important for the newly graduated nurse. Laschinger (2012) has published a vast amount of literature related to empowerment, incivility, and turnover of newly graduated nurses in the work environment. New graduates may leave the profession due to negative work conditions that may include incivility, bullying, negative work group communication, undesirable work hours and/or schedules, unsupportive management, low pay and benefits, fewer promotional opportunities, high work demands with little autonomy, and lack of a supportive orientation program (Laschinger, 2012; Unruh, Zhang, & Chisolm, 2016). Conversely, a positive work environment may encourage new graduates to remain in the profession. Such an environment might include a comprehensive orientation program, a supportive manager, mentor, collegial communication, civility among coworkers, and opportunities for professional growth or advancement (Bratt & Felzer, 2012; Brewer et al., 2011; Kovner, Brewer, Fatehi, & Katigbak, 2014; Park & Jones, 2010).

The Nursing Work Index (NWI) is a tool that measures healthcare environments. The NWI was developed in the 1980s using organizational characteristics of hospitals that attracted nurses (Lake, 2002). These attributes identified by Lake (2002) compose the original Magnet hospital characteristics. However, the domains of the NWI were not tested empirically, and the tool is lengthy, consisting of 65 items. Lake (2002) developed a Practice Environment Scale (PES) based on the NWI that could discern the influence of the practice environment on patient outcomes. Further studies were conducted in 2009, 2011, and 2012 in an attempt to connect practice environments with work satisfaction, burnout, and turnover (Amaral, Ferreira, & Lake, 2012; Liou & Cheng, 2009; Warshawsky & Havens, 2011). The study findings by Liou and

Cheng (2009) resulted in a Cronbach alpha of .96 in a population of Asian nurses. Warshawsky and Sullivan Havens' (2011) study modified the scale for use in 10 practice settings in five countries, with translation into three languages. In their study, Amaral, Ferreira, and Lake (2012) continued to validate the tool in a population of Portuguese nurses. Although each of these studies continued to assess the work environment through validation and testing, the tool has not gained prominence in the United States.

Lastly, the Nurse Competence Scale (NCS) has been used in multiple countries for different purposes. The scale can be used to compare competency between hospitals, between nurses, and for developing a paradigm of competence (Wangensteen, Johansson, & Nordstrom, 2015). Wangensteen et al. (2015) used the original 73-item NCS study to develop a shorter Norwegian Nurse Competency Scale (NNCS) with 46 items. The results of this study indicate that the shorter tool can be used for the same purpose as the original NCS with Norwegian nurses.

Many different tools and studies have emphasized the importance of assessing the work environment, skill competency and knowledge, personal characteristics, and transition of student to professional nurse. Each of these tools and studies addressed different aspects of employment, work environment, and transition programs, but none of them consider all the factors of work readiness.

Nursing Workforce

The *2016 National Healthcare and RN Retention Report* (NSI, 2016) states that the turnover rate for bedside RNs has continued to rise, increasing from 16.4% in 2014 to 17.2% in 2015. The South-Central area of the United States, which includes the university, recorded a

19.8% turnover rate. The report identified the top 10 reasons for RNs voluntarily leaving organizations. In descending order, the reasons are: relocation, personal motives, career advancement, wage, schedules, retirement, location or commute to work, immediate manager/supervisor, education, and staffing ratios or workload (NSI, 2016).

Nationally, RNs held 4,544,656 active licenses as of February 28, 2017, with the university's state recording 86,301 active licenses (NCSBN, 2017). Based on a 19.8% South Central turnover rate, more than 17,000 nurses in the university's state will change jobs or leave the profession of nursing in 2017. Such a significant loss of nurses dictates the need for nurses to be work ready and immediately productive.

Employers and New Graduates

The workplace is rapidly changing, with challenges such as new technology, economic constraints, and an aging population of employees (Caballero & Walker, 2010). New graduates entering the workforce for the first time generally lack specific professional experience (Caballero & Walker, 2010). Employers have traditionally relied upon academic success, such as grade point average and technical proficiency, in graduate selection and recruitment (Roth & Bobko, 2000). However, the work by Caballero and Walker (2010) suggests that skills beyond academic success are needed for readiness in the workforce. Retiring baby boomers, technology, and competition for high-quality employees render new graduates a valued commodity for employers, but only if they possess the appropriate work readiness attributes.

Work Readiness

Terms

Literature uses a variety of terms for the skills new graduates should possess: generic skills, core skills, and employability skills (Walker et al., 2015). These terms are broad and pertain to skills that can be used across multiple disciplines, not skills specific to nursing. Likewise, work readiness has been referred to as work preparedness, generic attributes, and graduate employability (Walker et al., 2015). Caballero and Walker (2010) completed a literature search of these terms and summarized the attributes that appeared most frequently: communication, initiative, creativity, motivation, and interpersonal skills. With all the different terms and lack of rigorous studies related to each of these terms (Walker & Caballero, 2010), defining and measuring the construct of work readiness is important.

Initiatives

The Conference Board, Inc. is an independent association of businesses and research associates that helps members deal with key issues of the time (The Conference Board, 2007). Established in 1916, the board works across three main areas: corporate leadership, economy and business environment, and human capital. In 2007, The Conference Board, Inc. held a seminar with a broad goal of creating recommendations on workforce readiness in the United States. Attendees included delegates from education, business, philanthropy, and government sectors. The attendees developed the following major points of agreement: skills such as communication and creative thinking are essential; school success must go beyond basics skills and include teamwork, professionalism, communication, civic involvement, and analytical thinking; children are not receiving learning and development support at home; and business and academia must

work together to build trust and collaborative educational systems with innovative ways of learning (The Conference Board, 2007). The most challenging of these agreements is establishing a collaborative approach to learning because business and academia are suspicious of and blame one another (Wolff, Pesut, & Regan, 2010). Although this report was published in 2007, a gap continues between academia and business related to responsibilities for new graduates' workforce preparation.

In 2009, The Conference Board, Inc. published a report titled *The Ill-Prepared U.S. Workforce*, the key findings of which indicated that many companies have training programs for new employees, but training gaps remain. Manufacturers reported the greatest success rate for workforce readiness training programs. Many companies indicated a great need for programs that include critical thinking and creativity. Some companies have incorporated evaluation of teamwork and communication skills in their hiring process. Lastly, companies can work with educators to cultivate internships and mentoring programs to develop skills, track costs and quality of training, and start discussions with the public about skills that need to be taught throughout all levels of education (The Conference Board, Inc., 2009).

The Conference Board identified the need for workforce readiness initiatives in 2007; however, by 2009 few strides had been made toward workforce readiness or research in the United States. In addition, The Conference Board does not include nurses, which compose one of the largest employee groups. Nursing should consider joining this group and entertaining ideas from different disciplines to widen the view of the nursing workforce, gain insight from other disciplines, and work collaboratively with academia.

Australia has conducted the majority of work readiness research, but similar studies have been completed in other countries. For example, a pilot study in the United Kingdom by Dray et al. (2011) assessed employability of newly graduated nurses, although the study lacked factors that contribute to success once employed. In Dray's study, information was collected by first interviewing managers and identifying areas of difficulty for new graduates in the job application process. Based on the managers' input, three one-day events were developed to enhance the graduates' employability potential. The events featured activities related to applications, interviews, writing, and personal presentation skills. Nurses who found employment attributed their success to participation in the events. The results of this study indicate that enhancing employability is a complex issue, that new graduates lack confidence, and that employer involvement is important (Dray et al., 2011).

Another approach to the success and retention of nurses was taken by Jeffreys (2015), an educator in the United States. Optimizing outcomes for academia, employers, and newly graduated nurses is a daunting task. Therefore, Jeffreys developed the Nursing Universal Retention and Success (NURS) model as a framework for scrutinizing the multidimensional aspects of retention and success. The NURS model specifically focuses on retention versus turnover or attrition. This model is similar to Walker and Caballero's (2010), in that it includes student characteristics, academic performance, and professional integration factors. However, the NURS model is complex and difficult to understand, and it includes a lengthy list of A-to-Z action ideas for educators to adopt. Jeffreys' overall message calls upon educators worldwide to develop a collaborative network to provide a framework for nursing student success and retention, and strategies to optimize these outcomes.

Australian work readiness. Caballero and Walker (2010) began their research by evaluating graduate recruitment and selection. They conducted a literature review and discovered that the practices for graduate selection and assessment of work readiness lacked rigor and validity. Their findings indicated that literature did not provide a clear conceptualization of work readiness, employers valued different attributes, and different terms were being used to refer to the same or similar attributes (Caballero & Walker, 2010). The literature reviews also indicated that terms or concepts for work readiness are closely aligned and may overlap. These terms or concepts include: work preparedness, graduate employability, transferable skills, and generic attributes. The term *generic skills* refer to important qualities and proficiencies needed for almost any job and is often interchanged with the terms: *core skills, basic skills, transferable skills, and employability skills*. Other attributes important to employers are interpersonal skills, communication, drive, and creativity (Caballero & Walker, 2010). Therefore, the concept of work readiness is multidimensional and the degree to which graduates are work ready can be suggestive of their job performance, leadership, and career advancement potential (Walker et al., 2013). Therefore, a specific tool to measure these concepts was needed.

Research by Caballero, Walker, and Fuller-Tyszkiewicz (2011) to develop a tool to measure work readiness began as a qualitative study composed of semi-structured interviews with human resources personnel and graduates with five years or less of work experience. In phase one of the two-phase process, 10 themes were discovered: motivation, maturity, personal growth/development, organizational awareness, technical focus, interpersonal orientation, attitudes about work, problem solving, adaptability, and resilience (Caballero et al., 2011). Phase two was the development and testing of the Work Readiness Scale (WRS), a 180-item survey.

The 251 participants for this pilot study were from a variety of disciplines in science and business. After analysis of the responses, 64 items remained with four final factors: personal work characteristics, organizational acumen, work competence, and social intelligence.

The development and pilot study of the WRS was significant in understanding the complex construct of work readiness but it lacked validation in specific industry disciplines. The next stage of research included assessing work readiness in graduate health professionals due to this population being highly specialized and encompassing a wider range of skills (Walker et al., 2013). A qualitative study was once again used to understand work readiness with a diverse population of graduates from medical and nursing disciplines, and organizational representatives from a single hospital in Australia. Interviews were thematically analyzed and the same four work readiness categories emerged as in the previous study: PWC, OA, WC, and SI (Walker et al., 2013).

The next phase of research included extending the WRS research with newly graduated nurses (Walker et al, 2015). Since new nurse's experience unique stressors in role transition, an improved understanding of the attributes of newly graduated nurses was needed. The WRS 64-item tool was modified while retaining the original four factors of PWC, OA, WC, and SI. The results indicated that the factors of WC and OA significantly and positively related to job satisfaction. Social intelligence predicted work engagement, but none of the work readiness factors predicted retention. The findings of this study indicate that nursing graduates possess attributes beyond discipline specific competencies, confirming the findings of the previous study.

Walker, Storey, Costa, and Leung (2015) continued to refine the WRS and validated a WRS specifically for graduate nurses - the Work Readiness Scale for Graduate Nurses (WRS-

GN). Based on previous research, the 64-item scale was revised to a 60-item tool including items specifically designed for the new nurse. Factor analysis criteria resulted in removal of some items with a final WRS-GN of 46 items. The study's population included 450 graduate nurses who were finishing their first year of practice recruited from four healthcare facilities over three years. Results indicated an overall Cronbach alpha of .92 and individual constructs of PWC, OA, WC, and SI ranging from .84 to .88. Appendix D lists the constructs and items contained in each factor. The final 46-item WRS-GN (Appendix D) has been validated only in the Australian nurse population previously described.

Australian Education

The Australian Nursing and Midwifery Accreditation Council (ANMAC) is the independent authority for accreditation of education programs in Australia (ANMAC, 2016). The ANMAC develops accreditation standards and reviews any changes in content related to standards. The Australian baccalaureate program is a three-year program with most nurses then participating in a year-long graduate nurse program.

The Nursing and Midwifery Board of Australia (NMBA) regulates mandatory registration standards, such as criminal history, English language, continuing professional development, recency of practice (requirements needed to apply for registration, such as education and clinical hours), and indemnity insurance (NMBA, 2017a). The Board also regulates professional codes and guidelines (NMBA, 2017b).

The Australian baccalaureate degree in nursing is a three-year program, with most graduates participating in a year-long graduate nurse internship in their first year of practice (Walker et al., 2015). Just as the ANA's *Scope and Standards of Practice* guides nursing practice

in the United States, the Australian Nursing and Midwifery Federation's *National Practice Standards for Nurses in General Practice* provides framework for standards of nursing practice in Australia (Australian Nursing and Midwifery Federation, 2014). There are four domains for nursing, with standards under each domain (Appendix C). Nursing preparation and standards must be similar to adapt the research and tool in a population of United States nurses.

Similarities exist between Australia and the United States nursing oversight. Both countries have boards of nursing that govern nursing — the AACN in the United States, and the NMBA in Australia. Both countries ensure that nurses undergo background checks and have standards that guide practice. Most importantly, in order to assess similarities in newly graduated nurses, the educational programs must be alike. Using sample content from *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and the *National Practice Standards for Nurses in General Practice* (Australian Nursing and Midwifery Federation, 2014), the two programs were compared. The majority of essential elements of the United States program were represented within the Australian domains and standards (Appendix F); however, ethical care from the perspectives of altruism, autonomy, human dignity, integrity, and social justice (AACN, 2008) is not present in Australian domains. Also absent from Australian domains are the concepts of spirituality and caring.

Due to differences in education and preparation for licensure between countries, the WRS-GN should be replicated in different populations. This study applied the WRS-GN to newly graduated nurses from the university's BSN and MEPN programs and examined the results.

CHAPTER III: METHODS

The purpose of this study was to describe the relationships between work readiness variables (social intelligence, work competence, personal work characteristics, and organizational acumen) and individual experiences (personal experiences and professional experiences) of newly graduated baccalaureate degree (BSN) and Master of Science for Entry to the Profession of Nursing (MEPN) nurses from a southwestern university. In addition, BSN and MEPN nurses were compared for potential differences in work readiness variables. The two overarching research questions for this study were:

1) What is the relationship between the constructs of work readiness (social intelligence, personal work characteristics, work competence, and organizational acumen) and individual experiences (personal life experiences and professional experiences)?

2) Do newly graduated BSN and MEPN degree nurses differ on the WRS-GN constructs of social intelligence, personal work characteristics, work competence, and organizational acumen?

Design

The design of this study was a descriptive correlational study of the WRS-GN with a population of newly graduated BSN and MEPN nurses from a southwest university. A descriptive correlational study describes the population(s) under investigation and examines relationships between variables of interest (Burns & Grove, 2005). A descriptive correlational design is cost effective, can help develop new hypotheses for further research studies and can identify interrelationships in a short period of time (Burns & Grove, 2005). The first overarching research question was examined for correlations. The second question describes differences

between the groups related to the concepts of the study. At the time this dissertation study was developed, only one study had been published in Australia using the WRS-GN. Per Dr. Arleen Walker, the author of the WRS-GN, research related to the WRS-GN is being conducted in the United States, but no results have been published (personal electronic mail, March 1, 2016). An electronic survey consisting of the WRS-GN (Appendix D) and demographic questions (Appendix E) were used to determine relationships between BSN and MEPN graduates and described differences and general characteristics of these graduates.

Sample and Setting

The setting for this study was a southwestern university known for excellence in nursing education and research. The university offers two entry programs into nursing. The traditional Bachelor of Science of Nursing (BSN) and the Master's Entry into the Profession of Nursing (MEPN) program which provides students, that already have a bachelor's degree from a different discipline, an entry level into nursing.

The population was comprised of BSN and MEPN graduates from August 2015 to December 2016. A total of 327 graduates including 154 BSN and 173 MEPN were eligible to participate. The graduates were identified through the Office of Student Support and Community Engagement at the university, which collects nonacademic electronic mail addresses upon graduation. The Associate Dean in the Office of Student Support and Community Engagement gave her permission and supports this study (Appendix G).

Inclusion and Exclusion Criteria

Participants in the study graduated from the university BSN or MEPN program within 18 months of study participation and self-identified as practicing at the bedside. Nurses not

currently practicing at the bedside and nurses who have left the profession were excluded from the study.

Human Subjects Protection

Approval for this study was obtained from the university Institutional Review Board (IRB), Human Subjects oversight. A copy of the IRB approval document is included in Appendix J.

Instrument

The WRS-GN is a 46-item tool that measures the four constructs of work readiness. The tool is comprised of 14 items that measure WC; SI, eight items; OA, 16 items; and PWC, eight items. (Walker, Storey, Costa, & Leung, 2015). Appendix D lists each construct and the related questions. Walker et al. (2015) tested the reliability of the WRS-GN resulting in an overall Cronbach's alpha of .92. Good internal consistency was indicated with Cronbach alpha values of .88 for WC, .87 for SI, .85 for OA, and .84 for PWC. The instrument was tested with 450 newly graduated Australian nurses (Walker et al., 2015).

This study utilized a forced-choice, four-point, Likert-type scale including the following choices: *strongly disagree*, *disagree*, *agree*, and *strongly agree*. The demographic questionnaire included 16 items (Appendix E). The total time to complete the survey was estimated at seven minutes per metric obtained through the survey delivery software. To validate this estimate, seven of my colleagues completed the survey and documented times ranged from 6 to 10 minutes. Participants were informed that the survey took approximately 15 to 20 minutes, allowing for additional reading and thoughtful responses.

Likert-type scales are the most commonly used rating scales that address agreement, evaluation, or perceptions of a statement (Burns & Grove, 2005; Dawes, 2007). Likert-type scales can range from three to 11 choices, with the most common scales being 5- to 7-point scales (Burns & Grove, 2005). Forced-choice scales do not provide an undecided or neutral response, forcing the participant to either agree or disagree with a statement.

Procedure

The Office of Student Support and Community Engagement personnel identified BSN and MEPN graduates over the last 18 months, or August 2015 to December 2016, and developed an email listing used in this study. An electronic mail message was sent to potential participants with an invitation to participate in the study (Appendix H) on Wednesday January 11, 2017. Risks and benefits of participating in the research were explained on this page. Participants were offered the choice to either exit from the opening page or to continue to the survey by clicking on a link. Clicking the link constituted a willingness to participate in the study. Participants could exit the survey at any time. When participants click the link to the survey, they were redirected to another webpage to complete the survey. One reminder electronic mail (Appendix I) was sent to participants one week later, on January 18, 2017. The survey was open until January 25, 2017.

Due to a small number of respondents, on January 27, 2017, the Office of Student Support and Community Engagement posted the following message on the university's alumni Facebook page: *Calling BSN and MEPN graduates who received degrees between August 2015 and December 2016. Check your UA Gmail account to check for an invitation to participate in a student research survey related to newly graduated nurses. The survey will close Sunday February 05, 2017. Thank you.* The survey officially closed at midnight on February 05, 2017.

Qualtrics survey software, obtained through the university Information Technology Services, was utilized to obtain survey results and served as data management software. The WRS-GN and demographic questions were uploaded into the survey. Personal identifying information was not requested in the demographic portion of the survey. Research using a survey design has become popular in recent years, but it is subject to a number of weaknesses (Burns & Grove, 2005). Self-report may be less reliable than data collected via researcher observation (Kazdin, 2003). Participant responses may be influenced by the survey's wording or by the participant's own self-interest, and some participants may choose extreme or inconsistent responses (Kazdin, 2003). A low response rate, considered less than 50%, may mean that the sample is not representative and results may not be reliable (Burns & Grove, 2005). Response rate may also be influenced by such factors as legitimacy of the organization collecting the data, participant interest in the topic, survey fatigue, gender (women are more likely to complete), survey length, and the surveyor's prior relationship with participants (Keusch, 2015). Therefore, several items were considered before sending the WRS-GN to potential participants. First, the electronic mail subject line needed to catch the attention and pique the interest of newly graduated nurses. Second, to keep the survey from becoming too long, demographic questions were kept to a minimum. Third, Keusch (2015) states that participants tend to exit surveys without completing them if the estimated time is misleading so a realistic survey completion time was included. Lastly, follow-up electronic mail messages or reminders have demonstrated a positive effect on response rate (Keusch, 2015; Sinkowitz-Cochran, 2013) and were used in this study.

Compensation

Participants were not compensated.

Data Analysis

Data were analyzed using Statistical Package for the Social Sciences (SPSS) version 23. A representative of the Office of Nursing Research at the university computed the statistics for this study. Data were imported from the Qualtrics database to SPSS.

Measurement

The conceptual framework (Figure 1; Appendix B) contains three broad categories of variables that were studied for their relationships among newly graduated BSN and MEPN students. The first broad category, individual life experiences, was composed of personal life experiences and professional experiences. Personal life experiences were measured by asking the participants the number of years and months of the following experiences before graduating as a nurse: nursing assistance experience, caring for a family member, customer service experience, and caring for a child(ren). Professional experiences were measured by the participants indicating whether they are a BSN or MEPN graduate, length of residency program, and the extent of caring work environment.

The variables of work readiness were measured by the WRS-GN as previously described. The outcomes, located on the far-right hand side of the conceptual framework, consist of engagement, retention, and job satisfaction. Engagement was measured by the extent the participant felt they have a meaningful or fulfilling work environment. Retention was measured by participants indicating their professional plans for the next year and to what extent they plan

to stay in their current position. Lastly, job satisfaction was measured by participants indicating the extent to which they find their job satisfying.

Statistics

Descriptive and correlation statistics were computed. The descriptive statistics used in this study were frequency, mean, median, mode, range, and standard deviation. These tests were used to describe the sample characteristics of age, gender, state of employment, BSN or MEPN graduate, type of setting, length of nurse residency, length of nursing assistance experience, length of caring for a family member, length of customer service experience, having children, plans for the next year, extent of caring environment, and intent to stay in current organization or leave nursing.

Correlation statistics tests whether a relationship exists between two variables with results between negative one and positive one (Field, 2009). A coefficient of -1 indicates a perfect negative relationship, that is, as one variable increases, the other decreases by the same proportional amount. Similarly, a positive correlation would be observed when one variable increases and the second variable increases proportionately. Field (2009) states that Pearson's correlation measures the linear relationship between two variables and can be used if the data are interval level or if one of the variables is a categorical variable with only two categories, such as Yes/No demographic questions. The Person correlation statistic was used to measure correlations in this study.

The independent measures *t*-test was used to test whether two group means are different (Field, 2009). Data collected in this study met the assumptions necessary to conduct *t*-test analysis: differences between the scores were normally distributed, data measured at the interval

level, homogeneity of the population, and scores were independent (Field, 2009). The

participants in this study were assigned to either the BSN or MPEN group. Participants did not

belong to both groups.

In summary, this was a descriptive correlational study including newly graduated nurses

from August of 2015 to December of 2016. An email invitation to participate in the survey was

sent to the graduate's school Gmail account. A reminder email was sent one week later and a

notice placed on Facebook to elicit more participants. Descriptive and correlational statistics

were calculated to determine results.

CHAPTER IV: RESULTS

This chapter reports survey results including description of the sample, demographic

information related to individual experiences, the four constructs of work readiness, and

outcomes. Descriptive statistics, Pearson correlations to detect relationships, Levene's test to

compare variance of groups, and t-tests were calculated using IBM SPSS Statistics version 24.

Sample

Sample Size

The convenience sample for this study included Bachelor of Science in Nursing (BSN)

and Master's Entry into the Profession of Nursing (MEPN) graduates from August 2015 through

December of 2016 from a southwestern university. The target population for this study was 327,

consisting of 154 BSN and 173 MEPN graduates. Therefore, 47.1% BSN and 52.9% MEPN

students were invited to participate.

The total number of respondents was 34, a response rate of 10.4%. The first survey

question asks whether the majority of the respondent's job is in direct patient care. Four

indicated that their job is not in direct patient care and were directed to the end of the survey.

Therefore, the final sample size (n) was 30, a response rate of 9.2%.

Sample Characteristics

Respondent characteristics are provided in Table 1. Most participants were women

(93.3%), MEPN graduates (63.3%), practicing in Arizona (76.7%), and working in an acute care

or hospital setting (86.7%). The age of the participants ranged between 22 and 39 years with a

mean age of 27. Eleven out of 30 respondents (36.7%) indicated that they did not have a nurse

residency program (Table 1). Sixty percent (18/30) reported residency programs ranging from

two to 12 months in duration. One respondent (3.3%) indicated a 15-month residency program.

All participants reported planning to stay in the profession of nursing over the next year.

TABLE 1. *Respondent Characteristics*

Characteristic	Number of Respondents	%
Degree		
BSN	11	36.7
MEPN	19	63.3
Gender BSN		
Male	2	6.7
Female	9	30.0
Gender MEPN		
Female	19	63.3
Work Location		
Arizona	23	76.7
California	3	10.0
Other state	4	13.3
Work Setting		
Hospital	26	86.7
Clinic	3	10.0
Hospital and Clinic	1	3.3
Age: range in years	**Mean**	**SD**
BSN: 22-36	26	5.2
MEPN: 24-39	29	5.0
Length of nurse residency: range in months	**Mean**	**SD**
BSN: 0-12	5.3	4.6
MEPN: 0-15	4.1	5.2

The demographic information for the BSN and MEPN participants included similarities

and differences. The mean age for BSNs was 26 years and for MEPNs 29 years. The mean

length of nurse residency was similar with BSNs residency five months and MEPNs four

months. The majority of participants in both groups worked in acute care and in Arizona. In the

BSN group 91% worked in acute care with 82% practicing in Arizona. In the MEPN group 84% worked in acute care and 74% practiced in Arizona.

Reliability of Instrument

The Work Readiness Scale-Graduate Nurses (WRS-GN) was tested for reliability of the scale as estimated by Cronbach's alpha (Field, 2009). Field (2009) indicates that a scale is reliable if the Cronbach's alpha is in the range of 0.7 - 0.8 or above. The constructs of the WRS-GN were determined reliable in this study, with all Cronbach alpha measures in the 0.7 to 0.8 and above range (Table 2).

TABLE 2. *Cronbach's Alpha WRS-GN*

Construct	Number of Items	Cronbach's Alpha
Social intelligence	8	.79
Personal work characteristics	8	.76
Work competence	14	.79
Organizational acumen	15	.81

Research Questions

The two overarching research questions for this study were:

1) What is the relationship between work readiness (social intelligence, personal work characteristics, work competence, and organizational acumen) and individual experiences (personal life experiences and professional experiences)?

2) Do newly graduated BSN and MEPN degree nurses differ on the WRS-GN constructs of social intelligence, personal work characteristics, work competence, and organizational acumen?

Each of these overarching questions include sub-questions, that detail the constructs of work readiness, for a total of eight questions. Questions 1a – 4b are the sub-questions (Tables 4, 5) for

overarching question one and questions 5-8 (Table 6) are sub-questions for the second overarching research question. Each will be discussed individually.

Question 1a. What is the relationship between social intelligence and personal life experiences?

No significant relationships were detected between the construct of social intelligence and personal life experiences, including nursing assistance experience (r=0.26, p=0.23), caring for a family member (r=-0.19, p=0.30), customer service experience (r=0.05, p=0.80), and caring for children (r=-0.11, p=0.58).

Question 1b. What is the relationship between social intelligence and professional experiences?

No significant relationships were detected between the construct of social intelligence and professional experiences including the type of academic program (r=0.18, p=0.34), length of nurse residency program (r=0.09, p=0.65), and extent of a caring work environment (r=-0.16, p=0.40).

Question 2a. What is the relationship between personal work characteristics and personal life experiences?

No significant relationships were detected between the construct of personal work characteristics and all four personal life experiences including nursing assistant experience (r= 0.05, p=0.80), caring for a family member (r=-0.08, p=0.69), customer service experience (r=0.01, p=0.96), and caring for children (r=-0.09, p=0.62).

Question 2b. What is the relationship between personal work characteristics and professional experiences?

No significant relationships were detected between personal work characteristics and two of the profession experiences questions including type of academic program (r=-0.19, p=0.31) and extent of a caring work environment (r=0.09, p=0.65). A significant negative correlation was detected at the 0.05 level related to length of nurse residency (r=-0.41, p=0.02).

Question 3a. What is the relationship between work competence and personal life experiences?

No significant relationships were detected between work competence and all four personal life experiences including nursing assistance experience (r=-0.08, p=0.70), caring for a family member (r=0.14, p=0.47), customer service experience (r=0.03, p=0.87), and caring for children (r=-0.11, p=0.55).

Question 3b. What is the relationship between work competence and professional experiences?

No significant relationships were detected between work competence and two of the professional experiences including type of academic program (r=-0.02, p=0.93) and the extent of caring work environment (r=0.13, p=0.48). A significant positive correlation was noted at the 0.05 level between work competence and length of nurse residency (r=0.44, p=0.02).

Question 4a. What is the relationship between organizational acumen and personal life experiences?

No significant relationships were detected between organization acumen and three personal life experiences including nursing assistance experience (r=0.00, p=0.98), caring for a

family member (r=-0.09, p=0.63), and customer service experience (r=0-.02, p=0.92). A

significant negative correlation at the .05 level was detected between organizational acumen and

caring for children (r=-0.37, p=0.04).

Question 4b. What is the relationship between organizational acumen and professional

experiences?

No significant relationships were noted between organizational acumen and all three

professional experiences, including type of academic program (r=0.02, p=0.93), length of nurse

residency (r=0.16, p=0.41), and extent of a caring work environment (r=-0.19, p=0.65).

TABLE 3. *Pearson Correlations for Personal Life Experiences (n=30)*

Personal Life Experience Question	SI	PWC	WC	OA
How many years and months of nursing assistance experience did you have before graduating	.23	.05	-.08	.00
How many years and months of experience did you have caring for a family member before graduating	-.19	-.08	.14	-.09
How many years and months of experience did you have in a customer service job	-.05	.01	.03	-.02
I had child(ren) before graduating as a nurse	-.10	-.09	-.11	**-.37***

*Correlation significant at the 0.05 level

TABLE 4. *Pearson Correlations for Professional Experiences (n=30)*

Professional Experience Question	SI	PWC	WC	OA
I am a BSN or MEPN graduate	.18	-.19	-.02	.02
How long was your Nurse Residency program	.09	**-.41***	**.44***	.16
To what extent do you find your organization to possess a caring work environment	-.16	-.09	.13	-.19

*Correlation significant at the 0.05 level

Question 5. Do newly graduated BSN and MEPN degree nurses differ on social intelligence?

The data met the requirements necessary for use of parametric statistical testing per the results from the Levene's Test for Equality. Using the *t*-test statistic, no statistical difference (t=0.09, p=0.81) was found between social intelligence and graduates from the BSN and MEPN programs (Table 6).

Question 6. Do newly graduated BSN and MEPN degree nurses differ on personal work characteristics?

No statistical difference (t=1.03, p=0.62) was found between personal work characteristics and graduates from the BSN and MEPN programs.

Question 7. Do newly graduated BSN and MEPN degree nurses differ on work competence?

No statistical difference (t=0.09, p=0.81) was detected between work competence and graduates from the BSN and MEPN programs.

Question 8. Do newly graduated BSN and MEPN degree nurses differ on organizational acumen?

No statistical difference (t=0.09, p=0.29) was detected between organizational acumen and graduates from the BSN and MEPN programs.

TABLE 5. *t-test for Differences between BSN (n=11) and MEPN (n=19) Groups on Work Readiness Constructs*

Work Readiness Construct	BSN/MEPN graduate	Mean (SD)	*t* (df=28)	p
Work Competence	BSN	3.13 (.34)	.09	.81
	MEPN	3.12 (.28)		
Social Intelligence	BSN	3.06 (.50)	.96	.75
	MEPN	3.22 (.40)		
Organizational Acumen	BSN	3.51 (.32)	.09	.29
	MEPN	3.52 (.23)		
Personal Work Characteristics	BSN	2.30 (.49)	1.03	.62
	MEPN	2.14 (.33)		

Additional Findings

In addition to answering the research questions, Pearson correlations were computed to check for relationships between the four constructs of the WRS-GN (Table 6). Pearson correlations were statistically significant at the .01 level between SI and WC (r=0.56, p=0.00) and between SI and PWC (r=-0.49, p=0.01). A statistically significant relationship was detected between WC and PWC at the 0.01 level (r=-0.59, p=0.00) and with WC and OA at the 0.05 level (r=0.44, p=0.02).

TABLE 6. *Pearson Correlation for SI, PWC, WC, and OA*

Construct	SI	PWC	WC	OA
SI	1.0	**-.49****	**.56****	.29
PWC		1.0	**-.59****	-.31
WC			1.0	**.44***

**Correlation significant at the 0.01 level
*Correlation significant at the 0.05 level

Outcome Questions and WRS-GN Constructs

The conceptual framework for this study lists outcomes of engagement, retention, and job satisfaction that were addressed in demographic questions (Appendix E).

Retention. Demographic question 12 asks whether graduates plan to continue in their current unit/department in their current organization, to change unit/department in their current organization, to return to school, to become certified, to leave their current organization, or to leave the profession of nursing. Participants were directed to check all that applied. A significant negative correlation at the .05 level was detected for the response of staying in current unit/organization and WC ($r=-0.40$, $p=0.03$). No other constructs of the WRS-GN were significant for this question.

A significant negative correlation at the .05 level also was detected for changing units and PWC ($r=-0.39$, $p=0.04$). No other constructs of WRS-GN were significant for this question.

A significant correlation at either the .01 or .05 level was detected for returning to school and all the WRS-GN constructs of SI ($r=0.55$, $p=0.00$), PWC ($r=-0.42$, $p=0.02$), WC ($r=0.65$, $p=.00$), and OA ($r=0.38$, $p=0.03$). No significant correlations were detected for leaving the organization or leaving the profession of nursing. As previously mentioned, no participants indicated that they would leave the nursing profession.

Engagement. One demographic question related to engagement. The participants were asked "To what extent do you find your current employment meaningful or fulfilling?" (question 14, Appendix D). No relationship was detected between engagement and any of the WRS-GN constructs.

Job satisfaction. Two questions related to participant job satisfaction. First, stay in current employment and second, satisfaction with current employment. Neither of these questions demonstrated a relationship with any of the WRS-GN constructs.

TABLE 7. *Pearson Correlation for Outcomes and SI, PWC, WC, and OA*

Outcome Question	SI	PWC	WC	OA
My plans for the next year are to continue in my current unit/department in my organization	-.15	.32	**-.40***	-.05
My plans for the next are to change unit/department in my organization	.07	**-.39***	.16	-.10
My plans for the next year are to return to school	**.55****	**-.42***	**.65****	**.38***
My plans for the next year are to become certified	.32	**-.55****	**.48****	**.52****
My plans for the next year are to leave the organization I am currently working in	.11	.01	.24	.00
My plans for the next year are to leave the profession of nursing	***	***	***	***
To what extent do you find your current employment meaningful or filling?	.08	-.27	.22	.06
To what extend to you plan to stay in your current employment?	-.11	.12	-.26	.08
To what extent are you satisfied with your current employment?	.31	-.15	.27	.28

***Cannot be computed because variable is constant; none indicated**
****Correlation significant at the 0.01 level**
Correlation significant at the 0.05 level

CHAPTER V: DISCUSSION

Discussion of the study findings and conclusions drawn from the study are presented. Sample characteristics, major study findings, implications for academia and employers, study limitations, and future research are discussed.

Characteristics of the Sample

As described in the previous chapter and below, the sample for this study is similar to the national nursing workforce with regard to age and sex. In 2011, 91% of nurses were female (Landivar, 2013) and in this study, 93% were female. According to the National League for Nursing (2015), in 2014 18% of BSN students were over the age of 30 years, the mean age for this study was 27 years.

Most respondents (90%) were Millennials, born from 1981 through 1999, and three were Generation Xers, born from 1965 through 1980 (Lancaster & Stillman, 2002). Different values inform generations, work ethics, and experiences that may affect their response (Lancaster & Stillman, 2002). Therefore, having most respondents from the same generation creates a comparable sample.

Authors (Walker, Storey, Costa, & Leung, 2015) have reported that from 33% to 61% of new nurses will leave their organization or the profession of nursing within their first year. In this study, however, all respondents indicated that they would stay in the profession of nursing over the next year, and 80% plan to stay in their current unit/department in the organization. Based on literature, this result is surprising and encouraging, especially for the state of Arizona, where most respondents (76.7%) practice.

The characteristics of the population were anticipated. I was expecting the majority, if not all, of the respondents to be women in their mid-20s. The response rate of BSN graduates (36.7%) is slightly lower than the potential sample size of 47.1% BSN graduates, while the response rate of MEPN graduates (63.3%) is higher than the potential sample of 52.9% MEPN graduates. Because the number of potential MEPN graduates was higher, it is not surprising that more MEPN graduates responded to the survey. A discussion of the survey population differences between groups follows.

<div align="center">

Constructs of Work Readiness

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Social Intelligence

The construct of Social Intelligence (SI) includes the ability to communicate with a range of people, work as a team, manage interpersonal conflict, and seek support/ask for assistance when needed (Walker et al., 2013). No significant relationships were detected between SI and personal life experiences—such as caring for a family member or employment in healthcare and customer service—or between SI and professional experiences, such as length of residency program, the type of academic program, or presence of a caring environment. This indicates that the graduates' overall individual experiences did not meaningfully affect their SI with regard to how they communicate, work as a team, manage conflict, or seek assistance.

These results were surprising. It was anticipated that personal life experiences of nursing assistance experience and/or customer service would present as a significant factor related to SI, owing to these types of jobs requiring good communication and teamwork skills. Likewise, MEPN graduates, who had already obtained a degree in another discipline, were conjectured to have greater SI since this group has more college and life experiences than a BSN graduate.

The results from this study do not negate the importance of SI in the nursing profession. In developing the constructs of work readiness, Walker et al. (2013) suggested that SI is emerging as the most critical construct in assimilation into the professional work environment, and Patterson, Bayley, Burnell, and Rhoads (2010) declare good communication skills to be the single most important competency for the newly graduated nurse. Study results from Missen, McKenna, and Beauchamp (2015) confirm that new graduates were perceived to struggle with communication, especially when speaking to other health professionals and managers, providing credibility to the importance of SI and a potential explanation for role transition difficulty. Interprofessional communication and collaboration is one of *The Essentials of Baccalaureate Education for Professional Nursing Practice* (Appendix A), part of SI, and essential to successful transition into the work environment.

Therefore, although the results from this study did not demonstrate a relationship between SI and personal life experiences or professional experiences, continued evaluation of SI is important.

Personal Work Characteristics

The construct of Personal Work Characteristics (PWC) includes resilience, flexibility, and stress management (Walker et al., 2013). The consequences of stress are well documented in the literature and include burnout, increased sick-leave, and high nurse turnover (Bloomberg et al., 2016). The ability to adapt positively, prepare for the unexpected, delegate, and maintain a healthy work-life balance are essential in the fast-paced healthcare environment (Walker et al., 2013).

A significant negative relationship was detected between PWC and the length of nurse residency, implying that longer the nurse residency is associated with lower PWC—such as resilience, stress management, and flexibility—the respondent possesses. This relationship is logical if residency was extended because of a new nurse's lack of flexibility, adaptability, self-awareness, resilience, or stress management (Walker et al., 2013).

The type of academic program was assumed to play a role in the relationship between professional experiences and PWC. Graduates from the MEPN group would have experienced college life through their first degree, dealt with the stress of academia, and (one would hope) learned to be more flexible through school and life. Therefore, I expected that a relationship would be detected between residency and PWC, but also between academic program and PWC, but no such relationship was found. Due to to 36.7% of respondents having no nurse residency and another 20% completing a brief 2- to 3-month residency, this result should be viewed thoughtfully.

Work Competence

The construct of Work Competence (WC) includes clinical skills, technical knowledge, experience, confidence, and responsibility (Walker et al., 2013). This construct is important in the first year of professional nursing to make good decisions and understand the knowledge behind skills such as assessment and overall care of a patient (Walker et al., 2013). The Commission on Collegiate Nursing Education (CCNE) states that the purposes of nurse residency programs are to: (a) assist the transition to professional nurse; (b) help develop the skills needed for safe, quality care; (c) develop decision-making skills; (d) incorporate evidence-based practice; and, (e) practice collaboratively with team members (Commission on Collegiate

Nursing Education, 2015). A study by Henderson, Ossenberg, and Tyler (2015) discovered that newly graduated nurses' confidence was enhanced by emotional support and collegiality, important elements of WC.

No significant relationship was detected between personal life experiences and the construct of WC, but a significant positive relationship was observed between WC and the professional experiences question of nurse residency, implying a longer the nurse residency is associated with greater WC. As previously discussed, the majority of the respondents had residencies lasting two to three months, or none at all, offering support for the CCNE rationale for nurse residency.

The relationship between WC and residency is an expected result. When new nurses have an established nurse residency program to support them and to enhance and reinforce their proficiencies, their clinical skills, knowledge, and confidence will be strengthened. No relationship between personal life experiences and WC was unexpected. I anticipated that nursing assistance experience and caring for a family member would enhance clinical skills, knowledge, and confidence associated with WC. Nursing assistant skills are the basis for nursing skills and may account for some increased WC elements, such as confidence, knowledge, or skills, but the relationship was not significant.

In addition, Wolfe and colleagues (2010) suggest that new nurse readiness to practice is intensely shaped by the educational program in which the nurse was enrolled. All participants graduating from the same academic program may account for lack of significant findings.

Organizational Acumen

The construct of Organizational Acumen (OA) consists of ward/unit and policy/procedure knowledge, ability to cope with the demands of the healthcare environment, accepting constructive criticism, and being passionate about learning (Walker et al., 2013). No statistically significant relationships were observed between professional experiences and OA. However, a statistically significant negative relationship was detected, which suggests that despite being parents, graduates did not possess greater maturity, unit knowledge, or professional development, which are the elements of OA. This finding is interesting because 80% (24) of the participants did not have children before graduating.

A scientific explanation for this result is lacking in the literature. Potential premises could include the busy life of a parent decreasing the importance of organizational knowledge, lack of passion for learning new information owing to fatigue stemming from demands at home, and difficulty accepting constructive criticism due to the stress of being a parent.

Literature suggests that nursing faculty assess the career maturity and knowledge of undergraduate students to facilitate a smooth transition into clinical practice (Cheng et al., 2016). Cheng et al. define career maturity as the capacity to make suitable career choices and suggest career planning courses as an effective strategy for educators to assist students in setting development and career goals.

Outcomes

Over the last decade, a plethora of literature has been published related to transition of new nurses into practice, maintaining the new nurse in the organization of hire (retention), maintaining nurses within the profession, and experiences of newly graduated nurses. The

impetus for the abundance of literature is the looming nursing shortage and newly graduated

nurses leaving positions and the profession of nursing within the first year of practice (Park &

Jones, 2010). Three outcomes are identified in the literature to assist in solving these issues and

are included in the conceptual framework. The outcomes identified in the conceptual framework

(Appendix B) include engagement, job satisfaction, and retention, with the goal of enhanced

health care delivery.

Engagement

No relationship was detected between engagement and any of the WRS-GN constructs as

measured by the question "To what extent do you find your current employment meaningful or

fulfilling?" (question 14, Appendix E). It is encouraging that no respondents indicated "not at

all", and the majority selected "somewhat*"* or "to a great extent.*"* In the Walker et al. (2015)

study, SI predicted engagement in the factor analysis.

Bargagliotti's (2012) concept analysis of work engagement not only includes feelings of

fulfillment, but a positive state of mind that is portrayed by vigor, dedication, and absorption in

work. Bargagliotti also indicates that antecedents of work engagement are trust and autonomy.

Newly graduated nurses may still be developing trust and autonomy needed to be engaged in the

work environment. The construct of social intelligence consists of teamwork, communication,

seeking support and communication (Walker, et al., 2015). If new nurses have not experienced

these elements of SI, it will be difficult to develop trust among team members.

The construct of work competence includes clinical skills, knowledge, experience,

confidence, and responsibility (Walker et al., 2015). Autonomy requires that the new nurse have

the knowledge and competence to carry out and make decisions about clinical practice

(Bargagliotti, 2012). Therefore, it may be unrealistic to expect newly graduated nurses have the antecedents of trust and autonomy that are required to be engaged in work.

Job Satisfaction

Two demographic questions measured job satisfaction. First, to what extent is the respondent planning to stay in current employment and second, to what extent is the respondent satisfaction with current employment. Neither of these questions demonstrated a significant relationship with any of the WRS-GN constructs. However, 60% (18) of respondents indicated 'to a great extent' that they planned to stay in current employment and 66.7% (20) of respondents indicated 'to a great extent' that they are satisfied with their current employment. Though this study did not find a relationship between work readiness constructs and job satisfaction, Numminen and colleagues (Numminen, Leino-Kilpi, Isoaho, & Meretoja, 2015b) found a positive relationship between professional competence and job satisfaction. Additionally, Walker et al. (2015) found that OA and WC were significantly related to job satisfaction.

Retention

Demographic question 12 (Appendix E) asks about participants' plans for the next year. Possible choices included: plan to continue in their current unit/department in their current organization, change unit/department in their current organization, return to school, become certified, leave their current organization, or leave the profession of nursing. Participants were directed to check all that applied. A significant negative correlation was detected for the response of staying in current unit/organization and WC meaning that staying in the current unit/organization is associated with lower work competence. No significant correlations were detected for leaving the organization or leaving the profession of nursing. A significant negative

relationship was detected for changing units and PWC. This result is logical. If a new nurse feels like they are starting to adapt or be flexible in their work environment, developing stress management skills or becoming resilient, the less likely they are to change units where they will be unfamiliar with the new unit and expectations. A significant relationship was detected between returning to school and all four of the WRS-GN constructs. Parker, Giles, Lantry, and McMillan (2014), in a mixed methods study related to newly graduated nurses, found that 10% of nurses indicated they intended to pursue a career outside of nursing, 3% indicated they would stay less than two years, and 32% were unsure how long they would stay in nursing. Numminen and colleagues (2015b) concluded that the higher the general competence the higher overall occupational commitment, or staying in the profession of nursing.

Some predictors have been associated with intent to leave including trouble balancing family and work life and family responsibilities (Unruh, Zhang, & Chisolm, 2016). In this study, balancing work and family life and family responsibilities may have presented in the OA data and personal life experience of caring for a child(ren).

The retention results in this study were expected based on literature. I did expect returning to school would correlate with PWC but not necessarily all the constructs of WRS-GN. Upon further contemplation of the results, going back to school does require good communication, an ability to seek support, resilience, flexibility, stress management, clinical skills and knowledge confidence, responsibility, maturity, and professional development. In other words, all the constructs of work readiness.

Conclusion

Numminen, Leino-Kilpi, Isoaho, and Meretoja (2015b) used five instruments to measure newly graduated nurses' perceptions of occupational commitment, empowerment, professional competence, practice environment, and ethical climate. The resultant multivariate path analysis describes a complicated figure and five relevant findings. First, new nurses who perceived themselves as more competent felt more empowered. Second, the more satisfied new nurses felt about the quality of care they provided, perceived a more positive practice environment. Third, newly graduated nurses who were older had greater competence, were more satisfied with their current job, and felt more empowered. Fourth, the greater the intention to change jobs the less empowered the newly graduated nurse felt. Lastly, the higher the intention to leave the profession the less committed the newly graduated nurse. This study is similar to the Walker et al. (2015) study related to work readiness of newly graduated nurses and indicates the importance of the topic of newly graduated nurse transition into professional nursing as well as the complexity of that process.

The results of this study were thought-provoking such that there were no significant differences between the two groups of graduates. I conjectured that the MEPN graduates who held more life experiences would have greater social intelligence, personal work characteristics, and work competence. The lack of a relationship between personal life experiences such as caring for a family member or nursing assistance experience and work competence was unexpected. The relationship between length of nurse residency and work competence was expected and demonstrated how important nurse residence programs are to newly graduated nurses work competency. More research is needed to develop the conceptual model into a middle

range theory. Middle range theories are a way to express key concepts of practice that are still

abstract yet, through testing of relationships, provide some explanation of the phenomena of

work readiness (Reed & Crawford Shearer, 2011; Walker & Avant, 2011). Therefore, work

readiness requires further investigation related to graduates in the United States and the

development of a middle range theory.

To add clarity to the conceptual framework after research was completed, relationship

arrows were added to the diagram and are pictured in Figure 2. The arrows indicate where

significant relationships were discovered. As mentioned, no significant relationships were

detected between personal life experiences and any of the variables of work readiness. Two

constructs, PWC and WC demonstrated an association with professional experiences,

specifically length of nurse residence. Though literature and national oversight organizations

such as the CCNE do not dictate a specific length of nurse residency, this study suggests the need

for organizations to provide a thorough nurse residency program perhaps using the results from a

tool such as the WRS-GN to help determine an appropriate length.

In this research study, none of the variables were related to the outcomes of engagement

or job satisfaction. This result could be due to the low number of participants or, as previously

discussed, new nurses have not been employed long enough to develop feelings of fulfillment or

commitment. All four variables of work readiness were associated with the outcome of retention

for at least one of the choices in demographic question 12. Specifically, PWC demonstrated a

negative association with changing units or departments. A negative association was detected

between WC and continuing on the unit, meaning that the more likely a participant is to stay on

their current unit is associated with less work competence. Newly graduate nurses who feel

confident in their clinical skills are better able to cope with the challenging work environment (Walker et al., 2015). Those that do not feel confident in their clinical skills have reported more anxiety, dissatisfaction, and lowered self-esteem (Walker & Campbell, 2013) which may lead to seeking other jobs or leaving the profession of nursing.

When nurses are retained, organizations can break the training-turnover cycle, quality and safety of patient care increase (Gilmartin, 2013), and nurses stay in the profession. Further research with a much larger sample is needed to confirm these associations in different populations and advance the conceptual framework.
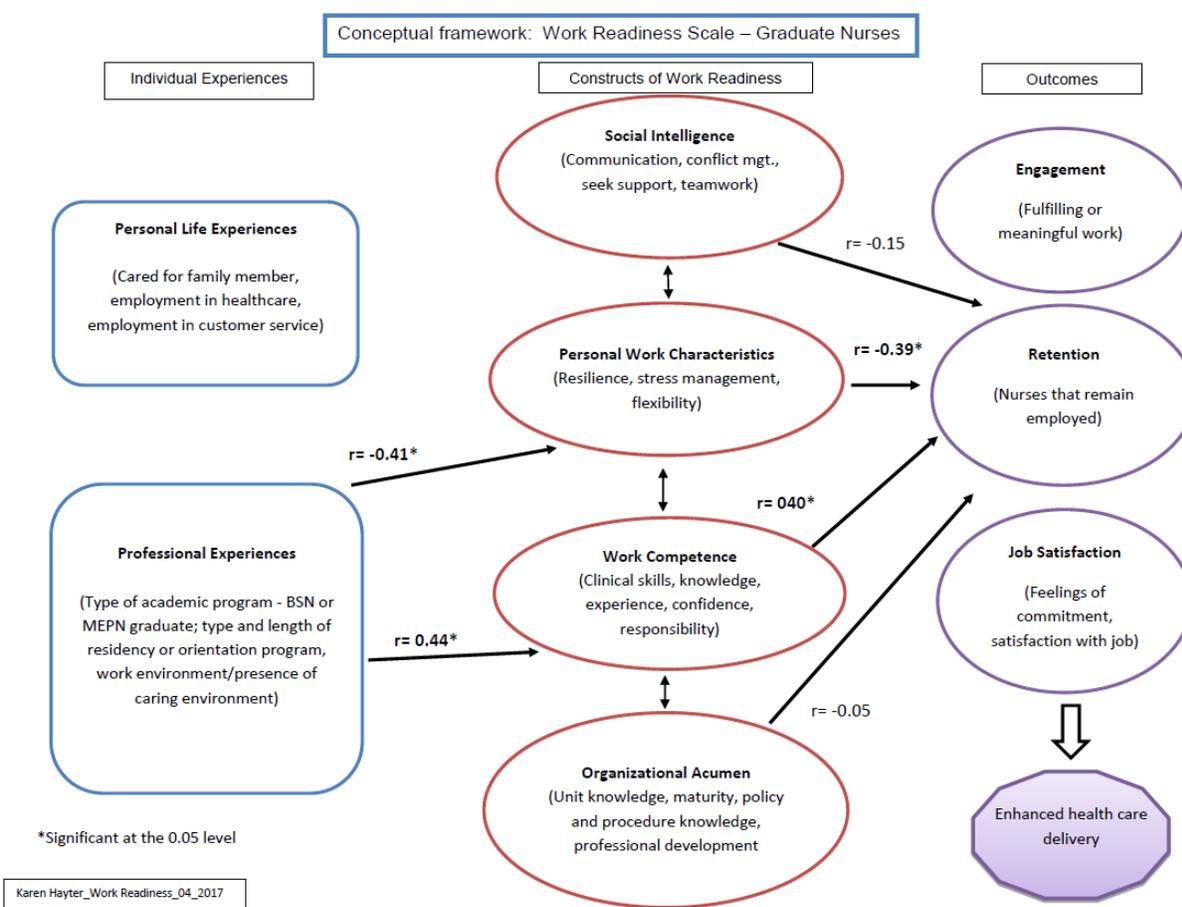

FIGURE 2. Conceptual Framework with Relationships

Strengths and Limitations

This research study has several strengths. This study is one of the first research studies in the United States related to the WRS-GN. As previously discussed, Dr. Walker indicated that research is currently being conducted in the United States, but no results have been published at this writing. When Australian and United States essential program elements were compared, the programs were similar. However, the two programs differ with three versus four years of academic preparation. Additionally, though research is currently being conducted in the United States using the WRS-GN, no research results have been published related to a population of United States graduates related to the reliability of the tool. New knowledge was developed.

This study compared the work readiness of two groups of newly graduated nurses, BSN and MEPN graduates, from a single academic institution. To earn AACN accreditation, academic institutions teach *The Essentials of Baccalaureate Education for Professional Nursing Practice* (Appendix B); however, institutional curricula vary. Thus, it is significant that all participants in this study received their program education from the same academic institution.

Lastly, Walker and colleagues' study (2015), the only publication on reliability of the WRS-GN, demonstrated the Cronbach alpha was greater than .80 for all tool constructs. This study supports those results, with Cronbach alphas ranging from .76 to .81 (Table 3).

This study has several limitations. First, survey response rate was low (9.1%). Such a low response rate may not adequately represent the 327 BSN and MEPN graduates from August 2015 through December of 2016. However, an interesting publication from Meterko and colleagues (Meterko et al., 2015) reported survey research with health care leaders utilizing a web-based, self-report format with initial contact and four follow-ups. Comparisons were made

across all five waves of the survey and demonstrated no difference in demographic and facility characteristics or missing data. The overall response rate of 95% produced the same conclusions if data collection had stopped at earlier time points. Therefore, the results from low response rate survey research studies such as this should be deliberated on their merits since the results may accurately represent the population. Results should not be dismissed solely on low response rate (Meterko et al., 2015).

Numerous reasons for the low number of respondents can be considered. Electronic mail addresses that were used for this study were university Gmail addresses for the graduates, and the accounts may not be checked regularly. A message was placed on the University of Arizona Alumni Facebook page for graduates to check their Gmail accounts, but if graduates are not checking this Facebook page regularly they would not see the message. Bryman (2016) agrees that online surveys present certain problems for sampling including people having more than one electronic mail address and use of more than one Internet service provider. Therefore, concerns for using this method of data collection exist.

Second, Walker et al. (2015) did not have a theoretical or conceptual framework to support their study. The conceptual framework for this study was developed from the literature. However, no research has been conducted related to personal life experiences and work readiness. Therefore, it was not known whether the individual life experiences of the conceptual framework were related to work readiness.

Lastly, the organization in which the new nurse is employed influences the new nurses' first year of practice including the length and type of residency program. As demonstrated by this

research, nurse residency is an important factor in work competence and depends upon the organization in which the nurse is employed.

Implications and Future Research

Academia

Literature suggests many ideas for faculty to assist in the transition from student to professional nurse. To decrease the shock of becoming a professional nurse one suggestion for faculty is to prepare students by providing a realistic view of the daily work and stressors that are likely to be encountered (Wu, Fox, Stokes, & Adam, 2012). As previously mentioned, career counseling and realistic expectations should be implemented (Cheng et al., 2016)

Another way academia can assist transition and work readiness is to partner with healthcare organizations to resolve the accountability issue, or who is responsible for the preparation of new graduates. Wolff, Pesut, and Regan (2010) conducted focus group sessions related to the topic of accountability. The discussions revealed diverse opinions with some participants suggesting it was the responsibility of the education sector and other participants suggesting the practice or employers were responsible. Wolff et al. (2010) conducted an exploratory study to understand practice readiness and found that there was a common belief that the new nurse should have a generalist foundation with some specific skills while being able to provide safe patient care. Therefore, academia needs to lay a deep foundation of generalist nursing skills and knowledge along with the ability to ask questions when in doubt to provide safe patient care.

Academia can influence two of the four constructs of work readiness. First, work competence can be influenced by providing adequate time and experience to develop clinical

skills. Performing skills is important but knowing the why, or having the knowledge behind the skills, will lead to increased confidence - a component of work competence.

Second, academia can provide conflict engagement content and communication scenarios to assist in teamwork and greater social intelligence. Faculty should also reinforce the importance of seeking assistance or support.

Employers

Conversely, employers are expecting new graduates to hit the ground running however as mentioned above, academia provides a generalist nursing degree and not specialty skills (Wolff et al., 2010). Another concern expressed by experienced nurses is a discrepancy between nursing as taught and nursing as practiced leading to a gap in theory and practice (Freeling & Parker, 2015). New nurses are expected to provide the step-by-step care they learned in school. However, experienced nurses have developed short cuts or more efficient ways of providing care that are different from book/text care potentiating a theory practice gap.

Newly graduated nurses have noted unprofessional behaviors, such as incivility, in the work environment as a reason for leaving (Kerber, Woith, Jenkins, & Astroth, 2015). Employers have the professional responsibility to change culture and eliminate unprofessional behaviors to enhance patient safety and retain nurses (Kerber et al., 2015).

Employers can influence all constructs of work readiness. The greatest impact employers can have, is related to the construct of work competence by providing a nurse residency program such as the CCNE proposes. Social intelligence can be influenced through providing effective communication and conflict management classes during residency. Employers can assist in the construct of personal work characteristics by connecting with new staff and providing stress

management resources. Lastly, providing resources such as a guide to finding policies /

procedures and assist in professional development related to organizational acumen will assist

newly graduated nurses.

Work readiness is a complex concept with many factors associated with transition into

practice. Academia and employers need to come together, continue to research newly graduated

nurse transition and work readiness, and provide scientific evidence that can be developed into

joint academic-employer curricula for the new nurse.

Work Environment

Dr. Jean Watson (2006) states that relationship-centered caring is the basis from which all

professionals and administrators should work to change the culture and environment of

healthcare. Likewise, AACN (2008) states that RNs practice from a holistic caring context

including patients, colleagues, and self. No relationship was detected between the demographic

question related to extent of a caring work environment and any of the constructs of work

readiness. However, 70% (21) of the respondents indicated that their organizations possessed a

caring environment "to a great extent.' The remaining 30% state their organizations possess

"somewhat" of a caring environment. None of the respondents chose "not at all" or "a little"

caring environment. A caring environment and support from experienced caring nurses assists

new nurse transition, leads to decreased vulnerability, increased work competence, and overall

work readiness.

This result is unexpected, but hopeful, as the literature is saturated with incivility and

poor work environments. Several studies have evaluated the factors between job and professional

leaving and show that the work environment is most strongly associated with nurse's attitudes

and behaviors toward their job (Unruh, Zhang, & Chisolm, 2016). Therefore, a caring environment is best for decreasing incivility, and increasing organizational commitment and new nurse retention.

Future Research

Most research studies related to work readiness have occurred in Australia where qualitative, quantitative, and mixed methods studies were conducted, however only one quantitative study has been conducted utilizing the WRS-GN. Therefore, further research is needed in the United States to validate the WRS-GN.

Owing to a convenience and small sample size, study results are not generalizable beyond this population. A study that enlists more graduates in varying states and places of employment would provide a greater sample size and potentially different results. A study comparing second degree nurses and BSN nurses, similar to this study, would provide further information on work competence. Also, a study that compared length of nurse residency and work competence would provide more evidence of the need for appropriate nurse residency programs.

In conclusion, several elements can be developed to engage, retain, and enhance job satisfaction of newly graduated nurses: first, further research to validate the WRS-GN in the United States; second, development of a middle range theory to further the understanding of the complex concept of work readiness; and third, employers and academia partnering to provide courses that enhance the work readiness of newly graduated nurses. This is a very interesting and exciting program of research that I will continue to pursue after graduation.

APPENDIX A:

AMERICAN ASSOCIATION OF COLLEGES OF NURSES *THE ESSENTIALS OF BACCALAUREATE EDUCATION FOR PROFESSIONAL NURSING PRACTICE* AND THE AMERICAN NURSES ASSOCIATION *STANDARDS OF PROFESSIONAL NURSING PRACTICE*

Essentials of Baccalaureate Education For Professional Nursing Practice	Standards of Professional Nursing Practice and Professional Performance
I. Liberal education for baccalaureate generalist nursing practice	1. Assessment
II. Basic organizational and systems leadership for quality care and patient safety	2. Diagnosis
III. Scholarship for evidence-based practice	3. Outcomes identification
IV. Information management and application of patient care technology	4. Planning

V. Healthcare policy, finance, and regulatory environments	5. Implementation
	  a. Coordination of care
	  b. Health teaching and health promotion

VI. Interprofessional communication and collaboration for improving patient health outcomes	6. Evaluation
VII. Clinical prevention and population health	7. Ethics
VIII. Professionalism and professional values	8. Culturally congruent practice
IX. Baccalaureate generalist nursing practice	9. Communication
	10. Collaboration
	11. Leadership
	12. Education
	13. Evidence-based practice and research
	14. Quality of practice
	15. Professional practice evaluation
	16. Resource utilization
	17. Environmental health

APPENDIX B:

CONCEPTUAL FRAMEWORK: WORK READINESS SCALE FOR GRADUATE NURSES

Conceptual framework: Work Readiness Scale – Graduate Nurses

Individual Experiences

Constructs of Work Readiness

Outcomes

Social Intelligence
(Communication, conflict, seek support, teamwork)

Personal Life Experiences

(Cared for family member, employment in healthcare, employment in customer service)

Engagement

(Fulfilling or meaningful work)

Personal Work Characteristics
(Resilience, stress management, flexibility)

Retention

(Nurses that remain employed)

Professional Experiences

(Type of academic program - BSN or MEPN graduate; type and length of residency or orientation program, work environment/presence of caring environment)

Work Competence
(Clinical skills, knowledge, experience, confidence, responsibility)

Job Satisfaction

(feelings of commitment, satisfaction with job)

Organizational Acumen
(Unit knowledge, maturity, policy and procedure knowledge, Professional development

Enhanced health care delivery

Karen Hayter_Work Readiness_11_2016

APPENDIX C:

AUSTRALIAN NURSING AND MIDWIFERY FEDERATION *NATIONAL PRACTICE STANDARDS FOR NURSES IN GENERAL PRACTICE* AND THE NURSING AND MIDWIFERY BOARD OF AUSTRALIA *REGISTERED NURSE STANDARDS FOR PRACTICE*

Domains and Standards	Standards for Practice
Domain – Professional Practice	1. Thinks critically and analyses nursing practice
Standard 1: Demonstrates an understanding of primary health care principles and nursing in general practice.	2.Engages in therapeutic and professional relationships
Standard 2: Provides nursing care consistent with current nursing and general practice standards, guidelines, regulations, and legislation.	3. Maintains the capability for practice
Standard 3: Actively builds and maintains professional relationships with other nurses and regularly engages in professional development activities.	4. Comprehensively conducts assessments
Standard 4: Advocates for the role of nursing in general practice.	5. Develops a plan for nursing practice
Standard 5: Demonstrates nursing leadership	6. Provides safe, appropriate and responsive quality nursing practice
Domain – Nursing Care	7. Evaluates outcomes to inform nursing practice
Standard 6: Demonstrates the knowledge and skills to provide safe, effective, and evidence-based nursing care.	
Standard 7: Undertakes nursing assessment and plans ongoing care.	
Standard 8: Effectively implements evidence-based health promotion and preventive care relevant to the practice community.	
Standard 9: Empowers and advocates for consumers.	
Standard 10: Understands diversity in the Practice community and facilitates a safe, respectful, and inclusive environment.	
Standard 11: Effectively delivers evidence-based health information to improve health literacy and promote self-management.	
Standard 12: Evaluates the quality and effectiveness of nursing care.	
Domain – General Practice Environment	
Standard 13: Demonstrates proficiency in the use of information technology.	
Standard 14: Effectively uses registers and reminder systems to promote intervention and promote best practice care.	
Standard 15: Understands the context of general practice within the wider Australian health care system, including	

funding models.	
Standard 16: Contributes to quality improvement and research activities to monitor and improve the standard of care provided in general practice.	
Standard 17: Participates in the development, implementation, and evaluation of relevant policies and procedures.	
Standard 18: Monitors local population health issues to inform care and responds to changing community needs.	
Standard 19: Effectively manages human and physical resources.	
Domain – Collaborative Practice	
Standard 20: Builds and maintains professional and therapeutic relationships with consumers, their families, and/or support persons(s).	
Standard 21: Effectively communicates, shares information and works collaboratively with the general practice team.	
Standard 22: Liaises effectively with relevant agencies and health professionals to facilitate access to services and continuity of care.	

APPENDIX D:

WORK READINESS SCALE FOR GRADUATE NURSES

Work Readiness Scale for Graduate Nurses

Work Competence (WC)

1. I have a solid theoretical understanding of my field of work

2. I am confident about my learned knowledge and could readily answer clinical questions about my field

3. Analyzing and solving complex problems is a strength for me

4. I know how to cope with multiple demands

5. Now that I have completed my studies I consider myself clinically competent to apply myself to the field

6. I feel confident that I will be able to apply my learned knowledge to the workplace

7. People approach me for original ideas

8. One of my strengths is that I have an eye for detail

9. I remain clam under pressure

10. I know my strengths and weaknesses

11. When a crisis situation that needs my attention arises I can easily change my focus

12. I am always prepared for the unexpected to occur

13. Being among the best in my field is very important to me

14. I consider myself to have a mature view of life

Social Intelligence (SI)

15. Developing relationships with people is one of my strengths

16. Others would say I have an open and friendly approach

17. Adapting to different social situations is one of my strengths

18. I can express myself easily

19. I communicate effectively with different patients

20. I find I am good at reading other people's body language

21. I adapt easily to new situations

22. I am good at making impromptu speeches

Organizational Acumen (OA)

23. I look forward to the opportunity to learn and grow at work

24. I am always working on improving myself

25. I am eager to throw myself into my work

26. I see all feedback as an opportunity for learning

27. I can't wait to start work and throw myself into a project

28. I thrive on completing tasks and achieving results

29. An organization's values and beliefs forms part of its culture

30. As an employee it's important to have a sound understanding of organizational processes and protocols

31. It is important to respect authority figures

32. At work it is important to always take responsibility for your decisions and actions

33. It's important to respect our colleague

34. It is important to learn as much as you can about the organization

35. There is a lot to learn from employees who have worked at an organization for years

36. You can learn a lot from your colleagues

37. I recognize when I need to ask for help

38. You can learn a lot from long serving employees, even if they do not have a university degree

Personal Work Characteristics (PWC)

39. I become overwhelmed by challenging circumstances

40. Juggling too many things at once is one of my weaknesses

41. I feel that I am unable to deal with things when I have competing demands

42. I get stressed when there are too many things going on

43. I sometimes experience difficulty starting a task

44. I am sometimes embarrassed to ask questions when I am not sure about something

45. I don't like the idea of change

46. Approaching senior people at work is a weakness for me

APPENDIX E:

DEMOGRAPHIC QUESTIONS

Demographic Questions
1. I work in direct patient care (The majority of my job is patient care related, not education, research, or administration) Yes/No
2. I work in:
   a. Acute care/hospital setting
   b. Ambulatory or clinic setting
   c. Both
   d. Other
3. The state that I am currently working in is _____ (drop down box)
4. Gender
   a. Male
   b. Female
   c. Identify with another gender
5. My age is _____
6. I am a BSN _____or MEPN _____ graduate (check one)
7. How long was your residency? _____ months (indicate zero if you didn't have a nurse residency program)
8. How many years and months of nursing assistance experience did you have (if any) before graduating as a nurse? _____ years _____months (indicate zero if no experience)
9. How many years and months of experience did you have (if any) caring for a family member before graduating as a nurse _____ years _____ months (indicate zero if no experience)
10. How many years and months of experience did you have (if any) in a customer service job (i.e., clerk, call center, or cashier) before graduating as a nurse? _____ years _____ months (indicate zero if no experience)
11. I had a child(ren) before graduating as a nurse Y/N
12. My plans for next year are (check all that apply)
    a. Continue in my current unit/department in my organization
    b. Change unit/department in my organization
    c. Return to school
    d. Become certified
    e. Leave the organization I am currently working in
    f. Leave the profession of nursing
13. To what extent do you find your organization to possess a caring work environment?
    a. Not at all
    b. A little
    c. Somewhat

    d.   A great extent

14. To what extent do you find your current employment meaningful or fulfilling?
    a. Not at all
    b. A little
    c. Somewhat
    d. A great extent

15. To what extent do you plan to stay in your current employment?
    a. Not at all
    b. A little
    c. Somewhat
    d. A great extent

16. To what extent are you satisfied with your current employment?
    a. Not at all
    b. A little
    c. Somewhat
    d. A great extent

APPENDIX F:

A COMPARISON OF AUSTRALIAN NURSING AND MIDWIFERY FEDERATION

NATIONAL PRACTICE STANDARDS FOR NURSES IN GENERAL PRACTICE WITH

AMERICAN ASSOCIATION OF COLLEGES OF NURSES *THE ESSENTIALS OF*

BACCALAUREATE EDUCATION FOR PROFESSIONAL NURSING PRACTICE

Australian Nursing and Midwifery Federation *National Practice Standards for Nurses in General Practice*	AACN Baccalaureate Essentials
Domain – Professional Practice	
Standard 1: Demonstrates an understanding of primary health care principles and nursing in general practice.	IX
Standard 2: Provides nursing care consistent with current nursing and general practice standards, guidelines, regulations, and legislation.	VI
Standard 3: Actively builds and maintains professional relationships with other nurses and regularly engages in professional development activities.	VI
Standard 4: Advocates for the role of nursing in general practice.	I
Standard 5: Demonstrates nursing leadership	II
Domain – Nursing Care	
Standard 6: Demonstrates the knowledge and skills to provide safe, effective and evidence-based nursing care.	III
Standard 7: Undertakes nursing assessment and plans ongoing care.	
Standard 8: Effectively implements evidence-based health promotion and preventive care relevant to the practice community.	VII
Standard 9: Empowers and advocates for consumers.	V
Standard 10: Understands diversity in the Practice community and facilitates a safe, respectful, and inclusive environment.	I
Standard 11: Effectively delivers evidence-based health information to improve health literacy and promote self-management.	VII
Standard 12: Evaluates the quality and effectiveness of nursing care.	II
Domain – General Practice Environment	
Standard 13: Demonstrates proficiency in the use of information technology.	IV
Standard 14: Effectively uses registers and reminder systems to promote intervention and promote best practice care.	IV
Standard 15: Understands the context of general practice within the wider Australian health care system, including funding models.	IX
Standard 16: Contributes to quality improvement and research activities to monitor and improve the standard of care provided in general practice.	III
Standard 17: Participates in the development, implementation, and evaluation of relevant policies and procedures.	V
Standard 18: Monitors local population health issues to inform care and responds to changing community needs.	I
Standard 19: Effectively manages human and physical resources.	II

Domain – Collaborative Practice	
Standard 20: Builds and maintains professional and therapeutic relationships with consumers, their families, and/or support persons(s).	V
Standard 21: Effectively communicates, shares information and works collaboratively with the general practice team.	II
Standard 22: Liaises effectively with relevant agencies and health professionals to facilitate access to services and continuity of care.	V/IX

American Association of Colleges of Nursing, 2008; Australian Nursing and Midwifery Federation, 2014

APPENDIX G:

OFFICE OF STUDENT SUPPORT AND COMMUNITY ENGAGEMENT APPROVAL

Koithan, Mary S - (mkoithan) mkoithan@email.arizona.edu sat, Oct 1, 2016 at 2:58 PM
To: "Hayter, Karen L - (klhayter)" <klhayter@email.arizona.edu>, "Doyle, Mary Davis - (mdoyIe6)" <mdoyle6@email.arizona.edu>

Hi Karen —

The Office of Student Support and Community Engagement will send your surveys to graduates from the classes as you request. My understanding is that we will target BSN graduates from December/May 2016, December/May 2015 and MEPN graduates from August 2015 and 2016. We estimate that the total number of graduates is 350 although we can't guarantee that we have current/functional emails for everyone. Please send us the letter and the URL that you would like sent to the graduates and approved by IRB and we'll be able to deliver them within a 1-week period. If you would like a follow-up to go out to them after a particular amount of time, please just let me know. I haven't decided who on the team will coordinate the effort but will let you know early this week.

Thanks-Mary

Mary Koithan, PhD, CNS-BC, FAAN
Associate Dean, Office of Student Support and Community Engagement
Anne Furrow Professor of Integrative Nursing
University of Arizona, College of Nursing
1305 N. Martin, PO Box 210203
Tucson, AZ 85721-0203
Office: 520-626-2036
Cell: 520-990-6701
FAX: 520-6264201

APPENDIX H:

RECRUITMENT EMAIL

Hello,

My name is Karen Hayter and I am a University of Arizona student conducting research related to work readiness of newly graduated nurses for completion of my PhD degree. I would like to invite you to participate in this newly discovered research topic by completing a short demographic questionnaire and survey. The time required to complete both sections is approximately 15-20 minutes.

Work readiness of newly graduated nurses has recently been identified as an important concept in the transition, adaptation, and integration of newly graduated nurses into healthcare. You are being asked to participate in this study because you were a past University of Arizona student and graduated within the last 18 months.

Your participation in this study will remain confidential with your identity protected. You will be one of approximately 350 people recruited for this study. Only summarized data will be reported. There are no direct risks or benefits to participants in this study. You may discontinue your involvement at any time without penalty. After submitting your answers, your answers will be combined with other participants results and unable to be identified or removed.

The Institutional Review Board responsible for human subject's research at the University of Arizona reviewed this research study and found it to be acceptable per state and federal regulations and University policies designed to protect the rights and welfare of participants in research. By clicking on the link and answering the questions you are consenting to participation in the study.

If you have any questions about the study design, participation, or ethics of the study please contact the primary investigator at klhayter@email.arizona.edu. For questions about your rights as a participant in this study or to discuss other study-related concerns or complaints with someone who is not part of the research team, you may contact the Human Subjects Protection Program at 520-626-6721 or online at http://rgw.arizona.edu/compliance/human-subjects-protection-program

By participating in this survey, you are allowing your responses to be used for research purposes. To participate in this study please click on the following link: _____. The link will be available until _____ (date of link deactivation after reminder email.)

Your assistance in this important research is greatly appreciated.

Karen Hayter, MS, RN (PhD Candidate)
klhayter@email.arizona.edu

APPENDIX I:

REMINDER EMAIL

Hello,

My name is Karen Hayter and I am a University of Arizona PhD student conducting research related to work readiness of newly graduated nurses. If you have already participated in this study, thank you. You may disregard this message.

If you have not participated, I would like to invite you to be a part of this newly discovered research topic by completing a short demographic questionnaire and survey. The time required to complete both sections is approximately 15-20 minutes.

Work readiness of newly graduated nurses has recently been identified as an important concept in the transition, adaptation, and integration of newly graduated nurses into healthcare. You are being asked to participate in this study because you were a past University of Arizona student and graduated within the last 18 months.

Your participation in this study will remain confidential with your identity protected. You will be one of approximately 350 people recruited for this study. Only summarized data will be reported. There are no direct risks or benefits to participants in this study. You may discontinue your involvement at any time without penalty. After submitting your answers, your answers will be combined with other participants results and unable to be identified or removed.

The Institutional Review Board responsible for human subject's research at the University of Arizona reviewed this research study and found it to be acceptable according to state and federal regulations and University policies designed to protect the rights and welfare of participants in research. By clicking on the link and answering the questions you are consenting to participation in the study.

If you have any questions about the study design, participation, or ethics of the study please contact the primary investigator at klhayter@email.arizona.edu. For questions about your rights as a participant in this study or to discuss other study-related concerns or complaints with someone who is not part of the research team, you may contact the Human Subjects Protection Program at 520-626-6721 or online at http://rgw.arizona.edu/compliance/human-subjects-protection-program

By participating in this survey, you are allowing your responses to be used for research purposes.

To participate in this study please click on the following link: _____. The link will be available until _____ (date of link deactivation after reminder email.)

Your assistance in this important research is greatly appreciated.

Karen Hayter, MS, RN (PhD Candidate)
klhayter@email.arizona.edu

APPENDIX J:

IRB APPROVAL

Research | Office for Research & Discovery

Human Subjects
Protection Program

Date:	December 07, 2016
Principal Investigator:	Karen L Hayter
Protocol Number:	1611012847
Protocol Title:	Work Readiness of Newly Graduated Nurses with Implications for Academia and Employers
Level of Review:	Exempt
Determination:	Approved

Documents Reviewed Concurrently:

Data Collection Tools: Conceptual Framnework 10 2016.docx

Data Collection Tools: Qualtrics v3 Survey.docx

HSPP Forms/Correspondence: Appendix_fPR.docx

HSPP Forms/Correspondence: f107_Hayterv2 12016-07 0 FINAL.doc

HSPP Forms/Correspondence: *f200_v2016-07_Hayter_11_22_*2016 FINAL.doc

HSPP Forms/Correspondence: Signature page.pdf

Informed Consent/PHI Forms: email recruitment-disclosure FINAL.DOCX

Other Approvals and Authorizations: OSA approval 10 2016.pclf Other
Approvals and Authorizations: Permission for WRS-GN 2016.pdf

Recruitment Material: Appendix H email reniinder FINAL.docx

This submission meets the criteria for exemption under 45 CFR 46.101 (b). This project has been reviewed and approved by an IRB Chair or designee.

- The University of Arizona maintains a Federalwide Assurance with the Office for Human Research Protections (FWA #00004218).
- All research procedures should be conducted according to the approved protocol and the policies and guidance of the IRB.
- Exempt projects do not have a continuing review requirement.
- Amendments to exempt projects that change the nature of the project should be submitted to the Human Subjects Protection Program (HSPP) for a new determination. See the Guidance on Exempt Research information on changes that affect the determination of exemption.

  Please contact the HSPP to consult on whether the proposed changes need further review.
- You should report any unanticipated problems involving risks to the participants or others to the IRB

All documents referenced in this submission have been reviewed and approved. Documents are filed with the HSPP Office. If subjects will be consented, the approved consent(s) are attached to the approval notification from the HSPP Office.

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