

Registered Nurse

Graduate Survey



Department of Nursing Education

Joliet Junior College

Nursing Graduates of Fall 2020 (6 - 9 month follow-up)

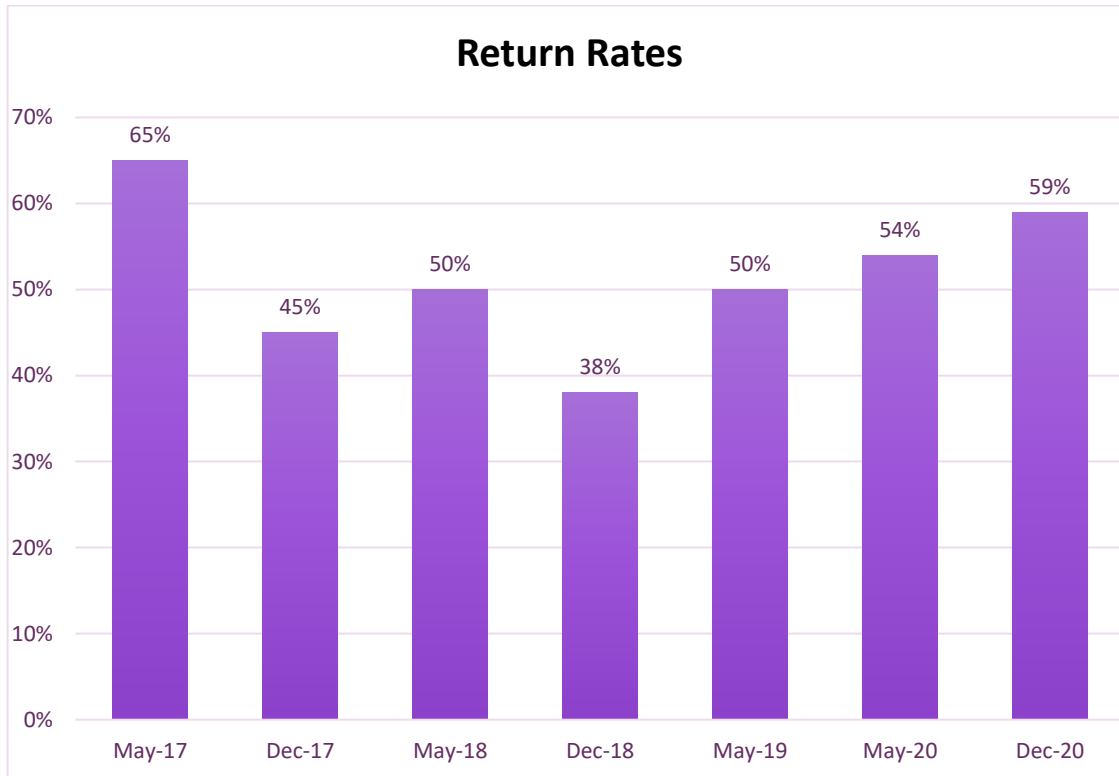


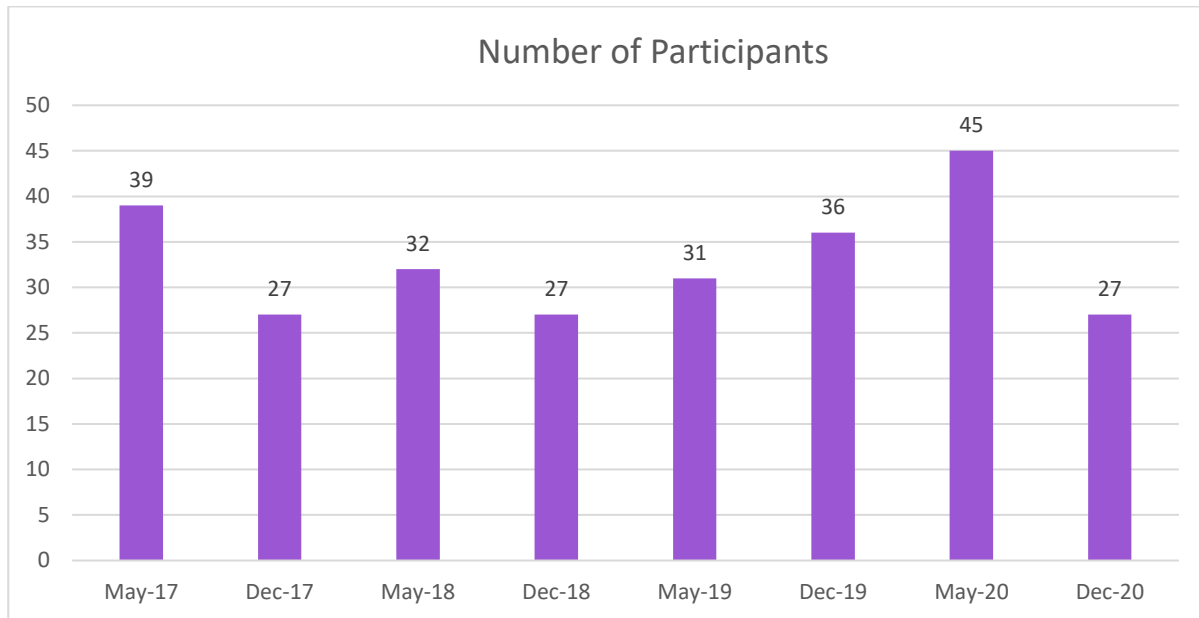
Introduction

Graduate surveys (obtained via Survey Monkey) are sent approximately six (6) months to nine (9) months after the student graduates, which made the target date in Late June 2021 for the graduating class of Fall 2020. The survey was sent out to forty six (46) graduates on June 15, 2021 via the student's personal e-mail address, which they provided to us prior to graduation. By June 28, 2021 thirteen (13) graduates replied, so a reminder was sent. On June 29, 2021 which resulted in another eleven(11) responses and a final reminder was sent which indicated a closing date of July 22, 2021. On July 23, 2021 the survey was closed with twenty seven (27) graduates participating. The overall response rate for this survey group is 59%.

Please Note: graduate responses in quotations are reprinted as they appeared on the survey, including spelling and grammatical errors.

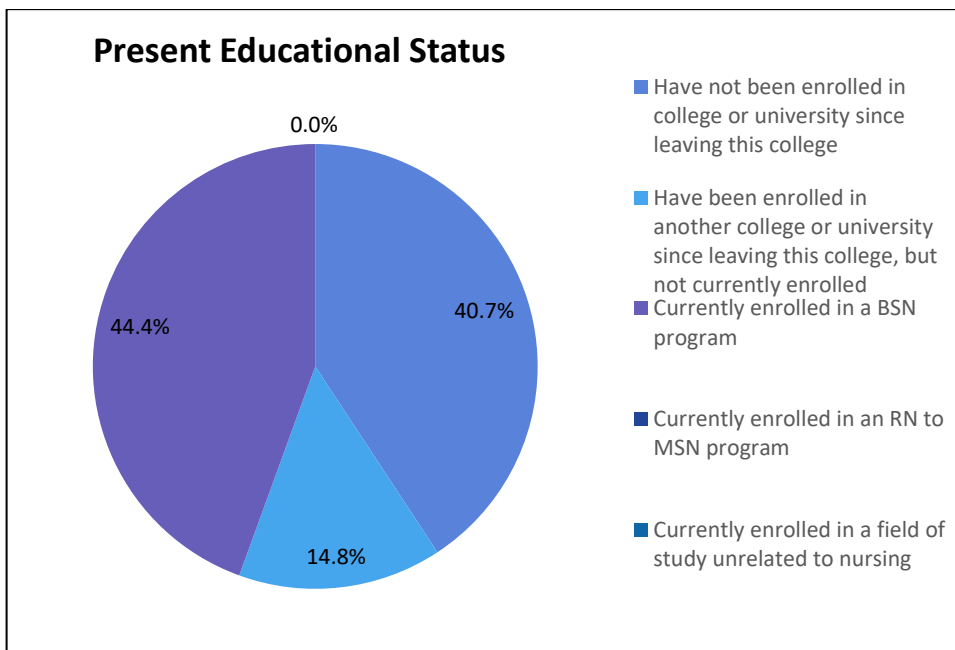
Historical Data Trends:





Results:

Educational status (27 out of 27 responded): 44.4% (n=12) indicated that they are enrolled in a BSN program. 40.7% (n=11) are not enrolled in a BSN program. none of responding graduates are currently enrolled in a RN-MSN program and 14.8% (n=4) have been enrolled in another college or university since leaving this college, but not currently enrolled.

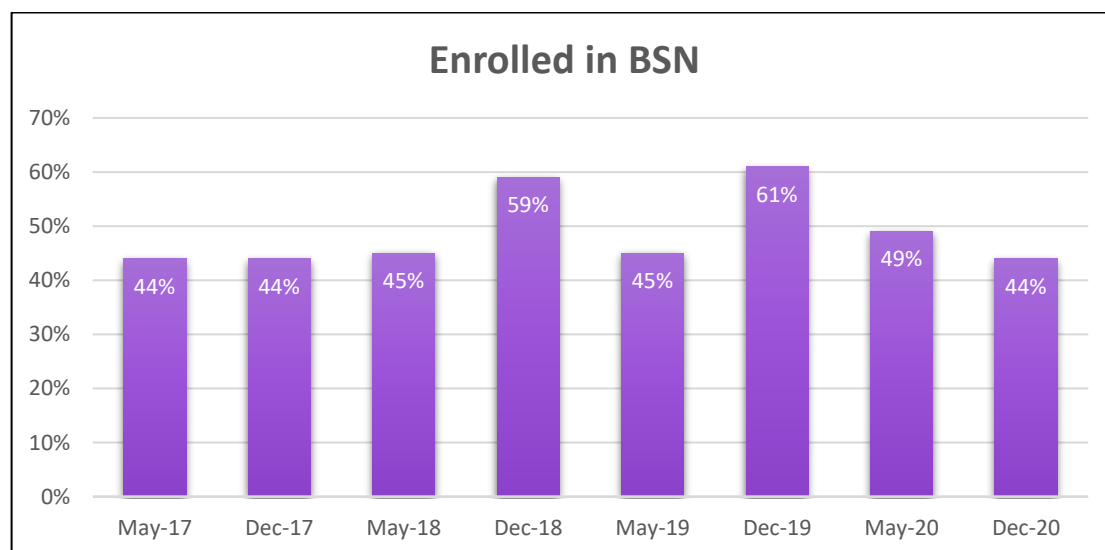


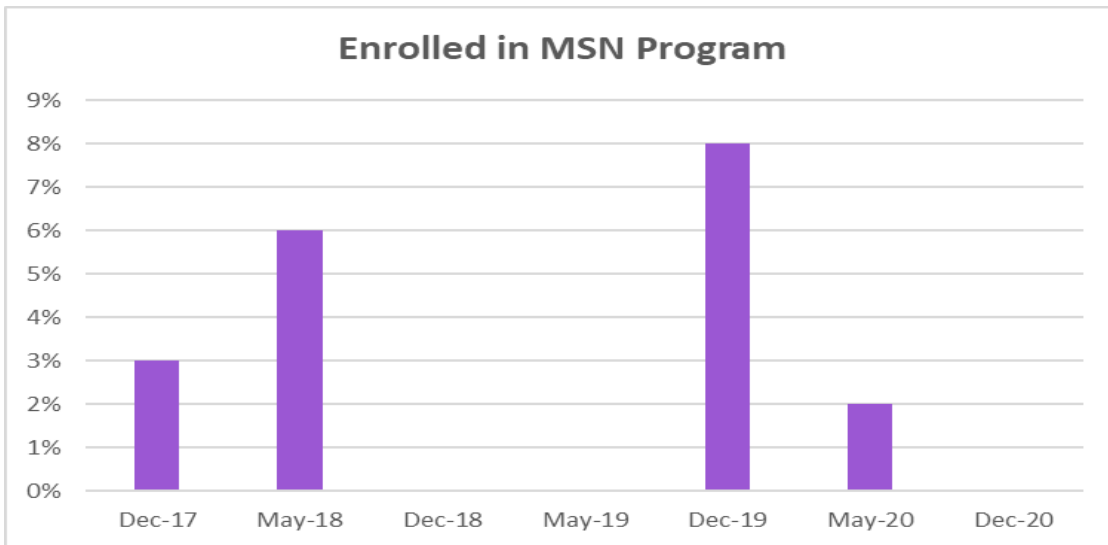
Enrollment in a BSN program or RN-MSN by educational institution (12 out of 12 enrolled responded): 8.3% (n=1) enrolled at University of Illinois at Chicago; 58.3% (n=7) enrolled at Purdue University-Northwest; 8.3% (n=1) enrolled at Eastern Illinois University; 16.7% (n=2) enrolled at University of St. Francis; and 8.3% (n=1) enrolled at Lewis University

When asked why they were not enrolled in a BSN program, sixteen (15) graduates responded. About 47% (n=7) cite too many family responsibilities; 40% (n=6) cannot afford school right now 13% (n=2) indicate that it is not required by their employer; Other comments are included below:

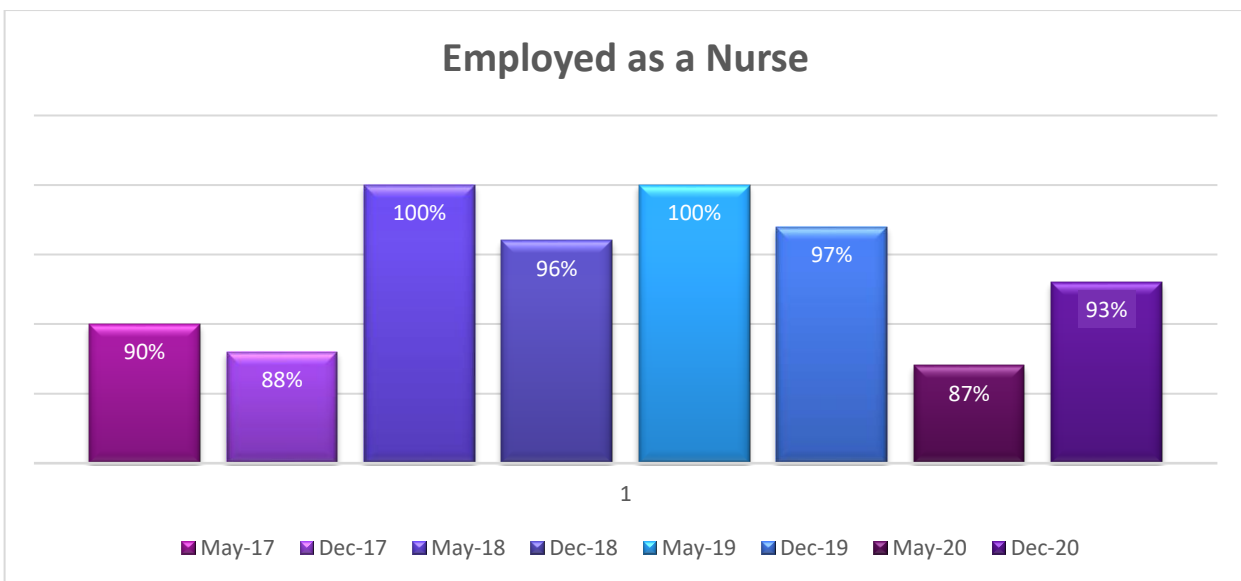
- *Taking a break, but will enroll soon.*
- *Training for a new job position.*
- *Plan to enroll soon.*
- *Taking a short break to learn my new skills as a critical care nurse, will start school next year when I'm comfortably settled into my new job.*
- *Will enroll next year.*
- *Job starts tuition reimbursement after working there for a year.*
- *Not motivated.*
- *There is not an option to select other. Starting BSN in a few months.*
- *Working and saving up to be able to go back to school. I also want to gain insight and experience as an RN prior to continuing education. I will be going back for BSN and ultimately I want to obtain a masters degree to become an NP.*

Historical Data Trends:





Employment status (27 out of 27 responded): 93% (n=25) of the graduates were employed as a nurse, 3% (n=1) of the graduates were unemployed and 3% (n=1) was employed in a non-nursing area.



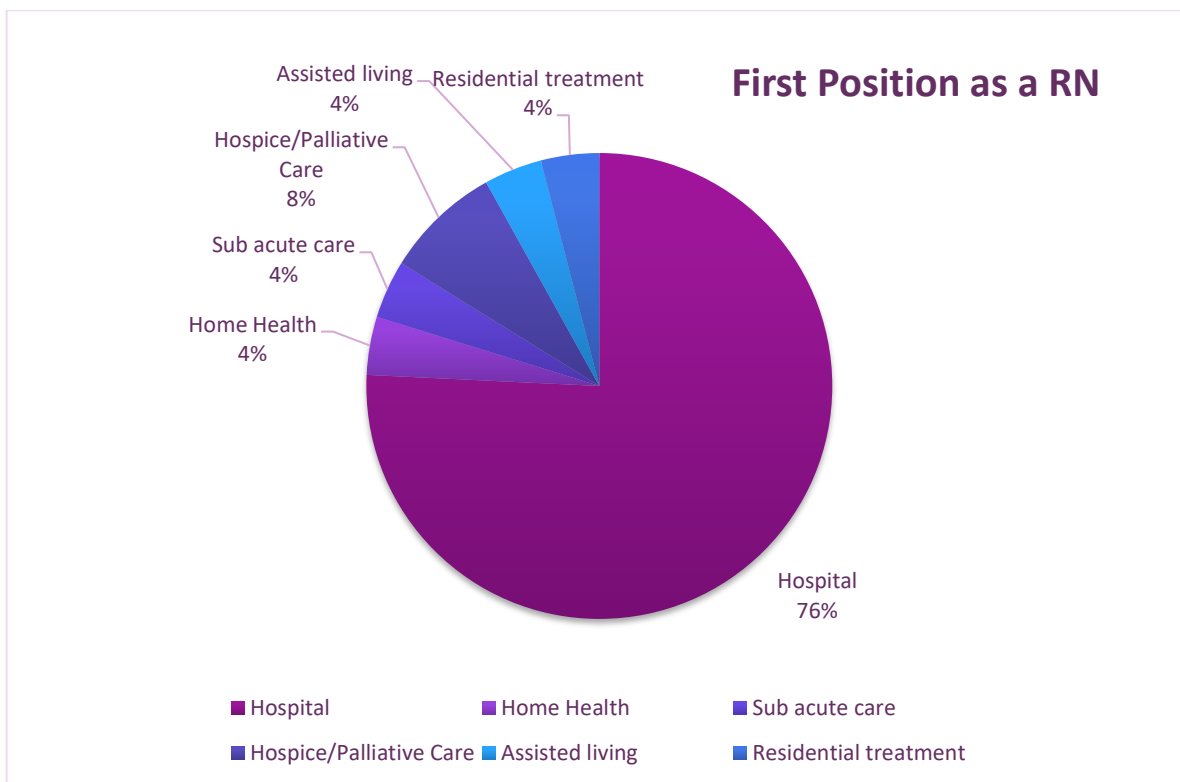
Did COVID have an impact on finding employment as a nurse?

(25 out of 27 responded). 88% (n=22) said “no” and 12% (n=3) said “yes”. Here are some of the comments including any spelling errors:

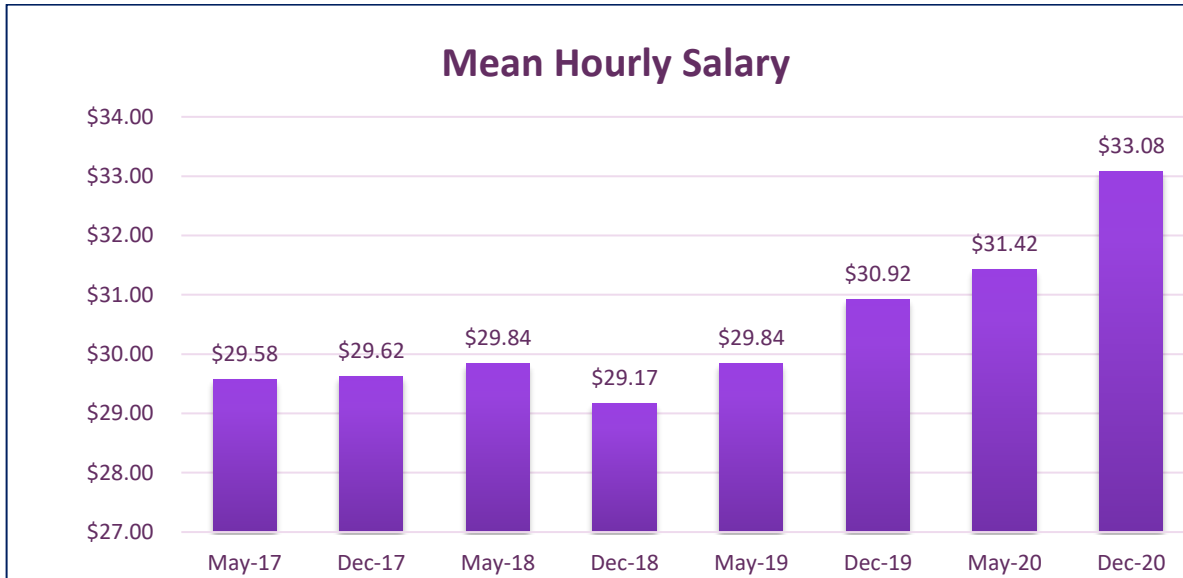
- *Most hospitals had a hard time hiring new grads because they wanted someone who had previous experience with COVID going on. Some hospitals were also on a hiring freeze. So even though I graduated in December, I didn't start my job until April.*

- *Hiring holds and longer processing time. Hospital orientation had limitations on how many people could be in attendance so they had to hire slowly in comparison to what they had done previously.*
- *it has been harder for JJC nursing graduates to land hospital positions especially since we were unable to participate in preceptorship experience. Where I hear from both instructors and grads that a lot of new grads get offered positions prior to graduating when participating in preceptorship.*

First position as a nurse: Of the twenty-seven graduates 89% (24 out of 27) graduates who answered this question; 75% (n=18) obtained their first RN job in the hospital, 8% (n=2) in assisted living, 4% (n=1) in home health, 8% (n=2) in hospice/palliative care, 4% (n=1) in sub-acute care, 4% (n=1) in a residential treatment center and 4% (n=1) in an assisted living facility.

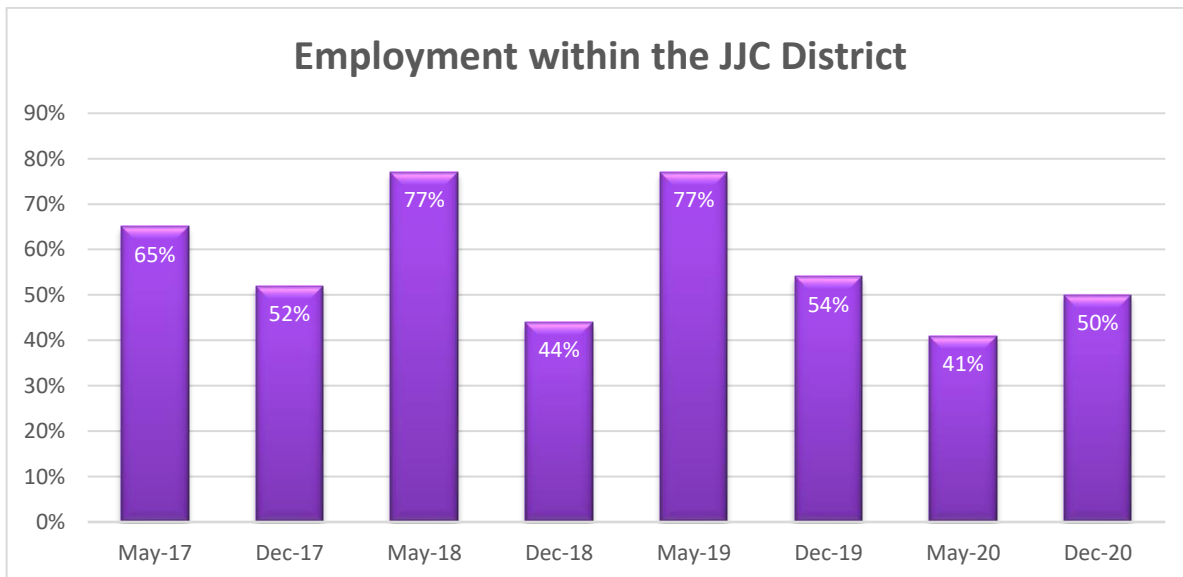


Hourly salary (24 of 27 responded) before deductions (does not include overtime). Range of responses: \$27.00 to \$44.33 per hour, with an average of \$33.08 per hour.

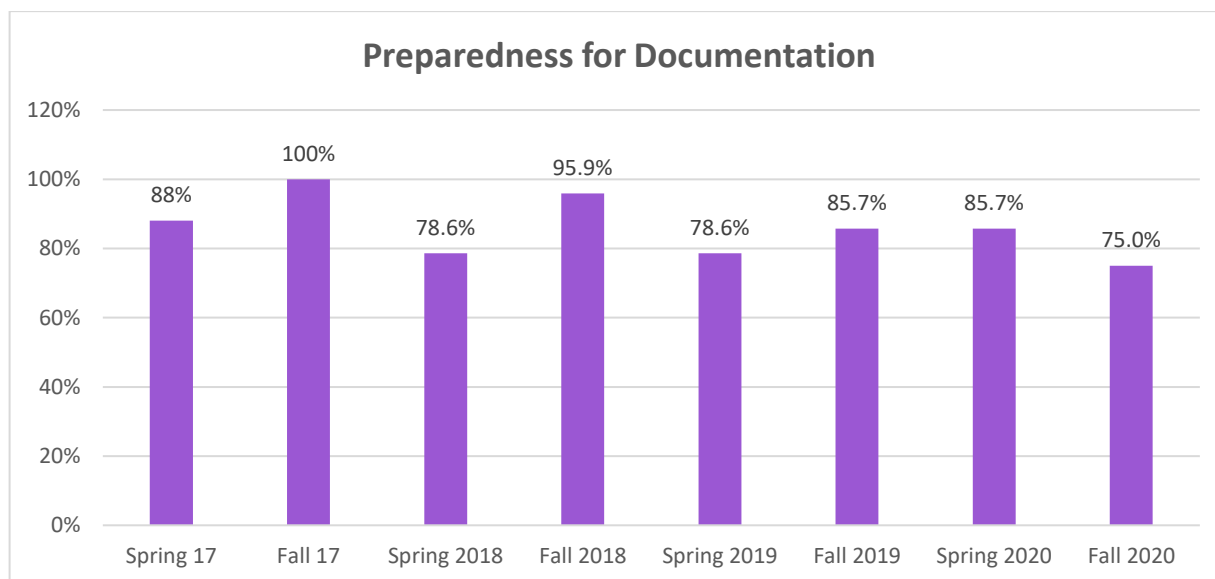


JJC Community (24 of 27) responded: employment within the JJC community district is 50% (n=12) and 50% (n=12) outside the JJC community district. Previously, we asked the graduates if they worked in or out of district. Since the in-district numbers were decreasing, the nursing faculty decided to just ask what city they are employed in. The faculty felt that some students may not be fully aware of how large the JJC district really is, thus they may had thought that they worked out of district if they did not work in the immediate Joliet area. This began in May 2016, which has demonstrated a larger percentage of our students are working in district.

Historical Data Trends:



How well prepared were you in your job as a registered nurse related to documentation? (24 out of 27 responded). The nursing faculty identified in recent graduate surveys (3 out of the last 7) that documentation consistently scored at or below our expected level of achievement (ELA) of 80%. The nursing program does provide practice documentation in each semester, but the faculty were not sure why the students rated this area as “somewhat unprepared” or “very unprepared”. Thus, the faculty decided to ask a specific question about documentation and provide a commentary section to find out more specific needs/concerns beginning with the Dec 2015 graduates in order to make changes in the program regarding documentation.



As this graph demonstrates, we have are just below our expected level of achievement (\geq to 80%).

Comments (including spelling errors):

- *Was not as familiar with Epic as some other new nurses.*
- *The charting systems in the hospital are entirely different than the charting we did in school.*
- *Even that online system we had, DocuCare, isn't like the actual computer systems.*
- *Every company has different documentation programs.*
- *Just needed more hands on experience.*
- *I felt prepared.*
- *I found we did not do a lot of documentation in later semesters of school. I felt we did it the first semester, and then we didn't tough on it as much.*

- *we practice documentation a handful of times.*
- *Not much practice regarding documentation in nursing school. Also missed the last year of clinical rotation due to covid.*

How well prepared were you in your job as a registered nurse related to the following? Graduates (23 out of 27) responded: Expected level of achievement (ELA) is 80% for each line item for responses “Very Prepared & Somewhat Prepared”. We reached our ELA for each line item except in the area of Nursing skills..

	Very Prepared	Somewhat Prepared	Somewhat Unprepared	Very Unprepared	Rating of Very Prepared & Somewhat Prepared
Nursing Skills (catheterization, IV, IM, suctioning, etc)	4	13	5	1	74%
Utilization of the nursing process	14	8	1	0	96%
Delegation skills	10	10	3	0	87%
Patient/family physical assessment skills	14	8	1	0	96%
Patient/family psychosocial assessment skills	11	11	1	0	96%
Nursing care prioritization	11	11	1	0	96%
Cultural competence	12	8	3	0	87%
Using evidenced based practice in patient care	10	11	2	0	91%
Critical thinking skills	14	8	1	0	96%
Patient communication skills	14	8	1	0	96%
Legal/ethical issues	7	14	2	0	91%
Clinical decision making skills	10	13	0	0	100%
Patient/family teaching skills	11	8	4	0	83%
Collaboration with other healthcare members	17	7	4	0	86%
Medication knowledge/skills	7	12	4	0	83%
Patient safety issues	14	9	0	0	100%

Comments from graduates on preparedness (including spelling errors): :

- *I think COVID had a huge impact on my learning. There isn't anything that anyone could do about in person clinicals, but I felt extremely unprepared going into my job because of not having almost two whole semesters without clinical. Luckily, my managers and preceptors at work are telling me that I'm doing wonderful, however, there are plenty of times that I feel like I would know more if I had that experience. Also, I don't think the pharmacology class was helpful, because you essentially don't learn much and it is so condensed.*
- *I feel that during COVID I wasn't allowed the time I needed to practice my skills in a clinical setting or in a lab with other nurses.*
- *I think pharmacology should be an in person class, or the class should be cut altogether and medications should be discussed in regular classes. Skills wise we did not get to practice any catheters, IVs, trachs, or any hand on skills except assessments during clinical.*
- *We learn the skill one time with our clinical instructor on a manican. You don't have the chance to get individual training for skills with your instructor only lab workers which do these differently than how your instructor wants it done. You may not be asked to perform a skill for weeks after learning it but are expected to not ask any questions and do it in a timely manner on a real patient. The instructor never show us how to do it on a real person but should at least one time before expecting us to do it perfectly without any help. On top of that some clinical instructors come off anxious and angry and make you feel bad for asking for help. Even when you are practicing in the lab you fell so pressured doing it in front of them that you mess up.*
- *Last two semesters or year of my nursing program was pretty much all online, teaching myself a lot, and I was not able to practice skills as often. The simulation experiences either were not always helpful or just ended up not happening. You would only have one job usually, and it always felt rushed. I learn better when things are demonstrated instead of expected of me to know when we did not cover or learn something asked of us in that moment. It was not always the best learning experience.*
- *Covid really affected pt interaction and skills. We were not able to go and practice skills due to covid. We also did not get to work with real patients the last 2 semesters which hindered pt communication.*

What impact if any, has COVID made on your first position as a RN? (23 of 27 responded).

Comments from graduates (including spelling errors): :

- *It severely hindered my clinical skills prior to getting my first job as a nurse.*
- *COVID has made it hard for me to transition to practice as a new nurse. I feel as though I have more questions than the average person, which is fine. I love that I get to learn everyday. But there are things that I fell like I should know, and I actually don't. I think preceptorship that was cancelled along with clinical time, and not having the skills lab accessible was awful. I think the staff did the best they could, providing the unique situation we are in.*
- *None.*
- *Significant.*
- *It didn't.*
- *Covid did not impact me.*
- *I think the lack of knowledge in the pathophysiologies of COVID and treatment and interventions has made an impact. I know it is so new, but I wish I knew more about it and the interventions.*
- *none.*
- *I missed almost the entire last year of nursing school clinical rotations due to COVID, so I felt quite unprepared suddenly stepping into a hospital as an RN after all that time out of a clinical setting and not getting to practice skills and hands on patient care”.*
- *“I feel unprepared by the lack of clinical experience.*
- *None.*
- *Covid has derailed much of what otherwise would have been normal in the day to day as an RN such as smiling, touching and inviting family in. Also, I would have probably had a bit more clinical experience if I was in nursing school during a non-COVID time.*
- *Easier to get a job. Nurses are needed.*
- *none.*
- *Positive experience in all.*
- *worked on a covid floor.*
- *I missed a semester and a half of hands on experience but I told my preceptor and she helped me practice all of the skills I didn't feel prepared for.*
- *I think a lot of places are short-staffed now because of cut backs with Covid and people leaving.*

- *Not having clinical experience during the last two semesters of the program effects me every day when I go to work. I feel confident in my knowledge but as far as hands on stuff and ineracting with other members of multidisciplinary team often times makes me very anxious.*
- *Harder to obtain a hospital position due to inability to participate in preceptorship during school. Less connections, no ability to make an impact on an employer, no ability to transition from precptor to actual position.*
- *It has taught me a lot.*

Did COVID have an impact on taking the NCLEX exam or getting results. (25 of 27 responded)

- *No. (16 respondents)*
- *Yes!! I had to take NCLEX two weeks after graduating, or I had to wait another 2 and half monts because of blackout dates.*
- *Yes, some delay.*
- *No, the spots booked up fast but I was able to take it at the end of January.*
- *Kinda, was just offered less optons on when to take it and dates were weeks out.*
- *I had to register for my NCLEX in Indianapolis due too limited amount of testing centers and seats available during the month of January.*
- *My results seemed to take longer then others. While, some people told me they had the same issue. I am not sure the cause of this.*
- *Yes. I had to get in to test at a reasonable time before there was a blakout period of dates not available due to COVID-19. Luckily, I was able to testin the middle of January right before that. I got my results fast too.*
- *It was really difficult to find exam dates. I had to take my NCLEX in Milwaukee just so I could take it sooner rather than later so I could start my job.*

Comments made by graduates that was not addressed in the survey are noted below (25 of 27 responded) Spelling errors are directly quoted.

- *None. (six respondents)*
- *NA. (five respondents)*
- *I think JJC has a very well rounded program. I think that most of the staff has the best intentions, and there are a handful who are just trying to intimidate you. I think the rigorous course work helped me develop critical thinking skills.*
- *I regret not have a graduation ceremony.*
- *do better in pharmacology.*
- *COVID was a strange time to be in my last year in nursing school. However, the professors I had did absolutely everything they could to make it a valuable learning experience and always*

made themselves available at all hours of the day. I felt supported in a time of chaos, and I greatly appreciated that.

- *Love JJC nursing program and very proud to be a JJC graduate with honors!*
- *Some of the JJC instructors are fantastic and approachable while others could benefit from softening up :).*
- *I'm satisfied with the survey.*
- *I would suggest better clinical. Overall I didn't feel stress at clinical and I didn't get much experience. I think more should be required and students should get to witness more experiences than physical assessments. I don't think 6 hours a week is enough clinical time.*
- *Been struggling to find an RN position, so many places require experience.*
- *I felt very prepared for NCLEX and also prepared for my first position.*
- *Overall I fell as though JJC was a great foundation that made me feel confident with my knowledge base. I think due to the pandemic not allowing us to participate in "in person" clinical made a severe impact on the confidence we possess as being new grads.*
- *Good school, excellent critical thinking knowledge obtained, obtained good priority setting skills, up to date with EBP, really great knowledge based program. Resources provided thought college. Just wish to have had some better clinical instructors that were more helpful in helping us succeed rather than making us feel like any time we mess up or don't know the answer we will be booted from the program. Some even seem to prefer male students over female students. Also, we need instructors to show us how to do skills on real patients before expecting us to be perfect at it. For example shadow the instructor at least once or twice and then allow the student to do it with their assistance and support and then watch the student do it by themselves. Rather than just hear do this and good luck if you don't do it right your first time you will be sent home. Individual mentors would be great if provided.*
- *I think JJC has an exceptional program and although some initial "bumps" were experienced immediately the nursing educators did everything possible to help us continue our education and make us feel confident to start a nursing career!*