

Registered Nurse

Graduate Survey



Department of Nursing Education

Joliet Junior College

Nursing Graduates of Spring 2023 (6 - 9 month follow-up)

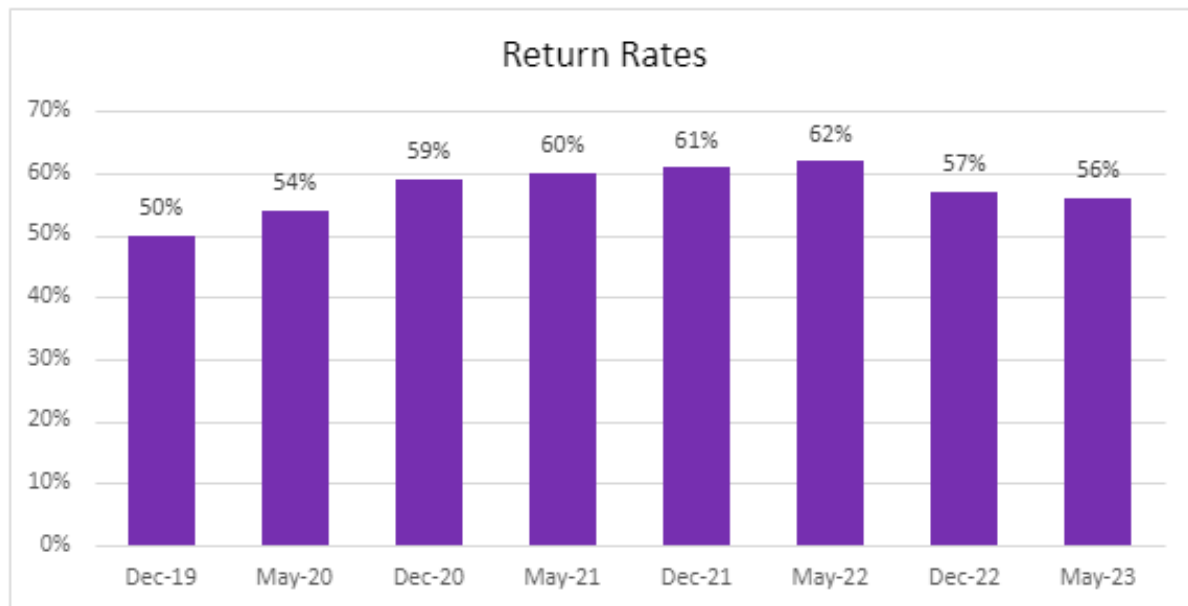


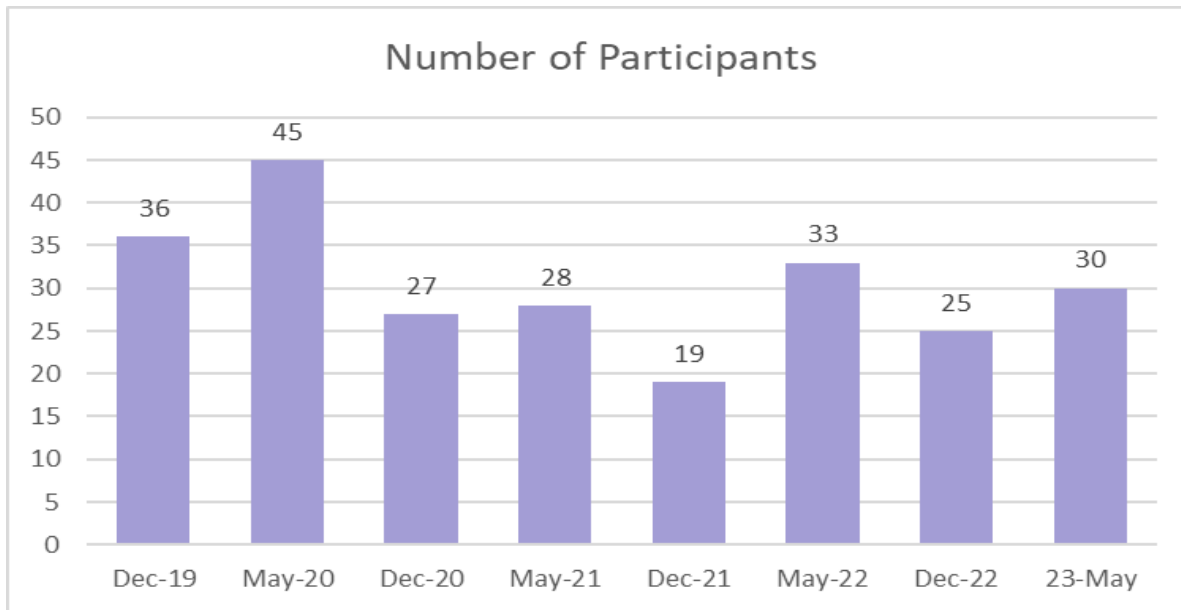
## Introduction

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 November 2023 for the graduating class of Spring 2023. The survey was sent out to fifty four (54) graduates on November 29, 2023 via the student's personal e-mail address, which they provided to us prior to graduation. By December 3, 2023 sixteen (16) graduates replied, so a reminder was sent on December 14, 2023 which resulted in another fourteen (14) responses. The survey was closed December 23, 2023 with thirty (30) graduates participating. The overall response rate for this survey group is 56%.

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

## Historical Data Trends:

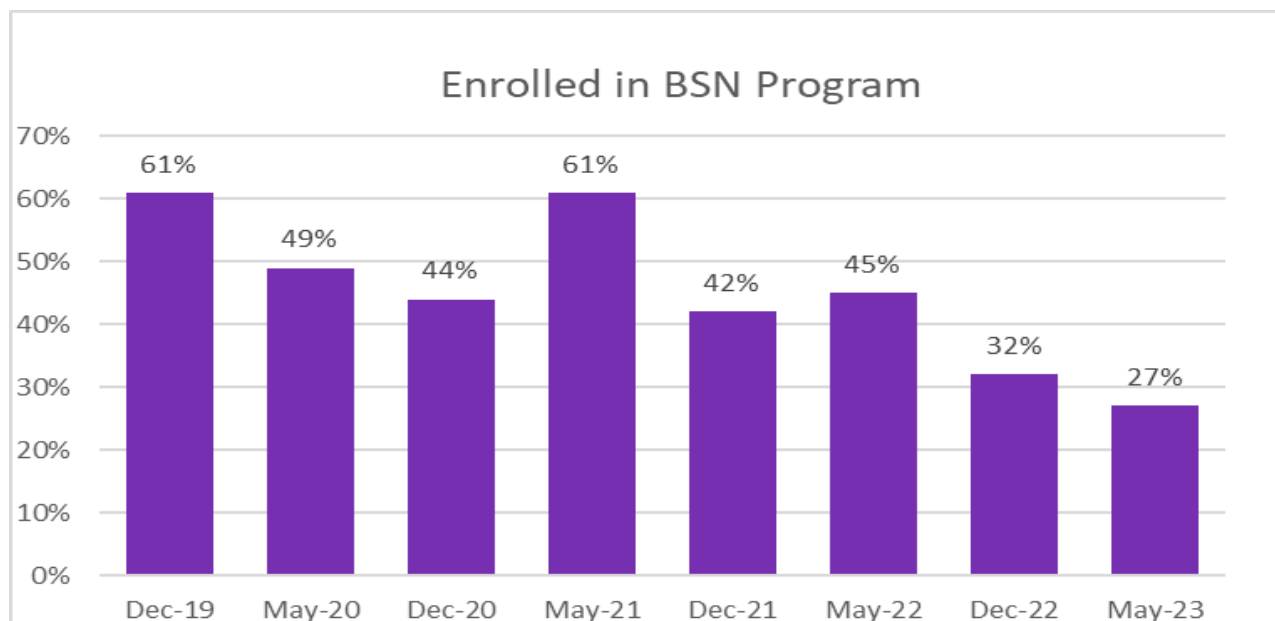




**Education Status:**

**Results** (30 out of 30 responded): 26.7% (n=8) indicated that they are enrolled in a BSN program. 73.3% (n=22) are not enrolled in a BSN program. None of responding graduates are currently enrolled in a RN-MSN program nor have been enrolled in another college or university since leaving this college.

**Historical Data Trends:**



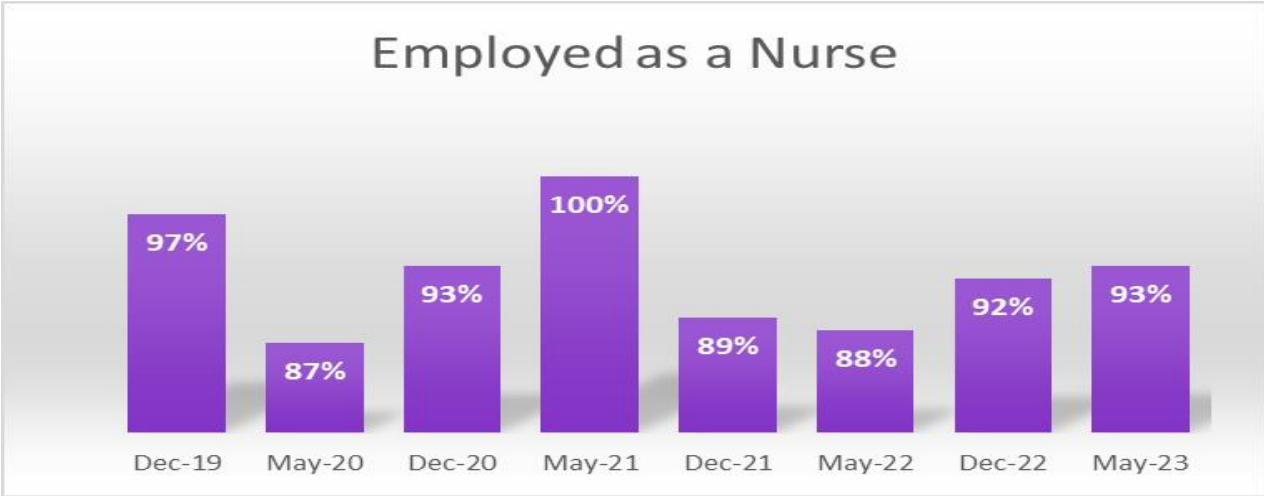
Enrollment in a BSN program or RN-MSN by educational institution (7 out of 8 enrolled responded): 57.1% (n=4) enrolled at Purdue University-Northwest; 14.3% (n=1) enrolled at Southern Illinois University, Edwardsville; 14.3% (n=1) enrolled at University of St. Francis; and 14.3% (n=1) enrolled at Arizona State University. None of the students were enrolled in a MSN program which has been the trend over the last four semesters.

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

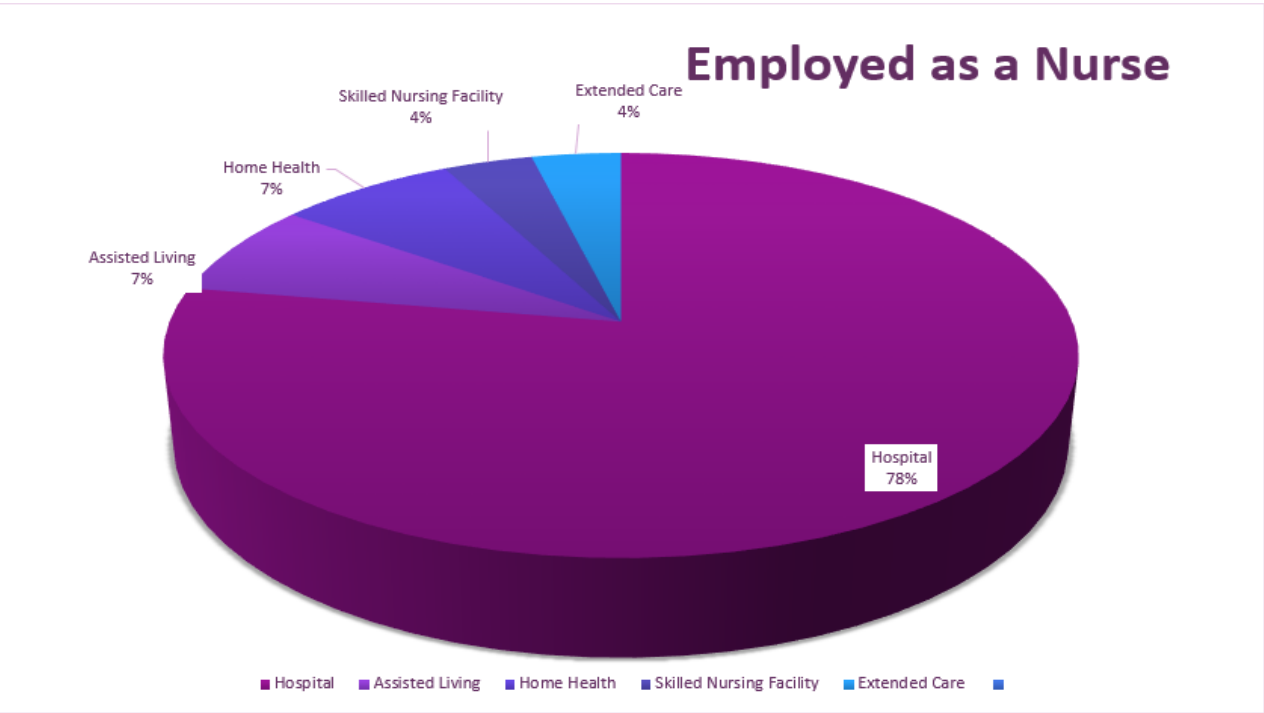
- *Want to gain some experience first and enjoy family time before going back for BSN*
- *Working on my transition to practice and there are multiple personal factors limiting my return to school at this time*
- *Can barely afford rent, car payment, utilities, groceries and child support on what I make at my new RN job. My goal IS to pursue RN-BSN or hopefully RN-MSN so I can teach but I literally cannot afford it right now*
- *Currently doing a transition into practice for employer which includes many classes, modules and certificates-will enroll after the hospital program*
- *Busy with work*
- *Trying to decide whether to do RN-BSN or RN-BS-MSN since I have a bachelor's in another field*
- *Recently started job and want to get a handle on that first then continue my education*
- *Trying to adjust to being a new working nurse, will be enrolling soon*

**Employment status** Response rate was 97% (29 out of 30 responded): 89.7% (n=26) of the graduates were employed as a nurse, 3.4% (n=1) of the graduates were unemployed and 6.9% (n=2) was employed in a non-nursing area.

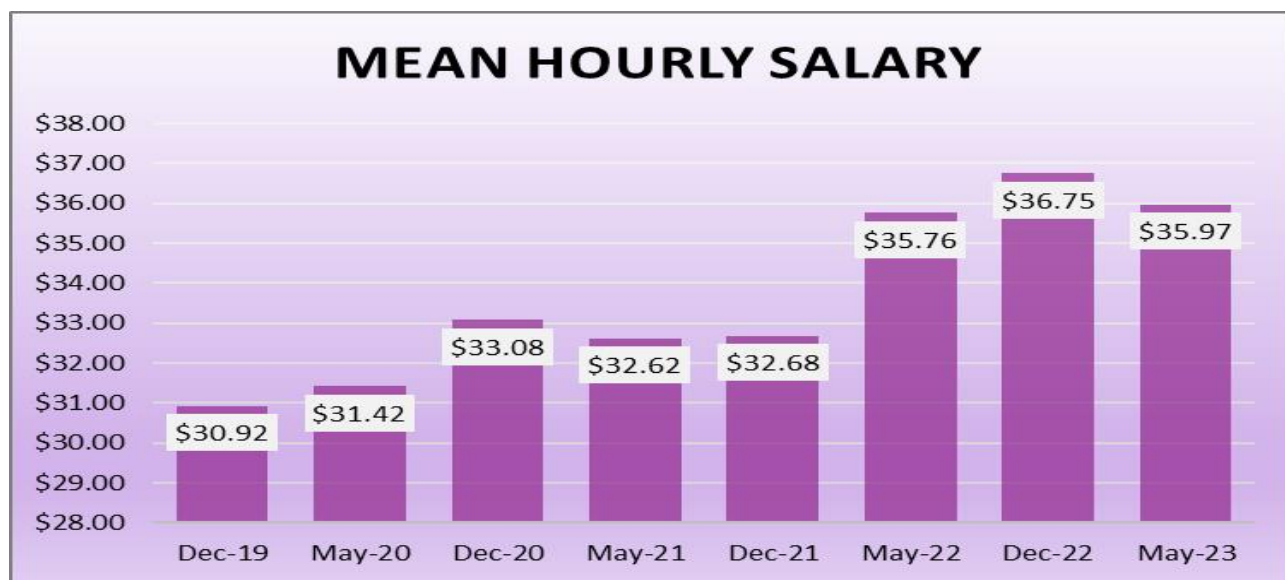
**Historical Data Trends:**



**First position as a nurse:** Twenty nine students responded to this question. Of those, twenty-seven respondents 93% (27 out of 29) graduates are currently working, two stated they have not found adequate work. Of those who were working 77.8% (n=21) obtained their first RN job in the hospital, 7.4% (n=2) in Assisted Living Facility, 7.4% (n=2) in home health, 3.7% (n=1) in Skilled Nursing Facility, 3.7% (n=1) in a extended care facility.

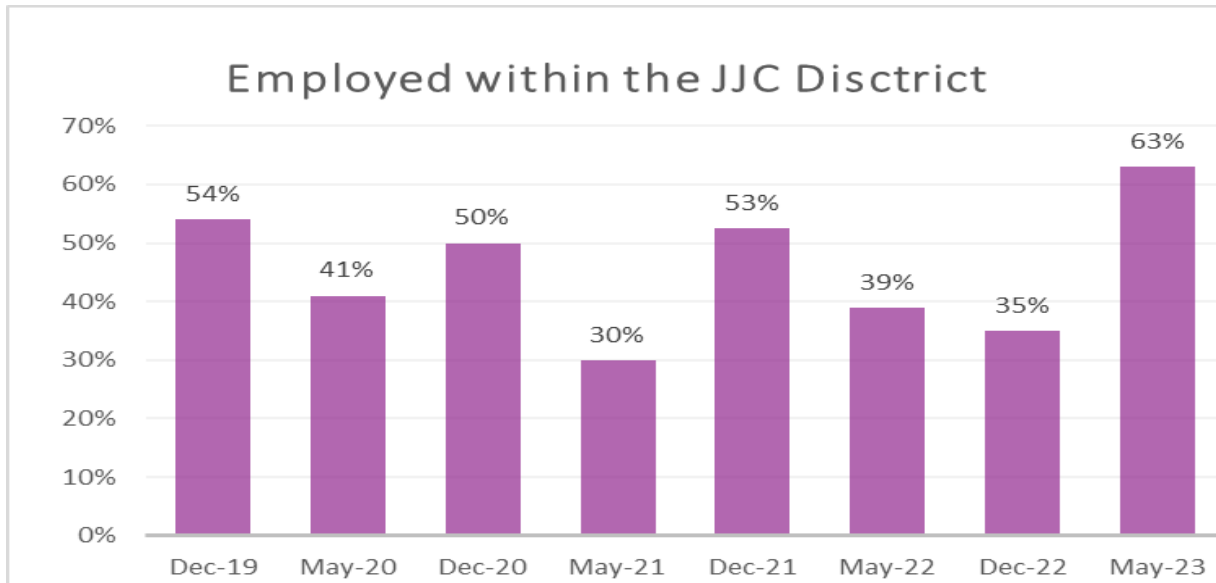


**Hourly salary** (27 of 29 responded) before deductions (does not include overtime). Range of responses: \$29.45 to \$46.00 per hour, with an average of \$35.97 per hour. One student mentioned they were making \$150,000/year. This figure was not averaged into this calculation.



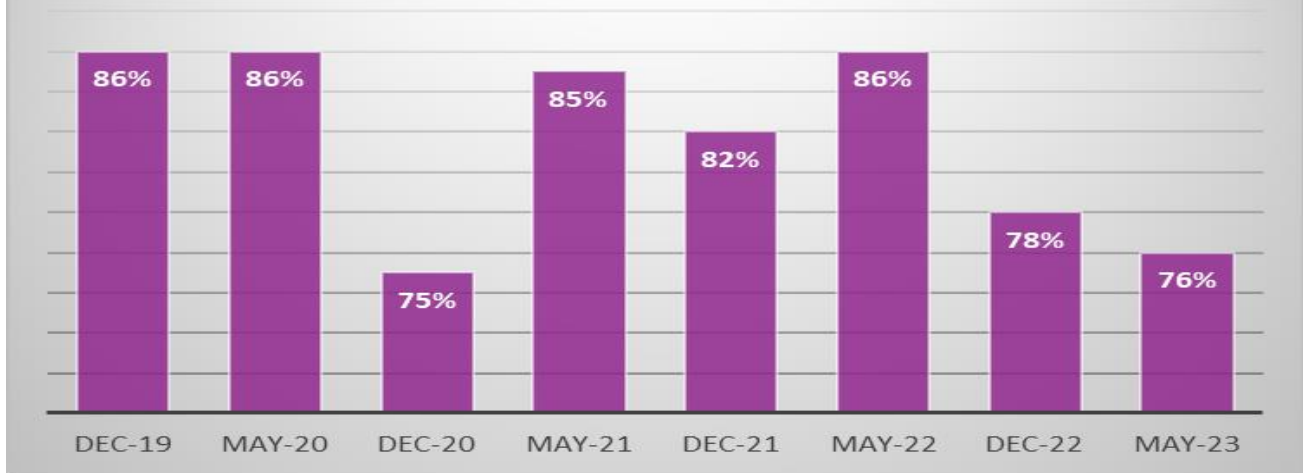
**JJC Community:** Of those working, **(27 of 27) responded:** employment within the JJC community district is 63% (n=17) and 37% (n=10) outside the JJC community district. Previously, we asked the graduates if they worked in or out of district. Since the in-district numbers were decreasing, the nursing 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?** (22 out of 29 responded). The nursing faculty identified in recent graduate surveys 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.

## Preparedness for Documentation



As this graph demonstrates, we have are just below our expected level of achievement ( $\geq$  to 80%) a few times. Graduate Comments including barriers to documentation are listed below. All comments are taken word for word including any spelling errors.

- *Lack of opportunity to do so within the documentation system at clinical. More in terms of navigating*
- *Learning the system and company policies*
- *I feel like there wasn't much proactive with documentation in nursing school. I had to learn from my preceptor at work as well as other nurses on my choice of words*
- *Received some education in documentation but didn't get to actually document a lot until I was actually working as a nurse*
- *I think there's a big learning curve because there are multiple systems used in health care for documentation. I feel as prepared as I could be from my education. I've had to learn to best use the system currently used by my employer.*
- *Somewhat prepared. Learning how to put in orders would be nice.*
- *Charting on epic or Cerner wasn't available during our clinicals due to no access.*
- *charting physical assessments with accuracy, knowing there are more than just 3-4 types of lung sounds, knowing the myriad of skin assessments and charting them properly, knowing how to chart CSM changes 2qh and q4h neuro checks properly; Being brave enough to chart what you see vs copy/paste the prev shift notes (if that's an option). Charting on a 1 month old pediatric patient, a mother/baby couplet and a 65yr old CHF patient are vastly different but equally important. How to document an incident report is HUGE (because there WILL be incident reports). Knowing how to chart patient education.*



- *During clinicals we were not given access to document anything at (my clinical hospital). One instructor did have us practice on JJC assessment sheets, but it would be beneficial to use the hospitals flow sheets.*
- *My charting is done with click boxes and chart by exception*
- *Care plans done in school are a thing in the past. Hospitals do not require to do that majority of the time. Instead time should be spent on properly writing a note not just in the first semester but through all semesters to continue being familiar in writing a note.*
- *I was not completely prepared for the documentation. I actually never did it while in school. However, my previous job required charting so that helped me mostly.*
- *I am in the OR and it is a form of nursing that was touched on but not heavily explored during my time in the program. I still feel comfortable just not fully prepared*
- *I felt like we didn't spend a lot of time on documentation, especially during clinical rotations.*
- *I did not feel that the nursing program taught me how to chart properly*
- *I explored Epic during clinicals and during my preceptorship did documentation on my own.*
- *We did not get a chance to document very much during clinical but also I've never seen this charting system anywhere else*
- *Not enough clinical experience.*
- *Charting is so specific to the organization and the software that most of it was on the job training/experience. Nursing school can't really prep that.*
- **How well prepared were you in your job as a registered nurse related to the following?**  
 Graduates 93% (28 out of 30) 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)	10	14	2	2	86%
Utilization of the nursing process	16	9	2	1	89%
Delegation skills	15	9	2	2	86%
Patient/family physical assessment skills	23	4	0	1	96%
Patient/family psychosocial assessment skills	14	13	0	1	96%

Nursing care prioritization	18	8	1	1	93%
Cultural competence	16	10	1	1	93%
Using evidenced based practice in patient care	16	10	1	1	93%
Critical thinking skills	15	10	2	1	89%
Patient communication skills	19	8	0	1	96%
Legal/ethical issues	12	12	2	2	86%
Clinical decision making skills	14	11	1	2	89%
Patient/family teaching skills	16	10	1	1	93%
Collaboration with other healthcare members	15	10	1	2	89%
Medication knowledge/skills	14	11	2	1	89%
Patient safety issues	21	6	0	1	96%

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

- *Items marked somewhat unprepared are due to limited opportunities*
- *I felt prepared but I feel like nursing school teaches you how to test it's not the same as the real world of working.*
- *now which type of anesthesia is used for which procedures, which IV fluids for which conditions, which meds fit which condition; It's more than just assessments. know the ABX ladder for suggestions if a patient has diarrhea post admit day3 for an ABX timeout. EBP is great for educating a pt but telling a Dr about EBP or another floor RN? Don't try that until you've been on the floor for YEARS, they'll hand you your \*\*\*\* as will your charge RN. EBP is KNOWING its the right call but prepare the students mentally for the fallout of acting on it. Drs and existing RNs are NOT nice to new grads.*
- *I do feel like I was not prepared as far as certain skills go. Specifically IVs. If we were allowed to do more insertions in clinical practice that would have helped. However, I did get good at them on the job, as I work in the ED. Otherwise, I felt ahead of the game as a JJC grad!*
- *Some nursing skills just aren't going to be practiced on a real person very much, if at all. It just ends up being on the job training.*
- *Did not get the opportunity to do many things during clinical.*

## **Does the math that you learned at JJC mirror what you practice in your clinical setting?**

Of the respondents, 26 92.9% agreed, 2 7.1% did not agree

### **The following comments made by graduates that were not addressed in the survey are noted**

**below (25 of 27 responded)** Twenty-seven students continued the survey. Spelling errors are directly quoted.

- *Appreciate all the opportunities made possible and supportive staff while at JJC. Thank you!*
- *NA. (twelve respondents)*
- *More practice with documentation.*
- *we never received our graduation pictures or our free proofs*
- *I think the program at JJC was foundational to preparing me to enter practice. Beginning to practice is a new opportunity for learning. I'm aware that JJC's program cannot cover every single detail involved in nursing practice. I feel like my professors did a wonderful job helping me build my foundational knowledge and started helping me with my critical/clinical thinking. I'm beyond grateful to be an Alumni of JJC nursing.*
- *Great program. Good foundation to start with. Still lots to learn*
- *The only aspect I felt unfamiliar with was charting on computers*
- *Prepare students better for: workplace violence/self protection; safeguarding their own mental wellness- Nursing is toxic right now. Prepare RN to handle all patient care as there may well be no CNA/PCT to delegate to on the floor; doing primary care on ALL their patients is a LOT and can leave you feeling less than when you know you could have done better had you had the staff.*
- *(Some sites) should not be used as a clinical site if they are not going to give professors access to the Pyxis or the charting system, especially for 3rd semester. If there are no other options then there should be more med sims instead of going to (the clinical site) every week. JJC has prepared me well with the knowledge and critical thinking skills for nursing, but clinicals need improvement (besides 4th semester).*
- *Math calculations are done automatically by the system but I always double check them- was told by coworkers it's a really good skill to have-also helps when a rate change needs to be made*
- *Clinicals should truly be looked into to get these students exposed to more. The clinical sites we did exposed us to practically nothing- and when now working in an ICU in SO unfamiliar of*

*how things are there. I get it's hard to find hospitals to work with - but I'm sure there are more out there even if it's a drive.*

- *have 4th semester interacting with the 1st semesters and just have them talk to them with out any faculty present so they can just share any idea or view point that they have so it can be as natural as possible*
- *Offer more resources and include more of mental health resources each semester for your students. A lot of students struggle outside of the nursing program with their own personal stuff, let alone dealing with your rigorous program. Hearing things from other past student's experiences of some professors telling the students to give up or consider different careers because they are struggling to grasp contents within the program has been disgusting/sickening to hear. Luckily, my experience has never come to that happening. Also, I almost had an experience where I had to sit out a semester from the program if I got surgery. Thankfully it was elective, so I guess I would ask is what would you guys do for your students if they had emergency surgery for something or medical diagnosis that required immediate attention? Do I recommend people to JJC for a good nursing education, yes. But I do have to note to others an asterisk on how the standard of the program isn't very warm and inviting. When people ask me where I went to get my nursing degree and I tell them JJC the first thing they say is, "That's a good education" but then they follow up with "but I hear or know of people that say the professors and staff aren't really that kind to their students". Which to me is sad because I purposefully went to JJC and waited about 1.5 years to be accepted into this program for the competitiveness and respect I thought it demanded from the area. Seems that image is fading sadly. Something to consider.*
- *I feel like I had a wonderful foundation at JJC, and although it was difficult I'll cherish the time I spent with the excellent faculty there!*
- *JJC has a wonderful program and when I got hired at my hospital the staff told me thar I went to a good school that prepared me for being a working nurse.*
- *I hope clinical experiences can improve for future students.*