

Registered Nurse
Graduate Survey



Department of Nursing Education
Joliet Junior College

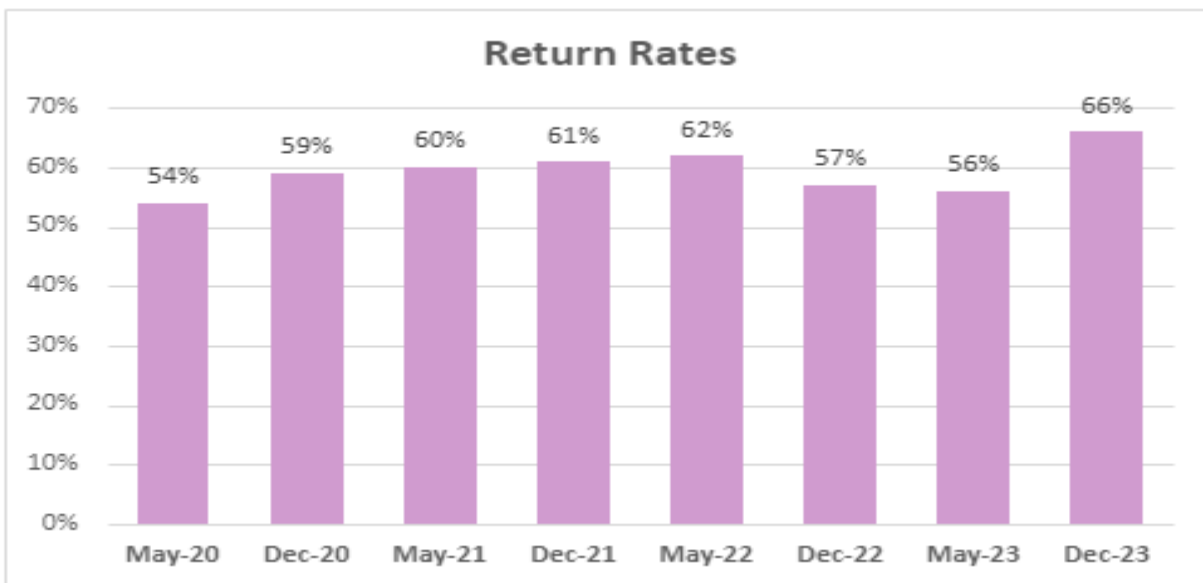
Nursing Graduates of Fall 2023 (6 - 9 month follow-up)

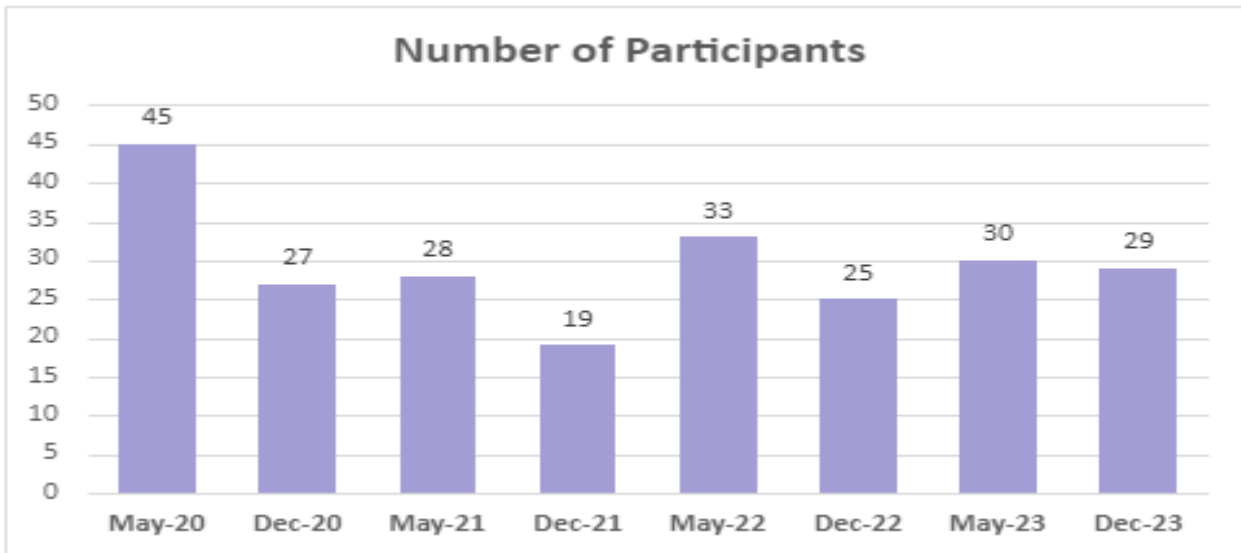


Introduction

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 Mid to Late June 2024 for the graduating class of Fall 2023. The survey was sent out to forty five (45) graduates on June, 17 2024 via the student’s personal e-mail address, which they provided to us prior to graduation. Of those 45 students, one did not have a valid email address, thus the survey went out to 44 students. By July 1, 2024 thirteen (13) graduates replied. A reminder was sent on July 1, 2024 which resulted in another twelve (12) additional responses. A third reminder was sent July 16th with an additional four (4) responses. The survey was closed on July 19, 2024. This resulted in a total of twenty nine (29) graduates participating. Using the 44 valid student email as base, the return rate for this survey group is 66%.

Historical Data Trends:

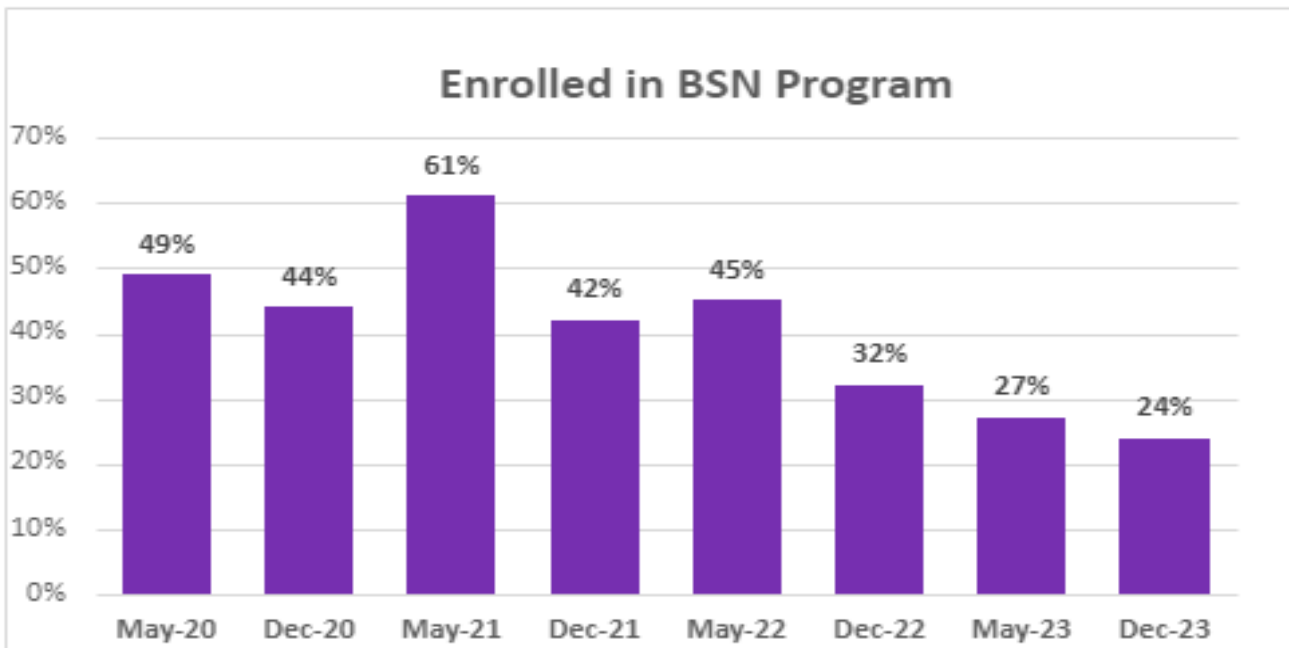




Education Status:

Results 100% of students responded (29 out of 29): 24.1% (n=7) indicated that they are enrolled in a BSN program. 75.9% (n=22) are not enrolled in a BSN program. None of responding graduates are currently enrolled in a RN-MSN program. One was enrolled in a BSN program but is not currently enrolled.

Historical Data Trends:



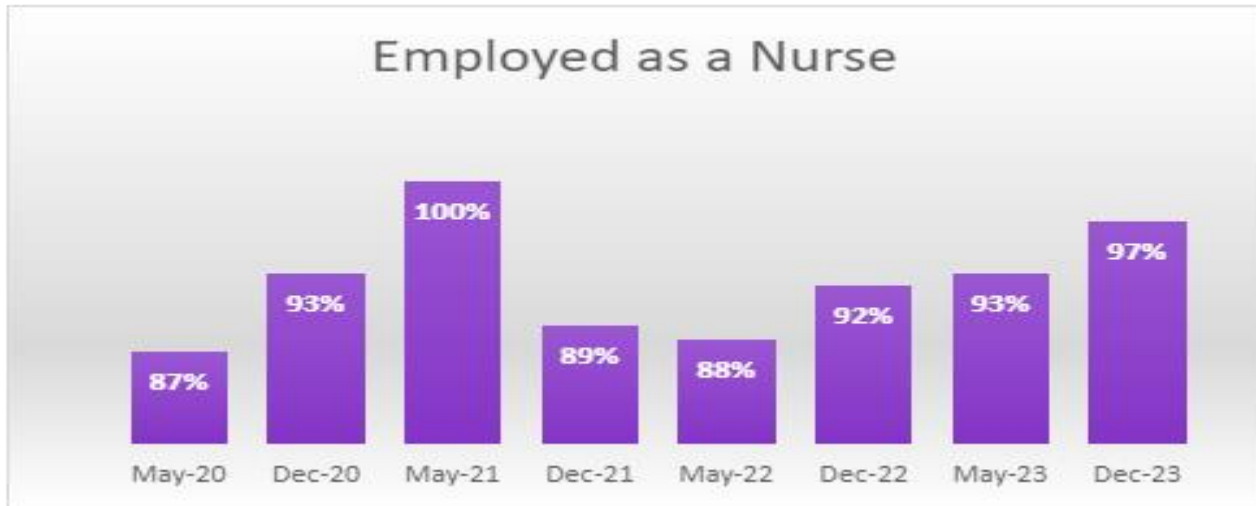
Enrollment in a BSN program or RN-MSN by educational institution 100% of students responded (7 out of 7): 29% (n=2) enrolled at Purdue University-Northwest; 14% (n=1) enrolled at University of Phoenix, 14% (n=1) enrolled at Capella University, 29% (n=2) enrolled at Grand Canyon University and 14% (n=1) enrolled at University of Illinois, Chicago. 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 twenty one (21) graduates responded. Approximately 23.8% (n=5) stated they cannot afford school right now; 47.6% (n=10) said too many family responsibilities; 23.8% (n=5) indicated that it is not required by their employer; 4.8% (n=1) stated they were not motivated to return to school. Other graduate comments/reasons for not continuing their education are included below and were taken directly from this survey:

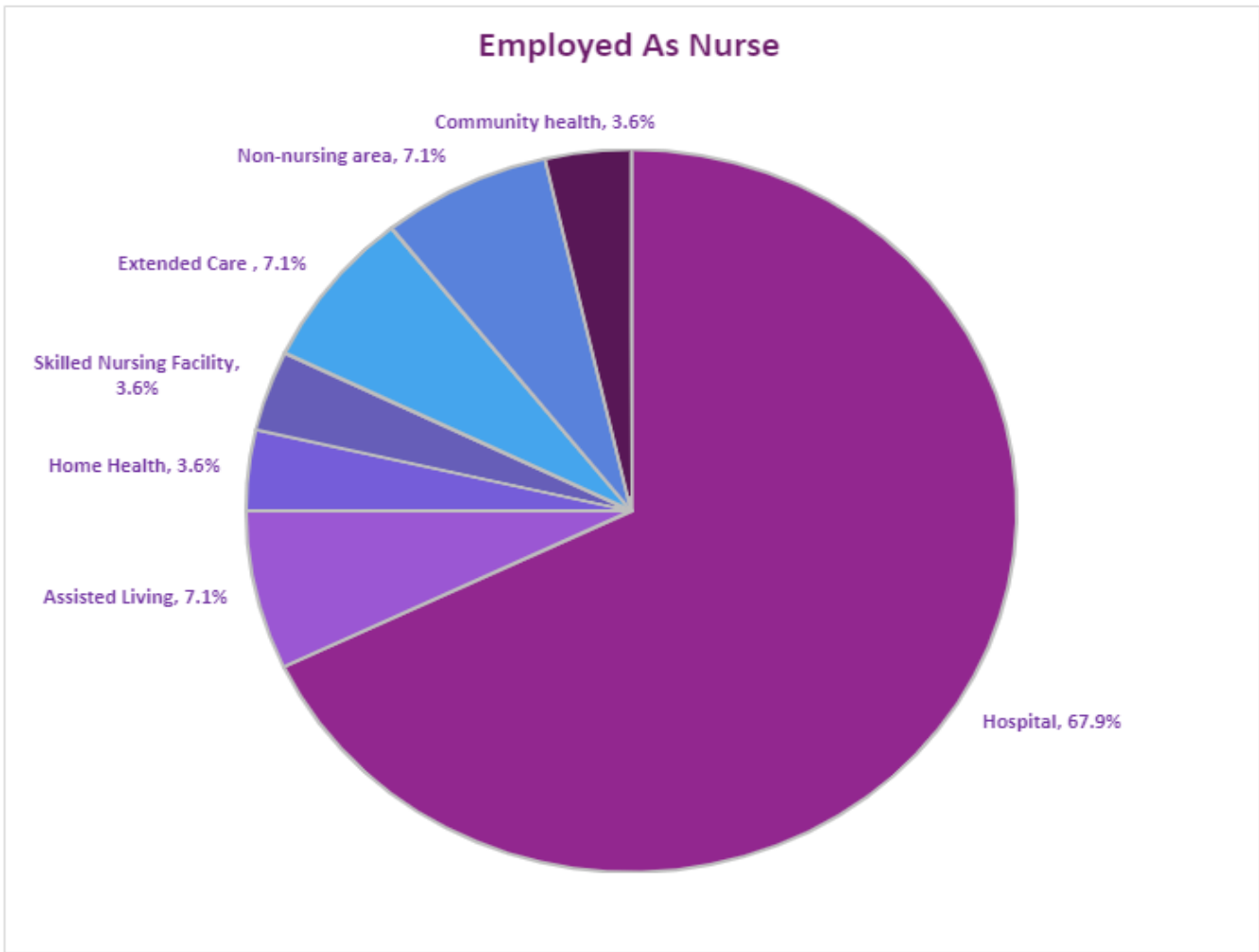
- Want experience and other have other obligations.
- I want to enroll for RN to BSN, but not having enough fund for it yet.
- Still adjusting to the job, may enroll in the fall.
- I plan on starting a BSN program next year.
- Have to get certified for chemotherapy, telemetry, new grad meetings every month for a year. Will apply once all complete.
- I will be enrolling in a MSN program this spring.
- I am on orientation still in ICU and want to become comfortable with my job before adding more responsibilities. I plan to start at Chamberlin in January.
- Plan on enrolling into a BSN program in the Fall just wanted to get acclimated to my new position and take a breather.
- I'm still debating on whether I want to do an RN to BSN or an RN to MSN program. I am also going through some personal changes that necessitated putting future schooling on hold, anyway.
- Planning to enroll within the next year.
- Am planning to enroll. Just have not gotten around to doing it yet. I will within this month. (Selection chosen because "other" isn't an option).
- Would like to take time to adjust to my new career, employer allows 5 years to get my BSN.
- I already have a bachelors degree from another school.
- Taking a break, focusing on work.
- I am currently working nights on a med-surg unit, I'm waiting to go back for my BSN so I can focus on learning at work right now.

Employment status Response rate was 96.6% (28 out of 29 responded): 92.9% (n=26) of the graduates were employed as a nurse, 7.1% (n=2) of the as a nurse in a non-nursing area.

Historical Data Trends:

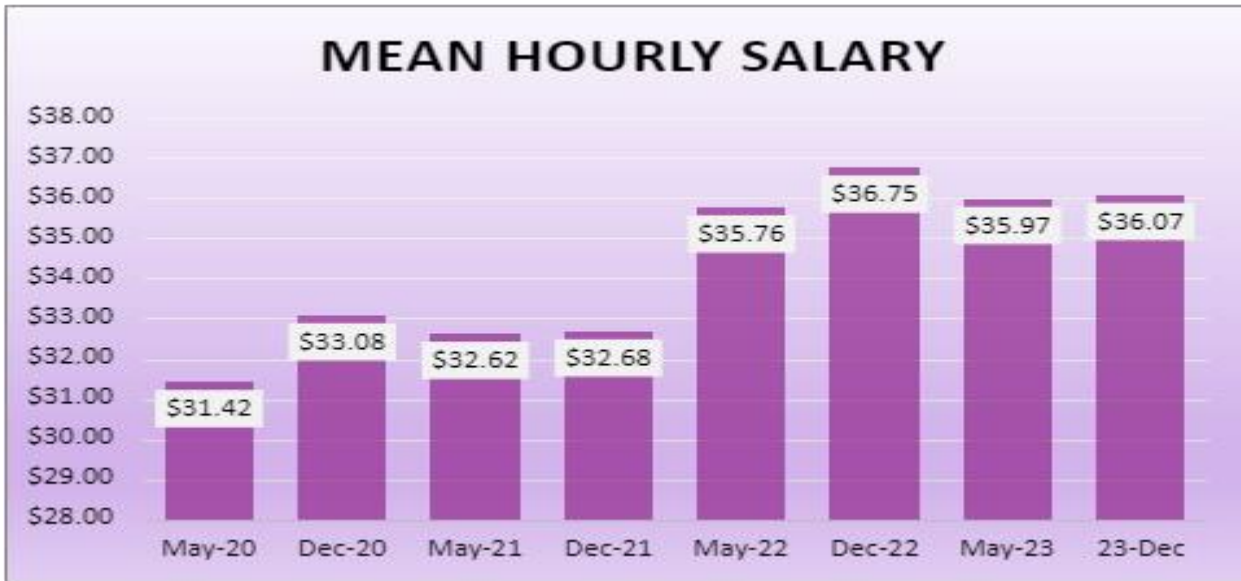


First position as a nurse: Twenty eight students who are working in the nursing field responded to this question. Of those who were working 67.9% (n=19) obtained their first RN job in the hospital, 7.1% (n=2) in Assisted Living Facility, 3.6% (n=1) in home health, 7.1% (n=2) in a extended care facility, 3.6% (n=1) in community health, 3.6% (n=1) was employed in a skilled nursing facility, and 7.1% (n=2) in were employed as a nurse in a non-nursing area.



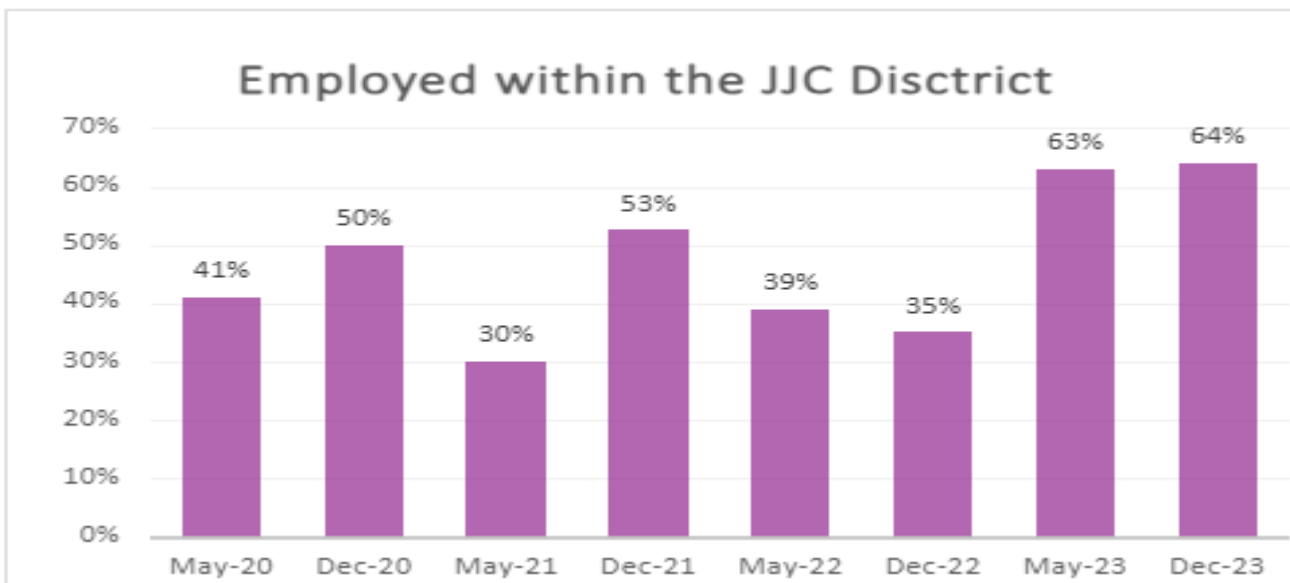
Hourly salary (28 of 28 student working responded) before deductions (does not include overtime). Range of responses: \$25.00 to \$48.50 per hour, with an

average of \$36.07 per hour.

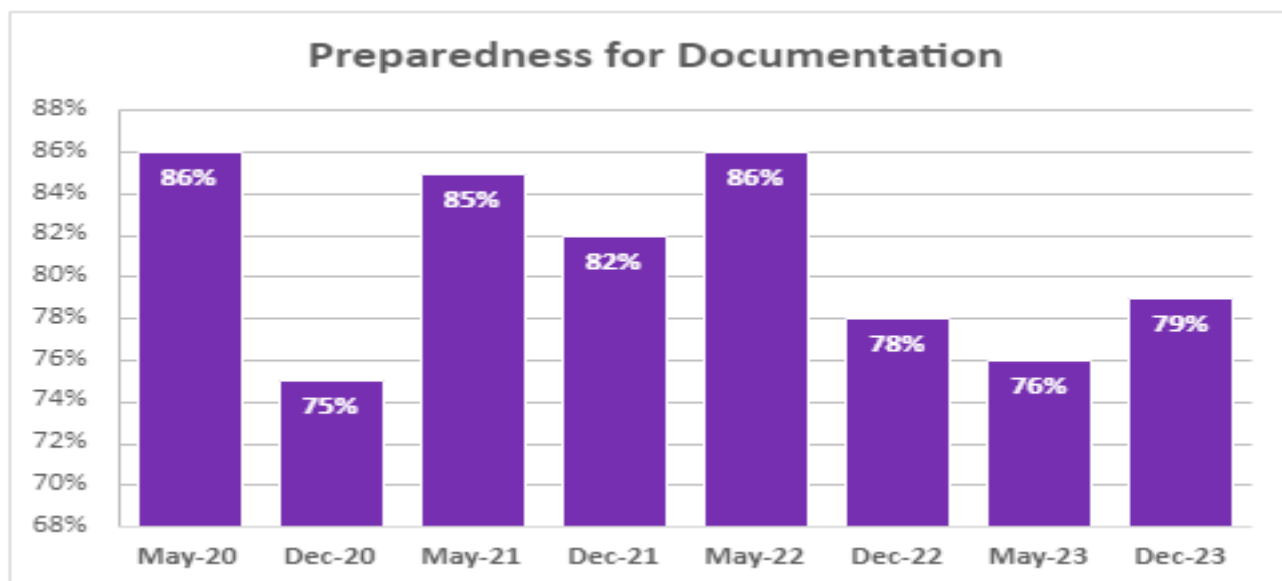


JJC Community: Of those working, **(28 of 28)** responded: employment within the JJC community district is 64% (n=18) and 36% (n=10) outside the JJC community district. Previously, we asked the graduates if they worked in or out of district. Since the in-district numbers were decreasing, the nursing 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? (28 out of 28 employed nurses 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.



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 work including any spelling errors.

- Charting is very different with certain platforms (PCC, EPIC).
- Documentation is extensive so doing it daily is the true lesson however I am familiar with the terms.
- Assessment wise, prepared. Documenting and treatment plan based on dx just varies based off doctor orders.
- We weren't able to do a lot of charting in clinical. We only shadowed our nurse while she charted.
- I feel like we didn't do much check box charting. A lot of it was creating SBARS and nursing notes in school which aren't really used much in my practice when documenting.
- I feel prepared most of the time when documenting however because it is so extensive I feel overwhelmed sometimes with documenting because I don't get enough uninterrupted time to always gather my thoughts which is frustrating at times.

- I knew what things needed to be document roughly (assessments etc.), but I still needed to learn unit specific documentation requirements (mattress patient is on etc.), and how to navigate epic in general.
- Working in a speciality there's a lot of extra stuff to chart and look into especially being in the icu.
- My hospital does charting by exception with Epic, meaning that I only chart what's out of the ordinary.
- I was not prepared for the amount of time it takes to chart everything during a shift. I am getting faster as I become familiar with the EMR, but I did not know I would be spending more time charting than actually seeing patients.
- I didn't expect to chart as much as I do, but I also work in a speciality.

How well prepared were you in your job as a registered nurse related to the following? 83% (24 out of 29) graduates 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.

	Very Prepared	Somewhat Prepared	Somewhat Unprepared	Very Unprepared	Rating of Very Prepared & Somewhat Prepared
Nursing Skills (catheterization, IV, IM, suctioning, etc)	9	13	2	0	92%
Utilization of the nursing process	18	4	2	0	92%
Delegation skills	17	4	3	0	88%
Patient/family physical assessment skills	18	6	0	0	100%
Patient/family psychosocial assessment skills	17	4	3	0	88%
Nursing care prioritization	18	6	0	0	100%
Cultural competence	14	6	3	1	83%
Using evidenced based practice in patient care	12	11	1	0	96%
Critical thinking skills	14	10	0	0	100%
Patient communication skills	17	7	0	0	100%
Legal/ethical issues	15	8	1	0	96%
Clinical decision making skills	15	8	1	0	96%

Patient/family teaching skills	17	6	1	0	96%
Collaboration with other healthcare members	15	7	2	0	92%
Medication knowledge/skills	14	6	4	0	83%
Patient safety issues	20	3	1	0	96%

Comments from graduates on preparedness (including spelling errors):

- The delegation to me feels awkward when I have to keep telling the CNAs to do the dirty work. I feel bad. It could be beneficial to teach students language or words to use to be assertive when delegating.
- Short staffing in hospital. 6-7 patients when short. Very unsafe.
- Nursing notes have become a big part of my day to day and I felt unprepared for those.
- Some guidelines have changed. Was taught pt's were hospice eligible if they had less than 1 year left to live. It's actually 6 months now.
- Clinical judgement requires more experience.

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

Of the 24 respondents, 67% agreed, 33% did not agree.

The following comments made by graduates that were not addressed in the survey are noted below (23 of 29 responded) Spelling errors are directly quoted.

- Deescalation should be covered more.
- *NA. (twelve respondents)*
- Clinicals and/or preceptorships should be more "hands-on" to prepare for jobs outside of school.
- In the hospital, I do not use the math I learned at all. Everything is already calculated. Even mg/kg/hr is all calculated in the order. I've never had to do math. Even splitting tabs in half, the Pyxis has pills already precut in half that match the dose to be given. Focus more on proper priming and hanging of IVs because that is done all day long during shifts. Overall, I felt super prepared when I started at *the hospital*. Extremely prepared. They had me taking patients by my second shift and said all graduates of JJC need the least help than any other school, because we are so well prepared. The nurses would fight for who was going to orientate me because they knew they would have an easy shift because I was so easy to orientate. They told me, usually they are

fighting NOT to orientate because how bad the new hires are. I send nothing but my compliments to the school and my professors at JJC. *Signed by the student.*

- JJC's program is among the best and I'm very proud to have completed this program. Aside from some bumps JJC's nursing program shouldn't change a bit.
- I honestly had a wonderful experience at JJC and felt very prepared to continue on as a nurse.
- More help w documenting. I wish we also learned how to give a better report earlier on in nursing school as well as dealing w numerous patients. I only was assigned 3+ pts in the last semester which was very helpful, but I think starting to take on a heavier patient load w out the busy work of care plans and rewriting every single medication would have been more helpful in nursing life.
- None come to mind.
- More practice with IV insertion! That's the one skill that makes me nervous, and I don't get a ton of opportunities to do it at work. Also, the program should teach about various drains and wound vacs. I have so many patients with JP drains, accordion drains, and wound vacs, so while they're easy to assess, empty, etc., it was a shock to see them for the first time in practice!
- I gained the most valuable experience during preceptorship. I think it should be longer.
- I get so many compliments from being a JJC grad, my manager tells me she can tell the difference between a JJC student and other students. JJC was a hard program but it taught me everything I needed to learn as a new grad and I'm doing great.
- I think what I was the least prepared for was the "bigger picture" in terms of a patient's hospital plan of care/discharge requirements. I also struggle with admission/discharge charting, but that is not something school could have prepared me for.