

Registered Nurse
Graduate Survey



Department of Nursing Education
Joliet Junior College

Nursing Graduates of Spring 2022 (6 - 9 month follow-up)



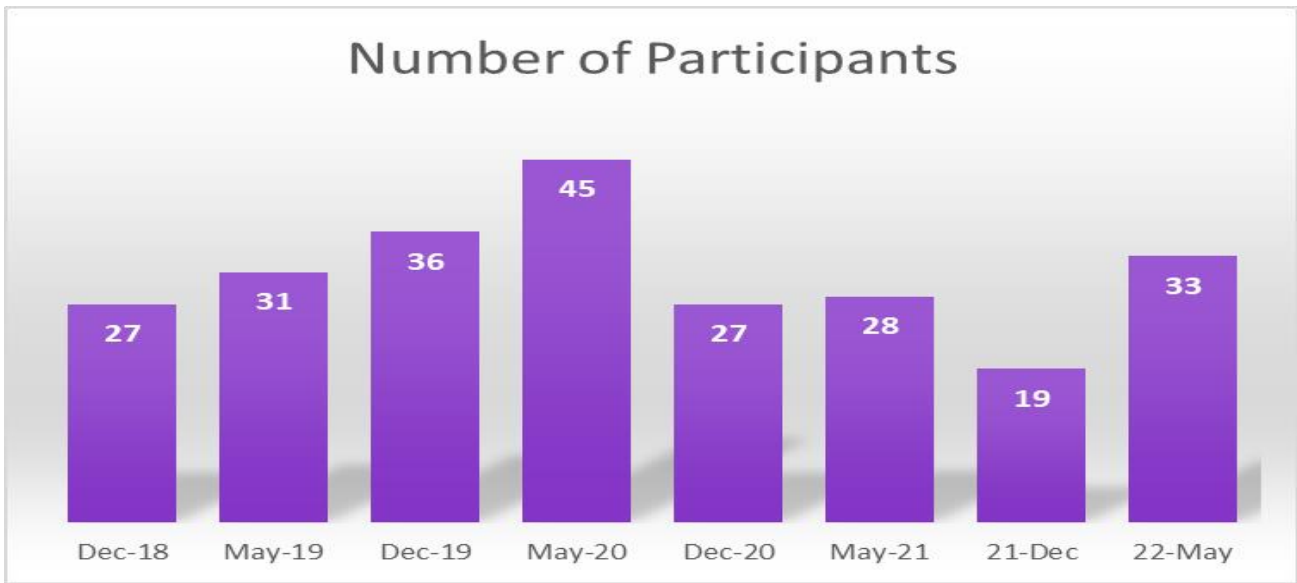
Introduction

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 2022 for the graduating class of Spring 2022. The survey was sent out to fifty three (53) graduates on November 21, 2022 via the student's personal e-mail address, which they provided to us prior to graduation. There were 54 graduates, one did not provide her personal email. By December 1, 2022 fifteen (15) graduates replied. A reminder was sent out on this date. On December 19, 2022 a final reminder was sent to indicate a closing date of December 26, 2022. This resulted in another eighteen (18) responses. The total number of responses was thirty three (33) graduates participating. The overall response rate for this survey group is 62%.

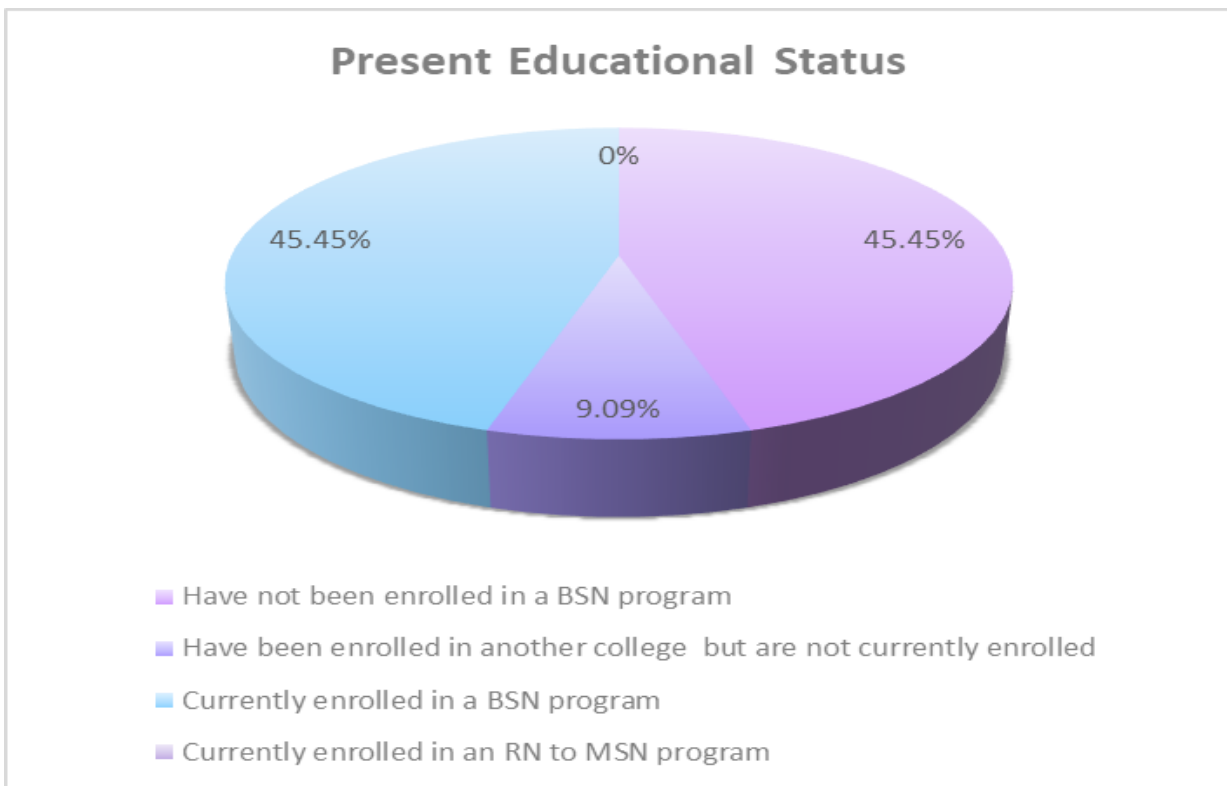
Please Note: graduate responses in italics are reprinted as they appeared on the survey, including spelling and grammatical errors.

Historical Data Trends:





Educational status (33 out of 33 responded): 45.45% (n=15) indicated that they are enrolled in a BSN program, 45.45% (n=15) are not enrolled in a BSN program, none of responding graduates are currently enrolled in a RN-MSN program and 9.09% (n=3) have been enrolled in another college or university since leaving this college, but not currently enrolled.

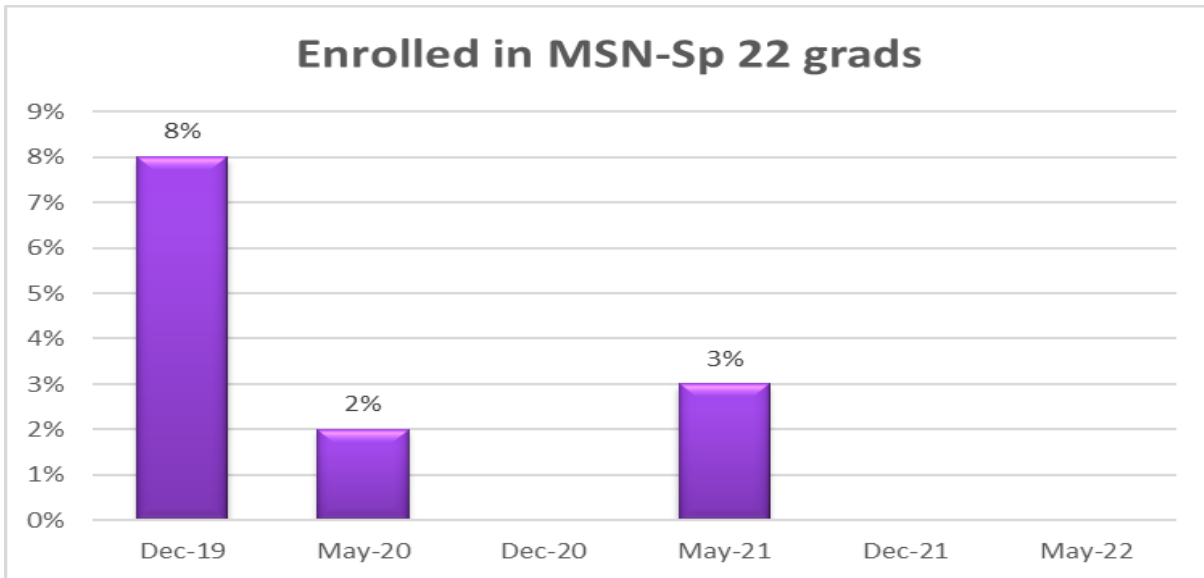
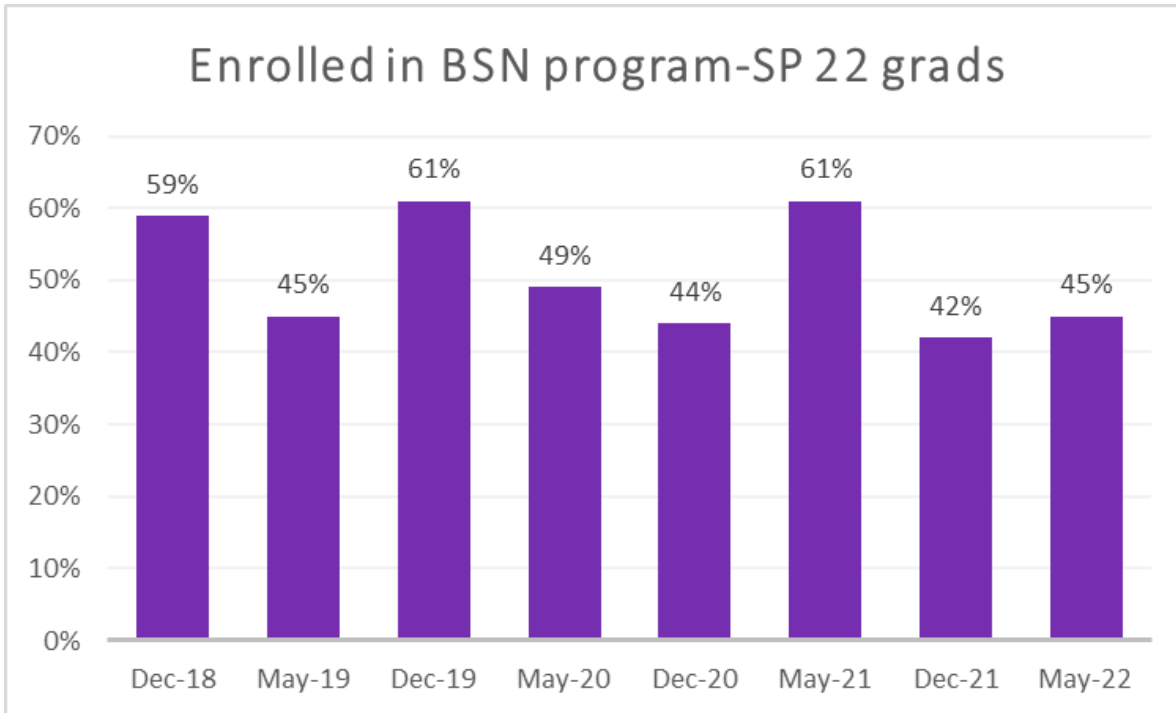


Educational Institution: Enrollment in a BSN program or RN-MSN by educational institution (15 out of 15 enrolled responded): 20% (n=3) enrolled at University of St. Francis; 13.3% (n=2) enrolled at Purdue University-Northwest; 13.3% (n=2) enrolled at Capella University; 13.3% (n=2) enrolled at Governors State University; 13.3% (n=2) enrolled at University of Illinois Chicago; 6.67% (n=1) enrolled at Western Governors University; 6.67% (n=1) enrolled at Chamberlain University; 6.67% (n=1) enrolled at Indiana Wesleyan University; 6.67% (n=1) enrolled at Illinois State University.

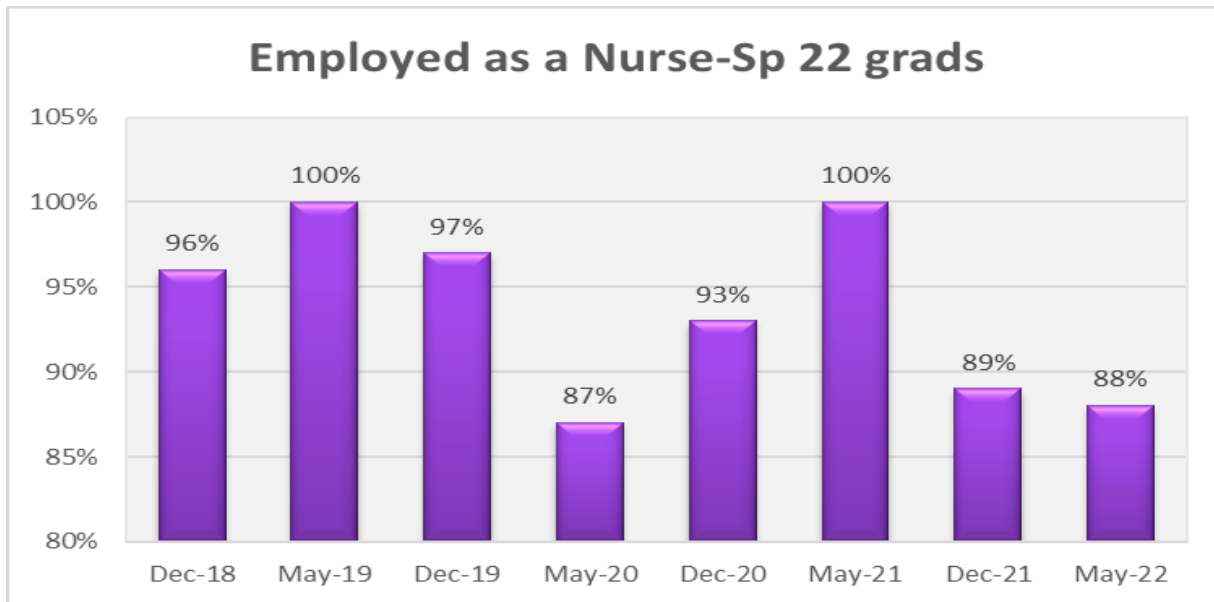
When asked why they were not enrolled in a BSN program, eighteen (18) graduates responded. About 38.9% (n=7) cite too many family responsibilities; 22.2% (n=4) cannot afford school right now 27.8% (n=5) indicate that it is not required by their employer; and 11.2% (n=2) are not motivated to continue their education. Comments below were not edited and are directly taken from the survey:

- *I have completed my BSN and cannot get an MSN or NP Program into life.*
- *I need to work a certain amount of time prior to getting funds from my work to pay for school. Also I am starting a family soon and not sure if my work will still pay for schooling.*
- *Will continue in the summer.*
- *Adjusting to being a new nurse. Will enroll for BSN in fall of 2023.*
- *None of these answers...Already graduated already with BSN.*
- *Will continue but need a little break.*
- *Not required immediately, have 1 year to enroll and start.*
- *Not working right now and will enroll once I start a position.*
- *I wanted to take some time to get the feel for my new full time RN position, I am planning to start my BSN program in the Spring*
- *Wanted to focus on my nursing career for a bit but will be pursuing a bachelors*
- *Plan on attending university for my BSN in January, currently working as an RN acquiring on the job experience.*
- *Been in school for 7 or the last 10 yrs. Paramedic, fire academy, Emt- B, RN*

Historical Data Trends:



Employment status (33 out of 33 responded): 87.9% (n=29) of the graduates were employed as a nurse, 3% (n=1) were unemployed, and 9% (n=3) were employed in a non-nursing area.

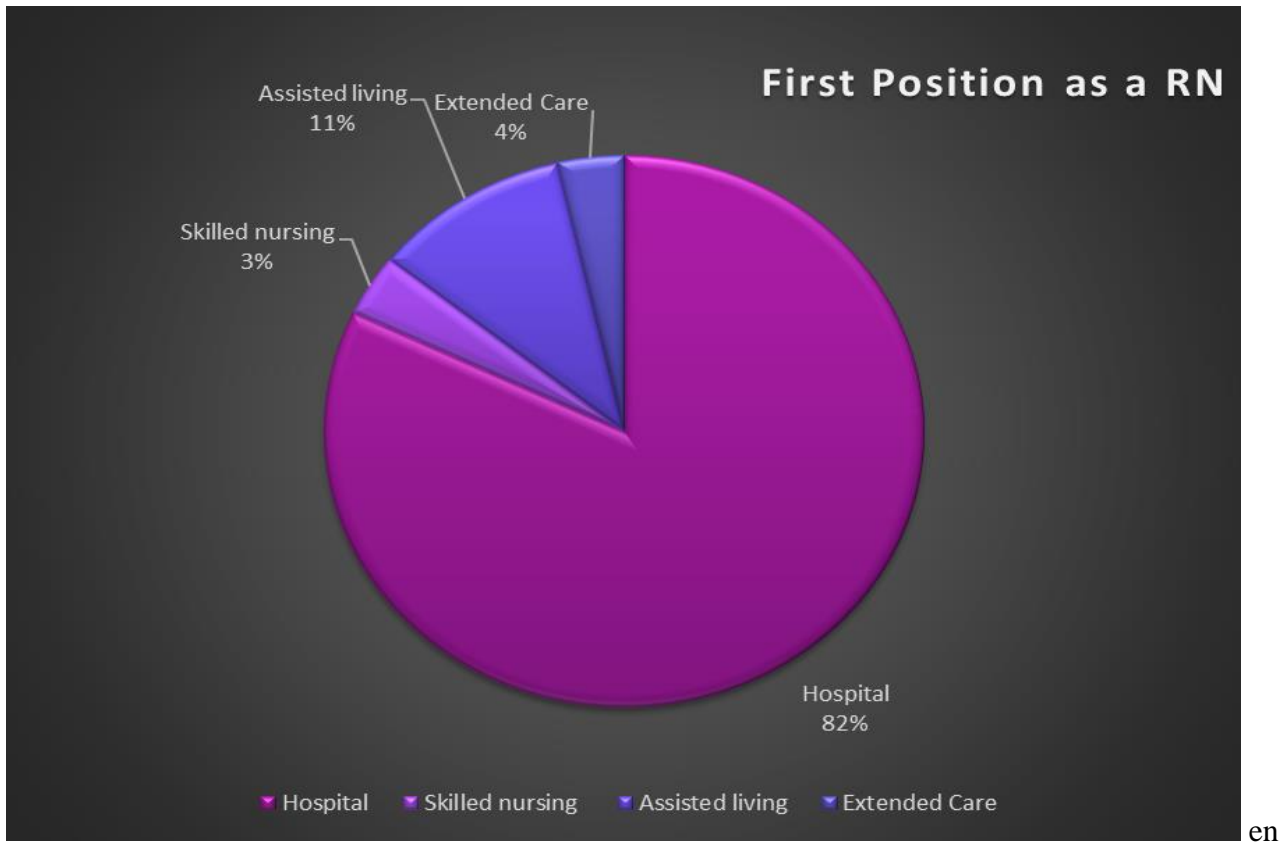


Did COVID have an impact on finding employment as a nurse?

Twenty nine graduates who are employed responded to this questions. 10.3% (n=3) responded “yes” and 89.7% (n=26) said ”no” to this question. Here is the comments including any spelling errors:

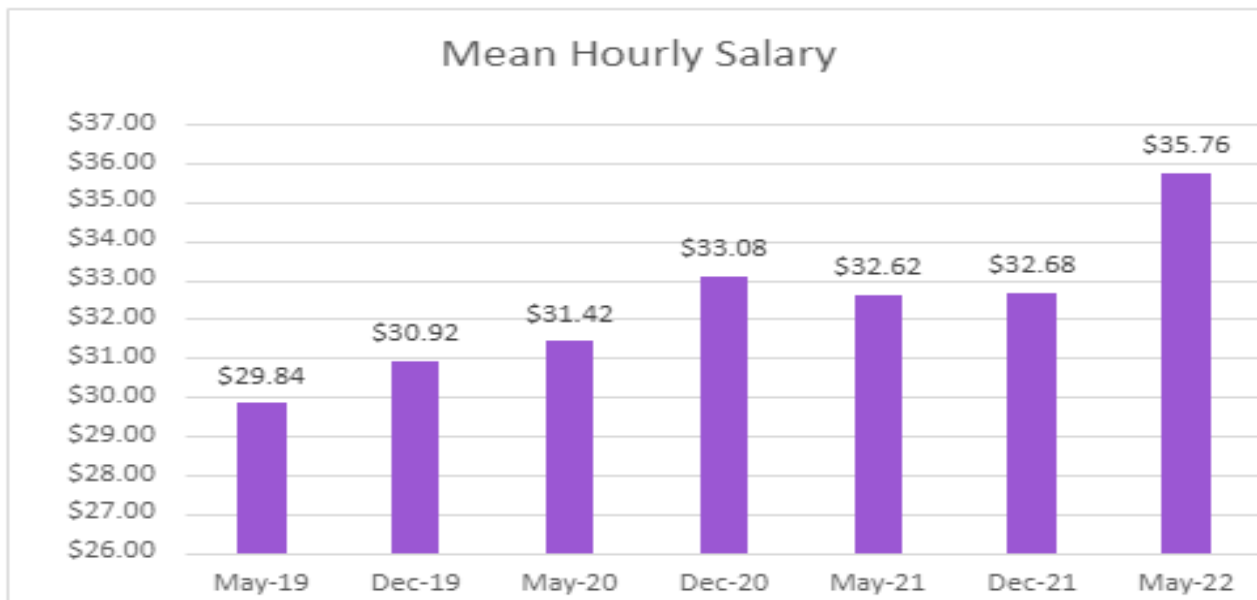
- *Less people wanting to work, and more desirable as a new grad. Burn-out seen at an all time high.*
- *Many employers I interviewed with weren't happy we did not have any sort of preceptorship. I was passed over for 2 RN positions due to lack of clinical experience.*

First position as a nurse: Of the twenty nine students employed as an RN 97% (28 out of 29) of graduates answered this question. Each area is compiled as answered by the student: 82.1% (n=23) obtained their first RN job in the hospital, 3.6% (n=1) in extended living, 10.7% (n=3) obtained their first job in an assisted living facility, and 3.6% (n=1) obtained their first job in a skilled nursing facility.



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Hourly salary: 96.6% (28 of 29) graduates who are employed as a RN responded: Salaries are reported before deductions (does not include overtime). Range of responses: \$29.46 to \$41.50 per hour, with an average of \$35.76 per hour.

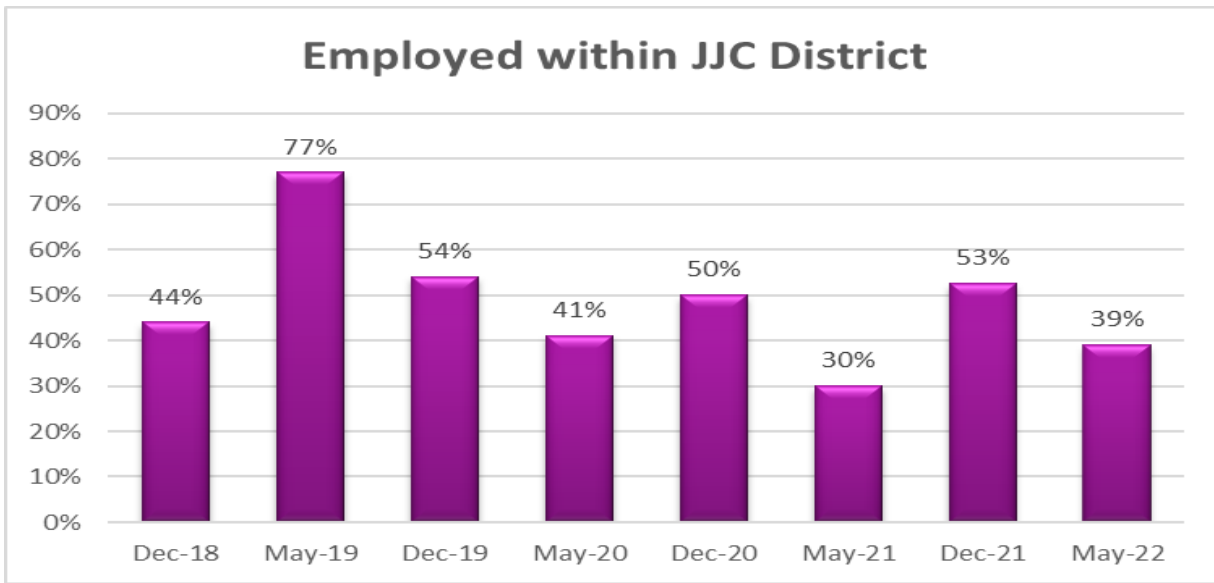


JJC Community: 96.6% (28 of 29) of students employed responded regarding employment within the JJC community district:

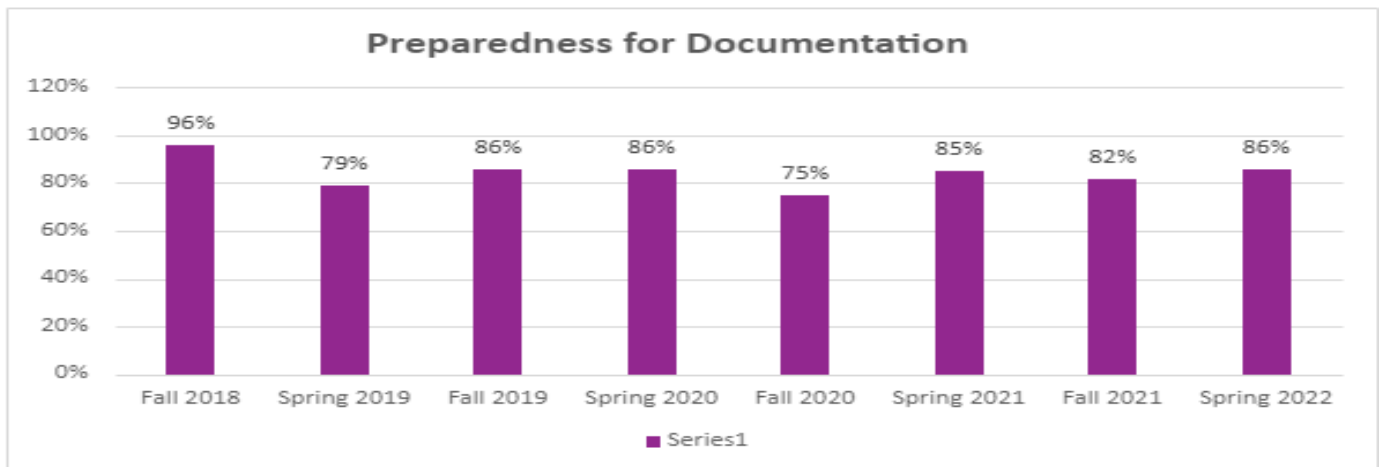
39% (n=11) are employed within JJC district and 61% (n=17) outside the JJC community district.

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. 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. Over the last few years, the number of student working inside and outside the district fluctuates.

Historical Data Trends:



How well prepared were you in your job as a registered nurse related to documentation? 97% (28 out of 29 employed responded). The nursing faculty identified in recent graduate surveys (2 out of the last 8) that documentation had 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.



Comments regarding documentation (including spelling errors):

- *I needed more practice with Nursing notes and how they can serve to protect yourself as a nurse. At JJC our nursing notes were long and detailed, on the field nursing notes are used as communication protocols to explain the time something outside of charting occurred. I felt like JJC did not prepare me enough. Need more practice.*
- *DON told me that we are not allowed to write other staff/care personnel names in incident reports. Also no first person verbiage.*
- *My facility uses PCC and the JJC program focused on other systems. The SBAR for report to doctors was helpful.*
- *Didn't get enough practice charting assessments during school. Should practice on a format similar to epic or other charting system during clinical. Didn't get this experience during Covid*
- *I feel like a documentation isn't as bad as I thought but more medical terms could have been emphasized to learn and tested on*
- *The charting for my career impacts my time management. Also I feel my mental health is being impacted. I was lied to on my patient load. I can get up to 7 patients at night time.*
- *Because of the computer system*
- *JJC Really had no clinicals & no hands on experience.*
- *There's a lot of documentation that I had to learn at my facility, but I understood relatively quickly. I'm especially confident in my DAR notes and adding to them as needed throughout my shift. I know the importance of documenting everything.*
- *Learning all the policies and procedures specific to the organization is very overwhelming. JJC did not prepare me for the severe time management and communication it takes for the JOB. (Homework, sure?). The constant juggling of tasks and responsibilities it takes along with documentation I don't feel you can really teach- it comes with the job and experience*
- *We received almost no relevant documentation training in school. The virtual EMR training was not enough like real world situations to be helpful. And we only had a few clinical opportunities to use live EMR system. The only experience I had was from my job as a CNA in a hospital.*
- *We utilize epic. Epic has many smart sets and I also work in the emergency room so my charting is very limited and specific to focused assessment*

- *I feel like some documentation is taught in nursing school, but every place has a different charting system to learn and get used to.*
- *Documentation is mostly clicking appropriate options versus writing nursing notes or care plans that were stressed during school.*
- *we had very little experience with documentation, I think a brief unit on EPIC would be very beneficial to upcoming classes*
- *Documentation is easy to catch on, but it would've been nice if I was given the opportunity to chart a few times before graduating*
- *THERE WAS ABSOLUTELY NO INSTRUCTION ON HOW TO DOCUMENT! Only in the first ever nursing course, not after that. It needs to be incorporated in every clinical experience. Documentation is SO MUCH OF NURSING!*
- *I needed more practice with Nursing notes and how they can serve to protect yourself as a nurse. At JJC our nursing notes were long and detailed, on the field nursing notes are used as communication protocols to explain the time something outside of charting occurred. I felt like JJC did not prepare me enough.*

How well prepared were you in your job as a registered nurse related to the following?

Of those graduates who are employed as a nurse 93% (27 out of 29) 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 for Spring 2022.

	Very Prepared	Somewhat Prepared	Somewhat Unprepared	Very Unprepared	Rating of Very Prepared & Somewhat Prepared
Nursing Skills (catheterization, IV, IM, suctioning, etc)	8	14	4	1	81%
Utilization of the nursing process	19	8	0	0	100%
Delegation skills	9	16	2	0	93%
Patient/family physical assessment skills	19	6	2	0	93%
Patient/family psychosocial assessment skills	14	12	1	0	96%
Nursing care prioritization	20	5	2	0	93%
Cultural competence	18	8	1	0	96%

Using evidenced based practice in patient care	14	10	3	0	89%
Critical thinking skills	18	7	2	0	93%
Patient communication skills	21	5	1	0	96%
Legal/ethical issues	8	19	0	0	100%
Clinical decision-making skills	15	8	4	0	85%
Patient/family teaching skills	14	12	1	0	96%
Collaboration with other healthcare members	13	10	2	2	85%
Medication knowledge/skills	10	16	0	1	96%
Patient safety issues	16	10	1	0	96%

Comments from graduates on preparedness (including spelling errors):

- *Never seen skills in person only practices on dummies .*
- *I felt that what prepared me most was my experience as a CNA, outside of school. We did not receive enough clinical training opportunities.*
- *With covid, our clinical experience was lacking and we did not get hands-on experience or get to apply what we were learning in class.*
- *Pharmacology should be incorporated more in each class. Especially cardiac drugs. (The instructor) needs to do a lot better with that.*
- *Did not have clinical practice on basic nursing skills d/t covid*

Math is a part of the nursing curriculum. To remain current related to math, the JJC faculty asked the following question: Does the math you learned at JJC mirror what you practice in your current clinical setting? 93% (27 of 29) of those currently employed as an RN responded. 81% stated YES, 19% stated No.

What impact if any, has COVID made on your first position as a RN? Comments from graduates

(including spelling errors):

- *No impact, None or N/A (6 respondents)*
- *My floor is a COVID designated floor, which May impact my decision to remain on this floor long term*
- *Maybe more job openings, otherwise no impact noted.*
- *Staffing shortage puts more stress during orientation, hard to set a strong foundation*
- *Greatly impacted my clinical skills because there was limited hands on experience during school*
- *The constant need to refer to policies while on the floor*
- *I work in the float pool, so I get floated to areas that are very short staffed. I've seen how short staffed some units can be to the point that everyone in the floor is given 6 patients. This has made it hard to sit down and thoroughly get explanations on why we do certain things as nurses since everyone is a rush to give care and document.*
- *Lack of experience in the clinical setting was a minor setback, but compensated well with the additional online learning that was provided by JJC mid-pandemic.*
- *Due to COVID we had very little clinical experience, I think it took a little longer to find a position due to the lack of clinical experience. A couple of employers told me they were passing on hiring me due to the fact that I did not have enough clinical experience when compared to other new grads they were hiring. Several hiring managers I spoke with were shocked by the lack of clinical experience stating that most other new grads they were interviewing had many more clinical hours, covid should not have impacted our entire program the way it did, only the first year. I know that a lot of effort was put into trying to place us in clinical and preceptorship experiences, but it was still disheartening to hear that most new grads were entering the workforce with full preceptorships and clinical experience I did not get.*

- *My unit had many new grad and agency nurses. I also was lacking experience clinically because we were not given ample time with patients, or the hospitals were more focused on training their new staff instead of letting us students do anything. Starting out as an RN, I had minimal experience working with real patients or how a hospital actually functions.*
- *I work at a smaller hospital that was impacted by Covid and we are dealing with staff shortages. My floor especially has been short on pediatric certified nurses due to agency nurses and new hired nurses needing to gain certification.*
- *Easy to get a job. Staffing in dire need*
- *It's hard to say, because I didn't know what nursing was like prior to COVID. It seems that many hospitals have experienced a lot of burnout and associated turnover. However, my experience at Palos has been very positive.*
- *Shortage of staff/ Staffing issues (3 respondents).*
- *It makes things very difficult because the work force unfortunately is changing. Not everyone has strong work ethic after Covid- it's hard as a new grad to be motivated. Staffing is a huge issue which falls on the shoulders of the nurses currently worked. It's extra overwhelming as a new grad.*
- *It took away any clinical experience I could've had .*
- *The process of obtaining my license approved by the state of illinois took about 2 months*

Did COVID have an impact on taking the NCLEX exam or getting results. 91% (30 of 33) responded.

- *No. (25 respondents)*
- *Yes (5).*

Comments made by graduates that have not been addressed in the survey are noted below 91% (30 of 33 responded) Spelling errors are directly quoted.

- *None. (Twelve respondents)*
- *More practice on IV insertion on a real patients during clinical would have been good.*
- *JJC well prepared me for my first position as an Rn replace in person learning and practice.*
- *This program was extremely tough for no reason. It was doable but it took a lot made me a very depressed graduate.*
- *Thank you for doing what you could during the pandemic*
- *Some of the instructors were fantastic. Others expected the students to know/act like they have been doing this for years. It can be very demeaning. As a student, insecurity is inevitable- very FEW instructors were supportive and encouraging on a personal level. The little moments went a long way. Unfortunately, some instructors only acted like they were there for a paycheck- not for creating good nurses.*
- *More in class practice with IV starts. I've found this to be a big thing new grads are struggling with. It would be nice to have more one on one with a professor help learn tricks or tips.*
- *I felt that JJC focused mostly on getting the graduates to apply at hospitals or teaching them how a hospital nurse functions, but did not expose students to diversity of jobs they can do with a RN license. I think students should learn about all the different opportunities they have because hospital/bedside nursing is not for everyone. More hands-on or clinical experience should be part of the program so that students can be more prepared and confident once they are licensed and start their first job.*
- *I truly enjoyed my time in the JJC nursing program and think that the majority of the professors were truly kind and wanted to see us succeed. I honestly just hope that going forward things are starting to return to normal for nursing students, they need the clinical experience!!*
- *I really would've appreciated it if I would have been given a quick overview over all the different settings nurses can work at, and career paths we could take.*
- *Split up the material from second semester with other semesters. Having peds, ATI, lecture, and clinical quizzes/tests in one semester is too much. Especially when 3rd semester only has a third the amount of material to deal with. 3rd and 4th semester are WAY easier with the work load. Should space it out better.*