

Registered Nurse
Graduate Survey



Department of Nursing Education
Joliet Junior College
Nursing Graduates of May 2021
(6 - 9 month follow-up)

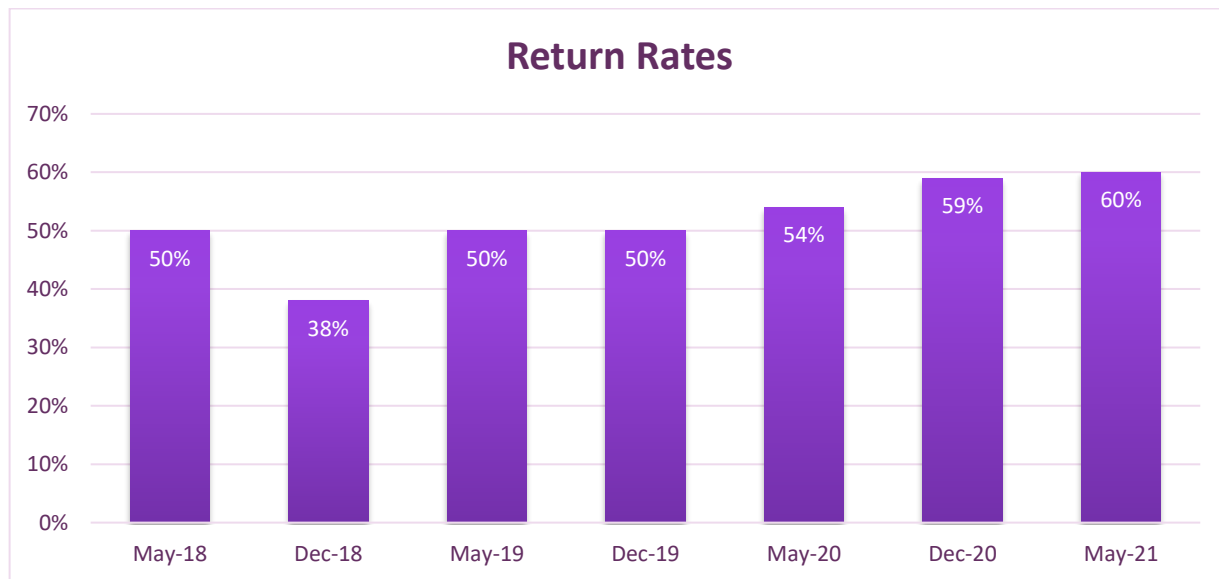


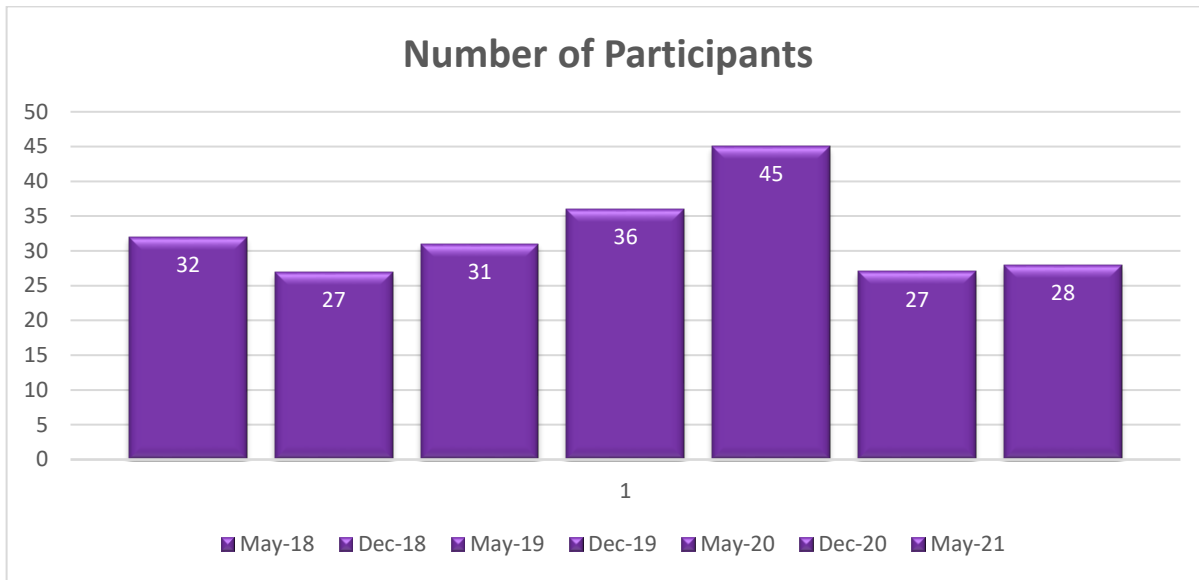
Introduction

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 2021 for the graduating class of May 2021. The survey was sent out to forty seven (47) graduates on November 22, 2021 via the student's personal e-mail address, which they provided to us prior to graduation. On December 2, 2021 fifteen (15) graduates replied. A reminder email was sent to the students personal email with the final reminder email sent on December 16, 2021. On December 26, 2021 the survey was closed with a total of twenty eight (28) graduates participating. The overall response rate for this survey group is 60%.

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

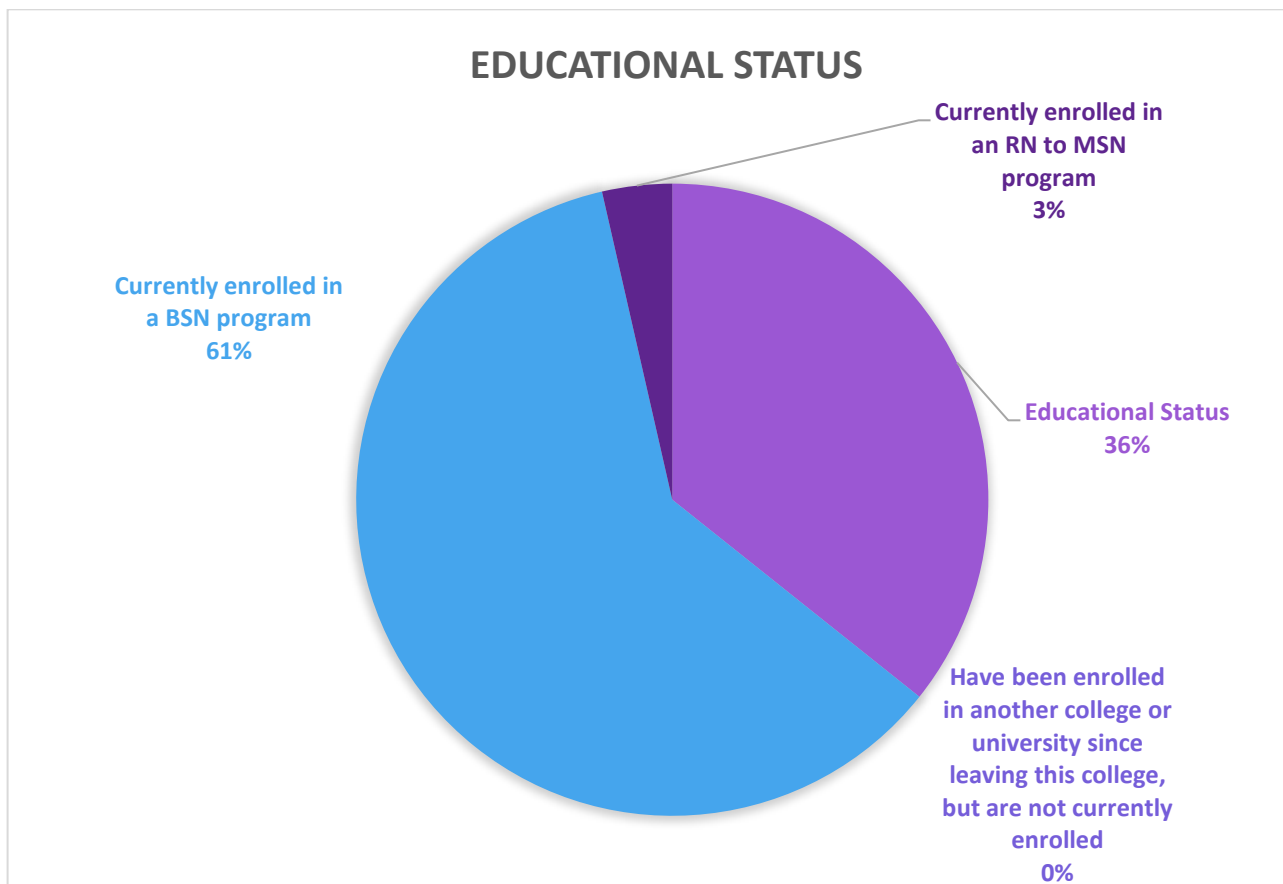
Historical Data Trends:





Results:

Educational status (28 out of 28 responded): Of the responding graduates, 60.7% (n=17) indicated that they are enrolled in a BSN program, 35.7% (n=10) are not enrolled in a BSN program, and 3.5% (n=1) are currently enrolled in a RN-MSN program. None of the graduates indicated that they had been enrolled in another college or university since leaving this college.



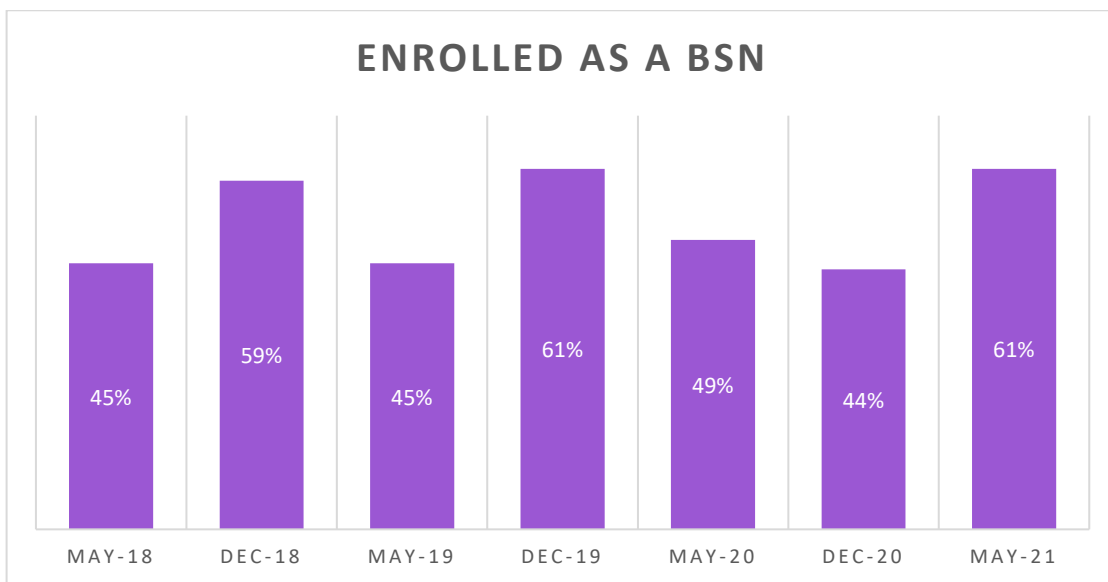
Program of Study: Enrollment in a BSN program or RN-MSN by educational institution (17 out of 18 enrolled responded):

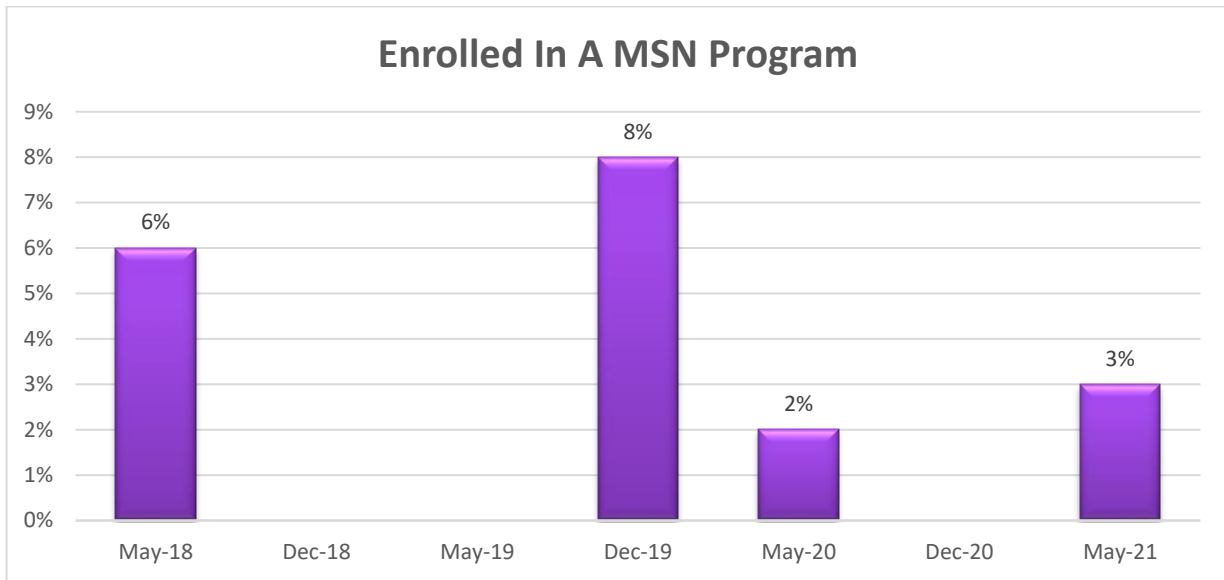
47% (n=8) enrolled at Purdue University-Northwest; 6% (n=1) enrolled at Western Governors University; 6% (n=1) enrolled at University of St. Francis; 6% (n=1) enrolled at University of Phoenix 6% (n=1) enrolled at Governors State University and 29% (n=5) were enrolled in other universities not previously stated.

Ten (10) students answered as to why they were not currently enrolled in a BSN program. Four (4) indicated that they cannot afford school right now; four (4) indicated that this was not required by their employer; two (2) noted that they had too many family responsibilities. Two (2) of the responding graduates provided qualitative comments. Their response is below:

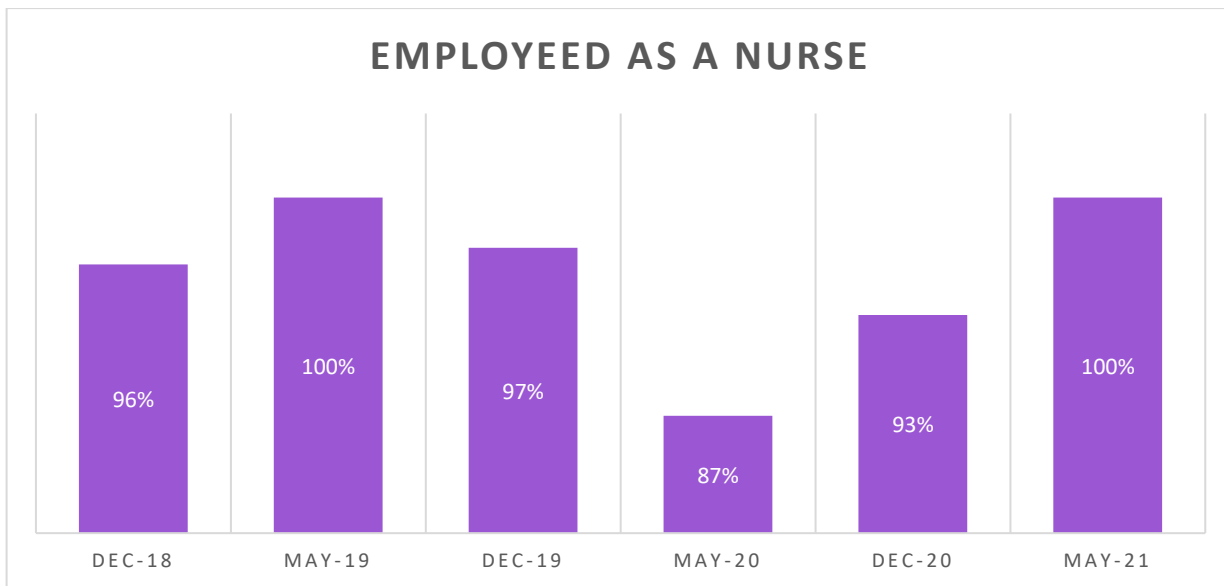
- *“I’m learning the ropes in my new job and will enroll in my BS when I find my footing.”*
- *“Employer provides tuition reimbursement, but only after one year of employment.”*

Historical Data Trends:





Employment Status (27 out of 28 responded): 100% (n=27) were employed as a nurse.



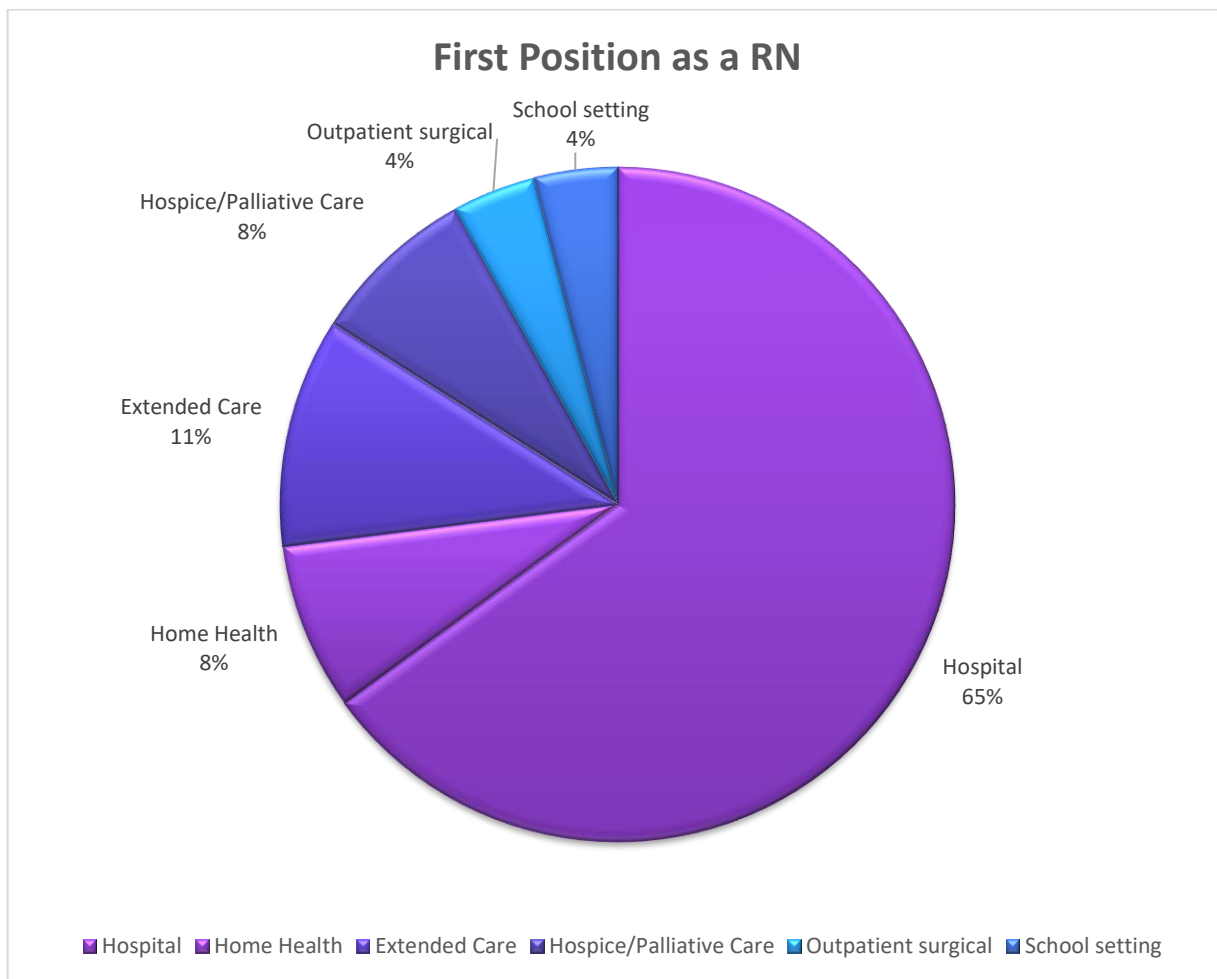
Did COVID have an impact on finding employment as a nurse?

(27 out of 28 responded). 15% (n=4) said yes and 85% (n=23) said “no”. Here are some comments directly quoted from the survey including any spelling errors:

- *“I have a feeling that I received a number of interviews (not from my current employer) because some nurse wouldn’t consent to COVID vaccinations.”*

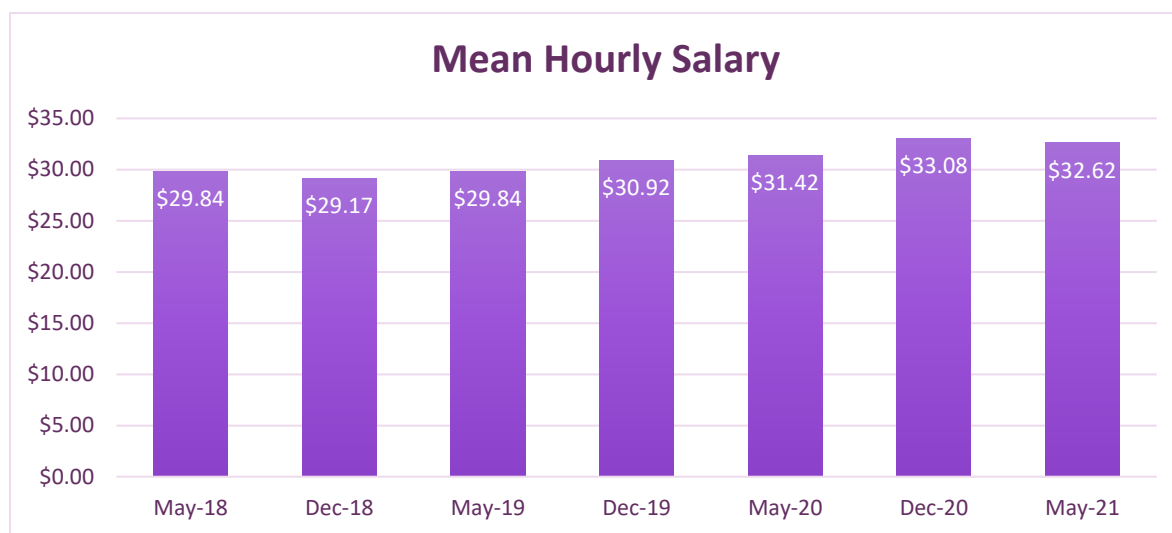
- *“Hospitals I applied to were prioritizing nurses with experience (i.e. not looking for new grads)”*
- *“More opportunities since staffing is so short”*
- *“Multiple job opportunities”*

First position as a nurse: (26 out of 27) who indicated being employed as a nurse responded): 11% (3) indicated they were employed in and extended care facility, 8% (n=2) employed in home health, 4% (1) employed in an outpatient surgical center, 65% (n=17) employed in the hospital, 8% (n=2) employed in hospice/palliative care, and 4% (1) indicated employment in a school setting.



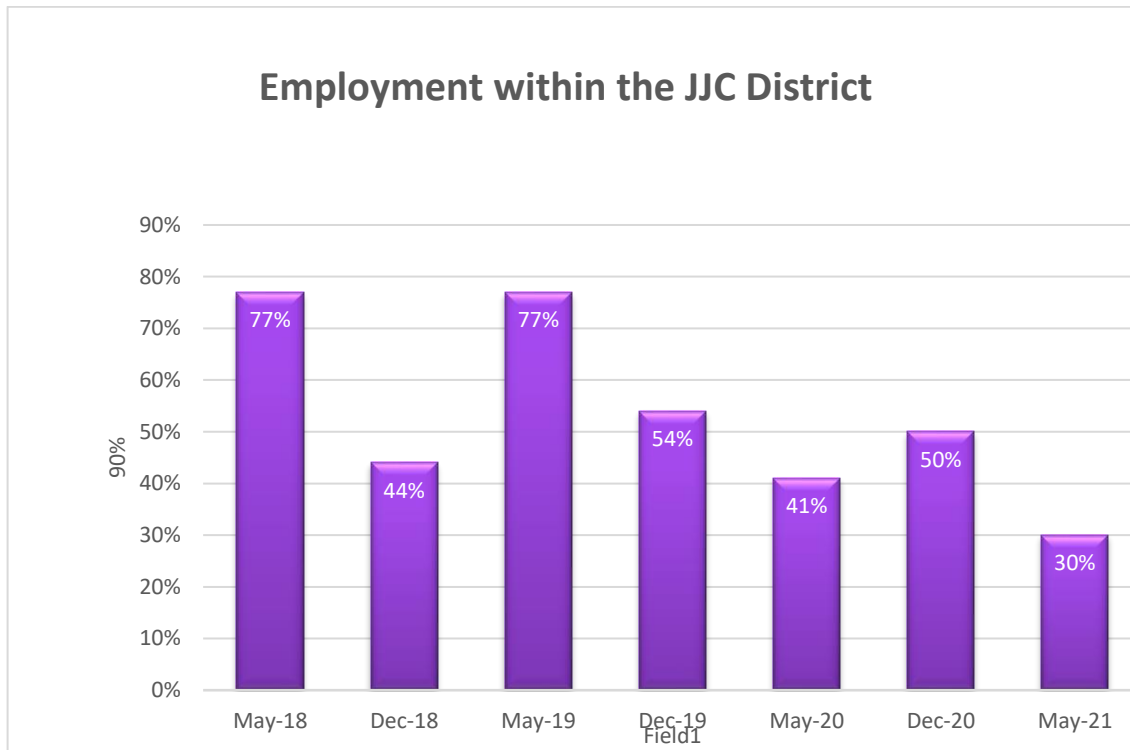
Hourly salary Those graduate who were employed as a nurse (26 out of 27 responded) indicated that before deductions (does not include overtime) their salary ranged from \$27.00 to \$45 per hour, with an average of \$32.62 per hour. One graduate indicated that her salary was \$70,000 annually.

Historical Data Trends:

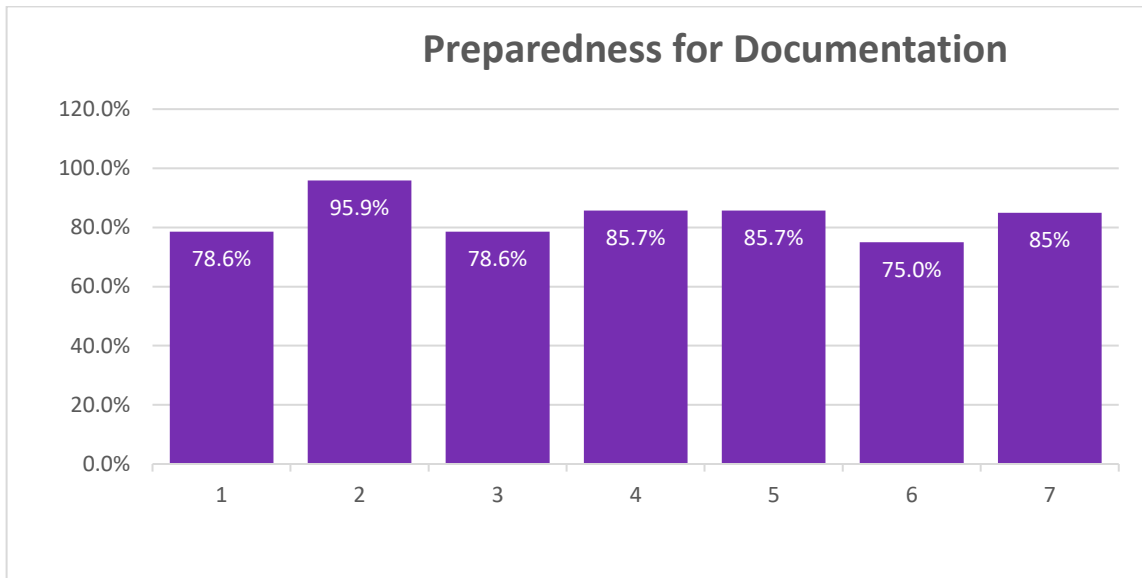


JJC Community Employment: (27 out of 27) responded to the question relatd to employment within the JJC district. 70% (n=19) of responders indicated they were employed outside the JJC district and 30% (n=8) inside the JJC community district boundries. Previously, we asked the graduates if they worked 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.

Historical Data Trends:



How well prepared were you in your job as a registered nurse related to documentation? (26 out of 28 responded). The nursing faculty identified in recent graduate surveys (3 out of the last 8) 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. Spring 2021 graduating class met the ELA of achievement (80%) related to documentation preparedness.



Student comments (directly quoted including spelling errors):

- *“When documenting progress notes, lost on what to chart”*
- *“I do not feel this is related to school. I just have come to realize that in the hospital setting ‘less is more’ when it comes to documentation. Where as in school, more detail was requested in each note. Each charting system is different with different expectations”*
- *“More hands on learning in the classroom and instruction and documtning in the field would have been nice”*
- *“I feel as though I had the basics of documentation preparation. I suppose that is all you can expect until you are out on your own. I just need more experience documenting now that I am working. It’s helpful to see what other seasoned nurses do for documentation also”*
- *“Without hospital rotations due to COVID, we go less documentation experience than most of the new grads started my job with”*
- *“Epic is charting by exception. It’s a different change”*
- *“Charting expectations are different in the ER”*
- *“My proctor commended my documentation, but recommended mor succinct charting d/t our workload”*
- *“I am able to chart in an orderly manner, however, I sometimes struggle with paging doctors. They do not like SBAR and want you to get to the point instead of a long winded narrative”*

- *“The home health company I work for uses it’s own particular system, which is much different than what you might typically find in a hospital”*
- *“I wasn’t actively able to chart when in clinical but the few I did see the charts in did not use Epic so while I knew how to I did not know the set up”*
- *“Most of this is on the job training”*
- *“My hospital required a lot of documentation and I found it daunting to learn how to chart properly and where to chart specific findings and tasks completed”*
- *“When chatting nursing progress notes I’ve been told by my preceptors to not be so detailed but don’t be extremely vague. I had zero idea what that meant”*
- *“Haven’t done much actual patient assessments since COVID didn’t allow us to go into patient settings”*
- *“I workded previously as an LPN”*

How well prepared were you in your job as a registered nurse related to the following? Graduates (26 out of 28) 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)	12	12	2	0	92%
Utilization of the nursing process	19	7	0	0	100%
Delegation skills	17	7	2	0	92%
Patient/family physical assessment skills	20	5	1	0	96%
Patient/family psychosocial assessment skills	17	6	3	0	88%
Nursing care prioritization	16	7	3	0	88%
Cultural competence	20	6	0	0	100%
Using evidenced based practice in patient care	17	8	1	0	96%
Critical thinking skills	17	8	1	0	96%
Patient communication skills	17	7	2	0	92%

Legal/ethical issues	13	10	3	0	88%
Clinical decision making skills	18	10	0	0	100%
Patient/family teaching skills	18	7	1	0	96%
Collaboration with other healthcare members	14	10	2	0	92%
Medication knowledge/skills	16	8	2	0	92%
Patient safety issues	21	3	2	0	92%

Comments from graduates on preparedness: Seven(7) graduates responded. This was directly quoted from the survey including spelling errors.

- *“The healthcare system has vastly changed since the pandemic hit. You can try to educate patients and families about protocols and educate them about topics, but no matter what, they become extremely volatile and it's your fault or they will blame you for what is going on. Doctors are also very rude and disrespectful of nursing staff. I wish I knew going into the profession on how to handle moments where doctors berate you for things out of your hand “*
- *“I do not feel unprepared but I think just being new is hard no matter what it is we do the first few times”*
- *“We need more clinical time, more days of the week. Clinical needs to be a priority.”*
- *“I think we would have benefitted from clinicals, but I know COVID made that impossible. I am behind my fellow new grads at work with speaking with doctors and clinical decision making skills. I am competent, but feel I could have learned more in nursing school.”*
- *“COVID really took a toll on my physical skills and patient/family interaction I missed out on with no clinical. We did our best online but we definitely missed out”*
- *“COVID restrictions during school ment that I didn't get a great share in practice skills practice in the field”*
- *With Covid a lot of companies are exploiting patients and nurses with unsafe situations that we weren't prepared for on how to protect ourselves legally”*

What impact if any, has COVID made on your first position as a RN? (18 of 28 responded). Comments are listed below:

- *I think that COVID made it easier to get a position. Every hospital that I applied to asked for interviews and I was able to have options as to which hospital to take an offer at. I applied to ICU, PCU, and tele units only.”*
- *” I believe that COVID was BENEFICIAL in my finding a nursing position as an RN. The hospital I was originally hired at, decided to pilot a New Graduate residency program with the opportunity to work license pending, essentially adding about 3 months on to my orientation. Because of the COVID pandemic and the time lost in clinical settings, hospitals are realizing more that EDU is complete after graduation, that more hands on training and teaching is necessary, no more than ever due to the acuity of patients being seen.”*
- *“It’s made the workload and stress much higher. Though it’s also opened up more opportunities due to high job demand”*
- *“Nursing shortages are worse than ever before. Supply issues are rampant. Everyone is leaving to work at staffing agencies for more \$\$”*
- *“I no longer want to work as a nurse due to COVID and short-staffing. I have been working over my max patient acuity and with sicker patients due to having fewer nurses, and this has given me exorbitant amount of stress. I also have had to orient new grads as a new nurse myself. I do not find this to be a fulfilling or safe position for myself”*
- *“COVID has not impact on my position as an RN.”*
- *“ I work in a CVICU; I do not see any covid cases but if I get extra money if I pick up a COVID unit. I get COVID bonus even though I do not work on a unit because I’m critical care and answer RRTs and codes.”*
- *““Very nerve wrecking because we are behind on our physical nursing skills that we must learn in the job because we had no opportunity with tons of canceled clinicals. COVID has also made meetings and skills virtual for work and has taken away from more opportunities to become physically better.”*
- *“Our hospice IPU allows more visiting rights than nursing homes and hospitals. If not properly instructed, family members can treat a patient's room like a family get-together. This is great for family dynamics, but detrimental to an aggravated patient who's in pain. Family teaching is a priority.”*
- *“I didn’t have as much clinical experience before working so I had to learn more on the job”*
- *“It's been four months in my position and I'm burnt out. I am the only full time night shift nurse left after Christmas, and the extreme staffing shortage has impacted my mental health and is starting to impact my physical health. My PCP has told me I need to quit because my BP is 170/90 and I'm at risk for stroking out.”*
- *“Always have to wear a mask and contact patients for COVID pre-screening before visiting.”*
- *“no impact”*

- *“Short staffed high patient ratios”*
- *“The biggest impact is the nurse to patient ratio. We were already struggling to provide adequate staffing and then a wave of nurses and CNAs were fired for not taking the vaccine. Now, as a new grad, I am taking anywhere from 6 to 9 patients by myself.”*
- *“I really did not have great differences since I was already working as a LPN. It was the transition that I had to understand that I had to step up to”*
- *“Thrown into a clinical setting and learning quicker because they’re soo short staffed”*
- *“No impact made. I was able to secure a position in the MICU, don’t know if I would have gotten the position if it weren’t for many nurses leaving bedside to travel”*

Did COVID have an impact on taking the NCLEX exam or getting results. (3 of 28 responded).

- *“Had to wear a mask to take the test. Only difference”*
- *“Taking the exam was harder to get a date since they could only let a certain amount in. I also had to drive 1.5h to test since that was the first available date or I would have to wait over a month from when I took it”*
- *There wasn’t as many opennings to take the exam”*

Comments made by graduates that was not addressed in the survey are noted below (11/28 responses)

- *I have recommended JJC to so many and most of them are applying. I believe they have an excellent program. I am proud to have graduated from JJC and I am better nurse today because of them.”*
- *I think JJC prepared me well just actually prioritizing in the moment can be difficult at times. Delegation can be an issue since we do not always have CNAs but when we do I typically don’t have an issue. So possibly during simulation if you can make it so there is more than just one pt and even aids, that would be super helpful I think. I never saw more than 1 when in clinical so switching over was the hardest for me. It’s gotten much easier but I think maybe seeing it in simulation might help students when they start somewhere.”*
- *“I feel there should be one day in an OR rotation”*

- *“Please make clinical time a priority and have nurses that want to teach students”*
- *“When compared to new grads coming from BSN programs, I get more prepared than them and mor knowledge on many subjects.”*
- *“There needs to be more education on burnout and compassion fatigue, especially in the times we are now in. I shouldn’t feel the way I feel now four months in, and I wish we were taught more about it.”*
- *“Love JJC nursing! But we are nurses this is what we signed up for to care for the sick we should not cancel any clinical or teach skills online. It’s a very unfortunate situation”*
- *“Keep up integrating cultural diversity in your provided teaching plans. My client base is quite diverse and teaching new nurse about racial disparities is very necessary.”*
- *“I enjoyed my time at JJC and I will forever remember some of the amazing professors. I do think it would be beneficial to incorporate pharmacology more into each semester.”*
- *“Legal education, nurse exploitation and ways to protect ourselves and our patients would have been helpful resource as a student. You end up getting taken advantage of for not being aware of what companies do to exploit Employees.”*
- *“JJC was an amazing program and I am proud to have graduated from it. The only thing I would suggest to go over with students is what to look for in a nursing contract. Making sure they keep in mind how long a contract with a hospital can be for and where they want to end up as a nurse.”*