

# Casey-Fink Graduate Nurse Experience Survey (revised)

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**I. List the top three skills/procedures you are *uncomfortable performing independently* at this time? (please select from the drop down list) **list is at the end of this document.****

1. \_\_\_\_\_ skill\_1
2. \_\_\_\_\_ skill\_2
3. \_\_\_\_\_ skill\_3
4. \_\_\_\_\_ I am independent in all skills indep\_skill

**For all items above on this page run frequencies. Can also import the last item (II) into excel and sort on responses to get responses with similar starting word alphabetized.**

**II. Please answer each of the following questions by placing a mark inside the circles:**

**Assuming using 1 to 4 for the responses (or 4 to 1) for the following 24 items**

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
1. I feel confident communicating with physicians.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am comfortable knowing what to do for a dying patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I feel comfortable delegating tasks to the Nursing Assistant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I feel at ease asking for help from other RNs on the unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I am having difficulty prioritizing patient care needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I feel my preceptor provides encouragement and feedback about my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I feel staff is available to me during new situations and procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I feel overwhelmed by my patient care responsibilities and workload.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I feel supported by the nurses on my unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I have opportunities to practice skills and procedures more than once.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I feel comfortable communicating with patients and their families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
12. I am able to complete my patient care assignment on time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I feel the expectations of me in this job are realistic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I feel prepared to complete my job responsibilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I feel comfortable making suggestions for changes to the nursing plan of care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I am having difficulty organizing patient care needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I feel I may harm a patient due to my lack of knowledge and experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. There are positive role models for me to observe on my unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. My preceptor is helping me to develop confidence in my practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I am supported by my family/friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I am satisfied with my chosen nursing specialty.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I feel my work is exciting and challenging.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I feel my manager provides encouragement and feedback about my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I am experiencing stress in my personal life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. If you chose agree or strongly agree, to #24, please indicate what is causing your stress. (You may circle more than once choice.)				

**The following items can be scored as yes=1/no=0 (frequencies)**

- a. Finances
- b. Child care
- c. Student loans
- d. Living situation
- e. Personal relationships
- f. Job performance
- g. Other\_\_\_\_\_

**III. How *satisfied* are you with the following aspects of your job:**

The following items (IV) are not used in the residency evaluation – would suggest scoring 1 to 5 and either summing for a total score or reporting frequencies on each item.

	VERY DISSATISFIED	MODERATELY DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	MODERATELY SATISFIED	VERY SATISFIED
Salary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vacation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benefits package	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hours that you work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weekends off per month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your amount of responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities for career advancement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of encouragement and feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunity for choosing shifts worked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**IV. Transition (please circle any or all that apply) For the following 5 items run frequencies on responses**

**1. What difficulties, if any, are you currently experiencing with the transition from the "student" role to the "RN" role? Difficulties**

- role expectations (e.g. autonomy, more responsibility, being a preceptor or in charge)
- lack of confidence (e.g. MD/PT communication skills, delegation, knowledge deficit, critical thinking)
- workload (e.g. organizing, prioritizing, feeling overwhelmed, ratios, patient acuity)
- fears (e.g. patient safety)
- orientation issues (e.g. unit familiarization, learning technology, relationship with multiple preceptors, information overload)

**2. What could be done to help you feel more supported or integrated into the unit? Support**

- improved orientation (e.g. preceptor support and consistency, orientation extension, unit specific skills practice)
- increased support (e.g. manager, RN, and educator feedback and support, mentorship)
- unit socialization (e.g. being introduced to staff and MDs, opportunities for staff socialization)
- improved work environment (e.g. gradual ratio changes, more assistance from unlicensed personnel, involvement in schedule and committee work)

**3. What aspects of your work environment are most satisfying? [Most\\_satis](#)**

- a. peer support (e.g. belonging, team approach, helpful and friendly staff)
- b. patients and families (e.g. making a difference, positive feedback, patient satisfaction, patient interaction)
- c. ongoing learning (e.g. preceptors, unit role models, mentorship)
- d. professional nursing role (e.g. challenge, benefits, fast pace, critical thinking, empowerment)
- e. positive work environment (e.g. good ratios, available resources, great facility, up-to-date technology)

**4. What aspects of your work environment are least satisfying? [Least\\_satis](#)**

- a. nursing work environment (e.g. unrealistic ratios, tough schedule, futility of care)
- b. system (e.g. outdated facilities and equipment, small workspace, charting, paperwork)
- c. interpersonal relationships (e.g. gossip, lack of recognition, lack of teamwork, politics)
- d. orientation (inconsistent preceptors, lack of feedback)

**5. Please share any comments or concerns you have about your residency program:**

**[Comments](#)**

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**V. *Demographics:* Circle the response that represents the most accurate description of your individual professional profile.**

**1. Age:** \_\_\_\_\_ years [Age](#)

**2. Gender:**

- a. Female
- b. Male

**3. Ethnicity:**

- a. Caucasian (white)
- b. Black
- c. Hispanic
- d. Asian
- e. Other
- f. I do not wish to include this information

**4. Area of specialty:**

- a. Adult Medical/Surgical
- b. Adult Critical Care
- c. OB/Post Partum
- d. NICU
- e. Pediatrics
- f. Emergency Department
- g. Oncology
- h. Transplant

- i. Rehabilitation
- j. OR/PACU
- k. Psychiatry
- l. Ambulatory Clinic
- m. Other: \_\_\_\_\_

5. School of Nursing Attended (name, city, state located): \_\_\_\_\_

6. Date of Graduation: \_\_\_\_\_

7. Degree Received: AD: \_\_\_\_\_ Diploma: \_\_\_\_\_ BSN: \_\_\_\_\_ ND: \_\_\_\_\_

8. Other Non-Nursing Degree (if applicable): \_\_\_\_\_

9. Date of Hire (as a Graduate Nurse): \_\_\_\_\_

10. What previous health care work experience have you had:

- a. Volunteer
- b. Nursing Assistant
- c. Medical Assistant
- d. Unit Secretary
- e. EMT
- f. Student Externship
- g. Other (please specify): \_\_\_\_\_

11. Have you functioned as a charge nurse? **Charge\_nurse**

- a. Yes 1
- b. No 0

12. Have you functioned as a preceptor? **Preceptor**

- a. Yes 1
- b. No 0

13. What is your scheduled work pattern? **Work\_pattern**

- a. Straight days 1
- b. Straight evenings 2
- c. Straight nights 3
- d. Rotating days/evenings 4
- e. Rotating days/nights 5
- f. Other (please specify): 6 \_\_\_\_\_

14. How long was your unit orientation? **Orient**

- a. Still ongoing 1
- b. ≤ 8 weeks 2
- c. 9 – 12 weeks 3
- d. 13 – 16 weeks 4
- e. 17 - 23 weeks 5
- f. ≥ 24 weeks 6

**15. How many *primary* preceptors have you had during your orientation?**

**Primary\_preceptors**

\_\_\_\_\_ **number of preceptors**

**16. Today's date:** \_\_\_\_\_

**Drop down list of skills**

Assessment skills

Bladder catheter insertion/irrigation

Blood draw/venipuncture

Blood product administration/transfusion

Central line care (dressing change, blood draws, discontinuing)

Charting/documentation

Chest tube care (placement, pleurovac)

Code/Emergency Response

Death/Dying/End-of-Life Care

Nasogastric tube management

ECG/EKG/Telemetry care

Intravenous (IV) medication administration/pumps/PCAs

Intravenous (IV) starts

Medication administration

MD communication

Patient/family communication and teaching

Prioritization/time management

Tracheostomy care

Vent care/management

Wound care/dressing change/wound vac

Unit specific skills \_\_\_\_\_