

June 2015

Dear Colleague:

Thank you for the inquiry regarding the *Casey-Fink Graduate Nurse Experience Survey*© (revised, 2006) instrument.

The survey was originally developed in the spring of 1999, initially revised in June 2002, and revised a second time in 2006. Since that time, it has been used to survey over 250 nurses in hospital settings in the Denver metropolitan area, and has been further validated by over 10,000 graduate nurse residents participating in the University Health System Consortium/AACN Post Baccalaureate Residency program and elsewhere nationally and internationally. Psychometric analysis has been done using these data and is reported in the summary included with this letter. We have published a report of the research we conducted in the development of this instrument:

Casey K, Fink R, Krugman M, Propst J: The graduate nurse experience. *Journal of Nursing Administration*. 2004; 34(6):303-311.

Fink RM, Krugman ME, Casey K, Goode CM. The Graduate Nurse Experience: Qualitative Residency Program Outcomes. *Journal of Nursing Administration*. 2008;38(7/8):341-348.

We are granting you permission to use this tool to assess the graduate nurse experience in your setting. Please note that this tool is copyrighted and should not be changed in any way. We have enclosed a copy for you to use for reproduction of the instrument.

We hope that our tool will be useful in your efforts to enhance the retention, professional development, and support of graduate nurses in your practice setting. Please email us if you have further questions. We would be interested in being informed as to your results or publications related to the use of our instrument.

Sincerely,

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Casey-Fink Graduate Nurse Experience Survey Reliability and Validity Issues

This tool has been developed over several years and consists of five sections. Items in the first section relate to skills and procedures the graduate nurse is uncomfortable performing independently. Items in section three relate to job satisfaction. Items in sections four and five are either demographic in nature (e.g., "How many primary preceptors have you had during your orientation?") or are open-ended ("List the top skill you are uncomfortable performing independently") so that neither section can be quantitatively summarized.

The second section is composed of 24 questions responded to using a 4-point balanced response format (Strongly Disagree to Strongly Agree) and an additional question where the respondent answers "yes" or "no" to a series of stressors. All but the stress items appear to address the respondents' professional comfort, expectations or supports. The stress item addresses the respondent's personal life and does not appear to be conceptually similar to the other items.

All items were subjected to exploratory factor analysis – Principal Axis Factoring with Varimax[®] rotation. Principal Axis Factoring was selected to decrease the likelihood of overestimating the explained variance and item factor loadings common with Principal Components analysis.

In the analysis a 5-factor solution was found, accounting for 46% of the variation in total scores. The factors were labeled Support, Patient Safety, Stress, Communication/Leadership and Professional Satisfaction. Reliability estimates for the factors ranged from .71 to .90.

Specific constitution of the factors follows. Items on each factor are listed in the order of the magnitude of their corresponding loadings, highest to lowest.

Support ($\alpha = .90$)

- CF19 My preceptor is helping me to develop confidence in my practice
- CF9 I feel supported by the nurses on my unit
- CF6 I feel my preceptor provides encouragement and feedback about my work
- CF7 I feel staff is available to me during new situations and procedures
- CF18 There are positive role models for me to observe on my unit
- CF10 I have opportunities to practice skills and procedures more often than once
- CF4 I feel at ease asking for help from other RNs on the unit
- CF13 I feel the expectations of me in this job are realistic
- CF23 I feel my manager provides encouragement and feedback about my work

Patient Safety ($\alpha = .79$)

- CF16 I am having difficulty organizing patient care needs
- CF5 I am having difficulty prioritizing patient care needs
- CF8 I feel overwhelmed by my patient care responsibilities and workload
- CF12 I am able to complete my patient care assignment on time
- CF17 I feel I may harm a patient due to my lack of knowledge and experience

Stress ($\alpha = .71$)

- CF25A Finances causing stress
- CF24 I am experiencing stress in my personal life
- CF25C Student Loans causing stress
- CF25E Personal relationship(s) causing stress
- CF25D Living situation causing stress
- CF25F Job performance causing stress
- CF25B Child care causing stress

Communication/Leadership ($\alpha = .75$)

- CF1 I feel confident communicating with physicians
- CF3 I feel comfortable delegating tasks to the nursing assistant
- CF15 I feel comfortable making suggestions for changes to the nursing plan of care
- CF14 I feel prepared to complete my job responsibilities
- CF11 I feel comfortable communicating with patients and their families
- CF2 I am comfortable knowing what to do for a dying patient

Professional Satisfaction ($\alpha = .83$)

- CF22 I feel my work is exciting and challenging
- CF21 I am satisfied with my chosen nursing specialty
- CF20 I am supported by family/friends

If the instrument is scored by summing all of the items, including the stress items, the internal consistency estimates is $\alpha = .89$.

Content validity has been established by review of expert nurse directors and educators in both academic and private hospital settings. The content of this tool is derived from a substantial and comprehensive literature review. This instrument was identified as discriminating between nurses with varied amounts of experience during the first year of practice.