Development of a New Graduate Nurse Program Evaluation

Amanda Mitchell

University of Victoria

Project Committee:
Supervisor: Bernie Pauly
Committee Member: Marjorie MacDonald
Abstract

Nursing workplace demographics are changing as increasing numbers of new graduate nurses (NGNs) are being hired across health care organizations (HCO) and experienced nurses are retiring. Although most NGNs are hired on adult acute medical and surgical units, more specialized areas such as cardiac, renal and even emergency departments are hiring on NGNs. At the same time, patient acuity levels are changing as the acuity of patients in the hospital is increasing. These issues, combined with inadequate staffing levels and a resulting heavy workload on the units, lead to high expectations of NGNs to ‘hit the ground running’ and integrate quickly into the role of qualified nurse.

Many research studies have described the difficulties that NGNs face as they transition from being a student to a fully qualified nurse working in their first position. It can be an overwhelming and stressful experience as NGN’s feel increasingly challenged, overwhelmed, and defeated by the multifaceted demands they encounter. Negative outcomes of stress associated with transitioning from student to qualified nurse are burn-out, exhaustion, decreased job satisfaction, increased turnover rates, low self confidence, and leaving the nursing profession (Boychuk Duchscher, 2008; Halfer, & Graf, 2006). Not only is this costly for HCOs but it greatly impacts patient care. In response to these identified challenges, HCOs have implemented NGN support programs to ease this transition and decrease negative outcomes for nurses and patients.

Five years ago Providence Health Care implemented a NGN program, which has developed over the years into a well structured and organized support program. The Director of Education and Research identified that a program evaluation was important and made it one of the objectives for the organization’s strategic plan. The intent of this project is to outline an
evaluation plan identifying useful methods and tools that can be used when evaluating the NGN program PHC. The data collected will inform program and organizational leaders regarding which program goals and objectives are being met and which areas require further improvement.
Acknowledgements

It is a pleasure to thank the many people in my life who have helped make the completion of this project possible. To my many family and friends whom I hold dear at heart, thank you for always being there through the great times and the tough times over the past few years. It has been a journey filled with joy and pain and your support is truly appreciated. I am lucky to have such loving and supportive people around me and I could not have made it through this without you all.

Scott you have been a wonderful husband and companion and your continued encouragement and support has been invaluable, thank you. Mom and Dad you have always been there for me and I am grateful to have such wonderful parents. I wish to thank a dear friend Kelly Zibrik for encouraging me to enrol in the Masters Program, always lending a listening ear, helping problem solve and taking time to help me improve my work. Thank you for believing in me.

From the first day of orientation in the Masters Program my supervisor, Bernie Pauly, has been there to guide, challenge and support me. I am grateful for the wealth of knowledge that she has shared with me through our many conversations. Her passion for nursing and research has been an inspiration. I would also like to thank my committee member Marjorie MacDonald for being part of my team and her supportive guidance throughout this process.

I am indebted to my many colleagues who have also been a huge support. Nala, Candy and Cindy, thank you for assisting me in many different ways. Your have been committed to developing and evaluating the program and the tremendous dedication you show towards supporting new graduate nurses as they venture into the nursing profession is extraordinary.
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Development of a New Graduate Nurse Program Evaluation

Graduating from nursing school and starting a career as a professional nurse is a very exciting time but it can also be an overwhelming and stressful experience for many new nurses. During this time, the two worlds of student nurse and graduate nurse collide. New graduate nurses (NGNs) must bring these two worlds together as they transition from the role of student nurse to graduate registered nurse. This transition can be fraught with performance anxiety, sleepless nights, and questioning choice of career. Numerous studies have outlined the challenges that NGNs face and their experiences during this time (Boychuck Duchscher, 2001; Delaney, 2003; Ellerton & Gregor, 2003; Fink, Casey Krugman & Goode, 2008; Gerrish, 2000; Halfer & Graf, 2006). When NGNs are left to fend for themselves in the current hectic work environment on many units, the result is NGNs not feeling supported or satisfied with their role. Further to this, stressful transitions can lead NGNs to leave the unit of hire, health care organization (HCO), or even the profession altogether. Programs that support NGNs in their transition have been developing over the years as HCOs are realizing the benefit of providing more resources that aid the integration of NGNs into the workplace.

Providence Health Care (PHC) is an organization in Vancouver British Columbia that has implemented a NGN support program that has been running for approximately 5 years. The program has developed over the years into a well structured and successful program. Organizational leaders have identified the need for an evaluation of the NGN program. The purpose of this project is to outline a plan for the proposed evaluation of the NGN program at PHC. The project will include an overview of the problems and issues the NGN population faces, a review of the literature, a synopsis of current NGN programs, an overview of the
program at PHC, and an outline of the plan for the NGN program evaluation with the associated tools that will be used.

**Statement of Problem**

Since the early 1970’s, research has been conducted on the struggles NGNs face when entering the nursing profession. One of the most substantive pieces of literature outlining this struggle is the research and writings of Marlene Kramer in her book Reality Shock (1974). It would appear that today NGNs are still struggling to meet the demands of the practice setting. NGNs continue to report feeling increasingly challenged, overwhelmed, and ultimately defeated by the multifaceted demands they encounter during their first year of nursing practice (Boychuck Duchscher, 2008; Morrow 2009). The multiple demands, such as time, workload, and high patient acuity create a highly stressful working environment for NGNs and this, in turn, is known to adversely affect the care outcomes of patients (Goode & Williams, 2004). For example, Morrow (2009) describes that patients have a significantly higher incidence of wound infections and increased mortality rates when cared for by nurses who have fewer than five years of practice experience. Each additional year of experience that a nurse holds can be associated with a 30-day lower mortality rate for patients under their care (Morrow). Goode and Williams (2004) discuss the findings of a research study in which NGNs did not demonstrate safe clinical judgement in the clinical setting. This was related to the lack of experience in recognizing deviations from normal problems, not providing essential data when calling physicians, and not initiating nursing actions that are essential to manage problems or keep them from getting worse. It is clear that NGNs need support as they navigate the varied challenges in their beginning years of nursing practice to ensure positive patient safety outcomes. Failure to provide support for NGNs as they are faced with the challenges of transition not only affects patient care but can
result in psychological distress of NGNs which negatively impacts their overall wellbeing from the home environment to the workplace (Lavoie-Tremblay et al., 2008).

One way to address the challenges that NGNs face is through the development and implementation of NGN support programs. There have been many international and national research studies documenting the experience of the NGN that have identified the need for such support programs and provided a theoretical foundation for their development (Boychuck Duchscher, 2008; Morrow, 2009; Schoessler & Waldo, 2006; Scott, Engelke, & Swanson, 2008;). Specific programs that support the NGN through this transition period have been developed. NGN support programs are relatively new initiatives that are specifically designed to meet the educational and practice needs of NGNs. As NGN support programs have developed over the years, there is an increased need to evaluate the programs and conduct research studies that examine their overall effectiveness.

**The New Graduate Nurse**

The term new graduate nurse generally refers to nurses who are within their first year of nursing practice. Some studies consider nurses to be new graduates up to two years after graduation (Schoessler & Waldo, 2006). NGNs comprise more than 10 percent of a typical hospital or health system’s nursing staff (Berkow, Virkstis, Stewart, & Conway, 2009). On acute medical and surgical units in Canada, novice nurses with fewer than five years of practice experience account for 26.1 percent of nurses (CIHI, 2006). The current workforce demographic trends in Canada include a rapidly aging nursing workforce and considering the upcoming baby boomer retirements, the number of NGNs in the workplace is expected to increase (Berkow et al., 2009). Despite the need for retaining nurses to meet current and future nursing shortages,
many NGNs experience a stressful and very challenging first year in nursing, which leads to high attrition rates and further compounds the nursing shortage.

The first year of nursing is described as “fumbling along” (Gerrish, 2000), a journey (Boychuck Duchscher, 2001), a complex transition (Delany, 2003), and a rite of passage (Tradewell, 1996). NGNs have reported feeling fearful, like they are “barely treading water and almost sinking” (Romyn, et. al., 2009, p. 8). There is a tension that exists between the urgent demands of the practice setting and, the extra time needed by NGNs as they learn new clinical skills, consolidate their practice, and develop their ability to think critically (Romyn et al.). The effects of this tension, combined with the stressful factors associated with the work environment, include burn-out, exhaustion, decreased job satisfaction, increased turnover rates, low self confidence, and leaving the nursing profession (Boychuck Duchscher, 2008; Halfer, & Graf, 2006). It has been reported that in the United States, 33 to 61 percent of NGNs either changed their positions or left nursing altogether within the first two years of practice (Boychuck Duchscher, 2008). Canadian data reveal that 20 percent of the nurses who graduated in 1990 had left the profession altogether within five years (Spurgeon, 2000).

**Literature Review**

There is a vast amount of literature profiling the NGN, their transition experience, the associated outcomes of not adequately supporting the NGN, and ways to develop support programs within health care organizations to meet the identified challenges. This literature review will discuss the experience of the NGN and the stressors that they face, transition theories, and differing support programs that have been developed.
The New Graduate Nurse Experience

When nurses are asked to remember their entry into the practice environments upon graduating from nursing school, many will recount stories of trepidation, stressful and exhausting shifts, struggling to meet challenging patient cases with little support, and feeling a sense of pride when they conquered their first shift on their own. Over the past decade, these stories and experiences have been documented. Findings from multiple research studies indicate that NGNs experience common causes of stress and frustration, which greatly impact their ability to perform and job satisfaction (Boychuck Duchscher, 2001, 2008; Delaney, 2003; Fox, Henderson, Malko-Nyhan, 2005; Gerrish, 2000; Romyn, Linton, Giblin et. al., 2009, Whitehead, 2001, Zinsmeister, Schafer, 2009). Areas of stress related to the work environment leading to burnout and exiting the nursing profession have been identified and include emotional exhaustion, conflicting professional demands, a sense of powerlessness to effect change, horizontal violence, and a plummeting professional self-concept as NGNs learn a new system and accept their own perceived inadequacies (Boychuck Duchscher, 2008; Delaney, 2003; Romyn et al., 2009; Whitehead, 2001,). Characteristics of stressful work environments that lead NGNs to feel a sense of culture shock are situations such as staffing shortages, excessive workloads, limited educational and practical resources, and limited support from preceptors (Boychuck Duchscher, 2008; Delaney, 2003; Morrow, 2009; Romyn et al., 2009; Whitehead, 2001,).

Studies have also reported the causes of stress in NGNs as ‘not knowing’ and having to depend on others for help to learn new skills, a strong desire for acceptance by their colleagues, anxiety around interacting with physicians, and disillusionment about the relationship between what they were taught in school and the real world of nursing (Boychuck Duchscher, 2001; Delaney, 2003; Fink, Krugman, Casey, et al., 2008). They also reported feeling anxious,
overwhelmed, and unprepared for the increase in responsibility as a graduate nurse (Boychuck Duchscher, 2001; Delaney, 2003). A study by Whitehead (2001) identified uncertainty, lack of necessary experience and confidence, lack of support, and lack of preparation for the new role as key stress factors. Ellerton and Gregor (2003) interviewed 11 nurses and found that these nurses reported struggling to meet the challenges of practicing competently such as time management, skill mastery, knowledge gain, and incorporating holistic nursing care. Experienced nurses need to think back and remember what it was like as a NGN and realize that the challenges they faced then are still being faced in today’s generation of nurses.

All of these stressors and challenges faced in the first year of nursing can be summarized into 6 themes. These themes are:

1. Role stress and role ambiguity, building confidence over time.
2. Learning to cope with responsibility.
3. Interacting and building relationships with colleagues while learning to fit in.
4. Building critical thinking skills.
5. Creating a professional identity.
6. Coping with moral distress while facing the realities of the work environment.

(Etheridge, 2007; Morrow, 2008). As NGNs experience these themes they are slowly beginning to close the practice gap and begin to ‘think like a nurse’. The process of learning to think like a nurse is characterized by, “the emergence of confidence, the acceptance of responsibility, the changing relationships with others, and the ability to think more critically within and about one’s work” (Etheridge, 2009, p. 25). Gaining the ability to think like a nurse shows “an awareness of oneself and a belief in one’s ability for competence and accountability” (Etheridge, 2009, p. 25).
It takes time to develop and improve these characteristics and requires experience and the encouragement of colleagues, management, and support programs.

Work environments can have a large impact on how nurses perceive the quality of their work and their ability to provide care that meets professional nursing standards. To meet the demands of the nursing practice setting, nurses may be frequently forced to compromise their professional standards (Kelly, 1998). This can lead NGNs to experience moral distress. The concept of moral distress is described as, “an umbrella concept that captures the range of experiences of individuals who are morally constrained… when individuals make moral judgements about the right course of action to take in a situation, and they are unable to carry it out, they may experience moral distress” (McCarthy & Deady, 2008, p. 254). Nurses have described ethics in their practice as both a way of being and a process of enactment (Varcoe et al. 2004). There are ethical challenges that arise daily for nurses in their work environments leading nurses to enact their moral agency. Being a moral agent involves working in the ‘in-between’ and working, “in-between their own identities and values and those of the organization in which they worked; working in-between their own values and the values of others; and working in-between competing values and interests” (Varcoe, et al. 2004, p. 319). This process for most nurses is filled with both personal and professional challenges. NGNs also experience these ethical challenges and moral distress which are compounded by the struggles they face as new nurses getting grounded in their new profession. A study by Kelly (1998), which focused specifically on the NGN population and moral distress, showed that NGNs coped with moral distress by using certain defence mechanisms such as leaving the unit in search of better conditions, decreasing the stress by working fewer hours, dropping out of nursing, blaming nursing administration, blaming the hospital system, excusing one’s actions, and avoiding patient
interaction. It is important for organizations to take this critical aspect into consideration when developing support programs to ensure that ethical challenges and dilemmas nurses may be facing are fully addressed.

When NGNs enter the clinical setting they are sometimes viewed by more experienced, senior nurses as not practice ready and that there are gaps in their clinical skills and knowledge base. There is ongoing debate between health care organizations and academic institutions regarding how, where, and by whom this practice gap should be managed. This lack of ‘practice readiness’ and the associated ‘gap in knowledge’ is described as the inability of NGNs to “hit the ground running” (Romyn et al., 2009). The cause of this gap has not thoroughly been examined but is thought to be attributed to such factors as the generalist nature of nursing programs, lack of hands on experience in nursing programs, unrealistic expectations of the hospital units, the changing nature of the workplace including high acuity levels, and continued advancements in technology (Romyn, et al.).

Whatever causes a perceived lack of practice readiness, it seems to be a larger systems level problem rather than solely that of the academic institutions or health care organizations. NGNs can be perceived by nurses and the interdisciplinary team as deficient in performing basic nursing skills, managing client workload, setting priorities, and making appropriate clinical judgments owing to a lack of practice and experience (Wolff, Pesut & Regan, 2010). As the profession of nursing has advanced over time, nurses have been required to meet new, as well as continue to manage old, health and social care challenges. To meet these challenges, nurses must be “analytical, assertive, creative, competent, confident, computer literate, decisive, reflective, embracers of change, and the critical doers and embracers of research” (McKenna, 2006, p. 135). NGNs are used to completing practicum placements and addressing challenges with the support
of their classmates and the guidance and expertise of nursing instructors. When NGNs enter the work environment, the availability of timely practice and educational supports are generally insufficient and/or often not present (Romyn et al., 2009). NGNs enter the work environment prepared with the training and knowledge that their nursing education has given them, but the changing hospital environment is complex, stressful, and holds potentially unrealistic workloads and expectations. Over time, senior nurses have had to adjust and cope with working in these environments of excessive workloads and increasing responsibility. It is possible that senior nurses have accepted the “socio-culturally and politically oppressive context of acute care nursing as normative” (Boychuck Duchscher & Cowin, 2006, p. 155). NGNs should not be expected to do the same and accept the sometimes toxic work environments that exist simply because that is the way it has always been. More and more NGNs are being vocal and advocating for better work environments.

While there can be a somewhat negative view of the NGN and the legitimate need for them to take more time adjusting to the work environment, there are positive attributes that exist in the new generation of nurses that need to be acknowledged by the current generation of nurses in the workplace. Many of the NGNs are academically motivated, hold a considerable amount of knowledge, and come into the workplace with excitement (Lofmark, Smide, & Wikblad, 2006). Education is different than it was 20 years ago, because NGNs are more holistically focused and have been taught how to be life-long learners in order to stay abreast of developments that occur in an ever changing work environment (Lofmark et al., 2006). NGNs in this generation are intolerant at times to the “sink or swim” management style of many institutions (Boychuck Duchscher, Cowin, 2006). This intolerance accompanied by action can help strengthen the voice of nursing when promoting healthy workplace environments. The continued discourse that
focuses purely on the NGNs incompetence can silence the voices that are advocating for improved workplace environments that are not only better for NGNs but the nursing profession as a whole.

**Transition Theories**

Different theories on transition pertaining to the NGN have been developed and are used when informing the design of NGN support programs and understanding the NGN transition experience. Transition can be defined as, “a process of convoluted passage during which people redefine their sense of self and redevelop self-agency in response to disruptive life events” (Kralik, Visentin, & van Loon, 2006). Not only does nursing school tend to cause individuals to redefine their sense of self but the first year of a new nursing position can be termed a convoluted passage. There are many different types of transitions that people go through in life such as developmental transitions, health and illness transitions, situational transitions, and organizational transitions (Schumacher & Meleis, 1994). The transition that NGNs face would be considered a situational transition (Schumacher & Meleis). Characteristics of situational transition are: (a) the process that occurs over time; (b) involves development, flow, or movement from one state to another; (c) can be divided into different stages or phases; and (d) includes changes in identities, roles, relationships, abilities, and patterns of behaviour (Schumacher & Meleis). Two theories of transition relating to the NGN experience will be briefly described. These theories include models showing the process that occurs over time as NGNs go through different stages, aspects of working through these stages, and the associated challenges that aid in the development of new identities as professional nurses. The first theory is ‘From Novice to Expert’ (Benner, 1984) and the second is the ‘Stages of Transition Model’
(Boychuck Duchscher, 2008). Both of these models have been instrumental in the development of the NGN program at PHC.

**From novice to expert.**

Benner (2001) is most noted for her work involving the model of skill acquisition which is based on the work originally developed by Dreyfus and Dreyfus (1980). In her book “From Novice to Expert”, Benner (2001) applies the Dreyfus model of skill acquisition and the associated ascending levels of proficiency in nursing and subsequently the NGN. In this model, a skill is not merely a psychomotor task but refers also to skilled practices. Both skill and skilled practices relate to the skill of nursing itself within actual clinical situations (Benner, 2001). The transition from novice to expert involves attaining skills and experience as the nurse passes through five stages of career development. These stages are novice, advanced beginner, competent, proficient, and expert. She notes that moving through the levels of skill acquisition is characterised by three things (a) movement from reliance on abstract principles to the use of past concrete experiences as paradigms, (b) a change in the perception of the ‘demand situation’ where the situation is seen less as a compilation of equally relevant bits and more as a whole, (c) the transformation from detached observer to involved performer (Benner, 2001, p.13).

Upon graduation from nursing school, NGNs have just completed their basic training and thus have a beginner knowledge base accompanied by limited experience to draw from when functioning in their new roles. Most NGNs fall within the advanced beginner stage as new nurses can demonstrate marginally acceptable performance and have coped with enough real situations to note recurring and meaningful situational components (Benner, 2001). Another term for situational components is “aspects” of the situation. Aspects include overall global characteristics that are only recognizable to the new nurse due to some previous experiences.
NGNs spend a lot of time on recognizing the different aspects of a patient’s condition and trying to discern what is normal and what is not, what is important to follow up on right away, and what is not top priority. Both novice and advanced beginner nurses lack the ability yet to take in the whole situation. The situations they are faced with are generally new and they tend to focus on the rules they have previously been taught. Nurses who have progressed to the competent and proficient stages do not require as much time to recognize these aspects and abnormalities due to their accumulated experience. NGNs need more time to assess a situation, and are still in a stage where steps and rules govern their care. Benner states that advanced beginner nurses need more support in the clinical setting from competent and proficient nurses as they transition from novice to expert.

It is not until nurses enter the proficient and expert stages armed with their plethora of experience that they can perceive situations in their entirety and have more of an intuitive grasp on the whole situation (Benner, 2001). Experience plays a huge role in the difference between novice nurse and expert nurse and encompasses more than the mere passage of time or longevity (Benner). Benner defines experience as, “a refinement of preconceived notions and theory through encounters with many actual practical situations that add nuances or shades of differences to theory” (p. 36). It is the combination of experience in complex clinical practice settings and the accompanying reality, which builds upon the theory gained in school, which allows the NGN to transition through the stages from novice to expert. Although Benner states that the competent stage is, “typified by the nurse who has been on the job in the same or similar situations two to three years” (2001, p. 25), it is important to note that not all nurses will progress through the five stages in the same time frame or in the same linear fashion. In the model of skill acquisition it is not uncommon for nurses in the competent to expert stages to revert back to the
novice stage when moving positions or starting a new career in a completely different area (Benner).

**Stages of transition model.**

A recently developed model describing the stages of transition has been formulated through the research of Canadian author Judy Boychuck Duchscher. Boychuck Duchscher’s (2008) model describes a personal and professional ‘process of becoming’ that is not a linear, prescriptive, or purely progressive journey but is evolutionary and transformative. This transition model describes NGNs experiences as they journey through three stages within their first year of practice. These stages are doing, being, and knowing. The first three to four months of a NGNs career generally makes up the first stage. This beginning stage is when NGNs transition from being a student in a structured, relatively predictable life, into a new set of expectations and responsibilities (Boychuck Duchscher, 2008). Initially, there is excitement surrounding the changes but the NGN soon realizes how unprepared they are for the realities and responsibilities of a full workload (Boychuck Duchscher, 2008). This is a tremendously intense stage fraught with fluctuating emotions. This stage is characterized by learning, performing, concealing, adjusting, and accommodating to the realities of the work environment. It is known as a stage of initial shock and the goal is to survive through the overwhelming experience. The NGNs primary tasks tend to focus on understanding what is expected of them, doing it well, and completing tasks on time while concealing any feelings of uncertainty from their fellow colleagues. They typically use a prescriptive approach to thinking and have limited problem solving abilities and clinical judgement due to a lack of previous experience. The reason this stage is entitled ‘doing’ is because the NGN is focused on completing tasks and routines within a rigid time frame and getting the job done.
There is a significant change in the perception of experience in the next 5 to 7 months of the NGNs professional work. This change transitions them into the second stage which encompasses greater consolidation and meaning making and is known as the stage of ‘being’. It can take between 5 to 7 months for NGNs to start to feel confident in applying some of their knowledge to practice and the NGN begins to experience a more consistent and rapid advancement in thinking, knowledge level, skill, and competency (Romyn et al., 2009). The NGN begins to recover from the shock of the initial phase and is concerned with searching, examining, doubting, questioning, and revealing. The NGN faces disconcerting doubt regarding their professional identity as their pre-graduate notions of nursing are challenged and they are more aware of the inconsistencies and inadequacies in the health care system (Boychuck Duchscher, 2008). They are increasingly comfortable with their role and responsibilities and the focus shifts away from performing tasks to a search for meaning in what they are doing. They begin to explore the role of the nurse relative to other health care professionals and search for more balance between their professional and personal lives. In this stage, even though NGNs are comfortable making patient care decisions and implementing nursing actions safely, they still look for confirmation of their thoughts and actions. Towards the end of this stage, NGNs have found more of a middle ground and have begun to accept the changes to their personal and work life schedules and start to enjoy their professional roles (Boychuck Duchscher, 2008).

The final stage, knowing, occurs between seven to 12 months and completes the NGNs initial year of nursing. It is characterized by separating, recovering, exploring, critiquing and accepting. This stage is focused on achieving a separateness that distinguishes them from their established practitioners and also permits them to reunite with the larger community as professionals (Boychuck Duchscher, 2008). NGNs begin to move out of the learner role and continue the
recovery that began in the second stage. They can now start to answer questions rather than solely asking them. They are also able to see the differences between their current skill level and knowledge compared to the brand new nurses who are entering the workplace. Both of these changes contribute to the growing confidence levels of the NGN. Exploring and critiquing the new professional landscape is possible now as the NGN moves to a moderately stressed state as opposed to the constant stress and fatigue experienced in the earlier stages. The factors that contribute to stress levels in this stage are frustrations encountered when dealing with the health care system at large. Some NGNs start to accept the realities of the work environment and, in some cases, accepting is replaced by a growing dissatisfaction with the irregularities between preconceived ideals and the realities of the workplace (Boychuck Duchschers, 2008). This dissatisfaction can lead the NGN to consider a change in job or career altogether. Another situation that can occur in this stage, which is more positive and not mentioned in the model, is that the NGN begins to challenge the status quo and attempts to advocate for better workplace environments and improved nursing practice.

Throughout the transition period in the first year of nursing, the NGN journeys through these stages by confronting and managing the many challenges and stressors present in the workplace. Boychuck Duchschers’ (2008) stages of transition model is a great template to utilize when assisting NGNs through their first year of practice but, as with Benners’ (2008) Novice to Expert model, when critiquing the model, it cannot be generalized to the entire population of NGNs. Each NGN comes to practice with different and varying degrees of knowledge and experience. Therefore each NGN will experience these stages differently. Some NGNs will not experience the described stages at all. Another critique of the model is that it focuses more on the negative aspects of the transition experience and does not incorporate the
positive aspects that exist. Focusing purely on the negative and stressful challenges that the NGN may encounter can scare the NGN and possibly add to the anxiety that already exists. When discussing this model with NGNs it is important to clarify that, although it is normal to experience challenges in the first year, they may not experience all of the stages at the same level of intensity as described. Bringing attention to the positive aspects of finishing school, embarking on their nursing careers, and growing as professionals is equally important.

Support Programs

The expectation for NGNs to ‘hit the ground running’ and be ‘practice ready’ in complex modern-day practice settings is unrealistic. Most health care organizations have general nursing orientation programs but the programs to transition NGNs vary in intensity, dimension, and range from informal programs to more extended formal programs (Scott, Engelke & Swanson, 2008). While it is known that NGNs require support through these initial transitions and that poor training and lack of support have been identified as reasons new nurses leave their jobs in the first year, the definition of support and what constitutes adequate, effective supports is not as well understood (Young, Stuenkel & Bawel-Brinkley, 2008). What we do know is that providing support in an appropriate and timely manner has a direct and positive impact on the confidence levels of NGNs and their competence as beginning practitioners (Johnstone, Kanitsaki & Currie, 2008). One Canadian study found that there is a “lack of knowledge about strategies currently being implemented in the province and beyond to foster the successful transition of entry-level nurses into the workplace” (Romyn et al., 2009, p. 11). It has been recognized that support programs must socialize NGNs into the profession and positively affect the NGNs conceptions of the nursing role (Young et al., 2008).
Recommended strategies include instituting structured orientation programs that integrate classroom and clinical time while focusing on the acquisition of bedside nursing skills and fostering critical thinking skills (Young et al., 2008). The goal of many NGN programs is to ease the transition from student to practicing professional and to increase retention rates (Young, et. al.). A medical center in Portland Oregon instituted a NGN development program which demonstrated success through decreasing NGN turnover rates from a high of 34 percent in 1998 to a low of 6 percent in 2003 (Schoessler & Waldo, 2006). The three major components of this program are: addressing specific learning needs of the new graduates, supporting the new graduates’ transition to practice, and supporting the organization’s learning cycle (Schoessler & Waldo). The findings of this program included insights that the development of an education program is not enough on its own but programs need to become part of the organizational infrastructure. Organizational infrastructure refers to, “the program extending beyond the classroom and clinical experience to planned changes in culture and practice of the nursing staff and management team” (Schoessler & Waldo, 2008, p. 291). It is important for NGN programs not only to support the learning and development of NGNs but also that of the organization as a whole. In turn, armed with a greater knowledge of the challenges NGNs face and ways to better integrate them into the new role, individual units can support the NGNs’ development in a healthy way. This can be done through providing mentors, arranging enough time and resources for orientation and intentionally integrating NGNs into the unit. NGN development can also be supported better when all nurses and leaders hold clear and realistic expectations of what NGNs competence and confidence levels should be during the beginning stages, allowing them time to develop and grow.
At a children’s hospital in Los Angeles, a one year internship program was implemented to facilitate the transition of the NGN to professional registered nurse, to prepare NGNs to provide competent and safe patient care, and to increase the commitment and retention of NGNs (Goode & Williams, 2004). As well as implementing the internship, a study was done to compare evaluation questionnaires of a control group of NGN’s who were hired within 24 months before the internship program began against evaluation questionnaires of the experimental group of NGNs involved in the internship program. Findings showed a significant difference in the turnover rates between the two groups: 36 percent for the control group not involved with the internship and 14 percent for the experimental group involved with the internship. This beginning research sheds a positive light on the potential for NGN support programs and indicates the need to further develop and evaluate NGN transition programs within health care organizations.

**PHC New Graduate Nurse Program**

Like many other health care organizations, administrators at Providence Health Care (PHC) are acutely aware of the challenges faced by NGNs and the subsequent financial costs associated with high attrition rates. At PHC, the need for a NGN program was identified in 2005 and funding was procured to initiate a program. PHC’s NGN support program is designed to meet the learning needs of new graduate Registered Nurses, Registered Psychiatric Nurses, and Licensed Practical Nurses. The NGN program has been in existence at PHC for the past 5 years. In 2009, there were 89 NGNs enrolled in the program and 108 NGNs have been involved in the program for 2010. The program supports NGNs in two hospital sites working on nursing units such as acute medicine, acute surgery, cardiac, renal, geriatric, and adult psychiatry. The program benefits the organization by supporting the NGNs transition as they integrate into the
unit. My colleague Nala Murray has been working for the past four years, and I have been working for the past three as educators for the program and we have worked collaboratively with other educators within the organization to further develop the program.

Through the continued work and dedication of the NGN program educators, the support program has advanced through further defining its goals and outcomes, exploring relevant literature, and researching successful strategies. Program development was based on two transition theories. Both Benners’ “From Novice to Expert” (2001) and Boychuck Duchscher’s (2008) “Transition Stages Theory” were utilized when developing the program. NGN program goals relate to the impact of the program on participants and the associated outcomes that are achieved (Patton, 2008). McGarvey’s (2006) definition of outcomes fits well with the goals of the program. He states that outcomes are “observable results of programs that are created and funded in hopes of making a difference in the world” (p. 2). There are two overall goals of the program. The first goal is that NGNs will transition successfully from student to qualified nurse and that they are able to provide safe patient care. The objectives related to this goal are:

1. Ensure NGNs feel valued and are supported in their positions.
2. Ensure NGNs develop into confident and competent beginning practitioners.
3. Increase the NGNs knowledge, critical thinking skills and clinical skills over the one year program.
4. One year external turnover rates of NGNs’ will remain below 30%

The second overall goal of the program is for program leaders to develop partnerships with the organizations leadership to create a culture which supports the NGNs transition and learning. The related objectives are:

1. Increase collaboration with individual unit leadership when supporting NGNs.
2. Provide knowledge and human resources for the organization regarding NGN
transitions.

The strategies for attaining these objectives include the following activities: (a) A
specific one day NGN orientation following a week long general nursing orientation; (b)
transition shifts on individual units intended to bridge the gap between working with a preceptor
and working independently; (c) four educational and interactive workshops offered on a monthly
basis covering topics such as responding to emergencies, end of life care, interpreting lab values
and diagnostic procedures; (d) a three month seminar providing NGNs time to debrief, connect
with each other and check in with the program educators to determine if there are areas for which
they require further individual support; (e) check-ins on the unit from the educators; (f)
assistance with identifying learning needs and developing professional learning goals; (g)
increased support to NGNs who are struggling to meet expected performance levels; (h) CRNE
exam preparation tutorials; (I) assistance with career development (j) individual assistance with
practicing and developing clinical skills outside the unit of hire. The NGN program educators
also work closely with the unit managers and clinical educators to ensure they understand the
challenges NGNs face and help to create an environment in which NGNs can be successful.
These activities have grown and developed over time based on the needs of the NGN which have
been expressed through evaluation of workshops, interacting with NGNs, and stakeholder
feedback.

A program logic model and a theory of change utilizing the predetermined goals and
objectives have been developed and provide a framework for program evaluation. A program
logic model describes in sequential order the ‘means’ and ‘ends’ of a specific program (Patton,
2008). It generally describes the inputs, activities, outputs, short and long term outcomes of the
program. It is the “basis for a convincing story of the program’s expected performance” (McLaughlin & Jordan, 1999, p. 66). Although a program logic model gives a picture of what the program leaders believe is occurring, it does not depict the theory or process that lies behind why certain outcomes are achieved (Patton, 2008). The theory of change developed for the program is essentially a logic model with causal mechanisms specified and change mechanisms made explicit. The theory of change is intended to be explanatory and predictive (Patton, 2008). In relation to the NGN program, the theory of change is currently more of an ‘espoused’ theory, meaning what we think is occurring in the program and how it is organized (Patton, 2008). Through conducting the evaluation and interviewing NGNs involved with the program, it is hoped that the theory of change will be verified as or become a theory in ‘use’ explaining what really happens and provide a realistic description of the NGN program. For a more detailed look at the strategies of the program please refer to the program logic model and theory of change for the NGN program at PHC in appendix A.

Imbedded in the overall goal and objectives of the program are certain variables. Variables are concepts that can be measured in a study and require an operational definition to provide meaning (Burns & Grove, 2009). These concepts are also used within the logic model and theory of change. To gain a greater understanding of what is meant in the objectives of the program, certain concepts require defining. One of the main concepts within the program requiring further definition is ‘support’. Other important concepts that will be explored and defined to further understand the context of the NGN program are competence, confidence, critical thinking, and successful transition.
Support

One of the key concepts encompassed in the program is support. It is important then to answer the question, “What does support look like”? An Australian study conducted by Johnstone, Kanitsaki, and Currie (2008), attempted to answer the question of what constitutes support and the findings showed that support is very individual and dependant on the experiences of the NGN. Despite the need for individual attention, there were overarching themes that NGNs deemed as being supportive. These themes consisted of: (a) providing and sustaining opportunities to gain experience as opposed to being taught; (b) prompting best practice; (c) working with preceptors who are nonjudgmental, respectful, constructive, reassuring and helpful; (d) providing support that fundamentally aids, encourages and strengthens the NGNs giving them courage and confidence (Johnstone, Kanitsaki & Currie, 2008).

Support in the context of the NGN program at PHC encompasses providing emotional, social, and educational resources and guidance. Emotional support can come from the preceptor, mentor, nurse friends, and other NGNs; providing this type of support is one of the highest predictors of clinical performance in the new graduate (Goode & Williams, 2004). Included in emotional support is providing time for reflection and debriefing around practice and stressful situations as they arise. NGNs in one study reported that having access to a resource person or mentor outside of the unit was very beneficial and supportive (Fink, Krugman, Casey, & Goode, 2008). Within the NGN program, the educators function as this outside resource person as they are not associated with a specific unit. Social support can be facilitated through a consistent preceptor or mentor who promotes learning and development as well as introduces them to the unit culture, routines, and practices (Fink et al., 2008). Socializing the NGN to the organization and unit of practice is a key factor in job satisfaction. When NGNs obtain a sense of belonging,
they are more satisfied with their position (Morrow, 2010). A quality practice environment that takes on the responsibility of successfully integrating NGNs and managers that are visible, accessible, and provide check-in’s are consistent with the social support required by the NGN.

Finally, educational support and resources are components that need to be incorporated in the definition of support. NGNs are known to lack confidence in skill performance and personal knowledge base (Goode & Williams, 2004). NGNs require assistance with the application of knowledge and acquiring psychomotor skills. Educational supports focus on specific areas that NGNs have identified as challenging. In the literature some of these areas are identifying abnormal physical and diagnostic findings, medical-surgical emergencies, communication, time management, and critical thinking (Goode & Williams, 2004; Morrow, 2010). Reality shock and the stressful experience of transitioning cannot be taken away or avoided but with the right support in place the tumultuous journey can be buffered as the NGN is guided through.

**Competence and Confidence**

Objective number two of the NGN support program is to ensure NGNs transition successfully and develop into confident and competent beginning practitioners. What does a competent and confident practitioner look like? Competence is a concept that can be explored in numerous ways, including objectively measuring level of competence using an assessment tool or it can be observed subjectively (Fero, Witsberger, Wesmiller, Zullo, & Hoffman, 2009). The definition of competence has been extensively debated and there are a variety of different meanings. The College of Registered Nurses of British Columbia (CRNBC) defines competence as, “the integration and application of knowledge, skills, attitudes and judgment required to perform safely, ethically, and appropriately within an individual’s nursing practice or in a designated role or setting” (CRNBC, 2010). In the Dreyfus Model of skill acquisition,
individuals are not considered competent until 2-3 years working in the same position (Benner, 2001). However, NGNs generally are expected to be competent upon completion of their schooling as they start their first jobs. The time needed for NGNs to gain enough experience in the work environment is generally not considered. This can add to the frustration felt by NGNs until they have reached a more competent level of nursing.

The definition of competence for the purposes of this evaluation applies to the NGN. A key point in the CRNBC definition relates to NGNs performing safely in order to ensure patient safety. Although NGNs may not have all the knowledge and skills of an expert nurse they are still expected to be competent in acquiring assistance when making clinical judgements. Safe practice applied to NGNs includes working within their limits and accepting the fact that they have basic levels of competence and thus require support and guidance (Ramritu & Barnard, 2001). Competence can also be described as making clinical judgements that ensure patient safety and is characterized by the emergence of confidence, acceptance of responsibility, changing relationships with others, and the ability to think more critically (Etheridge, 2007). Competence is linked with confidence and critical thinking and for the NGN grows exponentially within the first year of practice.

Within the program, NGNs are supported as they gain and grow in their level of confidence. When NGNs enter the workplace after graduation, their confidence level may be shaken and drop significantly. It can take months for the NGN to regain a sense of confidence and start to make independent clinical decisions (Benner, 2001; Etheridge, 2007). Confidence can be described as “a belief in oneself, in one’s judgement and psychomotor skills and in ones possession of the knowledge and ability to think and draw conclusions” (Etheridge, 2007). As the NGNs’ confidence grows and as they encounter more experience, a greater understanding of
the whole picture is developed. It is hoped that through the supports of the program and gaining experience as a nurse, NGNs can gain confidence and begin to trust themselves while accepting the responsibility and clinical decision making that accompanies being a confident nurse.

Confidence in the NGN occurs when they know that their thinking is right, they start to rely on confirmation from other nurses less, and begin to trust their ability to make appropriate clinical decisions (Etheridge).

**Critical Thinking**

To clearly understand the intent of PHC’s NGN program objective number three, which includes increasing the knowledge and critical thinking skills of the NGN, the concept of critical thinking will be defined. As with the term competence, there is no widely accepted definition of critical thinking and there is a wide array of interpretations. It is a huge concept within nursing and there are many books written on how to develop critical thinking in nursing practice. It is an important concept because patient care can be directly affected, either positively or negatively, by the critical thinking ability of a nurse (Fero et al., 2009). NGNs’ critical thinking encompasses knowing that just because different patients have the same diagnosis, they may not respond in the same way to the same treatments because the majority of patients are not textbook cases (Etheridge, 2007). The ability to critically think is important when considering problems that arise with no ready solutions. It links cognitive skills with function in practice and includes consulting with other members of the health care team. It encompasses more than one way of thinking and is a complex process requiring higher order thinking and application to decision making in practice (Girot, 2000). Some nurses may think this definition is too complex because many nurses have defined critical thinking as simply ‘thinking about your thinking’. This is because critical thinking eventually becomes second nature to most nurses since it occurs
continuously and expands with experience (Etheridge). It is still a multifaceted process involving gathering, evaluating, and reassembling pieces of data to identify a problem, and then determine an appropriate treatment (Etheridge). NGNs in the program are developing the ability to think critically because they are still in the early stages of their career. When critically thinking, NGNs will go through this process slowly, step-by-step and extra time is required until the process becomes more fluid and second nature. The NGN program intends to help the NGNs understand that it takes time for critical thinking to become second nature and to be patient with themselves as they develop in this area of nursing practice.

Successful Transition

The intent of the NGN program is to aid the NGN in a successful transition from student to qualified nurse. Completing the first year of nursing practice and staying within the nursing profession is one sign of success. The NGN program expects a successful transition to involve integration into the role of qualified nurse and the workplace. As NGNs gain experience and knowledge while working in their first year of practice, success can be seen through the discovery of a sense of self as a nurse and a reconstruction of a valued self identity (Kralik, Visentin, & van Loon, 2006). Experiencing a stable level of comfort and confidence with the roles, responsibilities, and routines associated with being a nurse is another indicator of a successful transition (Boychuck Duchscher, 2008). Success is not only indicated through an increase in comfort, confidence, and critical thinking abilities, but is also indicated when the NGN begins to feel part of the health care team. As part of the health care team, NGNs have transitioned from newcomer to insider and have established important professional relationships with other nurses, unit leaders, physicians, and allied health (Santucci, 2004). The building of these professional relationships adds to the increasing confidence levels experienced by the
NGN. When successful unit integration has taken place, self esteem has been rebuilt through identifying with the team, helping and supporting fellow team members, gaining control, and being respected by the team (Kelly, 1998). Although not an expert yet, NGNs begin to take on more responsibility for clinical judgements, have adapted to the new situation and circumstances, and incorporated the transition into their lives.

**Evaluation Approach and Preliminary Work**

Generally speaking, to evaluate something means determining its merit, worth, value, or significance (Patton, 2008). Evaluation is undertaken to inform decisions, clarify options, and identify improvements (Patton, 2008). Before an evaluation of the NGN program can occur, an evaluation plan including framework, timeline, identification of people involved, and the supplemental evaluation tools will need to be developed. For my practice project, I developed an evaluation framework that can be utilized in future evaluations of the NGN program at PHC.

When developing this plan, the processes and premises of Patton’s (2008) utilization-focused evaluation (UFE) theory have been followed. UFE was chosen as it is focused on producing evaluation results that are practical and relevant to the needs of the intended users. This form of evaluation begins with the premise that, “evaluations should be judged by their utility and actual uses; therefore, evaluators should facilitate the evaluation process and design any evaluation with careful consideration for how everything that is done, from beginning to end, will affect use” (Patton, 2008, p. 37). Evaluation is done with and for specific intended primary users and uses. Use is described as how people living in the real world will apply the evaluation findings and how they will experience the evaluation process (Patton). There are 12 parts to the process but for the purposes of this project I focused on the first seven:

1. Program readiness assessment.
2. Evaluator readiness and capability assessment.
3. Identification of primary intended users.
4. Situational analysis.
5. Identification of primary intended uses.
6. Focusing the evaluation.
7. Evaluation design. The focus of this paper will be on the development and design of the evaluation tools. The last five parts of Patton’s UFE theory pertain to conducting and completing the evaluation and utilization of findings. These will not be fully addressed in this paper.

**Program and Evaluator Assessment**

The first step of this project was completion of a program evaluator readiness assessment. Preparing for evaluation is a necessary condition for the use of evaluation findings and can be determined through assessing readiness (Patton, 2008, p. 43). The primary tasks that have been completed as part of the program readiness assessment include (a) the assessment of PHC’s commitment to doing useful evaluation, (b) whether the program is ready to spend time and resources on evaluation, (c) stakeholder constituencies to select primary intended users of the evaluation, (d) assessment of what needs to be done to enhance readiness (Patton, 2008, p. 576). The Director of Education and Research at PHC has determined that it is time to evaluate the NGN program and have made a commitment to making this one of the priorities for the mentorship and education practice group. The NGN program evaluation has been identified as one of the goals for the strategic plan within the organization. As an identified priority, time and resources were allocated for preparation of the evaluation plan for implementation in 2011. Therefore the organization is ready to begin the evaluation.
economy and the budgetary restrictions within the organization, finding monetary resources to conduct the evaluation has been challenging but leadership is committed to finding the monetary and human resources necessary to complete the evaluation. Internal funds have been requested and the assistance of research students is being sought, which can offset some of the costs.

**Determining Primary Intended Users**

The next step in the process of UFE is determining the primary intended users in order to access their input and knowledge in the evaluation (Patton, 2008). A term for potential evaluation users is stakeholders, and these are identified as, “people who have a stake or a vested interest in the evaluation findings (Patton, 2008, p. 61). Patton describes the personal factor as, “the presence of an identifiable individual or group of people who personally care about the evaluation and the findings it generates” (2008, p. 69). Without this personal factor, the overall impact of the evaluation will probably be lower than if the personal factor were present. Therefore, it is important to build in the personal factor through determining the stakeholders of the NGN program and involving them in the evaluation. The stakeholders for the NGN program have been identified and are listed in Appendix B. The key stakeholders who will be involved in the evaluation process and are therefore the primary intended users (PIUs) will be the Consultant for Education and Mentorship, the NGN program Educators, and the Director of Education and Research. I discussed UFE and the benefits of using this framework with these PIUs and they have agreed to use this framework to develop the evaluation. All of the PIUs are excited to evaluate the program, are ready to provide input, and be involved where necessary.

**Situational Analysis**

The premise of situational analysis, the fourth step in the process, is that evaluation use is dependent on people and context. Evaluation is more likely to be used when crucial situational
factors are taken into account (Patton, 2008). A situational analysis within the UFE framework involves examining program staff’s prior experience with evaluation, looking for barriers or resistance to use and identifying factors that may support and facilitate use (Patton, 2008). Other tasks involved with situational analysis include identifying any upcoming deadlines or timelines for the evaluation and understanding the political context for evaluation.

After completing a situational analysis, findings show that the NGN program currently evaluates the educational workshops that take place using a questionnaire made up of a likert scale and open ended questions. The results of these evaluations are positive and NGNs report feeling supported through the acquisition of relevant knowledge and skills from the workshops. The number of NGNs hired every month is also monitored along with one year external turnover rates, and workshop attendance totals. There have been plenty of informal positive evaluations and feedback from the organization and the NGNs pertaining to the program but there is no formal evaluation process in place to measure the desired goals and objectives.

When completing a program evaluation there will be barriers when attempting to use the findings of the study as well as factors that will support and facilitate use (Patton, 2008). Evaluation use in the real world is complex and interpretive involving navigating obstacles to move from data to action (Patton, 2008). Once the evaluation is complete and the results calculated there may be recommended changes that need to occur in the program. To take these findings and put them into action may take time, financial, and human resources. Although the program may want to initiate implementing the findings and make changes to improve the program, procuring these resources, especially financial resources, may be challenging and has been identified as a potential barrier to use. Another barrier that has been identified that may affect the use of findings is organizational and unit cultures. The NGN program does not exist
separately from the organization but partners with each of the units and is interwoven throughout the organization. Findings that involve making changes to and adjusting unit or organizational culture will be challenging to implement and would require gaining the commitment of many people throughout the organization.

The strengths of the NGN program’s leadership have been identified as factors that will support and facilitate the use of evaluation findings. These strengths include a commitment to continually moving the program forward to provide the best support for the NGNs and the ability to network and create partnerships with the stakeholders linked to the program. The organization’s program leadership is also accountable to the organization to provide the best supports available with the end result not only being successful NGN transition but to ensure patients are safely cared for by the NGN.

Numerous meetings have occurred involving all of the primary intended users and also the nursing research facilitator for the organization. When discussing the upcoming evaluation of the NGN program it was determined that the evaluation should be completed by the end of the next fiscal year. The timeline for completion of the evaluation is approximately April 2012. Patton (2008) states that “evaluation is inherently political by its nature because of the issues it addresses and the conclusions it reaches” (p. 527). The political nature of the evaluation would stem from the values, perceptions and politics of everyone involved (2008). Patton (2008) notes that “political considerations intrude in some way into every evaluation” (p. 525). Therefore it is important to note the political context for the evaluation and any political factors that may affect the evaluation. The political issues identified that might be faced when evaluating the program relate to budget and the continuity of the program. Due to the budget cuts, senior leadership team is looking closely at all programs and downsizing where needed. If the evaluation is not
favourable then the funding for the program could potentially be cut. There is pressure on the evaluators and stakeholders of the program to produce positive evaluation results. It is imperative that the evaluators meet program evaluation standards including completing fair assessments and openly and fully disclosing findings whether positive or negative (Patton, 2008).

**Primary Intended Uses and Focusing the Evaluation**

The initial steps one through four described in Patton’s (2008) UFE framework have been completed. Following these initial assessments, steps five and six have been conducted. Step five, identifying primary intended uses, is necessary to determine the goal of the evaluation. This step includes determining priorities and developing specific evaluation questions. There are many decisions that must be made when determining the evaluation use, purpose, process, evaluative criteria, and timelines. For the evaluation to be effective, it was necessary to meet with the PIUs and define the purpose and intended uses of the evaluation. The purpose of the evaluation will be to evaluate the effectiveness of the NGN program in meeting the predetermined program goals and objectives. The goals of conducting the NGN program evaluation are to:

1. Assess whether NGNs are feeling valued and supported in their positions.
2. Assess the development of NGNs into confident and competent beginning practitioners.
3. Assess the level of increase in NGNs knowledge, critical thinking skills and clinical skills over the one year program.
4. Assess the type of collaboration that exists between the NGN educators and organizational leadership. The findings from this evaluation can be used to realize
potential changes that need to be made in program activities, identify gaps in program design and to discover what strategies used in the NGN program are successful.

Once the purpose was determined, developing priority questions to answer was required when narrowing the focus of the evaluation. Discussion occurred with the PIUs to determine which questions are priorities to answer through the NGN program evaluation. The list of questions that the group came up with includes:

- Do the stakeholders feel the program is useful for the organization?
- Does the program decrease one year turnover rates?
- Do the supports provided make a positive difference in the NGNs transition experience and are the activities of the program relevant to the needs of the NGN?
- Is the NGN program effective in meeting the predetermined objectives?
- What impact does the NGN Program have on the overall experience of the NGN?

Once the purpose and goals of the evaluation were identified, the next step was designing the evaluation.

**Evaluation Methodology**

There have been numerous meetings with the PIUs, the nursing research facilitator and the Centre for Health Evaluation Outcomes (CHEOS), PHCs internal research team, regarding the best way to design the program evaluation. It was agreed upon and determined that the evaluation would be summative, focusing on whether the program is meeting goals and target outcomes. Summative evaluation is aimed at determining the overall merit, worth, significance, or value of a program (Patton, 2008, p. 113). When developing the evaluation methodology, the main concern for the program is evaluating its effectiveness and the impact of the program on participants. The group was presented with the evaluation plan that I had developed and the tools
that will be used. There was much discussion and suggestions from the group and over time we have agreed on what we think will be a useful and meaningful evaluation.

The plan for the evaluation includes a mixed methods approach using both qualitative and quantitative methods to identify the effectiveness of the NGN program at Providence Health Care. The use of mixed methods in research is known to strengthen evaluation results by increasing overall validity of studies (Burns & Grove, 2009) and is sometimes referred to as triangulation. Triangulation which is the combined use of two or more research methods (Burns & Grove, 2009) will be used in the design of this evaluation. Triangulation can strengthen an evaluation by using several kinds of methods (Patton, 2002). Statistical data collected in quantitative studies are important to provide “concrete evidence of overall patterns of effectiveness” (Patton, 2002, p. 151). When judging the effectiveness of a program it is also important to understand the stories behind the statistics (Patton, 2002). Qualitative data collection can increase comprehension of a study by providing richness, detailed description, and a more complete understanding of a phenomenon (Fink, Krugman, Casey, Goode, 2008).

**Quantitative Approach**

**Data collection design.**

A descriptive survey will be used to collect data surrounding the NGN experience within PHC for the quantitative portion of the evaluation. The term survey, for the purposes of this study, is defined as a data collection technique in which the researcher uses questionnaires to gather data about an identified population (Burns & Grove, 2009). The instrument that will be used in the evaluation is the Casey-Fink Graduate Nurse Experience Survey (2006) and can be seen in appendix C. The design incorporates a pre-test, post-test method comparing scores from the survey distributed during the beginning of, and at the completion of the NGN program. The
purpose of the survey design is to capture any significant changes in scores from the two timeframes surrounding factors such as the NGNs organizing/prioritizing skills, perceptions of support, stress levels, communication/leadership skills, and professional satisfaction during the course of the NGN program. It is anticipated that there will be an increase in scores for the areas of NGN organizing/prioritizing skills, communications/leadership, and professional satisfaction. An increase in scores may be due to the NGN program but cannot be directly linked as other factors such as maturation could account for the change. The five factors above relate to the desired outcomes of the program including feeling valued and supported, development of confidence and competence as beginning practitioners, increasing knowledge, critical thinking, and clinical skills throughout the program. The second purpose of the survey design will be to provide a sense of the NGNs perceived experience within the organization as a whole which can be used to determine what areas are supportive, what areas are not supportive, and to what extent NGNs are feeling confident in enacting their nursing duties.

NGNs are hired on a monthly basis at PHC. The group of NGN’s hired each month from January 2011 to June 2011 will be asked to participate in the study. NGNs will be asked to volunteer to participate in the evaluation by completing the questionnaire over two timed data periods during their first year of nursing while participating in the program. These time periods will be at three months into practice and 12 months into practice. The questions in the survey require the NGNs to have been exposed to the unit before being able to respond accurately. The time period of three months was chosen because at three months most NGNs have completed general nursing orientation, NGN orientation, unit specific orientation and completed their guided bedside shifts. They will have had enough experience to complete the survey and it is still early enough to capture what the experience has been like at the beginning of the program as
they have only been involved with NGN orientation. The next time frame of 12 months was chosen because NGNs have completed the program and can answer the survey based on their experience over the past year. The survey delivery schedule is identified in Appendix D.

The study and evaluation design will be described to the NGNs during orientation. They will also be told about the invitation that will be sent by email at three and 12 months into their practice asking them if they would like to participate in filling out the surveys. Participants will be sent an email at both time periods inviting them to complete the New Graduate Nurse Experience survey. They will be given four weeks to complete the survey. A cover letter including information about the evaluation and a link to the electronic survey will be provided. The cover letter states that by clicking on the provided link, agreement to participate in the study is made. Fluid Surveys which is Canadian based survey software was used to develop the online survey tool and will be used to collect the completed surveys and help analyze the data. All completed responses and the associated data will be stored in Canada and Fluid Survey complies with Canadian data security and privacy regulations.

Sample.

The sample will consist of all NGNs hired each month between January and June 2011 and will be recruited at NGN orientation to participate in the study. All NGNs that are hired at PHC are part of the NGN program and will be invited to participate. Nurses are considered NGNs if they are within the first year of practice. Six cohorts of NGNs will be invited to participate in the study. The proposed timeline for the delivery of the first survey will be April 2011 to September 2011. The last set of surveys will be sent out between December 2011 and April 2012. Based on last year’s numbers, it is estimated that there will be approximately 65 NGNs participating in the study. This number could vary significantly based upon the hiring
status of the organization and the survey delivery schedule lengthened if more numbers of completed questionnaires are required due to fewer numbers of NGNs being hired during those months.

**Instrumentation.**

For the purposes of this evaluation I will be using the 2006 version of the Casey Fink Graduate Nurse Experience Survey. The questionnaire was developed in 1999 by Kathy Casey, MS, RN and, Regina Fink, Phd, RN, FAAN, AOCN and has been adapted over time. It has been tested on thousands of nurses in a variety of institutions in the Denver, United States of America (USA) area for reliability and validity. This questionnaire was developed in the (USA) and therefore some of the terms pertained to American nurses only. Approval was obtained by the authors of the questionnaire to use the instrument in the evaluation of PHCs NGN program and to adapt the questionnaire to the Canadian setting. Changes that were made to the survey can be seen in Appendix E. Content validity has been established in the Canadian setting by review of expert nurses at PHC such as the Director of Education and Research, Nurse Educators and the Nursing Research Facilitator. The survey consists of 5 sections including (a) items related to skills and procedures the NGN is uncomfortable performing, (b) 24 questions using a four point balanced response format ranging from strongly disagree to strongly agree, (c) questions asking NGNs how satisfied they are with certain aspects of their job using a five point likert scale, (d) four questions related to transition support, (a) a demographics section. The survey also includes one open ended question which permits the NGN to voice any comments or concerns specifically about the NGN program.
**Proposed data analysis.**

A quantitative analyst from the CHEOS team was consulted to determine the best way to analyse the data. This team is based at St. Paul's Hospital and provides statistical and data analysis services for PHC researchers and staff. The CHEOS team provided valuable information regarding the development of the survey delivery schedule, numbers of participants needed and on what areas to focus the analysis. The services of CHEOS were considered as an option for analysing the data collected through the surveys however, due to the cost associated with using their services, the PIUs decided to use the online software provided through Fluid Surveys to interpret the data and provide basic descriptive statistics including means, percentages, and graphs.

An exploratory factor analysis was conducted by the creators of the survey using the questions in section two and five factors were found. These factors are support, patient safety, stress, communication/leadership, and professional satisfaction. Reliability estimates ranged from .71 to .90 for these factors and the internal consistency estimate is .89. To conduct a factor analysis, a large sample size is needed (Burns & Grove, 2009). A factor analysis will not be conducted for the NGN program evaluation due to the small sample size. The previously determined factors and the related questions can be used to focus the interpretation of the survey results. Survey questions have been grouped in relation to these factors and the groupings can be seen in appendix F. These factors and their associated questions can then be linked to the NGN program objectives. Questions in the support, patient safety and professional satisfaction categories can be linked to objectives number one; ensure NGNs feel valued and are supported in their positions. Questions in the patient safety category are linked to objective number three; increase the NGNs knowledge, critical thinking skills, and clinical skills over the one year
program. Questions in the communication/leadership category can be linked to objective number two; ensure NGNs develop into confident and competent beginning practitioners. When analysing the data, responses to each group of questions will be compared to program objectives to see if they have been met or not. Basic descriptive data from the entire survey will provide a picture of which areas NGNs are feeling confident in, if they are feeling supported, what area the support is coming from, how satisfied they are with their position and any difficulties experienced during the transition phase. Leaders of the program have decided if further analysis is required they will consult the members of the CHEOS team.

The Fluid Survey software and subscription has been purchased and the electronic version of the Casey Fink Graduate Nurse Survey was created. Two copies of the survey were developed electronically, the only difference being the title. One survey included three months and the other included 12 months in the title to ensure the separation of data collected at each time frame. Surveys collected from all NGNs at three months will be grouped and scored and compared to the findings from the surveys collected at 12 months. The pre-test, post-test data analysis is not provided through the software and will have to be completed by a member of the NGN program or the services of CHEOS can be requested for this portion if program leaders do not have the expertise to conduct this analysis.

Pre-test, post-test analysis will be conducted using the scores calculated in part two of the survey. This section of the survey is composed of 24 questions using a four point balanced response scale ranging from strongly disagree (1) to strongly agree (4). The score is a sum of ratings for all items in part two including the stress items. Complete instructions for scoring the Casey Fink Graduate Nurse experience survey have been provided by the authors of the survey and can be used when scoring and analysing the data. There are five questions that will require
reverse scoring. These questions are number five, eight, 16, 17, and 24. Analysis will be conducted using a T-test which is a “parametric analysis technique used to determine significant differences between measures of two samples” (Burns & Grove, 2009, p. 726). Scores from the entire section will be compared as well as scores from groupings of questions indicated in the factor analysis to determine if there have been any significant changes over time.

The Casey Fink Graduate Nurse experience survey attempts to uncover the experience of the NGN working in a health care organization while being involved with a support program. It covers a wide variety of topics including confidence in the nursing role, clinical competencies, transition experiences, supports from a variety of sources, job satisfaction, and satisfaction with the work environment. One of the objectives of the NGN program is to help create a culture within the organization that supports NGNs as they transition into their role of qualified nurse. Through gathering and analysing the data from this survey both the program and the organization benefit. The data can show what skills NGNs are feeling least comfortable performing, what areas NGNs are most confident/comfortable, and in what areas they are least confident/comfortable. It will also provide information regarding what areas the organization is doing well in when supporting the NGN, what areas require further attention and provide a picture showing how satisfied or unsatisfied NGNs are with the work environment and which areas the organization and NGN program can focus on for the future.

**Turnover Rates**

It has been identified in the literature that the stressors experienced in the first year of practice lead to increased turnover rates and increased numbers of nurses leaving their current roles (Ellerton, Gregor 2003; Gerrish, K., 2000; Morrow, 2009). One of the goals of the program is for average one year external turnover rates to stay below 30%. A method that will be
employed focuses on tracking the patterns in turnover rates within the first year of nursing. This number was based on a literature review of average turnover rates across North America and agreed upon by the PIUs. One year turnover rates are calculated on a monthly basis and an average for the year is determined to ensure target outcomes are being met. This is done each month by looking back to the group of NGNs that were hired a year ago and determining how many NGNs have left the organization since. The number of NGNs that have left is divided by the total number of NGNs that were hired in the same month to calculate the external turnover rate. The turnover rates for 2010 can be seen in Appendix F. The average one year turnover rate calculated for 2010 is 25% with a low of 0% in January and a high of 40% in December. There are many extraneous variables that could account for nurses leaving their current role that need to be taken into consideration. There are numerous influences that impact the world of the NGN, the NGN program being but one of them. When NGNs leave the organization, it is not necessarily due to their transition experience or lack of support. Along with completing the turnover rates, the NGN program keeps track of why NGNs have left the organization. Some of the NGNs have left because they have moved further away from the workplace, a specialty job opportunity has come up elsewhere that is not available at PHC, and a few have left because they have not been successful at meeting the competencies expected in practice despite ongoing support and guidance. Appendix H is a systems web showing other possible influences that affect the NGN. It is important to understand these linkages when looking at external turnover rates because not all NGNs have left due to the stressful work environments but due to other factors that can not be resolved with the support of the NGN program. It is important to ensure the NGN program is seen in context of the system and all other extraneous variables are considered.
Qualitative Approach

The qualitative portion of this evaluation will aim to capture the experience of the NGN in relation to the activities provided by the NGN program. The survey portion of the evaluation looks at NGNs in the context of the organization as a whole. The purpose of the qualitative portion aligns with the overall goal of the evaluation as it looks specifically at the NGN program supports to determine if the NGN program objectives are being met.

Method of inquiry and selection of participants.

Focus groups will be employed to gather data related to the NGNs experience and be used in the evaluation of the NGN program. Focus groups enable researchers to obtain participants perceptions in a focused area within a permissive and non-threatening environment (Burns & Grove, 2009). Focus groups can capture how the participants being interviewed view their world, what their terminology and judgments are, and can capture the complexities of individual perceptions and experiences. Three focus groups, each approximately 2 hours long, will be conducted in the conference center of St. Paul’s hospital and will consist of eight to 12 individuals each. The goal will be to have a total of 30 participants. A sample of NGNs will be invited to attend a group discussion. Participants invited to join will be NGNs (RN, LPN or RPN) who are between 11 to 15 months into their practice and have been part of the NGN program; all NGNs who are in this time frame will be invited. NGNs between 11 to 15 months were chosen because they have recently finished the program and their experiences and opinions will be fresh. Data on the groups’ demographic, personal and educational characteristics will be collected.

The focus groups are tentatively scheduled to occur in May and June but the group involved with implementing the evaluation can change and confirm these dates depending on
what works best with their schedules. Therefore exact dates have not yet been determined.

Approximately one month prior to the focus group, an email inviting participants to be involved with the evaluation of the program will be sent out to all NGNs meeting the above mentioned criteria. Included in the email will be the informed consent document which outlines the details of the study and how they can be involved. An incentive of 20 dollars and refreshments will be offered to participate in the study. When enough replies have been collected, focus groups will be coordinated by the NGN program educators. The purpose and intent of the evaluation will be clearly described again verbally at the beginning of each focus group by the moderator. If participants choose to be involved with the focus groups, consent will be obtained by signature on the provided consent form. A qualitative analyst from the CHEOS team was consulted regarding the qualitative portion of this study. They provided information regarding the best group size for focus groups and the number of overall participants that would provide the richest data and confirmed that this approach will be beneficial in evaluating the program. They will be available to assist with organizing and moderating focus groups as well as problem solving any other issues that arise. Group discussions will be audio taped and transcribed verbatim. The data will be reviewed, coded, and analysed by a member of the CHEOS team using content analysis. Content analysis classifies words in a text into a few theoretically important categories (Burns & Grove, 2009). It is a technique that, “provides a systematic means of measuring the frequency, order, or intensity of the occurrence of words, phrases, or sentences” (Burns & Grove, p. 528) Themes relating to the support provided by the program will be identified as well as over all themes from the NGNs’ experience.
Focus group questions.

As part of the project, I have formulated the focus group questions. A standardized open ended interview style will be used and the questions have been carefully worded and arranged with the intention of taking each group through the same sequence and asking each group the same questions with essentially the same words (Patton, 2002). This provides consistency and comparability across groups. The focus group questions have been formulated with an open ended approach and are neutral, singular, and clear with the intent to allow participants to respond in their own words (Patton). The focus of the questions will be on understanding the participants’ experiences in the NGN program, their opinion of the program and what they have felt being a part of it. Discussion questions have been developed and reviewed by CHEOS and PIUs to ensure the content is relevant. The data collected from the focus groups will hopefully show whether the programs goals are being met, what supports from the program are received, what is beneficial, and what can be improved upon. The following are the questions that will be used when conducting the focus groups.

1. What were your expectations of the NGN program when you first started?
2. In what way has the program met or not met these expectations?
3. What did you find supportive in aiding your transition over the first year of nursing?
4. What aspects of the new graduate program did you find most helpful? Least helpful?
5. What is your overall opinion of the program?
6. Do you have any other general issues that you would like to raise that you believe might be helpful?
In addition to the focus groups being implemented with NGN’s, two more focus groups will be employed with the intent to collect data related to goal number two of the program, which includes developing partnerships with the organization’s leadership. This group will include leaders and key stakeholders from within the organization. The leaders invited by email to join the focus groups will be operations leaders, clinical nurse leaders, and nurse educators from the units in which NGNs are hired. The questions for this focus group will differ from the previous three since the goal of this focus group is to evaluate the partnerships between the NGN program and the organizational leadership. The questions that will be asked in this focus group are:

1. How have you collaborated with the NGN program educators in the past when working with NGN’s?
2. In what ways do you think the NGN program could work more closely with individual unit leadership?
3. Based on your experience what would you say are the strengths of this program?
4. What about weaknesses?
5. What if anything have you learned from the NGN program and its educators?

Moderators can greatly impact the process of interaction and the ways in which participants respond during a focus group (Burns & Grove, 2009). The moderator selected for the focus groups will be a research scientist from the CHEOS department who is not involved with the program and has experience facilitating focus groups. This will allow for the participants to be comfortable answering in their own words and providing their true feelings regarding the program without the possibility of bias or coercion being involved. The role of the moderator is to encourage participants to interact with one another, draw out cognitive structures not
previously articulated, and to vocalize their intent to learn from the group (Burns & Grove, 2009).

**Limitations**

The proposed evaluation plan has some limitations in the overall design. There are noted limitations of using a survey in the quantitative portion of the evaluation. Although the survey has previously been proven to be valid and reliable, the small changes that were made to adapt the survey to the Canadian setting could potentially affect these factors. The survey is being administered at three and twelve months into practice and will capture important data regarding the NGN experience. The survey will not be administered upon initial entry into the organization as many of the questions require experience on the unit to answer and therefore the data collected from the survey, if it were completed at baseline, would not be accurate. Due to this there is no initial baseline data collected before entry into the program to compare further findings to. The survey is administered early on in the program before most of the program has been administered and therefore still provides a picture of the NGN experience at the beginning of their careers. Associated with this limitation is the lack of a control group. All NGNs at PHC are enrolled in the program upon hire and therefore there is no group of NGNs not involved with the program to compare findings with. It will be difficult to associate the possible changes in the NGN discovered through the survey portion of the study purely to the NGN program as these changes could have occurred due to normal maturation processes or other factors that were not controlled for. The small sample size of participants could potentially be a limitation depending on how many responses are collected. In response to this limitation, the survey delivery schedule may be lengthened if more completed surveys are required for more accurate data analysis.
In qualitative research sample size focuses more on quality of information gathered rather than group size (Burns & Grove, 2009). The number of participants required in qualitative studies is adequate when saturation of the data occurs (Burns & Grove). Although the sample size is adequate to gather enough important information, with the limit of three focus groups due to human and financial resources, saturation of data may not be reached. Another limitation of the focus groups is that within the group, participants may not be completely honest when answering questions and may feel pressured to provide a positive response or align their responses with what other members of the group are saying. To counter this potential limit a moderator from outside the program will be used so participants will feel more comfortable being honest about their experience.

**Ethical Considerations**

Ethical challenges that might be faced when evaluating the NGN program relate to protecting the feelings and experiences of the NGNs. The expressed opinions and feelings that may be revealed through the group discussions relate not only to the program goals and objectives but also to the individual units that NGNs are working on within the organization. When information about particular units comes up that does not show NGNs or nurses in general being supported, what do we do with this data as it relates to the unit but also to the nursing profession? To identify what to do in these situations it is important to understand the general ethical guidelines provided through the Tri Council Policy Statement (TCPS) which describes the principles, standards and procedures for governing research involving human subjects (2009). Once the evaluation is complete, the results will be disseminated throughout the organization. If there are specific issues that arise on certain units, the Practice Consultant for Entry to Practice and Mentorship has agreed to take these findings to the unit Operations Leaders
and discuss what are the implications and possible strategies to managing these issues.

Anonymity, privacy and confidentiality of participants must be maintained at all times during the dissemination of findings unless identification has been agreed to by the participant (TCPS, 2009). The privacy and confidentiality of subjects participating in the study will be respected and free informed consent to participate will be obtained prior to conducting focus groups.

Evaluations should be “designed and conducted to respect and protect the rights and welfare of human subjects and evaluators should respect human dignity and worth in their interactions with other persons associated with an evaluation, so that participants are not threatened or harmed” (Sanders, 1994). It is therefore necessary to explain to participants the risks and benefits of being involved with the study, what will be done with the information gathered and obtain informed consent from all participants. This would ensure that all participants are informed of the proposed evaluation plan and the intended use of the findings. Risks and benefits are described in the informed consent form for the focus groups.

Free and informed consent to participate in the evaluation will be obtained from each participant. TCPS defines free and informed consent as "the dialogue, information sharing and general process through which prospective subjects choose to participate in research" (TCPS, 1998). It encompasses a process beginning with the initial contact of participants and carries through to the end of the involvement in the process (TCPS, 1998). It is important for prospective research subjects to be provided with enough information about the nature of the research and the associated risks and benefits to allow for informed decision-making. The moderator will explain at the beginning of the focus group that everything said in the group discussion is confidential and not to leave the room. Although participants have signed a consent form indicating confidentiality, there is a potential risk of a member in the focus group
discussing what was said with individuals outside the discussion including nursing staff, managers or unit leaders. This could lead to the individuals’ specific opinions about the program being known causing social discomfort within the organization. All steps including emphasizing group confidentiality and ensuring consent will be taken so that the group knows the importance of maintaining each others confidentiality once the discussion is complete.

By participating in this study potential benefits include having the opportunity to voice specific opinions about the NGN program and the organization. These opinions will be treated with respect and used in determining future actions and program/organizational improvements. The benefit for the NGN will be a potential positive change in support, resources and work environments for the NGNs.

NGNs who are invited to participate in the survey will be provided with a cover letter. The cover letter will be sent to participants at each of the two time periods and describes the survey portion of the study. It includes the procedure for consent and a link to the electronic survey. The cover letter can be referred to in appendix I. An informed consent form has also been developed for the focus group portion of the evaluation. This consent form details the reason for the evaluation, why they are being asked to be involved, the procedure for the focus groups, their rights to confidentiality, and how privacy and confidentiality will be maintained. The informed consent document for focus groups is listed in Appendix J. This form will be part of the email invitation sent to participants asking them to join a focus group. Sending it to them in advance allows prospective participants time to read through the consent and decide if they wish to participate. A verbal explanation of the evaluation process will be provided at the beginning of each focus group and signed consent forms will be collected. All participants and prospective participants will be told in NGN orientation that their involvement in the evaluation
is purely voluntary and will in no way affect their participation in the NGN program and that participation in the evaluation is in no way linked to recruitment and hiring processes at PHC. This will be reiterated in the consent form and cover letter that participants receive.

Before the evaluation can be initiated, approval from the PHC research ethics board (REB) must be obtained. PHC’s research ethics department was consulted to ensure appropriate steps were taken in this process. The principal investigator for the study was determined to be the Practice Consultant for Entry to Practice and Mentorship. The steps that were taken towards achieving ethical approval included creating an account with researcher information services (RISe) through the University of British Columbia (UBC). I have completed the ethics application and the principal investigator will submit the application for approval. The entire application is listed in Appendix K. Before the application could be sent in, completion of the Tri-Council Policy statement online tutorial was required. As a co-investigator I have completed this tutorial and obtained a certificate of completion.

**Funding**

Costs for completing the evaluation include fees for using the electronic survey tool, moderating focus groups, transcribing and coding qualitative data, refreshments, and incentives for participants. A quote for the cost of the focus group portion of the evaluation was prepared by CHEOS. Other items including purchase of the electronic survey tool have been added and an estimate for the total cost of the evaluation can be seen in appendix L. As the potential cost for the evaluation is quite high, ways to reduce the cost include using a nursing student involved in a research course or previously trained administrative staff to aid with transcription and having the nurse educator for the program set up the focus groups. Employing these alternate methods could reduce the cost by approximately 3562 dollars. A quote for the total cost of the evaluation has
been presented to the Practice Consultant for Entry to Practice and Mentorship and the Director of Education and Research for approval. It is hoped the funding will come from the NGN program budget.

**Dissemination of Findings**

Once the evaluation of the program is complete and the results have been obtained, it is vital to ensure that the findings are disseminated so they can contribute to the development of nursing science and best practice. The findings will include insight into how effective the NGN program has been and recommendations on ways to further support the NGN during the first year of practice. These recommendations will relate specifically to the program activities and also to the organization as a whole. Traditionally, dissemination involves presenting at professional meetings and describing the findings in professional journals (Burns & Grove, 2009). Once this evaluation is complete, the findings should be presented to various levels of the organization’s leadership including senior leadership team, clinical resource group, operations leaders, professional practice team, and the nurse educator group. It would also be prudent to present the findings to the Employed Student Nurse and New Graduate Program Regional Coordinators group which includes leaders of NGN support programs from all the HCOs within the lower mainland. This group meets on a monthly basis through teleconference. Abstracts for yearly conferences such as the Canadian Nurses Association (CNA) and Nursing the Future should also be submitted with the hopes of being accepted to bring the evaluation findings to a wider group of nurses.

**Conclusion**

In summary this project outlines the challenges that many NGNs face when completing school and entering the nursing profession. There are identified stages that the NGN goes
through during the transition and numerous stressful experiences during the first year. This negative experience can lead to the high attrition rate of nurses if not identified and resolved. The NGN program that was developed by the PHC organization aims to support NGNs through this transition so that they become successful in their professional nursing roles. The intent of this project is to outline an evaluation plan that can be utilized by the leaders of the program to evaluate the effectiveness of the supports that have been put in place. This plan includes evaluation approach, methodology (including both qualitative and quantitative research designs), tools to be used, ethical considerations (including the completed research ethics board application), and a quote for the overall cost of the evaluation. Through this evaluation the voice of the NGN can be heard and added to the literature defining what constitutes support and can also be used to inform best practice when organizations are developing NGN support programs.
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doi:10.1097/NND.0b013e318194b58c
Program Logic Model: New Graduate Nurse Program, Providence Health Care

**Inputs**
- Fiscal Resources
- Material Resources
- Human Resources
- Knowledge Resources
- Partnership Resources

**Components**
- Leadership & Strategic Planning
- Education
- Value & Support
- Consultation

**Activities**
- Assess current demands on NG’s and leaning needs. Monitor & evaluate program
- Workshops on: Responding to Emergencies, navigating the final Journey, IV maintenance, communication and diagnostic tests and procedures
- New Graduate Orientation
- One to one needs specific education
- 3 Month Seminar, Check-in’s on unit, graduation
- Work with unit leadership to integrate NG’s
- Performance Issues
- Career Pathing

**Outputs**
- NG needs assessment
- Model of evaluation
- Delivery and attendance of workshops, seminars and orientation
- Written Evaluations from NG’s and application of knowledge in practice
- NG’s will be familiar with educators and program
- Supportive Relationship built between NG’s and educators
- Networking between units and NGP, Performance assessments and action plans, Meetings with NG’s
- Career Pathing

**Short Term Outcomes**
- Educational needs of new graduate nurses including knowledge, critical thinking and clinical skills will be met.
- NGNs feel valued and are supported in their positions as they transition from student to qualified nurse.
- Successful transition of the NGN and development of confidence and competence as beginning practitioners.

**Long Term Outcomes**
- Partnerships with the organizations leadership and an infrastructure which supports the NGNs transition and learning developed.
- A supportive quality practice environment in which to work will be created.
- External turnover rates will decrease
Theory of Change: New Graduate Nurse Program, Providence Health Care

**Objectives**

1. New Graduate nurses will feel valued and supported as they transition from student to qualified nurse.
2. Meet the educational needs of the New graduate nurses.
3. Prepare the New Graduate nurse for the challenges that might lie ahead as they start their new role as a qualified nurse.
4. Ensure new graduate nurses transition successfully and develop into confident and competent beginning practitioners.
5. Provide one to one check-in’s and consultation.

**Causal Assumption Linkages**

1. New graduate nurses can have a difficult time with the transition from school to the workplace. Extra support and mentorship can help ease this transition. Research has shown the most difficult time is the first three months. Bringing the nurses together for a seminar at this time can provide extra support from the educators and each other as stories and experiences are shared.

2. New Graduates are faced with learning about hospital policies, procedures as well as learning and consolidating nursing skills, organizing and prioritizing patient care. Practical, engaging educational workshops covering identified learning needs can help the new graduate gain some of this knowledge, skill and confidence in the workplace.

3. An orientation providing information on the transition stages, resources available for the new graduate and an opportunity for their questions to be answered can prepare the new graduate for their new role.

4. Successful integration and socialization into the unit of practice is one key factor in the new graduate nurses successful transition and workplace satisfaction.

5. A contact person to discuss challenges, problems, successes and career goals can provide increase support and be a valuable resource.

**Evaluative Criteria**

1. NGNs will report feeling valued by the program and perceptions of support in their transition will increase.
2. Increased knowledge and confidence in the clinical setting when caring for patients safely and performing nursing skills. NGNs will know the answer and what to do.
3. NGNs will recognize the stage of transition that they are in, that it is normal and know how to acquire the appropriate help and resources.
4. NGNs will demonstrate aspects of confidence and competence in the clinical setting and feel part of the nursing and health care team.
5. NGNs will find support and solutions to various issues through contact with educators as well as individual learning.
6. Partner with the unit operations leaders, educators, mentors and preceptors in supporting the new graduate nursing staff. A quality practice environment will exist.

6. Organizational leadership will understand and the NGN transition; educational and social resources that support the NGN will be put in place. Building partnerships within the organization ensures we are working together to support the new graduate nurses and creating a safe learning environment.
Appendix B

**Stakeholder Analysis**

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<thead>
<tr>
<th>High Interest Stakeholders</th>
<th>Low Power Stakeholders</th>
<th>High Power Stakeholders</th>
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<tbody>
<tr>
<td></td>
<td>▪ Clinical Nurse Leaders</td>
<td>▪ Educators for the New Graduate program</td>
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<tr>
<td></td>
<td>▪ Unit Nursing Staff</td>
<td>▪ Practice Consultant for entry to practice and mentorship</td>
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<tr>
<td></td>
<td>▪ Nursing Students considering applying to work at Providence Health Care</td>
<td>▪ Operation Leaders (unit managers)</td>
</tr>
<tr>
<td></td>
<td>▪ Specialty departments considering hiring New Graduates to their area.</td>
<td>▪ Clinical Nurse Educators</td>
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<tr>
<td></td>
<td>▪ Nursing Research Facilitator</td>
<td>▪ Director of Nursing education</td>
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<td></td>
<td>▪ NGN &amp; ESN regional group</td>
<td>▪ New Graduate Nurses</td>
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<td></td>
<td></td>
<td>▪ Unit Nursing staff</td>
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<td></td>
<td>▪ Clinical Resource Nurses (mentors)</td>
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<td>▪ Human Resources</td>
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<td>Low Interest Stakeholders</td>
<td>▪ Staffing Department</td>
<td>▪ CEO</td>
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<td></td>
<td>▪ Patients</td>
<td>▪ Vice President, Clinical Programs &amp; Chief Professional Practice and Nursing</td>
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<tr>
<td></td>
<td>▪ The General Public</td>
<td>▪ Program leaders</td>
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<td></td>
<td>▪ Allied Health and Physicians</td>
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Appendix C

Casey Fink Graduate Nurse Experience Survey (3 Months)

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Today’s date
___/___/____ (YYYY/MM/DD)

A. Please Check the top three skills/procedures you are uncomfortable performing independently at this time

☐ Chest Tube care
☐ Code/Emergency Response
☐ Death/Dying/End of life care
☐ NG care/suctioning/placement
☐ ECG/EKG/Telemetry monitoring and interpretation
☐ Intravenous (IV) medication administration/pumps
☐ PCA/Epidurals
☐ Intravenous (IV) Starts
☐ Medication administration
☐ MD communication
☐ Patient/family communication and teaching
☐ Prioritization/Time Management
☐ Tracheostomy Care
☐ Wound care/dressing change/ Wound Vac
☐ Unit specific skills ______________________
☐ I am independent in all skills

B. Please answer each of the following questions by clicking on a circle:

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel confident communicating with physicians.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>
2. I am comfortable knowing what to do for a dying patient
3. I feel comfortable delegating tasks.
4. I feel at ease asking for help from other nurses on the unit.
5. I am having difficulty prioritizing patient care needs.
6. I feel my preceptor (nurse orienting me) provides encouragement and feedback about my work.
7. I feel staff is available to me during new situations and procedures.
8. I feel overwhelmed by my patient care responsibilities and workload.
9. I feel supported by the nurses on my unit.
10. I have opportunities to practice skills and procedures more than once.
11. I feel comfortable communicating with patients and their families.
12. I am able to complete my patient care assignment on time.
13. I feel the expectations of me in this job are realistic.
14. I feel prepared to complete my job responsibilities.
15. I feel comfortable making suggestions for changes to the nursing plan of care.
16. I am having difficulty organizing patient care needs.
17. I feel I may harm a patient due to my lack of knowledge and experience.
18. There are positive role models for me to observe on my unit.
19. My preceptor (nurse orienting me) is helping me to develop confidence in my practice.
20. I am supported by my family/friends.
21. I am satisfied with my chosen nursing specialty.

22. I feel my work is exciting and challenging.

23. I feel my manager provides encouragement and feedback about my work.

24. I am experiencing stress in my personal life.

25. If you chose agree or strongly agree to #24, please indicate what is causing your stress. (You may check more than one choice)
   - a. CRNE exam
   - b. Finances
   - c. Child care
   - d. Living situation
   - e. Personal relationships
   - f. Job performance
   - g. Graduate school
### C. How satisfied are you with the following aspects of your job?

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Very Satisfied</th>
<th>Moderately Satisfied</th>
<th>Neither satisfied nor Unsatisfied</th>
<th>Moderately Unsatisfied</th>
<th>Very Unsatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Vacation</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Benefits package</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Hours that you work</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Weekends off per month</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Your amount of responsibility</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Opportunities for career advancement</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Amount of encouragement and feedback</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Opportunity to work straight days</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

### D. Transition (Please check any or all that apply)

1. What difficulties, if any, are you currently experiencing with the transition from the "student" role to the "Qualified Nurse" role?
   - a. role expectations (e.g. autonomy, more responsibility, being a preceptor or in charge)
   - b. lack of confidence (e.g. MD communication skills, delegation, knowledge deficit, critical thinking)
   - c. workload (e.g. organizing, prioritizing, feeling overwhelmed, ratios, patient acuity)
   - d. fears (e.g. patient safety)
   - e. orientation issues (e.g. unit familiarization, learning technology, relationship with multiple preceptors (orienting nurses), information overload)

2. What could be done to help you feel more supported or integrated into the unit?
   - a. improved orientation (e.g. preceptor (orienting nurse) support and consistency,
orientation extension, unit specific skills practice

b. increased support (e.g. manager, nurse and educator feedback and support, mentorship)

c. unit socialization (e.g. being introduced to staff and MDs, opportunities for staff socialization)

d. 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?

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)

c. ongoing learning (e.g. 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?

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 (orienting nurses), lack of feedback)

5. Please share any comments or concerns you have about the New Graduate Nurse Program at PHC:

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

1. Age:
2. Gender:
   - Male
   - Female

3. Ethnicity:
   - a. Caucasian
   - b. Black
   - c. Pilipino
   - d. Asian
   - e. South Asian
   - f. Other
   - g. I do not wish to include this information

4. Area of Specialty:
   - a. Adult Medical
   - b. Adult Surgical
   - c. OB/Post partum
   - d. Emergency
   - e. Renal
   - f. Cardiac
   - g. Geriatrics
   - h. HIV
   - i. Psychiatry
   - Other, please specify: ______________________

5. School of Nursing Attended (name, city, Province located)
   ______________________

6. Date of Graduation:
   ______________________

7. Degree Received:
   - RN Diploma
   - BSN
   - LPN Diploma
   - RPN Degree
   - Other, please specify: ______________________
8. Other non-nursing degree acquired? (If applicable):
   
9. Date of Hire
   
10. What previous health care work experience have you had?
    □ a. Volunteer
    □ b. Resident Care Attendant (RCA)
    □ c. Medical Assistant
    □ d. Unit Coordinator
    □ e. EMT/Paramedic
    □ f. Employed student nurse
    □ Other, please specify: ______________________

11. Have you functioned as a charge nurse?
    □ Yes
    □ No

12. Have you functioned as a preceptor?
    □ Yes
    □ No

13. What is your job status?
    □ a. Full time
    □ b. Part time
    □ c. Casual

14. What is your scheduled work pattern?
    □ a. Straight days
    □ b. Straight evenings
    □ c. Straight nights
    □ d. Rotating days/evenings
    □ e. Rotating days/nights
    □ Other, please specify: ______________________

15. How long was your unit orientation?
    □ a. Still ongoing
    □ b. < or equal to 8 weeks
    □ c. 9 - 12 weeks
○ d. 13 - 16 weeks
○ e. 17 - 23 weeks
○ f. > or equal to 24 weeks

16. How many nurses have oriented you during your unit orientation?
○ 1
○ 2
○ 3
○ 4
○ 5
○ Other, please specify: ______________________
Appendix D

Survey Delivery Schedule

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Evaluation explained to NGNs and told of the email invitation they will receive at 3 months</th>
<th>Date Survey #1 to be emailed out (3 month mark)</th>
<th>Date Survey #2 to be emailed out (12 month mark)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A (January orientees)</td>
<td>Jan 17th 2011</td>
<td>April 17th 2011</td>
<td>December 2011</td>
</tr>
<tr>
<td>B (February orientees)</td>
<td>Feb 14th 2011</td>
<td>May 14th 2011</td>
<td>January 2012</td>
</tr>
<tr>
<td>C (March orientees)</td>
<td>March 14th, 2011</td>
<td>June 14th 2011</td>
<td>February 2012</td>
</tr>
<tr>
<td>D (April orientees)</td>
<td>April 11th 2011</td>
<td>July 11th 2011</td>
<td>March 2012</td>
</tr>
<tr>
<td>E (May orientees)</td>
<td>May 9th 2011</td>
<td>August 9th 2011</td>
<td>April 2012</td>
</tr>
<tr>
<td>F (June orientees)</td>
<td>June 13th 2011</td>
<td>September 13th 2011</td>
<td>May 2012</td>
</tr>
</tbody>
</table>
Appendix E

Changes to the Casey Fink Graduate Nurse Experience Survey

1) Part 2, question #3; I feel comfortable delegating tasks to the Nursing Assistant to; I feel comfortable delegating tasks.

2) Part 2, question #25; NCLEX, to CRNE exam

3) Part 4, question #5; residency program, to new graduate nurse program

4) Part 5, question #3; Hispanic, to Pilipino and added South Asian

5) Part 5, question #5; State, to Province
Appendix F
Casey-Fink Graduate Nurse Experience Survey Factor Analysis

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

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
Appendix G

NGN External Turnover Rates for 2010

1. The numerator is equal to the number of NGNs who are not in the PHC scheduling system or have a blank schedule.

2) The denominator is equal to the number of NGNs hired or each month in 2009.

<table>
<thead>
<tr>
<th>2010</th>
<th>Monthly 1 Year Turnover Rates (from 2009)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Overall</td>
</tr>
<tr>
<td>January</td>
<td>0/4 = 0%</td>
</tr>
<tr>
<td></td>
<td>RN 0/4 = 0%</td>
</tr>
<tr>
<td></td>
<td>IEN NA</td>
</tr>
<tr>
<td></td>
<td>LPN NA</td>
</tr>
<tr>
<td>March</td>
<td>2/6 = 33%</td>
</tr>
<tr>
<td></td>
<td>RN 2/4 = 50%</td>
</tr>
<tr>
<td></td>
<td>IEN 0/1 = 0%</td>
</tr>
<tr>
<td></td>
<td>LPN NA</td>
</tr>
<tr>
<td>RPN</td>
<td>0/1 = 0%</td>
</tr>
<tr>
<td>April</td>
<td>2/8 = 25%</td>
</tr>
<tr>
<td></td>
<td>RN 0/4 = 0%</td>
</tr>
<tr>
<td></td>
<td>IEN NA</td>
</tr>
<tr>
<td></td>
<td>LPN 2/4 = 50%</td>
</tr>
<tr>
<td></td>
<td>RPN NA</td>
</tr>
<tr>
<td>May</td>
<td>3/15 = 20%</td>
</tr>
<tr>
<td></td>
<td>RN 2/9 = 22%</td>
</tr>
<tr>
<td></td>
<td>IEN 0/3 = 0%</td>
</tr>
<tr>
<td></td>
<td>LPN NA</td>
</tr>
<tr>
<td>RPN</td>
<td>1/3 = 33%</td>
</tr>
<tr>
<td>June</td>
<td>0/6 = 0%</td>
</tr>
<tr>
<td></td>
<td>RN 0/4 = 0%</td>
</tr>
<tr>
<td></td>
<td>IEN 0/2 = 0%</td>
</tr>
<tr>
<td></td>
<td>LPN NA</td>
</tr>
<tr>
<td>RPN</td>
<td>NA</td>
</tr>
<tr>
<td>July</td>
<td>2/7 = 28%</td>
</tr>
<tr>
<td></td>
<td>RN 2/7 = 28%</td>
</tr>
<tr>
<td></td>
<td>IEN NA</td>
</tr>
<tr>
<td></td>
<td>LPN</td>
</tr>
<tr>
<td>----------------</td>
<td>-----</td>
</tr>
<tr>
<td>August</td>
<td>NA</td>
</tr>
<tr>
<td>Overall</td>
<td>0/10 = 0%</td>
</tr>
<tr>
<td>RN</td>
<td>NA</td>
</tr>
<tr>
<td>IEN</td>
<td>NA</td>
</tr>
<tr>
<td>LPN</td>
<td>0/1 = 0%</td>
</tr>
<tr>
<td>RPN</td>
<td>NA</td>
</tr>
<tr>
<td>September</td>
<td>2/7 = 28%</td>
</tr>
<tr>
<td>Overall</td>
<td>2/7 = 28%</td>
</tr>
<tr>
<td>RN</td>
<td>2/7 = 28%</td>
</tr>
<tr>
<td>IEN</td>
<td>NA</td>
</tr>
<tr>
<td>LPN</td>
<td>NA</td>
</tr>
<tr>
<td>RPN</td>
<td>NA</td>
</tr>
<tr>
<td>October</td>
<td>NA (no NG orientation)</td>
</tr>
<tr>
<td>November</td>
<td>2/7 = 29%</td>
</tr>
<tr>
<td>Overall</td>
<td>2/7 = 29%</td>
</tr>
<tr>
<td>RN</td>
<td>2/7 = 29%</td>
</tr>
<tr>
<td>IEN</td>
<td>1/4 = 25%</td>
</tr>
<tr>
<td>LPN</td>
<td>NA</td>
</tr>
<tr>
<td>RPN</td>
<td>NA</td>
</tr>
<tr>
<td>December</td>
<td>2/5 = 40%</td>
</tr>
<tr>
<td>Overall</td>
<td>2/5 = 40%</td>
</tr>
<tr>
<td>RN</td>
<td>2/5 = 40%</td>
</tr>
<tr>
<td>IEN</td>
<td>1/1 = 100%</td>
</tr>
<tr>
<td>LPN</td>
<td>0/1 = 0%</td>
</tr>
<tr>
<td>RPN</td>
<td>0/2 = 0%</td>
</tr>
<tr>
<td>Average</td>
<td>21%</td>
</tr>
<tr>
<td>Overall</td>
<td>21%</td>
</tr>
<tr>
<td>RN</td>
<td>21%</td>
</tr>
<tr>
<td>IEN</td>
<td>21%</td>
</tr>
<tr>
<td>LPN</td>
<td>31%</td>
</tr>
<tr>
<td>RPN</td>
<td>17%</td>
</tr>
</tbody>
</table>
Appendix H

Systems web showing possible influence linkages to New Graduate Nurses

- Unit: culture, workload, leadership, specialty
- Housing, commute and location to workplace
- Personal coping and adaptation style
- Support from family, friends etc. outside work
- Previous experiences in nursing and graduate school
- Mentor programs and support from nurses on unit
- Financial restrictions. Economy & job availability

New Graduate Nurse
Appendix I

Survey Cover Letter

Study Title: PHC New Graduate Nurse Program Evaluation

Principle Investigator: Cindy Elliott

Email: celliott@providencehealth.bc.ca

Telephone: 604-806-8508

Dear New Graduate Nurse,

You are being invited to participate in the evaluation of the New Graduate Nurse program (NGNP). You have been chosen to participate because you are a new graduate nurse within Providence Health Care (PHC) and will either be involved with the new graduate nurse program (NGNP) over the next year or have recently completed the program. As an organization we want to ensure that new graduates are provided with education and support as they transition from student to qualified nurse. We also want to ensure that a supportive work environment exists. We are conducting an evaluation of our current new graduate program and your participation in this study will help to gather important information to determine which areas the NGNP is succeeding and which areas we could work to improve when supporting you as a new nurse.

Below is a link to the on-line survey hosted by Fluid Surveys. This on-line survey company is hosted by a web survey company located in Canada and is a leading online survey tool that meets all privacy regulations deemed necessary by Canadian institutes. This survey or questionnaire does not ask for personal identifiers or any information that may be used to identify you. The web survey company servers record incoming IP addresses of the computer that you use to access the survey but no connection is made between your data and your computer's IP address. If you choose to participate in the survey, you understand that your response to the survey questions will be stored and accessed in Canada. The security and privacy policy for the web survey company can be found at the following link:


Your participation in this survey is entirely voluntary. There are no direct benefits for participating in this study. You have the right to refuse to participate in this study and your enrolment in the new graduate nurse program will not be affected. If you decide to participate, your decision is not binding and you may choose to withdraw from the study at any time. The survey will take about 10 - 15 minutes to complete and will be available
for a 4 week period starting today. There will be no other time commitments required. If you have any concerns about your rights as a research subject and/or your experiences while participating in this study, contact the Research Subject Information Line in the University of British Columbia Office of Research Services’ at 604-822-8598 or the Chair of UBC-PHC Research Ethics Board at 604-682-2344 ext 63496.

Below is the link to the survey. Please note that by clicking on this link, you are agreeing to participate in the study.

http://www. (insert the link you are given)

Thank you for your participation, should you have any concerns or questions please contact:

Nala Murray RN, BScN
Nurse Educator
Employed Student Nurse and
New Grad Program
Providence Health Care
Office: 604-806-9261
Blackberry: 604-790-2722
Email: nmurray@providencehealth.bc.ca

Cindy Elliott Rn, BScN
Practice Consultant – Entry to Practice & Mentorship
Professional Practice Office, PHC
Office: 604-806-8508
Email: celliott@providencehealth.bc.ca
Appendix J

Informed Consent Form
-Focus Group-
PHC New Graduate Nurse Program Evaluation

Principal Investigator:
Cindy Elliott, Practice Consultant, celliott@providencehealth.bc.ca, 604-806-8508

Co-Investigators:
Amanda Mitchell, Nurse Educator, amitchell@providencehealth.bc.ca, 604-816-6068

Nala Murray, Nurse Educator, nmurray@providencehealth.bc.ca, 604-790-2722

Candy Garossino, Director of Education and Research, cgarossino@providencehealth.bc.ca, 604-806-8265

Study Team Members:

Why we are doing this project:

As an organization we want to ensure that new graduates are provided with the appropriate education and support as they transition from student to qualified nurse. We also want to ensure that a supportive work environment exists. We are conducting an evaluation of our current new graduate program and your participation in this study will help to gather important information to determine whether we have met our goals and that you, the new graduate have the necessary supports and resources to be successful in your nursing careers. The results of this study will be used to determine whether the program has been effective in meeting the predetermined program goals and objectives and to continue to improve the activities of the program in supporting new graduate nurses. The results of this study will be shared with the program educators and the organizational leadership involved with supporting new graduates.

What will happen:

As you are a new graduate nearing the end of your first year of nursing or have recently finished your first year in nursing (between 11 - 15 months) and have been involved with the new graduate program, we would like to hear what your experience has been like and obtain your feedback about the program. We will be holding three focus
group discussions. You can choose to attend one of these group discussions which will take place at St. Paul’s Hospital or Mount St. Joseph’s hospital and will take approximately 2 hours. The focus groups will be held in May and June. Exact dates will be emailed to you if you decide to participate. We would like to hear your story in your own words. The group discussion will consist of 8 – 12 participants and be led by a moderator not associated with the program. The moderator will ask the group to respond to and discuss 8 questions. Questions will be open ended and we’d like to ask you to talk about your opinion of the program, what you think are the strengths and weaknesses of the program, what you liked, what you didn’t like, what you think could be improved or should stay the same. To compensate for your time and to say thank you we will give each participant $20.00.

During the group discussion we would like to take notes and audiotape the session so that we can refer to them in case we miss something. The group discussion will be transcribed so that emerging themes and important information can be captured. Your confidentiality will be maintained at all times.

**Limits to confidentiality:**

We will encourage all participants to not share what they hear from other people in the focus group with others outside the focus group; however, we cannot control what other participants do with the information discussed.

**Protecting your privacy:**

Your identity will be kept strictly confidential by the research team. Anything that could identify you will be erased from the audiotapes and notes we take. The tapes and notes will be identified only by pseudonym and will be secured in a locked filing cabinet in the principle investigators office. All tapes will be erased and notes shredded after 5 years. Only the research team will have access to this information, and they will use it only to write reports and presentations about what we learned in this program evaluation. No names or anything else that could identify you will be used in any published report.

Key themes will be used by the program educators to make improvements to the program but your specific responses will not be taken individually to the unit leaders or program educators in any way that may expose your personal thoughts about the program or organization.

**Legal Rights:**

Your participation is entirely voluntary and you may choose at any time not to respond to a question, to withdraw an answer, or to not continue with the discussion. Not answering a question or choosing not to participate at any time will have no impact on your standing within the organization or the program. Signing this consent form in no way limits your legal rights against the investigators, or anyone else involved in the study.
If you have any concerns about your treatment or rights as a research participant, you can call the researchers to discuss this at any time. You can also call the Research Subject Information Line in the UBC Office of Research Services at (604) 822-8598.

PHC New Graduate Nurse Program Evaluation

If you are willing to participate in this project, please complete the printed name, signature and date portion of this form.

- I have read and understood the subject information and consent form.
- I understand that all of the information collected will be kept confidential
- I understand that my participation in this study is voluntary
- I understand that I am not waiving any of my legal rights as a result of signing this consent form.
- I have been told that I will receive a dated and signed copy of this form.

<table>
<thead>
<tr>
<th>Participant Signature</th>
<th>Date</th>
<th>Participant Name  (please print)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix K

Ethics Application

**H10-03331 NGP Evaluation  (Version 0.0)**

**Principal Investigator:** Cindy Elliott

### 1. Principal Investigator & Study Team - Human Ethics Application

**[View Form]**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Employer/Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elliott</td>
<td>Cindy</td>
<td>PHC</td>
<td><a href="mailto:celliott@providencehealth.bc.ca">celliott@providencehealth.bc.ca</a></td>
</tr>
</tbody>
</table>

**Enter Principal Investigator Primary Department and also the primary location of the PI's Institution:**

Professional Practice Office, PHC Vancouver

**1.2. Primary Contact**

Provide the name of ONE primary contact person in addition to the PI who will receive ALL correspondence, certificates of approval and notifications from the REB for this study. This primary contact will have online access to read, amend, and track the application.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murray</td>
<td>Nala</td>
<td>Non-UBC Employee</td>
</tr>
</tbody>
</table>

**1.3. Co-Investigators**

List all the Co-Investigators of the study. These members WILL have online access which will allow them to read, amend and track the application. These members will be listed on the certificate of approval (except BC Cancer Agency Research Ethics Board certificates). If this research application is for a graduate degree,

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Institution/Department</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mitchell</td>
<td>Amanda</td>
<td>PHCRI/PHC</td>
<td>Graduate Student</td>
</tr>
<tr>
<td>Murray</td>
<td>Nala</td>
<td>PHCRI/PHC</td>
<td>Non-UBC Employee</td>
</tr>
<tr>
<td>Garossino</td>
<td>Candy</td>
<td>UBC/Applied Science/Nursing</td>
<td>Unspecified</td>
</tr>
</tbody>
</table>
enter the graduate student's name in this section.

1.4. Additional Study Team Members - Online Access List the additional study team members who WILL have online access to read, amend, and track the application but WILL NOT be listed on the certificate of approval.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Institution/Department</th>
<th>Rank</th>
</tr>
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</table>

1.5. Additional Study Team Members - No Online Access Click Add to list study team members who WILL NOT have online access to the application and will NOT be listed on the certificate of approval.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Institution / Department</th>
<th>Rank / Job Title</th>
<th>Email Address</th>
</tr>
</thead>
</table>

1.6.1. All undergraduate and graduate students and medical residents are expected to complete the TCPS Tutorial before submission. It is strongly recommended that the Principal Investigator and all Co-Investigators are familiar with the TCPS. Indicate completion of the TCPS tutorial below:

All Undergraduate/Graduate Students: Yes

1.6.2. All Medical Residents: N/A (no medical residents participating in this study)

Comments:

1.7. Project Title Enter the title of this research study as it will appear on the certificate. If applicable, include the protocol number in brackets at the end of the title.

PHC New Graduate Nurse Program Evaluation

1.8. Project Nickname Enter a nickname for this study. What would you like this study to be known as to the

NGP Evaluation
2 Study Dates and Funding Information - Human Ethics Application [View Form]

2.1. A. Start date: March 18, 2011
2.1. B. End date: May 17, 2012

2.2. Types of Funds Please select the applicable box(es) below to indicate the type(s) of funding you are receiving to conduct this research. You must then complete section 2.3 and/or section 2.4 to enter the name of the source of the funds to be listed on the certificate of approval.

| Internal Funds |

If you selected Other, specify the type of funding below.

2.3. Research Funding Application/Award Associated with the Study Submitted to the UBC Office of Research Services Please click Add to identify the research funding application/award associated with this study. Selecting Add will list the sources of all research funding applications that have been submitted by the PI (and the person completing this application if different from the PI). If the research funding application/award associated with this study is not listed below, please enter those details in question 2.4.

<table>
<thead>
<tr>
<th>UBC Number</th>
<th>Title</th>
<th>Sponsor</th>
</tr>
</thead>
</table>

2.3.1. Is this a DHHS grant? no

2.3.2. If yes, please select the appropriate DHHS funding agency from the selection box, and attach the grant application.

| DHHS Sponsor List: |

Attach DHHS Grant Application for each sponsor listed above

2.4. Research Funding Application/Award Associated with the Study Submitted to the UBC Office of Research Services Please click Add to identify the research funding application/award associated with this study. Selecting Add will list the sources of all research funding applications that have been submitted by the PI (and the person completing this application if different from the PI). If the research funding application/award associated with this study is not listed below, please enter those details in question 2.4.

<table>
<thead>
<tr>
<th>UBC Number</th>
<th>Title</th>
<th>Sponsor</th>
</tr>
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</table>
with the Study not listed in question 2.3. Please click Add to enter the details for the research funding application/award associated with this study that is not listed in question 2.3. Providence Health Care

<table>
<thead>
<tr>
<th>2.4.1. Is this a DHHS grant?</th>
<th>no</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.4.2. If yes, please select the appropriate DHHS funding agency from the selection box, and attach the grant application.</td>
<td>DHHS Sponsor List:</td>
</tr>
<tr>
<td>Attach DHHS Grant Application for each sponsor listed above</td>
<td></td>
</tr>
<tr>
<td>2.5. Conflict of Interest Do any of the following statements apply to the Principal Investigator, Co-Investigators and/or their partners/immediate family members? Receive personal benefits in connection with this study over and above the direct cost of conducting this study. For example, being paid by the funder for consulting. (Reminder; receiving a finders fee for each subject enrolled is not allowed). Have a non-financial relationship with the sponsor (such as unpaid consultant, advisor, board member or other non-financial interest). Have direct financial involvement with the sponsor (source of funds) via ownership of stock, stock options, or membership on a Board. Hold patent rights or intellectual property rights linked in any way to this study or its sponsor (source of funds).</td>
<td>no</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Study Review Type - Human Ethics Application [View Form]</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1. UBC Research Ethics Board Indicate which UBC Research Ethics Board you are applying to and the type of study you are applying for:</td>
</tr>
<tr>
<td>4.2. Institutions and Sites for Study A. Enter the locations for the institutions and sites where</td>
</tr>
<tr>
<td>Institution</td>
</tr>
<tr>
<td>Providence Health Care</td>
</tr>
<tr>
<td>Question</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| the research will be carried out under this Research Ethics Board approval (including specimens processed by pathology, special radiological procedures, specimens obtained in the operating room, or tissue requested from pathology). Click Add and enter the appropriate letter to see the locations for the institutions and sites where the research will be carried out under this Research Ethics Board approval: B for BC Cancer Agency C for Children's and Women's Health Centre of BC P for Providence Health Care U for UBC Campus V for Vancouver Coastal Health (VCHRI/VCHA). If you are NOT using any of these sites select N/A from the list. | Providence Health Care  
St. Paul's Hospital  
B. Please enter any other locations where the research will be conducted under this Research Ethics Approval (e.g. private physician's office, community centre, school, classroom, subject's home, in the field - provide details). |
| 4.3. A. If this proposal is closely linked to any other proposal previously/simultaneously submitted, enter the Research Ethics Board number of that proposal. |  
B. If applicable, please describe the relationship between this proposal and the previously/simultaneously submitted proposal listed above. |
| 4.4. If this research proposal has received any independent scientific/methodological peer review, please include the names of committees or individuals involved in the review. State whether the peer review process is ongoing or |  
Bernie Pauly, UVIC, MSN supervisor, ongoing  
Marjorie MacDonald, UVIC, MSN committee member, ongoing |
completed.  

A. External peer review details:

B. Internal (UBC or hospital) peer review details:

| Professional Practice Consultant for Mentorship & Entry to Practice - Cindy Elliott, ongoing |
| Nurse Educator for New Graduate Nurse Program - Nala Murray, ongoing |
| Director of Education & Research - Candy Garossino, ongoing |
| Nursing Research Facilitator - Aggie Black, ongoing |

C. If this research proposal has NOT received any independent scientific/methodological peer review, explain why no review has taken place.

Independent review has taken place

4.5. After reviewing the minimal risk criteria on the right, does your application fall under minimal risk (and therefore is eligible to be considered for Delegated Review, executive review or review by an Undergraduate Research Review Committee)?

| yes |

4.6.A. Pandemic Research Does this study involve research concerning H1N1 or any other urgent public health event such that it requires urgent review and approval? [if no, move on to 5, if yes, answer 4.6B]

| no |

4.6.B. Does this pandemic study require review and approval by multiple Canadian Research Boards (i.e. more than those covered under the certificate of approval for this application) [If no, move on to 5, if yes, answer 4.6C]

| no |

4.6.C. Are you the Lead Investigator for this pandemic study? (i.e. the pandemic study involves numerous co-investigators from various sites external to UBC and you have been selected as the lead investigator for the entire project) [If YES, move on to 5, if NO move on to 4.7]

| no |

4.7. Pandemic Research Lead PI REB Please review the guidance note on the right and then answer the following question: If the study has NOT been approved by the Lead PI’s REB, UBC’s REBs will not proceed to

| no |
**5. Summary of Study and Recruitment - Human Ethics Application**

<table>
<thead>
<tr>
<th>5.1.A Provide a short summary of the project written in lay language suitable for non-scientific REB members. DO NOT exceed 100 words and do not cut and paste directly from the study protocol.</th>
<th>At Providence Health Care the need to support new graduate nurses (NGN) as they start their careers was identified and funding was procured to initiate a new graduate nurse support program (NGP). The program has been running for 5 years. The need for a formal evaluation of this program has been highlighted. The purpose of the evaluation will be to gain insight into the NGN experience and to evaluate the effectiveness of the NGP in meeting the predetermined program goals and objectives. One question we will be looking to answer is, do the NGNs feel supported through the interventions of the program?</th>
</tr>
</thead>
</table>
| 5.1.B Summarize the research proposal: | Purpose
Graduating from nursing school and starting a career as a professional nurse is a very exciting time but, it can also be an overwhelming and stressful experience for many new nurses. In recent years, new graduate nurses (NGNs) across North America have reported feeling increasingly challenged, overwhelmed and defeated by the multifaceted demands they encounter during their first year of nursing practice. In response to this stressful transition period and the challenges it brings to new graduates, specific programs that support the new graduate nurse through this transition period have been developed. Providence Health Care (PHC) has developed such a program and it has been running for 5 years. The purpose of the research study will be to understand the experience of the NGN within the PHC organization and to evaluate the effectiveness of the new graduate nurse program (NGNP) in meeting the predetermined program goals and objectives. The results from this study will inform the leaders of the NGN Program regarding which areas are successful and which areas require further development. The organization will also gain |
an understanding of what entry level nurses are experiencing and ways the organization can better support and integrate the NGN. No optional studies are being conducted.

Aim
The NGN Program has advanced through further defining its goals and objectives, exploring relevant literature and researching successful strategies. The desired goals of the NGN program are that: 1) NGNs will transition successfully from student to qualified nurse and ensure that they are able to provide safe patient care; 2) Develop partnerships with the organizations leadership to create a culture which supports the NGNs transition and learning. The objectives related to goal number one are to: 1) Ensure NGNs feel valued and are supported in their positions; 2) Ensure NGNs develop into confident and competent beginning practitioners; 3) Increase the NGNs knowledge, critical thinking skills, and clinical skills over the one year program; 5) One year external turnover rates of NGNs will remain below 30%. The objectives related to goal number two are: 1) Achieve a higher level of collaboration with individual unit leadership when supporting NGNs; 2) Provide knowledge and human resources for the organization regarding NGN transitions. Questions that were determined as a priority to answer through the evaluation include; do the organizational stakeholders feel the program is useful? Does the program decrease one year turnover rates? Do the supports provided make a difference and are they relevant to the needs of the new graduate? Is the New Graduate program effective and meeting the predetermined goals? What impact does the New Graduate Program have?

Justifications for the Study
Currently, the program evaluates NGN educational workshops, the number of new graduates hired every month is monitored along with one year turnover rates and workshop attendance totals. There has been plenty of informal positive evaluations and feedback from the organization and the new graduates pertaining to the program but, there has been no formal evaluation measuring the overall effectiveness of the program and the supports that are in place. The need for a formal evaluation of this program has been identified by some of the key stakeholders as a priority within the organization specifically the Director for Education and Research. There have been many studies outlining the difficulties NGNs face transitioning from student to qualified nurse. There have also been studies that describe different support programs that have been put in place throughout many organizations. There have been fewer studies that have evaluated the effectiveness of these programs and that identify, “what works” when supporting NGNs. It is hoped that the evaluation of the NGNP at PHC will provide useful insights into the best way for organizations and graduate nurse support programs to support and train new nurses through the transition period to ensure they develop into competent and confident professionals.
Objectives
It is hoped that the findings of the evaluation will lead to validating the program activities in order to ensure the continuation of funding, realize potential changes that need to be made and gaps that are missing in the program and to share the learning with organizational leaders such as unit nurse educators, clinical nurse leaders and operations leaders.

Research methods
The type of research will be evaluation research using a mixed methods approach. Both qualitative and quantitative methods to identify the effectiveness of the NGP at Providence Health Care will be used.

Quantitative
To collect quantitative data surrounding the NGN experience and to measure if the NGP objectives are being met, a survey method will be used. A convenience sample of NGNs will be asked at new graduate orientation to participate in the survey portion of the study. This portion of the study will include completing one electronic survey emailed to participants at two data collection points. These two points will be at three months and twelve months into nursing practice. NGNs are defined as nurses within their first year of practice.

All NGNs who are hired into the organization are a part of the NGN program. Those hired between January and June 2011 will be asked to participate in the surveys. Based on last year’s number of new graduates, it is estimated that there will be approximately 65 new graduates being asked to participate in the study. This number could vary significantly based upon the hiring status of the organization. The survey delivery schedule can be lengthened if more numbers of completed questionnaires are required.

Fluid Surveys which is a Canadian based online survey tool and stores all data within Canada complying with Canadian privacy standards will be used to administer the survey. This online software will also provide the basic descriptive data including frequency, percentages and graphs to be used in the evaluation. Basic descriptive data will provide a picture of which areas NGNs are feeling confident in, if they are feeling supported and where the support is coming from, how satisfied they are with their position and if they experience the common difficulties associated with the transition phase.

Surveys collected from all NGNs at three months will be grouped, analysed and compared to the findings from the surveys collected at 12 months. The analysis incorporates a pre-test, post-test method comparing scores from the survey distributed during the beginning of, and at the completion of the NGN program. The purpose of the survey design is to capture any significant changes in scores from the two timeframes surrounding factors such as the NGNs organizing/prioritizing skills, perceptions of support, stress.
levels, communication/leadership skills and professional satisfaction during the course of the NGN program.

The second purpose of the survey design will be to provide a sense of the NGNs perceived experience within the organization as a whole which can be used to determine what areas are supportive, what areas are not supportive, and to what extent NGNs are feeling confident in enacting their nursing duties.

Qualitative

Focus groups will be the qualitative method employed to gather data related to the NGNs perceptions of the NGP. Three focus groups will be conducted in the conference center of St. Paul’s hospital and will consist of 8 – 12 individuals each. The focus groups will be held in May and June and be approximately 2 hours long. The goal will be to have a total of 30 participants. A convenience sample of new graduate nurses will be invited to attend a group discussion. Participants invited to join will be new graduate nurses (RN, LPN or RPN) who are between 11 to 15 months of their practice and have been part of the NGP, all new graduates who are in this time frame will be invited. NGNs between 11 to 15 months were chosen because they have recently finished the program and their experiences and opinions will be fresh. Demographic data collected will include gender, age, months of practice and education level.

A qualitative analyst from the CHEOS team was consulted regarding the qualitative portion of this study. Group discussions will be audio taped and transcribed verbatim. The data will be reviewed coded and analysed by a member of the CHEOS team. Themes relating to the support provided by the program will be gathered as well as overall themes from the new graduates’ experience.

5.2. Inclusion Criteria. Describe the subjects being selected for this study, and list the criteria for their inclusion. For research involving human pluripotent stem cells, provide a detailed description of the stem cells being used in the research.

To be included in the study participants must be new graduate nurses within their first year of practice and be a part of the New graduate nurse program at PHC. The New graduate nurse program includes all new graduate nurses who are hired within Providence Health care. For the survey portion of the evaluation, new graduates hired between January and June 2011 will be asked to participate in the survey portion of the evaluation. For the qualitative portion of the study new graduates between 11 to 15 months were chosen because they have recently finished the program and their experiences and opinions will be fresh. All unit level leaders in areas that hire NGNs will be invited to attend the second focus group. These leaders will include operations leaders, clinical nurse leaders, clinical nurse educators and mentors.

5.3. Exclusion Criteria. Describe which subjects will be excluded from participation, and list the

Quantitative

We hope to gather enough completed surveys from
Criteria for their exclusion. | including new graduate nurses hired within the organization between January and June 2011. If more completed surveys are required than new graduate nurse hired after June 2011 will be included until enough surveys have been collected.

Qualitative
New graduate nurses who are not at the 11 month mark of their careers will not be included as they have not completed the program and completion of the program is essential in order to answer the focus group questions. Nurses who are beyond 15 months of practice and completed the program will not be part of the focus groups as we would like participants who have recently completed the program and who can recently recall their activity in the program to be a part of the study.

5.4. Provide a detailed description of the method of recruitment. For example, describe who will contact prospective subjects and by what means this will be done. Ensure that any letters of initial contact or other recruitment materials are attached to this submission on Page 9.

Every month new graduate nurse specific orientation (NGO) is held following general nursing orientation. The educators of the NGN program, who are also the co-investigators of the study, facilitate NGO. With permission from the new graduates, contact information including names, telephone numbers, school of graduation and email addresses are regularly collected from participants during NGO to communicate with them regarding upcoming workshops etc. Educators of the program already have access to NGN contact information regardless of the study.

Participants emails are kept by the NGP educators and can be accessed from the NGP contact list. Only NGP educators have access to the contact information. In NGO, NGNs will be told about the evaluation of the program and what it involves. At both the three and twelve month mark of practice the new graduates will be sent an email from the educators inviting them to complete the new graduate nurse experience survey. A link to the electronic survey will be included in the email. The cover letter and email inviting participants to complete the survey has been attached to the ethics application.

The contact information that is collected in NGO will also be used to email participants who meet the inclusion criteria for the focus groups. The informed consent outlining the study will be included in the email. A copy of the email to be sent asking prospective participants to be involved with the focus groups and the informed consent form is attached to the ethics application.

5.5. Describe how prospective normal/control subjects will be identified, contacted, and recruited, if the method differs from the above.

same as above

5.6 If existing records (e.g. health records, clinical lists or other records/databases) will be used to IDENTIFY potential subjects, please describe how permission to access this

N/A
### 5.7. Summary of Procedures

**Quantitative Method:**

In orientation NGN will be told about the evaluation of the program and that they will be asked by the NGN program educators via emailed to participate in the evaluation by completing an online electronic survey. The instrument to be used in the evaluation is the 2006 version of the Casey-Fink Graduate Nurse Experience Survey. Permission to use this survey was granted by the authors. The survey can be seen in the attachments of the ethics application.

A cover letter explaining the evaluation and a link to the survey will be emailed to all new graduates who are hired from January to June 2011 at their three month mark of employment. The same group of nurses will be emailed the same survey at 12 months of employment upon completion of the program. If enough surveys are completed and returned, no more NGNs will be asked to participate in the evaluation. If more completed surveys are required then NGNs hired after June 2011 will also be invited to complete the surveys.

The online software provided through Fluid Surveys will be used in part to interpret the data and provide basic descriptive statistics including means, percentages, and graphs for each section. An exploratory factor analysis was conducted by the creators of the survey using the questions in section two and five factors were found. These factors are support, patient safety, stress, communication/leadership and professional satisfaction. These factors and their associated questions can then be linked to the NGN program objectives. Questions in the support, patient safety and professional satisfaction categories can be linked to objectives number one; ensure NGNs feel valued and are supported in their positions. Questions in the patient safety category are linked to objective number three; increase the NGNs knowledge, critical thinking skills, and clinical skills over the one year program. Questions in the communication/leadership category can be linked to objective number two; ensure NGNs develop into confident and competent beginning practitioners. When analysing the data, responses to each group of questions will be compared to program objectives to see if they have been met or not. Pre-test, post-test analysis will be conducted using the scores calculated in part two of the survey. Analysis will be conducted using a T-test. Scores from the entire section will be compared as well as scores from groupings of questions indicated in the factor analysis to determine if there have been any significant changes over time.

Basic descriptive data from the entire survey will provide a picture of which areas NGNs are feeling confident in, if they are feeling supported, what area the support is coming from, how satisfied they are with their position and any difficulties experienced during the transition phase. Leaders
of the program have decided if further analysis is required they will consult the members of the CHEOS team.

Qualitative Method
A convenience sample of NGN’s will be invited to participate in the evaluation of the NGN program by joining one of three focus groups. The sample of NGNs will include nurses who are between 11 – 15 months of nursing practice. The focus groups will occur in May and June. Exact dates have not yet been determined. The two focus groups including organizational leaders will also occur in May and June. Participants will be sent an email in April explaining the study and asking them to be involved with the group discussions, the exact dates will be provided. Focus groups will then be coordinated by the NGN program educators. A copy of the consent form detailing the study will be included in the email allowing prospective participants time to decide if they would like to be involved.

A standardized open ended interview style will be used with a set of questions carefully worded and arranged with the intention of taking each group through the same sequence and asking each group the same questions with essentially the same words. Discussion questions have been developed and reviewed by the evaluator and primary intended users to ensure the content is valid. The questions will focus on whether the program reached the intended target group and met program goals, what supports from the program were received and what was beneficial.

The following will be the questions used in the focus groups.
1. What were your expectations of the NGN program when you first started?
2. In what way has the program met or not met these expectations?
3. What did you find supportive in aiding your transition over the first year of nursing?
4. What aspects of the new graduate program did you find most helpful? Least helpful?
5. What is your overall opinion of the program?
6. Do you have any other general issues that you would like to raise that you believe might be helpful?

Leaders invited to join the other focus groups will be operations leaders, clinical nurse leaders, mentors and nurse educators from the units in which new graduate nurses are hired. The questions for this focus group will differ from the previous as the goal of this focus group is to evaluate an objective which focuses more on the organizational leadership rather than the new graduate nurses. The questions that will be asked in this focus group are:

1. How have you collaborated with the NGN program educators in the past when working with NGN’s
2. In what ways do you think the NGN program could work more closely with individual unit leadership?
3. Based on your experience what would you say are the strengths of this program?
4. What about weaknesses?  
5. What if anything have you learned from the NGN program and its educators?

The moderator selected for the focus groups will be a research scientist from the CHEOS department who is not involved with the program and has experience facilitating focus groups. This will allow for the participants to be comfortable answering in their own words and providing their true feelings regarding the program without the possibility of bias or coercion being involved.

### 6. Subject Information and Consent Process - Human Ethics Application [View Form]

<table>
<thead>
<tr>
<th>6.1. How much time will a subject be asked to dedicate to the project beyond that needed for normal care?</th>
<th>The online survey will take approximately 10 - 15 minutes to complete and they will be asked to complete the survey twice for a total of 20 - 30 minutes of their time. Focus groups are expected to last up to 2 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.2. If applicable, how much time will a normal/control volunteer be asked to dedicate to the project?</td>
<td>no volunteers are being used</td>
</tr>
</tbody>
</table>
| 6.3. Describe what is known about the risks (harms) of the proposed research. | There is minimal risk associated with completing the electronic survey as the participants' privacy and confidentiality will be maintained.  
The moderator will explain at the beginning of the focus group that everything said in the group discussion is confidential and not to leave the room. Although participants have signed a consent form indicating confidentiality, there is a potential risk of a member in the focus group discussing what was said with individuals outside the discussion including nursing staff, managers or unit leaders. This could lead to the individuals specific opinions about the program being known causing social discomfort within the organization. All steps including emphasizing group confidentiality and ensuring consent will be taken so that the group knows the importance of maintaining each others confidentiality once the discussion is complete. |
| 6.4. Describe any potential benefits to the subject that could arise from his or her participation in the proposed research. | By participating in this study potential benefits include having the opportunity to voice specific opinions about the NGN program and the organization. These opinions will be treated with respect and used in determining future actions and program/organizational improvements. The benefit being a potential positive change in support, resources and work environment for the NGNs. |
| 6.5. Describe any reimbursement for expenses (e.g. meals, parking, medications) or payments/gifts-in-kind (e.g. honoraria, gifts, prizes, credits) to be offered to the subjects. Provide full details of the amounts, payment schedules, and value of | No reimbursement or incentive will be given for completing the survey portion of the evaluation.  
Participants who agree to attend a focus group will be provided with a $20 incentive at the completion of the discussion. Beverages and snacks will also be provided at the focus group. |
<table>
<thead>
<tr>
<th><strong>6.6. Specify who will explain the consent form and invite the subject to participate. Include details of where the consent will be obtained, and under what circumstances.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>In the survey portion of the study, participants will be sent an email from the NGNP educator which includes a cover letter outlining the evaluation and a link to the electronic survey. The cover letter states that by clicking on this link, you are agreeing to participate in the study. If participants do not wish to participate then they do not have to continue. This process will also be explained to potential participants by NGNP educators during new graduate orientation. For the focus group portion of the evaluation, NGNs will be sent an email from the NGN program educator inviting them to participate in the focus groups. A copy of the consent will be included in the email for the participants to read through ahead of time and used to consider if they would like to participate or not. When the focus group is held, the moderator will again go through the consent form verbally and answer any questions that might arise. Collection of the signed consent will occur at the beginning of the focus group by the moderator.</td>
</tr>
<tr>
<td><strong>6.6.A. If you are asking for a waiver or an alteration of the requirement for subject informed consent please justify the waiver or alteration and confirm that the study meets the criteria on the right.</strong></td>
</tr>
<tr>
<td>N/A</td>
</tr>
<tr>
<td><strong>6.7. How long after receiving the consent form will the subject have to decide whether or not to participate? If this will be less than twenty-four hours, provide an explanation.</strong></td>
</tr>
<tr>
<td>Participants will receive a copy of the consent form in April and the focus groups will occur in May and June. Once the invitation emails are sent out participants will have at least a month to decide whether to participate or not and will have access to the program educators to ask questions and/or clarify expectations.</td>
</tr>
<tr>
<td><strong>6.8. Will every subject be competent to give fully informed consent on his/her own behalf? Please click Select to complete the question and view further details.</strong></td>
</tr>
<tr>
<td>Will subject be competent to give fully informed consent?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td><strong>6.9. Describe any situation in which the renewal of consent for this research might be appropriate, and how this would take place.</strong></td>
</tr>
<tr>
<td>Renewal of consent will occur at the 12 month mark when NGNs are again sent the same email asking them to participate in the survey. Consent is obtained through the cover letter which states that by clicking on this link, you are agreeing to participate in the study.</td>
</tr>
<tr>
<td><strong>6.10. What provisions are planned for subjects, or those consenting on a subject’s behalf, to have special assistance, if needed, during the consent process (e.g. gifts-in-kind).</strong></td>
</tr>
<tr>
<td>If participants have specific questions or concerns, the educators of the program who are also the co-investigators are accessible in person, phone or by email. All participants will be able to speak English and are literate as this is a requirement for nursing within PHC.</td>
</tr>
</tbody>
</table>
consent forms in Braille, or in languages other than English).

6.11. Describe any restrictions regarding the disclosure of information to research subjects (during or at the end of the study) that the sponsor has placed on investigators, including those related to the publication of results. no restrictions are in place

### 7. Number of Subjects - Human Ethics Application for Behavioural Study [View Form]

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1. Indicate external approvals below: A. Other Institutions:</td>
<td>no</td>
</tr>
<tr>
<td>B. Please select Add to enter the name of the institution and if you have already received approval attach the approval letter.</td>
<td></td>
</tr>
<tr>
<td>C. Other Jurisdiction or Country:</td>
<td>no</td>
</tr>
<tr>
<td>D. Please select Add to enter the name of the jurisdiction or country and if you have already received approval attach the approval letter.</td>
<td></td>
</tr>
<tr>
<td>E. Has a Request for Ethics Approval been submitted to the institution or responsible authority in the other jurisdiction or country? (Send a copy to the Research Ethics Office when approval is obtained).</td>
<td>no</td>
</tr>
<tr>
<td>F. If a Request for Approval has not been submitted, provide the reasons below:</td>
<td>N/A</td>
</tr>
<tr>
<td>G. Does this research involve aboriginal communities or organizations; or aboriginals as an identified subject category?</td>
<td>no</td>
</tr>
<tr>
<td>If YES, ensure that you are familiar with the guidance documents linked on the right. Also attach a copy of the research agreement with the community (if available) in Question 9.8. Please describe the community consent process. If no community consent is being sought, please justify.</td>
<td></td>
</tr>
<tr>
<td>7.2. A. How many subjects (including controls) will be enrolled in the entire study? (i.e. the entire study, world-wide)</td>
<td>Estimated at 125</td>
</tr>
<tr>
<td>B. How many subjects (including controls) will be enrolled at</td>
<td>125</td>
</tr>
<tr>
<td>institutions covered by this Research Ethics Approval? (i.e. only at the institutions covered by this approval)</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Of these, how many are controls?</td>
<td>0</td>
</tr>
<tr>
<td>7.3. Are any of the following procedures or methods involved in this study? Check all that apply.</td>
<td>Focus Groups</td>
</tr>
<tr>
<td></td>
<td>The study will be conducted by Cindy Elliott, the principle investigator who is a member of the professional practice team and her title is practice consultant for mentorship and entry to practice. Cindy has a BScN and is currently enrolled in a Masters of Nursing Program through Thompsons University taking a qualitative and quantitative analysis course.</td>
</tr>
<tr>
<td></td>
<td>The NGN program educator Nala Murray is also a co-investigator and will be involved with emailing participants and discussing the evaluation. Nala has completed her BScN.</td>
</tr>
<tr>
<td></td>
<td>Candy Garossino, Director of Education and Research will also be a co-investigator participating in the conduction of the study. Candy’s qualifications are as follows:</td>
</tr>
<tr>
<td></td>
<td>Masters of Science in Nursing</td>
</tr>
<tr>
<td></td>
<td>Bachelor of Science in Nursing</td>
</tr>
<tr>
<td></td>
<td>Bachelor of Arts</td>
</tr>
</tbody>
</table>
The focus groups will be conducted by a research scientist from the CHEOS department as they have the necessary moderator skills.

### 8. Confidentiality - Human Ethics Application for Behavioural Study [View Form]

<table>
<thead>
<tr>
<th><strong>8.1. Security of Data during the course of the study</strong></th>
<th>Completed surveys will be kept online and protected by password. Only the PI and co-investigators will have access to the results of the surveys. Fluid Survey software is a Canadian survey tool that stores all data within Canada and meets all privacy regulations deemed necessary by Canadian institutes. Focus groups will be audio taped. Audio recordings will be kept secured in a locked filing cabinet in the secure office of the NGN program educator. The tapes will be accessed only when needed for transcription by the study team members. When transcribed, names will be altered to protect the identity of individuals. No real names will be used in transcription and any information that identifies an individual will not be transcribed. Once transcription has occurred the audiotapes will be demagnetized according to UBC policy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will data be stored? (e.g. computerized files, hard copy, videotape, audio recordings, PDA, other) How will security of the data be maintained? (For example, study documents must be kept in a secure locked location and computer files should be password protected and encrypted, data should not be stored or downloaded onto an unsecured computer or portable lap-top, backup files should be stored appropriately). If any data or images are to be kept on the Web, what precautions have taken to prevent it being copied?</td>
<td>How will data be stored? How will security of the data be maintained? What precautions have taken to prevent data from being copied?</td>
</tr>
<tr>
<td><strong>8.2. Access to Data</strong></td>
<td>The study team members, co-investigator and PI will have access to the all of the data collected through both qualitative and quantitative methods. The qualitative analyst from CHEOS will have access to the data collected through the focus groups.</td>
</tr>
<tr>
<td>Who will have access to the data? (For example, co-investigators or students). How will all of those who have access to the data be made aware of his or her responsibilities concerning privacy and confidentiality issues?</td>
<td>Through the use of an electronic survey, subjects identities will not be revealed and completed surveys do not ask for participants to identify themselves.</td>
</tr>
<tr>
<td><strong>8.3. Protection of Personal Information</strong></td>
<td>The focus groups will occur in a private room with the door closed. No one but the moderator and participants will be in the room when the discussion takes place. When the audiotape is being transcribed, names will be altered to protect the identity of the individuals. No real names will be used when transcribing and any information that identifies an individual will not be transcribed. Once transcription has occurred the audiotapes will be deleted.</td>
</tr>
<tr>
<td>Describe how the identity of research subjects will be protected both during and after the research study, including how subjects will be identified on data collection forms</td>
<td>Through the use of an electronic survey, subjects identities will not be revealed and completed surveys do not ask for participants to identify themselves.</td>
</tr>
<tr>
<td><strong>8.4. Transfer of Data</strong></td>
<td>If YES, describe in detail what identifiable information is released, to whom, how the data will be transferred, how and where it will be</td>
</tr>
<tr>
<td>Will any data that identify individuals be transferred (available) to persons or agencies outside of the University?</td>
<td>no</td>
</tr>
</tbody>
</table>
stored and what safeguards will be used to protect the identity of subjects and the privacy of their data. Attach the data transfer agreement if applicable.

### 8.5. Retention and Destruction of data

UBC policy requires that data be kept for at least 5 years within a UBC facility. If you intend to destroy the data at the end of the storage period, describe how this will be done to ensure confidentiality (e.g. tapes should be demagnetized, paper copies shredded). UBC has no explicit requirement for shredding of data at the end of this period; however, destruction of the data is the best way of ensuring that confidentiality will not be breached. Please note that the responsibility for the security of the data rests with the Principal Investigator.

Focus group data consists of audiotapes and transcription notes. Tapes will be demagnetized and notes will be shredded after the appropriate length of time and (UBC policy states 5 years). Online survey results will be deleted when data analysis has been completed.

### 8.6. Future use of data

Are there any plans for future use of either data or audio/video recordings? Provide details, including who will have access and for what purposes, below.

No plans for future use at the moment.

### 8.7. Feedback to subjects

Are there any plans for feedback on the findings or results of the research to the subject? Provide details below.

Once the evaluation is complete, participants in the focus groups will be emailed the results of the discussion and NGNs will be emailed results of the overall evaluation including recommendations for the future of the program.

Unit leaders who were involved with the focus groups will be presented the findings at regularly scheduled meetings such as the nurse educator meeting and clinical resource group. The evaluation findings will also be presented to the operations leaders and program directors at their

### 9. Documentation - Human Ethics Application

#### 9.1.A. Protocol

Examples of types of protocols are listed on the right. Click Add to enter the required information and attach the documents.

<table>
<thead>
<tr>
<th>Name</th>
<th>Version Date</th>
<th>Password (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposal for PHC’s NGN program Evaluation</td>
<td>February 13, 2011</td>
<td>[View]</td>
</tr>
</tbody>
</table>

#### 9.1.B. Health Canada regulatory approval (receipt will be acknowledged)

<table>
<thead>
<tr>
<th>Name</th>
<th>Version Date</th>
<th>Password (if applicable)</th>
</tr>
</thead>
</table>

#### 9.1.C. FDA IND or IDE letters (receipt will be acknowledged)

<table>
<thead>
<tr>
<th>Name</th>
<th>Version Date</th>
<th>Password (if applicable)</th>
</tr>
</thead>
</table>

#### 9.2. Consent Forms

Examples of types of consent forms are listed on the right.

<table>
<thead>
<tr>
<th>Name</th>
<th>Version Date</th>
<th>Password (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.3. Assent Forms Examples of types of assent forms are listed on the right. Click Add to enter the required information and attach the forms.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Version</td>
<td>Date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9.4. Investigator Brochures/Product Monographs (Clinical applications only) Please click Add to enter the required information and attach the documents.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9.5. Advertisement to recruit subjects Examples are listed on the right. Click Add to enter the required information and attach the documents.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9.6. Questionnaire, questionnaire cover letter, tests, interview scripts, etc. Please click Add to enter the required information and attach the documents.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9.7. Letter of initial contact Please click Add to enter the required information and attach the forms.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9.8. A. Other documents: Examples of other types of documents are listed on the right. Click Add to enter the required information and attach the documents.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. If a Web site is part of this study, enter the URL below. Since URL's may change over time or become non-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
</tbody>
</table>

http://fluidsurveys.com/
existent, you must also attach a copy of
the documentation contained on the web
site to one of the sections above or
provide an explanation.

### 10. Fee for Service - Human Ethics Application for Providence Health Care

10.1. A. Select one of the following: Fee N/A as per above criteria

10.1. B. Additional Information:

### 11. Hospital Information - Human Ethics Application for Providence Health Care

11.1. A. Which of the following hospital services are required for the conduct of your research? (Please check all that apply). N/A

B. If Other provide details below.

11.2. A. Which of the following hospital areas will be required to provide services for the conduct of the research? If the PI for the research is employed by the hospital area in question and has obtained approval for use of his or her own area, please do not select the relevant option. (Please check all that apply). N/A

B. Provide details below of other hospital areas affected by the study.

11.3. Does the Principal Investigator in question 1.1 have a UBC appointment?
Appendix K

Financial Quote

Qualitative Assistance Provided by CHEOS

<table>
<thead>
<tr>
<th>Focus Groups</th>
<th>Cost for Five Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Running Focus Groups</td>
<td></td>
</tr>
<tr>
<td>Time to set up and conduct</td>
<td>$2152.50</td>
</tr>
<tr>
<td>(research scientist and assistant)</td>
<td></td>
</tr>
<tr>
<td>Transcription</td>
<td>$1312.50</td>
</tr>
<tr>
<td>Developing codes</td>
<td>$150</td>
</tr>
<tr>
<td>Coding (assistant)</td>
<td>$920</td>
</tr>
<tr>
<td>Review coding</td>
<td>$250</td>
</tr>
<tr>
<td>Training/meeting with coder</td>
<td>$250</td>
</tr>
<tr>
<td>Analysis</td>
<td>$1200</td>
</tr>
<tr>
<td>Write up report</td>
<td>$1200</td>
</tr>
<tr>
<td>Meetings with client</td>
<td>$500</td>
</tr>
<tr>
<td>Revisions of focus group guide</td>
<td>$150</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$8335</strong></td>
</tr>
</tbody>
</table>

Other Costs

- Participant incentives
  - $20/ participant X $30
    - $600
- Food/Drink
  - $300
- Online Electronic Survey tool
  - Price per year
    - $200

**Total Cost = $1100**

| Potential Overall Cost | $9435 |