College of Registered Nurses of Manitoba Competencies: Graduate and Employer Perspectives
Faculty of Nursing, University of Manitoba

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Several people have contributed to data collection, analysis and preparation of this report. The support of nursing graduates and their immediate supervisors (employers) in providing information for this report is much appreciated.
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Executive Summary

- At the request of the Associate Dean, Undergraduate Programs, Faculty of Nursing, the Manitoba Nursing Research Institute (MNRI) was asked to collect information on graduates’ and employers’ perceptions of how the nursing education program has prepared graduates to meet the entry-level competencies defined by the College of Registered Nurses of Manitoba (CRNM).

- In total, 227 graduates from 2004 (67.2% response rate) and 73 employers (59.8% response rate) completed surveys related to the 10 entry level competencies identified by the CRNM.

The findings from this study illustrate that:

- Over 80% of 2004 graduates surveyed reported being able to find work as a nurse as soon as they wanted to.

- Most 2004 graduates were employed as general duty nurses in medical/surgical units.

- The majority of graduates reported obtaining nursing positions in Winnipeg (69%) or in Manitoba excluding Winnipeg (25%).

- Very few graduates left Manitoba to work in another province (5%) or another country (1%).

- 88% of graduates were satisfied with their current employment status.

- 71% of graduates indicated that their senior clinical practicum led to their first nursing position after graduation.

- 92% of graduates said their senior clinical practicum eased their transition from student to professional nurse.

- Most graduates from 2004 felt that their nursing program has prepared them to meet each of the 10 entry level competencies identified by the CRNM.

- Graduates felt most prepared to:
  - Demonstrate professional characteristics (prepared 83.7%)
  - Evaluate client progress (prepared 67.4%)
  - Apply professional knowledge in nursing interventions (prepared 66.5%)
  - Communicate with individuals, families, groups and communities in nursing interventions (prepared 66.5%)
  - Perform comprehensive nursing assessments (prepared 63.0%)

- Graduates felt least prepared to:
  - Delegate care delivery to others (not prepared 18.5%)
  - Co-ordinate care delivery in consultation with others (not prepared 11.9%)
  - Contribute to the development of the provision of nursing services (not prepared 11.9%)
  - Organize own workload for care delivery (not prepared 8.8%)
• The majority of employers were satisfied or very satisfied with the performance of new graduates as a whole (98.1%) and on each of the entry level competencies identified by the CRNM.

• Employers were most positive in their level of agreement for the following competencies…
  - The new graduate demonstrates professional characteristics (agree 98.1%)
  - The new graduate contributes to the health of Manitobans (agree 99.1%)
  - The new graduate applies professional knowledge in nursing interventions (agree 96.2%)
  - The new graduate evaluates client progress (agree 90.4%)
  - The new graduate practices collaboratively in the health care system (agree 96.2%)

• Employers were less positive in their level of agreement for the following competencies:
  - The new graduate delegates care delivery to others (disagree 27.6%)
  - The new graduate organizes own workload for care delivery (disagree 10.6%)
  - The new graduate evaluates client outcomes of care (disagree 10.5%)
  - The new graduate evaluates client progress (disagree 9.6%)
  - The new graduate performs comprehensive nursing assessments (disagree 9.4%)
  - The new graduate develops client focused plans of care (disagree 8.7%)
  - The new graduate extends client assessment by consulting with others and by performing more detailed assessments (disagree 8.5%)
  - The new graduate contributes to the provision of nursing services (disagree 7.8%)

• Overall, graduates acknowledged peers/fellow students, faculty and/or professors in the Faculty of Nursing, and nurses in clinical practice settings as being helpful in preparing them for their nursing career.

• Nursing skills lab and clinical practice were seen as most helpful in preparing graduates for their nursing career followed by nursing course content.

• Both nursing graduates and employers were able to acknowledge various supports to facilitate transition to the workplace. For all measures of support, more employers than graduates indicated that nursing graduates are provided with each particular support.

• 94% of graduates reported that if they could choose again they would still select a career in nursing.

• 95% of graduates would encourage others to pursue a career in nursing.
Introduction

At the request of the Associate Dean, Undergraduate Programs, Faculty of Nursing, the Manitoba Nursing Research Institute (MNRI) undertook to collect information on graduates’ and employers’ perceptions of how the nursing education program has prepared graduates to meet the entry-level competencies defined by the College of Registered Nurses of Manitoba (CRNM).

For the purposes of collecting information for the Deans’ office, the MNRI since 1999, has routinely contacted nursing graduates in the February following their graduating year or in December of their graduating year\(^1\). In December 2004, the graduates of 2004 were contacted by telephone for an interview to ask questions about their nursing education, employment, continuing education and financial situation. Questions related specifically to the 10 CRNM competencies were also included. New graduates were also asked to identify their immediate supervisors, so that the MNRI could contact these individuals in order to gain the employers’ perspectives on preparation for the competencies. Identified immediate supervisors were subsequently contacted by mail and were asked questions that corresponded to the new graduates’ questions on competencies. Supervisors were also asked questions about the support provided to new graduates in the work setting.

This report presents the basic information that was gathered from new graduates and employers (immediate supervisors) in a descriptive and sometimes comparative format. It provides limited interpretation of the responses made by graduates and employers.

The report consists of five chapters. Chapter One reports on the response rates for the new graduates’ and employers’ surveys. Chapter Two provides information gathered from new graduates on the CRNM competencies. Chapter Three presents the responses from immediate supervisors related to new graduates and the competencies. Chapter Four provides information from graduates related to their evaluation of the nursing program content and support to their nursing career. Chapter Five compares new graduates’ and employers’ responses to questions related to work-setting-supports for new graduates.

\(^1\) From 1999-2003, graduates were contacted in the February following their graduating year. Since 2004, graduates have been contacted in December of their graduating year.
Chapter 1. Nursing Graduates’ and Employers’ Surveys

This chapter consists of two sections. Section 1.1 describes the Graduate and Employer Survey. Section 1.2 reports on the response rate for the Graduate and Employer Survey.

Section 1.1 Descriptions of the Graduate and Employer Survey

The Graduate Survey asked graduates questions about their nursing education, employment, continuing education and financial situation. Questions related specifically to the 10 entry-level competencies defined by the College of Registered Nurses of Manitoba (CRNM) were included. New graduates were also asked to identify their immediate supervisors. The MNRI could then contact these individuals to ask about employers’ perspectives on new graduates and the competencies.

The Employer Survey focused primarily on employers’ agreement or disagreement with several statements based on the 10 entry level competencies developed by the CRNM. Employers were invited to provide additional comments about the competencies of new graduates. In addition, they were asked about the mechanisms used to support new graduates’ adjustment to the work setting.

Section 1.2 Response Rates for the Graduate and Employer Survey

In 2004, 338 individuals graduated with their Baccalaureate of Nursing degree from the University of Manitoba. Of the 338 graduates in 2004, 251 were contacted in December 2004 and 227 completed the Graduate Survey (See Table 1 for detailed description of the response rate). Graduates were asked to identify the name of their immediate supervisor in their first nursing position. Of the 227 graduates, 168 (74.0%) provided the name of their immediate supervisor.

Table 1: Response Rate of 2004 Graduate Survey

<table>
<thead>
<tr>
<th></th>
<th>n=</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed Surveys</td>
<td>227</td>
<td>67.2</td>
</tr>
<tr>
<td>Unable to connect (not home, left messages, etc)</td>
<td>59</td>
<td>17.5</td>
</tr>
<tr>
<td>Unable to locate (disconnected phone #, etc)</td>
<td>28</td>
<td>8.3</td>
</tr>
<tr>
<td>Refused to participate</td>
<td>24</td>
<td>7.1</td>
</tr>
<tr>
<td><strong>Total Number of 2004 Graduates</strong></td>
<td>338</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The Employer Survey was mailed to the immediate supervisors identified by 168 of the nursing graduates. Some employers were identified more than once (n=32) and were sent multiple surveys (a total of 122 employers were sent 168 surveys). A total of 106 surveys were returned for a response rate of 63.1%.
Chapter 2. New Graduate Competencies: Graduates’ Perspectives

Chapter 2 consists of two sections. Section 2.1 provides a profile of graduates who completed the survey. Section 2.2 provides graduates’ assessment on the extent to which their nursing education program prepared them to meet each of the 10 entry level competencies identified by the CRNM.

Section 2.1 Profile of New Graduates

In 2004, 338 individuals graduated with their Baccalaureate of Nursing degree from the University of Manitoba. Of these 338 graduates, 227 (67.2%) completed the graduate follow-up survey. Table 2 provides sociodemographic characteristics of graduates surveyed.

Table 2: Sociodemographic characteristics

<table>
<thead>
<tr>
<th>Age</th>
<th>n</th>
<th>%</th>
</tr>
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<tbody>
<tr>
<td>24 years old and younger</td>
<td>102</td>
<td>45.3</td>
</tr>
<tr>
<td>25 years old – 29 years old</td>
<td>67</td>
<td>29.8</td>
</tr>
<tr>
<td>30 years old – 34 years old</td>
<td>29</td>
<td>12.9</td>
</tr>
<tr>
<td>35 years old and older</td>
<td>27</td>
<td>12.0</td>
</tr>
<tr>
<td>No Response</td>
<td>2</td>
<td>0.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>227</td>
<td>100.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>209</td>
<td>92.1</td>
</tr>
<tr>
<td>Male</td>
<td>17</td>
<td>7.5</td>
</tr>
<tr>
<td>No Response</td>
<td>1</td>
<td>0.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>227</td>
<td>100.0</td>
</tr>
</tbody>
</table>

- Of the 227 graduates, 209 (92.1%) were female, 17 (7.5%) were male and 1 (0.4%) graduate did not report their gender.
- The graduates ranged in age from 21 to 47 years old with a mean age of 27 years old.
- At the time of the survey, 222 graduates were working in nursing and 5 graduates were not working in nursing. Almost 90 percent of graduates (n=196; 88.3%) were satisfied with their current employment status.

In addition to providing information on their current position in nursing, graduates were also asked to provide information on their first position in nursing, including identifying their immediate supervisors for the purposes of conducting a follow-up survey with employers regarding the competencies expected of a new graduate.

- Over 60% of graduates (n=136, 61.3%) identified that their current position in nursing is the same as their first position in nursing.
- More detailed information on graduates’ first position is provided on the following page.
Over 80% of graduates (184; 81.1%) reported being able to find work as a nurse as soon as they wanted to. In terms of the graduates’ first position in nursing, most identified that they were employed as general duty/staff nurses (n=206; 92.8%). The majority of graduates (n=161; 70.9%) indicated that their senior clinical practicum assisted them in finding their first position in nursing. More than 90% (n=208; 91.6%) of nursing graduates said their senior clinical practicum eased their transition from student to professional nurse.

Chart 1 illustrates the facility location of graduates’ first position in nursing.

**Chart 1: Facility Location of Graduates’ First Position in Nursing (2004)**

- Of the 222 nursing graduates who reported information on their first position in nursing, more than two-thirds (n=152; 68.5%) reported positions in Winnipeg.
- Fifty-six graduates (25.2%) reported first nursing positions in Manitoba but not in Winnipeg.
- Eleven graduates (5.0%) reported having left Manitoba to work in another province for their first nursing position.
- Three graduates (1.4%) reported having left Canada for their first nursing position.
Chart 2 illustrates the employment status of graduates’ first position in nursing

**Chart 2: Employment Status of Graduates’ First Position in Nursing (2004)**

- As shown in Chart 2, approximately one-third of graduates (n=67; 30.2%) reported that their first position in nursing was a full-time permanent position and 17 percent (n=37) reported a full-time term position.

- Almost forty percent of graduates reported a part-time permanent (n=50; 22.5%) or part-time term (n=40; 18.0%) position. Fourteen percent of the part-time positions were 0.8 or higher and 85.6% were 0.7 or less.

- Another 13 percent (n=28) reported their first position in nursing was a casual position.
Section 2.2  Graduates’ Perspectives on their Entry Level Competencies

Nursing graduates were asked to indicate the extent to which their nursing education program prepared them to meet each of the 10 entry level competencies identified by the CRNM. Response categories were “prepared”, “somewhat prepared”, or “not prepared.”

Chart 3: Competency #1- Demonstrates professional characteristics (2004)

- Chart 3 illustrates graduates’ assessment of the first competency identified by CRNM as being prepared, somewhat prepared, or not prepared to “demonstrate professional characteristics.”
- As shown in Chart 3, approximately 84% (n=190) of graduates indicated that they felt prepared to “demonstrate professional characteristics.”
Charts 4 and 5 illustrate graduates’ assessment of their ability to contribute to the second CNRM competency: “Contribute to the health of Manitobans and the development of the provision of nursing services.”

Competency #2 was divided into two parts a) “Contribute to the health of Manitobans” and b) “Contribute to the development of the provision of nursing services.” Each part was asked as a separate statement.

**Chart 4: Competency #2a- Contribute to the health of Manitobans (2004)**

- Chart 4 illustrates graduates’ assessment of the first part of the second competency: “Contribute to the health of Manitobans.”
- A majority of the graduates of 2003 (n=115; 51.3%) specified that they felt prepared to “contribute to the health of Manitobans.”
- Approximately 45% of the graduates (n=100) felt somewhat prepared, and 4% (n=9) did not feel that they were prepared to “contribute to the health of Manitobans.”

Note: Total “n” does not equal 227 due to 3 missing responses
Chart 5 illustrates the second part of competency two: “Contribute to the development of the provision of nursing services.”

In 2004, most graduates identified they felt prepared (n=62; 27.4%) or somewhat prepared (n=137; 60.6%) to “contribute to the development of the provision of nursing services.”

Approximately 12% (n=27) of graduates felt they were not prepared to “contribute to the development of the provision of nursing services.”
Charts 6 and 7 depict the evaluation of new graduates to meet the third competency: “Perform and refine client assessments.”

Competency #3 was divided into two parts a) “Perform comprehensive nursing assessments” and b) “extend client assessments by consulting with others and by performing more detailed assessments.”

Chart 6: Competency #3a- Perform comprehensive nursing assessments (2004)

- Chart 6 describes the graduates’ evaluation of their ability to perform the first part of competency three: “Perform comprehensive nursing assessments.”

- Sixty-three percent of graduates (n=143) specified they felt prepared and 35% (n=79) felt somewhat prepared to “perform comprehensive nursing assessments.”

- The remaining 2% (n=5) of graduates indicated they were not prepared to “perform comprehensive nursing assessments.”
Chart 7: Competency #3b- Extend client assessments by consulting with others and by performing more detailed assessments (2004)

- Chart 7 illustrates the graduates’ assessment of the second part of competency three: “Extend client assessments by consulting with others and by performing more detailed assessments.”

- Fifty percent (n=114) of new nursing graduates indicated they felt they were prepared to “extend client assessments by consulting with others and by performing more detailed assessments.”

- Forty-five percent (n=101) of graduates indicated they felt they were somewhat prepared.

- Only five percent (n=12) of graduates indicated they felt they were not prepared to “extend client assessments by consulting with others and by performing more detailed assessments.”
Chart 8: Competency #4- Develop client focused plans of care (2004)

- Chart 8 represents graduates’ assessment of the fourth competency: “Develop client focused plans of care.”

- Over 60% of graduates (n=140; 61.9%) reported they felt prepared to “develop client focused plans of care”, and another 34% (n=77) indicated they felt somewhat prepared to meet this fourth competency.

- Nine graduates (4.0%) did not feel prepared to “develop client focused plans of care.”

Note: Total “n” does not equal 227 due to a missing response
Chart 9 illustrates graduates’ assessment of the fifth competency: “Apply professional knowledge in nursing interventions.”

Most of the graduates reported they felt they were prepared (n=151; 66.5%) or somewhat prepared (n=74; 32.6%) to “apply professional knowledge in nursing interventions.”

Only 2 graduates (0.9%) reported they were not prepared to “apply professional knowledge in nursing interventions.”
Chart 10: Competency #6- Communicate professionally by employing a range and variety of communication skills (2004)

- Chart 10 illustrates graduates’ assessment of the sixth competency: “Communicate professionally by employing a range and variety of communication skills.”

- Overall, 67% (n=151) of graduates reported they were prepared and 29% (n=66) reported they were somewhat prepared to “communicate professionally by employing a range and variety of communication skills.”

- Very few graduates (n=10; 4.4%) reported they were not prepared to “communicate professionally by employing a range and variety of communication skills.”
Chart 11 illustrates graduates’ assessment of the seventh competency: “Teach and verify learning in nursing interventions.”

Most graduates (n=133; 58.6%) felt prepared to “teach and verify learning in nursing interventions.”

Approximately 39% (n=89) of the graduates felt they were somewhat prepared, while about 2% (n=5) felt they were unprepared to “teach and verify learning in nursing interventions.”
Charts 12 and 13 illustrate graduates’ assessment of competency 8: “Evaluate client progress and outcomes of care.”

Competency 8 was divided into two parts: a) “Evaluate client progress” and b) “Evaluate client outcomes of care.” Each part was asked as a separate statement.

**Chart 12: Competency #8a- Evaluate client progress (2004)**

- Chart 12 represents the first part of the eighth competency: “Evaluate client progress.”
- Overall 67% (n=153) of graduates felt they were prepared and 31% (n=71) felt they were somewhat prepared to “evaluate client progress.”
- The remaining 1% of graduates (n=3) felt they were not prepared to “evaluate client progress.”

- Chart 13 shows the graduates’ assessment to the second part of the eighth competency: “Evaluate client outcomes of care.”

- Overall 62% (n=140) indicated they felt prepared, and 35% (n=79) felt they were somewhat prepared to “evaluate client outcomes of care.”

- Seven graduates (3.1%) felt they were not prepared to “evaluate client outcomes of care.”

Note: Total “n” does not equal 227 due to a missing response.
Charts 14, 15, and 16 illustrate the graduates’ assessment of the ninth competency: “Organize care delivery for self and team members.”

The ninth competency was divided into three separate statements: a) “Organize own work load for care delivery”, b) “delegate care delivery to others”, and c) “co-ordinate care delivery in consultation with others.” Each part was asked as a separate statement.

Chart 14: Competency 9a- Organize own work load for care delivery (2004)

- Chart 14 displays the graduates’ responses to the first statement of the ninth competency: “Organize own work load for care delivery.”

- Almost half (n=113; 49.8%) indicated they felt prepared to “organize own workload for care delivery.”

- Forty-one percent (n=94) felt they were somewhat prepared, while 9% (n=20) indicated that they did not feel prepared to “organize own workload for care delivery.”
Chart 15 illustrates graduates’ assessment of the second statement of the ninth competency: “Delegate care delivery to others.”

While approximately 34% (n=78) of graduates felt they were prepared to “delegate care delivery to others”, more graduates (n=107, 47.1%) felt they were only somewhat prepared.

Nineteen percent of graduates (n=42; 18.5%) indicated they were not prepared to “delegate care delivery to others.”
Chart 16: Competency #9c- Co-ordinate care delivery in consultation with others (2004)

- Chart 16 illustrates graduates’ assessment of the third statement of the ninth competency: “Co-ordinate care delivery in consultation with others.”

- Most graduates reported they were either prepared (n=100; 44.1%) or somewhat prepared (n=100; 44.1%) to “co-ordinate care delivery in consultation with others.”

- Twelve percent of graduates (n=27) reported they were not prepared to “co-ordinate care delivery in consultation with others.”
Chart 17: Competency #10- Practice collaboratively in the health care system (2004)

- Chart 17 illustrates the graduates’ assessment of the tenth competency: “Practice collaboratively in the health care system.”
- More than half of the graduates (n=125; 55.1%) indicated that they felt prepared to “practice collaboratively in the health care system.”
- Thirty-eight percent (n=87) reported they felt somewhat prepared to “practice collaboratively in the health care system.”
- The remaining 7% (n=15) felt they were not prepared to “practice collaboratively in the health care system.”
Chapter 3. New Graduate Competencies: Employers’ Perspectives

Chapter 3 consists of two sections. Section 3.1 provides a profile of employers who completed the survey. Section 3.2 provides employers’ perspectives on the entry level competencies of new graduates. Additional comments can be found in Appendix A.

Section 3.1 Profile of Employers

Chart 18 illustrates the facility location of those who completed the Employer Survey for the graduates of 2004.

Chart 18: Location of Facility (2004)

- A total of 106 surveys were completed by supervising nurses.
- Approximately 62% (n=65) of them worked in facilities in Winnipeg, 36% (n=38) worked in facilities in Manitoba (outside Winnipeg), and 2% (n=2) worked outside Manitoba.

Note: Total “n” does not equal 106 due to a missing response.
When asked in what capacity the supervisors had worked with the new graduate, as shown in chart 19, about two-thirds (n=67; 63.2%) indicated they had worked with the new graduate as a unit manager.

Twenty employers (18.9%) indicated they had worked with the new graduate as a supervisor, five (4.7%) as an administrator and 14 (13.2%) employers had worked with the new graduate in another capacity.

The employers surveyed in 2004 reported that they had worked with an average of four new nursing graduates in the past year (with a range of 1 to 11 graduates).
Section 3.2  Employer Perspectives on the Entry Level Competencies of New Graduates

Based on their experience with new nursing graduates, employers were asked to indicate their level of agreement or disagreement with several statements on the entry level competencies developed by the CRNM. Response categories were “strongly agree”, “agree”, “disagree”, or “strongly disagree.”

Chart 20: Competency #1- The new graduate demonstrates professional characteristics (2004)

- Chart 20 portrays the employers’ level of agreement with the first competency: “The new graduate demonstrates professional characteristics.”

- Overall, almost all employers strongly agreed (n=35; 33.0%) or agreed (n=69; 65.1%) that the new graduate “demonstrates professional characteristics.”

- Two employers (1.9%) disagreed that the new graduate “demonstrates professional characteristics.”
Charts 21 and 22 illustrate employers’ responses to the second competency identified by CRNM: “The new graduate contributes to the health of Manitobans and the development of the provision of nursing services.”

Competency #2 was divided into two parts: a) “The new graduate contributes to the health of Manitobans” and b) “The new graduate contributes to the development of the provision of nursing services.” Each part was asked as a separate statement.

Chart 21: Competency #2a- The new graduate contributes to the health of Manitobans (2004)

Chart 21 illustrates the employers’ response to the first part of the second competency identified by CRNM as: “The new graduate contributes to the health of Manitobans.”

With the exception of one employer (n=1; 1.0%) who disagreed, the remaining employers either strongly agreed (n=27; 26.0%) or agreed (n=76; 73.1%) that “the new graduate contributes to the health of Manitobans.”
Chart 22: Competency #2b- The new graduate contributes to the development of the provision of nursing services (2004)

- Chart 22 illustrates the employers’ responses to the second part of competency #2: “The new graduate contributes to the development of the provision of nursing services.”

- Overall, over 90% of employers either strongly agreed (n=26; 25.2%) or agreed (n=69; 67.0%) that “the new graduate contributes to the development of the provision of nursing services.”

- Seven employers (6.8%) disagreed and one (n=1; 1.0%) strongly disagreed with the statement “the new graduate contributes to the development of the provision of nursing services.”
Employers’ level of agreement with the third CRNM competency “the new graduate performs and refines client assessments” is illustrated in charts 23 and 24.

The third competency was divided into two parts: a) “The new graduate performs comprehensive nursing assessments” and b) “The new graduate extends client assessment by consulting with others and by performing more detailed assessments.” Each part was asked as a separate statement.

Chart 23: Competency #3a- The new graduate performs comprehensive nursing assessments (2004)

<table>
<thead>
<tr>
<th>Strongly Agree (n=23; 21.7%)</th>
<th>Agree (n=73; 68.9%)</th>
<th>Disagree (n=10; 9.4%)</th>
<th>Strongly Disagree (n=0; 0.0%)</th>
</tr>
</thead>
</table>

- Chart 23 shows the employers’ responses in regards to the first part of the third competency: “The new graduate performs comprehensive nursing assessments.”
- The vast majority of employers strongly agreed (n=23; 21.7%) or agreed (n=73; 68.9%) that “the new nursing graduate performs comprehensive nursing assessments.”
- A total of ten employers (9.4%) disagreed that “the new nursing graduate performs comprehensive nursing assessments.”
Chart 24: Competency #3b- The new graduate extends client assessment by consulting with others and by performing more detailed assessments (2004)

- Chart 24 illustrates the employers’ responses to the second part of the third competency: “The new graduate extends client assessment by consulting with others and by performing more detailed assessments.”

- Sixty-seven percent (n=71) of employers agreed and 25% (n=26) strongly agreed that “the new graduate extends client assessment by consulting with others and by performing more detailed assessments.”

- Eight employers (7.5%) disagreed and one employer (0.9%) strongly disagreed with this statement.
Chart 25: Competency #4- The new graduate develops client focused plans of care (2004)

Note: Total “n” does not equal 106 due to 2 missing responses.

- Chart 25 illustrates employers’ level of agreement with the fourth nursing competency: “The new graduate develops client focused plans of care.”

- More than three-quarters (n=80; 76.9%) of employers indicated they agreed, and another 14% (n=15) strongly agreed that “the new graduate develops client focused plans of care.”

- A total of eight employers (7.7%) disagreed and one employer (1.0%) strongly disagreed that “the new graduate develops client focused plans of care.”
Chart 26: Competency #5- The new graduate applies professional knowledge in nursing interventions (2004)

- Chart 26 illustrates the employers’ level of agreement with the fifth CRNM competency: “The new graduate applies professional knowledge in nursing interventions.”

- Most employers either strongly agreed (n=19; 18.3%) or agreed (n=81; 77.9%) that “the new graduate applies professional knowledge in nursing interventions.”

- Only four employers (3.8%) disagreed with the statement “the new graduates applies professional knowledge in nursing interventions.”

Note: Total “n” does not equal 106 due to 2 missing responses.
Chart 27: Competency #6- The new graduate communicates professionally by employing a range and variety of communication skills (2004)

Note: Total “n” does not equal 106 due to 2 missing responses.

- The employers’ level of agreement with the sixth nursing competency: “The new graduate communicates professionally with individuals, families, groups by employing a range and variety of communication skills” is shown in Chart 27.

- More than 95% of employers either strongly agreed (n=19; 18.3%) or agreed (n=80; 76.9%) that “the new graduate communicates professionally with individuals, families, groups by employing a range and variety of communication skills.”

- Four employers (3.8%) disagreed and one employer (1.0%) strongly disagreed with the statement “the new graduate communicates professionally with individuals, families, groups by employing a range and variety of communication skills.”
Chart 28: Competency #7- The new graduate teaches and verifies learning in nursing interventions (2004)

- Chart 28 illustrates employers’ level of agreement with the seventh competency: “The new graduate teaches and verifies learning in nursing interventions.”

- Eighty three percent of employers (n=88) reported that they agreed, and more than 9% (n=10) reported they strongly agreed that “the new graduate teaches and verifies learning in nursing interventions.”

- Less than 10% of employers (n=8; 7.5%) disagreed that “the new graduate teaches and verifies learning in nursing interventions.”
Charts 29 and 30 illustrate employers’ level of agreement with the eighth CRNM competency: “The new graduate evaluates client progress and outcomes of care.”

Competency #8 was divided into two parts: a) “The new graduate evaluates client progress” and b) “The new graduate evaluates client outcomes of care.” Each statement was asked separately.

Chart 29: Competency #8a- The new graduate evaluates client progress (2004)

- Chart 29 illustrates employers’ level of agreement with the first part of the eighth competency: “The new graduate evaluates client progress.”
- Ninety percent of employers either strongly agreed (n=13; 12.5%) or agreed (n=81; 77.9%) that “the new graduate evaluates client progress.”
- Ten percent of employers (n=10) disagreed that “the new graduate evaluates client progress.”
Chart 30 illustrates employers’ level of agreement with the second part of the eighth CRNM competency: “The new graduate evaluates client outcomes of care.”

Seventy-seven percent (n=81) of the employers reported they agreed, and another 12% (n=13) reported they strongly agreed with the above statement.

Eleven employers (10.5%) disagreed with the statement “the new graduate evaluates client outcomes of care.”

Note: Total “n” does not equal 106 due to a missing response.
The employers’ level of agreement with the ninth nursing competency: “The new graduate organizes care delivery for self and team members,” is illustrated in Charts 31, 32 & 33.

Competency #9 was divided into three separate statements: a) “The new graduate organizes own workload for care delivery”, b) “The new nursing graduate delegates care delivery to others”, c) “The new graduate co-ordinates care delivery in consultation with others.”

Chart 31: Competency #9a- The new graduate organizes own workload for care delivery (2004)

- Chart 31 displays employers’ responses to the first statement of the ninth nursing competency: “The new graduate organizes own workload for care delivery.”
- Seventy-three employers (70.2%) indicated they agreed, and 20 (19.2%) stated they strongly agreed that “the new graduate organizes own workload for care delivery.”
- Eleven employers (10.6%) disagreed that “the new graduate organizes own work load for care delivery.”
Chart 32: Competency #9b- The new graduate delegates care delivery to others (2004)

- Chart 32 illustrates employers’ level of agreement to the second statement of the ninth competency: “The new nursing graduate delegates care delivery to others.”

- Sixty-three percent (n=66) of the employers agreed, and an additional 10% (n=10) indicated they strongly agreed that “the new graduate delegates care delivery to others.”

- Twenty-eight percent (n=29) of employers disagreed with the above statement.
Chart 33: Competency # 9c- The new graduate co-ordinates care delivery in consultation with others (2003)

- Chart 33 illustrates the employers’ level of agreement with the third statement of the ninth CRNM competency: “The new graduate co-ordinates care delivery in consultation with others.”

- Three quarters (n=77; 74.8%) of the employers indicated they agreed, and an additional 17 employers (16.5%) indicated they strongly agreed that “the new graduate co-ordinates care delivery in consultation with others.”

- Eight nursing employers (7.8%) disagreed and one employer (1.0%) strongly disagreed that “the new graduate coordinates care delivery in consultation with others.”

Note: Total “n” does not equal 106 due to 3 missing responses.
Chart 34: Competency 10- The new graduate practices collaboratively in the health care system (2004)

Note: Total “n” does not equal 106 due to 2 missing responses.

- Chart 34 illustrates employers’ level of agreement with the tenth competency: “The new graduate practices collaboratively in the health care system.”

- Over 95% of employers either agreed (n=78; 75.0%) or strongly agreed (n=22; 21.2%) that “the new graduate practices collaboratively in the health care system.”

- Four employers (3.8%) disagreed that “the new graduate practices collaboratively in the health care system.”
Chart 35: Overall, how satisfied are you with the work performance of the new graduate? (2004)

As shown in Chart 35, employers were also asked how satisfied they were with the overall performance of the new graduate.

Thirty-eight percent of employers (n=39) reported they were very satisfied, and an additional 61% (n=63) indicated they were satisfied with the overall work performance of the new graduate.

Only one employer (1.0%) reported they were unsatisfied and one employer (1.0%) reported they were very unsatisfied with the work performance of the new graduate.

Note: Total “n” does not equal 106 due to 2 missing responses.
Chapter 4. Graduates’ Perception of the Nursing Program in Preparing Them for Their Nursing Career

Nursing graduates were asked to evaluate the nursing program content and support in relation to preparing them for their nursing career. They were asked if the following people (faculty/professors, peers, nurses, advisors) were helpful in preparing them for their nursing career. For the 2004 Graduate survey, response categories were “helpful”, “somewhat helpful,” and “not helpful.”

Table 3: “Were the following people helpful in preparing you for your nursing career?”

<table>
<thead>
<tr>
<th></th>
<th>Helpful</th>
<th>Somewhat Helpful</th>
<th>Not Helpful</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Peers/ Fellow Students</td>
<td>191</td>
<td>84.5</td>
<td>31</td>
<td>13.7</td>
</tr>
<tr>
<td>Faculty &amp;/or Professors in Nursing</td>
<td>153</td>
<td>67.7</td>
<td>70</td>
<td>31.0</td>
</tr>
<tr>
<td>Nurses in Clinical Practice Settings</td>
<td>164</td>
<td>72.6</td>
<td>54</td>
<td>23.9</td>
</tr>
<tr>
<td>Counselors/ Student Advisors</td>
<td>102</td>
<td>46.6</td>
<td>66</td>
<td>30.1</td>
</tr>
<tr>
<td>Faculty &amp;/or Professors not in Nursing</td>
<td>55</td>
<td>25.5</td>
<td>77</td>
<td>35.6</td>
</tr>
</tbody>
</table>

Note: Total “n” may not equal 227 due to missing responses

- As shown in Table 3, most graduates indicated that peers/fellow students, faculty and/or professors in nursing, and nurses in clinical practice settings were most helpful in preparing them for their nursing career.

- Faculty and/or professors not in nursing and counselors/student advisors were seen as least helpful by nursing graduates in preparing them for their nursing career.
Table 4: “Was the following program content helpful in preparing you for your nursing career?”

<table>
<thead>
<tr>
<th>Content</th>
<th>Helpful n</th>
<th>Helpful %</th>
<th>Somewhat Helpful n</th>
<th>Somewhat Helpful %</th>
<th>Not Helpful n</th>
<th>Not Helpful %</th>
<th>Total n</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Practice</td>
<td>218</td>
<td>96.0</td>
<td>9</td>
<td>4.0</td>
<td>0</td>
<td>0.0</td>
<td>227</td>
<td>100.0</td>
</tr>
<tr>
<td>Skills Lab</td>
<td>208</td>
<td>92.0</td>
<td>15</td>
<td>6.6</td>
<td>3</td>
<td>1.3</td>
<td>226</td>
<td>100.0</td>
</tr>
<tr>
<td>Nursing Course Content</td>
<td>169</td>
<td>74.4</td>
<td>56</td>
<td>24.7</td>
<td>2</td>
<td>0.9</td>
<td>227</td>
<td>100.0</td>
</tr>
<tr>
<td>Nursing Research Content</td>
<td>55</td>
<td>24.2</td>
<td>98</td>
<td>43.2</td>
<td>74</td>
<td>32.6</td>
<td>227</td>
<td>100.0</td>
</tr>
<tr>
<td>Nursing Theory Content</td>
<td>71</td>
<td>31.3</td>
<td>83</td>
<td>36.6</td>
<td>73</td>
<td>32.2</td>
<td>227</td>
<td>100.0</td>
</tr>
<tr>
<td>Non-nursing Course Content</td>
<td>50</td>
<td>22.6</td>
<td>102</td>
<td>46.2</td>
<td>69</td>
<td>31.2</td>
<td>221</td>
<td>100.0</td>
</tr>
<tr>
<td>Knowledge of Nursing History</td>
<td>47</td>
<td>20.8</td>
<td>89</td>
<td>39.4</td>
<td>90</td>
<td>39.8</td>
<td>226</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Note: Total ‘n’ may not equal 227 due to missing responses

- As illustrated in Table 4, clinical practice and skills lab were seen as most helpful in preparing graduates for their nursing career, followed by nursing course content.

- Graduates identified the knowledge of nursing history, non-nursing course content, nursing research and nursing theory content as being the least helpful in preparing them for their nursing career.

- Overall, 94% of graduates (n=211) reported that if they could choose again they would still select a career in nursing.

- 95% of graduates (n=213) would encourage others to pursue a career in nursing.
Chapter 5. Work Setting Supports for New Nursing Graduates

New graduates and employers were asked similar questions about support in the work setting.

Nursing graduates were asked if the employer facilitated or eased their transition into the workplace in their first nursing position by providing them with:

- An orientation to the facility/agency
- An orientation to the unit/area of work
- An opportunity to work with a preceptor or with someone in a buddy system
- An opportunity to be mentored by a staff member
- The policy and procedure manual(s)
- A reasonable progression of responsibility, and
- An initial reduced work load

Similarly, employers were asked if they provided the new nursing graduate with any of the following:

- An orientation to the unit/area of work
- An opportunity to work with a preceptor or with someone in a buddy system
- An opportunity to be mentored by a staff member
- The policy and procedure manual(s)
- A reasonable progression of responsibility, and
- An initial reduced work load
Table 5: Supports that Facilitate or Ease the Transition to the Workplace: Employers and Graduates

<table>
<thead>
<tr>
<th>Supports:</th>
<th>Employers</th>
<th>Graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>An orientation to the facility/agency</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>An orientation to the unit/area of work</td>
<td>105</td>
<td>99.1</td>
</tr>
<tr>
<td>An opportunity to work with a preceptor or with someone in a buddy system</td>
<td>95</td>
<td>89.6</td>
</tr>
<tr>
<td>An opportunity to be mentored by a staff member</td>
<td>82</td>
<td>77.4</td>
</tr>
<tr>
<td>The policy and procedure manual(s)</td>
<td>104</td>
<td>98.1</td>
</tr>
<tr>
<td>A reasonable progression of responsibility</td>
<td>97</td>
<td>91.5</td>
</tr>
<tr>
<td>An initial reduced workload</td>
<td>58</td>
<td>54.7</td>
</tr>
</tbody>
</table>

Note: The N/A or “not applicable” is due to employers not being asked if they provided nursing graduates with an orientation to the facility/agency.

Note: Total ‘n’ may not equal 227 due to missing responses.

- Several employers commented that an initial reduced workload was not possible given the nursing shortage.

- Other supports identified by employers included:
  - “Numerous mentoring nurses to work alongside during each shift period”
  - “Opportunities for inservices and continuing education is provided at workplace”
  - “Two weeks of patient care orientation provided”
  - “Given extra orientation to the unit”
  - “Two weeks of center wide orientation”
  - “HDS training”
  - “Protracted mentoring on initial employment equates with better results”
  - “Three week classroom orientation on child health assessments and issues”
  - “The graduates were not given ‘in charge’ responsibilities for first year or so”
Appendix A: Additional Comments from Employers

Overall, 35 employers provided a total of 40 written comments. Of the 40 comments, 12 were positive, 18 were mixed and 10 were negative.

Positive Comments:

“Your program equips the novice nurse with the fundamentals of nursing care and assists them to develop critical thinking. I would always be receptive to have practicum and new graduates on my unit.”

“In my experience they have high levels of critical thinking, professionalism, an understanding of care plans, and collaboration of evidence-based practice.”

“I strongly feel the nurses have a very professional approach. They are valuable members of the team and I appreciate the fact that they feel free to ask questions if they are unsure in a situation.”

“After the 3 month senior experience with well chosen preceptor, new graduates are able to start beginning practitioner roles almost immediately. Confidence allows for freedom for learning more and enhancing practice skills.”

“Our new RN has come well prepared to care for our clients and has a good sense of ethics as well as professionalism.”

“Love their enthusiasm and zest for learning.”

“The graduate nurse who came to our facility was exceptional. She was a mature student and had previously worked as a nurse’s aid. Manitoba’s grads are strong in teamwork, interpersonal competencies, and client relationships.”

“We have been very impressed with the knowledge level of the new grads. They fit in very quickly to the unit.”

“It is a pleasure to watch grads blossom. This unit will always be receptive to practicum and new graduate nurses. Your program seems to equip new graduates with the fundamental tools needed.”

“They were excellent graduate students. I am really pleased with their abilities, especially critical thinking.”

“In my experience, I have found nursing students who move from their senior practicum to grad nurse role on the same unit show the greatest growth and commitment of developing professionally. As the confidence grows they are willing or ready to move toward other challenges.”

“Strong experience prior to coming to Portage (Hospital); mature student.”
Mixed Comments:

“Grads have a good base in health care. However, they lack leadership skills.”

“Level of comfort and entry practice is related to senior practicum and last courses. This new grad worked on this unit in senior practicum.”

“I have seen a big difference over the past 2-3 years in the new grads coming out of the RN programs. They not only have good knowledge (book), the practical component is better. New grads are pretty overwhelmed when they come to a busy rural facility that offers a variety of services. They definitely are not prepared well for obstetrics.”

“I was pleasantly surprised how well prepared the new grad was in psychiatry and with the elderly. This has not been my experience with past graduates. Psychiatry was her personal interest and practicum experience.”

“Strong work ethic. I find them accountable. Some seem to have unrealistic viewpoint of scheduled hours of work (i.e. think the rotation they are hired into is more flexible than it is). Day and night rotations are over 6 weekends and many times, new grads/nurses think they can make their own schedule.”

“Respiratory assessments in infants are a bit of an art and understanding how fast they can deteriorate only takes a couple of times. If you are not sure ask!! The new grads we have are wonderful people who will be exceptional nurses with mentorship and a solid education plan. The assessments are weak when they come out and often try to manage too long on their own. I strongly encourage new grads to ask for help and communicate concerns instead of trying to manage by themselves. Some new grads that come have not had a pediatric rotation or have not done their senior practicum on the unit.”

“Overall, the new graduate is acceptable. However, certain areas for certain grads, such as focused assessments, focused care plans, and evaluation of these care plans are challenging for a new grad. As some have not yet had experience with certain disease process or patients in a certain phase of their illness trajectory. However, as a novice it is somewhat expected. The grad must ask for assistance from the staff in order to expand on knowledge base.”

“It is unfortunate that the local hospital does not accommodate the mentoring of new graduates with the grace of accounting for the time needed for mentoring process in allotting their preceptor(s) time for such. Extra staff hired to offload the preceptor is not done at TLHC, which restricts the mentoring/preceptor ship to “bare bones” facilitation of orientation/mentoring. I would better enjoy the experience if time were such allotted.”

“Area of senior practicum is relevant in ability to make transition to Surgery/OBS nurse; level of maturity is reflective here.”

“Unfortunately I do not hire a lot of new graduates onto my unit. I have mainly senior staff because of the hours and minimal weekends. New grads do casuals in my area and usually do very well.”
“Level of comfort and entry practice is related to senior practicum and last courses. This new grad worked on this unit in senior practicum.”

“This is a difficult format to evaluate a new graduate in OR as their assignments remain very carefully chosen for a long time. While in WR5 the grads worked themselves into the system and carried good patient care loads with no difficulty after 3 months, having done their practicum there.”

“New grad did her senior practicum with us. This was very helpful as she was not on her own during this period. Clinical practicum is very important and maybe and should be lengthened.”

“If they wish to work rurally, they should be provided with an opportunity to do their senior practicum in a rural area.”

“This graduate was a mature student who had a previous career. Her maturity showed and she was more professional than most new graduates.”

“The new graduate hired here is bright and eager to learn. She learns fast and is developing in the right direction. I found these questions impractical for a new graduate to be evaluated at or against, even though this new graduate came eagerly and willingly to do the job. The first year was a huge learning curve, even at basic nursing care delivery and especially at communication skills that develops with experience and time.”

“One month senior experience with well chosen preceptor encouraged learning and allows for enhancement of nursing knowledge and necessary practice skills.”

“I have hired several new grads on my unit. The ones who have done a senior elective experience have integrated into the unit very well. Others would take a longer time to integrate; not unlike the mature nurses.”

**Negative Comments:**

“Grads lack leadership skills (delegation, etc).”

“The new graduates lack experience working in long term care setting. This poses unique problems because they are always in the role of a team leader & have little direct support at times to meet this challenge. They can organize assessments but often don’t work with others to ensure this meets the unit’s expectations and routines.”

“They work hard, but have trouble with 6-7 patient loads. They need more clinical experience with a larger patient load. Thanks.”

“Many nursing skills were weak on employment like IV’s, catheters, IM’s, etc. More hands on care is needed in training.”

“It takes time for a new grad to prioritize and organize patient workload/assignment. They tend not to delegate and try to do it all, which at times is not realistic.”
“Transition from student to a new grad has been overwhelming and the grad nurse has had periods of regression related to confidence with care delivery. The new grad tends to become task oriented rather than client focused when the assignments are busy.”

“The new grads lack competency in managing and organizing work load and delegating tasks to other staff like health care aids. In addition, they have limited exposure to coordinating direct care planning with other disciplines, prioritizing, and rehabilitation concepts.”

“None of your questions asked about basic skill level. Some arrive here having never done some basic skills required in a rural setting like IV starts. Obstetrics training is done too early in the program to be helpful here.”

“This nurse was not able to deal with the workload on the unit. She left to pursue a less stressful environment.”

“I think the obstetrics rotation should be later in the learning experience. When it comes to hands on OR care, the BN grads said they did their obstetrics rotation 3 years ago; their second year.”