Redefining Expectations: Implementing an Evidenced-Based Communication Tool to Improve Understanding of Clinical Expectations for the New Graduate Nurse

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Problem & PURPOSE

- The absence of defined clinical expectations between academic and healthcare settings leads to role confusion, increased frustration levels, and high rates of new graduate nurse (NGN) burnout.
- The purpose of this project was to devise and implement an evidence-based communication tool that would align expectations of NGNs within an existing academic-practice partnership (APP).

Available Knowledge & Rationale

- After graduation from nursing programs, NGNs are challenged with implementing professionalism, critical thinking, communication, and technical skills learned in the academic setting with unclear expectations in the professional setting.
- Globally, nursing leadership feels that NGNs are not practice-ready due to stakeholders' differences in expectations and the difference between real practice and what they are learning (Chan et al., 2025; Renkema et al., 2024).
- Establishing clear expectations for NGNs and determining qualifications for competency will help nurse educators plan strategies and evaluation methods that will produce high-quality nurse graduates that utilize best practice techniques and strive for optimal patient outcomes (Lewallen & Van Horn, 2025).

Methods

Context

- This project included a midwestern United States private healthcare college and a large health system with which shares an academic-practice partnership.
- Participants of this project consisted of those key stakeholders of the hospital, as well as academic leaders from the college.
- Education level of participants ranged from Bachelor of Nursing (BSN) to Doctor of Nursing Practice (DNP).

Intervention

- A tool designed by the principal investigator (PI) identified expected skill level and prioritized proficiencies within 3, 6, and 12 months of working on a unit after graduation.
- The survey was designed using input from key stakeholders and evidence-based data on key performance indicators for NGNs.

Study of Intervention

- The online survey consisted of 5 sections focusing on specific areas NGNs are expected to meet in their first year of practice.
- Results highlighted commonalities and gaps between the healthcare system and college.

Measure

- The tool was guided by Marilyn Ray's Theory of Bureaucratic Caring and evidence-based data on key performance indicators and core competencies for NGNs.
- Multiple choice questions asked participants at what interval, 3, 6, or 12 months the NGN should be able to perform the listed task independently or with minimal assistance.

Data Analysis

- A concise overview of the main features of central tendency were provided by means of 29 independent *t*-tests.
- Coding for the data sheet was as follows: 3 = 3 months, 6 = 6 months, and 12 = 12 months.

Results

Table 1

Comparison of College and Health System Scores by Question

Question	College (n = 6)	Hospital (n = 22)			
	M (SD)	M (SD)	t	df	p
1. Knowledge of Nursing Process	3.5 (1.22)	5.18 (2.65)	2	26	0.03
2. Apply EBP & individualized care	4 (1.55)	7.09 (3.28)	3	26	< .001
3. Recognize changes & intervene	4.5 (3.67)	4.36 (2.22)	0.08	26	0.93
4. Processes day using self-reflection	4.5 (1.64)	4.77 (2.72)	0.3	26	0.76
5. Manage multiple patients	5 (1.55)	5.59 (3.38)	0.61	26	0.54
6. Adapt to rapidly changing situations	8 (3.09)	7.23 (3.54)	0.51	26	0.61
7. Delegates appropriately	5.5 (3.51)	6.27 (3.06)	0.47	26	0.63
8. Uses SBAR communication tool	3 (0)	3.82 (1.37)	2.75	26	0.01
9. Alerts providers to changes/requests	4.5 (1.64)	3.55 (1.18)	1.23	26	0.22
10. Uses empathy/nonverbal/verbal skill	4 (1.55)	4.23 (1.51)	0.31	26	0.75
11. Collaborates with patient care team	5 (1.55)	4.23 (2.20)	0.95	26	0.34
12. Patient education/addresses SDOH	5 (1.55)	6 (2.78)	1.13	26	0.26
13. Identified coping mechanisms	8 (3.10)	6.55 (3.66)	0.94	26	0.35
14. Multigenerational interaction	6.5 (2.95)	6.27 (3.45)	0.15	26	0.87
15. Promotes self-care	7.5 (3.67)	6.14 (3.52)	0.78	26	0.44
16. Patient admit/discharge	4.5 (1.64)	3.68 (1.29)	1.06	26	0.29
17. Care plan development	5 (1.55)	3.95 (1.43)	1.38	26	0.17
18. Medication administration	3 (0)	3 (0)	0	26	1
19. Performing physical assessment	3.5 (1.22)	3 (0)	0.92	26	0.36
20. Telemetry rhythm identification	8.5 (3.99)	5.86 (3.27)	1.37	26	0.18
21. End of life/Palliative/Bereavement	7 (4.10)	6.55 (2.87)	0.24	26	0.8
22. Isolation precautions	3.5 (1.22)	3.14 (0.64)	0.66	26	0.51
23. Infection prevention	4.5 (1.64)	3.41 (1.05)	1.4	26	0.17
24. Risk assessment/interventions	3 (0)	3.41 (1.05)	1.8	26	0.08
25. Following provider's orders	4.5 (1.64)	3.27 (0.88)	1.56	26	0.13
26. Demonstrate IV, foley NG tube	4.5 (1.64)	3.82 (1.37)	0.88	26	0.38
27. Operation of daily equipment	4 (1.55)	3.14 (0.64)	1.21	26	0.23
28. Operation of specialty equipment	7 (4.10)	6 (2.78)	0.54	26	0.59
29. Operation of safe patient handling	5.5 (3.51)	3.55 (1.99)	1.2	26	0.23

Discussion

- Eighty combined members of the college and health care system were invited of participate in the survey. Six responses were received from the college and 22 responses were received from the health care system.
- Values in the college and health system columns represent the mean scores for each group.
- Statistically significant differences were observed for questions one, two, and eight.
- The health system and college responded similarly on most questionnaire domains including professionalism, routine/nonroutine nursing care, and technical skills.
- The health system reported higher mean timeframes than the college on 3 questions located in either critical thinking or communication domains.
- There are areas where the health system felt that new graduate students should be independent with certain skills at an earlier time than the college which include adapting to rapidly changing situations (question 7), identification of coping mechanisms (question 13), care plan development (question 17), and telemetry/rhythm identification (question 20). It is recommended that the college place more emphasis on these skills which will equip NGNs with the ability to transition to the clinical setting with confidence.

Conclusions

- Results from this study will assist the college and health care organization to close gaps in expectations and address future needs of the partnership.
- The survey can be tailored to any institution including the core questions, timeframe, and demographic questions.
- Ongoing use of this tool is encouraged to maintain alignment of expectations between the college and health care system.

References

Chan, G., Benner, P., Burns, E., Orozco, R., Bowman, M., Escobedo-Wu, E., & Vallejo, E. (2025). Establishing the "north star" for clinical education to accelerate practice readiness: Implications for leaders, faculty, educators, nursing professional development practitioners, and preceptors. *Nursing Administration Quarterly, 49* (3), 206-225. https://doi.org/10.1097/NAQ.0000000000000684.

Lewallen, L. P., & Van Horn, E. (2025). Exploration of competence and incompetence in new graduate nurses: Orientation leaders' and preceptors' perspectives. *Nurse Education in Practice, 85*, Article 104361. https://doi.org/10.1016/j.nepr.2025.104361

Renkema, A., Sawin, J. Z., Tahan, H. M., Warren, J. I., & MacDonald, R. (2024). Identification of statewide core competencies for new graduate nurses at the beginning of practice and after a 12-month nurse residency program. *Nurse Education in Practice, 80*, Article 104147. https://doi.org/10.1016/j.nepr.2024.104147

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