The Gap between Nursing Education and Clinical Skills:

Are New Graduate Nurses Ready for the Workplace?

by

Lila Leanne Bennett, RN

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ABSTRACT

Write your abstract – 120 words or fewer – single-spaced and in block format (no indentions). It should be objective but include your findings briefly.
APPROVAL OF PROPOSAL

The proposal for this study was approved by the Committee on the Conduct of Nursing Research, Department of Nursing, College of Sciences and Health Professions, and Albany State University.
THESIS APPROVAL

Accepted by the faculty of the College of Sciences and Health Professions, Albany State University, in partial fulfillment of the requirements for the Master of Science in Nursing Degree.

___________________________________________
Dean, College of Sciences and Health Professions

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Date

Research Committee:
___________________________________________, Committee Chair

___________________________________________, Committee Member
Acknowledgements

This is usually included in a thesis but is not required. The same for Dedication (which would be on the next page). These page numbers, if used, will be v and vi – centered at the bottom of the page – and be added to the table of contents.
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Chapter 1

Introduction

The transition from nursing student to working as a nurse has proven to be a difficult transition which has been studied by many researchers. Some of the studies have shown that new graduate nurses were not adequately prepared to assume the role of a nurse without more clinical experience. Starting a job as a new graduate nurse presents many different challenges and enormous pressure to meet the expectations of the profession.

Health care consumers are more educated on their needs and have expectations as to how their care should be completed. The pressure of these expectations can have a negative effect on the new graduate nurses who may not have developed the skills to be efficient. Therefore, new graduate are receiving additional pressure from the administration to provide care that is efficient, effective and profitable to the institution where they are employed. Such demands put pressure on the medical educational system to provide graduates who are ready to perform in the work environment the first day.

Nursing is holistic and involves caring for people with compassion; however, this is changing due to the expectation to treat the patient quickly and move to the next patient. Furthermore, the nurses are facing challenges due to the demands placed on them to perform in the clinical area and a lack of readiness to handle the situations they
face daily. Therefore, the purpose of this research is to review the gap between nursing education and the readiness of clinical skills of new graduate nurses for the workplace.

**Background of the Problem**

Expertise in clinical nursing skills is a necessity to provide quality care. Much of the previous research has been focused on the individual’s experience and extent of education. Nurses are essential for the development of a successful healthcare system because they are the largest portion of the healthcare providers who deliver care to the patients. A healthy population translates into more productive humans to increase economic value (Sharif & Masoumi, 2005). From an educational standpoint, the amount of knowledge needed to care for patients in a safe and effective manner will require new graduate nurses to embrace additional learning resources outside of the traditional classroom and clinical instruction. Theories for nursing are important for the new graduate nurse to learn to apply the information taught in school. While remaining in the scope of nursing, the educator must use theory and apply it in the learning experiences in the clinical areas. According to Dadgaran, Parvizy and Peyrovi (2012), the clinical education a nurse receives is key to predicting how a nurse will perform in the clinical setting.

The hospital has many different environments for new graduate nurses seeking employment. However, many researchers have found the education given to the nurses does not always prepare them for the different areas of the hospital, to include specialty areas. There is a difference in what the nursing students learn and how that education is put into practice in an active clinical environment. Also, nursing students are not usually allowed to pick their clinical placements during nursing school and those placements may
not be in the area the graduate nurse is interested in working. Another issue is that during school clinical the student nurse is not responsible for a full load of patients so the student nurse does not have the pressure of dealing with many different patients with different issues at the same time. Nurse educators have the challenge of adapting to a changing healthcare environment that includes teaching about the technology for medical records and charting, changing patient populations and an increasing number of disease processes to be treated. Cheng, Tsai, Chang and Liou (2014) stated many administrators are not confident with the new graduate nurses’ ability to provide safe and efficient care. Knowing this concern, there may need for an internship program to create a transition period between school and the new graduate nurse being released to work on his or her own.

Nursing programs that implement a transition period during school which allows the nursing student to work in the clinical environment with a full patient load while being with an experienced nurse may help to increase the clinical knowledge and competence of the new graduate nurse. This transition time may give the new graduate nurse increased confidence, thereby reducing the turnover rate. There is a large amount of stress on many new graduate nurses to familiarize themselves with their new environment in the hospital and portray themselves as competent as they carry the same patient load as an experienced nurse when, in reality, the new graduate nurse is still learning. New graduate nurses are shocked to learn the extent of their duties when they begin working in the clinical area (Cheng et al., 2014). This new reality shock is experienced in four stages.

Phase one is the time when the new graduate nurse is excited about having a
paying job and is in a euphoric state (Cheng et al., 2014). In the second phase, reality starts to set in and the new graduate nurse realizes the work environment is much different than the clinical experience the student nurse had in school with increased expectations. This phase is a shock to the new graduate nurse who expected the job to be the same as the clinical experience in school. In the third phase, the stress level begins to lower because the new graduate nurse begins to understand what is expected of them. In the fourth stage, the new graduate nurse may come up with a plan and figure out ways to cope with the stress and learn the job duties and how to perform them efficiently (Cheng et al., 2014). Stress is part of nursing and cannot be avoided when a new graduate nurse finishes school and begins the new career in the hospital setting or any clinical setting. Stress is increased due to the expectations to swiftly fall into new roles and responsibilities, learn the difference between theory and practice and to join a team where one must work well with others.

Bjerknes and Bjork (2012) explained that newly educated nurses were not given the education in the clinical environment to be adequately prepared and; therefore, the nurses, patients and administrators had unrealistic expectations of their abilities. New graduate nurses may need additional time to gain confidence and feel competent in their positions. Many facilities have created mentor programs to give the new graduate nurse more time to become competent and gain confidence in their ability to provide patient care. According to Dyess and Sherman (2009), evidence suggested that many new graduate nurses assume roles in specialty areas that require extensive knowledge in those areas which are above the level of skill they received in school. In such cases, the orientation period may need to be extended.
The new graduate nurse should have the training to perform effectively in an entry level position; however, many are expected to perform more extensive duties from day one. Many times, the new graduate nurses are employed in rural areas and expected to take on many different duties without guidance from another nurse. The new graduate nurse in the urban area may better perform entry level services with some autonomy because they know they are not alone if they have questions (Dyess & Sherman, 2009).

The nurses who start out in the urban areas have many resources from multiple nurses and physicians who are not available to those in the rural setting. In many instances, the nurses in the rural area are working basically alone (Duchscher, 2009).

**Statement of the Problem**

Duchscher (2009) stated that new graduate nurses face challenges during the transition from school to clinical that affect their performance. These challenges include level of knowledge, the physical demands placed on them, stress of acceptance socially by their peers and adapting to culture of their new work environment. One concern about the competency of nurses comes from an increase in morbidity and mortality rates of hospitalized patients in the United States. There is a high expectation on nurses, new and experienced to provide their patients with both efficient and safe care. There still is not a clear answer to whether the new graduate nurses lack the appropriate education or if there is excessive pressure on the schools to graduate a larger number of nurses at a fast pace to fill the increasing need for nurses in the clinical environment.

It has not been determined if the nursing school programs are developed with a curriculum that will produce qualified nurses who have experience in the appropriate clinical learning environment. According to McHugh and Lake (2010), the teaching
methods used by professors in nursing programs have a huge effect on the students learning to make the correct clinical decisions while employing critical thinking. The clinical experiences that are given to the students help to determine the psychomotor skills that the new graduate nurse will have. These skills are also influenced by the teaching methods which were employed. According to McHugh and Lake (2010), recruiting nurses from select programs who have been educated with all the necessary tools can help to bridge the gap; however, many programs produce new graduate nurses who have limited skills to apply in the real world.

**Purpose of the Study**

The researcher hopes to identify the gaps that exist between nursing school education and clinical practice, especially among new graduate nurses. The study also intends to provide information to determine if the new graduate nurse is properly prepared for the clinical areas. Many studies have been conducted; however, they may not have been in depth enough to understand the reasons why nurses are not prepared to offer efficient, competent care straight out of school. This study also attempts to determine barriers present for the new graduate nurse in one’s new working environment and if this environment is not supportive of the transition. In addition to determining the effectiveness of the nursing education programs in preparing the new graduate nurse for clinical practice, it is necessary to find if there are any other barriers that may impede the nurse’s ability to provide competent care.

The researcher suggests a revision of qualifications required of the new graduate nurse may be necessary. Additionally, changes may be necessary in the orientation of new graduate nurses in the work environment and the clinical education experiences.
This study will provide some suggestions that are recommended to improve the transition from school to clinical work.

**Theoretical Framework**

The researcher will use a multi-level conceptual framework to guide the study on the gaps between nursing education and clinical skill acquisition. This study will examine the education of the new graduate nurse to include the theoretical and clinical areas that influence their competence. The competence of the new graduate nurse affects their ability to practice effectively in the practice environment. Landers (2010) said one of the models that can be used to examine both important areas of education and practice is the model of skill acquisition by Patricia Benner, devised in 1984. If this model is used correctly, it can help ease the transition the new graduate nurse faces moving into the workforce. The new graduate nurse needs their peer and patient to be understanding and expect the skill of a new graduate nurse instead of an expert nurse. According to Benner, the model of skill acquisition consists of five stages of clinical competence as explained by Landers (2010).

1. **Novice** is a newly graduated nurse entering the clinical area with basic knowledge learned from clinical and laboratory areas and have little knowledge of what is required of a nurse in the clinical practice environment. They need strict guidelines and direction to ensure they perform their duties as expected by the institution. These guidelines help them to learn the skills correctly while being guided by a preceptor.

2. **Advanced beginner nurses** are nurses who have begun to adapt to their environment and have a marginally acceptable skill level they can use in the textbook situation; however, they continue to need guidance from a preceptor.
Competent nurses are the nurses who have acquired some degree of mastery and can respond while under pressure in the clinical environment. They still lack the speed necessary to complete their tasks in a timely manner. The nurse achieves this level of mastery after taking care of similar patients over a period of two years.

Proficient nurses are nurses who learned how to handle situations as a whole and can manage clinical situations using inductive reasoning. This nurse has goals and is achieving them with the knowledge base built up over their years of experience.

The expert nurses can make decisions without guidance and solve complex problems rapidly all while giving effective and efficient nursing care. The expert nurse frequently evaluates patients in a more broad context using pattern recognition compared to a novice nurses.

Landers (2010) stated that Watson’s theory of human caring explains what the profession of nursing is and exactly what nurses do. This theory is important in nursing because it explains the basic foundation of nursing to the nursing students and educates them on what will be expected. One area of care discussed in Watson’s model is the attention that should be given to the patient during care and the importance of maintaining human dignity. Superior care is important because nurses must understand how to care for the patient. Nurses facilitate that care in a respectful way because this is what they desire to do not what they are made to do (Landers, 2010). The preceptor is pivotal in the learning process so that nursing students model excellent care after watching their educators complete the task the correct way. The nursing student then moves to the clinical practice environment with the knowledge to provide superior care.
Research Hypothesis

The researcher will use the study to examine the hypothesis: New graduate nurses are not ready for the workplace because of a gap between nursing education and clinical skills.

Scope of the Study

The researcher will use the study to examine the existing gaps between nursing education and clinical skills in the United States of America. The study will also examine how prepared the newly graduated nurses are for the workplace.

Definition of Terms

The following definitions applied to this study.

1. Expertise is the possession of expert skill or knowledge in a particular field that allows one to proficiently perform specific tasks.
2. Nursing is the science and art of offering care to people who are sick or disabled.
3. Nursing education is the transmission of both practical and theoretical knowledge to develop competent nurses.
4. Experience is the act of developing skill, by doing the skill many times.
5. Nursing practice is the act of protecting and promoting good health while at the same time preventing illnesses and injuries. The nursing practice entails the application of knowledge acquired after education.
6. Nursing practice environment is the setting within which a nurse practices his or her nursing skills.
7. Quality care is care that aims at increasing the likelihood of desirable and consistent health outcomes with current knowledge within a given profession.
Summary

This chapter introduces the ongoing debate regarding the presence of gaps in nursing education and clinical skills and the discussion of how prepared new graduate nurses are for the work environment. Nurses are always being evaluated for the care they provide, not only by their administrators but also by the patients for whom they care. They are expected to provide excellent, competent care at all times. It is vital that the educational institutions offer a curriculum that provides the students with the educational experience that will give them the tools to graduate and move into the clinical practice field at a competent level. The purpose is to find out if newly graduated nurses feel they are competent enough for the clinical area setting, and to add to the existing findings by various researchers who have studied the topic. The model of skill acquisition by Benner addresses the understanding of the transition of new graduate nurses from the learning environment to the clinical practice environment.
Chapter II

Review of Literature

Introduction

Nursing professionals are key to excellent treatment at all levels of care. They provide services for complex patients in many different types of facilities. These services can only be provided if the nursing professional has an excellent working knowledge of clinical nursing and is qualified in addressing many different healthcare needs of the public. The needs of the public make it essential for the new graduate nurses to have the education to perform the clinical skills required with confidence after nursing school. However, clinical skills are only a part of providing excellent healthcare; the new graduate nurse must make clinical judgements that are best for the patient.

Upon graduation, the use of clinical and practical skills along with good clinical judgement will give the graduate nurse the ability to smoothly transition into the workplace. However, there is a challenge for new graduate nurses to apply their education into the work place. Decisions can be life or death for patients and these decisions come with a great deal of responsibility which may cause stress on a new graduate nurse who does not feel prepared. There are many challenges that include psychological stress along with the physical stress of learning a new job. There are many different challenges that arise during the education process. Some of the challenges include the student’s willingness to learn, the syllabus containing material that will be applied in the workplace and the
faculty’s ability to teach effectively. There are practical issues that create challenges and there may be a need to bridge the gap from education to practice. Certain things may be implemented to bridge the gap to include longer orientation, more hands-on training and a mentorship program.

Seven empirical studies were discussed in this literature review in an attempt to determine: Are new graduate nurses ready for the workplace? Is the gap between clinical skills and education becoming a major problem, producing graduate nurses which are unprepared for the workplace.

At the workplace, new graduate nurses go through numerous challenges that affect their performance (Duchscher, 2009). Those transition challenges are related to physical, social, intellectual, cultural and psychological changes and come about as the new graduate nurse adjust to the new environment. Most new nurses will express those challenges through emotions and feelings such as nervousness, insecurity, self-doubt and feelings of inadequacy. Duchscher (2009) reviewed information from various qualitative studies and revealed a gap between nursing education and clinical skills when new graduates move to the professional workplaces.

Basing the argument on the articles, this gap is a result of failure of the educational programs in the nurses’ curriculum in linking with the workplace expectations. Due to this phenomenon, the nurses are not adequately prepared to join the workplace. The new graduate nurse being unprepared may cause anxiety, inadequacy and insecurity feelings for the new workers. Such negative effects may diminish the delivery of high-quality healthcare by new graduate nurses.
Substantive Review of Related Studies

This author used comparative cross-sectional design study to analyze whether the product of the nurses’ education met the requirements of practice in the working field. Numminen et al. (2014) examined the reviews of nurse administrators and nurse lecturers about the new graduate nurses’ professional abilities. According to the authors, the lecturers stated that the skills among the new graduate nurse did not compare to those of administrator nurses. They also suggested that efficient collaboration between these instructors and practice administrators before the nurses complete their education would be a great attempt in ensuring the new graduate nurses were ready for the workplace. The article concluded by stating that the lack of collaboration between the instructors and administrators were among the key factors contributing to the emergence of this rift between clinical skills and nursing education in new graduate nurses.

The results of Numminen’s study support the research question that a gap existed due to the lack of collaboration between the two parties; hence, the new graduate nurses were not well prepared. Collaboration between practice administrators and educational instructors of nurses would inform the new graduate nurses of their expectations at the workplace and reduce the amount of transition shock (Numminen et al., 2014).

Wu, Fox, Stokes, and Adams (2012), among other authors, suggested that new graduate nurses were affected by work-related stress. This stress, in effect, interfered with the set safety precautions and made the nurses commit numerous medical errors. The authors stated that the reason for the work-related stress was the inadequate preparedness of the nurses after completion of their education. Wu et al. (2012) examined the level of
preparedness that the new graduate had, as well as, the contributing factors of the stress levels. Most of the new nurses quit work due to equipment-related problems that could have been overcome with proper training (Wu et al., 2012).

That study’s results showed that as most nurses transitioned into the workplace, they did not exhibit enough skills to enable them to operate equipment in the workplace, which showed there was a gap between education and the workplace environment. In addition, the results revealed that the student nurses were not well educated and trained in handling the tools and equipment that they used in the workplace. Due to the high intensity of nurse education, mentors and coaches may lack a chance to guide and train the students on a variety of patient scenarios; therefore, including training and mentorship programs in the nurses’ curriculum would assist in reducing the gap from graduate nurse to clinical experience.

Yeh and Yu (2009) applied a cross-sectional research design in their study that sought to identify causes of work stress, and the factors that influenced new graduate nurses to stay or quit work. The authors suggested that the first month was most stress intensive for the new graduate nurses, and in the second month they considered quitting. Moreover, the new graduate nurses who exhibited the greatest gap were twice more likely to quit work than the properly educated nurses in the second month at work.

The study revealed the gap possessed by new graduates was a result of inadequate mentorship and training programs in the nurses’ curriculum, inadequate support from nurse administrators in assisting new nurses adapting to the new workplace, as well as inadequate clinical practical for the students. The study also supported medical errors and low-quality health care were derived from the unpreparedness of the new graduate nurse.
In a study by McAllister, Happell, & Flynn (2014), the authors attempted to establish the attributes and competencies of nurse graduates through examining reviews of Australian nursing managers in a comprehensive nursing program. McAllister et al. (2014) suggested that the gap in question was responsible for the global shortage of highly qualified nurse graduates who were well versed in knowledge, attitudes and scientific skills in their places of work. The authors also commented on mental health by stating that the nurses’ education comprised inadequate information necessary for preparing the nurses for their profession. Much of the Australian nurse curriculum lacked the practice perspective and relied heavily on the academic perspective. The researchers applied an experimental design in their research, in a bid to establish why nursing experts were troubled by the lack of comprehensiveness of the nurses’ curriculum.

The article also revealed that several stakeholders in the nursing profession were independently working to improve the educational curriculum of nurses (McAllister et al., 2014). That curriculum issue also contributed to the gap in practical skills and nursing education among the new graduate nurses, which lead to a decrease in the quality of health care delivered.

In a study by Watt and Pascoe (2013), descriptive-interpretive analysis design was used to examine the experience in a school/university-owned clinic and how it affected the perception of new graduate nurses in the nursing profession. These authors stated that nursing students who were schooled in an institution owned by a hospital thought they were ready for the profession after graduating. The reason for the reduction in the gap between practical skills and education was that the students were exposed to the culture, environment and administration systems in the hospitals or clinics. Interacting in these
environments and learning the different systems instilled confidence and skills into the students; hence, preparing them for practice. Those phenomena enhanced the new graduate nurse’s ability to access and utilize medical information and resources while at the workplace.

The findings of the study suggested a way to eliminate this gap was by allowing the nurse students access to functional healthcare providers (Watt, E., & Pascoe, E., 2013). The study by Watt and Pascoe (2013) would also enhance collaboration between the education institutions and the medical facility and offer the students opportunities for internships. This would in effect reduce the gap that the new graduates may possess between nursing practice and nursing education.

Saifan, AbuRuz, and Masa’deh (2015) applied an exploratory qualitative approach for their research that sought to establish the reasons for the existence of the gap between education and the workplace as well as identify solutions to the problem. The authors stated that the student nurses thought that the presence of underqualified lecturers was a critical factor that contributed to the existence of the gap between clinical practice and nursing education. The students stated that there was an increased lack of interaction between the instructors who train practical lessons and those who teach theory lessons, which interfered with their continuity of the educational process hence, increasing the gap. As a result, those nurse students possessed inadequate support through their clinical training; hence, they were un-prepared and frustrated. The results of that study showed nursing education required changes to the curriculum and communication between the instruction in the classroom and those who teach clinical instruction.
Summary

According to previous research, the gap between education and workplace needs to be explored and the instructors must be well qualified to convey the materials to the students in a way that the student can effectively apply them in the workplace. Previous research revealed that another issue to be corrected is the theory instructors and clinical instructors need to teach the same skills in the same way. This will help to reduce the confusion that occurs between those two areas.
Chapter III
Methodology

Introduction

This chapter served the purpose of outlining the area in which the study was conducted, the study participants, the size of the sample, the sampling criteria and the data collection methods and instruments used. The section also elaborated on the process of data analysis, research procedures and pilot testing, data management, the study assumptions, and the limitations of the survey. The chapter also highlighted issues concerning ethical considerations as an important aspect of conducting a study.

Research Design

The researcher utilized a quantitative descriptive study design to collect data on newly graduated nurses and how prepared they were for the workplace, while examining the gap between nursing education and clinical skills. This approach was important as it enabled the researcher to use a theory to generate a possible hypothesis, and then test generated information against the hypothesis. The researcher examined how newly graduated nurses handle their interaction with colleagues, clients, and other members of the healthcare team in the clinical situation using a questionnaire. This study explored whether there was a perceived gap between nursing education and the level of clinical skills acquired and whether the graduate nurses were prepared for the challenges that were part of their job.
Quantitative research is a positive research method, examining collected numerical data. Quantitative studies allow for prediction and controls as key objectives, while being a systematic and controlled process. Quantitative findings are based on evidence from human senses which are narrow and not flexible similar to the science of medicine (Polit & Beck, 2008).

**Participants**

The participants in the study included approximately one hundred nurses who were new graduates and were in the clinical area setting for not more than one year. First-year nurses can describe their experiences well because they are still in the period of transition from college training into their places of work. Additionally, the participants must have worked for not less than three months. This was put in place to obtain data from individuals with some experience of being a nurse. Participants have the ability to describe the experiences and challenges encountered in the clinical area until the time of the survey. Nurses who have been out of school and employed more than one year were excluded.

**Protection of Human Subjects**

Because the study used human subjects as the source of data, the researcher adhered to all ethical considerations for the survey. The researcher completed the human subjects training and submitted the proposal for IRB review and approval to collect data. The researcher sought informed consent (Appendix A) from the participants before obtaining any information. The consent contained explanations about privacy, benefits, and potential disadvantages of the survey so that participants gave information devoid of coercion. Participants who did not complete the Consent Form to take part in the study
were excluded from the study. The researcher protected the study subjects by keeping all information obtained confidential and only the researcher and the committee had access. The data is stored on both Survey Monkey® and the researcher’s computer. Only the researcher will have access to the data. Once the research project is approved and finalized, the researcher will continue to store the data for 5 years.

**Instrumentation**

The researcher used a survey (Appendix B) to identify perceived gaps existing between nursing education and the set of skills acquired by nurses in school and whether they were well prepared for their work. The researcher used Survey Monkey® to obtain data for the purpose of evaluating the new graduate nurse in the first year of employment after they graduated from the school of nursing. The survey consists of 9 questions with “yes” or “no” answers. These survey questions were reviewed by the chair person, and the reliability of said instrument was not predetermined.

**Research Procedures**

The researcher submitted the topic of study to the Institutional Review Board for approval before data was collected. After approval, consent was sought from the participants. The researcher ensured that risks to participants are minimal by using anonymity. The survey was accessed online. The researcher informed the participants know of the risks and benefits of participating in the study and the importance of the findings.

**Pilot Testing**

The researcher conducted a pilot experiment involving 10 subjects with similar characteristics. The pilot study was used to test for the validity and reliability of the data
collection instruments so that areas in need of corrections are addressed before the actual data gathering. The pilot study also helped in determining the time necessary for the completion of the survey pilot testing. The reliability of expected data was determined by the results of the pilot study. The data to the pilot study was not kept or recorded as it was only used to evaluate expected data outcomes.

**Data Collection**

Data was collected over a period of 10 days to allow participants the opportunity to respond at their convenience. The researcher used a survey created using Survey Monkey®. Only subjects who consented to participate in the survey were given access to the survey in Survey Monkey®.

**Data Analysis**

The data analysis process entailed the use of Survey Monkey® computer software that enabled the categorization of information in graphs and charts which Survey Monkey® created. This involved categorizing the data to support the hypothesis or not to support the hypothesis for easier analysis by the researcher.

**Assumptions of the Study**

The researcher also assumed the participants provided responses that were truthful. Also, the study assumed that the subjects were genuinely interested in participating in the survey and did not have any other intentions.

**Limitations of the Study**

The chosen participants may not have been an adequate sample size to be generalized to the larger population in the United States of America. Also, it was possible that some of the participants did not have the necessary experience.
Summary

This study used a quantitative descriptive approach for the collection of data on the perceived gaps that existed between nursing education and clinical skills and how prepared new graduate nurses were for the clinical area. The researcher used Survey Monkey® to obtain data. The researcher adhered to all legal and ethical considerations regarding data collection as well as obtaining consent from participants before obtaining information. Data was also analyzed using Survey Monkey®.
Chapter IV
Presentation and Analysis of Data

Sample Demographics

The present study used a self-reporting questionnaire, designed by the researcher, to determine if graduate nurses were ready for the workplace. A networking sample was collected from practicing nurses using the social media site of Facebook. The study had 37 respondents. Inclusion criteria for the study included registered nurses with up to one year of experience. Exclusion criteria included registered nurses with over one year experience. Demographic data were collected which included gender, age, years of practice, specialty, region employed, prior experience and education. Most the respondents were female, with 84% female and 16% male. The two age ranges with the most responses were 25-34 with 24% and 35-44 with 32%.

Demographic data collected included respondents’ time as a nurse specialist and region of the country where they were employed. The ranges were 3-6 months, 6-9 months, and 9-12 months, with the overwhelming response from 9-12 months with 56.8%. Specialties included medical-surgical with 13 (36%), pediatrics with 9 (24%), OB with 6 (14%), ICU with 4 (11%) and ER with 6 (16%). Although regions of the country listed were North, South, East, and West, the respondents came from the South and East only. There were 36 (97%) respondents from the South and 1 (3%) from the East.

In addition, the respondents were asked about previous work as an assistant or nurse tech before becoming a nurse and their level of education. The percentage of nurses
who worked as an assistant was slightly higher than those who started first as a nurse. There were 20 (54%) who worked as an assistant or nurse tech and 17 (46%) who did not. Education level was also diverse with 17 (46%) having an Associate degree, 11 (30%) Bachelor’s degree, 3 (8%) Certified Nursing Aide, and 8 (22%) Licensed Practical Nurse. The full demographic breakdown can be seen in Appendix D.

Research Questions with Data Findings

Question 1: Do you think your education prepared you to assume solo nursing duties upon graduation?

The first question asked if the nurses thought their education prepared them to work alone immediately after graduation. This was a “yes” or “no” question with 18 (55%) of respondents answering “yes” and 15 (45%) answering “no”.

Question 2: Did you have enough “hands on” clinical experience in nursing school?

The second question asked if the nurses had enough “hands on” experience in nursing school to prepare them for the workplace. This was a “yes” or “no” question with “yes” having 21 (64%) respondents and “no” having 12 (36%).

Question 3: Were you under-trained in your first nursing job after you graduated?

The third question asked if the nurses felt they were under-trained in nursing school to prepare them for the workforce. Most the respondents answered “no” with 21 (63%) and respondents answering “yes” were 12 (36%).

Question 4: Do you think there were critical hands on skills that were not taught in nursing school?
The fourth question asked if the nurses felt there were hands-on skills that were not taught to them in nursing school. The majority 28 (85%) answered “yes” with 5 (15%) answering “no”.

**Question 5: Do you think nursing schools should include a semester of preceptorship in a hospital where you would work under the supervision of a nurse to gain hands on experience before you graduate?**

The fifth question asked the nurses if they felt a preceptorship should be included in nursing school to gain experience before you graduate. This would allow the respondent to work in a position as a nurse under the supervision of a nurse. The majority 31 (94%) answered “yes” with 2 (6%) answering “no”.

**Question 6: Are there any other factors that may have hindered you from providing competent care?**

The sixth question asked if there were other factors that may have hindered the nurse from giving competent care. Most the respondents answered “no” with 23 (70%) and 10 (30%) answered “yes”.

**Question 7: Is there a mentoring program for new graduates at your institution?**

The seventh question asked if there were mentoring programs in the institutions were the respondents worked. There majority of the respondents answered “no” with 19 (58%) and “yes” with 14 (42%).

**Question 8: Were there any individual factors that influence your competence as a new graduate?**
The eighth question asked if there were individual factors that influence the competence of the new graduate nurse. Most the respondents 21 (64%) answered “yes” and 12 (36%) answered “no”.

**Question 9: Was there any organizational factors that influence your competence as a new graduate?**

The ninth question asked if there were organizational factors that influenced the new graduate nurse’s competence. The majority answered “yes” with 20 (60%) and 13 (40%) answered “no”.

**Validity and reliability**

The question of validity is if there is evidence to support the claim, which is answered by the survey of educated nursing professionals. The study is reliable, as the responses were consistent but it does lack methods to measure variables (Polit & Beck, 2008). The researcher determined the need for a pilot study in future studies, to identify possible individual and organizational factors which may influence the competency of new graduates. Said pilot study would provide a listing, to include individual and organizational factors, but provide subjects an “other” category to allow them to indicate any other possible factors that could influence the study. After reviewing the validity and reliability of data, a future survey to be completed, would further determine exact gaps between graduate nurse and newly employed. Recommendations to the demographics study would be to delineate between types of nursing educational program affiliated with. Another question would be learning more about previous medical employment, as some such as previous C.N.A. or Nurse Tech, maybe associating their nursing school education with previous medical employment.
Additionally, researcher will construct the survey questions to allow for the response to include explanation. Researcher will ask less “yes/no” answers and more discussion.

**Summary**

The present study determined that 55% of graduate nurses with various demographics, felt their education prepared them to work alone immediately after graduation. Although, 64% of the graduate nurses felt they had enough “hands on” experience in nursing school, 94% felt a preceptorship should be included in nursing school to gain experience before you graduate.

Although valid, the present study does not measure extraneous variables affecting the study responses. Current findings are generalized, and a future study was identified needing more elaboration to be more exact. A pilot study was also determined to be needed to determine variables of the study.
Chapter V
Discussion, Conclusions, and Recommendations

Introduction

In this section, the questions were presented with support from relevant literature that was reviewed for this proposal. The similarities and differences in the findings were discussed to include nursing theory, nursing practice, and the possibility of future research on this subject.

Survey Data

Respondents who were nurses employed for up to a year felt that they were not prepared to assume solo duties after graduation. These findings were like Duchscher (2009) who stated that nurses went through many challenges related to physical, social, intellectual, cultural, and psychological changes which cause anxiety, insecurity, and self-doubt to which the new nurse must learn to adjust. This finding was not surprising to the researcher. The researcher expected the new graduate nurse to have anxiety and not feel comfortable in their new environment.

Most of the respondents felt they were provided enough “hands on” clinical experience in nursing school? These findings were opposite of the findings in Wu et el. (2012) which showed that the nurses did not have adequate “hands on” skills to enable them to work effectively in the clinical environment immediately after graduation. The researcher was surprised by the findings in the survey, however, it may be attributed to the area the new nurse was employed and the preceptor who trained each nurse. If the
nurse did not begin in a specialty area, they may have felt more prepared to undertake their duties.

Most respondents stated they were not under-trained for their first job in nursing. The findings were similar to those of Watt and Pascoe (2013) which stated that nurses who were educated in an institution owned by a hospital felt they were ready for their first job upon graduating. From comparing the data, the researcher found the data to be interesting because it indicated the nurses’ readiness may be linked to the type of institution they were educated in. The difference in the different institutions could be their access to the proper clinical environment for training.

The overwhelming majority of respondents felt there were critical hands-on skills that were not taught in nursing school. This was not surprising to the researcher, and Saifan, AbuRuz, and Masa’deh (2015) supported this by showing there was a lack of interaction between the instructors who teach theory and those who provide clinical teaching. It appears the theory taught in the classroom is not always being transferred to the clinical training environment. There appears to be a disconnect between the educators in how to connect the two areas effectively.

Overwhelming with 94% of the respondents answering “yes” that a preceptorship should be included in nursing school. This was not surprising to the researcher in that this would give the student nurse the real-world experience in the clinical environment before one is thrown into the workforce. In Watt and Pascoe (2013), the data showed an increased readiness when a student’s school is operated by a hospital. This was understandable because these students would have the opportunity to work under a nurse
in the hospital environment and learn the day-to-day activities. This would give the nurse more confidence when they are working alone after graduation.

According to respondents, there were, no other factors that hindered them from providing competent care. The researcher was not surprised because most of the research stated the disconnect came from the education and clinical environment to which the graduate nurse had been exposed. According to McAllister et al. (2014), The stakeholders in the nursing profession are working to improve the nursing curriculum due to the gap between the curriculum and the clinical environment. The study showed that the biggest obstacle was the educational process leading up to employment.

According to most respondents they do not have a mentoring program at their institution. This is not a surprising finding to the researcher and could be part of the issue with the gap between education and the clinical environment. According to Watt and Pascoe (2013), the importance of placing the students in the hospital environment was to expose them to the culture of the hospital and the administration. This could help prevent the shock of the new environment when the new graduate nurse is placed in one’s area of employment.

Respondents indicated there were factors that influenced the competence of the new graduate nurse. According to Yeh and Yu (2009), the students encountered a great deal of stress in the first month of their employment. This researcher agrees with this finding and the way in which each graduate nurse handles stress may affect how successful one is in their new job assignment.

Data showed there were organizational factors that influenced the competence of a new graduate nurse. This also was not surprising to the researcher because new nurses
are expected to begin knowing what the other nurses know. According to Yeh and Yu (2009), the gap was created because the administration failed to assist the new nurses in adapting to their new environment. There appeared to be a lack of support from the administration in this area.

**Implications for Nursing Practice**

The results of the study showed several areas can be improved to help with the transition of the graduate nurse to the clinical environment of the workplace. The educators of theory and clinical practice play a vital role in the preparation of the graduate nurse. In addition to the educators, the administration of the workplace also participate with a vital role in providing the support necessary to the graduate nurse to reduce one’s level of stress. More research is needed on the need for a preceptorship program during the last semester of nursing school; however, this appears to be a viable option to decrease the stress of the transition.

**Implications of Nursing Theory**

The chosen framework for this study was the Model of Skill Acquisition by Patricia Brenner. According to this model, the graduate nurse would not be expected to be an expert when they first step on the floor. The graduate nurse needs the patients and staff to be understanding of the learning process. Patients and staff understanding gives the nurse levels of learning from novice to expert and if allowed to progress through these levels at a normal pace, one’s stress will be reduced. More research may be needed on the time frame of each level since every individual nurse learns at his or her own pace, however a general time frame was provided in the model that appeared to be sufficient.
Implications for Nursing Research

Further research should be pursued with a larger sampling of the population and possibly more detailed questions to determine the exact reasons for the gap between nursing school and the clinical environment. This research has a total of 37 participants and most the participants were from the South. Further research should be conducted to obtain a broader spectrum of the nursing population to determine if these problems were unique to the south or if they were a generalized problem across the nursing spectrum. This research was performed using social media and many nurses in rural areas may not have social media and may not have had access to the survey. Future research may need to be conducted through hospitals and clinics and possibly through mailing surveys to these areas.

Recommendations

Researchers should continue to examine the gap between nursing school and the clinical environment. There have been many studies conducted on nursing school to the clinical environment. If future research determines areas of improvement, this could improve the transition of graduate nurses and improve the competence of care provided by new nurses.

Conclusion

In conclusion, the purpose of this study was to determine if new graduate nurses were ready for the workplace based on Patricia Benner’s Model of Skill Acquisition. After data were collected and analyzed, it appeared there were areas where the nurses felt confident and there continued to be areas of concern. It appears the largest area of concern is lack of a preceptorship before graduation.
More research is needed to determine if a preceptorship would change the outcome of the new graduate nurse’s readiness for the workplace. There would need to be a study comparing nurses who have a preceptorship and those who do not. If the preceptorship program has a positive, this may be the missing link to close the gap between education and the clinical environment.

Education is an important aspect of preparing the nurse for real life situations. However, education must include nursing theory and nursing practice that are linked together by excellent instructors in both areas. The new graduate nurse needs to feel confident and prepared when undertaking her role in a life-changing environment. Nursing is stressful because the nurse knows that the health of the patient depends on excellent care. Research in this area is vital to providing the most prepared and competent nurses to the workforce.
References


Watt, E., & Pascoe, E. (2013). An Exploration of Graduate Nurses' Perceptions of Their Preparedness for Practice After Undertaking the Final Year of Their Bachelor of Nursing Degree in a University-Based Clinical School of Nursing. *International Journal of Nursing Practice*, 19(1), 23-30.


Appendix A

Informed Consent

Study title: The Gap between Nursing Education and Clinical Skills, Are New Graduate Nurses Ready for the Workplace?

Researcher name: Lila Leanne Bennett

Learning Institution: Albany State University

Department: Nursing

Introduction

You are being requested to participate in the study about “The Gap between Nursing Education and Clinical Skills, Are New Graduate Nurses Ready for the Workplace?” You were selected as a potential study subject because of your experiences as a nurse who experienced challenges in the workplace and could provide information on the topic of study.

Please read this form and bring forward any questions that may arise before consenting to participate in the survey.

The purpose of the study.
The study aims at establishing whether new graduate nurses believe they are ready for the work environment.

Procedures for the study.
If you agree to participate, you will be asked to provide responses as instructed in the survey tool. You may seek clarifications where needed. You may withdraw at any time without penalty by simply not completing the survey.

Benefits of the study.
The study will provide a description of the preparedness of new graduate nurses in the workplace to add to the body of knowledge.

Risks of the study.
There are no known risks for the study.

Confidentiality.
The researcher will ensure privacy by collecting anonymous data.

Payments.
Your participation is voluntary, and no payments will be made by the researcher.
Right to withdraw or refuse.
You may refuse to be a study subject at any time without penalty.

Asking questions and reporting concerns.

Consent.

By signing below, you are providing your consent to participate in the study.

Participant’s sign: ____________ Date: ____________
Appendix B

Survey Questions

Table 2. Education Preparation

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<thead>
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<td>Q5: Do you think nursing schools should include a semester of preceptorship in a hospital where you would work under the supervision of a nurse to gain hands on experience you before you go to graduate?</td>
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<td></td>
</tr>
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</tr>
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<td>0</td>
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N = Number of Responses
*Note – Percentages may not equal 100.
Table 2. Education Preparation

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<td>0</td>
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</tr>
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<td>Q9: Was there any organizational factors that influenced your competence as a new graduate?</td>
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N = Number of Responses

*Note – Percentages may not equal 100.
Appendix C

Survey Results

Table 2. Education Preparation

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<td>36.4</td>
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<tr>
<td>No</td>
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<td>63.6</td>
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<tr>
<td>No</td>
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N = Number of Responses

*Note – Percentages may not equal 100.
Table 2. Education Preparation

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<td>Q7: Is there a mentoring program for new graduates at your institution?</td>
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<tr>
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<td>36.4</td>
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<td>Q9: Was there any organizational factors that influenced your competence as a new graduate?</td>
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N = 33
*Note – Percentages may not equal 100.
Appendix D

Table 1. Demographic Data

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*Note – Percentages may not equal 100.