
Perception Gap on New Graduates' Practice-Readiness Narrows Between Nurse Hiring Managers and Clinical Educators

A healthcare system reliant on a growing array of technologies to keep pace with emerging quality-based care initiatives, is ratcheting up the pressure on nursing education programs for graduate nurses who begin their careers more proficient and better able to support new care models. Yet, despite this emphasis on graduating practice ready nurses, there remains a gap between how well academia, and those practicing in the trenches, think students are prepared to enter the workforce.

Though this gap has narrowed since it was first identified by Wolters Kluwer in 2012, opportunities remain to bring education and practice even closer together. A survey conducted in 2016 by Wolters

TECHNOLOGY HELPS BRIDGE THE GAP

While progress has been made, perception gaps still exist in most areas. This includes those who believe that today's nurse graduates are at least moderately prepared to enter practice—83% in education settings versus 67% in practice settings. Further, the agreement between education and practice about the specialties in which today's nurse graduates are strongest and weakest is similar to what was found in 2012—gap included. While 64% of nurses in the practice setting thought new graduates were weakest in wound care, just 50% of those in education settings agreed, a gap of ± 14 .

Wolters Kluwer has tools for the practicing nurse with *Lippincott Solutions*, a series of comprehensive, integrated software applications that combine evidence-based best practices and professional development tools. Healthcare professionals can use these solutions for clinical decision support and competency management to help standardize care, save time, and streamline workflows while preparing and practicing in this noble profession.

Kluwer Health Learning, Research & Practice found that while just 23% of the respondents in education settings and 20% in practice settings say that today's nurse graduates are "well-prepared or more prepared than some practicing nurses to enter practice," the perception gap between the two has narrowed by 91% since 2012.

"In other words," researchers wrote, "there seems to be more agreement now between the two segments on what they believe about the preparedness of today's nurse graduates."

Perceptions on most-prepared specialties were even farther apart, albeit slightly. While 56% of nurses in education felt that graduates were strongest in surgery, just 40% of those in practice agreed, a gap of ± 16 (see Figure A).

While there are likely many factors that play a role in narrowing these perception gaps, much of the credit is given to the increasing role of technology, which was cited as 80% on the education side and 69% in practice settings. Not only was use of technology cited as new graduates' strongest attribute by both nurse educators (96%) and those in practice (94%),

Specialty Areas: Nurse Grads Today	Strongest			Weakest		
	Education	Practice	Gap	Education	Practice	Gap
Surgical	56%	40%	±16	34%	46%	±12
Wound care	39%	24%	±15	50%	64%	±14
Mental-health/psychiatric	29%	20%	±9	60%	71%	±11
Medical-surgical	86%	76%	±10	10%	20%	±10
Geriatric	60%	50%	±10	29%	39%	±10
Ambulatory care	43%	53%	±10	46%	39%	±7

Fig. A

but, overall, respondents agreed that technology has a positive impact on equipping nurse graduates to enter practice—a finding backed by other recent [Wolters Kluwer surveys](#).

“While technology’s impact level is perceived to be slightly lower among respondents in practice than their counterparts in education, this perception gap has narrowed somewhat since 2012,” according to researchers.

STRENGTHS AND WEAKNESSES

As noted, respondents in education and practice settings share the perception that today’s graduates are strongest in the use of technology. Following

communication (46%), flexibility and willingness to learn (42%), and critical thinking and clinical experience (tied at 38%) round out the top five.

When it comes to weakest attributes, as in 2012, education and practice were in partial agreement on the top two, time management/prioritization (73% and 81%) and the ability to take charge (68% and 75%). For educators, listening and following instructions (64%), physician/peer communications (61%), and clinical experience (56%) rounded out the top five. For those in practice, it was clinical experience (86%), critical thinking (70%), and physician/peer communications (64%).

Attributes: Nurse Grads Today vs. 5-10 Years Ago	Nurse Grads Today				Nurse Grads 5-10 Years Ago			
	Education	Practice	Gap (2016)	Gap (2012)	Education	Practice	Gap (2016)	Gap (2012)
More prepared to enter practice	29%	16%	±13	±20	44%	57%	±13	±32
More flexible with their job responsibilities	25%	25%	±0	n/a	56%	53%	±3	n/a
More willing to put in extra time/effort	7%	9%	±2	n/a	79%	72%	±7	n/a
More able to take direction from a manager or authority figure	5%	7%	±2	n/a	75%	67%	±8	n/a
More able to handle stress or a crisis situation	11%	6%	±5	±7	64%	65%	±1	±13
More confident entering workforce	32%	37%	±5	±1	36%	38%	±2	±12
More passionate about the nursing profession	8%	7%	±1	n/a	59%	64%	±5	n/a
View nursing more as a job than a career	62%	63%	±1	±1	17%	15%	±2	±1

close behind in terms of strongest attributes is general knowledge of nursing (68% and 60%)—the same as in 2012. From there, the two sides diverge, with those in practice considering flexibility and willingness to learn (47%), listening and following instructions (44%), and physician/peer communications (28%) as today’s new nurses’ best attributes. For those in education, patient

THEN AND NOW

Another area where perception gaps narrowed over the four years that lapsed between surveys relates to how today’s graduates compare to their predecessors from 5-10 years ago. Specifically, respondents in both education and practice settings compare today’s nurse graduates less favorably on

attributes related to their preparation for entering practice, their work ethic, and their outlook on the nursing profession.

The gap between educators (29%) and practitioners (16%) who believe today's graduates are more prepared to enter practice was ± 13 in 2016, down from ± 20 in 2012. Meanwhile, 44% of nurses in education settings and 57% of those in practice said graduates from 5-10 years ago were more prepared than today's new nurses. That represents a significant narrowing of the perception gap between the most recent survey (± 13) and 2012's results (± 32).

In terms of willingness to put forth extra effort, "about three-fourths of the respondents in both education and practice settings share the perception that nurse grads today are less willing to put in extra effort/time than nurse grads 5-10 years ago," according to the survey. Just 7% of educators and 9% of practicing nurses felt that today's graduates would put out extra effort, compared to 79% and 72% (respectively) who believed graduates from 5-10 years ago were willing to go the extra mile.

Another significant gap was seen in responses to questions related to new graduates' confidence at entering the workforce. The gap between nurses in academia, and those in practice, narrowed significantly among those who felt past graduates were more confident, from ± 12 in 2012 to ± 2 in 2016. For today's graduate, the gap widened from ± 1 in 2012 to ± 5 in 2016.

Respondents who perceive today's nurse graduates to be more prepared to enter practice than their peers of 5-10 years ago, most often cite better technology (80% education and 69% practice), and better nursing curriculum/teaching (65% and 49%). Meanwhile, those who perceive today's new nurses to be less prepared to enter practice than nurse graduates from 5-10 years ago, point to inadequate clinical training/exposure (45% education and 70% practice), viewing nursing as just another job (57% from nurses in both settings), over-reliance on technology (50% and 51%), and poor attitude (51% and 41%).

While EHRs are a primary tool in today's practice environment, they are far from the only one with which new nurses must rapidly become proficient. Nurse educators and practitioners alike say nursing education must prepare graduates for the point-of-care and reference tools that have become ubiquitous in today's practice environment—not to mention lifelong learning tools for continuing education (CE). In many cases, hospitals acknowledge the importance of keeping nurses current on the latest information by purchasing CE products and providing them directly to their staff nurses to ensure they have access to the ongoing education they need to stay proficient.

For practicing nurses, online courses that utilize a range of media and digital tools are not only more efficient, they are also more likely to result in learning that stands the test of time. For example, through Lippincott Solutions, Wolters Kluwer offers a wide range of tools to support decision-making and lifelong learning in the practice setting, including:

- *Lippincott Procedures* for skills enhancement and competency
- *Lippincott Advisor* for immediate, point-of-care answers and guidance
- *Lippincott Professional Development* for training, continuing professional development, and education

The best solutions for practicing nurses will drive clinical excellence by providing the most up-to-date, evidence-based relevant content when and where it is needed. They will empower nurses to optimize performance, increase clinical knowledge, ensure competency, promote standardized decision-making at the point of care, and foster clinical excellence.

Notable perception gaps also exist between respondents as to why they believe nurse graduates today are more or less prepared than 5-10 years ago. The widest gap (± 22) within the "more prepared" section was seen between academics and practitioners who believed today's new nurses possess better critical thinking skills. In the "less prepared" camp, 37% of educators blamed

“too much content to cover in school,” compared to 11% of those in practice, creating the widest perception gap (± 25) in this area of the survey.

Respondents aligned with their colleagues from 2012 on the question of whether good pay, helping people and making a difference, job availability, and job security are primary reasons nurse graduates choose nursing as a career today. Where job security was the top reason cited by nurses (34%) in 2016, good pay was their top reason in 2012 (33%).

Note, the report’s authors state, “These findings are similar to what was found in 2012, though practice respondents are now half as likely to cite job security as the primary reason (17% vs. 34%).”

GRADUATING PRACTICE-READY NURSES

Understanding the profession’s perceptions of the level of preparedness and knowledge aptitude of nurse graduates entering practice—and comparing it to the perspective of nurse educators in practice and academic settings—is important to help combat high attrition rates and the ongoing nursing shortage. According to the Robert Wood Johnson Foundation, nearly 20% of nurses leave the profession during their first year of practice, and one-third leave within two years.

Meanwhile, the American Nurses Association reports that the U.S. needs 1.1 million new nurses in its pipeline by 2022 to meet rising demand.

Graduating practice-ready nurses who enter the workforce with confidence is one important strategy for combating attrition rates. This requires digging deeper into areas the current survey identified as having the widest perception gaps to identify why nurse educators and practicing nurses differ in their opinions, how those differences might impact nurses transitioning from school to practice, and how areas of weakness can be addressed.

For nursing students and educators, innovative courseware and virtual simulation cases and scenarios, including *Lippincott CoursePoint+* and *vSim® for Nursing*, feature just-in-time SmartSense remediation links to *Lippincott Advisor* and *Lippincott Procedures*, the point of care clinical decision software suite trusted by thousands of hospitals across the country. Presenting real-life tools in educational resources helps students to access the right information to:

- Make point of care clinical decisions
- Review diagnostic tests and treatments
- Research up-to-date drug information

Lippincott DocuCare, the best-in-class educational EHR, also provides students with cases and scenarios to present charting and documentation training on the same evidence-based clinical decision support tools used by nurses every day in thousands of institutions across the country.

For example, clinical experience and inadequate clinical training/exposure were identified as areas of weakness by 86% and 70%, respectively, of practicing nurses who responded to the survey. These findings align with other recent surveys from Wolters Kluwer that identified a growing shortage of clinical sites, which—along with an overwhelming amount of content and insufficient academic programs—can be addressed by advanced technologies and technology-based resources (see sidebars).

Progress has been made, as evidenced by the narrowing of several key perception gaps identified by the current study. But there remains room for improvement. By identifying where and why opinions differ between nurses in education and those in practice, a strong foundation can be established upon which to build a successful strategy for improving training and retention of the best and brightest nurses.

References

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