



Revisions to the Casey-Fink Graduate Nurse Experience Survey Reflect Current Healthcare Trends

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Surveys are a data collection technique used to measure variables in nursing research, practice, and education.¹ Evidence gathered from survey instruments is often used to describe a population's experiences and behaviors, evaluate a newly or previously developed program, and inform curriculum changes. Strengthening the quality and applicability of collected survey evidence is crucial for making meaningful decisions. The Casey-Fink Graduate Nurse Experience Survey (CFGNES) is widely used because of its capacity to gather large amounts of data from graduate nurses to measure their role transition experience and inform the effectiveness of residency programs.

Because our survey was developed more than 20 years ago² and subsequently revised in 2006,³ existing content may be less relevant for

current work settings. Our instrument became the primary research tool used by the University Health System Consortium (now called Vizient) to track graduate nurse resident outcomes, nationwide. More than 50 000 nurse residents employed at academic centers completed our survey during their 1-year residency program: at baseline (before residency), at 6 months (midpoint), and at 12 months (residency program conclusion). These findings supported the development of a 12-month graduate nurse residency program.

The expanding nurse role in healthcare work environments has compelled us to revise and modify our survey to assess more contemporary aspects of importance for transition to practice. Areas to measure and address during this time of rapid change include increased complexity of patient care, role satisfaction, peer support, mentorship needs, and issues such as organizational commitment, nurses' well-being, resiliency, and workplace incivility.

In 2012, we developed a Web site (<https://www.uchealth.org/professionals/professional-development/casey-fink-surveys/>) to ensure online availability of our survey instruments. Currently, we have received more than 3600

requests for the CFGNES from researchers and program coordinators in the United States and across the globe. The CFGNES has been translated into the Spanish, French, Chinese, and Korean languages. We are collecting data on the research process for these translations to ensure validity of the survey items is maintained and that comparability of the data gathered is intact because this could lead to measurement errors.

In addition to the CFGNES, we developed the Casey-Fink Nurse Retention Survey in 2008 with a revision in 2009.⁴ This survey is designed for nurses with more than 1 year of professional practice experience and examines nurse retention factors. We have received more than 1500 requests to use this survey. Then, in 2010, we developed the Casey-Fink Readiness for Practice Survey.⁵ We have received more than 2000 requests to use this survey to measure senior nursing students' perceptions of readiness for professional practice.

Our Web site has free access to all 3 surveys (CFGNES, Casey-Fink Nurse Retention Survey, and Casey-Fink Readiness for Practice Survey) with accompanying survey documents such as the psychometrics,

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scoring notes, and original manuscripts and references. To help us learn how our surveys are being used and in what settings, a database of users has been developed. In this current *JONA* issue, results from a secondary analysis of 71 919 graduate nurse responses to the CFGNES, collected 6 months into the Vizient/American Association of Colleges of Nursing residency program, are reported. Although the CFGNES remains valuable in providing voice to the needs of graduate nurses and evidence for improving nurse residency program outcomes, survey item revisions are underway to reflect our changing healthcare environments. Many residency program directors, nurse leaders, and

nurse educators are currently participating in a Delphi expert panel to help with our latest CFGNES survey item revisions. Results will be shared soon.

Developing an instrument to measure the phenomenon of role transition took creativity, time, a rigorous research design, and collaboration to ensure successful retention of nurses in practice and excellence in residency programs. Methods for evaluating program effectiveness require gathering credible evidence. An attention to survey item revision can only increase the likelihood of obtaining valid and reliable data to continuously assess the effectiveness of transition programs and their impact on nurses.

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