

Scoring instructions for the Casey-Fink Graduate Nurse Experience Survey © (2006 revised)

Section II

Step 1- Re-name the variables as CF 1-24

Step 2- Code responses as follows:

Strongly Disagree = 1

Disagree = 2

Agree = 3

Strongly Agree = 4

Step 3- Code the missing data in your file (for example 99)

Step 4- Recode the “negative” worded items # CF5, CF8, CF16, CF17

RECODE AS: (4=1) (3=2) (2=3) (1=4)

Step 4 – Scoring the scales

This assumes you want to “ignore” missing data by calculating averages (means) for each scale.

For each scale the first step noted is to run the reliabilities (Cronbach’s alpha) for each score. This is the first step to decide if there are any reliability problems before proceeding.

Do not use single item scores

Support ($\alpha = .90$) 9 items

- CF19 My preceptor is helping me to develop confidence in my practice
- CF9 I feel supported by the nurses on my unit
- CF6 I feel my preceptor provides encouragement and feedback about my work
- CF7 I feel staff is available for me during new situations and procedures
- CF18 There are positive role models for me to observe on my unit
- CF10 I have opportunities to practice skills and procedures more often than once
- CF4 I feel at ease asking for help from other RNs on the unit
- CF13 I feel the expectations of me in this job are realistic
- CF23 I feel my manager provides encouragement and feedback about my work

Organize/Prioritize ($\alpha = .79$) 5 items

- CF16 I am having difficulty organizing patient care needs
- CF5 I am having difficulty prioritizing patient care needs
- CF8 I feel overwhelmed by my patient care responsibilities and workload
- CF12 I am able to complete my patient care assignment on time
- CF17 I feel I may harm a patient due to my lack of knowledge and experience

Communication/Leadership ($\alpha = .75$) 6 items

- CF1 I feel confident communicating with physicians
- CF3 I feel comfortable delegating tasks to the nursing assistant
- CF15 I feel comfortable making suggestions for changes to the nursing plan of care
- CF14 I feel prepared to complete my job responsibilities
- CF11 I feel comfortable communicating with patients and their families
- CF2 I am comfortable knowing what to do for a dying patient

Professional Satisfaction ($\alpha = .83$) 3 items

- CF22 I feel my work is exciting and challenging
- CF21 I am satisfied with my chosen nursing specialty
- CF20 I am supported by family/friends

Stress ($\alpha = .71$) 1 items with 6 additional questions

score the Stress factor as a **sum score** of the 6-7 options listed in CF25. Technically, CF24 functions as a filter, and those who choose “agree or strongly agree” options would answer CF25. We do not need to include CF24 in the scoring.

Some surveys keep NCLEX as option a. Some sites delete this option; therefore the score may be 6 or 7.

CF24 and CF25 are on two different scales; it is not easy to interpret the sum score when different scales are combined. Please leave out CF24 when computing the stress index.

With CF25 a-F (code 1=yes, 0=no), the lowest score is 0, and the highest score is 6-7. So, higher scores indicate more stress

CF24 I am experiencing stress in my personal life Could this be scored as a single item??? Reported as a mean score? (1-4)

- CF25A Finances causing stress
- CF25B Childcare causing stress
- CF25C Student Loans causing stress
- CF25D Living situation causing stress
- CF25E Personal relationship(s) causing stress
- CF25F Job performance causing stress

*An overall (summary) factor score measures role confidence. This is calculated by summing all item (CF 1-24) scores in section II and does not include the stress items (CF25 a-g).

Role Confidence ($\alpha = .89$) 24 items

Section III (Role Transition difficulties) and Section IV (demographics) can be analyzed by running frequencies. These can be analyzed by copying them into excel and sorting the column to out responses that start with similar terms in alphabetical order.

Content validity has been established by review of expert nurse directors and educators in both academic and private hospital settings. The content of this tool is derived from a substantial and comprehensive literature review. This instrument was identified as discriminating between nurses with varied amounts of experience during the first year of practice.