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# Healthy Work Environment Orientation Training and Psychiatric Nurse Retention

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# Walden University

College of Health Sciences

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Lawanda Rollins

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2014

Abstract

Healthy Work Environment Orientation Training and Psychiatric Nurse Retention

by

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MSN, University of Maryland, 2006

BS, University of Maryland, 2004

Project Study Submitted in Fulfillment  
of the Requirements for the Degree of  
Doctorate of Nursing Practice

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September 2014

## Abstract

According to recent research, more than 75% of newly employed nurses leave employment within 6 months. Changes in organizational training programs are needed in order to improve psychiatric nurse retention, nationally and globally. A healthy work environment (HWE) has been described as an environment that includes mentoring for good communication skills; it is also one that explores collaborative strategies for safe practice; professional advancement; and empowerment through research, education, and skill development. Examination of the impact of this HWE psychiatric nurse orientation training program on nurse retention was done using Rogers' theory of diffusion. Study variables included the length of training and retention rates pre- and post-training to help identify the impact of the HWE training program on retention using different methods of policy review. The project included 88 nurses and outcomes were measured through review of hire and termination rates for the targeted facility 3 months pre- and post-intervention. An independent samples *t* test revealed that the average retention rate for nurses trained in the current versus HWE program differed significantly by program ( $p > .05$ ). Training also was shown to improve clinical practice and increase awareness of existing evidence about strategies to improve psychiatric nurse retention. Social change implications include potentially decreasing the costs associated with hiring and training nurses, improving clinical practice, adding to the nursing knowledge base and skill set, and enhancing workflow processes for quality outcomes.

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## Section 1: Overview of the Evidence-Based Project

Nurse retention and training are national and global health concerns (Hillman & Foster, 2011). Poor training programs have been among the top reasons for employment termination and job dissatisfaction (Hayes et al, 2012; Karlowicz & Ternus, 2009; Unruh & Nooney, 2011). Developing a training climate to encourage and support nursing growth potential has improved staff relationships, prioritization, and organization in training of expectations and necessary skills for independent clinical practice as nurses move into an era of continued enhancement, growth, and development (Parker & Hyrkas, 2011; Unruh & Nooney, 2011). While aging nurses continue to drive shortages in healthcare and more declines expected, orientation training programs must evaluate how to use newly trained nurses to improve and decrease shortage trends while increasing quality and patient outcomes (Health Resources and Services Administration, 2010; Parker & Hyrkas, 2011; Ritter, 2011).

Many errors can be prevented with proper education and training. Pinkerton (2005) examined how poor communication and collaboration contributed to staff turnover and suggested that communication skills be incorporated into nurse orientation training. This first step is an introduction to finding new ways to retain experienced nurses as mentors and precept new employees and graduates using new ideas and concepts for improving nurse retention, interdisciplinary collaboration, autonomy, and comfort with clinical skills performance (Rikli et al., 2006; Ritter, 2011).

### **Problem Statement**

As of 2009, nurse turnover rates have exceeded 64%, nationally, with approximately 75% of new hires leaving within six months of employment, and the problem continues to grow (Karlowicz & Ternus, 2009). More than 74% of newly employed nurses are needed throughout the United States according to surveys and studies conducted by MacDowell, Glasser, Fitts, Nielsen, and Hansaker (2010). Nursing turnover is a problem, although the definition of nursing turnover varies between organizations and the healthcare industry (Hayes et al., 2012). Many workforce recruitment programs focus on acute care and medical-surgical facilities, excluding psychiatric nursing staff shortages (Unruh & Nooney, 2011). Other reasons noted as lacking in most orientation training programs include job dissatisfaction, poor training programs, professional growth and development, skill utilization, policy review, decision making, nurse/physician collaboration and cohesion, lack of physical assessment and pharmacology skills, autonomy and role clarity (Hayes et al., 2012; Karlowicz & Ternus, 2009). These skills have been combined and incorporated into the new HWE psychiatric nurse orientation training program, and was the focus of this project. Nurses have been unprepared to deal with the day-to-day responsibilities of nursing care with routine orientation programs (Andrews, 2009; Gardner, et al, 2007; Golden, 2008; Hayes, 2011; Hayes et al., 2012; Karlowicz & Ternus, 2009; Kiel, 2012; Pallas et al., 2010; Park & Jones, 2010; Unruh & Nooney, 2011).

### **Purpose Statement and Project Objectives**

The purpose of this evaluation was to determine how the most recent changes to the length of the training program and content have impacted psychiatric nurse retention

rates. Researchers of both large and small organizations throughout the world have shown that an orientation training program that provides an HWE for nursing staff may enhance and support nurses' decisions to maintain employment as a psychiatric nurse, increase nurse retention and satisfaction rates (Gilmore, 2007). I analyzed the preintervention retention rates via retrospective secondary data analysis against the 6 months post training changes, establishing a significant difference in correlational and causal relationships for variables like common location, age range, education level, hire, and termination rates (e.g., Terry, 2012).

### **Significance/Relevance to practice**

Healthy People 2020 (United States Department of Health and Human Services [USDHHS], 2010) is used for strategic management by the federal government, states, communities, and many other public and private sector partners to measure progress for health issues in specific populations, serving as a foundation for prevention and wellness activities across various sectors, within the federal government, and as a model for measurement at the state and local levels. The idea behind Healthy People 2020 is that all people live healthy and long lives free of disease, preventable illness, disability, injury and premature death (USDHHS, 2010). Nurses must have an understanding of the disease conditions in their treatment populations. According to Healthy People 2020 (2010), nurses should practice to the full extent of their education and training.

The Institute of Medicine (IOM) (2010) Future of Nursing report discussed how high turnover rates don't truly identify the importance of transition to practice residency programs, which help manage the transition from nursing school to practice and help new

graduates further develop the skills necessary for quality care delivery, speaking to the importance of how nurses are trained in the workplace and prepared to perform clinically. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression and competencies that include leadership, health policy, system improvement, evidence-based practice research, teamwork and collaboration, as well as competency in specific content areas including community, public health and geriatrics (USDHHS, 2010). The revision of the HWE training program for new nurses has prepared this group of nurses and provided necessary instruction for creating an environment of continuous psychiatric learning thereby altering nurse training.

### **Project Question**

My research question for this study was how are psychiatric nurse retention rates affected by the implementation of a revised psychiatric nurse orientation training program? When considering the project, two issues came to mind, occupational safety, health, and health communication and Health Information Technology as part of the initiative to evaluate and modify the current organizational nurse training orientation program. According to Healthy People 2020 (2013), occupational safety and health has a focus of preventing disease, injury, and death due to working conditions. Part of this objective was based on ensuring that employees within the workplace were adequately trained and educated with regards to the community they serve, their personal culture, education and practices. The use of communication, health information technology objectives and goals are important for nurses to be aware of how technology can be used

in providing care and the importance of health and information literacy (Healthy People, 2013). How information is communicated, conveyed, shared, and documented all connects to how care is provided and without the proper tools and/or education in how to get this information into the healthcare industry in a way that allows it to be used effectively and efficiently across organizations, health systems, and the industry. This can cause inconsistent and non-collaborative care provided to the patient essentially diminishing and worsening patient outcomes and the quality of care.

How can researchers and practitioners take what they know about nursing education and training within the psychiatric population of this organization and apply it in a way that teaches nurses to think critically using available literature, evidence, and resources to improve the care that they provide? Poor training programs have been among the many reasons for employment termination alongside job dissatisfaction, limited growth, development, and skill utilization, which has contributed to nurses being unprepared to deal with the day to day responsibilities of nursing care (Hayes et al., 2012; Karlowicz & Ternus, 2009; Unruh & Nooney, 2011). Modification of the training environment increased the tenure of the psychiatric nurse resulting in more experienced staff preceptors and mentors (Karlowicz & Ternus, 2009). The Chief Financial Officer of the study organization indicated that their goals were to develop a program to increase clinical functioning and comfort of nursing practice, where nurses previously disclosed that they were lacking various pieces of training necessary for them to function in their jobs. The primary goal of the study was created from this information to determine its effects.

While the project question asked whether or not modifications and changes made to the nurse orientation training program improved or decreased retention rates, the study hypothesis for this study was that implementation of this new training program would improve psychiatric nurse retention rates within this organization over 6 months. Working with this hospital has helped to introduce new evidenced based practice to create clinical practice guidelines for improving the orientation training program and provide new concepts as the key to ensuring that staff understand and are aware of how to conduct clinical research in relation to training programs. It is necessary that the organization provide continual promotion and enhancement of professional development activities so that training practices change with this population and the healthcare system. Ritter (2011) has demonstrated and identified an increase in the rate of nurse retention after modifying and improving orientation in the work environment and psychiatric care setting, creating an HWE. However, there is still a limited amount of evidence available to thoroughly support and provide detail concerning psychiatric nurse training and retention; hence, the need for this evaluation study.

### **Evidence Based Significance of the Project**

Evidence has shown that psychiatric nurse training orientation programs cost more than \$70,000 in recruiting nurses to fill vacancies as nurses continue to leave positions faster than they can be replaced (Higginbottom, 2011; Karlowicz & Ternus, 2009; Kelly, 2011). Kelly (2011) also noted that filling a nurse vacancy position can cost an acute care hospital from \$82,000 to \$88,000. Burnout has contributed to a lack of nurse retention and job satisfaction, but studies surrounding burnout and job retention

lack necessary methodological rigor needed to strengthen the studies (Paris & Hoge, 2010). Organizational turnover costs are estimated between 3.4-5.8% of the annual operating budget and 1.5-2.5 times as much as the nurses' salaries (Karlowicz & Ternus, 2009). Using mentors in a training program has been shown to improve nurse relationships of those who were uncertain of their role (Hayes et al., 2012).

Therefore, in the study hospital, an HWE training program was set up to improve psychiatric nurse retention while addressing some of the concerns related to incomplete training initiatives. New psychiatric nurses were in need of this HWE training program to transition into their new roles emphasizing important aspects of job expectations, role clarity within the treatment team, knowledge and educational growth opportunities, and proper clinical support throughout orientation will help the nurse to gain confidence in his/her skill set and ability to function without a preceptor (Hayes et al, 2012; Karlowicz & Ternus, 2009; Parks & Jones, 2010). Full adaptation of the HWE training program has not been completely incorporated into the current training program but will be used in creating modifications and revisions to the current training program.

### **Implications for Social Change in Practice**

Bae (2011) examined 752 registered nurses (out of the original sample  $N = 5008$ , 959 were included with 207 excluded further), and used secondary data analysis to examine organizational socialization, which was measured to assess the quality of orientation including supervisory and peer support. The measurement of nurse retention as the intent to leave the current place of employment within 3 years demonstrated an inversely proportional relationship between good supervisors and peer support versus

improved retention rates (Bae, 2011). Cooper (2009) evaluated how the development of a professional development plan coupled with personal goals and a milestone pathway tool could be of great impact in decreasing nationwide shortages as a result of an increase in professional development, which in turn increases patient care and quality outcomes. Evidence has shown that there is a direct link between training improvement changes and nurse retention, which supports the organization's decision to implement training program modifications in an effort to improve retention (Bae, 2011; Karlowicz & Ternus, 2009).

Reviews in this study were around the idea of measuring nurse retention rates 90 days prior to implementation of the new nurse orientation training program and post-training over a 6 month period. Professional development, sign-on bonuses, tuition reimbursement plans, and extra vacation time have been noted as possible deterrents from leaving employment and have provided helpful information about how to improve retention for some nurses in various settings, making this study more generalizable to the general nursing population and not just psychiatry (Cooper, 2009). Increasing professional development has improved job satisfaction, effectiveness, and the quality of care provided (Golden, 2008; Hayes et al., 2012). While looking at changing culture within the organization and health system, the state, federal and global issues were considered. It was not just changing a training program, but it was about preparing nurses to be able to function more efficiently and effectively in a changing healthcare system.

The task of changing the culture of nursing orientation training counters upcoming nursing shortages from retirement and declines in nursing school enrollment. The Chief Nursing Officer of the study hospital states that there is an increased demand for care and not enough nurses to support the psychiatric nurse workforce, thus this training program has become part of a larger initiative to look at how to retain currently employed nurses, while enhancing and improving their clinical skills. Older psychiatric nurses make up a large part of the nursing workforce that is moving towards retirement as baby boomers continue to age leading to gaps in the number of available nurses for employment (Cooper, 2009). Training these nurses to become preceptors and using them to help grow more experienced and better equipped nurses was just another way to start advancing healthcare and nursing collaboration (Baker, 2010). It is not good that older, more experienced nurses don't help the newer and less experienced ones because in the long run, the patients suffer.

### **Definition of Terms**

- *Behavioral capability* is the idea that knowledge and skills influence behavior, which also explains clinical performance (Glanz & Rimer, 2005).
- *Convenience samples* are composed of those participants who are easiest to recruit, or those who are hired at the time of the study (Terry, 2012). Burns and Grove (2009) describe convenience sampling as a way of sampling participants simply because they are in a specific location at a specified time.
- *Direct costs* would be the value of all goods, services, and other resources consumed in providing health care or dealing with side effects or other current

and future consequences of health care, with direct health care costs and direct non-health care costs (United States National Library of Medicine [US NLM], 2012).

- *Economic evaluation* allows policy makers, managers and clinicians to make choices by guiding optimum use of limited resources and provides data on the most efficient way to meet a stated objective by assessing the costs and benefits of different methods (Shah, Murthy, & Suh, 2002).
- *Expressed need* is the number of people who actually have sought help (Kettner, Moroney, & Martin, 2013).
- *Healthy work environment (HWE)* is an environment that includes mentoring for good communication skills and exploring strategies for collaboration, a safe practice environment, as well as professional advancement and empowerment (Gilmore, 2007).
- *Indirect costs* can be productivity losses and include the costs of lost work (due to absenteeism or early retirement), impaired productivity at work, lost or impaired leisure activity, and premature mortality (US NLM, 2012).
- *Intent to leave* is a degree of effect that an individual has towards voluntarily leaving an organization (Bae, 2011).
- *Normative need* is falling below a standard or criterion established by custom, authority, or general consensus (Kettner, Moroney, & Martin, 2013).
- *Nurse preceptor/mentor* is a clinical coach who teaches nurses how to search for support when needed (Welding, 2011).

- *Nursing turnover* is defined as the rate at which nurses leave or transfer within an organization (Karlowicz & Ternus, 2009).
- *Organizational socialization* is the way by which an individual comes to appreciate the values, abilities, expected behaviors and social knowledge essential for assuming an organizational role which leads to job satisfaction improved retention, establishment of collaborative working relationships and attitudes (Bae, 2011).
- *Perceived need* is what people think their needs are or feel their needs to be (Kettner, Moroney, & Martin, 2013).
- *Psychiatric nurse* is a nurse who works in a mental health or psychiatric care setting (Karlowicz & Ternus, 2009).
- *Psychiatric nurse residency programs* are structured and tailored to meet the needs of nurses using a psychosocial support system over an orientation training period that engages and focuses on helping the nurse to think and act like a professional (Bratt, 2009). Nursing residency programs help to establish a smooth transition from student life to professional life and can be used for promoting professional development of nurses (Welding, 2011).
- *Relative need* is the gap between the level of services existing in one community and those existing in similar communities or geographic areas (Kettner, Moroney, & Martin, 2013).

- *Retention rate* is the rate at which employees are retained or choose to stay in a particular situation or environment; it is measured by the length of employment (Golden, 2008).
- *The transtheoretical model (also known as stages of change model)* evaluates an individual's readiness to attempt/change a health behavior in five stages: pre-contemplation, contemplation, decision/ determination (sometimes called preparation), action and maintenance (Hodges & Videto, 2011; Rizzo et al, 2010).

### **Assumptions and limitations**

In this study, my main assumption was that simple modifications would improve the program and affect psychiatric nurses for years to come. The American Association of Critical Care Nurses discussed how including HWE aspects in an effective new nurse orientation training program increases nurse retention (Gilmore, 2007). No challenges were encountered with participants altering their opinions on exit interviews, as data was retrospectively reviewed through secondary data analysis (see Chafin & Biddle, 2013).

Convenience sampling does not always guarantee that a study's results were generalizable, but in the study hospital, employees were screened and evaluated each time they completed orientation, showing that it was randomized consistently across all hiring areas, which is generalizable in most settings (Hodges & Videto, 2011). Some primary data collection strategies include observations, windshield tours, photo voice, interviews, focus groups, surveys, and questionnaires (Hodges & Videto, 2011). The focus of the review on deidentified nurse employee demographic data using information obtained from the organization's human resource department for nurses hired and

terminated during this 9 month review period was for retrospective secondary data analysis. Cultural bias was not a factor, as race was excluded from this evaluation. It is unknown how this may have contributed to or changed alterations and perceptions about training and/or expectations of training (Bae, 2011). Organizational demographics data has shown recurring trends in specific age groups, education levels, licensure, hire/term dates, and/or unit/location worked.

There were limitations in the length of time data was reviewed, as this was a short time period of the study which may be accounted for and expanded in future studies within the health system consisting of monthly data collection over the period of a year or longer in a psychiatric setting. Financial limitations contributed to the inability to make more changes to the training program with creating unique preceptor staff roles and future planning for training may suggest including a proposed budgeted element for training that is implemented over time as opposed to all at once to help facilitate assigned staff who can be further trained on the elements of training administration.

Economic analysis and evaluation helped me to make informed choices and improve cost effectiveness, efficiency, benefit, and utilization for achieving intermediate and final program outcomes using tools like outcomes based approach to evaluate costs of creating a four track preceptor training program with bonus compensation (Golden, 2008; McBryde & Foster, 2005). Current budget allocations do not include a preceptor bonus. Financial discussions around the allocation of extra resources and finances to assist with making these changes successfully have occurred while enhancing nurse preceptors and trainers' skill sets in the organization but there has been no time limit or

deadline placed on when this will occur. This provides some thought and consideration for future endeavors to look into cost-benefit analysis and effectiveness to see if training efforts are efficient.

No limitations were identified in the extraction of data from the human resources employee data system. In retrieving this data, referred to as the HR data set, via the use of automated reports, no data entry errors were identified as data was de-identified prior to receipt of the spreadsheet report. Resolution of these limitations was obtained when the human resources department confirmed that all demographics data is entered by new employees on initial hire with the completion of their new hire paperwork on the first day of employment.

### **Summary**

Identifying ideas and concepts for how to improve orientation satisfaction offers greater improvement to interdisciplinary collaboration and autonomy (Rikli et al, 2006; Ritter, 2011). Researchers have also shown that change in the orientation program changed nurse retention (Ritter, 2011). The American Association of Critical Care Nurses defined an HWE as including mentoring for good communication skills and exploring strategies for collaboration, a safe practice environment for professional advancement and empowerment (Gilmore, 2007). As a result of how nurses are supportive clinicians for so many disciplines, enhancing their training essentially improved retention amongst other disciplines within the organization (Golden, 2008). Being able to expand nursing education and training, create collaborative employee training opportunities, and improve the welfare and retention of staff in all areas, is

beneficial and appropriate in all settings (Donkor & Andrews, 2011). Therefore, these were important aspects to include in an effective new nurse orientation training program. Section 2 discusses how training and retention are linked in the literature. Section 3 reviews the methodology behind the study and the approach for how the study was implemented. Section 4 discusses findings and implications in a summary.

### Section 2: Review of Scholarly Evidence

For this literature review, I conducted several searches through CINAHL and Medline databases using the following search terms: *psychiatric nurse, nurse retention, psychiatry, and orientation, nurse training, nurse preceptorship, nurse orientation, evaluation, and HWE*. Use of Boolean strings (including *and* and *or*) was also helpful in identifying specific literature. Results of the search helped me to identify 147 research articles. Sixty-eight of these articles were reviewed for inclusion in this study to help develop standards for evaluation of nurse training and retention.

### **Literature Review**

Nurses must practice to the full extent of their education and training if they are going to remain employed with organizations that foster greater education and growth potential (Danna, Schaubhut, & Jones, 2010). The IOM (2010) Future of Nursing report discusses the importance of how nurses are trained in the workplace and prepared to perform clinically. Although most nurse residency programs exist in acute care, their significance varies in how they are developed and utilized in community settings.

### **Nurse Residency / Training Development**

Nurse residency programs have been designed to train preceptors and mentors on how to manage, lead, direct, and guide new nurses (Welding, 2011). Self-assessment and reflection helps nurses know their personal management, leadership, and learning style to improve how new information is presented to others. Preceptors must become well versed, leaders and champions in their organizations who are able to embody the total nursing experience from a collaborative and integrative approach that encourages interdisciplinary cooperation (Welding, 2011). The higher levels of education and training acquired through these training programs helps nurses fill expanding roles, master technological tools, and information management systems while collaborating and coordinating care across teams of health professionals.

Nursing residency programs have contributed to the creation of nursing orientation training programs that improve clinical functioning. According to American Association of Critical Care Nurses (AACN) and the University Health System Consortium, the nurse residency program instituted in these participating organizations helped to improve retention above 90% (Welding, 2011). Residency programs often have mentors and/or preceptors to help nurses get comfortable with their job responsibilities and to show them how to function in their new roles. The organization has used preceptors and mentors in the organization based on who was scheduled on a given day within a specific location; but not designated and specific trainers.

Nurses in this setting must achieve higher professional practice levels to match the increasing nursing demands and education programs to enhance opportunities for a

seamless transition into higher degree programs. Using this knowledge, they may pull these aspects together in workforce development of nurses entering the field to provide seamless and affordable care. Baker (2010) noted that a formalized, instructional orientation program can prepare and socialize nurses, increasing job satisfaction and retention while fostering mentoring and supporting potential increases in retention rates over time by 91%. There is a continuous need for orientation training development, implementation, evaluation, improvement and reevaluation to ensure that nurses are able to make a seamless transition and increase clinical skill development.

In addition to nurse staffing shortages, there are also faculty shortages that are significant in educating new nurses to fill the roles with those who have aged out of the nursing field. These same faculty shortages decreased the number of nurses available to work in psychiatric organizations when currently employed staff are terminated or resign (Baker, 2010). Baker (2010) felt that an orientation program must convey goals, expectations, outlines, and an overview of what the new job role will entail to ensure that nurses are adequately prepared.

Matos, Neushotz, Griffin, and Fitzpatrick (2010) conducted a study to understand the impact of training on retention and determined that training has a significant impact on nurse retention. Bakker et al. (2009) discussed participatory action research utilized in focus groups for training evaluation, resilience, job satisfaction, and increased oncology nurse job retention and recruitment. On a continuum, recruitment and retention are viewed in terms of where organizational investment begins with a well-developed orientation and continues to ongoing mentorship that ensures knowledge development

(Bakker et al., 2009). It is important that we recognize and understand how orientation and training can shape a new nurse employee's initial impression of their employer and the tenure of their employment with the organization.

### **Mentorship/Preceptorship**

According to Bates et al., (2012), positive mentorship experiences during orientation, including socialization, have helped to increase the attrition rate for new graduate nurses. The expense of hiring, training, and orienting a new registered nurse has been equated to a registered nurse earned income of one year, while attrition rates are attributed to the lack of adequate mentorship during the transition into the new role (Bates et al., 2012). Telind (2010) recaps ideas from a 1930 reprint about how nurses have unique talents and interests to improve outcomes for the organization and to increase satisfaction by nurses, supervisors, educators, and executive teams. The same types of problems plague the nursing industry in terms of how to train and prepare nurses for practice and help them to be retained in roles where they can be beneficial to patients (Telind, 2010). While these same issues affect nurses everywhere, it is imperative that this topic is not only viewed at a local level but also nationally and even internationally.

Australian nurses face some of the same challenges as American nurses, as well as those in other countries, showing that this is a worldwide problem. Low pay, dissatisfaction and poor payment are among some of the main causes for low retention rates in Australian nurses as noted by Chenoweth, Jeon, Merlyn, and Brodaty (2010). As a result of costly expenses associated with nurses who leave employment, organizations are spending more money investing into programs that offer support, encouragement, and

smooth transitions for new nurses (Bratt, 2009). These specific programs were referred to as nurse residency programs aimed at providing instruction, support, mentorship, and collaborative training to improve the transition and essentially retention rates (Bratt, 2009; Zinn, Guglielmi, Davis, & Moses, 2012). These programs have continuous cycles of improvement. By 2020, the demand for nurses is expected to outweigh the supply of available and trained nurses and with the costliness of start up for these programs, the benefits still outweigh the costs of training (Zinn et al., 2012). During the planning phases for this project, questions arose about how this new program incorporated other nurse retention initiatives, psychiatric nurse training and types of programs, nurse residency, and preceptor based training programs.

### **Transitioning to a New Role**

New nurses required nurse leaders and colleagues to assist them in transitioning to a working career role that gave them clarity in their expectations of using learned skills (Snelvedt & Sorlie, 2012). Snelvedt and Sorlie (2012) and Cockerham et al. (2011) sought to illuminate challenges for leaders and colleagues within the first year of employment in a new nursing role. Some themes emerged from review of nurses' narratives including taking initiative, understanding nurses' professional pride commitment, providing competence time initiatives, showing the nurses' twist on influence and clarifying the professional role (Snelvedt & Sorlie, 2012). Per further evaluation of participants' responses, nurses had positive responses in relation to employers' training with mentoring initiatives (Snelvedt & Sorlie, 2012).

Raines (2009) described a mentoring program that included nurse preceptors who genuinely cared about the success of the new nurse retention in the organization. An environment that fosters caring and development to enhance and promote growth and retention was one that will be welcoming to nurses coming into the organization (Raines, 2009). Hillman and Foster (2011) have shown how their retention rates have increased from 50% to 72.5% after improving their training program. Nurses who practice health promotion and work in environments in which they feel empowered have higher life satisfaction and potential for greater workplace retention (Spivak, Smith, & Logsdon, 2011).

### **A New Training Program**

The new orientation training program uses some elements of a nurse residency program to create this HWE based program, with some preceptor/mentor based training using specific and designated trainers, and address problems like medical errors in nursing practice, cost versus quality, provide the evidence needed to improve patient outcomes, and serve as an extension of the practicum experience while building on the AACN Essentials of Professional Practice at the baccalaureate, masters, and doctorate levels (Caramanica & Feldman, 2010). Did the new training program embrace these concepts based upon how the literature demonstrates the positive correlations between improvement changes and retention? Evaluating nursing school curricula helped to combine theoretical and didactic training incorporating this education for more adequate preparation and education to advance successful careers (Caramanica and Feldman, 2010). The organization cannot necessarily change how clinical practice skills are taught

in nursing schools but can continue to look at those areas that are lacking with new employees and their knowledge of the nurse's role within the organization. Nursing leaders are well acquainted with the skills and motivations of their employees who function in the best position to promote health of individual nurses and those in specialty nursing units (Spivak, Smith, & Logsdon, 2011).

Many researchers have tried to understand how nursing experiences during orientation training help improve strategies for retention, assist with evaluation of how training and continuing education have continued to enhance the work experience, and promote growth potential and job satisfaction (Andrews, 2009; Golden, 2008; Hayes, 2011; Karlowicz & Ternus, 2009; Kiel, 2012; Pallas et al., 2010; Park & Jones, 2010; Unruh & Nooney, 2011). New nurses bring challenges to new positions due to a lack of experience which alters how they interact, correspond and fit into new organizations without appropriate training in place further adding to their dissatisfaction with the organization, hence their desire to leave. An example of nurse training in practice would be with the creation of nurse residency programs that are designed to combat and improve retention for inexperienced nurses over the first year where retention rates were slightly above 30% (Welding, 2011).

Hayes et al. (2012) conducted research that showed evidence for improving mental health nurse relationships by established training programs when nurses were uncertain of their role. After reviewing available literature evidence, I decided to conduct an evaluation study to determine if this type of program would also prove beneficial if I created a new orientation training program combined with nurse residency and

mentorship emphasizing the training that psychiatric nurses received. Karlowicz and Ternus (2009) indicated that graduate nurses who work in mental health settings first enter employment with trepidation and uncertainty of whether or not they possess the knowledge and skills required. These nurses were in need of an HWE training program that enabled them to transition into new roles that emphasized important aspects of job expectations, role clarity within the treatment team, knowledge and educational growth opportunities, and proper clinical support throughout orientation helped the nurse to gain confidence in his/her skill set and ability to function without a preceptor (Hayes et al., 2012; Karlowicz & Ternus, 2009; Parks & Jones, 2010). Implications for nursing practice include conceptual ideas developed to construct orientation training programs that improve retention, increase satisfaction and are cost efficient secondary to longer retention of nurses. There has to be an even balance between training and other benefits of clinical practice to convince nurses of their value and necessity in practice (Hayes et al., 2012).

Using Benner's novice to expert framework, organizations can begin to build a program that will address the very reasons why nurses leave and counteract it (Gardner, Thomas-Hawkins, Fogg, & Latham, 2007). A consistent response of orientation evaluation was dissatisfaction with the didactic portion of orientation by nurses who lacked clinical support from preceptors and senior nurses, who refused to help when needed (Golden, 2008). Within the organization, there were consistent themes among past nurse training satisfaction surveys and exit interview surveys that are specific to missing parts of documentation and clinical skills training. Like many organizations

within healthcare, the study hospital has had to reevaluate and improve their orientation training program and will continue with quality improvement reviews to provide more updates for HWE to include more policy review, initiatives and organizational strategies that are aligned with strategic planning, missions, visions, and goals aimed at retaining nurses (Hayes et al., 2012).

This evaluation has used data from nurses with various backgrounds, employment histories, and levels of experience throughout the organization. Incorporating socialization skills at an organizational level had a significant impact on the nurses involved in the study by Bae (2011). The study by Bae (2011) further documented how more research is necessary to help identify ways that management can become more involved and address challenges of organizational socialization. As a result of the lack of supportive psychiatric training research availability, this study presented some bias in the sampling criteria as it used nurses with less than 5 years employment (Bae, 2011). Improved communication was necessary and essential to improve the quality of care and program planning in healthcare (Hodges & Videto, 2011). The study has provided a way for nurses to be impacted across the organization setting the stage for future training that will not only improve outcomes and communication, but also help to foster new interdisciplinary and collaborative work relationships. Allowing nurses to identify, recognize, and assist with improving their own knowledge and learning deficits helped them to challenge themselves while developing new ways to learn and acquire skills (Baker, 2010).

### **Conceptual Models and Frameworks**

The Transtheoretical model has a primary focus on attempting to change and a readiness to change behavior, which discusses the organizational initiatives to alter and change nursing behavior related to termination of employment with changes to the psychiatric nurse training program, hence improving the working relationship that nurses have (White & Dudley-Brown, 2012; Rizzo, et al., 2010). Calderwood (2011) adopted this model because it focused on transforming attitudes, behaviors, and behavioral processes, which was lacking in some grief coping models. Constructing proposed training changes were based on psychiatric nurse satisfaction and retention after orientation training. As a result of years of decreasing numbers for nurse retention in this organization, leadership has started to adapt a new way of thinking and demonstrated an increased interest in new ways to retain nurses. This provided information that they have surpassed their readiness to change state and pre-contemplation and have moved through contemplation, preparation, and have taken action to revise the nurse training program (McBryde, 2004). They have looked at various aspects of acquiring new nurses, the benefits of working in this organization, training, tuition reimbursement, and creation of new, competitive positions, how this can be expanded across the health system, and maintenance- the final stage of the Transtheoretical model. In an effort to continually improve retention, a review of literature evidence concerning further changes needed for retention rate improvement in the nursing industry was started.

The Transtheoretical model refers to adapting and making changes based on past experiences which lead to an alteration of behavior and leadership, and remaining

hopeful that in changing the orientation program, it will change how nurses in the organization think and feel about their careers, while also enhancing nursing value (White & Dudley-Brown, 2012). Rogers' Theory of diffusion of innovations describes and represents new ideas, concepts, and changes in practice that serve as the foundation of the new orientation training program (White & Dudley-Brown, 2012). Training used industry results found in the literature for nurse dissatisfaction and retention to design an HWE program for training that was used to evaluate pre and post training retention results for data collection. According to the Chief nursing officer, past organizational surveys have noted how dissatisfied nurses have been with the training program and the lack of cohesion and planning with senior staff support that caused them to think more about leaving the organization. This was an attempt to alter that dissatisfaction with orientation and training using a new idea and change in clinical training practices.

Evaluating these perceptions and interactions immediately before and after orientation provided feedback about the training intervention, identified other strategies, skills and training with self-control that positively affected retention outcomes, self-efficacy, behavioral capability, reinforcement and observational learning that was consistent with new employee orientation training programs (Hodges & Videto, 2011). This study has increased the evidence based practice literature available to help formulate guidelines for psychiatric nurse orientation training programs for this major global issue of concern (Matos, Neushotz, Griffin, & Fitzpatrick, 2010).

## **Summary and Conclusion**

Nursing retention research continues to focus on achieving nursing specific outcomes of improving nurse retention rate and decreasing nurse vacancy rate in psychiatry (Kooker & Kamikawa, 2010). In reviewing the various studies presented in the literature with their approaches, it is clearly recognized and identified, in most of the studies that there is a need for an employee orientation training program that comprises and includes an HWE that fosters growth in knowledge and experience based on regulatory, organizational policy and evidence based practice. Nurse residency programs are just one method of creating a stronger, more educated workforce focused on career development (Stanton, 2011). Further evaluation of cost effectiveness and financial budget planning deals primarily with inputs (revenues), the accomplishment of goals and objectives (outcomes), and have planning as the principal purpose, according to Kettner, Moroney and Martin (2013). The creation of a new training program that included the use of theoretical and nursing framework as a basis for development, guidance, and transition was a new concept for the study hospital that would propel them into evidence based clinical practice application (Higginbottom, 2011).

### Section 3: Methodology

#### **Project Design and Methods**

Designing learning environments to engage learners with a variety of learning styles and needs is necessary when trying to improve programs (Notarriani, Curry-Lourenco, Barham, & Palmer, 2009). Improvements to this program are important for enhancing the overall workflow for orientation training in this organization. Using an

approach of retrospective review post new training program implementation provided additional perspective into changes that had to occur for retention rates to improve and to also improve how the nursing training was organized, arranged, and implemented. The study examined nurse retention rates with the former versus current training program in a pre and post-intervention design, assessing the effects of training on new nurse employee retention over 6 months.

### **Population and Sampling**

A quantitative approach was used to establish correlational relationships between variables. It was an appropriate design for this project (e.g., Terry, 2012). The study hospital was a fully operational behavioral health facility that operates at more than 40 campuses state wide, and an inpatient program with more than 400 beds. The organization was a multidisciplinary psychiatric care facility which contained more than 1,400 nurses, overall, in various roles and capacities.

Convenience sampling was done via the use of human resources dataset of all nursing employees hired on 18 inpatient units, three outpatient, two residential, and five partial day hospital programs within a 9 month total timeframe as research participants, excluding all non-nurse employees and school nurses. These study areas care for patients, residents, and students with mental health conditions and substance abuse problems using structured treatment planning and programming. Adult nurses came from different backgrounds, races, and cultures and have followed the revised nurse orientation training program.

The total number of nurses sampled via retrospective analysis was 147; however, after excluding those nurses not in the target population, a sample of 88 nurses was left for participation in the study. Power analysis suggested using a power of .80. Using a medium sample size with a Cohen's estimate of .60, a sample size of 44 nurses was calculated to be an appropriate sample size for this training evaluation program and to decrease the risk of type 2 errors as described in Polit's (2010) power analysis table. This number was greater than the estimated sample size; hence it decreased the chances of a type II error. A type II error is defined as incorrectly accepting a false null hypothesis which could alter the final results of this study if it was determined that there was no significant difference between the two training programs (Polit, 2010). Using this group provided a generalized representation of the psychiatric nurse population and includes various degree levels, age groups, and ethnicities from different cultures and communities. Review of past data and retention rates was conducted for 3 months preintervention and 3 months post intervention using data from the HR data set which showed demographic information, including age, education level, license, hire/term dates, and reason for termination.

Using these data, examination of the number of nurses retained pre- and post-intervention was completed. Data collection included organizing nominal level data for analysis, de-identifying, categorizing, and coding that data on an excel spreadsheet and then entering data into the Statistical Package for the Social Sciences (SPSS) database using direct entry through the data editor. Data was verified and double checked for accuracy with data entry. This data review evaluated and analyzed outcomes from the

training program prior to and after implementation of this HWE nurse orientation training program.

### **Needs Assessment**

The Institute of Medicine (2001) called for an emphasis on developing the competence of health care workers in order to address deficits and challenges to health care in the United States. Seed, Torkelson, and Alnatour (2010) indicated how important it is to monitor and observe the role of the psychiatric nurse on the inpatient unit in terms of how they are able to improve job satisfaction and patient outcomes. I completed a needs assessment to examine what the organizational needs were, time frames for training, economic and staffing needs with regards to the new training program (e.g., Hodges & Videto, 2011; Kettner, Moroney, & Martin, 2013). It was necessary and imperative that all areas were functioning on the same pretense of how to train the nurses and what training needs were. This has led to a clearer understanding of the nursing role and expectations regarding how they function within the health system.

### **Data Collection**

I submitted an application to the Walden University IRB board for approval of an evaluation study using secondary data analysis obtained from the HR data set. On recommendation from the Walden University IRB, a request was submitted to the study hospital IRB and was approved as an exempt project. After receiving IRB approval from Walden University, I contacted the human resources department to request the HR data set. The results of this inquiry were that the project was exempt from IRB intervention and approved to proceed, thus contact was made to the Human Resources department to

obtain the secondary data for analysis. No personal identifiers were provided so confidentiality was maintained and there is no impact on their employment. I have stored all study data in a locked file cabinet, in my office, for a minimum of 5 years from the study end date and it will be securely destroyed at that time. As the organization provided this information to different groups on a routine basis and no identifiers were used, informed consent was not required.

All protected health information and unique identifiers were removed before the HR data set was sent for use in this study. Results of the study were shared, disseminated, and reviewed with management and training leadership within the organization highlighting statistical representation of the data, excluding specific participant names or identifiers.

## **Instrument**

### **SPSS**

Nominal level variable choices were utilized that reflected demographics elements that have been deemed reliable and valid for use in data collection. The HR data set was comprised of nominal level data categories, including age, license, education level, and reason for termination. I created code was created for the nominal level variable choices (see Appendix I) and kept it in a codebook for use with inputting data and then placed in the locked research file for this study. I reviewed the data to determine if there were any missing values prior to entering it into the SPSS data editor.

### **Protection of Human Subjects**

All data and results were stored, as an SPSS file, on my private computer in a password protected file and on a flash drive. Both were securely stored in a locked file cabinet in my office. Data collection sheets and codebooks did not include participant names, in an effort to maintain privacy and confidentiality. Participants did not incur more than minimal risk, and there were no direct links to the data after all surveys and data collection had been completed and entered into the HR dataset. I did not supervise, precept, or oversee any aspect of the participants' jobs; hence, there was no conflict of interest with regards to possible retaliation for answers in the training survey.

### **Intervention**

The nurse training orientation program had a consistent, structured schedule that included various staff members acting in a role of preceptors and/or mentors who did not receive any type of training stipend, which differs from the HWE program described by Comans, Brauer, and Haines, (2009). Nurse participants started an 8-week training program that included documentation, alternative interventions, preventive care, CPR/First Aid, and EMR training. The organization expanded the length of training time that a nurse spends in orientation for improved clinical preparation, however, this time frame varied based upon the nurse's comfort level with functioning and can be as short as 4 weeks, but as long as 8 weeks with a preceptor (see Hillman & Foster, 2011). Training included orientation to the policies of the organization, clinical didactic unit training, documentation using paper and electronic methods, completion of a skills checklist, and seclusion/restraint training for managing psychiatric patients. Adding a designated

preceptor to training program improved retention and better prepared the new nurses for independent clinical practice (Golden, 2008).

The human resources department provided a raw data spreadsheet report of all data for hired and terminated employees over the length of the nine month review period to be used for data collection and comparison of retention rates, based on those employees who were hired and/or terminated during the evaluation study period, for all study locations. Human resources then sent this electronic report via email with one file for hired employees and a second file for terminated employees. I reviewed the data, did a comparison of the types of data values and entered all information into the excel spreadsheet, the data was reviewed for accuracy and coded for analysis before entering it the data editor in SPSS. This evaluation was used as a first step to further develop improvements and enhancements to the nurse orientation training program.

### **Data Analysis**

The SPSS program was used to complete statistical data analysis using a two-tailed, independent samples *t*- test. I have been trained in the use of SPSS for data analysis and review. Results of this assessment revealed that the organization had several different nurse training programs that were not consistently conveying the same type of information and clinical skills preparation, which has led to and contributed to challenges among new nurses are start out training together and go to their respective areas where things are changed that they learned. The SPSS software program was used to evaluate descriptive statistics, specifically frequency distributions and measures of central tendency (i.e., mean, mode, and median) to draw inferences and test comparative

research questions about the significance of this study within a 95% confidence interval, where  $p < .05$  for nurse retention rates (Polit, 2010). Frequency distributions were used to evaluate the occurrence of certain variables, like education level, license, gender, and age to examine differences using retention rates. The frequency distributions and statistical analyses tests were used to compare the preintervention and post intervention retention rates by unit/location, helping to provide a clear and concise answer of how the study either supported or refuted the hypothesis of an improvement in nurse retention rate after implementation of the revised nurse orientation training program.

Final data analysis and review was done comparing pre- and post-intervention retention rate results and provided an interpretive conclusion about the nurses retained. Evaluation of results has shown how variables match and/or are consistent with the alternate hypothesis that there is a positive and significant relationship between the post-intervention training program and nurse retention. This study adds to the existing evidence providing ideas for future study, creating maintenance plans, and/or making further improvement initiatives that increase psychiatric nurse retention rates.

### **Summary**

Literature evidence has provided various perspectives of how revisions to the training program were used to improve nurse dissatisfaction and clinical practice functions of new nurse employees while retaining them through the addressing of these areas of concern. According to the human resource manager, statistical data collection showed more than 65% nurse dissatisfaction with the former orientation training program in relation to the length of training, ill prepared nurses, managers who are not involved

and undisclosed expectations. Incorporating and integrating HWE aspects into orientation programs can help to increase satisfaction and the quality of care that is provided to patients in the organization, thus improving retention rates (Kelly, 2011). Although program based budgeting will show total program costs, the number of outcomes to be achieved and the unit cost or cost per outcome, it may still be necessary to employ some ideas of functional and line item budgeting to ensure that various costs are included and itemized (Kettner, Moroney & Martin, 2013).

Financial implications of not addressing the problem identified for new psychiatric nurses within the organization are high as a result of nursing salaries. Using the rational planning model was beneficial as it focuses on client needs, goals, objectives, outputs, and outcomes, which helped to put things into perspective with the program (Kettner, Moroney, & Martin, 2013). To satisfy funding requirements, employing numerous methods of financial budget planning and analysis was helpful. The organization decided not to just evaluate things from a single perspective but to utilize a multi-faceted approach for financial management and budgeting of this new program. Nursing retention research has to focus on achieving nursing specific outcomes of improving nurse retention rate and decreasing nurse vacancy rate in psychiatry (Kooker & Kamikawa, 2010).

#### Section 4: Findings, Discussion, and Implications

##### **Summary of findings**

The new training intervention was started in September 2013 for a period of 8 weeks. A review of nurse employees from June –August 2013 was conducted in the

preintervention review and the post-intervention review occurred from December 2013 through February 2014. The HR dataset included nurses of various age ranges, licensure, education, and work locations (see table 1).

Table 1

*Demographics*

Category	Demographic	Frequency	Valid percent
License	RN	85	96.6
	LPN	3	3.4
Age range	18-29	23	26.1
	30-34	10	11.4
	35-39	15	17.0
	40-45	21	23.9
	46-50	5	5.7
	51-59	10	11.4
	>60	4	4.5
Education level	Associate	34	38.6
	Bachelors	43	48.9
	Masters	5	5.7
	Certificate (LPN)	6	6.8
Location/unit	Inpatient	69	78.4
	Outpatient	5	5.7
	Residential	12	13.6
	Partial Day	2	2.3

During the three months pre-intervention, the mean retention rate was 51.9%, as compared to the three month post-intervention rate of 87.0%, thus identifying an increase in retention rates (see table 2). This difference indicates that there is still a need to provide continuous improvement and training evaluation. The organization must identify if there are additional methods of improving retention needed throughout the organization

and how to incorporate it into the new employee training programs. More nurses were retained in October and December 2013 and management is unsure of the reason why.

\*Table 2

*Data Results for Nurses Hired or Termed*

Month	Number hired	Number termed	Percentage retained
June 2013 <sup>a</sup>	11	3	72.7%
July 2013 <sup>a</sup>	10	6	40%
August 2013 <sup>a</sup>	14	8	42.9%
September 2013 <sup>b</sup>	10	8	20%
October 2013 <sup>b</sup>	7	0	100%
November 2013 <sup>b</sup>	3	2	33.3%
December 2013 <sup>c</sup>	6	0	100%
January 2014 <sup>c</sup>	18	5	72.2%
February 2014 <sup>c</sup>	9	1	88.9%

*Note.* a = preintervention; b = new intervention; c = post intervention.

According to SPSS,  $p = .012$  for length of employment in those trained on the new versus old training. An independent samples t-test revealed that the average retention rate for nurses trained on the old versus new trainings did differ significantly for old training ( $M=7.31$ ,  $SD=2.553$ ) to new training ( $M=3.15$ ,  $SD=1.833$ ),  $t(56.801) = 8.333$ ,  $p = .000$  (see table 3).

\*Table 3

*Retention Rate Training*

Retained	N	Mean	Std.deviation	Std.Error mean
Old	35	7.31	2.553	.431
New	53	3.15	1.833	.252

*Note:*  $N = 88$ .

Statistical analysis shows that preintervention retention rates were 40-72.7% variably and post intervention retention rates have improved to 72-100% at three months post-intervention thus showing a significant difference in the 2 training groups ( $p=.012$ ) (See Table 4).

\*Table 4.

*Retention rate retained T-test*

Variance	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig	T	df	Sig (2-tailed)	Mean Difference	Std.Error Difference	95% confidence interval of the difference lower upper	
Equal variances assumed	6.957	.012	8.904	86	.000	4.163	.468	3.234	5.093
Equal variances not assumed			8.333	56.801	.000	4.163	.500	3.163	5.164

*Note:  $p < .05$  is significant*

According to SPSS,  $p = .012$  for length of employment in those trained on the new versus old training. An independent samples t-test revealed that the average retention rate for nurses trained on the old versus new trainings did differ significantly for old training ( $M = 7.31$ ,  $SD = 2.553$ ) to new training ( $M = 3.15$ ,  $SD = 1.833$ ),  $t(56.801) = 8.333$ ,  $p = .000$ . Consequently, the researcher rejected the null hypothesis and identified a difference.

\*Table 5.

*Retention rate Retained*

Retained	N	Mean	Std.deviation	Std.Error Mean
No longer working	33	3.58	2.705	.471
Still working	55	5.55	2.879	.388

Note: Sample size: N=88

When looking at the retention rate retained, it was noted that 55 of the nurses hired during this review period are still working in the organization (see table 5).

\*Table 6.

*Retention rate training T-test*

Variance	Levene's Test for Equality of Variances		t-test for Equality of Means						
	f	Sig	T	Df	Sig (2-tailed)	Mean Difference	Std.Error Difference	95% confidence interval of the difference Lower upper	
Equal variances assumed	1.524	.220	-3.177	86	.002	-1.970	.600	-3.202	-.737
Equal variances not assumed			-3.228	70.891	.002	-1.970	.610	-3.186	-.753

According to SPSS,  $p = .220$ , which is  $> .05$  for length of employment in retained nurses.

The alternate hypothesis stated that there was a difference in nurses who remained employed with the organization and those who left. However, the independent samples t-test revealed differences in those still working ( $M = 5.55$ ,  $SD = 2.879$ ) versus no longer working ( $M = 3.58$ ,  $SD = 2.705$ ),  $t(95) = -3.177$ ,  $p = .002$  (see table 6). Consequently,

the researcher rejected the null hypothesis and confirmed that there were differences between the 2 samples.

### **Discussion of findings**

Of the 88 nurses who started the new HWE training program, they all completed the 8-week training program but 24 left the organization immediately after the training program during the months following implementation of the new program. Before the new training program, there were 79 nurses and of this amount, 40 did not complete the training program. The findings from this evaluation were consistent with the literature in noting that there was an increase in nurse retention after implementing some aspects of an HWE nurse training program combined with a nurse residency program which focused on education and training to build clinical skills and confidence (Baker, 2010; Caramanica & Feldman, 2010). It was important that the organization identified the need to continuously build on current organizational training programs and also improve how often these programs are reviewed in terms of retention, clinical workflow processing, and functioning.

Hayes et al. (2012) noted that establishing training programs with mentors and preceptors improved relationships for nurses uncertain of their role and the study identified that the nurses who have left the organization did not leave as a result of training indifferences, as noted prior to the new training intervention. This demonstrates that there was a shift in the impact of training on the decision to leave the organization. Although the reasons for termination do not provide details, it identified the primary reason for leaving and out of the post-intervention group of terminated nurses reviewed

training was not noted as one of their reasons for leaving. Knowing that training is no longer one of the main reasons for termination, this finding introduces data for the industry with regards to psychiatric nurse retention and training.

### **Implications**

This lack of available data has helped to identify the need for further research and clinical practice guidelines surrounding psychiatric nurse retention and training. The impact of nursing training in healthcare could potentially impact what changes are imposed on the future of advanced practice nursing and creation of healthcare guidelines that orchestrate and mold future changes for advancing the field in all aspects of nursing in every role. The organization has realized a need for future research endeavors that utilize various medical-surgical models used with alternative models of training. These changes could then be standardized in the industry, linked to residency and clinical skill building, collaborated with technical, informatics, and teaching models to assist with a more holistic, competitive and strategic stance for promoting nursing. Socially, nurses are helping to impact and change policy but without the appropriate training, this is not possible. A lack of proper training changes the nurses' ability to function in enacting policy and advocating for change in the field of nursing. By training nurses and teaching them how their actions impact the healthcare industry, we improve their personal skills and equip them with knowledge that empowers, cultivates, and motivates nurses to strive to do their very best.

### **Project Strengths and Limitations**

The strengths of this project are that it has a potential for enhancing how nurses are retained and trained, how nursing positions are created, and how the proper financial planning are next steps for furthering this training initiative within the healthcare industry. The evaluation has had some limitations in how training was implemented, is being reviewed, and its impact on nurse retention. The time frame that I selected was used to determine how much of an improvement or decline in retention occurred before the program and then after the program. Identifying limitations with regards to the shortened time frames has helped the organization to realize that they need to look at training and retention in an ongoing manner possibly using a quality assurance and improvement initiative that revolves around continuous change.

Making a few simple changes within the program and then conducting an evaluation has dramatically changed how the organization views psychiatric nurse retention and what they are doing about retaining other high expense staff. The hope is that they can use this as a sample project and then build on it to create new opportunities for other disciplines, including physicians, nurse practitioners, and residents. Expenses continue to grow for hiring and retaining nurses and the study hospital now realizes that there have to be initiatives to try and get a return on investment by cultivating and nurturing nurses who can help their colleagues improve their personal skill sets and confidence as a nurse.

### **Analysis of Self**

As a scholar, I have grown in my understanding and comprehension with regards to the expectations of a doctoral prepared nurse, who is able to function within the realm of an expert clinical nurse and introduce potential change that can impact not just a single organization, but also the healthcare industry for psychiatric nurses everywhere. This is the start of an expanded project to look at other training programs through the use of literature review and colleague interviews that may lend to further exploration into this area. As a practitioner, my clinical knowledge base and expertise has been expanded through education, exploration and enhanced technique for conducting research and comparative analysis. As a project developer, the road to research is long but there are great opportunities to really learn about a topic exhaustively, thereby, providing additional background and history that can be used to develop, cultivate, and mature an idea into a concept and then move it into a full fledged research project. Future professional development will be altered using this project because it lends some additional information on how certain aspects of a training program can be altered to change retention. It also helps to identify additional areas of exploration that can be used to expand nurse retention and essentially alter the future of nursing.

### **Summary and conclusions**

In summary and conclusion, the evaluation of the new HWE psychiatric nurse training program has shown an increase in retention rates after implementing a new training intervention, which is consistent with the alternate hypothesis that this training program would improve nurse retention. This study has opened doors for the

organization in helping them to realize that there are more steps to take future advancement and improvement of training programs throughout the organization. It is beneficial for the organization to look at retention as a way to cut recurring expenses surrounding hiring, training, and retaining nurses to further reduce its impact and improve financial standings within the study hospital, while also changing the atmosphere of competitive recruiting for years to come (Kettner, Moroney, & Martin, 2013; Stanton, 2011).

#### Section 5: Scholarly Product

The results of this project were presented to the management and training leadership teams via formal presentation and have been submitted for publication.

## References

- Andrews, D. R., & Wan, T. T. H. (2009). The importance of mental health to the experience of job strain: An evidence-guided approach to improve retention. *Journal of Nursing Management*, *17*, 340-351. Retrieved from <http://dx.doi.org.ezp.waldenulibrary.org/10.1111/j.1365-2834.2008.00852.x>
- Bae, S. H. (2011). Organizational socialization of international nurses in the New York metropolitan area. *International Nursing Review*, *59*, 81-87.
- Baker, S. L. (2010). Nurse education orientation: Professional development that promotes retention. *Journal of Continuing Education in Nursing*, *41*(9), 413-417. doi:10.3928/00220124-20100503-02
- Bakker, D., Butler, L., Fitch, M., Green, E., Olson, K., & Cummings, G. (2010). Canadian Cancer nurses' views on recruitment and retention. *Journal of Nursing Management* *18*, 205–214. doi: 10.1111/j.1365-2834.2009.01029.x
- Bates, M., Massey, W., Yanus, S., Johnson, M., Machado, J., Hayes, K., ... Gore, A. (2012). Professional guides: Bridging the gap between student and professional an assessment and challenge. *The Oklahoma Nurse*, *57*(2), 11-12. Retrieved from <http://ezp.waldenulibrary.org/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2011558914&scope=site>
- Bratt, M. M. (2009). Retaining the next generation of nurses: The Wisconsin nurse residency program provides a continuum of support. *Journal of Continuing Education in Nursing*, *40*(9), 416-425. doi: 10.3928/00220124-20090824-05
- Burns, N., & Grove, S. K. (2009). *The Practice of Nursing Research: Appraisal*,

*Synthesis and Generation of Evidence* (6th ed.). St. Louis, MO: Saunders Elsevier.

- Calderwood, K. A. (2011). Adapting the transtheoretical model of change to the bereavement process. *Social Work, 56*(2), 107-117. doi:10.1093/sw/56.2.10
- Caramanica, L., & Feldman, H. R. (2010). Post baccalaureate nurse residency: Evidence based practice in action. *Research and theory for nursing practice: An International Journal, 24*(2), 97-100. doi:10.1891/1541-6577.24.2.97
- Chafin, W. S., & Biddle, W. L. (2013). Nurse retention to correctional facility: A study of the relationship between the nurses' perceived barriers and benefits. *Journal of Correctional Health Care, 19*(2), 124-134. doi:10.1177/1078345812474643
- Chenoweth, L, Jeon, Y. H., Merlyn, T., & Brodaty, H. (2010). A systematic review of what factors attract and retain nurses in aged and dementia care. *Journal of Clinical Nursing, 19*(1-2), 156-169. doi:10.1111/j.1365-2702.2009.02955.x
- Cockerham, J., Figueroa-Altman, A., Eyster, B., Ross, C., & Salamy, J. (2011). Supporting newly hired nurses: A program to increase knowledge and confidence while fostering relationships among the team. *Nursing Forum, 46*(4), 231-239.
- Retrieved from  
<http://ezp.waldenulibrary.org/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2011400732&scope=site>
- Comans, T., Brauer, S., & Haines, T. (2009). A break-even analysis of a community rehabilitation falls prevention service. *Australian and New Zealand Journal of Public Health, 33*(3), 240-245. doi:10.1111/j.1753-6405.2009.00382.x

- Danna, D., Schaubhut, R. M., & Jones, J. R. (2010). From practice to education: Perspectives from three nurse leaders. *Journal of Continuing Education in Nursing, 41*(2), 83-87. doi:10.3928/00220124-20100126-01
- DiClemente, C. C., & Prochaska, J. O. (1982). Self-change and therapy change of smoking behavior: A comparison of processes of change in cessation and maintenance. *Addictive Behaviors, 1*, 133-142. Retrieved from [http://dx.doi.org.ezp.waldenulibrary.org/10.1016/0306-4603\(82\)90038-7](http://dx.doi.org.ezp.waldenulibrary.org/10.1016/0306-4603(82)90038-7)
- Donkor, N. T., & Andrews, L. D. (2011). 21<sup>st</sup> century nursing practice in Ghana: Challenges and opportunities. *International Nursing Review, 58*, 218-224. Retrieved from <http://ezp.waldenulibrary.org/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2011038355&scope=site>
- Gardner, J. K., Thomas-Hawkins, C., Fogg, L., and Latham, C. E. (2007). The relationships between nurses' perceptions of the hemodialysis unit work environment and nurse turnover, patient satisfaction, and hospitalizations. *Nephrology Nursing Journal, 34*(3), 271–282. Retrieved from <http://ezp.waldenulibrary.org/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2009618409&scope=site>
- Gilmore J. (2007). President's message: Healthy work environments. *Nephrology Nursing Journal, 34*(1), 11. Retrieved from <http://ezp.waldenulibrary.org/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2009521957&scope=site>

- Glanz, K. & Rimer, B. K. (2005). *Theory at a glance: A guide for health promotion practice*. (2<sup>nd</sup> ed.). Washington, DC: US Department of Health and Human Services; US Public Health Service; National Institutes of Health. Retrieved from <http://www.cancer.gov/PDF/481f5d53-63df-41bc-bfaf-5aa48ee1da4d/TAAG3.pdf>
- Golden, T. W. (2008). An outcomes-based approach to improved registered nurse retention. *Journal for Nurses in Staff Development*, 24(3), 6-11.  
doi:10.1097/01.NND.0000320653.80178.09
- Hayes, L. J., O'Brien-Pallas, L., Duffield, C., Shamian, J., Buchan, J., Hughes, F., Spence Laschinger, H.K., and North, N. (2012). Nurse turnover: A literature review- An update. *International Journal of Nursing Studies*, 49(7), 887-905.  
Retrieved from <http://dx.doi.org.ezp.waldenulibrary.org/10.1016/j.ijnurstu.2011.10.001>
- Health Resources and Services Administration (2010) The registered nurse population: initial findings from the 2008 National Sample Survey Of Registered Nurses.  
Retrieved from <http://bhpr.hrsa.gov/healthworkforce/rnsurveys/rnsurveyinitial2008.pdf>
- Healthy People 2020. (2013). Health communication and health information technology. Healthy People 2020 Topics & Objectives. Retrieved from <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=18>
- Healthy People 2020. (2013). Occupational safety and health. Healthy People 2020 Topics & Objectives. Retrieved from

<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=30>

Higginbottom, G. M. A. (2011). The transitioning experiences of internationally-educated nurses into a Canadian health care system: A focused ethnography. *BMC Nursing*, *10*, 14-27. Retrieved from <http://www.biomedcentral.com/1472-6955/10/14>

Hillman, L. & Foster, R. R. (2011). The impact of a nursing transitions programme on retention and cost savings. *Journal of Nursing Management*, *19*, 50-56.  
doi:10.1111/j.1365-2834.2010.01187.x

Hodges, B. C., & Videto, D. M. (2011). *Assessment and planning in health programs* (2nd ed.). Sudbury, MA: Jones & Bartlett Learning.

Institute of Medicine (2001) *Crossing the Quality Chasm: A New Health System for the 21st Century*. Institute of Medicine, Washington, DC.

Institute of Medicine of the National Academies. (2010). *The future of nursing: Leading change, advancing health*. Washington, DC: National Academy of Sciences.  
Retrieved from <http://www.iom.edu/~media/Files/Report%20Files/2010/The-Future-of-Nursing/Future%20of%20Nursing%202010%20Report%20Brief.pdf>.

International Council of Nurses (ICN). (2010). The impact of turnover and the benefit of stability in the nursing workforce. Developed by Andrea Baumann, RN, PhD for the International Centre for Human Resources in Nursing.

Jia, Q. S., Zhou, E., & Chen, C. H. (2013). Efficient computing budget allocation for finding simplest good designs. *IIE Transactions*, *45*(7), 736-750.  
doi:10.1080/0740817x.2012.705454

- Karlowicz, K. A. & Ternus, M. P. (2009). Issues influencing psychiatric nurse retention during the first year of employment: A case analysis. *Journal of Nursing Management*, *17*, 49-58. doi:10.1111/j.1365-2934.2008.00850.x
- Kelly, D. L. (2011). *Applying quality management in healthcare* (3rd ed.). Chicago, IL: Health Administration Press.
- Kettner, P. M., Moroney, R. M., & Martin, L. L. (2013). *Designing and managing programs: An effectiveness-based approach* (4<sup>th</sup> ed.) Thousand Oaks, CA: Sage.
- Kiel, J. M. (2012). An analysis of restructuring orientation to enhance nurse retention. *HealthCare Manager*, *31*(4), 302-307. doi:10.1097/HCM.0b013e31826fe298
- Kooker, B. M. and Kamikawa, C. (2010). Successful strategies to improve RN retention and patient outcomes in a large medical centre in Hawaii. *Journal of Clinical Nursing*, *20*, 34-39. doi:10.1111/j.1365-2702.2010.03476.x
- Labhardt, N. D., Balo, J. R., Ndam, M., Manga, E., & Stoll, B. (2011). Improved retention rates with low-cost interventions in hypertension and diabetes management in a rural African environment of nurse-led care: a cluster-randomized trial. *Tropical Medicine and International Health*, *16*(10), 1276–1284. doi:10.1111/j.1365-3156.2011.02827.x
- MacDowell, M., Glasser, M., Fitts, M., Nielsen, K., Hansaker, M. (2010). A national view of rural health workforce issues in the USA. *Rural and Remote Health*, *10*, 1-13. Retrieved from <http://www.rrh.org.au>
- Matos, P. S., Neushotz, L. A., Griffin, Q., & Fitzpatrick, J. J. (2010). An exploratory

study of resilience and job satisfaction among psychiatric nurses working in inpatient units. *International Journal of Mental Health Nursing*, 19, 307-312. doi:10.1111/j.1447-0349.2010.00690.x

McBryde-Foster, M. J. (2005). Break-even analysis in a nurse-managed center. *Nursing Economic*, 23(1), 31-34. Retrieved from <http://ezp.waldenulibrary.org/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2005066629&scope=site>

McGuire, L. (2004). The transtheoretical model: Welfare to work as a change process. *Journal Of Human Behavior in The Social Environment*, 10(2), 33-56. Retrieved from <http://ezp.waldenulibrary.org/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2005076017&site=ehost-live>

Morris, L. L., Pfeifer, P., Catalano, R., Fortney, R., Nelson, G., Rabito, R., & Harap, R. (2009). Outcome evaluation of a new model of critical care orientation. *American Journal of Critical Care*, 18(3), 252-260. doi: 10.4037/ajcc2009355

Notarianni, M. A., Curry-Lourenco, K., Barham, P., & Palmer, K. (2009). Engaging learners across generations: The progressive professional development model. *Journal of Continuing Education in Nursing*, 40(6). doi: 10.9999/00220124-20090522-07.

Pallas, L. O., Murphy, G. T., Shamian, J., Li, X., and Hayes, L. J. (2010). Impact and determinants of nurse turnover: A pan-Canadian study. *Journal of Nursing Management*, 18, 1073-1086. doi:10.1111/j.1365-2834.2010.01167.x

- Paris, M. & Hoge, M. A. (2010). Burnout in the mental health workforce: A review. *Journal of Behavioral Health Services & Research*, 37(4), 519-528.
- Parker, S. and Hyrkas, K. (2011). Priorities in nursing management. *Journal of Nursing Management*, 19(5), 567-571. doi:10.1111/j.1365-2834.2011.01285.x
- Parks, M. and Jones, C. B. (2010). A Retention Strategy for Newly Graduated Nurses: An integrative review of orientation programs. *Journal for Nurses in Staff Development*, 26(4), 142-149. doi:10.1097/NND.0b013e31819aa130
- Pinkerton, S. (2005) AACN standards for establishing and sustaining healthy work environments. *Nursing Economic\$* 23(3), 138–140. Retrieved from <http://ezp.waldenulibrary.org/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2005119166&scope=site>
- Polit, D. (2010). *Statistics and Data Analysis for Nursing Research* (2nd ed.). Upper Saddle River, NJ: Pearson Education Inc.
- Raines, D. A. (2009). Do nurse preceptors care? *International Journal for Human Caring*, 13(4), 33-37. Retrieved from <http://ezp.waldenulibrary.org/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2010523805&scope=site>
- Rikli J., Hegwood P., Atwater A., Bauman, B., Brown, B. B., ... Plsek, P. (2006). Implementation and case-study results of potentially better practices for staffing in neonatal intensive care units. *Pediatrics* 118, S141–S146. doi:10.1542/peds.2006-0913K
- Ritter, D. (2011). The relationship between healthy work environments and retention of

nurses in a hospital setting. *Journal of Nursing Management*, 19, 27–32.

doi:10.1111/j.1365-2834.2010.01183.x

Rizzo, V. M., Engelhardt, J., Tobin, D., Penna, R. D., Feigenbaum, P., Sisselman, A.,

Neimeyer, B., Albert, E., & Lombardo, F. (2010). Use of the Stages of Change

Transtheoretical Model in end-of-life planning conversations. *Journal of*

*Palliative Medicine*, 13(3), 267-271. doi: 10.1089/jpm.2009.0281

Seed, M. S., Torkelson, D. J., & Alnatour, R. (2010). The role of the inpatient psychiatric

nurse and its effect on job satisfaction. *Issues in Mental Health Nursing*, 31, 160-

170. doi: 10.3109/01612840903168729

Shah, A., Murthy, S., & Suh, G. (2002). Is mental health economics important in geriatric

psychiatry in developing countries? *International Journal of Geriatric Psychiatry*,

17(8), 758-764. doi: 10.1002/gps.696

Snelvedt, T. & Sorlie, V. (2012). Valuing professional pride and compensating for lack of

experience: Challenges for leaders and colleagues based on recently graduated

nurses' narratives. *Home Health Care Management and Practice*, 24(1), 13-20.

doi: 10.1177/1084822311412592

Spivak, M., Smith, A., & Logsdon, C. (2011). Developing expert clinical nurses: Grow

them hold them and let them walk away. *Journal of Nursing Management*, 19, 92-

97. doi:10.1111/j.1365-2834-2010.01194.x

Stanton, C. (2011). Developing the nursing workforce. *AORN Connections: Workforce*,

94(3). doi: 10.1016/S0001-2092(11)00851-9.

Su, H., Tsai, Y., Chen, W., & Chen, M. (2010). Health care needs of patients during early

- recovery after total knee-replacement surgery. *Journal of Clinical Nursing*, 19(5/6), 673-681.
- Telind, R. (2010). How to develop exceptional ability in nurses. *Public Health Nursing*, 27(5), 468-470. doi: 10.1111/1525-1446.2010.00880.x
- Terry, A. J. (2012). *Clinical Research for the Doctor of Nursing Practice*. Sudbury, MA: Jones & Bartlett Learning.
- Unruh, L.Y. and Nooney, J. (2011). Newly licensed registered nurses' perceptions of job difficulties, demands and control: Individual and organizational predictors. *Journal of Nursing Management*, 19(5), 572-584. doi:10.1111/j.1365-2834.2011.01239.x
- U.S. Department of Health and Human Services (DHHS). (2010). Healthy People 2020. Retrieved from [http://www.healthypeople.gov/2020/TopicsObjectives2020/pdfs/HP2020\\_brochure.pdf](http://www.healthypeople.gov/2020/TopicsObjectives2020/pdfs/HP2020_brochure.pdf)
- U.S. National Library of Medicine. (2012). HTA101: Cost analysis methods. National Institutes of Health. Retrieved from <http://www.nlm.nih.gov/nichsr/hta101/ta10106.html>
- Welding, N.M. (2011). Creating a nursing residency: Decrease turnover and increase clinical competence. *Med-Surg Nursing*, 20(1), 37-40). Retrieved from <http://ezp.waldenulibrary.org/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2010960982&scope=site>
- White, K.M., and Dudley-Brown, S. (2012). *Translation of evidence into nursing and*

*health care practice*. New York, NY: Springer.

Wyatt, T., Krauskopf, P., & Davidson, R. (2008). Using focus groups for program planning and evaluation. *Journal of School Nursing, 24*(2), 71-77.

Zinn, J.L., Guglielmi, C.L., Davis, P.P., & Moses, C. (2012). Addressing the nursing shortage: The need for nurse residency programs. *AORN journal, 96*(6).

<http://dx.doi.org/10.1016/j.aorn.2012.09.011>

### Appendix A: Data Collection Coding Guide

The following codes were used for coding data to be entered into the SPSS database.

**Age range:** 1 (18-29), 2 (30-34), 3 (35-39), 4(40-45), 5 (46-50), 6 (51-59), 7 (>60)

**Highest level of education:** 1-Associate degree, 2-Bachelor's degree, 3-Master's degree, 4-Doctorate degree, 5-Certificate (LPN)

**Retention rate in this organization (as of date of evaluation):** 1 (<1 month), 2 (1-2 months), 3 (2-3 months), 4 (4-6 months), 5 (6-12 months), 6 (>12 months)

**License:** 1 (RN), 2 (LPN)

**Age:** 1 (18-29 years), 2 (30-34 years), 3 (35-39 years), 4 (40-45 years), 5 (46-50 years), 6 (51-59 years), 7- (> 60 years)

**Working Now:** 0 (No longer working), 1 (Still working)

**Training:** 0 (Old), 1 (New)

## Curriculum Vitae

Lawanda Rollins, MSN, RN-BC

### Education

- [DNP], Walden University [Doctorate of Nursing], [August], [2014]
- [MSN], [University of Maryland], [June], [2006]
- [BSN] [University of Maryland], [December], [2004]

### Certifications

- **CLNC**, Certified Legal Nurse Consultant, Vickie Milazzo Institute (May, 2008)
- **CM-DN**, Certified Case Manager, Delegating Nurse, Maryland Board of Nursing (February, 2005)
- **RN-BC**, Registered Nurse-Board Certified Nursing Informatics (May, 2013)

### Summary of Skills, Expertise, and Knowledge

- A clinical informatics/implementation consultant, a nursing graduate of the University Of Maryland School Of Nursing who is currently pursuing her Doctorate of Nursing Practice.
- Over 21 years of experience in healthcare, 14 years as a nurse with a diverse background.
- Design and creation of electronic documents with minable data for clinical and research efforts
- Refined and implemented complex projects from design to implementation and evaluation.
- Collaborative interdisciplinary integration with patients, staff, volunteers, vendors, executive team and board of directors.
- Team focused, highly flexible and able to make rapid adjustments based on needs.
- Coordinated and Conducted workflow analysis and design/build based on facility and organizational needs, with literature review/survey for evidenced based practice in implementing Bar Code ID/scanning and technology software.
- Program coordination and Project management: design, planning, go-live implementation, and evaluation.

- Project coordination for electronic medical record (EMR) integration, created and managed clinical and administrative neuropsychiatry documents, assisted with data analysis using the Allscripts Clinical Performance Manager, Cerner, and Meditech EMR solutions serving as a clinical staff liaison

### **Professional Experience**

- **Clinical Services System Specialist**, Towson, MD *2011-Present*  
Sheppard Pratt Health System
- **Delegating Nurse/Nurse Consultant**, Parkville, MD *2008-Present*  
Willing Ways
- **Case Manager, Home/Hospice Nurse**, Towson, MD *2008-2009*  
Stella Maris Home Care & Hospice
- **Scheduling Supervisor/Database Coordinator**, Parkville, MD *2006-2007*  
University of Maryland Medical Center
- **Director of Health & Wellness**, Parkville, MD *2005-2009*  
Morningside House of Satyr Hill
- **OR Staff Nurse**, Baltimore, MD *2003-2004*  
Good Samaritan Hospital
- **Labor & Delivery Nurse/Charge Nurse**, Baltimore, MD *2000-2003*  
Mercy Medical Center
- **Home Health/Hospice Nurse/Case Manager**, Towson, MD *1999-2008*  
Access Nursing Services

### **Publications, Presentations, and Training Programs**

- [2014, Improving Psychiatric Nurse Retention and Training, Minneapolis, MN]
- [2010, Preparing for Trial, Review of Medical Records, Baltimore, MD]

### **Professional Service and Activities**

- Maryland Nurses' Association (*March, 1999*)
- CARING (*April, 2004*)
- ANIA-CARING (*December, 2012*)
- Sigma Theta Tau, National Honor Society for Nursing (*June, 2013*)