

12-12-2024

Preparing Clinic Staff Nurses to Implement a Newly Hired RN Preceptorship

Eston Sumner White
Walden University

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College of Nursing

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Eston White

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the review committee have been made.

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Walden University
2024

Abstract

Preparing Clinic Staff Nurses to Implement a Newly Hired RN Preceptorship

by

Eston S. White

MSN, Walden University, 2019

BSN, Walden University, 2016

Project Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

November 2024

Abstract

Veterans Affairs (VA) and the Department of Defense Healthcare Facilities are among the largest collective of healthcare management systems in the United States. The VA facility in this study has a nurse residency program for new hires and new graduate nurses but lacks a stable cohort of nurse educators to facilitate integration into care for a veteran population and to mentor skills and critical thinking. The purpose of this project was to create a sustained cadre of preceptors for a robust Registered Nurse (RN) program that will prepare recently graduated nurses and new hires for the unique set of situations that a VA facility. The clinical question was: Will an education program focused on the provision of nursing care for Veterans in an outpatient setting provide staff nurses with the knowledge and skill necessary to select and supervise relevant practice experiences?"

The concept is to have trained educators to provide RN preceptorship to address the specifics of the veteran population. The educational program offers both didactic and simulated case studies. The student participants completed pre/post-testing in knowledge and self-confidence, resulting in the RN finding the ability to move smoothly within the VA healthcare system. Addressing the self-esteem of the participant nurses, it has been shown that better-trained nurses are more likely to stay within one system for much of their career, gaining that knowledge base to be successful in their career. The potential outcome is more knowledgeable and confident nurses positioned for the care of veterans into the future.

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Dedication

To Damon, Araya, Zach, Riverlynn, Titan, Colt, Magnolia, and Logan; Nothing is out of your reach. Live your dreams, always.

To Lacy, thank you for being my friend even when you didn't have to.

To Chris. At least we agree Han shot first.

To Eric, thanks for always answering the phone, no matter what time I call.

To Mark, for all the headaches I have given you, you're welcome.

To all my friends, family, colleagues, and coworkers for understanding my time was limited and showing understanding and support.

To Mrs. Lyn King for not giving up and making me see my own worth in school and in life.

To Mrs. Joyce Sixberry for never letting me settle for mediocre.

Finally, all of this is for my grandmother, Ruth White. I finally did it Mar!

Acknowledgments

I would like to acknowledge Dr. Sharon Stubbs, Dr. Corlyn Caspers, Dr. Monica White, Lacy White, MSN RN, Melanie Olivas, BSN RN, Mark Irwin, LPN, and the VA SORCC for the support, actions, and access that all members of the facility and staff have granted to me during this project.

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Section 1: Preparing Clinic Staff Nurses to Implement a Student RN Practicum

Introduction

The looming nursing shortage has created a deficit within healthcare facilities nationwide in the United States. This is evident within Veterans Administration (VA) healthcare facilities and the perpetual shortages of staff, including qualified nurses to care for the veteran population (U.S. Department of Veterans Affairs, 2024). The purpose of this project was to create a sustained cadre of preceptors for a robust Registered Nurse (RN) Program that will prepare recently graduated nurses and new hires for the unique set of situations that a VA facility. With this mindset as a program directive for system change, it will also increase the social aspect of the VA facility as well, keeping the veterans with the same care groups and the same nurses within their Patient Aligned Care Team (PACT) for longer periods of time. This will also include the continuation of care for follow-up issues as well as the familial aspect of patient care for the nurses as well as the veteran and their families. Keeping with the same group as a collective has been shown to provide the best possible healthcare outcomes and the betterment of the veteran experience, creating a more successful healthcare environment, and influencing social change for others to model after (U.S. Department of Veterans Affairs, 2024).

The Future of Nursing

Addressing the coming nursing shortage has also cast a light on the limitations of educational facilities as well as qualified nursing preceptors. Creating a robust and appropriate training facility with educators designated and specifically trained as nursing

student-specific adjuncts has been shown to have the potential to increase nursing education, recruitment, and retention (De Vries, et al., 2023).

To that end, the clinical question in this study was: Will an education program focused on the provision of nursing care for Veterans in an outpatient setting provide staff nurses with the knowledge and skills necessary to select and supervise relevant practice experiences? The concept is to have trained educators to provide RN preceptorship to address the specifics of the Veteran population. Additionally, the models that I used were based on a detailed literature review as well as on the concepts based on residency programs within the facility of note and cues from the local university that hosts the RN students for practicum (Smith, et al., 2023).

I collected evidence with a focus on the curriculum, the care provided by new graduates, the education provided by preceptors, and the specifics of the veterans' care model. There was a detailed survey for all participants on the significance of the project, positive and negatives, and addressing areas of improvement for the continuation of the project as well as creating the potential for continuation of the project into the future as a benefit for VA facilities. In the end, the new hires had the educational experiences for the betterment of care for the veteran population, creating a positive social change through a nursing body ready to provide evidence-based practice with a decreased need for transition from student nurse to practicing RN.

Problem Statement

Relevant clinical experiences for nursing students in outpatient clinics should be structured to ensure educational outcomes require field time and direct nursing mentoring

with the direct aspect of the nursing role as well as learning to be a leader and a patient advocate within a setting that promotes education and growth of such demands on students, to include training nursing students at various healthcare settings and in different modalities (Wakefield, et al., 2021). As such, there is a need for a diverse standard for newly hired RN education that is all under one roof but results in the exponential growth of the nursing practice as well as the retention of the nurses that have been groomed as the next generation of healthcare providers for the VA Healthcare System (Wakefield, et al., 2021). The Veteran Affairs Health Administration clinic in the Northwest United States had the potential for a learning environment but was lacking in structure for the newly hired RN to experience what it means to be a direct caregiver in a clinical setting. It has been shown that students often lack the organized structure for quality experience to learn the role of being a nurse due to a variety of reasons (Al-Sayaghi, et al., 2023).

To provide on-site clinical experiences for the new hire is both a privilege and a responsibility for the staff who mentor them. As educators, nurses are expected to share what they know with the people who need knowing, whether that be patients or students. Allowing nurses to learn and grow under the watchful eye of a preceptor creates a scenario where both the education of the nurse and the betterment of the condition of the patient are explored and real-time feedback is allowed in a learning environment that benefits all involved (Munangatire, et al., 2023).

Generational knowledge exchange is a foundation in nursing practice and results in knowledge being free-flowing and shared willingly. The concern is that there are

limited opportunities for students to learn due to factors out of their control, such as the global pandemic, that has limited their access to facilities that will accept student nurses for practicum (De Vries, et al., 2023). Nursing is a tactile skill and needs to be experienced in a clinical setting as well as taught in the classroom. With a looming nursing shortage, it has become imperative that entities that provide medical coverage and healthcare have the highest quality and most robust pool from which to draw (Haryanto, 2019).

Veteran patients in need of medical services are a specialty group from which healthcare providers need advanced and detailed training to focus on the issues that are presented in a multi-faceted and complex scenario based on individual experiences and theatres of service to include combat (U.S. Department of Veterans Affairs, 2024). For healthcare services to thrive, there needs to be the continuation of care modeled toward the focused care of the veteran patient. To do this, the level of care of the providers must be adequate or exceed the expectations of the healthcare modalities set forth for the care provided. Addressing the needs of the veteran population has found there is a lack of knowledge detailing the services and selected offerings of the facility (White, 2024). The goal of the new scholarly educational process is to learn direct patient-centered care in the same fashion for the interest and value of this project. A scheduled program and a practicum based on further nursing education with a focus on veteran health and services offered will be included along with basic nursing skills, when appropriate, and other healthcare services. Lastly, a follow-up and debrief at select times to address the needs and concerns of the student RNs within the preceptor program is built into the system for

the continuation of the project into the future, and the allowances for growth and system change when addressed with each iteration.

Purpose Statement

The gap in practice was the lack of a standard cohort of nurse educators responsible for precepting new graduate nurses and new hires into the VA system. The practice-focused question was: Will an education program focused on the provision of nursing care for veterans in an outpatient setting provide staff nurse educators with the knowledge and skills necessary to select and supervise relevant practice experiences? This educational program for clinical educators provided a cohort of preceptors for new hires and newly graduated nurses.

Nature of the Doctoral Project

Sources of Evidence

For this project, I found evidence-based literature on clinical educator training. The databases included CINHL, Google Scholar, and various recommended examples from other nursing organizations. My search included English-only full-text articles that are preferably within the last 5 years. Below are a sample of collected sources of evidence used in data collection from articles and papers found at various sites, including Google Scholar and the Walden University Library. I viewed and evaluated sources for proper usage and value for inclusion in this process.

Nursing CE Central (2021) has nursing experts break down how to create a preceptorship program for nurses to use in their own practice. They can create a program from design to implementation in a step-by-step process that also shows where there

might be restrictions in the realization of practice for this type of project. The result is a stylized version of a project build to hang the scaffolding of an individual project.

The Iowa College of Nursing Preceptor Training (2024) program model has many great ideas that include the core concepts of what it will take to make a preceptor successful. This is another project build that focuses on the key aspects of the preceptor and the training that is suggested for further education.

Forde-Johnston (2023) emphasized that there is always a better way to teach with the demographics of the individuals who need the instruction. Nurses are taught differently than any other medical profession, in that there is a need to be flexible to the situation and be capable of filling many roles. It is the mandate of the preceptor to instill this into the student to transition out of that role and into one of practice and education.

One of the newest trends in medicine, especially in nursing, is not having enough people, properly educated, to assist in the further education of the next generation (Haddad, et al., 2020). These authors suggest that there is a way to create that educational environment virtually with the same level of success as an in-person meeting. Many people enjoy the in-person experience, but as the next generation and beyond of nursing students transition into the practice, educational delivery will change (Haddad, et al., 2020).

Sources of evidence that I collected for this project included detailed information from the site, key stakeholders, students, and preceptors regarding the needs and desires for the educational improvements within this VA facility as well as identifying the gap in knowledge and the improvement of staff to patient education. Various websites,

textbooks, peer-reviewed articles, and personal interviews have been used as well. The core goal was to provide the educational basis for new employees to the “VA Way,” a so-called vision of Veteran Healthcare Services that runs parallel to community-based hospitals and clinic settings but is different regarding patients and conditions.

An educational core for the preceptors and mentors is necessary. There are a multitude of tools from which to choose as educational touchpoints. The core concept is the completion from the student learner into a seasoned VA employee, serving the veteran population (U. S. Department of Veterans Affairs, 2024).

Approach

Due to the traffic of multiple educational entities on campus, there have often been fewer preceptors in all areas of study. In 2024, before the targeting of this concern, there were no qualified preceptors with an educational piece to add to the daily workflow for students to have a process to hold on to for the continuation of educational advancement. In using a structured training modality, some systems will be able to implement designated preceptors in the role of educators for the student and new-hire populations. As this concept is rolled out, there could be various offshoots of this model of care that can be modified and amplified for the usage at various points of care regarding VA settings and the idea of system-wide healthcare educational change. Setting this model as the standard for measurement of progression also allows for shortcomings to be identified and addressed as well as measuring milestones and adapting future attempts at similar projects forward.

Significance

The furthering of the educational needs of newly hired nurses takes place at a VA clinic setting in the Pacific Northwest with assigned primary health care teams seeing approximately 18,000 people yearly with an additional general medicine clinic for triage and urgent care needs. The patient conditions include but are not limited to: chronic disease patterns, women's health, acute disease processes, and standard follow-up care. The faculties selected include lab, x-ray, audiology, dermatology, a diabetic clinic, and various other specialty clinics that are in support of the primary teams.

VA facilities are experiencing ongoing issues with care. Aggressive recruiting and retention of qualified healthcare staff are key to the sustainability of the provisional measures for healthcare and usages of educational practices especially regarding the application of newly hired nurses and their ability to have active training facilities in which to learn their craft (U.S. Department of Veterans Affairs, 2024).

The educational training proved to be a model that has shown success with new hires at the local facility. It also has the potential to be a model for other VA facilities and to be expanded to the nursing student clinical experiences in all VA facilities nationwide. The doctoral-prepared nurse is in an ideal position to provide innovation that will lead to higher levels of nursing care and nurse satisfaction and retention. The potential social change of having nurses better supported in their initial experience within the VA is higher quality care for patients and a workforce specifically trained for the needs of veterans.

Summary

The gap in practice is the lack of a standard cohort of nurse educators responsible for precepting new graduate nurses and new hires into the VA system. The practice-focused question for this project was: will an education program focused on the provision of nursing care for veterans in an outpatient setting provide staff nurse educators with the knowledge and skills necessary to select and supervise relevant practice experiences? This educational program for clinical educators has provided a local cohort of preceptors for new hires and newly graduated nurses.

This will include revisiting the care modalities, the needs of the facility, the needs of the students, and the needs of the preceptor, as well as any other issues, positive or negative, that will present during the activation of care. Using models of care coupled with set standards of the educational process will aid in furthering the generational needs of the nursing students that grace the doors and aid in caring for the ill for years to come (Sipes, 2020). Chapter 2 will further detail the background and context.

Section 2: Background and Context

Introduction

The gap in practice was the lack of a standard cohort of nurse educators responsible for precepting new graduate nurses and new hires into the VA system. The practice focused question was: Will an education program focused on the provision of nursing care for veterans in an outpatient setting provide staff nurses educators with the knowledge and skills necessary to select and supervise relevant practice experiences?" This educational program for clinical educators provided a cohort of preceptors for new hires and newly graduated nurses. Currently, there are limited abilities for access to educate nursing students nationwide, especially at VA facilities (Sullivan, 2019). There is not a set design for the aspects that they need to learn, nor the skill sets for which they are attempting to improve. The entirety of the process needs to be assessed, addressed, and revised for better usage by staff and student learners alike. There is no set concept or plan in place for the students from their school. There is not a skill checklist or expected outcomes of their visit to VA facilities. Thus, newly hired RNs will provide for the progression of continued healthcare. However, change does not happen in a vacuum and must be mandated to be altered for future advancement. The need for nurses is ever-growing and is not likely to change.

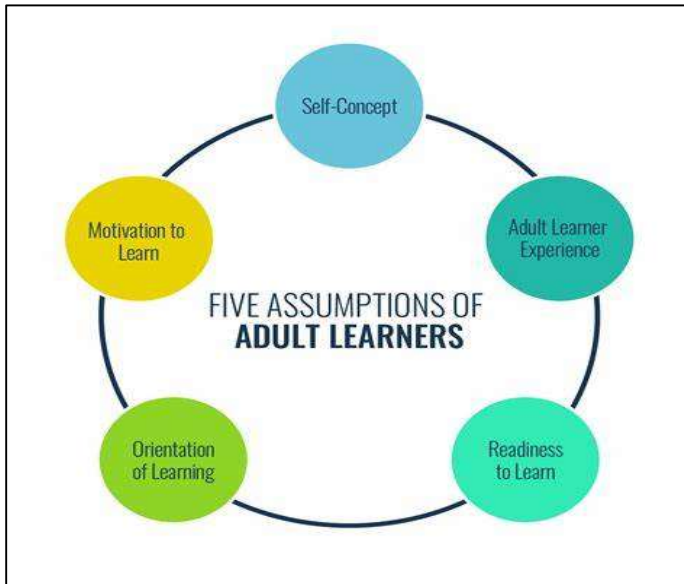
The process of building on the existing nursing student educational model of care has been assigned a nursing preceptor and allowed to shadow while gaining nursing knowledge. An immersion in the VA system of healthcare concepts and modalities is specific to the veteran population and is set with its standards of care. The inclusion of

preceptors creates further aspects of healthcare that the next generation of nursing students will build toward their own educational goals within a standard of care that all participants understand and agree to (Hickey & Giardino, 2021). Qualified and experienced staff nurses who are given additional clinical instructor education can decrease nurse attrition due to lack of education, training, and frustration. This project is designed to follow a newly hired RN for the entirety of their training process and then to allow for them to have additional time with a mentor following their preceptorship to learn “the VA Way.” Giving the newly hired RN time to learn and flourish within the VA system with ongoing support might improve veterans’ healthcare.

Concepts, Models, and Theories

I based the nursing education program on adult learning theory, also known as andragogy, which is a model used for learning that involves five core concepts (Learning Theories, 2024):

1. Self-Concept
2. Past Learning Experience
3. A Readiness to Learn
4. Practical Reasons to Learn
5. Driven by Internal Motivation

Figure 1*The Adult Learning Theory Model*

Note. From Team Fun Trove (2023).

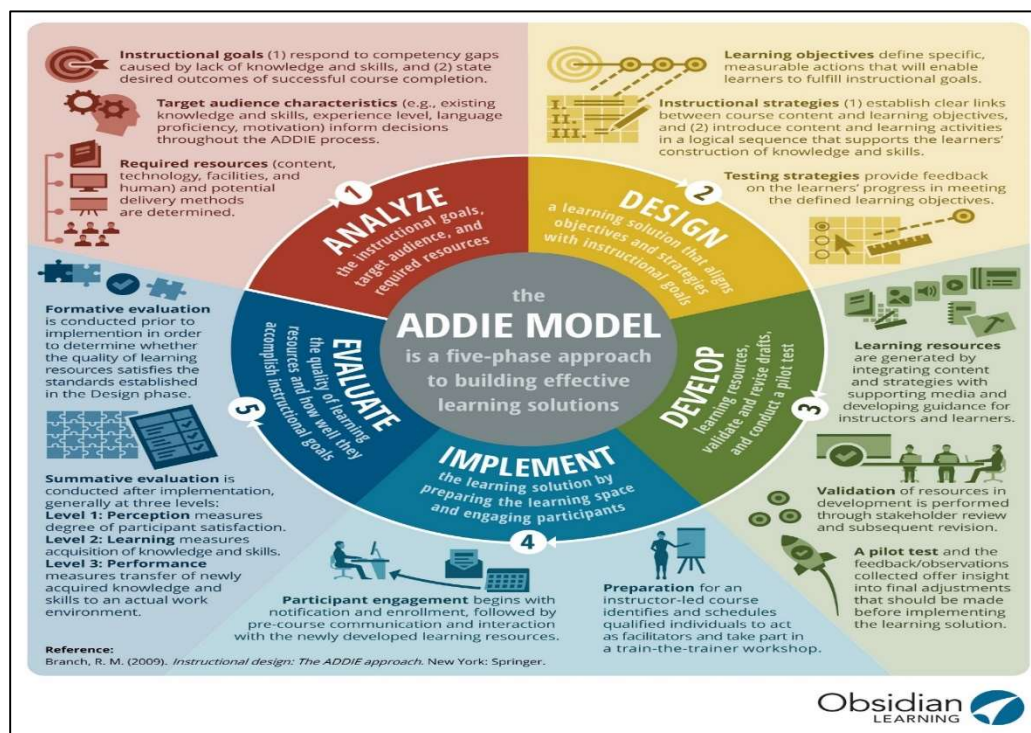
I focused on the autonomy of the adult, professional learner to improve experience and create success in growth and improvement.

The ADDIE Model has been used for program design and construction. The components of the ADDIE model include:

1. Analyze
2. Design
3. Develop
4. Implement
5. Evaluate

Figure 2

The ADDIE Model



Note. From ELEARNING Infographics.com (2017).

Literature Review

I used Google Scholar to find sources for this project. Keywords that I used included: *preceptor, education, nursing, start-up program, primary and secondary nursing education, and evidence-based practice*. All searches were from 2021 to the present. The results yielded 80 results with nine collected for usage.

I conducted the second search using the Nursing & Allied Health Database. Keywords that I used included: *preceptor, education, nursing, start-up program, primary and secondary nursing education, and evidence-based practice*. All searches were from 2021 to the present. The results yielded 2,205 results, many being excluded due to not

falling into the timeframe or by the nature of the research. Five articles were collected for usage.

I conducted the third search using HealthData.gov. Keywords used were *preceptor, education, nursing, start-up program, primary and secondary nursing education, and evidence-based practice*. All searches were from 2021 to the present. The results yielded zero results, despite many different phrases or new key phrases. Zero articles were collected for usage.

I conducted the fourth search using the Johns Hopkins University library. Keywords used were *preceptor, education, nursing, start-up program, primary and secondary nursing education, and evidence-based practice*. All searches were from 2021 to the present. The results yielded 530,000 results, many being excluded due to not falling into the timeframe, the lack of information regarding this project, or the nature of the research. Five articles were collected for usage.

I conducted the fifth search using the Veterans Health Administration Database. Keywords used were *preceptor, education, nursing, start-up program, primary and secondary nursing education, and evidence-based practice*. All searches were from 2021 to the present. The results yielded 2,056 results, many being excluded due to not falling into the timeframe or by the nature of the research. Five articles were collected for usage.

I conducted the sixth search using Elsevier and a host of other areas of data research connected with this database. Keywords used were *preceptor, education, nursing, start-up program, primary and secondary nursing education, and evidence-based practice*. All searches were from 2021 to the present. The results yielded 1,907

results, many being excluded due to not falling into the timeframe or by the nature of the research. Five articles were collected for usage.

The seventh and last search was conducted using the Walden University Online Library. Keywords that I used were preceptor, education, nursing, start-up program, primary and secondary nursing education, and evidence-based practice. All searches were from 2021 to the present. The results yielded 112 results, many being excluded due to not falling into the timeframe or by the nature of the research. Five articles were collected for usage.

Each article was narrowed to specific search criteria before data collection rather than looking at each article prior. While this might have excluded some data-rich information, it resulted in a faster process of data collection and dissemination. I did this for various reasons, including time constrictions as well as redundancy and keeping with the parameters set forth by the DNP project body for inclusion/exclusion for relevance.

Articles meeting the inclusion criteria included educational studies for adult learners, practicum success rates, preceptor training modalities, adult learner expectations for education, and studies of newly created projects from creation to completion. Exclusions to the literature review included educational builds that were not cooperative, articles that did not include preceptors as front-line instructors, poor or limited training opportunities, and revisiting prior project builds or old project builds with a new veneer but no new data or concepts.

Most themes of these articles were broken down into five main concepts regarding the concept, construction, and integration of this project:

1. The methods of discussion throughout the bulk of each article
2. Support for the creation and implementation of projects that increase education within a facility and retention of nurses.
3. Identifying gaps in knowledge
4. Providing support for the preceptors
5. Evaluation of the program for continuation and value.

There were five main common themes found throughout the literature in researching articles for the RN preceptor project. I used the methods and discussion of preceptor usage to inform the healthcare staff on the effectiveness of education in the primary care setting. Preceptor history including the ADDIE model at a Veterans Healthcare Center covers more of the patient population, which also supports the rates of success for the newly hired RN.

In a study by Wakefield et al. (2021), the integrative review of the future of nursing is dedicated to the advanced education of RNs and the retention of those with the skillset for quality care within their home facilities. Wakefield, et al., (2021) looked to the future for trends in healthcare that included staffing attrition and retention and used that data to create models of what will prevent loss and continue to allow access to care. Wakefield et al. (2021) also identified ideal settings with familiar staff for decreased loss of continuity of care.

There was ample support for using the ADDIE model in the literature review. Richardson (2023) explained strategies to promote preceptor efforts with the incorporation of newly hired RN education, which is what I addressed in this project.

Richardson (2023) stated ongoing support and a welcoming atmosphere of cooperation is crucial for ongoing success. The results indicated the most empirical evidence regarding the implementation of a nursing preceptorship for all newly hired RNs in the healthcare setting is a tangential but self-sustaining model to prevent employee loss in VA healthcare settings. Support for implementing a preceptor project in a VA healthcare setting to assist with the retention of nurses within that facility as a standard of care. This indicates support for the importance of specific projects to promote the health of patients and has been proven to offset attrition of staff.

Educational efforts are an important touchstone for all healthcare settings as nursing is an ever-evolving model of care. This has never been truer with the need to capture and retain nurses within the walls of the facility in which nurses work. In an article by Munangatire, et al. (2023), it is stated that nearly half of nurses find job dissatisfaction within five years of starting their career. To combat this, the authors suggest that there needs to be a measured effort to seek out engagement and to retain that connection to the excitement and promise that the nurse once found as a student. Education plays a large role in this but not as much as engagement and interaction with a like-minded collective with the same goals in mind. The preceptor project aims to have that comradery in place for the facility and creates an environment where nurses have satisfaction in their everyday actions of being in nursing.

A standardized model as well as education have been key in all aspects of this project. In an article by Younas, et al. (2022), the confidence in students approaching preceptors to seek guidance and advice was an identified barrier found. In contrast, the

preceptors who had advanced training in other disciplines were more confident in assisting with offering assistance but were rarely asked for help or input. The lack of sustainable standardized communication and trust was evaluated with the determined need for educational programs and the availability of educational opportunities and resources needed for ongoing support of the Newly Hired RN.

A study by De Vries, et al. (2023) identified any opportunity to engage in mentorship and preceptor efforts due to it being a trustworthy environment, but many students did not receive the support that they had expected from their preceptors. The reason identified for the lack of support was very few preceptors received the training in providing the specific education, instead being dropped into a role with limited experience or expectations. In the same study the findings were that there was lack of additional support to the preceptors when asked to educate students alone, without an organized environment of support, the lack of the time to adequately educate students due to their existing workload, and not meeting the students education needs.

Nursing educational interventions with students during a healthcare visit found to be supportive in the effectiveness in the improvement of successful interactions and more meaningful conversations about the data rich expectations of the preceptor. The research supports standardized education throughout the healthcare spectrum and indicates standardization was helpful with preceptors adhering to facility guidelines in satisfaction with career and places of employment.

In a paper by Heckman (2023), it was frequently identified that the Veterans Healthcare staff's role was critical in making retention a priority and ending the nursing

attrition nationwide. There was also an opportunity to implement a systematic approach in delivering consistent education and nursing support within a clinical setting. The study supports the project in the implementation of a nursing education in the VA Healthcare setting and illustrates a path the nursing retention.

In another article by Al-Sayaghi, et al. (2023), the studies objective was to assess the connection between the students, clinics, and facilities in the education process. It was a retrospective, observational study in a specialized population among internship (preceptor) nursing students. The study details an important concept of self-image was limited to the care provided to the RN students allegiance to their preceptor. This also shows the importance of quality staff education to prepare Newly Hired Nurses in the same way that decreases issues of self-doubt and builds resolve and determination.

The research suggests preceptors are under-utilized by facilities in the United States. A gap was identified where the medical personnel felt unable to address educational needs to promote advanced training when the staff themselves were less than sufficiently educated. The gap contributed to the lack of specialized training and those afforded the training opportunity efforts in the local setting despite it being beneficial in overall procedural events.

In a study by Shadadi, et al. (2018), the study explains that barriers to quality nursing education does not occur in a bubble that creates a combined effect that can increase the viability of the educational process. It is further stated that the leading cause of transitioning out of nursing has very little to do with the practice of nursing. Those non-communicable diseases can be contributory to unhealthy lifestyle habits that further

contribute to the risk overall. There are many ways through staff education, training, interventions, etc. that the risk can be mitigated and even other ways the interventions can be delivered.

In the literature review there were many different reasons that student nursing support was not addressed or offered and that ranged from knowledge, confidence, embarrassment, guilt, and inefficiency of the healthcare staff. In an article by Haddad, et al. (2021), the study predicted the future for nursing shortages nationwide. The study stated the one advantage of using the model was to understand and correct the path of the attrition of the nursing environment. The study aimed to encourage preceptors and educators to seek better ways for nursing students to learn their craft in a safe area, without bias, and allowing for agents of change to improve the model of care throughout the facility.

In conclusion of the exhaustive literature research & review there is overwhelming evidence supporting the project in utilizing an education project using specially trained nurses to improve the desire of nurses to stay with their home station and with the nursing practices. The research suggests that for this project to be successful the literature indicated that behavioral change was also a main factor in successfully creating a dedicated practice focused on the preceptorship-student relationship. The idea that there is the ability to make forward thinking changes based on evidenced-based practices is the goal of all facilities throughout the healthcare spectrum. For the local VA, the goal is to train the people stationed to want to stay and create a home environment free from the desire to abandon the nursing profession altogether.

Relevance to Nursing Practice

Due to untenable numbers of medical professionals, especially nurses, leaving the field or practice, a major push has been formulated with the focus on the retention of core medical staff (i.e., RNs, Physicians, Licensed Practical Nurses (LPN)) (De Vries, et al, 2023). The goal of this project is to formulate a cadre of core RNs that will be the precepting arm of the VA facility and will create the necessary educational bond that will engage and earn the retention of the newly hired nurse. One of the major issues that nurses list as a reason for leaving the profession is a lack of proper training before being set out to the work floor (Bahlman-van Ooijen, et al., 2023). The concept of better-trained and comfortable nurses will stay and become the next generation of instructors and nursing leaders, leading to a self-sufficient machine of well-staffed and well-trained nursing staff without a break in the system of care.

Local Background and Context

The VA already has a robust cohort of students who arrive on campus to further their educational process, including pharmacy students, physical therapy students, and nursing (RN) students. The furthering of the education needs of student learners takes place at a VA clinic setting in the Pacific Northwest with assigned primary health care teams seeing approximately 18,000 people yearly with an additional General Medicine clinic for triage and urgent care needs. The patient conditions include but are not limited to, chronic disease patterns, women's health, acute disease processes, and standard follow-up care. The facility selected also includes a lab, x-ray, audiology, optometry, physical therapy, prosthetics, dermatology, a diabetic clinic, mental health, and social

work services, and various other specialty clinics that are in support of the primary teams, as well as eight registered nurses (RN) identified for the role of mentor/preceptor.

Role of the DNP Student

The DNP student will review the literature and prepare a draft education program for a core team of veteran nurses and nurse educators. They will provide input on the structure and content of the education program. The eight participants have been selected by nursing leadership and have agreed to participate. The education program will be provided using both didactic and simulation over 1-2 weeks. The evaluation will consist of a pre/post-test of knowledge and ability to respond to scenarios on promoting critical thinking. The DNP student will analyze this data and present this to the leadership team.

Due to untenable numbers of medical professionals, especially nurses, leaving the field or practice, a major push has been formulated with the focus on the retention of core medical staff (i.e., RNs, Physicians, LPNs) (de Vries, et al, 2023). One of the major issues that nurses list as a reason for leaving the profession is a lack of proper training before being set out to the work floor (Bahlman-van Ooijen, et al., 2023). The concept is better-trained and more confident nurses will stay and become the next generation of instructors and nursing leaders, leading to a self-sufficient machine of well-staffed and well-trained nursing staff without a break in the system of care.

Role of the Project Team

This project started with local managers identifying nurses that they thought would be ideal for this project for one of two roles: 1) Preceptor. 2) Mentor. Each manager was asked to provide two names of recommended nurses for each role and with

four managers asked, there were a total of eight identified nurses in each role in four separate spots on campus: Primary Care, Urgent Care, Specialty Care, And Residential Care.

A core team of experienced nurses and nurse educators will review the draft of the educational program and provide input into the final educational structure and processes. The team will participate in the delivery of the program.

Preceptor: The role of the preceptor was to educate the Newly Hired RN and explain to them the methods of being a nurse within the concept of the Veteran Healthcare System, understanding the limitations of such a rural facility and to address the educational process set forth by the VA facility and the mandates and expectations of this project.

Mentor: The mentor role is such that the Newly Hired RN would have continued support after the preceptorship is over and a new cohort has moved on with the preceptors into the future. The mentor was also specially trained right along with the preceptor but with a focus on the transitional part of the care module and that of a supportive role when the initial preceptorship was completed.

Summary

The concept for this project was born out of the need to retain the nurses who come to this VA facility and to measure their education and training to be successful at becoming a newly hired RN for the VA. As addressed above, lack of proper training was one of the major reasons for nurses leaving the field of healthcare (Bahlman-van Ooijen, et al., 2023). This trend must be reversed for the future of medicine. With the idea of

taking a group of dedicated and highly skilled nurses and educating them to be clinical instructors within set parameters, this was one less thing to distract the Newly Hired RN from wanting to leave healthcare in general and the local VA in particular.

As a healthcare entity, the VA has its strengths and its limitations. The core concept of being successful in the process of working for such a large facility is learning what is achievable and how to complete all tasks to the end. This is often a missed step in the training process for the newly hired. As such, the process on which this project will be based is one of education and shoulder-to-shoulder precepting followed by mentorship after the preceptorship has concluded.

With the average cost between \$50,000 and \$60,000.00 a year (in addition to salary and benefits) to train each nurse for the VA, there is also an invested financial interest in preventing nurses from leaving due to poor job satisfaction (U. S. Department of Veterans Affairs, 2024). The germination of this project grew into one of sustainable retention of the nurses involved and better Veteran patient experiences without the constant employment turnover. Chapter 3 will detail the process for the collection and analysis of evidence.

Appendix A: Template Original Draft

New Hire Nursing Project Template for Education

DNP Project-Nursing Preceptorship

The goal of this project is to determine if the ability to retain newly hired nurses is possible when involving a collection of Preceptors who have been specially trained and using this template as a guide for educational purposes and educational progress.

Educate the nurse in the role expected for VA care within the scope of practice.

Educate nurses in the use of computer systems.

Educate the nurse on the procedures expected to be performed.

Educate nurses on the process and procedures of creating a sustainable working environment for Veteran care.

Educate nurses on duties, roles, and responsibilities expected by them and the facility for ongoing veteran patient healthcare.

Provide guidance for nurse to become autonomous in their VA-centric practice.

Assist with the transition of student/learner to individual, self-sufficient nurse.

Create an arena conducive to a rich learning environment for nurses.

Using best evidence-based practice, educate nurses on the limitations and allowances of the VA Healthcare System

Provide support and a healthy nurturing area in which to learn for the nurse.

Section 3: Collection and Analysis of Evidence

Introduction

The gap in practice that I addressed in this project was the need for a cadre of clinical nurse educators to provide a structured clinical experience for nursing students in this VA facility. The purpose of this DNP scholarly project was to provide education to eight selected nurses on the formal structure and process of assuring that nursing students are provided with a consistent clinical experience that is focused on the needs of the VA population.

Accessing the relevant clinical experiences for nursing students in outpatient clinics should be structured to ensure educational outcomes specified in the course curricula are met. The next generation of nurses requires field time and experience with the direct aspect of the nursing role as well as learning to be a leader and a patient advocate within a setting that promotes education and growth of such demands on students, including training nursing students at various health care settings and in different modalities (Tadesse, et al., 2023). As such, there is a need for a standard for new hire and newly graduated nurse education that is all under one roof but allows for the exponential growth of the nursing practice as well as the retention of the student nurses that have been groomed as the next generation of healthcare providers for the VA health care system (Wakefield, et al., 2021).

The Veteran Affairs Clinic in the Northwest United States has the pieces available for such a learning environment but is lacking in structure for the student to experience what it means to be a direct caregiver in a clinical setting. It has been shown that students

often lack the organized structure for quality experience to learn the role of being a nurse for a variety of reasons (Shadadi et al., 2018). To provide on-site clinical experiences for the nursing student is both a privilege and a responsibility for the staff who mentor them. As educators, nurses are expected to share what they know with the people who need knowing, whether that be patients or students.

Allowing nurses to learn and grow under the watchful eye of a preceptor creates a scenario where both the education of the student and the betterment of the condition of the patient are explored and real-time feedback is allowed in a learning environment that benefits all involved (Munangaire, et al., 2023). The concept of generational knowledge exchange is central to nursing practice and results in knowledge that is free-flowing and shared willingly. The concern is that there are limited opportunities for students to learn due to factors out of their control, such as the global COVID-19 pandemic which has limited their access to facilities that will accept student nurses for practicum. Nursing is a tactile skill and needs to be experienced in a clinical setting as well as taught in the classroom. With a looming nursing shortage, it has become imperative that entities that provide medical coverage and health care have the highest quality and most robust pool from which to draw (Haryanto, 2019). Veteran patients in need of medical services are a specialty group from which healthcare providers need advanced and detailed training to detail the issues that are presented in a multi-faceted and complex scenario based on individual experiences and theatres of service including combat (U.S Department of Veterans Affairs, 2024).

For healthcare services to thrive, there needs to be a continuation of the care model for the focused care of the veteran patient. To do this, the level of care of the providers must be adequate or exceed the expectations of the healthcare modalities set forth for the care provided (Wakefield, et al., 2021).

There is a lack of knowledge detailing the services and selected offerings of the project site facility. The practicum was based on current nursing education with a focus on veteran healthcare as well as the services offered are included along with basic nursing skills and other healthcare services. Lastly, a follow-up and debrief at select times to address the needs and concerns of the nurses within the residency program is built into the system for the continuation of the program and the allowances for growth and system change when addressed (White, 2024).

Definition of Terms

I used the following terms throughout this document:

Clinical Practice Guidelines: Clinical practice guidelines are official recommendations to include, but are not limited to, screenings, diagnosis, treatment, patient care, and management of specific conditions (American Nurses Association, 2021).

Educational Guidelines: Set and agreed upon touchstones that will direct the newly hired RN's educational journey throughout their time in preceptorship and are used by the preceptor team as a reference for educational value.

Scope of Practice: Defines the limits and boundaries of those practice activities within which various advanced practice nurses may legally practice (American Nurses

Association, 2021). Chapter 3 includes information on the collection and analysis of evidence.

Practice Focused Question

The clinical practice question for this project was: Will a robust structured student nursing education program, dedicated to the allowances for continued care and retention focused on a veteran population, increase the knowledge and self-efficacy of clinical preceptors who teach newly hired nurses about the specific needs of the Veteran population?

There is a lack of knowledge detailing the services and selected offerings of the project site facility. The goal of this new scholarly educational process is for the collective group to learn direct patient-centered care in the same fashion of continued healthcare is of interest and has value in continued pursuit. A practicum based on further nursing education with a focus on veteran healthcare will be included along with basic nursing skills and other healthcare services. Lastly, a follow-up and debrief at select times to address the needs and concerns of the students and nurses within the residency program is built into the system for the continuation of the program, and the allowances for growth and system change when addressed (White, 2024).

The purpose of this DNP scholarly project was to provide education to eight selected nurses on the formal structure and process of assuring that nursing students are provided with a consistent clinical experience that is focused on the needs of the VA population.

Sources of Evidence

The sources of evidence included an extensive literature review to support the processes, content, and evaluation of the proposed educational program. This project was designed to be interactive with all participants, proving to be a fluid object of the educational experience while being held within certain parameters for the sake of data collection and dissemination of the collective experience. There has been a progressive educational process for the selected group of preceptors and mentors with special access to clinical instructor education and weekly written assessments of what could be changed to benefit the project in a living document that has advanced over the length of the project. Their original idea was that there would be a 1-year timeline for the preceptorship. This was decreased to 6 months for the sake of the clinical staff, the facility, the preceptors, and this project. The mentorship will conclude at the 1-year mark, allowing the newly hired RNs to have a full year of experienced support if needed.

There has been a constant level of communication between the preceptors and the DNP student. There have been reviews of the system improvement. The newly hired RNs have had the opportunity to have a pre-project and post-preceptorship interview with the results given to me for analysis without having been involved in the pre- or post-interview process. There also have been spot checks with the newly hired RNs to gather mid-project information including what would benefit them in their preceptorship. A follow-up with the mentor program will be concluded when the allotted 1-year time has passed.

Analysis and Synthesis

Data collected was collected regarding the evaluation of the educational program involving nursing students in a clinical setting. This includes trainer-centered and learner-centered processes that are placed in blocks of education. There is further dissemination of educational value using sections of knowledge in a step-by-step process that must be mastered before the next point of the process is accessible for the trainer and the student. Using the Kirkpatrick Model Levels 1 and 2 in the measurement of the program's successes and failures, the sources of evidence will have milestones to guide the program and aid in the steps to follow (Kirkpatrick Partners, 2021). An overall evaluation of the educational program (Level 1) will use the standard VA education evaluation form. A specific knowledge questionnaire (Level 2) will be developed by the team specific to the overall goals of the educational program. The Confidence in Managing Challenging Situations Scale was used to measure self-confidence and self-efficacy (Walsh, et al, 2021). The eight participants completed a pre-and post-test evaluation using a unique identifier to protect their privacy and allow for comparison of data. A paired test was used to analyze the improvement of knowledge.

Summary

A valued employee is a happy employee. The one constant truth in healthcare is that if one feels undervalued, there is no shortage of opportunities (Al-Sayaghi, et al., 2023). This has created a buyers' market mentality amongst nurses. Data have shown that nursing satisfaction improves the likelihood that the nurses will stay where they are

happy and cared for (De Vries, et al., 2023). This includes educational opportunities and training.

Data show that the process by which nurses thrive, which is complete training, is often neglected (Al-Sayaghi, et al., 2023). This is easily corrected. Over the many years of service, nurses will be able to improve the healthcare system if satisfied with their jobs.

In this project, my goal was to show that with the right people further teaching the next generation of their fellow nurses, there will be a constant flow of nurses to serve the veterans for many years to come. Section 4 includes a description of the format and goals of the education program and the analysis of data showing an increase in knowledge and self-confidence.

Appendix B: Template Final Draft

New Hire Nursing Project Template for Education

DNP Project-Nursing Preceptorship

The goal of this project is to determine if the ability to retain newly hired nurses is possible when involving a collection of Preceptors who have been specially trained and using this template as a guide for educational purposes and educational progress.

Educate nurses in the role expected for VA care within the scope of practice and standards of care set forth by the OSBN and the National VA Directives.

Educate nurses in the use of computer systems within the limitations of the EHMR but not for the sake of the patient.

Educate nurse on procedures expected to be performed, depending on their expertise, experience, and area of care within the facility.

Create a space for the nurse to feel safe enough to fail without ridicule and use that experience as a teaching moment without embarrassment.

Educate nurses on the process and procedures of creating a sustainable working environment for Veteran care and the expectations, limitations, and failings of that system.

Educate nurses on duties, roles, and responsibilities expected of them and by the facility for ongoing Veteran patient healthcare.

Guide for nurse to become autonomous in their VA-centric practice. This will be guided throughout the process and completed with a final evaluation by the preceptor at the end of the preceptorship.

Assist with the transition of student/learner to individual, self-sufficient nurse with the end goal being the ability to utilize the VA Healthcare System to the benefit of the Veteran.

Create an education-rich environment conducive to a rich learning experience for nurses.

Using best evidence-based practice, educate nurses on the limitations and allowances of the VA Healthcare System and how to recognize and utilize both to the best of their ability to benefit both the Veteran and the VA Healthcare System.

Provide support and a healthy nurturing area in which to learn for the nurse.

Provide the kind of support to your nurse that you wish you had received when you first started with the VA Healthcare System.

Show support and encourage the growth of nurses.

Use educational cues to create spaces for training suggestions or improvements that will benefit the environment for the nurse in which to learn.

Have fun. Learn as much from your student as they learn from you.

Section 4: Findings and Recommendations

Introduction to Part A: Designing, Findings and Initial Evaluations

The purpose of this project was to develop a long-term cadre of skilled RN preceptors to educate newly hired RNs in the VA healthcare system, allowing them time to access the complexities of a governmental entity while gaining valuable healthcare experience. I began this project to improve nursing retention.

Using models taken from other hospitals, literature reviews, personal interviews, and other touchpoints, this project has been designed to benefit the participants, with a special design on the selected cadre of RN preceptors. The goal was to improve nurse retention, as nursing shortages and delays in veteran patient care negatively impact patients (Veterans Health Administration, 2024). This project will improve the care modalities for the VA healthcare facility, save money in recruitment and training, improve healthcare services within and without the VA healthcare facility, and create a sustained collective of dedicated nurses with limited breaks in healthcare providers and services.

It takes approximately \$50,000 to 60,000 to train one newly hired RN, whether it be a new grad or seasoned nurse, up to the standards of care for the VA healthcare system (Veterans Health Administration, 2024). Alternatively, the turnover rate for the VA healthcare facilities for the state of Oregon was approximately 7.8 %, which is down from the “9.8% loss rate for FY 2021-2022” (Heckman, 2023). The facility where this project was conducted was slightly higher than this trend but below the 2021-2022 numbers per the local facility’s HR department.

With this level of nursing attrition trend on an upswing, now is the time to create an environment that promotes an area that keeps the newly hired RN within the VA healthcare system and continues to serve the veteran population for their healthcare needs in a solidified, confident, and well-educated manner. To create this environment, this was a three-fold concept that was designed with input from the RN preceptors, management, and key stakeholders (educational guidelines, preceptors, and mentorship). The environment has since been modified to include the practical aspects of the project to include a “plug-and-play” model of care that can remove parts of the educational process that is viewed as unnecessary or in need of alteration and then have it returned to the project as needed for new assessment or betterment of the overall educational process (Xiao, et al., 2023).

As for the project itself, there will always be attrition. The idea that healthcare is a living, growing thing is what moves forward progress. There are also facility staffing issues as things move in steady decline, including health issues, family concerns, new career opportunities, caregiver burnout, retirement, and disenfranchisement in their career path. The goal, however, is to keep the newly hired engaged, appreciated, educated, and most importantly, supported so that they will have a long career in one facility and provide excellent care for the veteran population (U. S. Department of Veterans Affairs, 2024).

The Need

The purpose of this project was to improve nurse retention. Post-COVID, the VA as well as most areas in healthcare was in a major decline in nursing and other medical

staff (Falatah, 2021). In the state of Oregon, the average VA healthcare facility suffered nearly a 10% decline in nursing staff during and shortly after the COVID-19 pandemic (Heckman, 2023). It was a stressor on healthcare and a burden to those who were on the front lines.

The original concept for this project was one of taking newly graduated RNs and putting them with a peer for a VA educational course. This was the direct result of VA facilities not accepting newly graduated nurses in the past, wanting instead a 3-year experience history before being hired. However, with the need to replenish the dangerously depleted numbers of the nursing staff, exceptions were being allowed and this project would have been in the experiment stage of this trial (Veterans Health Administration, 2024).

After talking with various peers and key stakeholders, the idea began to germinate about keeping established nurses who were looking to leave the VA for other faculties, not ones looking to retire or to get out of healthcare altogether. The process was to make the environment that the nurse would like to stay, even in trying times, as there is a supportive and educated nature. This further changed into the concept of the educational preceptor for ongoing educational purposes. After seeing this pattern for several years, it was decided the 2023-2024 fiscal year was the time to discuss this concern with various key stakeholders. It was after these discussions that the concept of the preceptor, much like with nursing school, as a shoulder-to-shoulder support person and educator was created for all newly hired RNs, regardless of experience was enacted for this project.

There was also the matter of the after-preceptorship mentor for ongoing support and addressing concerns as they arose for the newly hired RN.

The Process

Educators must be skilled personnel who will dedicate themselves to the care of the educational material as well as increasing the knowledge base of those entrusted in their care. It was this idea that struck a chord with the key stakeholders especially, but within the nursing staff proper in general. A better way to educate and mentor was exactly the kind of idea that the nursing staff had been asking for regarding newly hired RNs (De Vries, et al., 2023).

After I approached managers and peers, I understood that this project would quickly outgrow my original concept and needed to be addressed in more boxed in terms of assessment, educational terms, potential for future use, and control of the parameters. I designed the project to benefit from the best pieces from the most sources without diluting the educational potential. After a desired blueprint was formed, it was further fleshed out with the introduction of the parameters of the educational expectations of the preceptors and what was important for the newly hired RN, again, new, or seasoned, to know to find success in the VA healthcare system.

Originally, the project was going to be much larger in scope and have a massive impact on the facility at large. After discussing this with several managers, it was decided the overall scope was too vast and needed to be scaled back. The agreed-upon numbers included two RNs from four different cross-sections across the facility: primary care, specialty care, urgent care, and rehabilitation services. Also, the nursing staff was to be

designed as each nurse has a newly hired RN for 6 months as a preceptor (down from the suggested 9 to 12 months by staff). The original four newly hired nurses for the project would have a preceptorship of 6 months and a mentorship for another 6 months. There was also the idea that each newly hired RN would change educational locations every 6 weeks, but that was decided against for the sake of continuity of the preceptors at the preceptors' request and for the sake of a quality educational experience.

Once this was all designed, it was then presented to various key stakeholders along with the various champions of the project who had seen the value in experimenting to address real nursing concerns. The project was greeted with enthusiasm for the potential for the data-rich environment and system-wide change that was being suggested. Staff, managers, and key stakeholders agreed that there was value in this project as a potential to stop nursing attrition at a local level.

Next was the educational needs that needed to be identified and addressed. A questionnaire was sent to department heads, managers, and staff RNs with more than 3 years of VA facility experience regarding the needs and desires that they see decreased or lacking as well as what educational processes they would like to see grow. Lastly, they were asked what they would like to see identified as one important thing for a newly hired RN to know that would benefit them in the VA healthcare system and the local VA facility in general. The results led to a guideline-style educational template for the preceptors to address as guideposts. This template became more of a living document as it was subject to change and be altered as the need and situation arose.

The creation of the educational guidelines was the most difficult part of the process, as the wording and tone had to be not only educationally rich but had to be scrutinized by the VA facility as all processes on site must be approved by the governing body before moving forward. Wording mattered to a degree that the revisions were numbered in at least 12 separate corrections. This, more than anything was the greatest consumer of time and was a constant source of struggle and frustration. When it was finally allowed for forward movement, the managers of the aforementioned areas were shown the template and asked to provide the names of four of their nurses for selection for a total of 16 names with the intent to have two names each for preceptors as a primary suggestion and one as an alternative. It was the same for the mentorship suggestions.

Once the preceptors were suggested, they were then asked if they would like to be a part of the project as preceptors. All the primary suggested nurses accepted save for one and the alternate in the same clinical area accepted the role. Once the roles of the preceptor were identified, the same was asked of the mentors. Each nurse accepted the role of mentor as a primary.

This brought the total nursing cadre from 16 suggestions from managers and nursing staff with interest in this project. This was further decreased to eight participants as the number of nurses was too great a burden on the work of veteran care at the facility. As was very quickly found out, eight nurses off the floor at any given moment while patient care was active was too great a burden for the facility to endure. To lessen the impact, the decision was made to conduct the staff education for preceptorship to be done

in two separate classes at different times and on different days as best suited the facility and individual staff and clinics.

Over 3 days (a total of 6 days for both groups) with the class activity scheduled for 1 hour each session, the project was rolled out and the template was shown. It was also here that the preceptors took over their roles as teachers and began to address issues with or building up the template. The preceptors found and saw things from an educational and a floor nursing point of view that were missed by the management and key stakeholders not directly involved in veteran patient care. This was an unexpected twist but one that proved to be fortuitous as it allowed for the creativity and the ownership of the project to be collected by the preceptors and truly make it their own, relegating the DNP project team to that of objective overseer and troubleshooter.

To measure the knowledge change, there were various meetings with the preceptors regarding their charges as well as in-depth discussions about the project, both for successes and for changes. This was a guidepost for measurement of the depth of knowledge in the project, the potential for growth, and the viability of the continuation of the project for future cohorts. There was also a marked fixture in the self-confidence of the preceptors and the project leaders as well as the RNs as they all took it upon themselves to become owners of the project and find new ways to make it sustainable and a benefit for all involved in its creation, distribution, and growth (Sipes, 2020).

Contribution of the Doctoral Project Team

At this stage of the process, the DNP Project Team consisted of this DNP student, managerial support, and the preceptor cadre. It is this internal body that was the designers

of the program and the members acting as agents of change within the program. At the beginning of the project rollout, there was a great deal of front-loaded, yet behind the scenes, work including building the scaffolding on which to hang the project and create the training scenario.

Once the cadre was established, the DNP role changed from creator to overseer, allowing for the symbiotic utilization of the framework to build, create, and modify as needed for the growth of the program. Allowing this to happen organically, the project role of the DNP student became that of an overseer and a troubleshooter. With this freedom, the project was able to be looked at more objectively in the context of process, goals, and means of strengths and weaknesses. The implications of this project have resulted in the following findings:

Individuals: The project has created an autonomous yet symbiotic relationship between the preceptor and RN. The ability to move from the role of student to practitioner in a secure environment has been shown to pay dividends as the next generation of preceptors will come from the last generation's Newly Hired RN and will continue as a perpetual educational machine.

Community: The Veteran community is a complex one that requires a deep understanding of military culture, PTSD, mental health issues, and physical health. Most of all, the Veteran population of patients is motivated by trust. That trust is built by consistency and the care provided by the nurses in their care teams over time. This project will allow for these teams to remain intact over the duration of time for the Veteran population

Institution: The VA Healthcare facility from which this project has been created has suffered from the attrition rates mentioned prior in this paper due to multiple factors, but mostly because the nursing staff felt woefully underprepared to meet the demands asked of them for veteran patient care. The inability to offer the best care available caused by a lack of knowledge is a career killer as it leaves the nurse both dissatisfied and vulnerable. This project has created a stopgap in that weak link as it addresses the concerns of both education and attrition for the nursing staff.

Systems: The veteran healthcare system has proven to be as complex as it is robust. One of the greatest difficulties found in the process is the feeling that RNs are often left to their own devices and hoping that they are doing the right thing without any real guidance. This program has taken the guesswork out of the training portion of the project and has moved it forward into a new level of educational process that moves the VA Healthcare System forward in a way that has not happened before this project's creation.

Addressing the positive social changes of this program, the conclusion was one of enthusiasm for the potential to change the status quo of the VA. Due to the nature of medicine in general and the VA Healthcare System as a specific, the usual process has been one of getting as many people seen as quickly as possible with limited regard for appropriate and quality training.

This new way of thinking, taking the time to teach properly over a designated amount of time, has been shown to create an environment where the Newly Hired RN is seen and valued and is more receptive to learning. With this, there is an outcome of

success as the educators can create a self-sustaining cadre of staff that will move the project forward until it becomes the established standard of care, stopping attrition, and building a better clinical community for the Veteran population it serves.

Strengths and Limitations of the Project

This initial build-up and the time just before rollout created a window of opportunity that allowed for a deeper conversation about the nature of nursing and healthcare in general. In these conversations, there was a discussion of the ongoing importance of the continuation of this project if successful. There, however, are issues with determining if this will be successful as the result of this project is new hire longevity. Finding that data will be a nurse's career path and tracking them across the spectrum of their time within the VA Healthcare System for the duration of their career.

Strengths

None of this would have been possible without a dedicated staff educated the same way so that all newly hired nurses receive the same information during their time in preceptorship.

Key to this project's success was creating a training-positive environment.

There was a push to analyze the needs within the VA Healthcare System and address them as they arise for continuation of care.

The facility produced enthusiastic staff and key stakeholders who saw value in this study and showed support with limited interference.

The education and training processes were carbon-copied from one preceptor to the next in the spirit of continuity and completeness.

Limitations

The facility was only able to offer a small sample group.

This was a new project rollout with limited data in which to compare.

This facility is in a rural VA Healthcare Facility with limited resources.

The creation of a training program that is engaging for experienced newly hired RNs vs. one that is educational for newly graduated and newly hired RNs.

Recommendations

Creating anything new is always a nerve-wracking experience. Making this project a well-known concept and the expectations firmly set aided in keeping the whole process from spiraling out of control and manifesting into an overworked and ignored exercise in futility. The rollout was not without challenges but the initial testing and the meeting of the preceptor to the RN went smoothly. The preceptors felt ready and fully prepared for their roles and responsibilities (ND Center for Nursing, 2020). They shared the experience that for the next iteration of this project, they would be even more ready as the anticipation of the event was far worse than the event itself.

Recommendations from preceptors-

The amount of initial training could have been decreased or modified.

Meeting the newly hired RNs before the project rollout would have been beneficial.

The guidelines will have to be adjusted as the need arises.

Each newly hired RN had different needs and that was both expected and challenging at times. Addressing that in future pieces of training would be beneficial.

Having preceptors meet at set times to compare situations would be a way to adjust issues and teaching styles in real time.

Recommendations from managers-

Keep personal teaching to a minimum. Follow the script as closely as possible.

Share information with all people within the collective openly to continue a sense of forward momentum.

Don't overwork the system. Collect the data and see where it takes the project.

Adapt to the information.

Introduction to Part B: Implementation, Assessment, and Final Evaluations

The cohort of newly hired RNs was selected and asked if they would like to participate in this project with the understanding that it would have no bearing on their work life and if, at any time, they would like to be removed from the program, that was well within their right. Each of the initial four approaches was accepted. They were then brought to the cadre of preceptors and discussed the expectations of them in a "student" role and the desires of the preceptors to be successful with the cohort.

The cohort of newly hired RNs was given a questionnaire to answer (Appendix C), and the answers were brought to the cadre, manager, and stakeholders for review and

to see if any issue could be circumvented before the rollout of this project (Tielemans, et al., 2023). After meeting with the cadre one last time, all issues and concerns were discussed and addressed up to that point. The project was ready for implementation.

After the cohort of RNs (which for ease of writing and a decrease in confusion, will be referred to as “student” or “nursing student” as well as RN) will complete New Employee Orientation (NEO), they were sent to their preceptors in their areas of care:

- K in Urgent Care/Triage
- J in Primary Care
- C in Specialty Care
- M in Residential Rehabilitation Care

Each preceptor was taken off the floor for half the day and spent that time giving them a tour of the facility and answering any questions the student might have as well as addressing the expectations of the project while reinforcing that the focus isn't on their nursing skills but how to find comfort in the VA Healthcare System and navigate the limitations with success (U. S. Department of Veterans Affairs, 2024). As with anything new, there was an adjustment period for learning and comfort, but shortly after implementation, the project began to gain ground and move in new and unexpected ways.

As the project moved along, there were new aspects that were unintended that would have to be addressed. The largest issue that came up unexpectedly was the frustration that one of the experienced nurses felt working within the VA Healthcare System and the inability to feel secure in both the freedom that the VA allows and the restrictions that it places on providers and RNs. While this had nothing to do with the

project per se, it did bring up an unseen issue of outside influences creating a concern for data corruption. Discussing this with the student revealed that she “wasn’t going to leave, but I sure am going to complain about it.”

Had the student decided that the VA healthcare system was not for him/her and had decided to leave, this would have altered the data in a way that no one had expected or prepared for. That was a new addition to alterations that would need to be viewed for the next iteration of this project. Various other issues crept up but nothing that was directly project-related except for tangential. There were some Veterans who did not want a “student” or a new VA nurse taking care of them. There was the usual provider frustration with the learning curve of the student while learning how to navigate the process, but with the set standards, timeline, and managerial support, this was quickly shown to be a non-starter regarding the effects of the project or the students’ training or educational experience.

Some milestones were looked at for training and educational processes for the project, reviews with the preceptor at two weeks, one month, three months, and a final meeting at the six-month mark and the end of preceptorship. In this meeting, management, the DNP Project Team, and key stakeholders were invited to attend the presentation and review. There was a constant presence from the DNP Project Team and management, but as time went on, the various key stakeholders declined to attend, citing other needs for their attention. As the project wound down Phase I, the enthusiast interest had declined by the upper levels of leadership to minimal interest. This would grow even more distant at Phase II, the mentorship program.

The Mentorship

Phase II of this project began after the six-month preceptorship. As addressed above, another group of four experienced VA nurses accepted mentorship roles for the students. With this role, it would once again be for a six-month total program, though not a single student felt they needed to keep the mentorship going for the entire six months, with most stating that they felt okay with having a mentor but had progressed beyond needing one within 1-2 months after leaving preceptorship. The students expressed understanding and gratitude and were glad it was available, but all felt that there was no need for a six-month mentor program after an equally as long preceptorship.

Contribution of the Doctoral Project Team

At this point in the project, there was little more to do than to collect data. The preceptorship was more preceptor and clinic-driven and a self-sustaining entity without the need for guidance. The DNP project team was available for any issues or questions, especially related to the project and the direction to follow, but those came fewer as the project grew and aged. Where the DNP project team did excel, however, was the depth of data collection and the presentation that can be shown regarding the benefit of this project, or of one like it, for the future of nursing retention within the VA healthcare system.

Strengths and Limitations of the Project

Having a decrease in key stakeholder's interest in the project before completion, while not hindering, was disheartening. Such an exciting addition to the VA healthcare

system as a facility change agent would have merited more dedication by leadership to address the shortcomings of the nursing shortage within the campus.

Strengths

There was quality support from floor management.

Preceptors state that the students were all excellent candidates.

The Newly Hired RNs stated that they felt supported and engaged.

The Newly Hired RNs showed significant care improvement over time.

Due to the same training, the Newly Hired RNs were all able to “speak the same language” as all the other VA employees within the facility.

The preceptorship was the appropriate amount of time for Newly Hired RNs to feel adequately prepared for quality VA-style nursing. There were no complaints of “educator fatigue.”

This was a low-cost and limited-expenditure project to both create and implement.

Limitations

During the startup and rollout phase of the project, there was declining support from upper leadership. Feedback from participants suggests that the mentorship was approximately 2-3 months too long. The shared experience was different for the Newly Hired RNs depending on where their preceptorship was conducted within the facility. A long-term data pool will be needed for conducive answers to the question of the benefit of this cadre of nurses shall aid in preventing RN attrition in the future of this site.

Recommendations

According to the American Association of the College of Nursing written in *The Essentials*, listing Essential 10.2 (Demonstrate a spirit of inquiry that fosters flexibility and professional maturity) exemplifies the essence of this project and the underlying reason for pursuing the potential underneath (American Association of the College of Nursing, 2021). The data-rich environment and the possible system change for the betterment of the overall healthcare system are paramount to the ideas that have alluded to various entities in terms of healthcare provider retention.

Based on the feedback and positive outcomes, it is recommended to continue with a long-term set of educational and training preceptorships for the foreseeable future. Only with the collection of data personal descriptions of the situation and new models of improvement can there be true change. This cannot be done in a bubble and cannot be completed without constant and aggressive support. According to Xu, Zeng, and Wu (2023), a cross-sectional study of 23 countries, including the United States, shows that there is a “pooled prevalence” of 27.7% (average 21.6%-34.3%) of intensive care nurses intend to leave their jobs or nursing altogether.

This is just an example of the shift of nurses from one role to another and creating a void that will need to be filled. There are many deficiencies within the VA Healthcare System, some are governmental, some are local, and some personal. It is this kind of shift in personnel that causes the disruption in nursing services, which leads to poor Veteran patient experiences and impossible workloads on the remaining nurses, which, in turn,

leads to more resentment and dissatisfaction with the place of employment and their chosen career.

What does not need to be an issue, however, is the creation of a sustained ability to create and keep ongoing a group of dedicated RNs that will assist the transition from newly hired to experienced VA nurse in short order while maintaining their autonomy and respecting their dignity by ill preparing them for the realities of this system. The recommendation is that the process continues, is measured, and is followed by a group of like-minded nurses who take this project and mold it into the process that best suits them. In doing so, there will forever be a self-perpetuating stream of new nurses looking to come to, and more importantly, stay with, the VA Healthcare System for the remainder of their nursing career.

Appendix C: The Questionnaire

What is the ideal timeline for a training program?

What specifics would you like to see for new hire nurses regarding onboarding?

What changes would you recommend for new hire nurses regarding onboarding?

What would benefit a new hire RN training program?

What limitations would face a new hire RN training program?

What obstacles face the VA regarding a new hire RN training program?

What support would you suggest for a new hire RN training program?

How would you support a new hire RN training program?

What question or piece of advice would you offer to a new hire RN that would encourage them to stay with the VA for the duration of their career?

What do you wish someone would have told you at the start of your VA career?

Section 5: Dissemination Plan

Formatting this project for implementation was a multimedia event. Gathering the participants together for open discussion forums was the first step in the educational process. I learned the needs and desires of the preceptors to tailor-make this project for a rich and robust academic experience that the preceptors would then be able to model into their personal teaching styles. This led to a more fulfilling experience at the start of the program. It also created an environment that made the preceptors owners of the project and invested in the creation and the outcome.

After having learned of their desires, various handouts and questionnaires were distributed and then recollectd with the data-rich answers for project creation. Once all data were returned, a PowerPoint presentation was created and shown to the preceptors which included all educational processes and allowed for questions and recommendations in real-time and within the company of peers. This discussion opportunity created the scaffolding of the project at rollout and formulated the measurements of success during the entirety of the project. This always creates an environment that allows for the continuation of ongoing discussions and feedback for constant feedback and on-the-fly changes.

Using evidence-based practice (EBP), this project has been designed to be the same across the board for desired educational processes. The idea of using the best data available to support decision-making is a core concept in nursing education as well as in nursing practice. Having the RNs understand this has gone a long way to speed up the educational benefit of this project.

The individual preceptors will have the autonomy to educate how they see fit if they distribute and reinforce the educational information that has been agreed to by the preceptor collective and have the idea of the VA SORCC as the educational facility and must follow all VA established rules for veteran patient care (U. S. Department of Veterans Affairs, 2024).

Analysis of Self

This project was created out of need, both now and into the future, for the VA facility and the veteran population that it services. The project evolved exponentially as I worked on it. The process of beginning the project was daunting and frustrating, but I gained momentum as I progressed.

When first beginning this project, there was the sense that it would be a smooth operation to design, create, and implement. Looking back on the process, there is truth in this. However, it was naïve to believe that it would not be fraught with complexities and frustrations, especially when dealing with a government entity not well known for its forward-thinking and speedy response to new concepts and ideas. The process was so complicated at times, that the project was put on hold for a time during the COVID-19 pandemic as no traction was being gained.

One of the more difficult aspects for me was remaining in a supervisory role rather than engaging in active education and veteran patient care. Measuring the education and training from a purely data-sifting process took away from the engagement of the newly hired RNs and the learning process of the preceptors in their role as program provocateurs. These agents of change were given all the tools that they asked for and had

access to the program leads for continuing changes and questions as they arose. In this, the extension of the program was wholly in their hands while this program traveled to new and exciting areas that were unexpected.

Finding these new avenues of education led to the following revelations:

- Using the same data set and parameters, preceptors have wildly different concepts of what key education points include.
- These same preceptors have utilized the concept of education based on their forms of education and involve the similar practice models that they have used to evolve their nursing practices.
- Each area in which the Newly Hired RNs were trained deeply influenced the style of education they received during their training.

Conversely, the core education of the preceptors was measured, and found that all the milestones were hit and reinforced despite the style in which it was delivered. This allowed for the project to measure in set standards of care laid out at the onset of this project's design and into the implementation.

Lastly, despite varying styles, the newly hired RNs state that they felt that the specific education that they received better prepared them to engage the style of healthcare used within the VA healthcare system and prepared them for a successful future career as opposed to being thrown into the system ill-prepared for the ins and outs of VA healthcare.

Creating this program has been a labor of love but like any object of desire, there have been growing pains and heartache. The frustrations eventually went away once the

project was allowed to move forward and become a sustained creation. What was unexpected for me was how much this project meant. Knowing the good it would do for the community and the nursing staff; it became a determination that this project needed to be pushed forward. In doing so, there were newly found intentions and alterations. Once such alteration was the newly achieved role of leader. I have never wanted to be a manager but learned, embraced, and cherished the opportunity to share a vision of change with others.

The struggles of frustration, COVID-19, self-doubt, and addressing unintended yet rapidly growing issues were a matter of weekly, if not daily, concerns. There is a saying in the military that sums up both the attitude of everyone involved and the general motto of the preceptors and DNP Project staff: Adapt and Overcome. This, more than anything, was the key emotion that I used to power through the difficult portions of the growing pains this program experienced.

Program creation is a daunting and herculean task. What was once a concept is now practice. This, more than anything else, is terrifying. This role makes all aspects of success or failure fall directly on the creator. Learning what is possible from the abstract and sharing that idea with real-world implications will be this project's greatest measure of success. Retaining nurses within a difficult system creates a better overall healthcare environment and less disruption for the veterans needing steady and competent healthcare (Wakefield, et al., 2021). Having a robust program to create that environment and being a creator of such a program has been incredibly rewarding.

Summary

Measuring success versus the difficulties of this project shows the importance of dedicated people who are involved and the support and belief in a new path to create a way to show systematic change within a system that is hesitant to allow for major changes. This change creates a more sustainable environment for all involved and shares a symbiotic relationship between staff, veterans, and the mutually beneficial facility. Sharing all information in an open and honest exchange shows all involved where the positive and negative aspects of the project that have changed VA healthcare at a local level (U. S. Department of Veterans Affairs, 2024).

There is a second part of this project, that of the mentorship. This is still an ongoing part of the project and, as such, the data are incomplete. However, the early results have been overwhelmingly positive as reported by the newly hired RNs. The statements include enjoying having a dedicated and trusted person to whom they can reach out for ongoing questions or concerns regarding their ongoing learning process. As this part of the program continues, there seems to be a trend that will allow for the success of this portion of the overall project upon completion of the project timeline.

Preceptors have always been the cornerstone of the nursing educational base. There is nothing done in a vacuum, but there are different ways to create inroads to the same end goal. While the processes are different, when the same results are understood and expected, the complete picture is unfolded for all to see and appreciate, with the potential to make effective changes to VA healthcare for generations to come.

Appendix D: Exit Interview (All Participants)

Overall, how would you describe your experience with having a (or) being a preceptor?

What would you describe as successful?

What would you view as needs for improvement?

What would improve this program moving forward?

What suggestions should be addressed for the continuation of the preceptor program?

What was a successful experience?

What was a negative experience?

What was your experience as a nurse when entering the VA?

What shortcomings have you experienced as a new VA employee?

What does the VA do well?

Were there any system changes you would like to address?

What questions did you have regarding this program starting out?

Have those questions been answered by the end of this project?

What suggestions would you offer to the next round of preceptors and/or Newly Hired RNs?

What suggestions do you have for the project leadership?

What suggestions do you have for leadership?

Would you recommend this program to others?

Is there anything you would like to add or address regarding this program?

References

- ADDIE Model. (2021). *ADDIE model*. <https://www.instructionaldesign.org>
- Al-Sayaghi, K., Atrous, M. H., Alkaluby, E. A., Albakoor, F. A., Al-Hebshi, A., Aloush, S. M., Al-Dubai, S. A., Alkhalaf, M. J., & Fadlalmola, H. A. (2023). Relationship between self-esteem and stress coping strategies among internship nursing students. *Open Access Macedonian Journal of Medical Science*, 11(G), 2023. <https://www.sciendo.com/article/10.3889/oamjms.2023.10233>
- Alshehri, F. D., Jones, S., & Harrison, D. (2023) The effectiveness of high-fidelity simulation on undergraduate nursing students' clinical reasoning-related skills: A systematic review. *Nursing Education Today* 121 (2), 2023. <https://doi.org/10.1016/j.nedt.2022.105679>
- American Association of the College of Nursing. (2021). *The essentials*. <https://www.aacnnursing.org/essentials>
- American Association of the College of Nursing. (2024). *Glossary of terms*. <https://www.aacnnursing.org>
- American Nurses Association. (2021). *Nursing scope and standards of practice (4th ed.)*. American Nurses Association. <https://www.ana.org/nursing-scope>
- Andrews, E., Berghofer, K., Long, J., Prescott, A., & Caboral-Stevens, M. (2020). *Satisfaction with the use of telehealth during COVID-19: An integrative review*. *International Journal of Nursing Studies Advances*, 2(1). <https://doi.org/10.1016/j.ijnsa.2020.100008>
- Ardent Learning, (2020). *What is the Kirkpatrick model? Learn the 4 levels of evaluation*.

<https://www.ardentlearning.com/blog/what-is-the-kirkpatrick-model>

Blooms' Taxonomy. (2024). *What is Bloom's taxonomy?*

<https://www.bloomstaxonomy.net>

Byrne, M. D. (2020). Telehealth and the COVID-19 Pandemic. *Journal of Paranesthesia Nursing*, 35(5), 548-551

Cahapay, Michael. (2021). Kirkpatrick model: Its limitations as used in higher education evaluation. *International Journal of Assessment Tools in Education*, 8(1), 135-

144. <https://dergipark.org.tr/en/pub/ijate/issue/59560/856143>

De Vries, N., Boone, A., Godderis, L., Bouman, J., Szemik, S., Matranga, D., & De

Winter, P. (2023). The race to retain healthcare workers: A systematic review on

factors that impact retention of nurses and physicians in hospitals. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, 60(1).

<https://doi.org/10.1177/0046958023159318>

EBSCO. (2024). *Academic libraries*. <https://www.ebsco.com/academic-libraries/nursing-allied-health>

ELEARNING Infographics.com. (2017). *The ADDIE model infographic*.

<https://elearninginfographics.com/the-addie-model-infgraphics>

Elsevier. (2024). *Clinical key for nursing*. <https://www.elsevier.health>

Forde-Johnston, C. (2023). *Preceptorship for registered nurses and nursing associates-*

Nursing education. <https://www.youtube.com/watch?v=IVLyumoTrEM>

- Falatah, R. (2021). *The impact of the coronavirus disease (COVID-19) pandemic on nurses' turnover intention: An integrative review*. *Nursing Reports*, 11(4), 78810. <https://doi.org/10.3390/nursrep11040075>
- Google Scholar. (2024). *Google scholar*. <https://www.scholar.google.com>
- Haddad, L. M., Annamaraju, P., & Toney-Butler, T. J. (2020). *Nursing shortage*. <https://www.ncbi.nlm.nih.gov/Books/NBK993175/>
- Haryanto, M. (2019). *Nursing shortage: Myth or fact*. *Orthopaedic Nursing*, 38(1), 1-2. <https://www.doi10.1097/NOR0000000000000535>
- Heckman, J. (2023). *VHA more than doubles FY 2023 workforce growth target, ramps up HR hiring*. *Federal News Network* 1(1). <https://www.federalnewsnetwork.com/hiring-retention/2023/10/vha-more-than-doubles-fy-2023workforce-growth-target-ramps-up-hr-hiring>
- HealthData.gov. (2024). *Welcome to healthdata.gov*. <https://www.healthdata.gov>
- Hickey, J. V., & Giardino, E. R. (2021). *Evaluation of quality in health care for DNPs* (3rd ed.). Springer Publishing
- Iowa College of Nursing. (2024). *IONRP-Preceptor Training*. <https://nursing.uiowa.edu/IONRP/preceptor-training>
- Johns Hopkins University. (2024). *Databases*. <https://www.databases.library.jhu.edu>
- Khodyakov, D., Grant, S., Denger, B., Kinnett, K., Martin, A., Peay, H., & Coulter, I. D. (2019). *Practical considerations in using online modified-delphi approaches to engage patients and other stakeholders in clinical practice guideline*

development. The Patient-Patient-Centered Outcome Research (2019).

<https://doi.org/10.1007/s40271-019-00389-4>

Kirkpatrick Partners. (2021). *The Kirkpatrick model.*

<https://www.kirkpatrickpartners.com/the-kirkpatrick-model>

Michigan Health & Hospital Association. (2022). *Virtual nurse preceptor academy supports new employee training and retention.*

<https://www.mha.org/newsroom/tag/nurse-preceptor-academy/>

Munangatire, T., Tomas, N., Asino, H. M. M. (2023). *Nursing students' experiences and expectations of clinical learning: A qualitative study.* Nursing Education Today,

124 (5), 2023. <https://doi.org/10.1016/j.nedt.2023.105758>

Nash, D. B., Joshi, M. S., Ransom, E. R., & Ransom, S. B. (Eds.). (2019). *The healthcare quality book: Vision, strategy, and tools* (4th ed.). Health Administration Press.

ND Center for Nursing. (2020). *Key preceptor concepts: What you need to know to be a successful preceptor.* <https://www.youtube.com/watch?v=mBFKb6BDf78>

Nursing CE Central. (2021). *How to create a successful nursing preceptorship.*

<https://nursingcecentral.com/how-to-create-a-successful-nursing-preceptorship-program/>

ProQuest. (2024). *ProQuest database.*

<https://www.proquest.com/resultsol/8A072FF42584194PQ/1>

Richardson, K. L. (2022). *Implementation of a nurse residency program to improve retention rates in public health facilities.*

<https://www.scholarworks.calstate.edu/downloads/wp988q64k>

- Rubinfeld, M & Scheffer, B. (2014). *Critical thinking tactics for nurses: Achieving the IOM competencies*. (3rd ed.). Jones & Bartlett Learning.
- RUSH University Medical Center. (2023). *What is a literature review?*
https://www.library.rush.edu/dnp/literature_review
- Shadadi, H., Sheyback, M., Balouchi, A., & Shoorvazi, M. (2018). *The barriers of clinical education in nursing: A systemic review*. Biomedical Research, 29(19), 3616-3623. <https://www.biomedres.info/issn0970-938x>
- Sipes, C. (2020) *Project management for the advance practice nurse* (2nd ed.). Springer Publishing Company.
- Smith, M. J., Liehr, P. R., & Carpenter, R. D. (Eds) (2023). *Middle range theory for nursing* (5th ed.). Springer Publishing Company.
- Sullivan, K. (2019). Nurse to nursing student barriers and bias. *Diversity and Inclusion in Quality Patient Care*, 29 September 2018, 285-290.
https://doi.org/10.1007/978-3-319-92762-6_39
- Tadesse, B., Dechasa, A., Tura, M. R., Ayana, M. (2023). *Intention to leave nursing profession and its associated factors among nurses: A facility based cross-sectional study*. INQUIRY: The Journal of Health Care Organization, Provision, and Financing, 60(1). <https://doi.org/10.1177/00469580231200602>
- Team Fun Trove. (2023). *What is the Malcolm Knowles' adult learning theory?*
<https://thefuntrove.com/what-is-malcolm-knowles-adult-learning-theory/>
- Tielemans, C., de Kleijn, R., van der Valk-Bouman, E., van den Broek, S., van der Schaaf, M. (2023). *Preparing medical and nursing students for interprofessional*

feedback dialogues. Prospect Medical Education 12(1): 472-479.

<https://doi.org/10.5334/pme.1069>

U. S. Department of Veterans Affairs. (2024). *Cost of VA staff & labor*.

<https://www.herc.research.va.gov/include/page.asp?id=cost-stf-labor>

U. S. Department of Veterans Affairs. (2024). *Office of nursing services*.

<https://www.va.gov/ons>

Wakefield, M. K., Williams, D. R., Le Menestrel, S., Laitha, S. (2021). *The future of*

nursing 2020-2030: Charting a path to achieve health equity. The National

Academies of Science, Engineering, and Medicine. Washington, D. C.

<https://doi.org/10.177228/25982>

Walden University. (2024). *2023-24 Walden University catalog*.

<https://catalog.walden.edu/mime/media/168/5346/2019>

[2020 Walden University Catalog September-2019 FINAL.pdf](#)

Walden University. (2024). *Doctoral project prospectus guide: Doctor of Nursing*

Practice. Author.

Walden University. (2024). *School of Nursing practicum manual: Doctor of Nursing*

Practice (DNP). Author.

Walden University. (n.d.). *DNP doctoral study: Doctor of Nursing Program capstone*

resources.

Waldrop, J., Reynolds, S. S., McMillian-Bohler, J. M., Graton, M., & Ledbetter, L.

(2023). *Evaluation of DNP program essentials of doctoral nursing education: A*

scoping review. Journal of Professional Nursing, (46)1, 7-12.

<https://doi.org/10.1016/j.profnurs.2022.11.009>

Walsh P, Owen P, & Mustafa N. (2021). *The creation of a confidence scale: the confidence in managing challenging situations scale*. Journal of Research in Nursing, 2021;26(6):483-496. [doi:10.1177/1744987120979272](https://doi.org/10.1177/1744987120979272)

White, L. (2024). *Personal interview*. Veterans Health Administration.

Xiao, C., Zhang, Z., Han, X., Chan, C., Lin, Y., Liu, X., Li, Z., Cao, Z., & Sun, M.

(2023). *Plug-and-play document models for pre-trained models*.

<https://www.arxiv.org/abs/2305.17660>

Xu, G., Zeng, X., & Wu, X. (2023). *Global prevalence of turnover intention among intensive care nurses: A meta-analysis*. British Association of Critical Care Nurses, 28(2), 159-166. <https://doi.org/10.1111/nicc.12679>

Younas, A., Essa, C. D., Batool, S.I., Ali, N., Albert, J. S. (2022). *Struggles and adaptive strategies of prelicensure nursing students during first clinical experience: A metasynthesis*. Journal of Professional Nursing, 42(5), 89-105.

<https://doi.org/10.1016/j.profnurs.2022.06.006>