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# Decreasing Attrition of Novice and Newly Hired Professional Nurses Through Preceptorship

Brenda Gould-Johnson  
*Walden University*

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# Walden University

College of Health Sciences

This is to certify that the doctoral study by

Brenda Gould-Johnson

has been found to be complete and satisfactory in all respects,  
and that any and all revisions required by  
the review committee have been made.

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2015

Abstract

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Preceptorship

by

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MSN/ED, University of Phoenix, 2012

MPAH, Golden Gate University, 1990

BSN, Norfolk State University, 1986

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

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## Abstract

Professional nurses play a central role in delivering primary care in cardiovascular units of small community hospitals. Such specialty units require advance preparation of nurses. The problem addressed in this project was the lack of a formal orientation program for newly hired nurses which led to less consistent preparation of nurses for service, and resulted in low job satisfaction and poor retention. The purpose of this quality improvement project was to develop evidence-based curriculum for a preceptorship program in a small cardiac specialty unit, and plans for implementation and evaluation. The short-term goal for this program is to improve newly hired professional nurses' level of preparation for service in a cardiovascular unit; the long-term goal is to improve job satisfaction and retention. An interdisciplinary Quality Improvement Committee of institutional stakeholders assembled under the Doctor of Nursing Practice student's leadership to develop the curriculum. Subsequent meetings included comparative analysis discussions of best practices, involving direct metrics supplied by human resources. An external review was conducted by 4 nationally-recognized experts in the area of nurse preparation and revisions were made to address perceived needs. Formal plans for implementation and evaluation of the curriculum were then developed, yielding the final product of the Project: a turnkey solution to an existing practice problem. Evaluation utilized the Benner's Model of Skill Acquisition in Nursing, which outlines a progression from novice to expert (Benner, 1984). A program that promotes advanced preparation of nurses along with improved retention and satisfaction holds the potential to serve as a model for other units within the facility and to ultimately promote higher quality in care.

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## Dedication

I dedicate this document to my supportive children who observed me studying at different junctures of my life, and their spouses, John, III and Simone, Rebecah and Guy, and Darius and Lea, and to my future grandchildren (and those to follow). I want them to recognize that education is a key that unlocks doors of opportunity and creativity. This legacy started with my maternal grandfather and grandmother graduating in 1910 from Hampton Institute, and their father/grand-father graduating with a Harvard University MBA while studying at the University of Virginia (now Colgate-Darden School). I also dedicate it to the many friends who showed untiring support with my computer needs and provided genuinely stimulating conversation. In addition, this project is dedicated to the cardiovascular professional staff educator, unit manager, CVD nursing staff, and those newly hired nurses during my tenure on this project. Your professional disposition and dedication to your profession under changing circumstances while continually caring for so many needing your expertise is impressive. Above all, I thank my Heavenly Father for supplying me with His strength and agape love.

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## Section 1: Nature of the Project

### **Introduction**

The issues of recruitment, training, staff turnover, and retention of staff continues to be a healthcare staffing and business challenge in many healthcare organizations (Greene & Puetzer, 2002). Clinical managers and hospital executives are particularly distressed when the impact of staff turnover affects the organization financially, with estimates of institutional costs as high as \$67,000 per nurse. Some hospitals spend as much as \$1.8 million annually on employee turnover (Buerhaus, Donelan, Ulrich, Norman, & Dittus, 2005; Jones, 2005).

Terminations and resignations, including leaving before the probation period is completed, result in an ongoing nursing shortage, which is a major contributor to lower quality care. This quality improvement (QI) project is focused on improving registered nurse (RN) satisfaction through well-planned preceptorship programs. This QI project was comprised of nurse clinicians, directors of nurses, and registered nurses, whose goal was to promote retention and job satisfaction among newly hired novices and professional nurses through implementation of a preceptorship program.

Nursing dissatisfaction is a major influence on RN turnover with some actually leaving the nursing profession (Booth, 2011). Preceptorship planning team members are aware of nurse shortages and believe a formal preceptorship program could decrease nursing shortages and improve job satisfaction (Buerhaus et al., 2005). This QI project was focused on improving RN satisfaction and was undertaken in collaboration with an interdisciplinary team composed of the chief medical officer and the chief nursing

officer. Discussions with the medical-surgical nursing staff indicated that levels of nursing dissatisfaction with the work environment were disturbing.

### **Problem Statement**

The problem addressed in the proposed project is attrition among novices and newly hired professional nurses in a small acute care healthcare institution. The inability to retain qualified nurses and new graduates contributes to nursing staff shortages as well as a diminished quality of patient care and safety. There are numerous hospitals that have fallen short in efforts to retain nursing employees, naming low job satisfaction as the main cause of turnover (Kleinman, 2004). Many nursing staff employees have become discouraged with their profession and dissatisfied with their jobs, due in part to not having sufficient educational preparation for specialty units or adequate resources to perform their job responsibilities (Haamiller & Cozine, 2006).

Nurses assigned to a cardiovascular unit are considered specialized nurses and require an additional set of skills to be introduced and acquired during their orientation. Professional novices and newly hired nurses who are transitioning into their new roles are expected to train on all shifts as part of cross-training in order to gain an understanding of specific tasks for each shift. At times, working on a specialized unit such as cardiology can cause higher levels of stress and job dissatisfaction. The professional novice and newly hired nurse experiences increased and intensive anxiety while providing care for this population, which results in many nurses leaving before their probationary period ends. These high levels of stress reduce the likelihood that the professional nurse will be adequately prepared to care for patients on a specialized unit such as cardiology.

The result is that all staff work under strained conditions, as experienced and knowledgeable nurses expend more energy and input to assist inexperienced nurses. This scenario puts patients at risk with tired, over-worked employees. Such situations can cause a gap in safe and competent care on the unit (Benner, 1994). The National Institute of Occupation Safety and Health (NIOSH, 2006) defined stress as physical responses that are harmful. Such responses can occur when job requirements do not align with a worker's abilities, resources, or needs.

Turnover on any unit is disruptive, jeopardizing continuity of care and safety for the patients and compromising the professional and personal needs of the remaining nurses on the unit due to a nurse shortage. According to Johnson and Johnson (2013), turnover resulting in a nursing shortage is one of the top concerns in healthcare today. The nurse shortage is predicted to increase over the next several years. The need for nurses is expected to increase by 26% by the year 2020 (Johnson & Johnson, 2013). The aging babyboomer population will place a demand on health care for more health services as people live longer (Bureau of Labor Statistics, 2012-2013). Currently, registered nurses account for 2.6 million jobs in the United States. By the year 2018, that number is expected to swell to 3.2 million jobs.

### **Purpose Statement**

The purpose of this QI project was to develop a curriculum and plans to implement and evaluate an evidence-based preceptorship program to support professional novice and newly hired nurses to increase job satisfaction and increase retention. The small health institution utilized in this project is located on the mid-Atlantic coast. Since

staffing indicators were linked to the outcomes of patient care, it was important to support nurses through structured, trained preceptors during the orientation period. With this sound foothold into an established aspect of demonstrated guidance regarding patient care, the new nurse would—with time and experience—achieve a level of competency (Benner et al., 2009). The absence of a formal preceptorship program would diminish the ease of socialization of institutional culture, expectations, policies, and practices.

Nursing expertise and quality care are primary reasons the public chooses a specific hospital. The National Database of Nursing Quality Indicators (NDNQI) identified nursing satisfaction as an important reason patients' select a hospital (among 17 other indicators; Montalvo & Dunton, 2007). Nursing satisfaction and retention issues directly affect patient care and patient satisfaction outcomes according to Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys (Daniels et al., 2012).

### **Goals and Outcomes**

Two goals of this QI project were increased retention and increased job satisfaction among newly hired novices and professional nurses through implementation and evaluation of a preceptorship program. The participating cardiovascular unit only used an informal orientation program for new RNs who completed the general hospital orientation. The preceptorship program served as a structured orientation, with cardiovascular-specific focused learning objectives and clinical and approachable opportunities to support professional nurses as they adjusted to the new environment and role. The DNP teamleader and quality improvement committee's intent was to improve



the current program by introducing structured and specific curriculum. The intentional outcome was for newly hired novices and professional nurses to obtain sustainable job knowledge and increased job satisfaction after participating in this formal preceptorship program. It was not my intent to create a program that will address every satisfaction and retention issue. Factors related to nursing satisfaction and retention were presented as evidence-based solutions to nursing administration.

To measure outcomes, the preceptorship program utilized the present health care institution direct metrics generated from Human Resources (HR) and sent to the cardiology unit clinical manager. This report captured the information needed to specifically evaluate: (a) the novice and newly hired professional nurse, and (b) the turnover rate on the unit over specified intervals. The actual retention rate reports were used to analyze the actual nurse satisfaction. This presented a true picture of the turnover history to be compared with future changes as primary metrics. The QI committee agreed the intervals of analyzing the retention rates, once the preceptorship program was established, should be in Years 1, 3, and 5. The clinical manager analyzed reports on a continual basis to learn how nurses felt in comparison to national data. To improve turnover rates, they also identified specific areas of the unit that needed additional support. The expectation of this QI preceptorship program was to assist the preceptor with training that would prove the effectiveness of the designed structured preceptorship program in this healthcare institution.

Overall, outcomes of the program were based on measurable nursing indicators. These recognized “nursing sensitive indicators are [a] structure of nursing care, nursing

processes and nursing-relevant patient outcomes” (Montalvo & Dunton, 2007, p. 4). The structure of nursing care is based on education, skill level, and certifications. Process indicators are ways to measure nursing care through assessment, intervention, and reassessment; whereas, nursing-relevant patient outcomes are based on nurse driven indicators, as direct care givers. The preceptorship program expected outcomes were increased job satisfaction and retention, with evidence of increased quality of care and patient safety. The quality improvement effort has been as much about the retention and job satisfaction of the newly hired and novice nurses, as improving the care of the congestive heart failure (CHF) patients on the cardiology unit. Once the program was approved, after several fine-tunings, rolling out the pilot should have given the institution beneficial results of best practices supporting nurses.

Health institutions across the United States provide reliable data collection related to specific metrics and monitor progress using a nursing dashboard for comparable reports that can be utilized in quality improvement initiatives within their organizational plan and to analyze features of the nursing workforce (Montalvo & Dunton, 2007). The existing monitoring system was utilized in this health institution in relation to safe and quality care on the cardiology unit. Outcomes on the cardiology unit’s metric score card analysis were shown in a generated report from the HR department system-wide. Operationally, the report revealed the number of nurses who left voluntarily, key nurse positions lost, and novice and first year turnover vacancy rate. The vacancies in the report revealed outcomes that caused stress on the units’ nursing team, the cardiology clinical

nurse manager, and other stakeholders, and a concern about delivering quality, safe care with a reduced nursing staff.

Professional registered nurses who are satisfied with their jobs are known to remain on their health care units (Alspach, 2000; Boyer, 2008). Nurses use theoretical and evidence-based knowledge of human experiences and responses to collaborate with health care consumers to assess, diagnose, identify outcomes, plan, implement, and evaluate care. Nursing interventions are intended to produce beneficial efforts, contribute to quality outcomes, and above all, do no harm (American Nurses Association, 2010).

### **Significance and Relevance**

Nursing satisfaction is paramount in maintaining a stable nursing core of health care staff to care for patients. Nursing satisfaction and retention issues are directly tied to patient care, patient safety, and outcomes which are directly and indirectly tied to the Affordable Care Act HCAHPS survey which measures patient satisfaction (Daniels et al., 2012). The Institute of Medicine (IOM, 2011) reported approximately 98,000 patients die every year due to medical errors. There are factors that identify why this number is rising (Gallagher, 2012). This project does not conclude that all errors are due to nursing care. However, it is believed errors can occur due to high acuity, high patient volume, a relative excess of novice nurses, reduced staff, excessive overtime, and low feelings of worker satisfaction (Bae, 2011; Saintsing, Gibson, & Pennington, 2011). The NDNQI declared nurse retention is essential to providing high quality patient care, and is among the error indicators (American Nurses Association, 2011). A formal preceptorship

program has the potential to improve nurse satisfaction, patient care, patient safety, and reduce nursing turnover rates.

### **Implications for Social Change**

Implications for social change are found in delivering the best quality of care to patients, which result in part from a nurse's professional growth (Benner, 2006). Nurses are facilitators of social change and engage in their evidence-based practice surrounding job dissatisfaction and the need to decrease attrition. The formal preceptor program was implemented with the expectation of positive outcomes, nursing satisfaction, and reduced attrition.

### **Definition of Terms**

*Buddy system:* The staffing system in which a nurse manager assigns a new nurse with a staff nurse on the unit for the day.

*Small health care institution:* For the purposes of this project, a small acute care hospital of 148 beds that receives allocated funds from an established program called the Rural Hospital Flexibility Program of the Balanced Act of 1997. It is the American Hospital Association (AHA) that ensures that the resources needed to provide high quality care in small or rural hospitals are supplied and helps ensure the hospital is meeting the health care needs of the community. There are three military base hospitals in the area that serve their population. The Medicare payment system needs to recognize the circumstances small or rural hospitals face (AHA, 2014).

*Registered Nurse:* A nurse who has passed the NCLEX examination and is licensed in a state(s) to practice nursing.

*Nurse retention:* A performance marker for health care facilities in which nurses remain on a nursing care unit and do not resign before their probation period ends (due to operations on the unit).

*Job satisfaction:* For the purposes of this project, when a nurse functions with internal satisfaction and minimal stress on a unit delivering nursing care.

*Preceptor:* A person who has completed a preceptorship program and is prepared to be assigned a new or novice professional nurse.

*Preceptee:* A novice or newly hired professional nurse assigned to a preceptor.

*Preceptorship Program:* A program that has participants with formal training who qualify to lead and train other nurses on the unit to learn the specifics of the specialty unit.

### **Assumptions and Limitations**

It was assumed that the development of the structured preceptorship program will produce positive outcomes that reveal increased job satisfaction and retention. The reasoning is based on the literature and incorporates elements that support the structured preceptorship program. Recognizing limitations is important, so there are a variety of of which factors to be mindful, including that the setting was a small health care institution and the existence of current unstable economic conditions around the country, among others. Additional assumptions of the project included:

1. Nurses do not all share the same philosophies.

2. The preceptorship program curriculum was tailored for the cardiovascular disease CVD units to assist positive transitioning to the unit.
3. Nurses do not have the same professional needs and desires when it involves management and retention (Morgan & Lynn, 2009).
4. Questionnaires afforded nurses an opportunity to participate and answer questions honestly and anonymously.
5. Leaving a nurse position vacant would adversely impact satisfaction, retention, and organizational commitment (Buffington et al., 2012).
6. There is a direct correlation between nursing satisfaction and retention (Palmer, 2013).

Limitations of the project included:

1. Current economic instability affects jobs indirectly and globally.
2. Curriculum developed in the QI may not fit other healthcare units for which it is not tailored.
3. The evaluation tool in the QI project was custom tailored and may not fit another healthcare setting.
4. The DNP student was the leader of this program and the QI preceptorship committee was comprised of healthcare institution stakeholders.
5. Perceptions nurses' have toward managers or those in leadership vary.

### **Significance to Nursing Practice**

The structured preceptorship program is relevant and a valued step toward a better working environment that resulted in retention due to job satisfaction and other variables not explored in this project. The transition to an assigned unit, such as cardiology, from another unit for the experienced professional nurse or the novice professional nurse can be stressful given the difference in roles, responsibilities, task, culture, personalities, and general unit clinical skills. Confidence can result from a positive and informative work environment, where the new hire and novice would have a chance to flourish. This positive outcome required an effective, structured preceptorship program as a foundation during the orientation period on the cardiology unit. In Benner's model, the professional nurse was expected to grow from novice to expert (Benner, 2006).

The transition period included a process of socialization for newly hired professional nurses, they had the opportunity to absorb unit processes and learn their roles with their assigned preceptors, those who had already completed the preceptorship program curriculum. Nursing socialization was viewed as a very important aspect of this project. Creasis and Friberg (2011) described it as the values, skills, behaviors, and norms that are appropriate to the practice of nursing are acquired.

It was important for this project to meet the goals of the unit. Since attrition is a problem not only for this unit but for nursing units nationwide, it was essential to initially train the preceptors using the project curriculum, then monitor for a specified period of time and compare results with prior retention and job satisfaction data. High nursing turnover and increased nursing vacancies cause significant concern among hospital

administration about the quality and safe care of patients. It can result in problems such as reduced staffing and employees working double shifts. The preceptorship program for this project was designed to reduce nursing turnover and vacancies, with the intent to revise and replicate for future use in other nursing units and eventually at other hospitals.

### **Summary**

Section 1 was a brief overview of factors affecting nursing satisfaction and job retention. All factors identified were more than a DNP practicum project can address. This project was an initiative to develop a preceptorship program for professional novices and newly hired nurses at this small hospital. A goal of this project was to promote and support a formal preceptorship during intake orientation, with the expectation of decreased attrition and increased retention. A formal preceptor program has the potential to increase job satisfaction, decrease turnover rates, and provide for career progression or educational incentives (Smedley, Morey, & Race, 2010).

Section 2 is the literature review and theoretical framework of the Iowa Model (Titler, 2001) and Benner's Model (Benner, 2006). Professional novices and newly hired nurses did have the committed support of the leadership at this healthcare facility. The literature review includes current trends in nursing shortages, nursing retention, and indicators affecting job satisfaction and the work environment. A well-trained preceptor can provide newly hired nurses with the appropriate environment to develop strong clinical skills; an encouraging preceptor can be one of the keys to nurse retention.



## Section 2: Review of Literature and Theoretical and Conceptual Framework

### **Introduction**

The purpose of this QI project was to develop curriculum for a preceptorship program to support the novice and newly hired professional nurses in an acute care health institution, and develop plans for implementation and evaluation. The literature review was key in justifying the need to develop a preceptorship program that would stabilize the workforce, in an effort to decrease attrition and promote retention amongst nursing staff. The ongoing nursing shortage continues to negatively impact healthcare facilities, increasing the burden to provide safe, quality nursing care, and making it difficult to retain experienced nurses.

### **Literature Search Strategy**

The literature search for this project was conducted using the following electronic databases: Cochrane, CINAHL, EBSCO, Medline Plus, ProQuest, PubMed, and Ovid. Articles older than 10 years were discarded unless they were considered classic or landmark research. Terms utilized for search included: *attrition, professional nurse, novice nurses, newly hired, job dissatisfaction, cardiovascular (CVD) units, registered nurse, orientation, turnover, preceptor, facilitator, retention, small healthcare institutions, and specialty units*. To increase the parameters of the search, the Boolean operators “and” and “or” were utilized with the string of terms already stated.

### **Nursing Satisfaction and Retention**

There were no published studies that validated an orientation preceptorship program for professional novice and newly hired nurses in the CVD unit. Articles

discovered in the search had looked at typical medical-surgical general units that hired novice or newly hired professional nurses within the last 10 years. The nursing work environment plays a significant role in nurse retention, quality patient care, and job satisfaction. Schalk et al. (2010) stated that it is essential to improve the work environments for nurses because the nursing workforce is one of the most important factors in the healthcare system. This is especially true as patient numbers increase. Identifying problems in the workplace is one aspect of addressing this problem; more important is recognizing solutions, such as developing strategies to enhance and support nurses in the workplace.

The American Association of Colleges of Nursing (AACN; 2002) stated that preceptorships and residency programs would be useful tools to help the novice make an easier transition into the workplace, as the healthcare industry or environment is constantly growing in complexity. Preceptorship programs also assist in recruiting nurses, which increases the nurses' commitment to the nursing position when properly trained, and increases their knowledge base and effectiveness regarding safe patient care (AACN, 2006). Allowing nurses the autonomy to assess and implement their own nursing actions while caring for patients will lead to better staff retention and better patient outcomes (ANA, 2006). By permitting autonomy and empowerment of nurses, healthcare institutions are able to rely on favorable nurse workforce projections within the framework of an agreeable environment (Tomney, 2008).

Etheridge (2007) revealed the process of transitioning a professional novice or newly hired nurse into the profession can create stress, as can implementing a specialty in

a small health care institution. The professional newly hired or novice nurse may have limited exposure to specific scenarios prior to accepting a position on a typical specialized CVD unit. In a descriptive, longitudinal, and phenomenological study that included newly graduated registered nurses working on a medical-surgical unit, Etheridge discovered that the newly graduated registered nurses depended on their preceptor. This dependence was to assist with their decision making, confidence-building skills, and improve their understanding and implementation of critical thinking. Based on this finding, discussions with peers provide a learning tool for the new nurse graduate. Etheridge recommended assigning new nurse graduates to the same work shift as experienced RNs to promote optimal learning and growth.

Ferguson and Day's (2007) descriptive study was performed targeting a convenience sample of 11 registered nurses who graduated nursing school 6 months prior to the study and, at the time of the study, were working as staff nurses at a local acute care hospital. A Likert scale combined with open-ended questions were used to determine the effectiveness of the new hire orientation. Participants were asked to rate their experiences with the nurse manager, preceptor, and staff members. The Ferguson and Day study was designed to determine if the hospital orientation process for newly hired nurses provided adequate support from preceptors and nurse managers, in addition to determining if these nurses intended to remain in their current position. Results of this descriptive study indicated that during hospital orientation, the mentor and preceptor, as well as management, provided the necessary support and assistance to the newly graduated nurses. Additionally, the findings noted that extending the length of time spent

in orientation training would be beneficial for further growth and development of skills. Overall, the orientation process proved to be a positive experience for the subject population. Useful recommendations were presented to staff development that would allow review of current orientation policies and make changes that would potentially increase satisfaction.

Sorentino (2013) showed that an increased acuity level of patients, a decreased length of stay, and an increased use of electronic records have made nursing more complex and challenging. Higher staff turnover in hospitals has caused nursing staff shortages. Organizations need to develop orientation and preceptor programs that help promote nurse retention and decrease costs (Sorentino, 2013). In healthcare facilities, creating an efficient preceptor program model that helped nurses to function independently was cost effective. Benner (2006) described transition of nurses from rule-governed behavior to an intuitive automatic response. Ongoing development of the orientation program, preceptor development, and preceptor assignments are included in the role of orientation and education coordinator of the unit.

Bratt (2009) discussed the effects of a residency program on turnover rates of 30% to 61%. The mentoring program was designed to provide additional learning opportunities and much needed clinical mentoring. Bratt found the implementation of a residency program to yield an average of 84% retention after two years of employment. Halfer, Graf, and Sullivan (2008) discussed the financial impact of a residency program, which they called a mentoring program. They found that retaining nurses through mentoring had positive financial implications for the organization. The turnover rate was

decreased to 12% over a 2-year period, with an approximate cost savings of \$40,000 per nurse retained for the health care institution.

### **Nursing Shortage and Retention**

The nursing shortage is expected to continually climb. According to the federal government, by the year 2020, nurse and physician retirements will contribute to a shortage of nearly 1 million nurses and 24,000 doctors. Health care leaders voice their concern over such shortages with health care reforms facing them. There is also an 8 billion dollar Medicare budget that needs attention (Medicare Payment Advisory Commission Report, 2007). The nursing shortage in many cases is related to job dissatisfaction and nursing care complexities.

Concurrently, a number of other broad issues are also negatively bearing on the medical industry, such as an increasingly aging population, fewer schools of nursing, patient safety risks, nurse burn-out, and trained nurse attrition in the profession that contributes to projected shortages. As the nursing shortage increases, a decline in the quality of care is expected, jeopardizing the safety of patients as a result. “The shortage of nurses is not necessarily a shortage of individuals with nursing qualifications; it is a shortage of nurses willing to work in the present condition” (Buchan & Aiken, 2008, p. 3262). The government changes policies when new measurements and compensation methods for better quality of care have increased; a more critical working condition has emerged in the nursing profession.

The healthcare institution participating in this proposed project recognized many nurse resignations were due to a feeling of minimal support during the orientation period,

and job dissatisfaction on specialty units. Some employees voluntarily left before the 90-day probationary period expired, or were terminated. Regardless, the nursing community must identify a strategy to offset this trend. It is believed the development of a formal preceptorship can improve job satisfaction and retention.

The majority of nurses work largely in hospitals. This is presently where the shortage is considered and projected with the utmost concern. There are limited instant solutions to the dilemma. This shortage is organizational in nature and requires both temporary and durable strategies to lessen the problem. Remedies to generate a continuous enhancement to the nursing shortage will positively affect healthcare institutions. Preceptorship program strategies may help long term stability on a nursing unit. Altering the work environment, which will be essential for both the short and long term, is vital to building the nursing occupation as a desired career choice. No lone strategy or deed will resolve the long-term shortage; however, the strategies used in evidenced-base nursing practices are crucial upon evaluating implementation and evaluation reports. Each act is essential in making the entire project a success.

The shortage of nurses in various working environments where they are needed is a worldwide economic and healthcare issue. In both foreign countries and the United States, the Health Resources and Services Administration (HRSA) have reported a critical shortage of nurses, which was projected to worsen up to 20% by 2015 and 29% by 2020 (as cited in Andrews & Dziegielewski, 2005). The shortage or undersupply of nurses in the healthcare system results in the inability to fulfill the demands for numerous

medical services. This result may compromise the quality of healthcare rendered to the patients.

Nurse shortage occurs when there is a lack of nursing graduates that are competent enough to be hired by healthcare institutions. This applies stress to both management and the work force, since the ratio of patients to the number of nurses is imbalanced, and nurses attend to more patients. Buerhaus (2009) stated the nursing shortage, especially in the United States, started in 1999, and continued to worsen through 2008, as there was a decrease in the number of enrollments in nursing school. During 2007 and 2008, the nursing shortage was slightly compensated for by the return to work of experienced nurses, as these nurses logged in additional time to offset the decrease in workforce. Wilson (2006) stated there is evidence that may prove nursing shortages affect not only patient care; but also staff morale. Wilson also asserted that the negative effect on staff morale may cause a decrease in staff retention and/or a higher turnover.

Edwards (2011) maintained that nursing units with a low nurse turnover are more likely to have a decrease in the number of patient falls, while a unit with a higher turnover of nurses tend to have an increased number of medication errors. One factor that affects nursing shortage is job retention. Low pay and poor job satisfaction affect the decision of nurses to change principal jobs (Banks & Bailey, 2010). These factors result in a high turnover of nurses within hospitals, and increases the budget needed for the affected unit or ward. Edwards projected it may take approximately 1.2 to 1.3 times the annual salary of a nurse to replace them.

### **Job Dissatisfaction**

Aiken (2002) discussed how nurse burnout, job satisfaction, and intent to stay in the job are inversely related. The increased burnout of nurses due to multiple factors such as, stress, overtime, work environment, and physical state affect their intent to remain employed. Since there is an increased workload on the current nursing workforce due to over compensation for the shortage of nurses, there is also an increase in the stress levels on these nurses. This in turn, decreases job satisfaction.

Howard (2010) used the Neuman Systems Model to further explain this phenomenon. This model states that prevention of primary stress is needed to reduce the occurrence of its effects. There should also be a flexible line of defense that would adjust to the different stressors and help the person adapt to changes in the workplace environment. The Neuman Systems Model correlates high turnover with burnout felt by nurses, due to the inability to properly cope with the increase in work demands. These issues need to be addressed without delay to prevent further adverse effects on the healthcare system, and the health conditions of hospitalized patients. There have been suggestions and research projections performed attempting to find ways or strategies to improve nurse retention and decrease nurse turnover. Howard used the framework of Kanter's Empowerment Theory, wherein management would provide nurses with tools to empower them in the workplace. These types of opportunities in the workplace would help nurses to grow and develop, and adapt to changes more readily since the change is being implemented by them instead of being forced upon them.



Laschinger (2010) stated that whenever the staff nurses would have more opportunities and control over their decisions, there is an increase in well-being and job satisfaction. Howard (2010) agreed that the added empowering characteristics would have a positive effect on the workplace by an increase of job satisfaction, greater productivity, and promote the retention of employees.

Kalisch (2010) asserted that increased levels of teamwork and higher levels of staff adequacy, lead to an increase in the job satisfaction of nurses. Improving the teamwork of staff nurses present in the ward would have a positive effect on their job retention and patient care. Howard (2010) also specified the need for healthcare environment assessment, since most first-year nurses resign due to workplace factors such as inexperience, tenuous working relationships, and a strong desire for support. These factors may be strengthened and observed by assessing the healthcare environment. Once assessed, the unit or ward may improve these areas of concern, and possibly increase the retention of first year nurses.

Proper assessment of the needs of the ward would help improve care for both patient and staff. Howard (2010) added that there should be a systemic framework that would support the retention of nurses in the hospital. It must not only be the hospital that would undertake measures to improve nurse retention; it will take a multidisciplinary approach consisting of government policies, healthcare organizational policies, assumptions, and concern for safety issues seeking to improve work conditions for nurses.

The literature review confirms that nurses' communicated intentions are strong predictors to nursing satisfaction and retention. Issues affecting job dissatisfaction are varied and influenced by gender, health care unit environment, and years of experience. Specific elements regarding satisfaction associated with retention include a real or perceived work environment, workload, interpersonal relationships, advancement opportunities, autonomy, job stress, and confidence knowing outcomes are directly related to the inpatient nursing care that they give and personal needs (Buerhaus et al., 2002; Sharp, 2008). The mentioned variables will not fit every healthcare institution; however, they do have some comparative similarities in the literature.

Howard (2010) discussed empowerment of staff nurses in the unit and how it would improve the self-esteem of the nurses, as well as improve their disposition and appreciation for their individual work. Improvement of the work environment would prevent work related stress from adding to the motivation to quit work. Strengthening of interpersonal relationships would assist in creating bonds and improving cohesion in the workplace. Such strides would make work easier and more enjoyable (Howard, 2010). The lighter work environment would also create a pleasing and comfortable place to work. Enhancing group dynamics would also affect the decisions of nurses to quit; better attachments to different members of the unit would deter them from creating additional stress by quitting their jobs. Strengthened work relationships would provide a better environment to communicate work recommendations and help improve nurse retention.

Providing preceptorship curriculum and education would allow nurses to become more competent at work. All in all, these indicators would be beneficial for improving

nurse retention. Advocating these changes both inside and outside the workplace would be essential to improving the healthcare system and patient outcomes.

### **Nursing Job Satisfaction - Novice Professional Nurse**

Satisfactory staffing is a major concern arising from a nursing shortage.

Inappropriate staffing can threaten patients' and nurses' overall health and safety, while undermining the quality and integrity of care for the patient. There is added pressure every day to increase patient intensity regardless of the compounding fatigue, stress and complexity of the healthcare environment. Many professional novice nurses in their first year of practice experience horizontal violence. This is a term defined as interpersonal conflict among nurses, commonly taking the form of psychological harassment that creates hostility (McKenna, Smith, Poole, & Coverdale, 2003).

McKenna et al. (2003) surveyed 551 nurses and found that 34% proclaimed horizontal violence contributed to their inability to learn. McKenna et al. also stated that violent behavior decreases retention rates, and has been observed to harm the transition of new nurses into the workplace. The cost of losing new hires is noted to be nearly \$50,000 per nurse (Trepanier, Early, Ulrich, & Cherry, 2012). The results of this research indicated that it is in the facility's best interest to make the new hire orientation a pleasant experience. This turnover can be attributed to the atmosphere around a new nurse and the new orientation experience. Variables considered in workplace relationships include negative interactions with colleagues, group cohesion, and lack of preparation. These were listed as a few of the reasons new graduate nurses intended to change positions

within the first year of employment. A formal preceptorship program may offset this trend for the novice and newly hired professional nurse.

New graduate nurses are competent in the requirements necessary to obtain a registered nurse license. Adequate skills for completing ordered tasks are demonstrated; however, they lack the experience required for critical thinking. New graduate nurses depend on experienced nurses, especially assigned preceptors, to transition into competent nurses. A single preceptor during new hire orientation allows for the development of a trusted relationship in which the new nurse is able to obtain feedback. This promotes growth and confidence that is necessary in retaining the new graduate nurse (Ferguson & Day, 2007).

### **Theoretical Foundation**

#### **Iowa Model**

The theoretical framework was the basis for this project in decreasing attrition by the professional novice and newly hired nurse. The nursing satisfaction and job retention model was formed by the Iowa Model of Evidenced-Based Practice (EBP) to promote quality care. The Iowa Model was developed by Titler (2001) and nursing researchers who designed a framework to enhance patient outcomes and nursing practice. This model provides a guide for clinical decision-making, and includes details in the implementation of evidence-based practices from both the organizational and nursing practice perspectives, as they relate to healthcare costs. The Iowa model emphasis is on the organization identifying problem triggers, collaboration, and conduct (Doody & Doody, 2011).

There are five stages encompassed in the Iowa Model of EBP to promote quality care (Titler, 2001). The professional novice and newly hired nurse need guidance to deliver quality care, and preceptorship may present adequate training. In the completion of the project, this model's emphasis was on the hospital organization, collaboration, and conduct of the leadership and nursing staff (Doody & Doody, 2011). The first stage in the model was to select a topic. This DNP project topic is nursing job satisfaction and retention. The next step was to form a team that was identified early in this development. The team was DNP-led and comprised of staff nurses from cardiology, a unit educator, a nurse manager, and an executive representative. The project considered the revised Casey-Fink Nurse Retention Survey (Appendix K); however, the team decided to utilize the healthcare institution's direct metrics report from human resources. A literature review, current practices, and evidence-based practices included a comparison of this survey.

The final step of the project was to develop a preceptorship standard. The team developed policies for professional and newly hired nurses entering the specialized cardiology units with procedure proposal based on evidenced-based practices standards (Mendes & Stander, 2011). This project was not designed to implement or evaluate the proposal. However, the healthcare organization with the newly formed team did implement some of the current portions in the preceptorship program.

### **Project Process Using the Iowa Model**

The purpose and goal of the Iowa Model is twofold: (a) to decrease attrition with job satisfaction, and (b) increase retention through preceptorship. The tasks required to complete the project were:

1. Create a topic; job satisfaction and retention.
2. Form a team or interdisciplinary committee, needs assessment.
3. Utilize the Healthcare Institution's direct metrics report from human resources.
4. Compare current practices with formal preceptorship practices and literature review.
5. Developing a policy standard and procedure proposal.

Benner's Novice to Expert model was used as a theoretical background for this project, and in the future, will be used to provide contextual understanding of the growth in the professional nursing culture. In her Novice to Expert model, Benner introduced the theory that expert nurses develop skills and understanding of patient care over time through a sound educational base and a multitude of experiences. The premise of this theory is that the development of knowledge on theoretical disciplines, such as medicine and nursing, is an extension of practical knowledge through research and understanding the know-how of clinical experience. Nurses require procedural, scientific, technological, and advanced knowledge through practice and experience. This is true of the professional novice, who has expertise in one specialized area. They may be unable to adapt when

placed in a new role, or find it to be difficult. The conductor of this project was actually the nurse performing as a novice in that newly assigned role.

Using a model called The Dreyfus Model of Skill and Acquisition developed by Dreyfus and Dreyfus and applying it to nursing (as cited in Brenner, 1984), Benner developed a five-stage process that a nurse goes through on the journey to developing expertise in the field: (a) The Novice Stage, (b) The Advanced Beginner Stage, (c) The Competent Stage, (d) The Proficient Stage, and (e) The Expert Stage. Each stage builds on the other as the nurse gains experience and proficiency.

*The Novice Stage:* A nurse in this stage is completely dependent on the rules or plans set forth by their instructor. They have very little situational perception and no discretionary judgment.

*The Advanced Beginner Stage:* In this stage, they acquire experience from their work. At this stage they are able to use the rules and plans illustrated by their instructors in conjunction with their practical or situational experience to help them increase their skill level.

*The Competent Stage:* The nurse learns that in order to feel less overwhelmed with the potential relevant elements of a situation, they need to devise a plan or a perspective that will help them determine what elements of a situation are important and what elements can be safely ignored. This can create a sense of responsibility that can be frightening for the nurse. However, it can also give the nurse a sense of accomplishment when the outcome is favorable.

*The Proficient Stage:* In this stage, the nurse becomes less overwhelmed as they are able to more readily view a situation as a whole rather than as separate aspects. Their decision process is less perplexing because their plan of action has become a part of their intuition. Tasks and responsibilities are less stressful.

*The Expert Stage:* Rules or guidelines are no longer used to direct the nurse's actions. They now have an intuitive grasp of the situation which allows them to be more fluid and flexible in their responses. Nurses rely on their developed experience to guide them.

Benner (2006) proved her efficiency in various clinical settings; critical care, home health care, and acute medical-surgical care. Nurses who move into a new department where they have no experience, are also treated as novices in that department, regardless of their rich experience in some other department(s) (Benner, Tanner & Chesla, 2009; Johnson & Webber, 2005). Regardless of how many years in a different specialty, the nurses become novices when hired in the CVD units. Theoretical models mentioned in this project provide a framework to develop the novice and newly hired professional nurse formal preceptorship program.

### **Background and Context**

The small 148 bed acute care healthcare institution used for this project provides quality healthcare. It is important to the hospital executives that the professional nursing staff receives substantive support to offset the turnover of nursing staff on the cardiac units. The executives recognize the largest segment of healthcare delivery lies in nursing staff. The hospital serves a small multicultural community, including a Native American



reservation about 35 miles northwest of three nearby military bases (Air Force, Army, and Navy). This QI project is purposed to improve job satisfaction and retention of the novice and newly hired professional nurses through a formal preceptorship in the cardiovascular units.

When hired, the nurse was placed with a preceptor; this is called the buddy system in their perspective cardiology unit. There were additional weeks of planned training due to the rigors of the specialty. Prior to the DNP project, the professional novice and newly hired nurse received approximately 3 weeks of buddy system or informal preceptorship if they had medical-surgical experience, and/or 10 weeks of informal preceptorship if they did not have CVD experience or orientation.

The CVD unit attempted to match novice and newly hired nurses with the same preceptor during the entire orientation. The unit manager's selection process is based on the nurse buddy system skill level (at least 18 to 24 months on the unit) and personality. This DNP-led project consisted of a professional nurse having worked in management over 25 years, and is familiar with hiring professional nurses in another setting and forming focal teams. The nursing shortage affects all healthcare facilities, and turnover is one of the issues that need to be solved. A possible solution proposed in this quality improvement project was to develop a formal preceptorship program, which is supported by the literature. Once implemented, the program would be expected to bring stabilization to the issues of nurse shortages and retention.

### **RN Impacting Patient Satisfaction**

Within this healthcare institution, the direct metrics include systematic analysis and evaluation of the effectiveness preceptor orientation of the unit through HR reports and the nursing unit preceptor program. Each clinical manager reviews the report for key vacancy positions, the number of nurse vacancies, and the turnover rate with the average time of vacancy positions for their unit. These reports contribute to the achievement of organization objectives; providing adequate nursing staff on each unit. The clinical manager is responsible for the nurses' unit performance training, which can lead to progress in retention and decrease attrition. The decreased attrition rate is based on the effectiveness of the preceptorship program. One goal of this DNP project was to retain nurses in orientation long enough to successfully complete the orientation with their preceptor.

Between 1980 and 2004, the percentage of professional nurses younger than 30 years old has dropped from 25% to 8% (Huber, 2010). Moreover, the aging professional nurse makes the nursing problem exacerbated, with the average age of nurses in March 2004 at 46.8, compared to an average age of 45.2 in 2000, and 50 years old in 2010 (Huber, 2010).

### **Summary**

This structured preceptorship program provided remedy to the issue of attrition. The direct metrics reports were utilized to measure retention rates, which reflected improvement in maintaining stable nursing staff to provide quality and safe nursing care.

### Section 3: Methodology

The purpose of this QI project was to develop a preceptorship program curriculum that improved the job knowledge of newly hired novices and professional nurses and increased job satisfaction on the CVD unit. I assumed the role of leadership, guiding, and directing the activities. This project was designed to support the transition and development of new staff entering the unit. Once the trained clinical preceptors completed the program, they played an integral role in ensuring competency, utilizing Benner's novice to expert theory of development and principles of adult learning as credible models to ensure effective communication (Benner, Tanner, & Chesla, 2009). Effectiveness of the DNP project was defined when the professional nurse (a) successfully completed the orientation period, and (b) met all of the competency requirements to function as an advanced beginner and competent nurse, respectively.

Development of the structured preceptorship program can be visualized by use of a Gantt Chart, and was implemented by the healthcare institution after completion of the project. The following is a list of the facets of the preceptorship program development process:

1. Work with an interdisciplinary project team of healthcare institution stakeholders.
2. Guide and monitor project team in reviewing currently relevant evidence and literature.
3. Obtain Internal Review Board approval.
4. Develop the program curriculum.

5. Validate content of the curriculum using scholars with expertise in this area.
6. Develop an implementation plan and evaluation plan.

### **Interdisciplinary Project Team**

A QI project committee was formed to plan, implement, and evaluate the structured, formal preceptorship program on the cardiology unit. The committee member selection process was based on their expertise, nursing knowledge-base, and interest in participating in the development of a formal preceptorship program. This DNP-led QI committee was comprised of several professionals who worked together in formulating the preceptorship program for a cardiology unit. Meetings were slated approximately biweekly throughout the planning stage until pilot implementation and evaluation stages were scheduled. Between meetings, communication ensued via e-mail and conference calls. Committee members included:

1. Facilitator: Team leader and writer of this project.
2. Chief Nurse: CNO for promotion and implementation; oversaw monitoring process of finished product.
3. Chief Medical representative: Delivered patient insight of both inpatients and outpatients; responsible for NP and physicians.
4. Nurse manager: Cardiovascular unit manager and in-charge clinical coordinator providing leadership and organizational policy in the unit where the pilot was to be implemented.

5. Staff Development/Clinical Educator (SDCE): Provided input regarding orientation process for cardiovascular nursing and resources.
6. Fiscal operations manager: Oversaw affords policy, budget, organizational practice, and provided updates at intervals of implementation.
7. Experienced team-leader staff nurse: Shared input with the committee and piloted the preceptorship program.

In development of the formal preceptorship program, orientation guidelines and unit skills rubrics were designed. Technical, clinical, and clinical judgment skills were implemented for nurses orienting to the unit on their way to becoming competent cardiovascular disease unit nurses. This was done to ensure delivery of quality care and patient safety. The preceptorship program occurred during orientation and was designed to be implemented on a weekly basis, with set objectives for the professional novice, newly hired nurse, and the preceptor. The curriculum included all aspects of clinical practice and evolved week-to-week using the preceptorship program structured curricula.

A comprehensive base for the preceptorship program was completed by review and discussion of the available literature. The interdisciplinary committee was provided access to compiled research materials, which were included in the review of the theoretical framework to be used in this QI project. No supplemental material was allowed in the meetings, as this would require supplemental IRB approval. The pilot of the QI project was conducted on the James River section of the cardiology unit.

### **Lead Project Team in a Review of Evidence and Literature**

Discussions related to the current reviewed study summaries were conducted. No supplemental raw data were allowed for review, as this would require supplemental IRB approval. Only summary evidence was allowed in the meetings for discussion. The DNP committee was responsible and resolutely designed to remain effective in its purpose. Committee composition for the new preceptorship program in the CVD unit would represent a typical committee member configuration. There will be those who grasp the plan early and are ready to adopt it and others who are more resistant to change. This structural committee mix can ensure creative tension, which has been shown to add value (Kelly, 2013).

### **Ethical Considerations**

This QI project led by the DNP team leader obtained pertinent documents for approval from Walden University and the sponsoring healthcare institution. When the program was implemented on the cardiovascular unit, the nurse manager observed orientees with their preceptor during the entire preceptorship orientation process. Once the formal preceptorship design was agreed upon, implementation and evaluation transpired on the unit within the healthcare institution.

### **Development Preceptorship Program**

#### **Curriculum Development**

The proposed curricular didactic content intervention is relative to: (a) the role and responsibility of the preceptor, (b) effective communication, and (c) disruptive behaviors. Active engagement was motivated through educational videos, PowerPoint

presentations, facilitator story-telling, and additional resources and references. Interviews with nursing staff were conducted to determine the focus of the preceptorship program. Curriculum models were developed as discussed in the QI committee meetings of past information, and records from current mid-Atlantic state health institutions.

### **Educational Delivery Modalities**

Initial curriculum modules were developed for the cardiovascular unit where the pilot was conducted. The QI committee will consider expansion of the preceptorship program within the health institution once the pilot is evaluated.

### **Content Validation**

The content of the structured preceptorship program was validated by four nationally recognized experts to ensure accreditation criteria were met. In Tampa, Florida Hospitals, in Baltimore, Maryland Hospitals, Michigan, Oakwood Healthcare and in Birmingham, UAB Medicine. Staff Development of Maryland Hospitals in Baltimore, Oakwood Healthcare in Michigan and UAB Medicine in Birmingham.

## **Project Implementation Plan**

### **Pilot Project**

The QI committee proposed an implementation of the pilot project managed by the project committee leader. The Gantt chart was used to implement scheduling of the project to communicate the time for the implementation plan and to monitor the process. Deployment of the pilot preceptorship program was limited to the cardiology unit. The tentative plan for implementation and starting point regarding the pilot at this healthcare institution is as follows:

- Utilization of the Iowa Model determines the inputs, outputs, outcomes and impact.
- A developed budget by the fiscal officer will assess the cost-effectiveness, turnover and contract labor usage, plus funding from IOM or INH (IOM, 2011; NIH, 2010; Trepanier et al., 2012).
- QI committee will outline the implementation plan for the pilot, including selection of professional nurses for the program, and when the program should begin and end.

### **Expanded Implementation**

- The collected data will determine specific inputs, outputs, outcomes, and its impact will be determined by the utilization of the Iowa Model.
- Budgetary items will be developed within the health institution.
- Once the preceptorship program is established, the plan is to expand throughout the health care institution.

### **Develop Evaluation Plan**

The QI project team will develop an evaluation plan for the project based on the early planning phase and literature summaries selected for distribution. The evaluation plan will be a subordinate product of the DNP Project and will be implemented by the stakeholder team after completion of the project. Proposed evaluation criteria established in the literature will be comprised of turnover and retention, job satisfaction, during a timeline of 10 to 12 weeks for orientation and evaluation of the health care institution's direct metrics report. The direct metrics report was used as a valuable tool to evaluate



effects of nursing personnel after successfully completing the orientation on the unit with a nurse who was trained in the preceptorship program. This survey tool was developed to detect and enhance retention and support novice and newly hired professional nurses assessing the following areas: skill competency, support, patient safety, stress, communication, leadership, and professional satisfaction (Fink, Fink, Krugman, & Propst, 2004).

There was currently no control group used for comparison purposes; however, the results will provide valuable feedback to the QI committee and stakeholders. Both, long and short term evaluations will be based on job satisfaction. Professional nurses who are satisfied with their jobs are significantly less likely to leave their current positions (Hill, 2011). Evaluation options will be discussed among the QI committee members.

### **Projected Cost**

The preceptorship program has a cost effectiveness expectation. In considering research comparatives of similar healthcare institutions, the cumulative salaries, educational materials, and incidentals is approximately \$60k annually, compared to a turnover cost of \$67k per nurse (based on results of researched studies). The turnover rate is projected to decrease from 27% to 13% within 6 to 8 months. This healthcare institution is expected to gain in many aspects with this forecasting model (Hill, 2011). There were no costs associated with this project and no budget is required in this project proposal.

## **Outcomes or Findings**

The purpose of this project was to develop a curriculum and plan for an evidence-based preceptorship program that will support professional novice and newly hired nurses. The DNP project team leader proposed this idea to the Quality QI committee; to consider a long-term plan that will involve developing a policy for the unit. Once the unit preceptorship program is deemed successful with improved outcomes think about developing a policy and practice to increase job satisfaction and retention within the healthcare institution's CVD unit. The subject target population will be the novice and newly hired professional nurse. The QI project committee will analyze information regarding the opinions and preferences of nurses currently working on the cardiology unit through guidance by the Iowa Model of EBP to Promote Quality Care (Titler, 2001) and data captured from the health care institution's direct metrics report. The expected results of the preceptorship program will provide improved patient care, patient safety, and better patient outcomes.

## **Summary**

The DNP project addressed how the QI preceptorship program will be developed, how the program will be implemented, and how the evaluation will transpire with cost savings. In using the Benner's Model of Skill Acquisition in Nursing, which outlines a progression from novice to expert (Benner, 1984), is a framework that will allow observation of this progression. The professional novice and newly hired nurses are expected to progress from a competent level onward to the expert level, while experiencing an emergence of increased job satisfaction. In addition, the theoretic

framework provides a flow of clinical and critical thinking acquisitions that build on each level of complexity as the nurse gains experience and clinical judgment.

Unit staff completed surveys to determine the preceptorship course themes influenced by the quest of the DNP project goal of greater job satisfaction and higher retention of the novice and newly hired nurse on the cardiology unit. The QI committee reviewed the data, literature, and current practices to develop evidence-based initiatives to foster job satisfaction. Recommendations finalized by the QI committee were presented to nursing leadership for adoption of the policy and practice changes. The healthcare institution assisted by providing implementation and evaluation plans. As a part of the program design, the evaluation process is a measure of the efficacy of a program and its' relevance (Henderson, 2002). The developed policy recommendations and plans will be implemented if they meet the needs of the staff, while increasing professional nurse job satisfaction and retention.

The methodology for this QI project was important to show the focal problem, the process to resolve, and ultimately the implementation of a pilot that includes the evaluation plan. The findings of the project design factored in a short-term and long-term evaluation plan that the QI committee will conduct.

## Section 4: Findings, Discussion, and Implications

### **Introduction**

The problem addressed in this QI program is dedicated to the largest segment in the healthcare institution, nurses, to help them successfully transition from being hired as a novice or newly hired professional nurse to becoming a confident expert nurse, having each received initial support from the preceptor program. The continual high turnover on the cardiovascular unit caused disruption to patient care and unstable staffing, and the solution pointed toward a preceptorship program to increase retention rates in this small mid-Atlantic coast health care institution. Charleston and Goodwin (2004) conducted a survey with 19 participants using open-ended and closed questions and learned that the preliminary analysis indicated that positive change occurred in the participants related to preceptorship. The preceptorship workshops they held provided strong guidelines (curriculum) that motivated the group of nurses through empowerment and support, assisting them in seeing their role in a valuable area of health care (Charleston & Goodwin, 2004). The goal was to decrease the attrition rate of the novice and newly hired professional nurses that accept their nursing role or position.

Researchers described several issues that contribute to unstable staffing, recruitment, training, and staff turnover, and often provides insight into the business aspect and structure of many health care organizations (Greene & Puetzer, 2002). Job satisfaction in nursing occurs when low gives way to results. Often, nurses work too many high acuity hours, which contributes to turnover (McDonald & Ward-Smith, 2012). One of the most challenged and stressed segments of the healthcare industry is the

nursing group. Alleviating the lack of support for novice and newly hired nurses on the cardiovascular unit will allow them to better deliver safe, quality care and help eliminate poor job satisfaction and low retention rates. Researchers attested to the lack of support for novice and newly hired nurses, who often experience poor transitions into the profession and leave the unit and the organization as a result (Huber, 2010).

The challenge to the preceptorship program at cardiology unit was the regular turnover of staff, resulting in nurse shortages that put patients at risk in regard to safe patient care during those intervals. A healthcare institution is in a risky position operating under such conditions on any unit. Without an educational and nurturing preceptorship, the high stress of a cardiology unit combined with the emotional insecurity of a novice or newly hired nurse can lead to men and women leaving the profession.

New graduates are the largest group of professional nurses entering the ranks in health care institutions (Welding, 2011). A concern among the health care organization leaders is the nurses' readiness for practice. A real problem facing the new nursing graduate is clinical competency and the stamina to handle a multipatient workload once released from staff development in their perspective healthcare institutions. Another concern is the level of care for those within the hospital. The degree of stress in these early stages of a nurse's career could cause the novice or newly hired nurse to feel overwhelmed due to excessive stress. This nursing population could benefit from the emotional and clinical support received through a preceptorship program. When implementing a comprehensive preceptorship curriculum, the preceptor-preceptee relationship is characterized as supportive; it serves as a guide in setting priorities on the

unit, implements positive role modeling, and assists and improves in decision-making and clinical skills, which results in less stress and a smoother transition on the unit (Myrick & Young, 2005).

High turnover on any hospital unit is disruptive; jeopardizing continuity of care and safety for the patients, and further exacerbating a failure to attend to the needs of the professional nurses. Turnover in nursing is a major concern in healthcare today (Johnson & Johnson, 2013). The QI program utilized the Iowa model and Benner's model in the development of a well-trained preceptor for both clinical skills and as an encouraging and supportive preceptor. This section is a description of the products of the DNP project and its implications, and reviews the strengths, weaknesses, and expectations of health care institutions utilizing a preceptorship program.

## **Discussion of the Project Product**

### **Preceptorship Program**

The preceptorship program opened with a brief description of elements of the health institution, providing details of the purpose and program goals and outlining the benefits anticipated during the allotted orientation period. The QI committee (a) developed several policies concerning the studied reference material, and (b) selected material that would best suit the health institution. The staff educator was key regarding the didactic education piece and introduced relevant clinical experiences for this preceptorship program. The core curriculum topics were constructed and approved by the QI committee with oversight of the cardiovascular unit (Appendix A).

As facilitator or team-leader in the development of this comprehensive preceptorship program, the ground work required identifying an experienced interdisciplinary QI committee. Diversified committee personnel maximized program outcomes that were aligned with the current data. Moreover, this developing preceptorship program required resilient committee members who were willing to tackle the development of policies, processes, curriculum, and implementation and evaluation plans. It was also important to review the current literature available concerning effective preceptorship programs in acute health care establishments. After sufficient review of the literature, a consensus guided the program's development, resulting in increased job satisfaction and retention.

The QI committee included the following stakeholders: a chief nurse, a medical representative, a nurse manager, the clinical educator assigned to the cardiology unit, fiscal employees, and a staff nurse representative. The QI committee reeducated itself on retention, job satisfaction, and recruitment after reviewing experiences and policies of other health care institutions with similar issues. Improvements were evident in those healthcare institutions with retention and job satisfaction issues, and these findings were the impetus to tailor the preceptorship program for this health care institution's culture. Each committee member was assigned specific topic(s) to research throughout the literature review. Subsequently, the QI committee met several times so members could present their findings.

Discussions ensued and recommendations and revisions were made as the committee progressed. Each committee member had a copy of the selected literature

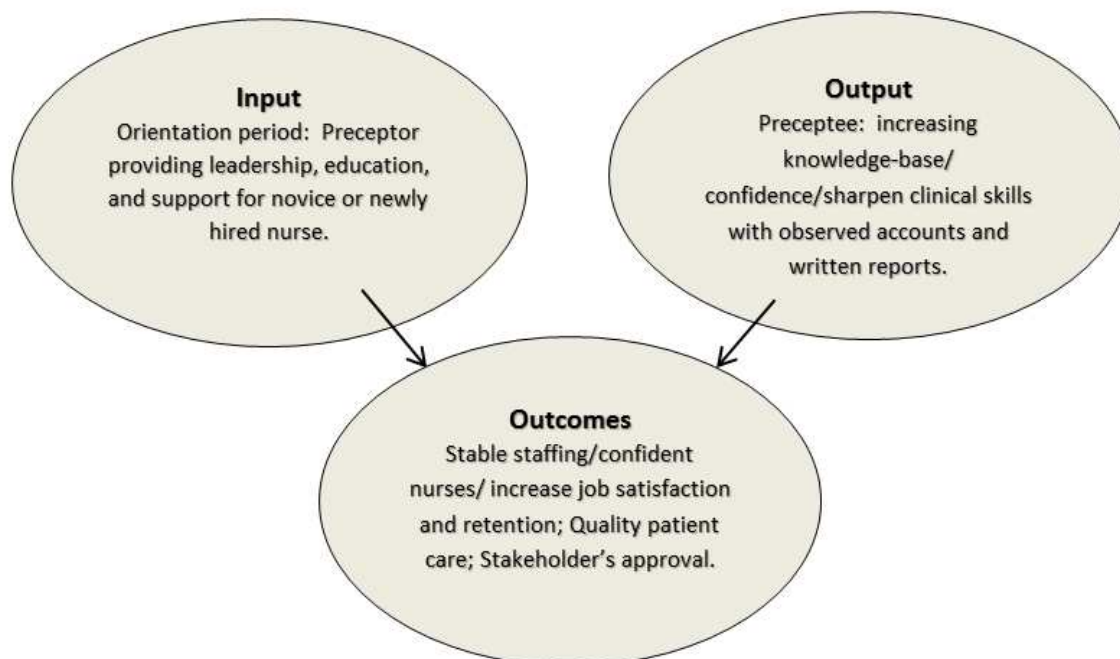
reference material during the meetings. No supplemental reference material was allowed in the meetings. The nurse manager and nurse educator were available (even when off-duty) if questions arose. One prominent challenge was assuring the preceptor-preceptee match would last the duration of the program. Personality clashes among employees was an issue of concern, and this question was posed to the nurse manager and clinical educator.

After much discussion, a policy was developed: should a poor match between the preceptor and preceptee develop, either party should discuss their issue(s) with the program director. If the matter is not resolved, either employee should submit a written request to the nurse manager to be re-assigned. Later, the program director, nurse educator, and nurse manager would discuss the situation and the nurse manager would make the decision of reassignment. This was a particularly helpful discussion, knowing both the preceptor and preceptee have a big stake in the success of the preceptorship program on their unit.

The healthcare institution will hire a preceptorship program director prior to launching. The program director would be responsible for guidance in maintaining the policies and procedures developed by the QI committee and keeping stakeholders abreast of progress. The program director would be in charge of the pilot implementation along with the clinical educator and would oversee the roles of the preceptee and preceptor, in terms of input, output, and outcomes. The roles of the preceptor, preceptee, clinical educator, and nurse manager would be denoted from the launching perspective of the preceptorship program and approved by the chief nurse (Appendix C.). The curriculum



developed by the QI committee is realistically straightforward and captures the progression of the preceptorship program. A checklist was distributed to the novice and newly hired nurses to serve as a tool and a visual progressive document to maintain compliance and staying on track.



*Figure 1.* Preceptorship cause-effect with desired outcome.

## **Implementation Plan**

The development of an implementation plan was a secondary product/policy of the project. The implementation plan was developed by the QI committee to assure the preceptorship program would have clearly delineated guidelines that nurses, the staff educator's team, and all stakeholders would understand. Once the preceptorship program was released, a minor modification was made; the target date for implementation of the pilot was adjusted to accommodate the date the hired program director would come on board. A Gantt chart was used during this process; a good tool for scheduling program tasks and serve as a guide for the active process of the preceptorship program. At this juncture, implementation was controlled by the healthcare institution. Since the preceptor plan is continual, the QI committee concluded creating a stable pool of trained preceptors would be best for the unit. Offering the preceptorship training initially twice a year, as the need presents itself, will increase training openings. All recent trained novice and newly hired nurses are encouraged to join the pool of preceptors. However, each must complete a self-assessment and application (Appendix F.)

The Iowa Model point toward the inputs, outputs, and the overall impact of the preceptorship programs' organized framework. It is the QI committee that outlined the plan for the pilot. It is important to have an adequate number of preceptors and preceptees for a practice pilot.

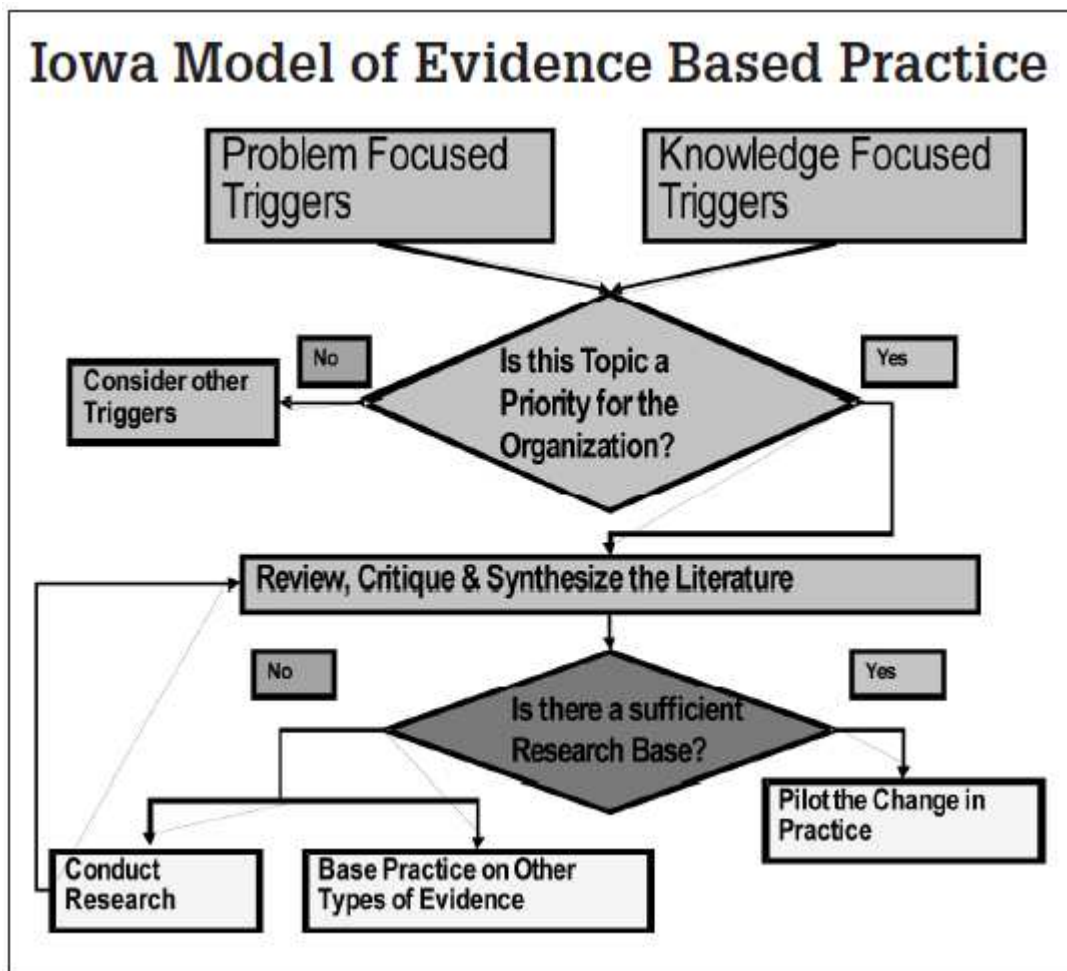


Figure 2. Iowa Model (University of Iowa Health Care, 2015).

Those novice and newly hired professional nurses who participated in the curriculum designed during orientation followed guidelines, active skills through simulation prescriptive plans, written materials, and a checklist to maintain compliance in the program (Walsh, Seldomridge, & Badros, (2008). The trained preceptors were the support on the unit throughout the orientation period, while the novice and newly hired professional nurses complete the didactic portion and simulation. Preceptors during the orientation period were expected to be role models and consultants, while serving as an

educational resource and consultant at the completion of the preceptor-preceptee relationship, as they grew from novice to expert (Benner, 1984). The program director, nurse educator, and other stakeholders modified the program based on what was observed during the pilot. The preceptor seized learning opportunities for their preceptee while watching out for patient events on the unit to assist with the transition to professional practice; re-emphasizing the clinical skill with rationale, and fostering socialization.

Some required skills for a well-trained preceptor are effective communication, good clinical skills, and sound teaching behaviors. In the preceptorship program, an area about the adult learner segment, it is important to be cognizant of the three areas with which people learn. Some preferred learning behaviors are auditory, visual, and tactical. The nurse educator, program director, and particularly the preceptors are well-versed in the various learning behaviors, as each provided operative support to the new hires.

Expanded implementation focused on determinants of inputs, outputs, and outcomes once the program is in full operation. The budgetary impact of this project for this healthcare institution was zero, as no additional costs were incurred to implement this project. The QI committee anticipates expanding the preceptorship program to other healthcare units.

### **Evaluation Plan**

The evaluation is an additional secondary product of this project. The preceptorship program evaluation provides the opportunity to observe, monitor, and actually measure the progress and impact of the program on the unit staffing. The individual preceptorship checklist and a survey were used as measurement instruments

(Fink, Fink, Krugman, & Propst, 2004) and were distributed to the novice and newly hired nurses to reveal skill competency, patient safety, communication between staff and patient, and leadership skills (during the orientation period and afterwards). The preceptors were in communication with the nurse educator and nurse manager weekly, and submitted written reports on progress. The preceptor's evaluations on their assigned preceptee will prove valuable in the evaluation review. The monthly direct metrics report that the nurse manager received was reviewed and discussed with the program director and nurse educator and sent to stakeholders. This report, both long term and short term evaluations, presented valuable feedback to all concerned. The nurse manager focused on the retention column on the direct metrics report to reveal improvement in that area (Appendix E)

Records on each preceptor-preceptee relationship were maintained by the program director and hold valuable information. When the pilot was launched, the data collected surrounding events allowed adjustments in the preceptorship. The QI committee suggested once the program is fully implemented, the program director will review the number of novice and newly hired professional nurses who successfully completed the orientation program to obtain a certificate and the measure of length employment on the cardiology unit as the review in Year 1, 3, and 5 (Appendix E)

## **Implications**

### **Policy**

As the team leader, I served as the principal person guiding the project and working with a multidisciplinary QI committee that focused on the cardiology unit

keeping the stakeholders abreast to the development of preceptorship program, as this was important to the stakeholders. The QI committee used current nursing unit orientation procedures and day-to-day practices as a foundation to develop constructive solutions and improve processes. Problems experienced during orientation for the novice and newly hired professional nurse in the workplace were the impetus to developing the preceptorship program. The capstone project was the culmination of the DNP program that propelled me to get involved in QI and understand or translate the process in its development in clinical practice to bring about change in the present day orientation practice.

The preceptorship program implementation and change in processes demonstrated that a constructive preceptorship of nurses is an effective strategy in decreasing attrition in the novice and newly hired professional nurse. It will improve job satisfaction and increase retention. Likewise, when the preceptor visualizes their role as an opportunity to positively impact the novice and newly hired nurse's careers, to boost confidence, foster a sense of belonging, and help them navigate in unit culture, the preceptor can claim their positive effect on the preceptees success (Henderson, 2002).

Nurses face several challenges in this specialized setting where the preceptor are intended to play a supportive role when assigned to the novice or newly hired nurse entering the unit. There may be a need to resolve a clinical problem or some conflict on the nursing staff. Nevertheless, the preceptor is so positioned to meet the supportive needs of their preceptee. During the implementation of the program some issues may arise and it is at that time the program director will analyze the evidence with the nurse

educator and nurse manager. At this juncture, revisiting the literature and focusing on interventions comprehensively may address the transition issues of the newly hired but investigate possible barriers to retention issues.

### **Practice**

As healthcare becomes more high tech, complex, and specialized, it puts more pressure on institutions of higher learning to provide the readiness the graduating nurses will need before they enter the rapidly changing health care environment. When shortages are experienced on specialty units, the public is put in harm's way. The unit strategy is to keep the nurse staffing on an adequate level to provide safe, quality nursing care. The preceptorship program will meet the practice expectations in a high stress environment with support and training, to increase retention and improve job satisfaction.

### **Research**

The literature review for this project supported the need for a preceptorship program. The two research products used in this study were the Iowa Model (Titler, 2001), which provided the organizational strength, and Benner's Model, which allows the preceptor and stakeholder to understand the professional nursing growth process from novice to expert nurse (Benner's 1994). Outcome data are needed to document evidence supporting the value of the preceptorship program in the health care institutions. There is a desperate need to change the current trend of attrition among the novice and newly hired professional nurses, and stabilize both rural and metropolitan healthcare institutions to provide safe quality nursing care.

**Iowa Model.** The Iowa model presented a developmental framework that brought structure to the DNP project by modeling certain steps (Figure 2). The QI committee agreed to its relevance and recognized the benefits. The Iowa Model was developed by Titler (2001), where she infused research into practice to improve quality of care. For this preceptorship case, I applied the Iowa Model principles to bring about change in the professional nurse orientation with use of trained preceptors, with the expectation to increase retention on the unit, stabilizing nursing staff to provide safe quality care.

Within the Iowa model there were specific guidelines that I recognized and discussed that were adopted by the QI committee. Implementation of the Iowa Model involved the following: (a) formalize a multidisciplinary team, namely, a QI committee; (b) identify a problem to solve to identify what needs to be measured (e.g., increase retention and job satisfaction); (c) review the present evidence (the healthcare institution direct metrics report); (d) compare the current practices with the research literature review to determine if there is sufficient evidence to warrant change; and then (e) engage in clinical decisions in developing policies and procedural proposals. The expected outcomes are clear: decrease attrition and increase retention and job satisfaction. The pilot will be governed by the hired program director, nurse educator, and nurse manager on the cardiology unit where three determinants were considered: (a) Are processes and procedures working?, (b) What are the outcomes?, and (c) Share the findings with the shareholders. Improvement outcome results will be determined based on the direct metrics report.



**Benner's Model.** The theoretical framework for this project was used to present contextual understanding of the growth pattern of a professional nurse. I looked at decreasing attrition of the novice and newly hired nurse through preceptorship in a specialty unit, namely, cardiology. Though the comprehensive program was used, the importance of understanding the know-how of clinical experience takes time to learn. Benner (2006) suggested this growth starts with the novice stage and continues until the expert stage of their professional career. Implementing this preceptorship program will produce evidence of the professional nurse at each evaluative interval.

### **Social Change**

The development of a comprehensive preceptorship program represents a positive social change on the cardiology unit in this mid-Atlantic healthcare institution because it modifies the old method of orienting novice and newly hired professional nurses. The old method employed a buddy system, where a seasoned nurse on the unit would be paired with the new hire who had no formal training. During the early meetings of the QI committee for this preceptorship implementation, the need for support from upper management was recognized and key management personnel were asked to participate on the QI committee. This approach modeled the change development process in the Iowa model (Titler, 2001), which is popular in nursing (where decreasing attrition with job satisfaction is desired). The Iowa model provided a map of understanding as the committee worked through data and processes. To move the organization from Point A to Point B, the leader recognizes a problem, performs a needs assessment, and forms an

interdisciplinary committee which develops a plan that has the tools to improve the problem with readiness for implementation to present to stakeholders.

There was little resistance to developing a program; the question was whether the preceptorship program was going to be significant enough to indicate a notable decrease in nurse turnover and increase retention of professional nurses on the unit. With full support of the nurse manager and chief nurse, the QI committee forged ahead with confidence.

In regards to Benner's theory (2006), social change is significant in recognizing the professional growth of a nurse from novice to expert. Accepting the professional nurse on a novice or new hire level and providing strong support will change the environment of confusion to one that supports a properly and comprehensively trained nurse during orientation on a specialty unit. The nurse will likely flourish as he/she advances in their career to expert nurse, because of the sound preceptorship program support.

### **Strengths Limitations of the Project**

#### **Strengths**

There are several strengths found in this project. The review of the literature identified in this project underlined the direction of this tailored comprehensive program. The current nursing shortage is the result of a reduced number of nurses entering the profession and those nurses leaving the profession through attrition. The literature assisted in identifying similar topics and various methods to solve this issue. The comprehensive preceptorship program with curriculum development was based on

establishing other active programs. The implementation plan was designed with all the components for a successful program, with a pilot implementation before full implementation (where the health care institution will monitor, evaluate, assess, and make any necessary adjustments, then proceed). Another strength of the preceptorship program is that it utilizes direct metrics reports. The use of the two models, Iowa Model (2001) and Benner's Model (2006), providing direction in the program design is also a strength.

### **Limitations**

Limitations of the project exist in the limited amount of time the preceptorship program has been implemented. The preceptorship program and the curriculum were implemented and will be evaluated after the project has been completed. The findings of this project focus on the needs of the novice and newly hired professional nurse working on the cardiology unit within this health care institution. The findings cannot be universal to the novice or newly hired professional nurse working anywhere else other than this setting.

### **Recommendations**

This large scale, QI project was a great undertaking, with the potential to progress from one unit to embracing an entire health care institution. To decrease the effects of attrition on novice and newly hired professional nurses at this institution, the QI committee had the buy-in power of the stakeholders. Albeit, many times people outwardly resisted change, consequently, making it difficult to introduce or development this new program.

The preceptorship program and curriculum were developed under the direction of the QI committee, and included plans for implementation and evaluation.

Recommendations for the future are to expand beyond the pilot and branch out to additional specialized units to implement the preceptorship program. It is expected that as data becomes available, more opportunities for evaluation will develop.

### **Analysis of Self**

The pursuit of a doctoral education resulted in both personal and professional growth. After 29 years of nursing practice, there have been many technological and attitudinal changes in nursing. The current environment of staff turnover would make it very difficult to provide safe, caring quality nursing care, which results in many nurses quitting their jobs and even changing careers. I developed a deeper sense of advocacy, not only regarding patients, but also the professional nurse who needed someone to promote a healthy working environment, and support for the novice and newly hired when they came on board, because the buddy system was not providing substantive orientation. The acuity level and number of patients was not what they were expecting from nursing school, or when they transferred from another unit to the cardiology unit.

As supervisor for many years, I learned it is possible to be caught between two worlds, the staff and the hospital administration, and both demand satisfaction. The DNP courses provided an opportunity to view challenges and/or problems through another viewpoint. The courses also sharpened my leadership skills and expanded facilitator skills through leading the QI committee. The DNP credential will afford a higher level of regard as a faculty member with a terminal degree, as well as afford the opportunity to

present this material as a consultant. I am appreciative to this program and its effect on my future.

### **Summary**

The purpose of the project was to develop a preceptorship program on the cardiology unit that would promote retention and job satisfaction thus decreasing turnover rate in this mid-Atlantic healthcare institution. Preceptorship programs are an effective strategy for reducing turnover by increasing retention and improving job satisfaction. The emphasis involved the development, implementation, observing, and evaluation of the preceptorship program intended to reduce the turnover rate in the healthcare setting on the cardiology unit.

A powerful part of this project was the review of the literature. The literature provided evidence and theoretical models that guided the development of the comprehensive program and curriculum. As this DNP-led QI committee progressed, there were several possible solutions before the committee to decide, but the decision was developing a preceptorship program. The plan to have trained preceptors was very important. The prescriptive plan of success was to have trained preceptors engaged with novice and newly hired professional nurses in a supportive arrangement that included an educational and clinical component. Section 5 introduces the scholarly project to the preceptorship program hospital wide.

## Section 5: Scholarly Product

### **Introduction**

Professional nurses play an important role in the delivery of safe quality care. The problem addressed in this QI program is dedicated to a large segment in the healthcare institution, that is, bedside nurses. Healthcare institutions must arrange for adequate nursing on every unit to gain public approval and to satisfy the nursing workforce. Hospitals must realize that in order to maintain an adequate number of bedside nurses, there must be a concrete, professional, transition-to-practice nursing preceptor program that will successfully reduce turnover of novice or newly hired professional nurses, enabling them to become confident, expert nurses.

Continual high turnover on the cardiovascular unit had caused unstable staffing and disruption to patient care; the solution pointed toward the preceptorship program to increase retention rates in this small mid-Atlantic coast healthcare institution. Charleston and Goodwin (2004) conducted a survey with 19 participants using open-ended and closed questions, and learned that the preliminary analysis indicated positive change in the participants in relation to the preceptorship. The preceptorship workshops provided strong guidelines (curriculum) and motivated the group of nurses through empowerment and support, assisting the nurses to see their role in a valuable place in health care (Charleston & Goodwin, 2004). The attrition rate of the novice and newly hired professional nurses who accept their nursing role or position was decreased. Researchers supported several issues that contribute to unstable staffing in healthcare institutions: recruitment, training, staff turnover, and the business aspect and structure of the

organizations (Greene & Puetzer, 2002). Job satisfaction in nursing occurs when low morale gives way to results. Often, nurses work too many high acuity hours, which contributes to turnover (McDonald & Ward-Smith, 2012).

One of the most challenged and stressed segments of the healthcare industry is the nursing group. Alleviating the lack of support for novice and newly hired nurses on the cardiovascular unit would allow improved delivery of safe, quality care, and help to eliminate poor job satisfaction and low retention rates. There is a lack of support of novice and newly hired nurses who experienced poor transitions into the profession, and would ultimately leave the unit and the organization (Huber, 2010). The challenge for the preceptorship program cardiology unit was continual turnover causing nurse shortages and putting patients at risk in regard to safe patient care during those intervals. A healthcare institution is in a vulnerable position operating under those conditions on any unit. Without an educational and nurturing preceptorship, the high stress of a cardiology unit combined with the emotional insecurity of a novice or newly hired nurse can lead to men and women leaving the profession.

New graduates are the largest group of professional nurses entering the ranks of healthcare institutions (Welding, 2011). A concern among the health care organization leaders is the nurses' readiness for practice. A real problem facing the new nursing graduate is clinical competency and the stamina to handle a multipatient load once released from staff development in their perspective healthcare institutions. Another concern is the level of care for those within the hospital. The degree of stress in these

early stages of a nurse's career could cause the novice or newly hired nurse to feel overwhelmed due to excessive stress.

This nursing population could benefit from the emotional and clinical support received through a preceptorship program. When implementing a comprehensive preceptorship curriculum, the preceptor-preceptee relationship is characterized as supportive; it serves as a guide in setting priorities on the unit, implements positive role modeling, and assists and improves in decision-making and clinical skills, which results in less stress and a smoother transition on the unit (Myrick & Yonge, 2005).

High turnover on any hospital unit is disruptive, jeopardizing continuity of care and safety for the patients while failing to attend to the needs of the professional nurses. Turnover in nursing is a major concern in healthcare today (Johnson & Johnson, 2013). The QI program utilized the Iowa model and Benner's model in the development of well-trained preceptors in both clinical skills and their role as encouraging and supportive preceptors. It is important to explain the significance of the products of this QI project to include its implications and to review its strengths, weaknesses, and the expectations of healthcare institutions utilizing such a program.

The novice and newly hired professional nurses entering a cardiology unit may experience some difficulty in the transition-to-practice aspect of nursing. Cardiology is a specialty unit and healthcare institutions require adequate bedside professional nurses to provide safe quality nursing care. The lack of safe, quality nursing care is associated with a cadre of health risks that include serious acquired hospital infections and even mortality (Carayon & Gurses, 2005; IOM, 2011). The formal comprehensive preceptorship



program on the cardiology unit had the potential of becoming a model for other units within this healthcare facility and reducing nurse turnover, stabilizing the workforce, increasing job satisfaction, and ensuring patient safety and quality care delivery there as well. Preceptorship nursing programs are vital components of the transition experience of novice and newly hired professional nurses entering clinical practice. A primary nurse preceptor assigned to novice and newly hired professional nurses has an altruistic responsibility to the greater good of the profession.

The inability to retain qualified nurses and new graduates contributes to nursing staff shortages resulting in a diminished quality of patient care and safety. There are numerous hospitals that have fallen short in efforts to retain nursing employees or other members of the workforce. It is often poor job satisfaction that leads to job turnover (Kleinman, 2004). Problems associated with an inadequate nursing workforce that require attention are improving issues of recruitment, retention, and job satisfaction.

### **Purpose**

The purpose of this QI project was to develop a curriculum and plans to implement and evaluate an evidence-based preceptorship program to support professional novice and newly hired nurses to increase job satisfaction and increase retention. The small health institution utilized in this project is located on the mid-Atlantic coast. Since staffing indicators were linked to the outcomes of patient care, it was important to support nurses through structured, trained preceptors during the orientation period. With this sound foothold into an established aspect of demonstrated guidance regarding patient

care, the new nurse will, with time and experience, accomplish a level of competency (Benner et al., 2009).

### **Goals**

Two goals of this QI project were increased retention and increased job satisfaction among newly hired novices and professional nurses through a comprehensive preceptorship program. The expectation of this QI preceptorship program was to assist the preceptor with training that proved the effectiveness of the designed structured preceptorship program in this healthcare institution.

### **Measurable Outcomes**

Overall, outcomes of the program were based on measurable nursing indicators. These recognized “nursing sensitive indicators are [a] structure of nursing care, nursing processes and nursing-relevant patient outcomes” (Montalvo & Dunton, 2007, p. 4). The structure of nursing care is based on education, skill level, and certifications. Process indicators are ways to measure nursing care through assessment, intervention, and reassessment; whereas, nursing-relevant patient outcomes are based on nurse driven indicators, as direct care givers. The preceptorship program expected outcomes were increased job satisfaction and retention, with evidence of increased quality of care and patient safety. The quality improvement effort has been as much about the retention and job satisfaction of the newly hired novices nurses, as improving the care of the CHF patients on the cardiology unit. Once the program is approved (after several fine-tunings), rolling out the pilot should give the institution beneficial results of best practices for supporting nurses. Subsequent to the preceptorship pilot, the program director, nurse

educator, and nurse manager will analyze the HR direct metrics reports 3 months, 6 months, and annually for changes in any aspect of turnover.

### **Approach/Models**

The quality improvement approach to this project included an interdisciplinary committee to develop a comprehensive preceptorship program, curriculum, implementation plan, and evaluation plan to support the specialty cardiology unit during orientation of the novice and newly hired professional nurses. The Iowa model and Benner's model gave the framework to which the preceptorship program was designed.

Attrition results is a reflection of many so healthcare institutions in their inability to provide desired staffing. The continual high turnover on the cardiovascular unit caused disruption to safe, quality patient care, and the solution pointed toward a preceptorship program to increase retention rates in this small mid-Atlantic coast healthcare institution. After conducting a survey with 19 participants using open-ended and closed questions, Charleston and Goodwin (2004) learned that the preliminary analysis indicated positive change in the participants related to preceptorship. This resulted in a decrease the attrition rate of the novice and newly hired professional nurses. Researchers supported several issues that contribute to unstable staffing; recruitment, training, staff turnover, and oftentimes business aspects of each individual health care organization (Greene & Puetzer, 2002). It is the less desirable working environment (short-handed, long hours, high patient acuity, and lack of support) that the novice and newly hired nurses experience that aggravate the shortage issues surrounding turnover (McDonald & Ward-Smith, 2012). Researchers also found it important to provide support for novice and

newly hired nurses, allowing better delivery of safe, quality care, and to help reduce or eliminate poor job satisfaction and increase retention; therefore, creating stable nursing staff coverage for each shift.

The cardiology unit experienced in past times increased turnovers, which resulted in a nurse shortage, and created an environment that placed patients at risk for receiving safe quality nursing patient care. The healthcare institution is at a risky position operating under those conditions on any unit. Huber (2010) maintained that a lack of support of novice and newly hired nurses experienced poor transitions in to the profession and would leave the unit and the organization. The highly stressful cardiology unit, with added emotional insecurity of the novice and newly hired professional nurse without a nurturing comprehensive preceptorship program, could result in many nurses leaving the unit for various reasons that Huber stated. The cardiology nurse manager, a member of the QI committee, emphasized the need for an effective solution and the QI committee concurred and worked diligently to achieve this goal.

New graduates are the largest group of professional nurses entering the ranks in our healthcare institutions and who answer the call of recruitment (Welding, 2011). Healthcare units should seriously consider these nurses to offset staffing shortages. A concern among the health care organization leaders is the nurses' readiness for practice. A real problem facing the new nursing graduate is clinical competency, and the stamina to handle a multi-patient load once released from staff development in their perspective health care institutions.

The other concern is the level of care for those within the hospital. The degree of stress in these early stages of their nursing practice can drive the novice or newly hired nurse to feel overwhelmed by the complexity of expectations from the healthcare unit. This possibility can cause the novice nurse to be unduly stressed, and possibly leave without emotional and clinical support. This is where a preceptorship program provides the needed support on both fronts. A comprehensive preceptorship program, where the preceptor-ceptee relationship is characterized as supportive, ensures the preceptor is a guide on the unit and a positive role model and a guide to good decision-making and clinical skills, who also completed the preceptorship curriculum making a smoother transition (Myrick & Yonge, 2005).

Staff turnover on any unit is disruptive, jeopardizing continuity of care and safety for the patients and not attending to the needs of the professional nurses' needs. Turnover in nursing is a concern in health care today (Johnson & Johnson, 2013). The QI program utilized the Iowa model and Benner's model in the development of a well-trained preceptor in both clinical skills and their role as an encouraging supportive preceptor. The focus of Benner's model is the novice professional career and their growth into an expert nurse with time and support of the healthcare institution.

### **Implications for Practice**

Preparation to provide safe quality nursing care initially starts long before the novice or newly hired professional nurses enter the cardiology unit. However, this small mid-Atlantic coast health care institution took the responsibility to back the QI committee, who in turn developed a comprehensive program, to support the novice and

newly hired professional nurse entering the cardiology unit. By allowing these nurses to complete the preceptorship program gave both, the unit and their practice added success.

### **Implementation Plan**

The QI committee developed an implementation plan of the project, a secondary product of the program, managed by the project committee leader. The primary product was developing a preceptorship program to increase retention (by reducing turnover) and job satisfaction, which was developed within the QI committee's specifications. The plan was fully implemented with stakeholders receiving a report from the program director. Deployment of the preceptorship program was limited to the cardiology unit. The tentative plan for implementation and starting point regarding the pilot at this healthcare institution is as follows: employ the Iowa model process that the QI committee is familiar with and plot and report the determinants, inputs, outputs, outcomes, and impact.

### **Evaluation Plan**

An additional secondary product of this project is the evaluation plan found in Appendix F. The evaluation plan was easily followed and was established according to the set target dates. The preceptorship program evaluation provides the opportunity to observe, monitor, and track the progress and impact of the program on the unit staffing. The human resources monthly metrics report data were analyzed by the program director and nurse manager using Excel, along with the results of the job satisfaction survey as measurement instruments (Fink et al., 2004). The survey was distributed to the novice and newly hired nurses who completed the preceptorship program during orientation. The preceptors were in communication with the nurse educator and nurse manager weekly,

and submitted written reports on progress. The preceptor's individual evaluations of their assigned preceptee will prove valuable in the evaluation review.

The nurse manager will be able to delegate evaluative processes by utilizing this document to assign and supervise evaluative progresses annually. This report (both short term and long term evaluations) presented will give valuable feedback to all concerned. The nurse manager focused on the retention column on the direct metrics report to reveal improvement in that area. The evaluation plan includes assigned task with completion on an annual basis.

### **Insights**

The collaboration of key members of the QI committee was supportive, namely, the chief nurse, nurse manager, nurse educator and team leader, and I served as the principals guiding the project and working with a multidisciplinary QI committee that focused on the cardiology unit and keeping the stakeholders abreast to the development of the preceptorship program. The QI committee used current nursing unit orientation procedures and day-to-day practices as a foundation to develop constructive solutions and improve processes. Problems experienced during orientation for the novice and newly hired professional nurse in the workplace were the impetus to developing the preceptorship program. The challenges surrounding the project was the adjustment to actual change in the way things were done to a fresh approach to the nursing shortage and the it required energy to propelled this writer to really get involved in QI and understand or translate the process in its development in clinical practice to bring about change in the health care institution present day orientation practice.

The preceptorship program implementation and change in processes demonstrated that a constructive preceptorship of nurses is an effective strategy in decreasing attrition in the novice and newly hired professional nurse. It will improve job satisfaction and increase retention. Likewise, when the preceptor visualizes their role as an opportunity to positively impact the novice and newly hired nurse's careers, to boost confidence, foster a sense of belonging, and help them navigate in unit culture, the preceptor can claim their positive effect on the preceptees success (Henderson, 2002).

Nurses face several challenges in this specialized setting where preceptors are intended to play a supportive role when assigned to the novice or newly hired nurse entering the unit. The QI committee anticipated a possible challenge of the need in resolving a clinical problem or some conflict on the nursing staff. The preceptor was so positioned to meet the supportive needs of their preceptee, and thus a procedure was developed. The preceptor-preceptee mentorship created an open and respectful atmosphere on the unit that gave freedom to express any concerns in a respectful manner, and issues were resolved quickly.

### **Research**

I used evidence-based research literature in developing a preceptorship program strategy in decreasing attrition among the novice and newly hired professional nurses at this mid-Atlantic health care institution. The focus of this project was to improve retention and job satisfaction. The development of interventions that improved the workplace environment included was to interject nurses with high acuity and provide



adequate staffing, which the literature supports, professional nurses providing safe quality care to all the patients on the unit.

Generally, the committee meetings were respectful, focused, and goal-minded, with minor challenges in resistance to changing the orientation by adding the preceptorship program and assigning the novice or newly hired professional nurse with a preceptor. The project curriculum was developed, the preceptors were selected and trained, and lastly, the pilot was implemented. With the success of this project on the cardiology unit, the committee is eager to expand to other units hospital-wide.

### **Social Change**

This mid-Atlantic health care institution is seeking long term implications for this strategy to impact not only the hospital cardiology unit, but to successfully to improve recruitment, increase retention, and improve job satisfaction overall. The research demonstrates effective increased retention and job satisfaction with a preceptorship program.

This preceptorship program is not able to demonstrate outcomes at this time; however, the established developed program will be implemented by the healthcare institution with evaluative outcomes at the chosen time to implement. Along with that, evaluative tools are discussed and available. Integrating evidence-based literature is vital to guiding the program to a successful outcome. The expected outcomes are improved retention and recruitment, and job satisfaction. This should provide an useful guidance to establish evidence-based policy(ies) for this healthcare institution with increased

retention, increased job satisfaction, and recruitment as a by-product of social change and improved economic

### **Strengths**

There are several strengths found in this project. The review of the literature identified in this project underlined the direction of how this program was tailored. The QI committee developed several processes, and were successful in implementing them. The comprehensive preceptorship program with curriculum development was based on establishing future active programs. The implementation plan was designed with all the components for a successful program, with implementation where the healthcare institution will monitor, evaluate, assess, and make any necessary adjustments. Another strength was development of the summative analysis utilizes in determining the health care institution's success as planned. The outcomes is the evaluative result. Another important strength is the use of the Iowa model (2001) and Benner's model (2006), providing direction in the program developing design.

### **Limitation**

The findings of this project focus on the needs of the novice and newly hired professional nurse working on the cardiology unit within this health care institution. The findings cannot be universal to the novice or newly hired professional nurse working anywhere else other than this setting.

### **Nursing Attrition is Still Problematic**

This problematic phenomenon of nurse attrition is effecting healthcare institutions, where there is a scarce number of nurses in clinical practice. I elected to

present a solution, through a comprehensive preceptorship program, in an effort to improve nurse retention and improve job satisfaction on the cardiology unit. The healthcare institution must improve their health care-side of the operation by supplying an adequate number of nurses to deliver safe, quality nursing care to the community.

The nursing field has been negatively impacted by attrition that results from decreased job satisfaction, decreased retention, and high acuity patients with low staffing patterns. This results in the inability to deliver safe, quality nursing, and from a nursing perspective, can lead to nurses leaving clinical practice in the health care institutions or the leave the nursing profession completely (MacKusick, 2010). Issues concerning nursing practices that are associated with the current nursing shortage including job dissatisfaction (Aiken, Clarke, Sloane, Sochalski, & Siber, 2002; Ulrich et al., 2005), an aging workforce coupled with increased demands among the health care team (Auerbach, Buerhaus, & Staiger, 2007) and the problematic relationships among members of the health care team (Aiken et al., 2002), all contribute to the increased nursing attrition.

Cowen and Hengstberger-Sims (2006), who studied nursing self-concept and retention, addressed the increasing medical technology demands and increased acuity with the nursing shortage. Aiken et al. (2002) conducted a descriptive correlational study of new RNs (novice and newly hired), and “found up to have had considered leaving within the first year, by third year, almost one-third had left nursing or decreased work hours to part-time” (p. 67). This type of study, captures an important time frame and supports how crucial the timing of preceptorship program is to the success of increased

retention and job satisfaction. The QI committee recognized the earlier the preceptorship started for the novice and newly hired professional nurse, the better.

The preceptorship program was developed and resulted in two principal products. The first product was development of the preceptorship program found in Appendix A. The program opened with a brief description of the elements within the mid-Atlantic health institution, providing details of the purpose, program goals, how it will benefit stakeholders, and the allotted time during the orientation period. The QI committee developed several policies from the studied reference material, and selection of the material that would best suit the health institution. The staff educator was key regarding the didactic education piece and relevant clinical experiences for this preceptorship program. Core curriculum topics were also constricted and approved by the QI committee related to the cardiovascular unit.

As facilitator or team-leader in the development of this comprehensive preceptorship program, the ground work required identifying an experience interdisciplinary QI committee. Diversified personnel was important to maximize program outcomes that were aligned with the current data. Moreover, this developing program and its success required resilient committee members to tackle the development of policies, processes, curriculum, and an implementation/evaluation plan. It was important to review the current literature available concerning effective preceptorship programs in acute health care establishments. After sufficient review of the literature, a consensus guided the development of an intentionally successful program, resulting in increased job satisfaction and increase retention.

The QI committee of stakeholders worked intensely to develop the preceptorship program, to include the chief nurse, medical representative, nurse manager, clinical educator assigned to cardiology unit, and fiscal and staff nurse representative. The QI committee was re-educated on retention, job satisfaction, and recruitment after reviewing experiences and policies of other health care institutions with similar issues. Noticeable improvements in healthcare institutions with retention and job satisfaction issues were the impetus to tailor the preceptorship program for this mid-Atlantic healthcare institution. The project progressed as QI committee members were assigned tasks, and many meetings were held to discuss member reports. Each QI committee member had a copy of the selected literature reference material during the meetings. No supplemental reference material was allowed in the meetings. The nurse manager and nurse educator were available after work hours, if a questions arose. One challenge was to assure the preceptor-preceptee match would last the duration of the program. If an issue arose, the question was proposed to the nurse manager, clinical educator, and team leader. The matter was discussed, and a policy was developed. Should a mix-match of the preceptor and preceptee develop, either party should discuss their concern(s) with the program director. If not resolved, a procedure was developed to submit a written request to be reassigned to the nurse manager. The program director, nurse educator, and nurse manager will subsequently discuss the situation, and the nurse manager will make the decision of reassignment. This was a particularly helpful discussion for the QI committee, knowing they have a big stake in the success of the preceptorship program on their unit.

Preceptorship can help a nurse to realize their value to patients, value to self, and value to the healthcare institution. Preceptors provide a stable, peer support resource that facilitates the transition-to-practice for the novice and newly hired professional nurse, as well as promotes personal and professional development (McDermid, Peters, Jackson, & Daly, 2012; Murrelis & Griffiths, 2008). There was a history on the unit; those who oriented through the buddy-system applied for a role as preceptor, having been a preceptee in the old buddy-system. Others who were not selected initially, asked to apply to become future preceptors, forming a culture of preceptors and a positive work environment (Zucker et al., 2006). Preceptor-preceptee relationships promote job commitment (Pickens & Fargotstein, 2006) and job satisfaction (Murrelis & Griffiths, 2008); both of which are mechanisms for improving staff retention.

Based on the literature, monitoring, and discussion with the entire QI team, the purpose of this project was to establish a comprehensive preceptorship program that later could be adapted to improve the nursing staff retention and reduce turnover for other units for their novice and newly hired professional nurses. This project established the base for developing a preceptorship program, as well as, which includes details of the actual effect of the program on nursing staff recruitment, retention, turnover, and job satisfaction.

The project's overall goals are to increase retention and job satisfaction within the cardiology unit of a mid-Atlantic health care institution. The outcome measurement will be utilized as the existing human resources direct metric reports are recorded and compared to the length of employment of nurses before and after implementation of the

mentoring program. One primary measurable outcome is nursing staff recruitment and retention, and a secondary outcome will be job satisfaction. Human resources direct metrics reports of recruitment and retention will be sent to the nurse manager for review and analyzed with the program director. After implementation, the preceptorship program will be analyzed every 3 months regarding recruitment, retention, and job satisfaction. A survey, regarding nursing staff job satisfaction, will be administered through a questionnaire to preceptorship program participants.

This was a large scale, QI project that has the potential to progress from one unit to embracing an entire healthcare institution. Many times, people outwardly resist change, making it hard to proceed with a project to solve a problem. Fortunately, the QI committee had the buy-in power of the stakeholders to decrease the effects attrition of novice and newly hired professional nurses at this institution.

The literature from this project provided evidence and theoretical models that guided the development of the comprehensive program and curriculum. The Iowa model and Benner's model (with some modifications) were selected by the QI committee to use as a framework to establish the preceptorship program. Each section of the program was carefully planned and developed by the committee. The preceptorship program unfolded as the months went by as members of the committee were given specific assignments, and expected to return for scheduled meeting(s) with information for discussion to eventually make a final decision. It was the responsibility of the committee to develop, analyze, test, and know the routine and culture of the cardiology unit to determine what would produce the best outcomes. There were several ideas and solutions before the

committee, whose motivation decision-making session went well when they had the facts, which was vital. The QI committee agreed to develop a plan where there must be trained preceptors. This was very important, as trained preceptors produce better results (Kalisch, 2010). The prescriptive plan of success was to have trained preceptors engaged with novice and newly hired professional nurses in a supportive arrangement that included an educational and clinical component.

The mid-Atlantic health care institution plans to hire a program director for the preceptorship program prior to launching. The program director will be responsible for providing guidance to maintain the policies and procedures developed by the QI committee, and for keeping the stakeholders abreast of all progress. The program director was in charge of the pilot implementation, along with the clinical educator, and as such, understood the roles of the preceptee and preceptor in terms of input, output, and outcomes. The roles of preceptor, preceptee, clinical educator, and nurse manager are denoted from the launching perspective of the preceptorship program and approved by the chief nurse. The developed curriculum is realistically straightforward and captures the progression of the preceptorship program.

### **Summary**

This QI project was an informative, exciting, and important study that is needed in the segment of the healthcare community that employs professional novice and newly hired nurses in their workforce. Preceptorship with trained preceptors who are assigned to newly hired nurses are an asset to the unit. The value stretches beyond the nursing careers that it impacts. Development of the curriculum, implementation, and evaluation plans



brought all the necessary components to bring about good outcomes. The stakeholders will be pleased as the comprehensive program is utilized with plans to expand.

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## Appendix A: Preceptorship Program

<b>Overview</b>	
<p>The Preceptorship Program is designed to provide a constructive program that gives the opportunity for success, as the novice and newly hired professional nurse transitions to the cardiology unit. The setting is a small mid-Atlantic health care institution. The cardiology unit has an invested interest in establishing a stable nursing team by providing trained preceptors to provide support and resources during the orientation period. Each novice and newly hired professional nurse will receive focused attention and training. The primary goal is to improve job satisfaction, retention, recruitment and reduce turnover.</p>	
<p style="text-align: center;"><b>Standing Goal</b></p> <p>The primary purpose of this quality improvement program is to increase retention and increase job satisfaction by developing a structured preceptorship orientation that includes a curriculum and policies to implement and evaluate.</p>	<p style="text-align: center;"><b>Outcomes</b></p> <p>The measurable outcome of the structured orientation Preceptorship Program is a stable nursing staff with increased retention and job satisfaction as revealed per survey.</p> <p>A study by Green and Puertzer (2002), reported preceptorship programs create supportive environment for the novice and newly hired professional nurse where nurses want to come to work generating feelings of job satisfaction.</p>
<p style="text-align: center;"><b>Project Objectives</b></p> <p>Trained preceptors in the Preceptorship Program can foster supportive relationships between novice and newly hired that promote:</p> <ul style="list-style-type: none"> <li>• Increased retention</li> <li>• Improve job satisfaction</li> </ul>	<p style="text-align: center;"><b>Support Outcome Reports</b></p> <p>The outcomes generated after the novice and newly hired professional nurses complete the Preceptorship Program, the evaluation plan will be activated to capture vital information regarding retention rate and job satisfaction at specified intervals. Wholey, Hatry, &amp; Newcomer (2004) describe data collection, statistics, analysis, and methods of planning and managing evaluation projects a must in relating the findings.</p>

## Appendix B: Preceptorship Program Policy

**Preceptorship Program Policy**

1. The preceptorship program is a quality improvement initiative driven by a multidisciplinary team to identify areas of need, strategies; timeline related development of support for the novice or newly hired professional nurse entering a unit.
2. Preceptors shall be chosen after completing a self-assessment tool and an application of interest is submitted. The nurse manager and program director shall review the entries. The final decisions are made by the nurse manager and program director. Selectees shall receive a response letter within three-to-five days.
3. Preceptors shall attend training in their new role.
4. Each nurse, (known as preceptee) shall attend the general orientation of the health care institution, then be assigned a preceptor, who shall remain with preceptee until completion of their unit orientation training.
5. Preceptors and preceptees are assigned by the nurse manager and program director.
6. Preceptors and preceptees shall complete the Preceptorship Program that includes educational concepts, clinical training including the preceptee checklist. The nurse educator shall keep track of educational sessions, including simulation participation. Compliance in attendance in all learning sessions is mandatory to obtain successful completion of the program.
7. Preceptors shall be given reduced workload. The preceptor and preceptee shall share same patient workload assignment on the same shift.
8. Should an unavoidable personality conflict occur, a re-assignment of the preceptors and/or preceptees will occur after a required explanation is submitted in writing to the program director. The re-assignment shall be handled expediently by the nurse manager and program director to avoid attendance issue.
9. The preceptees successful completion of the program will be based on completion of the curriculum, approved by nurse educator, and check-off list. Preceptee shall be presented a certificate to be placed in their portfolio.
10. Preceptee will complete a survey as directed by nurse educator and submitted to program director.
11. The preceptee will continue receiving guidance, as needed by the preceptor during the last seven days after completing the program.
12. Program director, nurse educator and nurse manager shall review the results of the nursing survey questionnaires, assessing if the goals were met at the

close of three and six months period of each novice and newly hired nurse that participated during orientation.

13. Evaluative results shall be reviewed and compared to direct metrics reports from human resources department during timeline intervals. At the close of three months after implementation, continue evaluating process for next 6 months, 12 months and annually; producing a three-year and six-year report. Evaluation report shall be shared with QI committee stakeholders. Future report intervals will be decided by program director, nurse manager and nurse educator and discussed with stakeholders.
14. Discussion of any adjustments in the program will be received and discussed at length at a scheduled meeting. At that time, review the stakeholders concern, comments, suggestions and other observations and gained insights headed by the program director and nurse manager.

## Appendix C: Implementation Plan Policy

Task	Focus Management by objective	Responsible Staff
<b>Program Planning</b>		
<ul style="list-style-type: none"> <li>Committee is formed utilizing the Quality Improvement roles: Cardiology nurse educator, nurse manager, senior staff nurse representative and designated program coordinator. Using adult learning principles. Checklist development and Certificate</li> </ul>	Planning	Program nurse director Nurse Educator
<ol style="list-style-type: none"> <li>Coordinate plan with simulation</li> <li>Develop power point presentation with discussion notes to promote uniformity in each preceptor training</li> <li>Curriculum development to include development meeting skill sets specific cardiology unit: Electrocardiograms: order and interpretation/Cardiopulmonary arrest: assess and managing a patient/Circulatory assess: assess and obtain assess/Resuscitation: principals/ and Cardiac dysrhythmias: assess/Chest Pain: assess</li> <li>Develop case-studies with group activities</li> <li>Simulation training schedules</li> <li>Clinical Focus: High-low risk chest pain/Congestive Heart Failure (CHF) and Pneumonia/Pulmonary Emboli management/ Anticoagulation management</li> <li>Develop reference guide sheets</li> </ol>	Training	Program nurse director Nurse Educator
<ul style="list-style-type: none"> <li>The novice and newly hired professional nurse must be aware of federal/state laws that regulate their scope of practice.</li> </ul>	Professional Role	Program nurse director Nurse manager

<ul style="list-style-type: none"> <li>• Ethical concerns reviewed-cardiac emergency and maintenance</li> <li>• Develop case-studies that address end-of life, palliative care and communicating unhappy news/violence, regarding, abuse, violence or neglect/multi-culturalism, belief system</li> <li>• Reference material: TBD</li> </ul>		
<b>Pilot Preceptorship Training</b>		
<ul style="list-style-type: none"> <li>• Registration process and accept volunteer professional nurses for preceptorship program training.</li> <li>• Construct a 12-month schedule to include speakers, guest speakers, simulation spots, human resources, videos, cardiology medical staff representative.</li> </ul>	Training Schedule	Program Director Human Resources rep Nurse Educator Nurse Manager
<b>Expanded implementation Plan</b>		
<ol style="list-style-type: none"> <li>1. Offer the preceptor training every quarter. (Jan-Apr-Jul-Oct)</li> <li>2. Extend successful program to other units.</li> <li>3. Collected evaluative data, analyze direct metrics and report to stakeholders</li> <li>4. Prepare outcomes and experiences in seminars, conferences and nursing publications.</li> <li>5. Submit quarterly and annual reports to Nurse Manager</li> </ol>	TBA Schedule future event  Reports	Program Director Nurse Educator

## Appendix D: Preceptorship Program Curriculum

The curriculum preceptorship program purpose is developing a transition-to-practice support for the novice and newly hired professional nurse. Selected topics are presented to maximize training, augment nursing principles and skills, and prepare for success on the unit, in order to, improve retention and obtain job satisfaction.

<b>Facilitator</b>	<b>Objectives</b>	<b>Task</b>	<b>Outcomes</b>
Program Director	Build a supportive environment among novice and newly hired nursing staff selected by nurse manager.	Didactic presentation designed to meet nursing transition-to-practice, pre and post test on cardiology skill sets, case-studies, videos, complete checklist, monitor program progression	Selected preceptee demonstrates understanding of general institution orientation principles and unit; observed nursing accountability, ethics, competency and attitude.
Nurse Manager	Discuss the outline of the Preceptorship Program and expectations.	Theory and Nursing Skills I. Adult learning and styles a. Communication b. Role of preceptor c. Role of preceptee d. Role of management	Short term measures: Nurse manager, nurse educator, and program director gain insight from observation and discussion as preceptees progress through the program in accountability, competence, behavior and nursing practice.
Nurse Educator	Promote integration of nursing theory through a comprehensive curriculum with unit skill sets in nursing practice.	II. Clinical-Simulation a. Decision Making b. Evidence-based Practice c. Time Management	
Chief Nursing Officer		III. Quality improvement in Practice/Ethics	



<b>Facilitator</b>	<b>Objectives</b>	<b>Task</b>	<b>Outcomes</b>
Trained Preceptor(s)	Support preceptee throughout orientation.	IV. Nurse Role: Quality and safe patient care. Provide uninterrupted support during curriculum sessions, skill checklist completion and patient assignment.	Long term measures: Able to demonstrate understanding of educational material , regarding practice and skills, as evident per observation, completed checklist, pre-post test results and survey and evaluation measures (See Appendix F.

## Appendix E: Preceptorship Program Roles and Responsibilities

Preceptees/P'tors	Program Director	Educator	Nurse Manager
<ul style="list-style-type: none"> <li>• Introductions of self, as novice/some experience or newly hired with some experience.</li> <li>• Preceptor: Review clinical unit Objectives</li> <li>• Preceptee actively intergrates theory into cardiology nursing and encouraged in setting performance goals.</li> <li>• Preceptee maintains Checklist and handouts.</li> </ul>	<ul style="list-style-type: none"> <li>• Welcome statement</li> <li>• Preceptor-preceptee Role</li> <li>• Review unit objectives each session.</li> <li>• Review cardiology routine with Preceptee.</li> <li>• Key personnel introduced.</li> <li>• Team-building</li> <li>• Review Skill checklist</li> <li>• Prepares nurse for clinical educator sessions.</li> <li>• Presents facilitator per schedule of core topics in curriculum.</li> <li>• Assist in analyzing data with nurse manager.</li> </ul>	<ul style="list-style-type: none"> <li>• Welcome statement</li> <li>• Preceptor-preceptee assignments and role.</li> <li>• Review cardiology clinical routine with preceptee.</li> <li>• Importance and use of checklist completion and certificate.</li> <li>• Simulation schedule/practice times.</li> <li>• Utilizes media and hands-on training.</li> </ul>	<ul style="list-style-type: none"> <li>• Welcome statement</li> <li>• Discuss administrative role and the mission of the health care institution.</li> <li>• Expectations</li> <li>• Observe and monitor new nurses progress measured by:</li> <li>• Long term change:               <ul style="list-style-type: none"> <li>a. Environment</li> <li>b. Increase job satisfaction</li> <li>c. Decrease turnover</li> <li>d. Increase retention</li> <li>e. Measured by survey and observation at first, third and fifth year interims.</li> </ul> </li> <li>• Analyze data of progress               <ul style="list-style-type: none"> <li>a. compare measures before and after implementation</li> <li>b. analyzing for statistical significance</li> </ul> </li> <li>• Consider date of hire and longevity, in terms of, months of employment and length of service.</li> <li>• Before and after implementation of preceptorship program at third and fifth year interims (See Appendix F - Evaluation of program).</li> <li>• Review direct metrics               <ul style="list-style-type: none"> <li>a. retention</li> <li>b. turnover</li> </ul> </li> <li>• Report to stakeholders.</li> </ul>

## Appendix F: Evaluation Plan

Evaluation measurements are essential in identifying the statistical significance and relevance in replication of the project. The Preceptorship Program goal is to increase nursing retention and job satisfaction outcomes. A twenty (20) percent increase in retention rate and job satisfaction will measure novice and newly hired professional nurse's satisfaction with the health care institution Preceptorship Programs' professional support during the transition period and confirm a successful program. The data comparison is directed for first, third and fifth year and future designated collection point.

The program director has the responsibility of tracking the retention rates utilizing a excel data base and comparison of the collection data. The responses collected of the Casey-Fink Survey will also be tracked and compared to a previous year with expectation increase of confidence and skill level of the novice and newly hired professional nurse. The nurse manager will receive both excel reports and evaluate the Casey-Fink Survey prepared by the nurse educator. All data is collection is confidential and unidentifiable.

<b>Task</b>	<b>Parties involved</b>	<b>Responsible Party</b>	<b>Product Outcome</b>
1. Identify evaluation criteria	<ul style="list-style-type: none"> <li>• QI committee</li> <li>• Program Director</li> <li>• Nurse Manager</li> <li>• Nurse Educator</li> </ul>	Program Director	1. Nurse Retention Data 2. Casey-Fink Survey 3. Nursing Standards of Practice <ul style="list-style-type: none"> <li>• One year</li> <li>• Third year</li> <li>• Fifth year</li> </ul>
2. Develop excel tracking tool	<ul style="list-style-type: none"> <li>• Program Director</li> <li>• Nurse Manager</li> <li>• Nurse Educator</li> </ul>	Program Director	Excel data tracking form
3. Develop Timeline	<ul style="list-style-type: none"> <li>• Program Director</li> <li>• Nurse Manager</li> <li>• Nurse Educator</li> </ul>	Program Director	Gantt Chart
4. Preceptorship Program Implemented	<ul style="list-style-type: none"> <li>• Program Director</li> <li>• Nurse Manager</li> <li>• Nurse Educator</li> </ul>	Program Director	Program Cohort completion <ul style="list-style-type: none"> <li>• Data collection excel tool</li> <li>• Collect hard copies forms of survey data</li> <li>• Outcome results discussion among of parties involved</li> <li>• Submit official report to stakeholders</li> </ul>

## Appendix G: Preceptorship Professional Completion Data

<b>Quality Outcomes</b>	<b>Outcome Data</b>	<b>Comments</b>
Clinical skill outcomes	First preceptee group data results, then intervals with each group, on-going	Preceptee Self-assessment results prior to Preceptorship Program(see Appendix J). Preceptor report to nurse manager and program director.
Leadership program satisfactory	Year interval group data results, on-going.	Baseline retention is measured as nurses enter program.
Casey-Fink Survey review	See compiled results of (see Appendix K).	Job satisfaction measured using results of questionnaire.
Preceptor satisfactory acceptance-program	See Appendix H.	
Retention rate data	See Appendix F.	Retention excel report based on twenty percent improvement and sent to nurse manager.  Calculated by the monthly data as the number of nurses left on the unit divided by the total number of nursing staff.

## Appendix H: Preceptor Recruitment Application Form

Preceptor Name:	Unit:	Date:
General Information		
Age:	Sex: Female: / Male:	
Highest Education degree:		
List of certifications:		
Nurse position:	How many years:	
Years in nursing:	Years on cardiology:	
Any Preceptorship experience:	How many months: or years:	
Any previous preceptorship training on a cardiology unit with nursing staff		
What is your motivation to apply for a preceptorship nurses? Explain.		
If selected, what behaviors do you expect from the <b>preceptee</b> (novice or newly hired nurse)		
What characteristics do you think a <b>preceptor</b> should process?		
Of those characteristics, which ones do you possess?		
What do you expect out of this program, designed to increase retention on the unit?		
Preceptorship Training is intense. How many hours can you handle?		

Appendix I: Preceptorship Program Course Sign-in Sheet

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

## Appendix J: Nursing Program Competency

**Professionalism: Nursing Standards of Practice**

The novice professional nurse will engage in a self-assessment regarding their nursing training experience. This information will assist in the transition-to-practice orientation process.

	Competency Item	Self-Assess -- Check-mark	Preceptor	Observation	Complete	Review
	Demonstrate knowledge, understanding and application of Preceptorship Program Standards of Practice for application of the nursing process:					
1	Assessment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Participates in nursing diagnosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Expected Outcomes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Planning		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Implementation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Evaluation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Demonstrate knowledge, understanding and application of Standards of Practice for professional performance:					
7	Quality of practice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Evaluation of practice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Supervision/management		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Leadership		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Patient Education		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Ethics		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Collaboration		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Appendix K: Casey-Fink Graduate Nurse Experience Survey

Casey-Fink Graduate Nurse Experience Survey (revised)  
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**I. List the top three skills/procedures you are *uncomfortable performing* independently at this time?**

- II. 1. \_\_\_\_\_
- 2.
- 3.
4. \_\_\_\_\_ I am independent in all skills

**III. Please answer each of the following questions by placing a mark inside the circles:**

	<b>STRONGLY DISAGREE</b>	<b>DISAGREE</b>	<b>AGREE</b>	<b>STRONGLY AGREE</b>
1. I feel confident communicating with physicians.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am comfortable knowing what to do for a dying patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel comfortable delegating tasks to the Nursing Assistant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I feel at ease asking for help from other RNs on the unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am having difficulty prioritizing patient care needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<b>STRONGLY DISAGREE</b>	<b>DISAGREE</b>	<b>AGREE</b>	<b>STRONGLY AGREE</b>
6. I feel my preceptor provides encouragement and feedback about my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I feel staff is available to me during new situations and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I feel overwhelmed by my patient care responsibilities and workload.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I feel supported by the nurses on my unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I have opportunities to practice skills and procedures more than once.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I feel comfortable communicating with patients and their families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>				
12. I am able to complete my patient care assignment on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I feel the expectations of me in this job are realistic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I feel prepared to complete my job responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I feel comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<b>STRONGLY DISAGREE</b>	<b>DISAGREE</b>	<b>AGREE</b>	<b>STRONGLY AGREE</b>
making suggestions for changes to the nursing plan of care.				
16. I am having difficulty organizing patient care needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I feel I may harm a patient due to my lack of knowledge and experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. There are positive role models for me to observe on my unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. My preceptor is helping me to develop confidence in my practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I am supported by my family/friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I am satisfied with my chosen nursing specialty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I feel my work is exciting and challenging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I feel my manager provides encouragement and feedback about my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I am experiencing stress in my personal life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<b>STRONGLY DISAGREE</b>	<b>DISAGREE</b>	<b>AGREE</b>	<b>STRONGLY AGREE</b>
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25. If you chose agree or strongly agree, to #24, please indicate what is causing your stress. (You may circle more than once choice.)

- a. Finances
- b. Child care
- c. Student loans
- d. Living situation
- e. Personal relationships
- f. Job performance
- g. Other \_\_\_\_\_

**IV. How *satisfied* are you with the following aspects of your job:**

	<b>Very Dissatisfied</b>	<b>Moderately Dissatisfied</b>	<b>Neither Satisfied nor Dissatisfied</b>	<b>Moderately Satisfied</b>	<b>Very Satisfied</b>
Salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benefits package	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours that you work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekends off per month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your amount of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for career advancement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of encouragement and feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity for choosing shifts worked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**V. Transition (please circle any or all that apply)****1. What difficulties, if any, are you currently experiencing with the transition from the "student" (transfer-new hire) role to the "RN" role?**

- a. role expectations (e.g. autonomy, more responsibility, being a preceptor or in charge)
- b. lack of confidence (e.g. MD/PT communication skills, delegation, knowledge deficit, critical thinking)
- c. workload (e.g. organizing, prioritizing, feeling overwhelmed, ratios, patient acuity)
- d. fears (e.g. patient safety)
- e. orientation issues (e.g. unit familiarization, learning technology, relationship with multiple preceptors, information overload)

**2. What could be done to help you feel more supported or integrated into the unit?**

- a. improved orientation (e.g. preceptor support and consistency, orientation extension, unit specific skills practice)
- b. increased support (e.g. manager, RN, and educator feedback and support, mentorship)
- c. unit socialization (e.g. being introduced to staff and MDs, opportunities for staff socialization)
- d. improved work environment (e.g. gradual ratio changes, more assistance from unlicensed personnel, involvement in schedule and committee work)

**3. What aspects of your work environment are most satisfying?**

- a. peer support (e.g. belonging, team approach, helpful and friendly staff)
- b. patients and families (e.g. making a difference, positive feedback, patient satisfaction, patient interaction)
- c. ongoing learning (e.g. preceptors, unit role models, mentorship)
- d. professional nursing role (e.g. challenge, benefits, fast pace, critical thinking, empowerment)
- e. positive work environment (e.g. good ratios, available resources, great facility, up-to-date technology)

**4. What aspects of your work environment are least satisfying?**

- a. nursing work environment (e.g. unrealistic ratios, tough schedule, futility of care)
- b. system (e.g. outdated facilities and equipment, small workspace, charting, paperwork)
- c. interpersonal relationships (e.g. gossip, lack of recognition, lack of teamwork, politics)
- d. orientation (inconsistent preceptors, lack of feedback)

**5. Please share any comments or concerns you have about your residency program:**

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**VI. Demographics: Circle the response that represents the most accurate description of your individual professional profile.**

**1. Age:** \_\_\_\_\_ years

**2. Gender:**

- a. Female
- b. Male

**3. Ethnicity:**

- a. Caucasian (white)
- b. Black
- c. Hispanic
- d. Asian
- e. Other
- f. I do not wish to include this information

**4. Area of specialty:**

- a. Adult Medical/Surgical
- b. Adult Critical Care

- c. OB/Post-Partum
- d. NICU
- e. Pediatrics
- f. Emergency Department
- g. Oncology
- h. Transplant
- i. Rehabilitation
- j. OR/PACU
- k. Psychiatry
- l. Ambulatory Clinic
- m. Other:

**5. School of Nursing Attended (name, city, state located):**

**6. Date of Graduation:**

**7. Degree Received:** AD: \_\_\_\_\_ Diploma: \_\_\_\_\_ BSN: \_\_\_\_\_ ND:  
\_\_\_\_\_

**8. Other Non-Nursing Degree (if applicable):**

**9. Date of Hire (as a Graduate Nurse):**

**10. What previous health care work experience have you had:**

- a. Volunteer
- b. Nursing Assistant
- c. Medical Assistant
- d. Unit Secretary
- e. EMT
- f. Student Externship
- g. Other (*please specify*): \_\_\_\_\_

**11. Have you functioned as a charge nurse?**

- a. Yes
- b. No

**12. Have you functioned as a preceptor?**

- a. Yes
- b. No

**13. What is your scheduled work pattern?**

- a. Straight days
- b. Straight evenings
- c. Straight nights
- d. Rotating days/evenings
- e. Rotating days/nights
- f. Other (*please specify*): \_\_\_\_\_

**14. How long was your unit orientation?**

- a. Still ongoing
- b.  $\leq 8$  weeks
- c. 9 – 12 weeks
- d. 13 – 16 weeks
- e. 17 - 23 weeks
- f.  $\geq 24$  weeks

**15. How many primary preceptors have you had during your orientation?**

\_\_\_\_\_ number of preceptors

**16. Today's date:****Drop down list of skills:**

Assessment skills



Bladder catheter insertion/irrigation  
Blood draw/venipuncture  
Blood product administration/transfusion  
Central line care (dressing change, blood draws, discontinuing)  
Charting/documentation  
Chest tube care (placement, pleurovac)  
Code/Emergency Response  
Death/Dying/End-of-Life Care  
Nasogastric tube management  
ECG/EKG/Telemetry care  
Intravenous (IV) medication administration/pumps/PCAs  
Intravenous (IV) starts  
Medication administration  
MD communication  
Patient/family communication and teaching  
Prioritization/time management  
Tracheostomy care  
Vent care/management  
Wound care/dressing change/wound vac  
Unit specific skills \_\_\_\_\_