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Educating Nurses About Nurse Residency Program

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This is to certify that the doctoral study by

Tammy Franklin

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
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Abstract

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MSN, Walden University, 2012

BSN, Oklahoma City University, 2010

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

May 2019

Abstract

The problem addressed in this project was the challenges related to retention of new graduate nurses. This includes Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and Bachelor of Science Nurses (BSNs) on two medical/surgical units in an acute care facility. The purpose was to work with a project team to develop an education module and accompanying resources to present to new medical/surgical BSNs, RNs, and LPNs through a 3-month nurse residency program. The framework guiding the project was Duchscher's transition shock which guides the stages of doing, being, and knowing for new graduate nurses as they move from classroom to the bedside. The project question was: Will an educative process specifically designed to implement a 3-month nurse residency program for new graduate RNs, and LPNs in the two medical/surgical units increase retention rates when compared to data 1 year pre-intervention? The educational modules included 6 2-hour concept based sessions delivered biweekly over a 3-month period by the medical/surgical specialty coordinators. Results showed positive and statistically significant results of a 17% turnover rate of new graduate medical/surgical nurses compared to a 33% turnover rate specific to the medical-surgical new graduate nurses 1 year pre-intervention. The project contributed to positive social change by providing education that increased retention, job satisfaction, and provided professional socialization.

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Dedication

This project is dedicated to my friends Alan, Wayne, Merrill, and Jay who as a child taught me to dream and maintain a positive work ethic. As an adult these great men became my friends and even more importantly remembered my name. This gave meaning to the life of the little girl inside me who grew up in a family of migrant farmers and dreamed of standing in the room with you. Though the Doctor of Nursing Practice (DNP) degree will open many opportunities for my future, I will never forget how your kindness and encouragement in my life helped me endure this journey. I pray I will be able to pass that same kindness to others along the way to help them achieve their goals. To the four of you and the incredible women you married I am ETERNALLY GRATEFUL!

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The efforts of my chair, Dr. Melanie Braswell will always be remembered as a constant calmness and guidance in the midst of chaos. Your ability to ask guiding questions caused me to reach inside myself to find skills I never knew I had. I would like to thank my committee member Dr. Robert McWhirt for your prompt reviews that expedited my project through the collegiate process and helped me to achieve my goal of completing my DNP at the end of required classes. I would like to also acknowledge my University Research Reviewer, Dr. Jonas Nguh for helping me achieve my goal of completion.

The greatest acknowledgement of all goes to my friends and colleagues Debbie Pender, Kim Lynch, and Darcy Duncan. These great nurses served in the role of friends, mentors, cheerleaders, and preceptor. From these individuals, I have learned to feel empowered, resilient, speak the truth in love, and how to never give up despite the barriers that present themselves. I can't wait to see where the skills you taught me take my career. Thank you!

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Section 1: Introduction

Introduction

Evidence shows that 90% of new graduate Registered Nurses (RNs), Licensed

Practical Nurses (LPNs), and Bachelor of Science Nurses (BSNs) are not fully prepared

to enter the workforce at the initial point of licensure (Van Camp & Chappy, 2017, p.

128). Additionally, the overwhelming stress and reality shock of caring for a patient to

nurse ratio of 6:1 and becoming competent in skills leads to first year nurse turnover of

up to 65% (Pittman & Herrera, 2013, p. 597). Ackerson and Stiles (2017) forecasted

more than one million experienced nurses will retire by 2027. Retention of new nurses is

a nationwide problem. The first year turnover for new graduate nurses is 17%

nationwide, while second year graduates either leave the acute care setting or the nursing

profession entirely at a rate of 33% (Ackerson & Stiles, 2018, p. 282).

The costs associated with these issues affect quality of care outcomes, overtime

payment to existing staff, hiring agency or contract nurses, closing beds,

training/orientation of new staff, and burnout/turnover of existing experienced staff.

There is a cost of $30,000 to $80,000 each time a medical/surgical nurse leaves the

bedside (Ackerson & Stiles, 2018, p. 282). The Joint Commission (TCJ, 2015) revealed

adequate numbers of nurses at the bedside improved fall rates by 2.8%, reduced pressure

injuries by 11.4%, decreased mortality by 4%, and decreased readmission rates by 10%.

Each time a nurse took one additional patient, the hospital acquired infection (HAI) rate

increased by 1/1000 patients, and for every 21% decrease in staffing below minimum

staffing levels, medication errors increased by 18%. HAIs and medication errors are three times more likely when nurses worked more than 40 hours per week (TJC, 2015).

Social change happens when nurses commit to lifelong learning through educational opportunities with team members and produce quality care outcomes. Providing new graduates with information that helps with transition from classroom to the bedside creates a healthy work environment. Education also increased confidence and job satisfaction, leading to retention. Retention is the key element in moving the care continuum from novice to expert (Van Camp & Chappy, 2017, p. 130).

Problem Statement

The site facility faced substantial challenges related to retention of new graduate nurses (both RNs and LPNs). The current fiscal year data (July 1, 2017 to June 30, 2018) showed the licensed nurse's turnover rate to be 24.06% and in the last 3 fiscal years combined, Lawson and the excellence score card showed the facility had lost approximately one third of its licensed staff each year. Evidence reveals that 35% to 65% of new graduate nurses change jobs in their first year of practice because nursing school did not provide adequate instruction to successfully transition from classroom to bedside (Pittman et al., 2013, p. 597). Furthermore, the economic impact of replacing these nurses is $60,000 to $90,000 per nurse, depending on the specialty of nursing involved and the study used for research (Friday, Zoller, Hollerbach, Jones, & Knofczynski, 2015, p. 151).

In addition, the decrease in the number of nurses at the bedside increased the medical/surgical patient to nurse ratio to 6:1, creating a gap in patient outcome indicators which had placed the facility in a position to lose significant reimbursement during

performance period 2017 secondary to low patient experience scores in the domain of overall quality of care. Further, evidence showed retention (in medical/surgical units) to be lower in rural versus urban areas due to limited resources and numbers of transition programs being offered (Bigbee & Mixon, 2013, p. 6-7). Based on this information, the facility agreed to implement a nurse residency program for the new graduate medical/surgical nurses. These nurses were hired upon graduation from one local LPN technical school, one associate degree RN junior college program, and one bachelor degree RN program from the university 40 miles away.

Purpose

The purpose of this project was to work collaboratively with a project team, consisting of the Chief Nursing Officer, Director of Human Resources, and two medical/surgical unit educators to develop an education module and accompanying resources to present to new medical/surgical BSNs, RNs, LPNs through a 3-month nurse residency program. The concept-based curriculum delivered bimonthly focused on topics to help the graduate's transition from classroom to the bedside, thereby increasing retention. The classes focused on new graduate nurses learning skills such as handling difficult conversations and confrontations, appropriate use of communication through social media within scope of practice, development of behaviors that lead to healthy communication, elements of resiliency that help navigate difficult collaborations, touch points of the care continuum which enhances healthy communication with patients and families, and the role of the nurse in ethical communication. The practice-focused question was; Will an educative process specifically designed to implement a 3-month

nurse residency program for new graduate BSNs, RNs, and LPNs in the two medical/surgical units increase retention rates when compared to the retention rate of medical/surgical graduates one year pre-intervention?

This project allowed for a standardized curriculum with clear expectations. This, in turn, gave a solid foundation and addressed the gap in practice that helped the newly licensed nurses to work and become integrated into the professional nurse practice role and the professional community. In addition, the project provided skills needed to communicate with team members in nursing care delivery as well as constructive conflict resolution and collaborate with physicians, thereby increasing nurse retention on medical/surgical units.

Nature of the Doctoral Project

A formative evaluation was put in place by this Doctor of Nursing Practice (DNP) student, the Chief Nursing Officer (CNO), and the two medical/surgical nurse educators to ensure the education model and its accompanying resources met the purpose of the project. In addition, a post evaluation of each focused topic gave the educators feedback for future sessions. The specific data collected for this project came from facility records provided by Human Resources (HR). The data included turnover rates for medical/surgical nurses 1 year pre-intervention and retention rates for medical/surgical new graduate nurses at the conclusion of the 3-month nurse residency program. This data fulfilled the purpose of identifying whether an educative process specifically designed to implement a nurse residency program for new graduate BSNs, RNs, and LPNs in the medical/surgical units increased retention.

Significance

The scope of this project was limited to two medical/surgical 32-bed units implementing an educative process for 15 new graduate BSNs, RNs, and LPNs. The stakeholders included this DNP student, the CNO, Director of HR, and two medical/surgical unit educators. The project was impacted by monitoring for continual improvement of a transformational cultural change that provided for an environment of adaptation and accountability to deliver care at the bedside (Kramer & Halfer, 2012, p. 156).

The American Nurse Credentialing Center (ANCC, 2001) developed essentials of magnetism standards showing practice settings that educate and foster nursing staff have nurses that perceive a sense of health and well-being, quality patient outcomes, and a supportive work environment that encourages clinical competence thereby increasing nurse retention (Kramer et al., 2012, p. 149). Showing decreased turnover of the new graduate nurses gives an opportunity for including new graduate nurses hired into other departments, which could potentially create a culture of increased retention facility-wide and foster a healthy work environment. This, in turn, could decrease the cyclical, sustained nursing shortage faced by the organization, thereby increasing quality indicator outcomes, and overall quality of patient satisfaction scores as measured by the outside source of Professional Research Consultants (Kramer et al., 2012, p. 149).

Many organizations, especially in rural areas, hire LPNs into medical/surgical units with agreements to obtain RN education within a 2 to 3-year time frame. The social change in this project was to include LPN new graduate nurses and integrate them into the profession at a level not previously seen. Educating nurses regarding skills that help transition from the classroom to the bedside is crucial for every nurse to maintain the high quality care to which acute care settings are held accountable in today's healthcare environment. Improving retention of medical/surgical nurses is crucial to this organization's success.

Summary

The provision of an educative process which enhanced skills that helped new graduate nurses transition from classroom to the bedside through a 3-month nurse residency program allowed new graduate BSNs, RNs, and LPNs to become fully integrated into professional nursing practice. Additionally, this curriculum created a culture of retention and fostered a healthy work environment which decreased the sustained nursing shortage in the organization.

In Section 2, the practice problem and purpose of the project is restated. The theoretical framework for the project and a discussion of the rationale for all theories and concepts is included. A summary of the evidence which justifies the practice-focused question is provided as well as a discussion of the role of the DNP student in the project.

Section 2: Background and Context

Introduction

The problem addressed in this project was the lack of retention of medical/surgical nurses. The reality shock and overwhelming stress experienced by medical/surgical nurse graduates leads to turnover or abandonment of the profession. The practice-focused question was: Will an educative process specifically designed to implement a 3-month nurse residency program for new graduate BSNs, RNs, and LPNs in two medical/surgical units increase retention rates when compared to the retention rate of medical/surgical graduates 1 year pre-intervention?

The purpose of this project was to work collaboratively with a project team consisting of the CNO, Director of HR, and two medical/surgical unit educators to develop an education module and accompanying resources to present to new medical/surgical BSNs, RNs, LPNs through a 3-month nurse residency program. The concept-based curriculum delivered bimonthly focused on topics to help new graduate nurses transition from classroom to the bedside, thereby increasing retention. The classes focused on the new graduates learning to handle difficult conversations and confrontation, appropriate use of communication through social media within scope of practice, development of behaviors that lead to healthy communication, elements of resiliency that help navigate difficult collaborations, touch points of the care continuum which enhances healthy communication with patients and families, and the role of the nurse in ethical communication.

This project allowed for a standardized curriculum with clear expectations. This, in turn, gave a solid foundation and addressed the gap in practice that helped the new graduate nurses to work and become integrated into the professional nurse practice role and the professional community, provide skills needed to communicate with team members in nursing care delivery as well as constructive conflict resolution and collaborate with physicians, thereby increasing nurse retention on the medical/surgical units.

In this section, as the DNP student, I provided the rationale for models and theories chosen. History related to how the problem affects the nursing profession was explained and relevance to the nursing profession discussed. Additionally, a comprehensive view of the context of the problem at the local level, and description of the professional role of a DNP student is discussed.

Theoretical Framework

As a profession, nursing recognizes the need for formal transition of new graduate nurses from the classroom to professional nursing practice. In 1974, Marlene Kramer published her research on the emotional toll experienced by new graduate nurses that lead to high nurse turnover, poor patient outcomes, and abandonment of the profession she identified it as 'Transition Shock' (Wakefield, 2018, p. 47). Duchscher and Cowin (2012)identified that the theory-practice gap is in large part due to the new graduate nurse's inability to successfully transition from classroom to the bedside both on an interdisciplinary and interpersonal level and developed framework based on her research (Duchscher & Cowin, 2012, p. 153).

Duchscher's Transition Framework

Duchscher's transition shock model is known for identifying the three stages of transition experienced by newly licensed nurses during the first year of professional nursing practice. Stage 1 (Doing) is the 3-4 month period immediately following orientation is when the new graduate is trying to adjust to clinical practice expectations. This period also highlights the new graduate's anxiety as they try to build nurse-to-nurse interpersonal relationships with their senior nursing counterparts and are challenged to feel accepted in the profession (Boychuk-Duchscher & Windey, 2018, p. 229-230). Stage 2 (Being) is considered the time frame at 4-5 months post orientation and is characterized by adjusting to the expected knowledge and skill levels, yet still feeling exhausted, disappointed and frustrated in their interdisciplinary and interpersonal skills. This is commonly due to fear of failing their patients, colleagues, and themselves (Boychuk-Duchscher & Windey, 2018, p. 230-231). Finally, Stage 3 (Knowing) is the time frame of 6-12 months post-orientation and is typically characterized by new graduate nurses becoming accepted in the profession in their own right. This stage typically produces temporary setbacks as the new graduate becomes dissatisfied with shift work and environment due to behaviors that disrupt work life balance and affect personal relationships in the home (Boychuk-Duchscher & Windey, 2018, p. 231).

Figure 1 represents the phases of Duchscher's transition framework. It shows how initial transition shock starts to inflict doubt, confusion, disorientation and loss of confidence in new graduate nurses. Figure 2 shows the stages of doing, being, and knowing. Each of these phases come through learning, performing skills, learning to examine issues and work through them, then finally learning to critique situations and think critically.
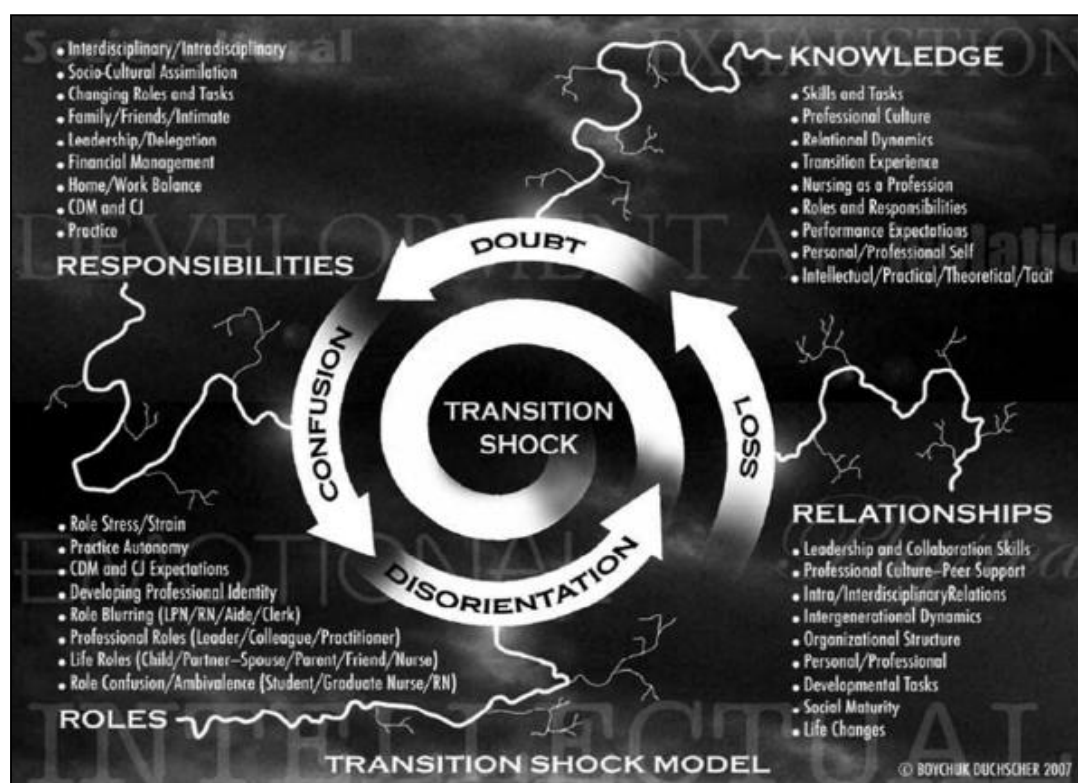

Figure 1. [Doing] (Boychuk-Duchscher & Windey, 2018, p. 231)?
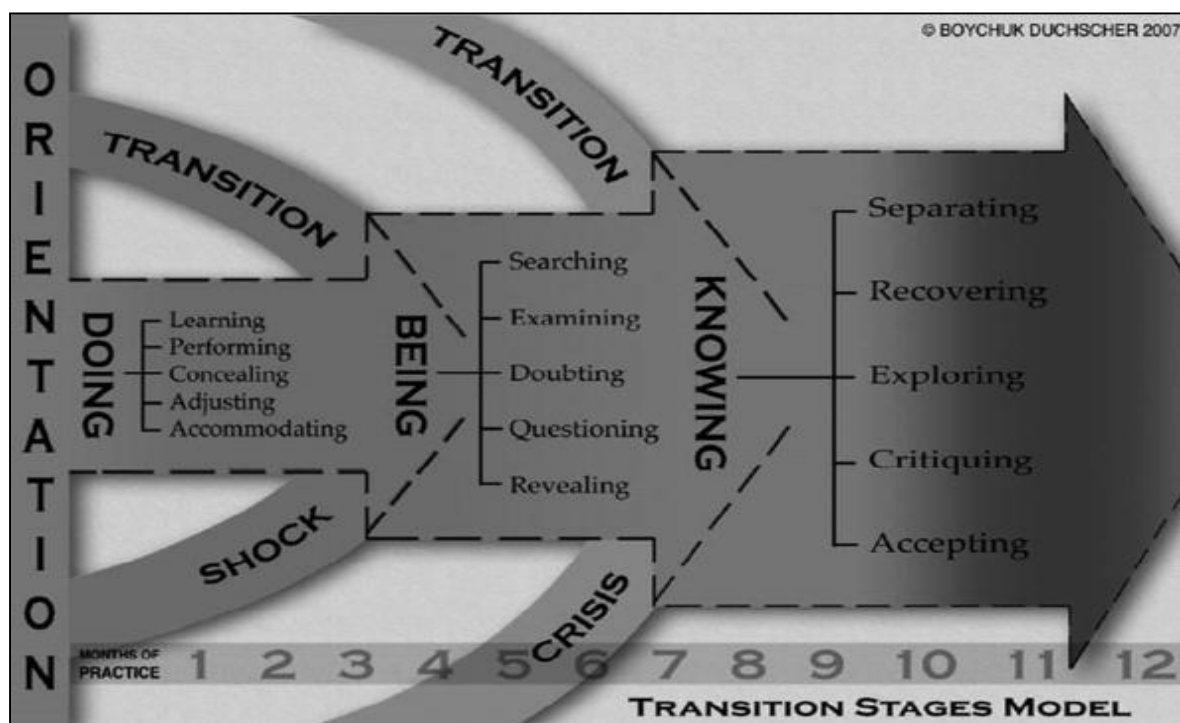
Figure 2. [Being].

    The rationale for the use of this model is its focus on the importance of relationships.

These relationships include leadership collaboration, professional relationships that build

peer support, intra and interdisciplinary relations for respectful communication with

colleagues and physicians, socialization skills that help to communicate with patients at

the level they present, and social maturity to know how and when to have difficult

communications (Boychuk-Duchscher & Windey, 2018, p. 229). This model provides

skills that help the graduate transition into the profession, thereby increasing retention.

Definitions of Terms

    Being: A living thing, qualities that constitute existence and something that is

conceivable and capable of existence.

    Collaboration: To work with others in an intellectual endeavor.

Doing: The pact of performing or executing.

Interdisciplinary: The act of involving 2 or more disciplines in decision making.

Interpersonal: Relating to others.

Knowing: Having or reflecting knowledge of intelligence.

Socialization: Acquiring interaction with others (Miriam-Webster.com, n.d.).

Relevance to the Nursing Profession

The professionalization of nursing at the beginning of the 20th century brought about the science which requires cognitive and technical task responsibilities and competence of the theory-practice gap of intra-professional and interpersonal skills commonly found in nursing group behaviors (Duchscher & Cowin, 2012, p. 153). The relevance of this framework to the broader profession is to teach new graduates the skills that provide effective patient care, provide for the needs of their patients and families, and help them to practice their nursing education within scope of practice (Duchscher & Cowin, 2012, p. 156). The responsibility of nursing professional development is to facilitate a new graduate's transition in an environment of the following eight qualities:

- Personal and professional lives have stable and supportive relationships.

- Roles and responsibilities reflect their current and evolving knowledge and confidence.

- Receives consistent support and feedback

- Graduates are familiar with and successful at interactions surrounding care delivery.

- Graduates are supported by and are able to collaborate with experienced nurses.

- Graduates are consistent in responding accurately to complex practice scenarios.

- Graduates have sessions of positive review and reinforcement.Graduates are supported in influencing and enacting communication that promotes quality care (Boychuk-Duchscher & Windey, 2018, p. 23).

Strategies and Standards

Amidst the rising nurse turnover, and abandonment of the profession, many acute care facilities are turning to the American Nurse Credentialing Center who provides standards and designations (i.e., 'Pathway to Excellence' and 'Magnet') that promote healthy work environments for nurses and increase engagement of bedside nurses that produce efficiencies that help the organization meet fiscal responsibilities. These standards, if implemented, require organizations to invest in and promote; 1) advance degrees and certifications, 2) inter-professional collaboration to ensure quality care, 3) provides for positive feedback, and 4) ensures leaders are encouraged in advocacy for nurses and patients (American Nurse Credentialing Center, n.d.). This project increased retention, provided for a healthy work environment, and can be disseminated for replication system wide.

Local Background and Context

At the local level despite successful efforts to recruit, the ultimate discouragement in the medical/surgical units is retention. This has led to experienced nurse fatigue and in some cases burnout related to continual training of new nursing graduates. The chief nursing officer inquired about solutions from other facilities in the system and requested the development and implementation of a nurse residency program.

The practicum facility for this project was a 190-bed acute care rural hospital located approximately 100 miles from the nearest urban facility. The services provided are two (32-bed) medical/surgical units, a 6-bed pediatric unit, and 10-bed intensive care unit. Additionally, the facility has a state-of-the-art patient tower built in 2010 (all private rooms), and electronic health record capabilities. The emergency department services a greater number of patients per bed than any other hospital in the system. Additionally, 25 new graduate BSNs, RNs, and LPNs are hired annually with 12-15 of these individuals hired for the medical/surgical units. The theory was a nurse residency transition program would increase the retention rate of these graduates. (Kramer & Halfer, 2012, p. 149). This project focused on the retention rate for the medical/surgical graduates over a 3-month period.

Role of the DNP Student

At the time of this study, this DNP student is currently serving as project development coordinator with direct line responsibility to the chief nursing officer and has worked for the facility 8 years, and serving as a resource to the chief nursing officer and the three nursing directors in multiple evidence-based projects and implementations.

Having a positive working relationship with nurses on the medical/surgical units and knowing my responsibility to provide a project for my doctoral studies, this DNP student inquired what programs or projects the nurse educators felt would add value. Numerous communications and suggestions led to one specific need; the overwhelming desire of nurse leaders to decrease the training fatigue that occurs with increased turnover of graduates on the medical/surgical units.

These communications led to researching a project developed by a facility where this DNP student began a career 40 years ago. I asked a colleague if I could shadow her for the day, learning about their nurse residency program. She graciously allowed me to view their program. The desire to implement a program locally grew in my heart and I felt our team could tweak the project to meet the needs and focus on the issues expressed as needs by our nurses. My role in this project will be to provide support both through research and strategic planning to the team developing the modules, and gather retention data from human resources for medical/surgical nurses one year pre-intervention and post intervention of the 3-month residency program.

Role of the Project Team

In order to provide for the best possible success rate, the team consisted of myself, the chief nursing officer, director of human resources, and the two medical/surgical nurse educators. This team was presented with a synthesis of peer-reviewed evidence showing success rates for residency programs with a focus on transitioning graduates from classroom to the bedside. Curriculum was presented for open discussion regarding revision and the order in which it was taught based on their experiences of dealing with new graduate nurses. Ensuring the curriculum was developed within the scope of practice for each of the three levels of nurses (BSN, RN, LPN) was a priority for the team. This information was obtained by reviewing the scope of practice from the Oklahoma Board of Nursing. The team met three times weekly during the first 3 weeks to review revisions of curriculum and to meet the goal of implementation for the first session. The implementation date was set for December 31, 2018 after the DNP committee and IRB

approval was met. The team evaluated my role and performance as a DNP student at the conclusion of the 3-month residency program using a 4 point Likert scale. Results are included in chapters 4 and 5.

Summary

The goal of this project was to collaboratively develop a curriculum and associated resources to successfully transition the 15 medical/surgical nurse graduates from classroom to bedside. The ultimate goal however, was to change a culture that not only values the professional view of the care teams but also allows for long-term job satisfaction and retention. It is only through retention and the ability to provide advanced education and training that a team can grow together. These factors led to increased quality outcomes for our patients and their families.

Section 3 includes a restatement of the problem, purpose of the project, and gap in practice issues. Included will be sources of evidence as it related to the purpose of the project. Additionally, a description of project design, evaluation, and how data will be collected is provided.

Section 3: Collection and Analysis of Evidence

Introduction

Approval from the Walden IRB was received 12-20-2018. The Walden IRB approval number is 12-20-18-0285840. This project addressed the substantial challenge faced by the facility in regards to retention of new graduate BSNs, RNs, and LPNs on the 2 medical/surgical units. A contributing factor to this problem is that academia did not provide the skills needed for the graduates to transition from classroom to the bedside. The purpose of the project was to develop an education module and accompanying resources to present to new graduate BSNs, RNs, and LPNs through a 3-month nurse residency program. The classes focused on improving skills that helped medical/surgical graduates transition to bedside nursing.

The project was implemented in a 190-bed rural acute care hospital located approximately 100 miles from the nearest urban facility. The facility had struggled to retain new graduate BSNs, RNs, and LPNs on the two 32-bed medical/surgical units. This led to experienced nurse fatigue, and in some cases, burnout related to continual training.

In this section, I re-state the practice-focused question, identify the sources of evidence and clarify their relationship to the project. Additionally, I discuss the collection, analysis, and synthesis of evidence and how they relate to the practice-focused question.

Practice-Focused Question

This project addressed the gap in practice which is the increase in nurse turnover of new graduate nurses (BSNs, RNs, and LPNs) on two medical/surgical units. The practice-focused question was: Will an educative process specifically designed to implement a 3-month nurse residency program for new graduate BSNs, RNs, and LPNs in two medical/surgical units increase retention rates when compared to the retention rate of medical/surgical graduates 1 year pre-intervention? The purpose of the project was to develop an education module and accompanying resources based on adult learning principles to help transition the 15 medical/surgical BSNs, RNs, and LPNs from classroom to the bedside through a 3-month nurse residency program. The program included educational classes in 1.5 hour increments on a bi-monthly basis taught by a team of experienced educators with a degree level of BSN or above or credentialed in the field of study they are teaching. The limited residency program was developed to have modules based on adult learning principles with Power Point presentations, interactive activities, and in most cases role playing scenarios.

Sources of Evidence

The team used evidence gathered from various evidence-based peer reviewed

literature, the data obtained from facility human resources, and the nursing excellence

score card to address the practice focused question. The evidence gathered from an online

literature review to determine significance of the practice-focused question showed more

than one million nurses will retire in the next 10 years leaving approximately 800,000

nurse vacancies (Ackerson & Stiles, 2018, p. 282. Additionally, new graduate nurses are

not prepared to successfully transition from the classroom to bedside. There is urgency

for acute care facilities to develop transition program. These programs have been shown

to increase still which often lead to increased nurse retention for medical/surgical nurses

(Kramer & Halfer, 2012, p. 148).

Internal benchmarking monitoring for retention was collected on a monthly basis in

the organization, compiled as a living document called a scorecard. Senior nursing

leaders reviewed the data which also included overall quality of care scores, which is an

indicator of successful transition of nursing graduates to the bedside. The DNP student

used this scorecard and data collected from HR to monitor continuous progress of the

project.

Published Outcomes and Research

The purpose of this project was to develop an education module and accompanying resources to present to new graduate BSNs, RNs, and LPNs through a 3-month nurse residency program. The focus of the education was to successfully transition the 15 nurse graduates from classroom to bedside thereby increasing retention of the medical/surgical nurses.

The initial research related to the practice problem was done through a literature review of evidence-based peer reviewed articles in the Cumulative Index of Nursing and Allied Health Literature (CINAHL), Medline, ProQuest, and PubMed databases. Additional online resources used were National League for Nurses (NLN), The American Nurses Association (ANA), and its subsidiary the American Nurse Credentialing Center (ANCC). My selection criteria included articles from scholarly journals no more than 12 years old. The primary key search terms were *nurse residency*, *nurse transition programs*, *job satisfaction for new nurses*, *retention of new nursing graduates*, *improvement of collaboration/communication in new nursing graduates*, and *development of learning modules*.

Archival and Operational Data

The community hospital site has a living document known as the excellence scorecard. This document is owned by a nurse who updates and compiles data on a monthly basis and presents to the senior nursing operations team. The data included involves vacancy and turnover rates (rolling 12 months) and overall quality of care percentages, which is an indicator of job satisfaction and successful transition from

classroom to bedside. The evaluation process was to monitor this data which related to increased nurse retention of the medical/surgical nurse graduates.

Finally, HR uses a system known as Lawson to electronically monitor and evaluate vacancies and turnover and compiles information from exit interviews. This allows for evaluation of administrative nursing teams to determine strategic plans for improvement. All information was made available to this DNP student by the CNO who is supportive of the project.

Evidence Generated for the Project

The individuals who contributed evidence to address the practice-focused question were 15 new medical/surgical graduates (BSNs, RNs, and LPNs) who were enrolled in the 3-month nurse residency program. The choice of participants was based on the total number of new graduates hired for the two medical/surgical units at the site facility. The residents participated in the classes focusing on successful transition from classroom to the bedside. A formative assessment from the residents provided an evaluation of each session which provided the educators feedback for future sessions. The evaluation tool was created on a four-point Likert scale with objectives of each topic listed. The new nurse graduates were asked to give the educators an overall program evaluation at the conclusion of the 3-month project for a summative assessment. They were asked to give their opinion regarding how the skills improved their ability to transition to bedside. The tools used was both a Likert scale format(quantitative) and interview (qualitative) to determine if the program topics need to be revised for future use.

The chief nursing officer approved the project once Walden IRB was obtained. There were no ethical considerations. The facility does not have an IRB and results of information given by the residents were in quantitative and qualitative collaborative format. No names or specific information about the new nurse graduates were revealed. These evaluations were given to the educators only and not included in this project evaluation paper. The final evaluation of the program for the purpose of this project focused specifically on retention of the medical/surgical nurses both one year pre-intervention and at the conclusion of the 3-month residency sessions.

Analysis and Synthesis

The literature on nurse residency programs and transition programs to improve retention was reviewed for best practice. The data from the nursing excellence scorecard, and information obtained from the electronic program called 'Lawson' was reviewed on a monthly basis for the length of the project. The integrity of the facility data is valid due to electronic tracking capabilities both in the 'Lawson' program and the electronic health record as well as the data collected by a third party vendor called Professional Research Consultants (PRC).

As the project progressed, sustainment of the project and improvements for future use was evaluated. The successful result of this project was evaluated by review of the retention rate of medical/surgical nurses one year pre-intervention and at the conclusion of the 3-month nurse residency program. The results included improvement in retention of new graduate BSNs, RNs, and LPNs on the two medical/surgical units.

Summary

The extensive literature review used to develop the modules focused on successful transition from classroom to bedside in new graduate BSNs, RNs, and LPNs in the two medical/surgical units. However, the true indicator of measurement of success was the increase in nurse retention on the medical/surgical units. In section 4, I presented the project findings as well as its strengths and limitations.

Section 4: Findings and Recommendations

Introduction

The problem addressed in the project was the retention rate of new graduate nurses (BSNs, RNs and LPNs) and the gap in practice was identified as the lack of a formal nurse residency program at the site facility. The data from 1-year pre-intervention revealed a medical/surgical new nurse graduate turnover rate of 33%. Data from HR obtained from the Lawson software showed a turnover rate of approximately one third of its licensed medical/surgical staff each year over the past 3 fiscal years (2016, 2017, 2018). The purpose was to work with a project team consisting of the CNO, Director of HR, and two medical/surgical clinical specialty coordinators to support development of an educative module and accompanying resources to present to new medical/surgical BSNs, RNs, and LPNs through a 3-month nurse residency program.

The residency program focused on topics to help the new graduates transition from classroom to the bedside, thereby increasing retention. The objectives developed by the project team were to help newly licensed medical/surgical nurses transition from academia to the bedside and become integrated into the nurse practice role and the professional community and provide concept-based skills that will help newly licensed medical/surgical nurses become comfortable with the skills of delegation, prioritization, autonomous decision making, and interprofessional collaboration. The practice focused question that guided the project was: Will an educative process specifically designed to implement a 3-month nurse residency program for new graduate BSNs, RNs, and LPNs in the

two medical/surgical units increase retention rates when compared to retention rates of medical/surgical graduates 1-year pre-intervention?

Findings and Implications

There has been much research produced on nurse retention and turnover over the past 10 years (2008-2018). Many articles on nurse transition/residency programs speak of the benefits of retention, but few speak specifically to generational needs. The project team had previously revised the medical/surgical unit specific clinical orientation to include a step process. This process allowed new graduate nurses to work side by side with a preceptor for 12 weeks and increase the workload for the new graduate nurses weekly based on progress. Despite this effort, during the 1-year pre-intervention, the new graduate nurse medical/surgical turnover remained high at 33%.

In an effort to discover the type of educative process to affect turnover, the project team and DNP student researched generational needs. The data obtained from HR revealed that 90% of the current new graduate medical/surgical nurses were millennial's born between 1981 and 1996. The team discovered these individuals grew up in a time of technological overload and value instant and continual communication. They also strive for and expect flexible scheduling to accommodate for a work-life balance. Additionally, this generation of nurses sees nursing as an occupation rather than a profession, and they fear failure and have difficulty handling stress (Phillips, 2016, p. 198-199).

The findings related to retention at the conclusion of the 3-month program showed a significant decrease in medical/surgical new graduate nurse turnover of 17% as compared to the 1-year pre-intervention turnover of 33%. This implies the concepts taught by the

clinical specialty coordinators achieved the goals of increasing retention by 16%, and increasing resiliency, competency, employee satisfaction, and socialization into the profession for new graduate medical/surgical nurses.

The evaluation of the DNP student performed by the project team was based on a 4-point Likert scale of Always (4), Mostly (3), Somewhat (2), or Never (1). The student evaluation was compiled and showed performance of 100% on each of the following items:

- The DNP student maintained punctuality during all meetings

- The DNP student showed discipline and self-regulation abilities

- The DNP student showed commitment and sincerity to the project

- The DNP student displayed a spirit of team work

- The DNP student communicated synthesis of the evident in a professional manner

- The DNP student showed efficient leadership skills

- The DNP student maintained honesty and integrity

- The DNP student showed interpersonal and inter-professional skills (Jani, Narmawala, & Ganjiwale, 2017, p. 2).

Education in professional socialization which involves the values, attitudes, and behaviors necessary to become a professional nurse is a key factor in retention (Price, McGillis-Hall, Tomblin-Murpy, & Pierce, 2018, p. 86). The limitations for this project include the new graduate nurses' perceptual abilities and their lack of experience. This coupled with the stress of formation to develop the habits and actions of a professional

nurse could easily cause them to see the residency program as just something else versus seeing it as a time to be mentored and grow (Remillard, 2013, p. 81-82). Another limitation is the desire of nurse leaders to want the new nurse graduates to be out of orientation and residency as quickly as possible to fill the vacancies so desperately needed. The project team which consisted of the DNP student, Director of HR, CNO, and two medical/surgical clinical specialty coordinators all agreed the new graduate medical/surgical nurses must have protected time for this program to see maximum results (Varner & Leeds, 2012, p. 496).

The success seen in retention due to this project will have far reaching effects for the site facility. For individuals, resiliency or empowerment enables an individual nurse to feel valued and leads to engagement in evidence-based change. In the institution, retention leads to increased competency and increased trust for the community in terms of the care they receive. For the organization, retention builds culture, leading to employee satisfaction and the social glue needed to have high performing teams. Retention will provide social change for a positive work place environment and continued designation as a Pathway to Excellence facility(Kane-Urrabazo, 2006, p. 188-191).

Recommendations

The new graduate nurses will continue in a combined 12-week program during the doing phase by spending time with their preceptor on assigned medical/surgical unit. The being or transition phase will be during the 3-month biweekly nurse residency program developed and taught by the clinical specialty coordinators focused on the six topics of

communication, resiliency, work-life balance, delegation, scope of practice, and the role

of the nurse in ethical situations (Varner & Leeds, 2012, p. 495-496). This project

focused specifically on determining if this transition phase would increase retention.

Showing positive results, the team reconvened during dissemination of the evidence, and

the knowing phase was developed for future use. Each topic and presenter was evaluated

after each of the six sessions; the DNP student synthesized these evaluations in a

quantitative format for use by the project team only. The results reported for this project

focused only on the 17% turnover rate of the 15 medical/surgical new graduate nurses at

the end of the 3-month residency program when compared to the 33% turnover rate 1-

year pre-intervention showing a 16% rate in retention.

The implementation and evaluation of the residency program will be carried out by the

project team with synthesis of data being carried out by the DNP student. The project

team led the program using the Duchscher framework, reviewed the results of the

program with nurse managers of the medical/surgical units, and revised curriculum based

on evaluations (Porter & Strout, 2016, p. 63-64). This data was not included in this

project paper, but rather a quantitative percentage of turnover showing increased

retention, and the evaluation done by the project team of performance of the DNP student

performance. The evaluation of the DNP student was on a four-point Likert scale,

ranging from 4 (always) to 1 (never). The questions of the survey for the project team to

complete were as follows:

- The DNP student maintained punctuality during all meetings.

- The DNP student showed discipline and self-regulation abilities.

- The DNP student showed commitment and sincerity during the project.

- The DNP student displayed a spirit of teamwork.

- The DNP student communicated synthesis of the evidence in a professional manner.

- The DNP student showed efficient leadership skills.

- The DNP student maintained honesty and integrity.

- The DNP student showed interpersonal and interprofessional skills (Jani, Narmawala, & Ganjiwale, 2017, p. 2).

Contribution of the Doctoral Project Team

In summarizing the process of working with the project team which consisted of two medical/surgical clinical specialty coordinators, the CNO, and the Director of HR, I would describe their relationship as highly inter-professional Each time I presented requested evidence, each member was highly engaged in incorporating recommendations of the evidence into the curriculum topics. The medical/surgical specialty coordinators engaged in conversations through a focus group format and their new graduate medical/surgical nurses to determine areas of greatest need.

The chief nursing officer and director of human resources was able to contribute by ensuring a protected time for residency could be implemented. They also presented the business plan to senior administration and financial directors to gain the fiscal resources needed. Once the evaluation showed a significant decrease in new graduate medical/surgical nurse turnover, the project team began to make plan for continuance of the residency program on a larger scale (Porter & Strout, 2016, p. 63-65). Each member

of this project team was highly engaged and took specific assignments throughout the course of planning and implementation to ensure success.

Strengths and Limitations of the Project

The strength of the project was the professional socialization and inter-professional collaboration of the project team. After losing over one-third of their licensed staff every year for the past three years, this team with the help of the DNP student researched evidence to reveal the needs, values, and attributes of the new graduate nurses (Price et al., 2018, p. 86). The team, though small in number, dug deep into their professional experiences to examine the evidence presented. This led to a positive outcome for the new graduate medical/surgical nurses and a 16% reduction of turnover.

Limitations to the project was the three-month time frame and the concern retention would not be affected enough to justify the dissemination and expansion of the program. Additionally, initial limitation was nurse manager buy in to protect the hours of a classroom time for the new graduate medical/surgical nurses. Concerns arose around scheduling conflicts for the twice monthly sessions. The support of the chief nursing officer in both issues eventually led to full cooperation from the nurse managers.

Section 5: Dissemination Plan

Introduction

The DNP student will continue development and dissemination the nurse residency program by working continuously with the project team. The plan will be to broaden the curriculum and increase the time frame of the project based on synthesis of evaluations of the topics by the new medical/surgical nurse graduates. Further dissemination plans will be to develop the 'knowing' phase of Duchscer's framework and incorporate it into the curriculum.

The DNP student will use every opportunity to speak to local, regional, and system leaders and present the success that is a 16% reduction of turnover in the first year for medical/surgical nurse graduates. Additional information disseminated will involve implications of a decreased nurse replacement price, increased job satisfaction score, and the positive effects of the project on organizational culture. The dissemination of a combination clinical and concept new medical/surgical nurse graduate residency program at the system level would provide statistically relevant data. I could share the results and success of the project at the national level through the ANCC Pathway to Excellence conference.

Analysis of Self

The challenge with this project was one I have faced many times over my 41-year nursing career. This challenge was total buy in and total commitment to see the project through by all levels of leadership. Conversations are sometimes difficult when stakeholders have varying levels of education and generational differences. Having a

small project team who believed the nurse residency program would produce positive results and was in total agreement about the synthesis of evidence helped to make the project implementation a success.

As a scholar/practitioner, I was reminded once again of the importance of active listening as the nurse managers expressed concerns about mandatory protected time for the new graduate medical/surgical nurses to attend the program twice monthly. I reinforced the potential benefits of the program and the CNO pledged additional overtime and the opportunity to backfill positions. The managers agreed that retention would be highly beneficial to the medical/surgical units.

During the project and throughout my doctoral studies, I have prayed about my current short and long-term goals. I have learned how much I love my current position and the opportunities it presents on a daily basis. My initial goal as a doctoral-prepared nurse was to teach online at the bachelors, masters, or doctoral level. However, through a total surprise event, I have learned how much I enjoyed the role of participating in ethical decision making and explored options to add the title of ethicist to my list of credentials..

I am open to exploring positions that would have previously disinterested me. I can now imagine having the career I have dreamed of since I was a small child. Being a DNP nurse will allow me to affect the profession I love on a global level. I can now fully agree with St. Jerome who said; Good, Better, Best. Never let it rest. Till your good is better and your better is best.

Summary

The new graduate medical/surgical nurse residency program showed a 16% decrease in turnover at the end of the 3-month program as compared to a turnover rate of 33% 1 year pre-intervention. This implies the concept-based education increased professional socialization and job satisfaction for the new graduate medical/surgical nurses. The formalized concept-based education modules were developed by the project team and delivered on a biweekly basis over 3 months by the two medical/surgical clinical specialty coordinators.

The role of the DNP student was to research and synthesize the evidence on nurse residency/transition programs. Evidence regarding specific needs related to learning socialization, communication, and attitudes of millennial's which was 90% of the 15 medical/surgical nurses targeted for the project showed incorporating curriculum subjects of communication, resiliency, work-life balance, delegation, scope of practice, and the role of the nurse in ethical situations would produce the most positive results (Varner & Leeds, 2012, p. 495-496). While the project was limited by time and scope, the results were interpreted by the organization as statistically significant and present opportunities for further development. This development would be a broader curriculum, longer timeframe for the program, and broader evaluation process with a slightly larger team involvement.

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