

University of Texas at Tyler

Scholar Works at UT Tyler

MSN Capstone Projects

Nursing

Fall 12-6-2020

New Graduate Nurse Satisfaction After Completion of Nurse Residency Program

Jessica Andrews

jglasscock3@patriots.uttyler.edu

Follow this and additional works at: https://scholarworks.uttyler.edu/nursing_msn



Part of the [Nursing Commons](#)

Recommended Citation

Andrews, Jessica, "New Graduate Nurse Satisfaction After Completion of Nurse Residency Program" (2020). MSN Capstone Projects.

This MSN Capstone Project is brought to you for free and open access by the Nursing at Scholar Works at UT Tyler. It has been accepted for inclusion in MSN Capstone Projects by an authorized administrator of Scholar Works at UT Tyler. For more information, please contact tgullings@uttyler.edu.

New Graduate Nurse Satisfaction After Completion of Nurse Residency Program

A Paper Submitted in Partial Fulfillment of the Requirements

For NURS 5382: Capstone

In the School of Nursing

The University of Texas at Tyler

by

Jessica Andrews

December 6, 2020

Contents

Acknowledgements

Executive Summary

Benchmark Project

1. Rationale for the Project
 - 1.1 Project Goals
2. Literature Synthesis
3. Project Stakeholders
4. Implementation Plan
5. Timetable/Flowchart
6. Data Collection Methods
7. Discussion of Results
8. Cost/Benefit Discussion

Conclusions/Recommendations

References

Appendix

Acknowledgments

I would like to take this time to thank all of those who have helped me reach this point in my educational journey. Thank you to the entire faculty at The University of Texas at Tyler for guiding me throughout the development of my project. I want to thank each of you for the sincere feedback and guidance with each assignment and every question that was asked. Thank you to my original nursing preceptor, Angie, for igniting a fire in me regarding nursing and teaching others the art of bedside nursing. You truly inspired me to continue my education. I would like to thank my parents, grandparents, and in-laws for your support throughout my baccalaureate and graduate studies. Without your prayers and encouragement, I would have felt lost in this journey. Thank you, mom, for always proofreading my assignments, helping me study, and offering corrections over the past eight years of school. Lastly, thank you to my husband, Chaffin for being the best supporter and cheerleader during this journey. You reminded me many times that I was raised to always finish what I start, and we are finally finished! Thank you for your constant support and love throughout this adventure.

Executive Summary

Transitioning from novice nurse to competent nurse can come with a great amount of stress, anxiety, and apprehension. Many new nurses feel inadequate and leave their first nursing job within one year for various reasons. Research has indicated that new nurse graduates who complete a nurse residency program (NRP) have a better sense of knowledge, critical thinking skills, and sense of belonging. Whereas nurses who do not complete a residency program often feel insufficient and are less prepared. By offering a program with competent and willing preceptors, a new graduate nurse will benefit from the time, money, and effort put into the program.

It is important to think back to the days of being a new graduate nurse and ponder on who had the biggest impact in your career thus far. Some people may have a specific nurse who helped influence their way of nursing, and others may have a program that they completed after graduating nursing school that encouraged and taught them how to be successful as a new graduate nurse. No matter what the turning point was, one did not become a successful nurse on their own or without the help of experienced nurses who took the time to help educate and support them. Although there are various types of general orientation programs available, it is important to educate new graduates on the advantages and significance that a NRP can offer. Henderson, Ossenberg, and Tyler (2015) recommended that interactive content days, along with supervised content days, promoted success in new graduate nurses. However, Williams, Scott, Tyndall, and Swanson (2018) recommended that there is no significant relationship between the type of mentoring and staff turnover rate if a nurse completes a one-to-one mentoring program or a group mentoring program. Therefore, it is important for new graduates to examine and choose a program wisely that will assist them to succeed in their professional career.

New Graduate Nurse Satisfaction After Completion of Nurse Residency Program

Training new nurses while beginning their career not only is beneficial for the nurse but for the hospital. Research has indicated that new nurse graduates who complete a nurse residency program (NRP) have a better sense of knowledge, critical thinking, and sense of belonging. Whereas nurses who do not complete a residency program often feel insufficient and are less prepared. By offering a program with competent and willing preceptors, a new graduate nurse will benefit from the time, money, and effort put into the program.

Rationale for the Project

Retention at the bedside is a concern in hospitals throughout the country. Although nursing is a rewarding career, it is important to remember that everyone was once a new nurse. It is also essential to remember that it takes a village to raise a new graduate nurse and encourage them to be a successful proficient nurse. New graduate nurses are often timid, fearful, and scared of the unknown after completing nursing school. Encouraging new nurses to complete a NRP can instill courage and confidence in their mindset of becoming a professional nurse. Overall, the goal of a NRP should be to reduce turnover, lower staffing costs, and improve morale for the purpose of increasing the quality of patient care (Medas et al., 2015).

Literature reveals that additional support, trust, and guidance from the mentor/mentee relationship will produce strong bedside nurses (Williams, Scott, Tyndall & Swanson, 2018). Research is available to discover that there is a significant difference in confidence or competence levels, stress management, job satisfaction, nurse retention, and turnover intent among graduate nurses who completed a residency program or preceptorship compared to those who did not. Therefore, not only new graduates will benefit by completing a NRP of their

choice, but the patients will benefit from the knowledge and confidence that new graduates receive during the training and feedback provided throughout the program.

Educating new graduates on the benefits and importance of a new graduate residency or preceptorship can encourage them to examine and choose a program wisely that will assist them to succeed in their professional career. Therefore, using the following PICOT question can assist educators to encourage new graduate nurses to search for a job that provides them with a residency program or preceptorship. In new graduate nurses (P), how does a structured residency program or preceptorship (I) compared to no residency program or preceptorship (C) affect nurse satisfaction (O) at three months post completion of the residency program or preceptorship (T)?

Project Goals

The goal of this Benchmark Study was to bring awareness of the importance of a structured nurse residency program. A NRP can be extremely helpful in one's career when completed successfully. Both the new graduate nurse and the preceptor must be willing to put forth effort and get the most out of the designated time of learning. Cochran (2017) mentions that since acute care nurse vacancy rates of 8-10% were reported and a general turnover rate of 13% along with new graduate nurse turnover rates of 18-50% there is a need for change. The Institute of Medicine even recommended the implementation of nurse residency programs to reduce turnovers by supporting the transition into professional practice (Cochran, 2017). According to Gallagher-Ford, Buck, & Melnyk (2015), if there is a culture of innovation, employees are both empowered and encouraged to challenge the status quo and integrate new processes and technologies into the organization so it can operate more effectively and efficiently.

Although there is a variety of NRP available, offering a program that offers the new graduates a shadowing day in various departments can assist them in their knowledge and understanding of what other departments do daily.

Ensuring that nurse residency programs are sustainable after being implemented is important. The foundation of a solid NRP can make or break a new nurse. NRP not only help the new graduate in their knowledge and confidence, but also assists in cost savings, dramatic increase in retention rates, and increases in critical thinking and leadership skills (Cochran, 2017). Initially starting a program of this significance may seem difficult due to the startup cost, however, the investment into new nurses is worth every cent. Changing the culture in education to evidence-based approach can help improve healthcare quality and patient outcomes along with reducing costs (Melnyk & Fineout-Overholt, 2015). After the NRP is started, the rewards will be seen with each group of nurses produced by the program. Rewards can be seen through nursing satisfaction, retention rates, and patient satisfactions and outcomes.

Literature Synthesis

A comprehensive literature review was conducted regarding new nurses' experience as they transition from student nurse to practicing nurse. Terms searched were traditional orientation, new graduate nurse residency, nurse residency, preceptorship, and nurse orientation program. Once articles were narrowed by year and full text available, search strategies were then conducted to select articles that best fit the project goals. Many articles were disregarded after reading their title and abstract. Keeper studies were selected by their content, data, and results of their study. After months of reviewing the available studies, many were found to be beneficial with favor of implementation.

It is important to remember that one main objective in nursing is to understand that the competent clinician is expected to deliver the best care possible that is demonstrated by patient outcomes and supported by evidence (Long, Gallagher-Ford & Fineout-Overholt, 2015, p. 171). Effective guidance in practice is necessary for safe practice when entering the workforce, and the transition period is known to be a time of significant stress as a new graduate nurse (Henderson, Ossenberg, & Tyler, 2015). As new graduate nurses enter the world of nursing, they must be taught how to provide the best care for the patients. Long, Gallagher-Ford and Fineout-Overholt (2015), mention that the goal for practice is to be self-improving through application of external evidence and experimental clinical learning including improvement rather than stagnant practice based on tradition.

Each study had their individual way of measuring outcomes and showed different results but ultimately provided the same information. The study presented by Hickerson, Terhaar, and Taylor (2016) revealed that there was an increase in nurse satisfaction when using five evidence-based practice interventions to assist in bridging the preparation-practice gap that new graduates often experience. Lewis and McGowan (2015) inform us that the preceptorships encourage confidence, support, knowledge, and reassurance to new graduate nurses when starting their first nursing job. Henderson, Ossenberg, and Tyler (2015) recommended that interactive content days along with supervised content days promoted success in new graduate nurses. They encouraged a sense of belonging, sense of accomplishment, sense of worth, and sense of engagement through a structured clinical support program (Henderson, Ossenberg, & Tyler, 2015). Through classroom instruction, hands-on clinical mastery of agency-specific skills and tasks, additional support and professional guidance following a tradition orientation period can help the new graduate assimilate into the workplace (Medas et al., 2015). Through a systematic

review conducted by Edwards, Hawker, Carrier, and Rees (2015) “evidence suggested that transition interventions or strategies do lead to improvements in confidence, competence, job satisfaction, critical thinking, and reductions in stress and anxiety for the newly qualified nurse” (p. 1254).

Studies suggest that the improvement in retention rates and subsequent savings for the institution do support the value of NRP (Smith et al., 2015). Decreased attrition results in financial benefits to facilities due to decreased hiring and training cost (Perron, Gascoyne, Kallakavumkal, Kelly, & Demagistris, 2019). According to Cochran (2017) NRPs are a cost-effective method proven to reduce the attrition rates of new nurses and are effective with focus on mentor/preceptor support with structured didactic content. They are also an effective strategy to retain nurses in active practice by providing additional education, experience, and support during the first year (Cochran, 2017). Therefore, NRP not only promotes success for the new nurse, but it also assists the hospital in reduction of cost to hire new employees and decreases turnover rates.

Furthermore, Williams, Scott, Tyndall, and Swanson (2018) recommended that there is no significant relationship between the type of mentoring and staff turnover rate if a nurse completes a one-to-one mentoring program or a group mentoring program. Each study encourages new graduate nurses to participate in a NRP or preceptorship due to the evidence of success and achievement of previous new graduates. Each of these studies provide education that the type, size, and length of the program is not significant but will be successful by providing the new graduates a sense of direction and structure through a structured program.

Project Stakeholders

Multidisciplinary collaboration is essential for successful implementation of a nurse residency program. Project stakeholders for the benchmark study include higher-level nursing administrators including the Chief Nursing Officer (CNO), nurse managers, along with nurse educators, nurse preceptors, and new graduate nurses. Support from the higher-level nursing administration such as the CNO and nurse management is essential for a successful evidence-based practice project. The nurse educators working on the project should be experienced nurses who wish the best for everyone. In this case, their support and knowledge can inspire others to research and provide the most up to date information for the project.

Nurse preceptors are chosen bedside nurses who have a passion for teaching and helping others succeed in their careers. Preceptors will be a key role model for the new graduate nurse as it is implemented. The NRP will allow better support for new graduates focusing on patient centered care, quality improvement, evidence-based practice, communication, and teamwork (Good et al., 2018). Although the project revolves around the new nurse graduates and their perceptions, many stakeholders will reap the benefits of a successful NRP. Long and colleagues (2015) remind us that the competent clinician is expected to deliver the best care possible that is demonstrated by patient outcomes and supported by evidence. Ultimately, patients and families would like to receive the best healthcare available. Through an evidence-based NRP, patients can feel comforted knowing that the goal for professional practice is to be self-improving through application of external evidence and experimental learning including improvement rather than stagnant practice based on tradition (Long, Gallaher-Ford, & Fineout-Overholt, 2015).

Implementation Plan

Implementing a project of this magnitude will take hours planning, preparing, and gathering evidence-based practice information prior to the first meeting. Scheduling a meeting with the CNO should be first on the agenda to discuss who will be participating in the program, how much it will cost, and what the expectations of the program will be. After approval from the CNO, the nurse educator that is the lead instructor for the program implementation project will send out an email inviting nursing management, nurse educators, and possible nurse preceptors to participate in the project with a deadline of a reply for agreeance to participate or decline.

The first step in the implementation plan will take one month to complete. Hourly meetings will be held each Wednesday of the month. The first two weekly meetings will begin by discussing and developing curriculum for the residency program. The program agenda discussion should include classroom days presented by various departments within the hospital, simulation labs with possible scenarios for students to conduct and discuss, classroom discussions regarding policies and protocols of the hospital, shadowing days in different departments such as physical/occupational/speech therapy, day surgery/OR/PACU, ICU, ER, Mother/Baby, NICU, Pediatrics, Wound Care, Pharmacy, and the Laboratory if available at supporting hospitals. Rules and expectations should be developed on what the new employee is and is not allowed to do with supervision and without supervision. After developing the curriculum, one meeting will be outlined to discuss, write, and publish a protocol regarding the new NRP.

The third weekly meeting will cover the topic of job applications. It will be necessary to develop a job application regarding the NRP and what expectations are of the applicants along with a deadline to stop taking applications. While conducting this meeting, topics of discussion

will include job applications, who will review the applicants, who will oversee the program, and the expectations of the program.

It is also important to include possible preceptors in the fourth weekly meeting. This meeting will discuss the program with nurses working on the units that will be mentoring and precepting the newly hired staff. Incentives will be discussed if agreeable to becoming a preceptor and explain the expectations that are set for them as mentors of the newly graduated nurse. In conclusion of this meeting, a set number of preceptors will be selected by the program director and notified of their new position.

After applications have been submitted, the first week of month two will be utilized to narrow down the applicants using the discussed expectations and qualifications. Phone calls will be made by the interview director and set up for the chosen applicants. Interviews will be conducted, Monday through Friday in the second month of the implementation process. The interview committee will include the program director, interview director, and a chosen preceptor from each inpatient unit. Open ended questions will be asked, and expectations of the program will be discussed if the applicant is to be chosen. Once interviews and offers have been completed, job offers will be offered through phone calls by the interview director after initiate a start date with human resources.

An hourly meeting, again on Wednesday, the third week of the month, will be necessary to discuss with the program director, nurse educators, and multidisciplinary staff to develop a rotation schedule to accommodate the number of students that are hired. The rotations will be organized where various department staff is not overwhelmed with multiple new employees at one time. It will also determine how many shifts each new employee will complete in various areas along with their scheduled unit, classroom days, and skills labs.

Step two begins with the first eight-hour orientation day for the new graduates. It will take place in a classroom with the program director and nurse educators. Packets will be provided and explained regarding the requirements of the program, what they should expect to gain from the program, what they are expected to complete as new graduate nurses, and what they should expect from their preceptors. During the orientation meeting, a pre-orientation open-ended evaluation and a self-evaluation will be completed and collected. This will be stored away in the director's Google Cloud and compared to the answers they will provide throughout the program.

The director will explain the rotation schedule of visiting different departments, attending classroom and skills lab sessions within the first six months of being hired. The new nurse will also be given the name of their designated preceptor on their set unit and will begin precepting with him or her on scheduled days. There is also an open-door policy for all participants of the program along with required check ins to the program director's office that is mandatory for both the new graduate and preceptor starting on the fourth week of their preceptorship. This time will also be used to answer any questions or concerns that may need to be addressed, and to encourage the new employees that this program was intended to bring them comfort, hope and experience while transitioning into a professional nurse.

Step three will take a total of six months and be focused on the newly graduated nurses and encouraging them to become independent nurses. At the start of step three, the new graduates will have completed the classroom, skills labs, and department rotations. They will begin working alongside their preceptor at this time. Check ins will begin on the fourth week of orienting with their preceptor. Check ins will be monthly with the program director on the last Tuesday and Wednesday of the month to discuss the progress and concerns of both the new

graduate and preceptor. Meetings will be held individually, preceptor first then new graduate, and feedback will be provided by the program director. The same open-ended evaluation and a self-evaluation will be completed and collected then compared by the director. Change and feedback will be given appropriately to the new graduate nurse and preceptors. At the final check in, it will be determined if any new graduate or preceptor feels like more time is needed on orientation or if the new graduate is ready to practice independently.

Step four will conclude the program by expressing gratitude and honoring the new graduate nurses on completion of the program. A luncheon will be held by the administration, nurse educators, and nursing management to show their appreciation for everyone who was involved in the program. The luncheon will honor the new graduate nurses and preceptors on a job well done and praises for a successful future.

Timetable/Flowchart

The execution of a NRP will follow the proposed timetable for implementation. This is an outline that can be changed based on feedback from participants and administration.

<p>Step 1 Wednesday – Weeks 1 – 2 Curriculum</p>	<p>Curriculum will be discussed along with rules and expectations regarding what the new employee is and is not allowed to do with supervision and without supervision. After developing the curriculum, it will be outlined to discuss, write, and publish a protocol regarding the new NRP.</p>
<p>Wednesday – Week 3 Job Application</p>	<p>Topics of discussion will include job applications, what the expectations are of the applicants, who will review the</p>

	<p>applicants, who will oversee the program, and a deadline to stop taking applications will be set.</p>
<p>Wednesday – Week 4 Preceptors</p>	<p>This meeting will discuss the program with nurses working on the units that will be mentoring and precepting the newly hired staff. Incentives will be discussed if agreeable to becoming a preceptor and explain the expectations that are set for them as mentors of the newly graduated nurse.</p> <p>A set number of preceptors will be selected by the program director and notified of their new position.</p>
<p>Monday – Friday – Week 5 Narrowing Applicants</p>	<p>Narrowing down the applicants using the discussed expectations and qualifications. Phone calls will be made to set up interviews for the chosen applicants.</p>
<p>Monday – Friday – Week 6 Interviews</p>	<p>Interviews will be conducted by the interview committee (program director, interview director, and a chosen preceptor from each inpatient unit) On Friday, once interviews and offers have been completed, job offers will be offered through phone calls by the interview director after initiate a start date with human resources.</p>
<p>Wednesday – Week 7 Rotation Schedule</p>	<p>The implementation committee will meet to develop a rotation schedule to accommodate the number of students that are hired. They will be organized where various department staff is not overwhelmed with multiple new employees at one time. It will</p>

	<p>also determine how many shifts each new employee will complete in various areas along with their scheduled unit, classroom days, and skills labs.</p>
<p>Step 2 Monday – Week 8 New Graduate Orientation</p>	<p>The first day will begin in a classroom with the program director and nurse educators. Packets will be provided and explained regarding the requirements of the program, what they should expect to gain from the program, what they are expected to complete as new graduate nurses, and what they should expect from their preceptors.</p> <p>Everyone will receive their preceptors name and information, rotation schedule between various departments, classroom, and skill lab sessions.</p> <p>A pre-orientation open-ended evaluation and a self-evaluation will be completed and collected.</p> <p>This time will also be used to answer any questions or concerns that may need to be addressed.</p>
<p>Weeks 9 – 12</p>	<p>Rotation schedules will begin at this time. New graduate nurses will rotate between different departments such as therapy (speech, physical and occupational), L&D/OB/NICU, Pediatrics, Day Surgery/OR/PACU, ICU, ER, Wound Care, Pharmacy, and</p>

	the Laboratory. Also, classroom days and skills labs will be completed during this time.
Step 3 Weeks 12 – 14 New Nurses Orienting with Preceptors	<p>Step three will take a total of six months and be focused on the preceptorship on a designated unit with a provided preceptor.</p> <p>At the start of this step, the new graduates will have completed the classroom, skills labs, and department rotations.</p>
Weeks 15 – 40 Check Ins : Last Tuesdays and Wednesdays of each month	<p>Check ins with the program director will begin on the fourth week of orienting with their preceptor. This will provide time to discuss the progress and concerns of both the new graduate and preceptor. Meetings will be held individually, preceptor first then new graduate, and feedback will be provided by the program director.</p> <p>The same open-ended evaluation and a self-evaluation will be completed and collected then compared by the director via Google Forms.</p> <p>At the final check in, it will be determined if any new graduate or preceptor feels like more time is needed on orientation or if the new graduate is ready to practice independently.</p>
Step 4 Week 41 Luncheon	<p>A luncheon will be held by the program committee to show their appreciation for everyone who was involved. The luncheon will</p>

	honor the new graduate nurses and preceptors on a job well done and praises for a successful future.
Step 5 3, 6, 12 months follow up	A follow up evaluation and interview will be completed and compared to previous evaluations to determine if the new graduate nurse is feeling competent, satisfied, and successful after completion of the NRP.

Data Collection Methods

Data collection and methods of evaluation for this benchmark study will be monitored throughout the project to verify that it is effective. Pre and post opened ended evaluation surveys designed through research and brainstorming with the implementation team, will be collected throughout the program along with a self-evaluation. The information provided during monthly check-ins will help determine the satisfaction of the new graduate and their opinions on the program. The evaluations will be completed electronically via Google Forms. The evaluations will be emailed to each participant and verbally notified of due date. The nurse is encouraged to complete the survey while at work but can complete at home if time does not allow during the workday. Also, each time the new graduate meets with the program director during check-ins, surveys will be discussed in depth and notes will be taken to promote change per the new graduates' recommendations or concerns. The overall outcome will be to promote nursing satisfaction and encourage job retention after completion of the residency program. Although not all circumstances can be prevented such as marriage or moving, encouraging nurses to complete a set amount of years post residency will benefit both the nurse and hospital.

**New Graduate Nurse Satisfaction Nurse Residency Program Survey
Pre/Post Evaluation Survey**

There are no right or wrong answers. These are your honest opinions. Please be real and open with your responses and we can discuss more in depth of your concerns in your rounding with the director.

1. What do you like most so far about the program?

2. How do you feel about processing and retaining information currently?

3. Is there anything specific you are having a difficult time with while transitioning from “student” to “RN” role?

4. What would you like to see to help with your transition into your new role as RN?

5. Do you believe the rotations throughout other departments are helpful? Why or why not?
6. Do you believe the classroom content days and simulation labs are helpful? Why or why not?
7. Are you feeling supported on the unit? How could we make this better?
8. Do you plan to remain in your current job after completion of residency program? Why or Why not?
9. How satisfied do you feel with your training currently?
10. Please express any other concerns you may have, or list bullet points and we can discuss during rounding.

--

New Graduate Nurse Satisfaction Nurse Residency Program Survey Self-Evaluation Survey				
Please answer the following questions to the best of your ability. Place a check mark in the appropriate column. Your answers will be discussed during rounding with the education director.				
Question	Do not Agree	Somewhat Agree	Agree	Strongly Agree
1. I know and understand the responsibilities of my job				
2. I feel that my workload is heavier than it needs to be.				
3. I understand the chain of command and who to go to for questions or problems.				
4. I feel that I can go to my supervisor with any problems that I may have.				
5. I believe that I am valued as a team member.				
6. I believe that I have had enough training to do my job well.				
7. I am confident in my skills and can complete tasks appropriately.				
8. I believe I am improving with time management				

skills and ask for help when necessary.				
9. How satisfied do you feel with your training currently?				
10. Do you plan to remain in your current job after completion of residency program?				

Cost/Benefit Discussion

The cost of implementing this project is determined by supplies for meetings, additional pay for preceptors, new graduate salary, and the conclusion luncheon. Office supplies for meetings including paper, pens, and folders, equaled \$500.00. The luncheon provided for the staff involved in the program equaled \$1000. This project included the training of five new graduate nurses therefore, five preceptors will be chosen and paid an additional \$1.00 per hour for their time in addition to their current hourly wage. The total additional cost for each preceptor is \$1,010. The cost to train one new graduate equaled \$62,000. The price was chosen after understanding that the cost varies as Cochran (2017) states, “Goss (2015) set the cost to recruit and train one new nurse at \$62,000-\$67,000” (p. 53).

Looking at numbers, it may seem expensive for the organization to spend \$63,000 on a new graduate nurse. However, if the new nurse is trained adequately and becomes confident in their skills and is satisfied in their training, the risk of turnover is low. Therefore, if a new graduate nurse is hired without a NRP and has a minimum of four weeks of training compared to six months, the risk of turnover and loss of investment becomes much higher for the organization. Overall, the benefit far outweighs the cost when retaining a new graduate nurse versus hiring and losing multiple in the same time frame.

Discussion of Results

Due to the unforeseen circumstances of COVID-19, this project was unable to be implemented at this time. However, positive feedback from nursing administration, bedside nurses, and clinical educators was received after educating them on the project recommendation. It is expected, that with the positive encouragement and support from proposed stakeholders, it is possible that the project would have been successful and offered reassurance, education, and satisfaction for the new graduate nurses as they entered the field of nursing.

Conclusions/Recommendations

As an educator it is important to encourage and educate nurses on how to reach optimum success in their career. New graduate nurses have a variety of emotions that rise after graduating including choosing their first job, passing state boards, and realizing now that they will be practicing on their own soon. Perron and colleagues (2019) remind us that nurse residency programs are used increasingly by healthcare facilities to address the transition from new graduate nurse to independent clinician during a time of elevated stress as they transition to acquire experience to match textbook knowledge. Therefore, stakeholders must recognize that this career takes a village to succeed and one cannot be successful without the help of others. Ultimately, new nurses want to be successful; therefore, offering them resources of a structured residency program or preceptorship can promote success for their future.

The next step for this project would be to revise and improve the program content for the next group of new graduates according to recommendations from prior new graduates and preceptors. Having a better understanding of the successful NRP, educators should encourage all bedside nurses who may come in contact with nursing students during clinical rotations to spread

the good news and excitement revolving around the new program that is offered for the purpose of helping new graduates as they enter into the wonderful field of nursing.

References

- Cochran, C. (2017). Effectiveness and best practice of nurse residency programs: a literature review. *MedSurg Nursing*, 26(1), 53-63
- Crimlisk, J. T., Grande, M. M., Krisciunas, G. P., Costello, K. V., Fernandes, E. G., & Griffin, M. (2017). Nurse residency program designed for a large cohort of new graduate nurses: Implementation and outcomes. *MedSurg Nursing*, 26(2), 83-87, 104.
- Eckerson, C.M., (2018). The impact of nurse residency programs in the United States on improving retention and satisfaction of new nurse hires: An evidence-based literature review. *Nurse Education Today*, 71, 84-90. doi: 10.1016/j.nedt.2018.09.003
- Edwards, D., Hawker, C., Carrier, J., & Rees, C. (2015). A systematic review of the effectiveness of strategies and interventions to improve the transition from student to newly qualified nurse. *International Journal of Nursing Studies*, 52, 1254-1268. doi:10.1016/j.ijnurstu.2015.03.007
- Gallagher-Ford, L., Buck, J., & Melnyk, B. (2015). Leadership strategies for creating and sustaining evidence-based practice organizations. In B. Melnyk & E. Fineout-Overholt (Eds.), *Evidence-Based Practice in Nursing & Healthcare A Guide to Best Practice*. (3rd ed., pp. 240). Philadelphia, PA: Wolters Kluwer
- Henderson, A., Ossenberg, C., & Tyler, S. (2015). 'What matters to graduates': An evaluation of a structured clinical support program for newly graduated nurses. *Nursing Education in Practice*, 15, 225-231. doi:10.1016/j.pnepr.2015.01.009

- Hickerson, K.A., Terhaar, M.F., & Taylor, L.A. (2016). Preceptor support to improve nurse competency and satisfaction: A pilot study of novice nurses and preceptors in a pediatric intensive care unit. *Journal of Nursing Education and Practice*, 6(12), 57-62. doi:10.5430/jnep.v6n12p57
- Letourneau, R. M., & Fater, K. H. (2015). Nurse residency programs: an integrative review of the literature. *Nursing Education Perspectives*. 36(2) 96-101. doi: 10.5480/13-1229
- Lewis, S., & McGowan, B. (2015). Newly qualified nurses' experiences of a preceptorship. *British Journal of Nursing*, 24(1), 40-43. doi:10.12968/bjon.2015.24.1.40
- Long, L., Gallagher-Ford, L., and Fineout-Overholt, E. (2015). Integration of patient preferences and values and clinician expertise into evidence-based decision making. In B. Melnyk & E. Fineout-Overholt (Eds.), *Evidence-Based Practice in Nursing & Healthcare A Guide to Best Practice*. (3rd ed., pp. 171-175). Philadelphia, PA: Wolters Kluwer
- Medas, J.C., Amato, S., Grimm, D., Radziewicz, R., Rhodes, C., Vanhorn, C., McNet, M., (2015). Outcomes of a comprehensive nurse residency program. *Nursing Management*. 46 (11), 46–48. doi: 10.1097/01.NUMA.0000469353.71942.5b.
- Perron, T., Gascoyne, M., Kallakavumkal, T., Kelly, M., & Demagistris, N. (2019). Effectiveness of nurse residency programs. *Journal of Nursing Practice Applications & Reviews of Research*, 9(2), 48-52. doi: 10.13178/jnparr.2019.09.02.0908
- Smith, J.B., Robinson, D., Echtenkamp, D., Brostoff, M., McCarthy, A., (2016). Exploring the structure and content of hospital-based pediatric nurse residency programs. *Journal of Pediatric Nursing*. 31 (2), 187–195. doi: 10.1016/j.pedn.2015.10.010

Williams, F. S., Scott, E. S., Tyndall, D. E., & Swanson, M. (2018). New nurse graduate residency mentoring: A retrospective cross-sectional research study. *Nursing Economics*, 36(3), 121-127.

Appendix A

Synthesis Table

PICOT Question: In new graduate nurses (P), how does a structured residency program or preceptorship (I) compared to no residency program or preceptorship (C) affect nurse satisfaction (O) at three months post completion of the residency program or preceptorship (T)?				
PICOT Question Type (Circle):	Intervention	Etiology	Diagnosis or Diagnostic Test	Prognosis/Prediction
Meaning				
References				
Cochran, C. (2017). Effectiveness and best practice of nurse residency programs: a literature review. <i>MedSurg Nursing</i> , 26(1), 53-63				
Crimlisk, J. T., Grande, M. M., Krisciunas, G. P., Costello, K. V., Fernandes, E. G., & Griffin, M.(2017). Nurse residency program designed for a large cohort of new graduate nurses: Implementation and outcomes. <i>MedSurg Nursing</i> , 26(2), 83-87, 104.				
Eckerson, C.M., (2018). The impact of nurse residency programs in the United States on improving retention and satisfaction of new nurse hires: An evidence-based literature review. <i>Nurse Education Today</i> , 71, 84-90. doi: 10.1016/j.nedt.2018.09.003				
Edwards, D., Hawker, C., Carrier, J., & Rees, C. (2015). A systematic review of the effectiveness of strategies and interventions to improve the transition from student to newly qualified nurse. <i>International Journal of Nursing Studies</i> , 52, 1254-1268. doi.10.1016/j.ijnurstu.2015.03.007				
Henderson, A., Ossenberrg, C., & Tyler, S. (2015). ‘What matters to graduates’: An evaluation of a structured clinical support program for newly graduated nurses. <i>Nursing Education in Practice</i> , 15, 225-231. doi.10.1016/j.pnepr.2015.01.009				
Hickerson, K.A., Terhaar, M.F., & Taylor, L.A. (2016). Preceptor support to improve nurse competency and satisfaction: A pilot study of novice nurses and preceptors in a pediatric intensive care unit. <i>Journal of Nursing Education and Practice</i> , 6(12), 57-62. doi:10.5430/jnep.v6n12p57				
Letourneau, R. M., & Fater, K. H. (2015). Nurse residency programs: an integrative review of the literature. <i>Nursing Education Perspectives</i> , 36(2) 96-101. doi: 10.5480/13-1229				
Lewis, S., & McGowan, B. (2015). Newly qualified nurses’ experiences of a preceptorship. <i>British Journal of Nursing</i> , 24(1), 40-43. doi:10.12968/bjon.2015.24.1.40				

Appendix A: Continued

Medas, J.C., Amato, S., Grimm, D., Radziewicz, R., Rhodes, C., Vanhorn, C., McNet, M., (2015). Outcomes of a comprehensive nurse residency program. *Nursing Management*. 46 (11), 46–48. doi: 10.1097/01.NUMA.0000469353.71942.5b.

Perron, T., Gascoyne, M., Kallakavumkal, T., Kelly, M., & Demagistris, N. (2019). Effectiveness of nurse residency programs. *Journal of Nursing Practice Applications & Reviews of Research*, 9(2), 48-52. doi: 10.13178/jnparr.2019.09.02.0908

Smith, J.B., Robinson, D., Echtenkamp, D., Brostoff, M., McCarthy, A., (2016). Exploring the structure and content of hospital-based pediatric nurse residency programs. *Journal of Pediatric Nursing*. 31 (2), 187–195. doi: 10.1016/j.pedn.2015.10.010

Williams, F. S., Scott, E. S., Tyndall, D. E., & Swanson, M. (2018). New nurse graduate residency mentoring: A retrospective cross-sectional research study. *Nursing Economics*, 36(3), 121-127.

Citation: (i.e., author(s), date of publication, & title)	Conceptual Framework	Design/Method	Sample/Setting	Major Variables Studied and Their Definitions	Measurement of Major Variables	Data Analysis	Study Findings	Strength of the Evidence (i.e., level of evidence + quality [study strengths and weaknesses])
Author, Year, Title	Theoretical basis for study Qualitative Tradition		Number, Characteristics, Attrition rate & why?	Independent variables (e.g., IV1 = IV2 =) Dependent variables (e.g., DV =)	What scales were used to measure the outcome variables (e.g., name of scale, author, reliability info [e.g., Cronbach alphas])	What stats were used to answer the clinical question (i.e., all stats do not need to be put into the table)	Statistical findings or qualitative findings (i.e., for every statistical test you have in the data analysis column, you should have a finding)	<ul style="list-style-type: none"> Strengths and limitations of the study Risk or harm if study intervention or findings implemented Feasibility of use in your practice Remember: level of evidence + quality of evidence = strength of evidence & confidence to act Use the USPSTF grading schema http://www.ahrq.gov/clinic/3rduspstf/ratings.htm
Williams et al., (2018). New nurse graduate residency mentoring: A retrospective cross-sectional research study.	None Stated	Descriptive Quantitative	3,484 NGN 84% Female 71% White 43% BSN 40% ADN	V: Preceptor guided clinical Immersion IV: Education and curriculum IV: Formal mentoring IV: Formal debriefing classes	Turnover Intention - 6 Point Likert Survey Versant Evaluation of RN Residency - 4 Point Likert Scale Versant Evaluation of RN Residency - Six Question Rating	Correlational Quantitative Analysis Chi-squared Analysis	Type of mentoring OTOM = higher rating for TP, PD, SM but no significant relationship for comfort. Comfort of staff nurse and TI 73% comfortable 8% uncomfortable 19% very comfortable	<p>Strengths – the study involved a variety of people of different backgrounds to prevent bias of the study.</p> <p>Limitations – the OTOM group was much smaller than the group mentored.</p> <p>No Risk noted. Bias in the small sample sizes.</p>

Appendix A: Continued

			<p>Attrition = n/a as one-time data collection</p> <p>1:1 mentor 750</p> <p>group: 2733</p>	<p>IV: Looping</p> <p>DV: Transition Into practice</p> <p>DV: Professional development</p> <p>DV: Stress management</p> <p>DV: Comfort level to staff nurse role</p> <p>DV: Turnover Intention</p>	No other information was available		<p>Uncomfortable increased high risk of TI.</p> <p>Mentoring frequency</p> <p>low mentor frequency = significant turnover intent</p> <p>group mentees high TI if low to moderate contact with mentors</p> <p>OTOM more helpful with TP, PD, SM</p> <p>85% GM = no obstacles to meeting</p> <p>47% OTOM = obstacles to meet</p> <p>Mentoring helped transition</p> <p>X2 15.68</p> <p>$p = <0.001$</p> <p>mentoring helped PD</p> <p>X2 12.71</p> <p>$p = <0.001$</p> <p>Mentoring helped SL</p> <p>X2 15.58</p> <p>$p = <0.001$</p> <p>Comfort level</p> <p>X2 0.90</p> <p>$p = 0.638$</p> <p>Turnover Intention</p> <p>X2 2.59</p> <p>$p = 0.108$</p>	<p>This study is feasible to use in future practice.</p> <p>Level VI study</p> <p>USPSF certainty moderate grade B</p>
Edwards et al., (2015). A systematic review of the effectiveness of strategies	None Stated	Systematic Review	<p>30 Studies with 11,929 participants</p> <p>UK, USA, AUS, NZ</p>	<p>IV: Nurse Residency Program</p> <p>IV: Graduate nurse orientation program</p>		Narrative Analysis	<p>Self-confidence increased</p> <p>Confidence: observed increase</p> <p>Knowledge: observed increase</p>	<p>Strengths – the study proposes that transition interventions/strategies promote confidence, competence, job satisfaction,</p>

Appendix A: Continued

and interventions to improve the transition from student to newly qualified nurse.			<p>1 RCT</p> <p>2 Quasi Experimental</p> <p>1 Pre-Post Test Design</p> <p>1 NEDCS</p> <p>1 CIS</p> <p>3 DCS</p> <p>2 CSDS</p> <p>8 Longitudinal studies</p> <p>1 Mixed Methods</p> <p>1 6yr evaluation</p> <p>1 RS</p> <p>8 Descriptive Case Studies</p> <p>Attrition = n/a as one-time data collection</p>	<p>IV: Mentorship/preceptorship</p> <p>IV: Simulation-based graduate programs</p> <p>DV: Confidence and competence</p> <p>DV: Knowledge</p> <p>DV: Job Satisfaction</p> <p>DV: Stress and anxiety</p> <p>DV: Retention/turnover rate</p>			<p>Perception of 'increased confidence'</p> <p>Levels of competency significantly increased</p>	<p>critical thinking and reduces stress and anxiety in new nurses.</p> <p>Limitations – the sample size of reviews were small, the search was restricted to the English language, the methodological quality of studies were poor.</p> <p>No Risk noted. Bias in the small sample sizes among the various studies This study is feasible to use in future practice.</p> <p>Level I study</p> <p>USPSF certainty moderate grade B</p>
Henderson et al., (2015). 'What matters to graduates':	Phenomenology	Mixed Method Design	<p>Queensland, Australia</p> <p>Sample for Quantitative is 78.</p>	<p>IV: FGD</p> <p>IV: Study Days</p> <p>IV: Working relationship with preceptor</p>	<p>Cronbach alpha's recognition 0.92</p> <p>Affiliation 0.85</p> <p>Accomplishment 0.85</p> <p>Influence 0.44</p> <p>Dissatisfaction 0.74</p>	<p>Mean</p> <p>Narrative Analysis</p>	<p>Average experience was positive.</p> <p>Sense of belonging, sense of accomplishment, sense of worth, and sense of</p>	<p>Strengths – the study proposes that with interactive content days and supervised experience the transitioning from student to novice was successful.</p>

Appendix A: Continued

An evaluation of a structured clinical support program for newly graduated nurses.			<p>Characteristics: age 18-25, 85% females.</p> <p>Focus group-10</p> <p>No characteristics provided.</p> <p>Attrition = n/a as one-time data collection</p>	<p>IV: Value of nursing team</p> <p>DV: Effectiveness of program</p> <p>DV: NN satisfaction</p> <p>DV: NN Dissatisfaction</p> <p>DV: NN Affiliation</p> <p>DV: NN Influence</p> <p>DV: NN Accomplishment</p>	<p>Likert Scale</p> <p>CLOCS subscales</p>		<p>engagement rated high 3.9-4.2.</p> <p>Impact on change rated lower than 3.6.</p> <p>Value of the study days were useful</p> <p>positive working relationships</p>	<p>Limitations – the sample size for the focus group was much smaller than the sample size of the completed survey.</p> <p>No Risk noted. Bias in only a small sample size for focus group.</p> <p>This study is feasible to use in future practice.</p>
Lewis, S., & McGowan, B. (2015). Newly qualified nurses' experiences of a preceptorship.	Qualitative Tradition Phenomenology: Lived Experience	Qualitative	<p>8 RNs completed preceptorship</p> <p>Band-5 RNs Setting = UK</p> <p>Attrition = n/a as one-time data collection</p>	<p>IV: Support requirements</p> <p>IV: expectations of preceptorship</p> <p>IV: development of knowledge</p> <p>IV: building confidence</p> <p>IV: time management</p> <p>IV: expectations of preceptorship</p> <p>IV: understanding preceptorship</p> <p>IV: and preceptors' roles</p>	<p>Newell and Burnard's Pragmatic Approach to Qualitative Data Analysis</p> <p>One-to-one interviews of RNs</p>	Pragmatic Approach to Qualitative Data Analysis	positive contribution of the nursing team	<p>Level VI study</p> <p>USPSF certainty moderate grade B</p>

Appendix A: Continued

Hickerson et al., (2016). Preceptor support to improve nurse competency and satisfaction: A pilot study of novice nurses and preceptors in a pediatric intensive care unit.	None stated	Quasi-Experimental	<p>Volunteer participation only</p> <p>37 Preceptors senior nurses chosen by invitation</p> <p>30 New graduate nurses entering the PICU department</p>	<p>IV 1 = Grab and Go Teaching Bags</p> <p>IV 2 = SharePoint Intranet site for preceptors</p> <p>IV 3 = Intranet site for Novice Nurse Competency Passport</p> <p>IV 4 = Bi-Weekly Huddles</p> <p>IV 5 = Preceptor Checklists</p> <p>DV: Novice nurses' competency and satisfaction</p> <p>DV: novice nurse satisfaction with their preceptor</p>	75 item BKAT, 20 item Likert scale, 4-point scale, Nurse Competency Scale, 1-7 scale, 15 item Likert scale, and 7-point scale	<p>Quantitative analysis</p> <p>Descriptive Statistics: Mean, Range, SD, t-test, p-value</p>	<p>Increase in NNK started at mean score of 73% then increased to 83%</p> <p>MNS 3.1 to 3.6</p> <p>PSRC 4.7 to 4.8</p> <p>PSI 3.0 to 3.2</p>	<p>Strengths- the study proposes that using these five interventions can be successful with increase in scores from pre and post interventions.</p> <p>Limitations – The sample was small and participates were completely voluntary.</p> <p>No risk noted. Bias only a pilot study in one small area of one facility.</p> <p>This study is feasible to use in future practice</p> <p>Level III study</p> <p>USPSF certainty moderate grade B</p>
Perron, et al., (2019). Effectiveness of nurse residency programs.	None Stated	Literature Review	<p>13 articles</p> <p>Attrition = n/a as one-time data collection</p>	<p>IV: Nurse Residency Programs</p> <p>DV: Job Satisfaction & Performance</p> <p>DV: Increased retention</p> <p>DV: Financial Impact</p>	No other information was available	Descriptive Study	<p>No statistical findings were reported using specific data analysis.</p>	<p>Strengths – the study encourages finding a program that matches the new graduates' values and goals verses stating one is better than the other.</p> <p>Limitations – studies had small sample size and limited data beyond the first year of practice.</p> <p>No Risk noted. Bias in the small sample sizes.</p>

Appendix A: Continued

								<p>This study is feasible to use in future practice.</p> <p>Level VII study</p> <p>USPSF certainty moderate grade C</p>
<p>Crimlisk, et. al., (2017). Nurse residency program designed for a large cohort of new graduate nurses:</p> <p>Implementat ion and outcomes.</p>	None Stated	Qualitative and Quantitative Study	<p>44 new graduate nurses</p> <p>Attrition = n/a as one-time data collection</p>	<p>IV: Nurse Residency Programs</p> <p>DV: Evaluation of class content</p> <p>DV: Confidence</p> <p>DV: Knowledge Retention</p> <p>DV: Competence</p>	<p>Class content evaluation - 5 Point Likert Scale</p> <p>Confidence assessment - 5 Point Likert Scale</p> <p>Wilcoxon's Rank Sum Test</p> <p>Fisher's Exact Test</p> <p>Multiple Choice Questions</p>	Quantitative Analysis	<p>Retention Rate at 1 year was 91% - (n=42)</p> <p>96% felt experienced to provide safe, competent care at 6 months survey</p> <p>97% felt experienced to provide safe, competent care at 1-year survey</p>	<p>Strengths – the study encourages classes, socialization, and supports best practice recommendations for new graduate programs.</p> <p>Limitations – a large group was used and may be difficult compared to using a small group and focusing on everyone.</p> <p>No Risk noted. No bias noted.</p> <p>This study is feasible to use in future practice.</p> <p>Level VI study</p> <p>USPSF certainty moderate grade B</p>

Appendix A: Continued

Cochran, C. (2017). Effectiveness and best practice of nurse residency programs: a literature review.	None Stated	Literature Review	15 Articles. 12 qualitative research articles 3 literature reviews 6 case studies 1 expert opinion Attrition = n/a as one-time data collection	IV: Nurse Residency Program DV: Critical thinking skills DV: Communication DV: Confidence DV: Incivility DV: Job satisfaction DV: Stress and anxiety DV: Retention/turnover	BKAT Pre/Post Validation surveys Critical Thinking Tests	Correlational Descriptive Study Narrative Analysis	Turnover decreased from 36.8% to 6.4% after implementing NRP Retention rates improved from 35-61% to 94-97% after implementing NRP Significant Increase seen after NRPs critical thinking $p=0.001$ confidence $p=0.00$ Improved communication $p=0.022$ BKAT scores Improved by 12% and critical thinking test scores Improved by 41%.	Strengths – the study suggests NRP are a cost-effective strategy to increase retention and expand knowledge and critical thinking skills. Limitations – there was a wide variety of areas looked at throughout the studies verses the same theme of areas. No Risk noted. No bias noted. This study is feasible to use in future practice. Level VII USPSF certainty moderate grade B
Letourneau, R. M., & Fater, K. H. (2015). Nurse residency programs: an integrative review of the literature.	None Stated	Literature Review	25 Articles 10 Empirical Articles 15 Program Development Attrition = n/a as one-time data collection	IV: Nurse Residency Program DV: Nurse retention DV: Quality of nurse performance DV: Nurse confidence DV: Stress DV: Perceived Support DV: Organization and prioritizing DV: Communication and leadership DV: Professional satisfaction	Casey-Fink Graduate Nurse Experience Survey Nurse Job Satisfaction Scale Job Stress Scale OCQ MMJSS NRSS M6SNP CDMNS GCONPS	Narrative Analysis Quantitative Analysis	No statistical significance noted with job satisfaction in conjunction with job autonomy. Decreased turnover rate; increased readiness for practice. higher job satisfaction, decision making, quality of performance, commitment and lower stress. retentions rates increased. More confident in skills after 12 months.	Strengths – the study suggests NRP facilitate the transition from nursing student to professional nurses and leads to higher retention rate. Limitations – more evidence is needed to determine if NRPs influence the quality of nursing care contributing to nurse-sensitive patient outcomes. No Risk noted. No bias noted. This study is feasible to use in future practice. Level VII USPSF certainty moderate grade B

Appendix A: Continued

Eckerson, C.M., (2018). The impact of nurse residency programs in the United States on improving retention and satisfaction of new nurse hires: An evidence-based literature review.	None Stated	Literature Review	12 articles Attrition = n/a as one-time data collection	IV: Nurse Residency Program DV: Nurse Retention DV: Nurse Satisfaction	JHEBP Casey-Fink Survey MMJSS GCONPS Nurse Job Satisfaction Survey Cummings and Estabrooks' quality rating tool	Quantitative Analysis	Use of NRP had positive impact on satisfaction and retention of new nurse hires.	Strengths – There is a positive impact on satisfaction and retention in new hires. Limitations – there were three themes of risks such as economic hardships, poor response rate, and voluntary participation. Bias due to the three themes of economic hardship, poor response rate, and voluntary participation. This study is feasible to use in future practice. Level VII USPSF certainty moderate grade B
Medas, et. al., (2015). Outcomes of a comprehensive nurse residency program.	None Stated	Cohort Study	79 New graduate nurses 69% Female 10% Male 69% White 5% Black 4% Hispanic 1% other 43% BSN 29% ADN 6% Diploma nursing degree	IV: CNRP DV: NLRN satisfaction DV: Confidence and Role Transition DV: Retention DV: Intent to Leave	MMSS Casey-Fink Survey Nurse Experience Survey Investigator Intent to Leave Survey	Mean Cronbach's alpha = 0.89	Response rate decreased from 37% to 35% at 6 months and 15% at 12 months and to 11% at 18 months post hire. Top satisfaction areas were nursing peers, care delivery, and benefits package at 12 months. Top dissatisfied areas were lack of day shift opportunity, perceived lack of participation in organization decision making, and lack of flexibility in scheduling weekends off at 12 months.	Strengths – Positives and negatives were found in this study and allows for areas of improvement within this topic of study. Limitations – It was a single-study site which may impact generalizability of the result No risk noted. Bias is the single site study. This study is feasible to use in future practice. Level II USPSF certainty moderate grade B

Appendix A: Continued

Smith et al., (2016). Exploring the structure and content of hospital-based pediatric nurse residency programs.	None Stated	Descriptive Quantitative	65 Hospitals 20 without residency programs 45 with residency programs	IV: NRP leaders DV: Type of Hospital DV: Geographic Region	4 Point Likert Survey Casey-Fink Survey CDANGW SPNAS SNCRS CNRCS Versant evaluation tool	Descriptive Statistics: mean, median, SD, t-test, p-value Quantitative Analysis	Perceived benefits -support -clinical expertise -leadership skills -patient advocacy -communication Perceived challenges -content -time/scheduling -preceptors -financial -support from nursing admin	Strengths – Most respondents found NRP to be valuable. Limitations – lack of funds and demand of leadership time and expertise to implement the program. No risk noted. Bias is the single site study. This study is feasible to use in future practice. Level IV USPSF certainty moderate grade A
---	-------------	--------------------------	---	--	--	--	--	---

Appendix A: Continued

Legend:

ADN – Associate-degree nurse	NN – Novice Nurse
AUS – Australia	NNK - Novice Nurse Knowledge
BKAT - Basic Knowledge Assessment Test	NRSS Nurse Residency Satisfaction Scale
BSN – Baccalaureate-prepared nurse	NZ – New Zealand
CDANGW – Clinical Development Assessment in Newly Graduated Nurses	OCQ - Organization Commitment Questionnaire
CDMNS - Clinical Decision-Making Nursing Scale	OTOM – One-to-One Mentoring
CLOCS – Clinical Learning Organizational Cultural Survey	PD – Professional Development
CNRCS – Corwin’s Nursing Role Conception Scale	PICU – Pediatric Intensive Care Unit
CSDS - Cross-sectional Descriptive Study	PSI - Preceptor satisfaction increased
DCS - Descriptive Comparative Study	PSRC - Preceptors self-reported competency
GCONPS - Gerber Control Over Nursing Practice Scale	RNs – Registered Nurses
GM – Group Mentoring	RS - Retrospective Study
JHEBP – John Hopkins Evidence-Based Practice Appraisal Tool	SATA 11 – Statistical Software Analysis Package
M6SNP Modified 6-D Sale of Nursing Performance	SM – Stress Management
MMJSS - McCloskey/Mueller Job Satisfaction Scale	SNCRS – Slater Nurse Competency Rating Scale
MNS - Mean novice satisfaction	SPNAS – Schutzenhofer Professional Nurse Autonomy Scale
NEDCS - Non-Experimental Descriptive Correlation Study	TI – Turnover Intention
NGN – New Graduate Nurse	TP – Transition into Practice
NLRN – Newly Licensed Registered Nurse	UK – United Kingdom
	USA – United States of America

***Prompts for each column – **please do not repeat the headings, just provide the data**

Used with permission, © 2007 Fineout-Overholt

Appendix B

Flowchart

Step 1 Wednesday – Weeks 1 – 2 Curriculum	Curriculum will be discussed along with rules and expectations regarding what the new employee is and is not allowed to do with supervision and without supervision. After developing the curriculum, it will be outlined to discuss, write, and publish a protocol regarding the new NRP.
Wednesday – Week 3 Job Application	Topics of discussion will include job applications, what the expectations are of the applicants, who will review the applicants, who will oversee the program, and a deadline to stop taking applications will be set.
Wednesday – Week 4 Preceptors	This meeting will discuss the program with nurses working on the units that will be mentoring and precepting the newly hired staff. Incentives will be discussed if agreeable to becoming a preceptor and explain the expectations that are set for them as mentors of the newly graduated nurse. A set number of preceptors will be selected by the program director and notified of their new position.
Monday – Friday – Week 5 Narrowing Applicants	Narrowing down the applicants using the discussed expectations and qualifications. Phone calls will be made to set up interviews for the chosen applicants.
Monday – Friday – Week 6 Interviews	Interviews will be conducted by the interview committee (program director, interview director, and a chosen preceptor from each inpatient unit) On Friday, once interviews and offers have been completed, job offers will be offered through phone calls by the interview director after initiate a start date with human resources.
Wednesday – Week 7 Rotation Schedule	The implementation committee will meet to develop a rotation schedule to accommodate the number of students that are hired. They will be organized where various department staff is not overwhelmed with multiple new employees at one time. It will also determine how many shifts each new employee will complete in various areas along with their scheduled unit, classroom days, and skills labs.
Step 2 Monday – Week 8 New Graduate Orientation	The first day will begin in a classroom with the program director and nurse educators. Packets will be provided and explained regarding the requirements of the program, what they should expect to gain from the program, what they are expected to

Appendix B: Continued

	<p>complete as new graduate nurses, and what they should expect from their preceptors.</p> <p>Everyone will receive their preceptors name and information, rotation schedule between various departments, classroom, and skill lab sessions.</p> <p>A pre-orientation open-ended evaluation and a self-evaluation will be completed and collected.</p> <p>This time will also be used to answer any questions or concerns that may need to be addressed.</p>
Weeks 9 – 12	<p>Rotation schedules will begin at this time. New graduate nurses will rotate between different departments such as therapy (speech, physical and occupational), L&D/OB/NICU, Pediatrics, Day Surgery/OR/PACU, ICU, ER, Wound Care, Pharmacy, and the Laboratory. Also, classroom days and skills labs will be completed during this time.</p>
Step 3 Weeks 12 – 14 New Nurses Orienting with Preceptors	<p>Step three will take a total of six months and be focused on the preceptorship on a designated unit with a provided preceptor.</p> <p>At the start of this step, the new graduates will have completed the classroom, skills labs, and department rotations.</p>
Weeks 15 – 40 Check Ins : Last Tuesdays and Wednesdays of each month	<p>Check ins with the program director will begin on the fourth week of orienting with their preceptor. This will provide time to discuss the progress and concerns of both the new graduate and preceptor. Meetings will be held individually, preceptor first then new graduate, and feedback will be provided by the program director.</p> <p>The same open-ended evaluation and a self-evaluation will be completed and collected then compared by the director.</p> <p>At the final check in, it will be determined if any new graduate or preceptor feels like more time is needed on orientation or if the new graduate is ready to practice independently.</p>
Step 4 Week 41 Luncheon	<p>A luncheon will be held by the program committee to show their appreciation for everyone who was involved. The luncheon will honor the new graduate nurses and preceptors on a job well done and praises for a successful future.</p>

Appendix C

Instrument

New Graduate Nurse Satisfaction Nurse Residency Program Survey Pre/Post Evaluation Survey
There are no right or wrong answers. These are your honest opinions. Please be real and open with your responses and we can discuss more in depth of your concerns in your rounding with the director.
1. What do you like most so far about the program?
2. How do you feel about processing and retaining information currently?
3. Is there anything specific you are having a difficult time with while transitioning from “student” to “RN” role?
4. What would you like to see to help with your transition into your new role as RN?

Appendix C: Continued

5. Do you believe the rotations throughout other departments are helpful? Why or why not?

6. Do you believe the classroom content days and simulation labs are helpful? Why or why not?

7. Are you feeling supported on the unit? How could we make this better?

8. Do you plan to remain in your current job after completion of residency program? Why or Why not?

9. How satisfied do you feel with your training currently?

Appendix C: Continued

10. Please express any other concerns you may have, or list bullet points and we can discuss during rounding.

New Graduate Nurse Satisfaction Nurse Residency Program Survey Self-Evaluation Survey				
Please answer the following questions to the best of your ability. Place a check mark in the appropriate column. Your answers will be discussed during rounding with the education director.				
Question	Do not Agree	Somewhat Agree	Agree	Strongly Agree
1. I know and understand the responsibilities of my job				
2. I feel that my workload is heavier than it needs to be.				
3. I understand the chain of command and who to go to for questions or problems.				
4. I feel that I can go to my supervisor with any problems that I may have.				
5. I believe that I am valued as a team member.				
6. I believe that I have had enough training to do my job well.				
7. I am confident in my skills and can complete tasks appropriately.				

Appendix C: Continued				
8. I believe I am improving with time management skills and ask for help when necessary.				
9. How satisfied do you feel with your training currently?				
10. Do you plan to remain in your current job after completion of residency program?				