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The Implementation of a Nurse Residency Program

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The Implementation of a 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 Conrad
April 13th, 2023

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Executive Summary

Implementing a nurse residency program in a hospital can be a successful plan to improve nurse retention and the quality of patient care. Nurse residency programs allow new graduate nurses to transition into professional practice and gain skills for safe and effective care. Components of the programs include preceptorship, educational seminars, shadowing days, and support from preceptors, educators, and other leadership members. The program also may provide benefits to hospitals, including improved patient outcomes, nurse job satisfaction, and decreased costs associated with reduced turnover. Successful implementation needs leadership, collaboration, and communication among all stakeholders, including the staff nurses, preceptors, educators, and managers. The evaluation methods with continuous feedback can allow staff to ensure that the program meets the needs of the new graduate nurses and the hospital. Overall, implementing a nurse residency program can be a positive investment for hospitals looking to improve retention rates and provide a supportive environment for new graduate nurses.

The Implementation of a Nurse Residency Program

New registered nurses are essential in the hospital system. They represent the current nursing population and the future of the profession. However, these professionals continue to leave their jobs every day for various reasons. Implementing nurse residency programs will improve new nurse retention and may assist in transitioning new nurses to perform quality bedside practice. The goal of implementing a residency program is to retain nurses which allows hospitals to rely on the same nurses to provide safe and quality care for diverse patient populations. Nurse residency programs in relation to nursing retention are an important topic in nursing because it is an example of what some hospitals have done to retain their nurses. It is difficult for a healthcare system to frequently search for a large number of nurses every year due to nurses leaving from stress, burnout, or other factors. Hospitals lose money due to several reasons such as extra employee orientations, recruiting, and short staffing when trying to replace them. The first year is the most difficult for a new nurse and those who do stay primarily because of the support and preparation provided by preceptors, educators, and managers within the residency programs. Overall, nurse residency programs can assist new nurses to perform safe, effective, and confident clinical practice, improve retention rates, and financially benefit the hospital.

Rationale for the Project

Nurses make up the majority of hospital staff and new graduate nurses will always be a part of that staff. Graduate nurses account for the highest number of nurses entering and leaving the profession (Van Camp & Chappy, 2017). Over the next ten years, there will be a shortage of about 500,000 nurses (Zhang et al., 2018). There will continue to be a high turnover of these nurses, requiring hospital systems to constantly hire new staff. With new nurses entering the

profession, there is a long bridge to cross between a student nurse and a prepared bedside nurse. Without adequate steps to cross that bridge, new nurses may quickly leave the hospital as soon as they start. New nurses are not only inexperienced, but they may have a lack of knowledge, training, and support in bedside practice. To overcome these barriers, hospitals must look at methods to appropriately prepare new graduate nurses in order to retain them for longer. Nurse residency programs can prepare new nurses for bedside care because it is specifically designed for nurses recently out of nursing school or with minimal experience. Each hospital's program may be different, but they are based on leadership, communication, and professional development, with a focus on evidence-based practice, patient safety, and critical thinking. The nurse residency programs can improve retention and teach the new nurses to perform quality clinical practice ultimately improving patient outcomes.

Patients may be unaware of nurse residency programs and how they can help, but they do want care from competent and confident nurses. The nurse residency programs aim to create nurses that are well-informed on hospital policies and procedures. Educators and preceptors teach new nurses' skills through extensive preceptorship, knowledge through educational seminars, and support through mentoring as they become independent. It teaches them how to provide safe and quality care for every patient in diverse populations. These programs are patient-centered because they teach respectful care, open communication, and listening, and encourage active participation by patients and their families.

Literature Synthesis

Nurse residency programs improve new nurse retention rates, assist the new nurses to perform appropriate clinical practice, and financially benefit the hospital. Improving retention rates is a forefront goal for nurse residency programs. There is a positive correlation between a

nurse residency program and increased nurse retention of new nurses in their first year of work (Eckerson, 2018). Improvement of retention rates for new nurses should encourage leaders to implement a strong and supportive nurse residency for their hospital program. Asber (2019) concluded that one-year retention rates range from 74% to 100%, which were higher than before the residency program implementation. This allows nurses to want to remain in their field for at least over one year until they gain adequate experience, further education, or are ready to move to a different position.

Different types of nurse residency programs may have various effects on retention rates. The 10–12-week preceptorship component makes up a critical aspect of the nurse residency programs. It plays a key role in a smooth transition when the preceptors also have completed a series of preceptor modules (Cadmus & Roberts, 2022). The new graduate nurses are paired with an experienced nurse on the floor for each shift to support the transition period from a student to an independent nurse. Nurses should have a primary preceptor and backup preceptors. A new nurse paired with one or two preceptors can increase their confidence as they have familiarity with the preceptor's work patterns and protocols (Wildermuth et al., 2020). The preceptorship may also lead to networking and socialization in the profession. A nurturing and developmental relationship between the new nurse and preceptor is consistently linked to positive practice environments and increased retention (Brook et al., 2019).

Despite the different types of nurse residency programs, there is a common theme of decreased stress, anxiety, and depression, as well as increased job satisfaction and healthier lifestyle behaviors (Sampson et al., 2020). It is critical for nurses to feel valued and supported within the programs for them to remain in the profession. Without support from peers, educators, and administrators, they may not feel their role is necessary. Fortunately, educators and

administrators support nurse residency programs as a successful method for retaining and assisting new nurses in their professional roles (Wolford et al., 2019). They have a critical role in the program's structure, organization, and culture. Although the nurse residents, educators, and Chief Nursing Officers (CNOs) agreed that these programs are important, there is incongruence between each group's perception of the most important categories, as well as disparities between what was needed and what was provided (Cadmus & Wurmser, 2019). Those categories include safety, patient-centered care, teamwork, communication, professionalism, evidence-based practice, leadership, quality improvement, systems-based practice, informatics, and technology. New nurses, educators, and administrators may have varying outlooks on the important qualities of the programs; however, it is important to have an underlying theme of support for new nurses.

Without residency programs, new nurses have faced various issues across the world. In Jordanian hospitals before the implementation of nurse-centered residency programs, new nurses faced a lack of self-confidence, burnout, and high intent to leave due to inadequate competencies (AbuAlRub & Abu Alhaija'a, 2018). Residency programs have structured competencies to improve confidence in decision-making and create strong critical thinking skills that form solid nurses. Programs may have various educational courses offered, ranging from biomedical engineers assisting with pumps and electronic accessories to public safety officers demonstrating techniques for workplace violence prevention (Knighten, 2022). Despite altering components, it is important to establish clear methods and tools to evaluate outcomes. One example of a frequently used tool to assess outcomes is the Casey-Fink Nurse Experience Survey, which collects feedback from the nurses after completing the residency program (Chant & Westendorf, 2019). This survey may be combined with other evaluation methods that may include gathering feedback through interviews and focus groups. Overall, the qualitative and quantitative data

conclude that the programs are beneficial to hospitals, nurses, and most importantly, the patients (See Appendix A).

Project Stakeholders

There are various stakeholders in the implementation of nurse residency programs. Stakeholders must understand the positive or negative results of the program to continue dissemination and knowledge sharing (Fineout-Overholt et al., 2019). First, nursing professionals such as managers, CNOs, and other leaders in the hospital may establish the implementation of the program. Their support is crucial for the success of the program because they determine the need for a nurse residency program, and they can supply resources and make decisions that affect the program's sustainability.

The educators and preceptors are key in actively carrying out the program. Educators provide support to the new nurses by creating their schedules with preceptors and shadow days, teaching the educational sessions, and attending their meetings to discuss their goals. They can also guide the design and alterations of the program. Preceptors are experienced nurses who mentor and help the new graduate nurse through the majority of the program. The new nurses would also have a primary preceptor and a backup in case the primary is not able to work a shift. They can learn from the backup preceptors as they may have different ways of doing things, such as their daily routine, patient care, and provider communication. Having more than three preceptors would be difficult as they may not know where the new nurse is at with their learning, and this could delay them from improving at the rate they should. The preceptors should also receive some training to become a preceptor for the new nurses to ensure their teaching is appropriate.

Lastly, patients and their families are key stakeholders in implementing a nurse residency program. Patients' needs and perspectives must be considered because the program impacts their quality of care and outcomes. Care must be centered on the patient in order to integrate patient preferences and values (Melnyk & Fineout-Overholt, 2019). When implementing a change, they want a practice that is based on evidence and clinical expertise to ensure it is safe and effective. Values, needs, and personal preferences of the individuals should be included when providing their care. They also anticipate timely, confident, and accurate information for their inquiries and worries. The goal of nursing residency programs is to teach the commitment to patient-centered care, which includes giving patients autonomy while providing quality care and acting as their advocate.

Implementation Plan

The overall plan for establishing a nurse residency program can be broken down into four stages, preparation, planning, implementation, and evaluation. During the preparation stage, the need for a nurse residency program is identified by an assessment to determine current nurse training. Goals and objectives are identified, and the program is presented to the key stakeholders to gain their support. In the planning stage, the required resources, such as funding, staffing, and space, are determined. Funding includes determining the pay for the new nurses, the pay for preceptors, and the time allotted for the educators to devote to the programs. A budget and timeline are developed, and the roles of the preceptors and educators are identified. The selected preceptors must also complete online modules and in-person orientation. The necessary space includes renting a large auditorium in the hospital for the in-person seminars. During the planning stage, the program is designed to include didactic sessions, clinical components, and an evaluation process. The didactic educational sessions include four-hour seminars on the topics of

evidence-based practice, Electronic Medical Records, medication administration, work phone usage, wound care, respiratory care, provider communication, unit specialization, work engagement elements, and mental health. The clinical components are broken down into bi-weekly goals for the new nurses and preceptors to hit ranging from working in a married state with their preceptor to preparing for independent practice with minimal reliance on their preceptor.

The actual residency program begins for the new nurses in the implementation stage. The new nurses begin the 10-week preceptorship with their paired preceptors. They also start four-hour shadow days once a week with various departments such as a respiratory therapist, physical therapist, speech therapist, wound care specialist, and an administrative leader. The new nurses will meet with educators, managers, and preceptors in the first week of the program, halfway through at week five, and at the end during week 10. The effectiveness of the program is monitored and evaluated during the evaluation stage with feedback from new nurses, preceptors, and educators. The evaluation process includes intaking data from surveys, interviews, and focus groups. The preceptorship, educational sessions, and evaluation processes are regularly updated to improve the program.

Timetable/Flowchart

The preparation and planning stage should take approximately one to three months before the initiation of the residency program. Implementing the preceptorship of the nurse residency program is estimated to be approximately 10 weeks during the implementation stage. During the evaluation stage, ongoing methods of feedback will ensure the continued success of the program. This stage may extend beyond the 10 weeks as feedback may continuously occur even after the new nurses complete the preceptorship (See Appendix B).

Data Collection Methods

A data collection plan is an essential part of a nurse residency program. It can identify areas for improvement to make necessary changes. For nurse residency programs, data collection will take place when evaluating the programs and their effectiveness with methods, such as surveys, interviews, and focus groups. The survey tool includes a ranking scale of each week's various elements of the program, such as the preceptorship, shadow days, and educational sessions. This survey includes ranking each element in how it was carried out and what they thought about it (See Appendix C). Interviews will include the educators and managers asking open-ended questions to determine how the new nurse is feeling, what they are doing, and what they hope to do in upcoming weeks. The focus groups may include small groups of new nurses with an educator to discuss how their week went, the mistakes they learned from, and what they hope to achieve next. These groups give the new nurses a chance to be open and honest with their feelings, and it also may give other nurses a chance to learn from mistakes made.

Data from these methods would be collected at the beginning of the program, at week five, and at the end of the preceptorship during week ten. The evaluation findings should be communicated to stakeholders with the program's strengths, weaknesses, and future recommendations. Based on those findings, efforts can be made to improve the effectiveness of the nurse residency program. New nurse feedback is crucial because they likely have never experienced a residency program, so they can give their feedback on the key elements and areas of improvement. Additionally, data will be collected on the retention of new nurses and the number of nurses that remain for the entirety of the program. The intervention will be deemed successful over time if the majority of the new nurses in the cohort complete their residency program over one year and extend beyond the end of the program.

Cost/Benefit Discussion

Costs and budgets are some of the obstacles to implementing a nurse residency program. These programs can be costly due to funding for new nurses, preceptors, and educators. These constraints may limit a hospital's ability to implement and sustain the programs. They also need a significant amount of time and resources from both the organization and its staff. Hospitals may be hesitant to devote these resources to the program, particularly during times of staffing shortages.

The associated costs for one cohort program include pay increases for preceptors, pay for nurse educators, and pay for the new nurses during their orientation, preceptorship, and other components. New nurses' pay at \$30 per hour equates to \$10,800 per nurse for 36 hours per week for 10 weeks until the nurse functions as an independent nurse. Educators should expect to devote 10 hours a week for the 10 weeks to the residency programs, which totals \$3,500. There is no additional cost to the facility, however, it does take the educator away from other activities. Lastly, the extra preceptor pay is \$1 per hour totaling \$360 per preceptor for 10 weeks. For example, if there are three new graduate nurse residents, it will cost \$38,060 to onboard the new nurses with preceptor time and educator time.

Without a residency program, the new nurse is expected to leave within their first year, which requires the hospital to continually put their nurses through an orientation that is not as long or as in-depth. With a nurse residency program, the average amount of time a nurse works is from 2.18 to 4.86 years (Rosenfeld & Glassman, 2017). If the new nurse in a nurse residency program can stay over one year, there is a savings of over \$7,000 for each retained new graduate nurse (Silvestre, 2017). With three new nurses, there could be a savings of \$21,000 if they stay

beyond a year. This investment would be ongoing and likely at least twice a year to ensure adequate staffing.

With appropriately trained staff, there are numerous benefits to implementing residency programs. First, the hospital is aware of the background of the residents due to the intensive training with preceptorship and seminars. Patients can expect a high level of care, communication, and respect. The new nurses are shown the importance of many hospital requirements, such as provider communication, lowering the risk of hospital-acquired infections, and safety precautions. Other benefits of the program include working firsthand with preceptors who focus on hourly rounding, fall precautions such as bed alarms, signs, wristbands, non-slip socks, and other precautions, and pain control. The benefits, such as saving the hospital money, increasing nurse retention, and improving the quality of patient care and safety, are high compared to the risks.

Discussion of Results

As a benchmark project, I was not able to implement my project for various reasons. Most of the staff have become travel nurses, so there are few new nurses to partake in the programs. Additionally, the hospital has recently become unionized, and the administration has not allowed for new topics, ideas, or programs such as a nurse residency program at this time. However, as a benchmark project, I would expect the implementation of the program to be successful when the hospital saves money after the 10-week residency program. After one year if the same nurses remain in their position, the hospital could save up \$7,000 per nurse. Additionally, it would be a success if at least 74% of the new nurse residents complete the program. It may be difficult to reach a goal of 100% retention because of various external factors.

Once I can implement my project, I would expect to learn how to adapt the program to the needs of the hospital and the stakeholders. This program needs to be adaptable and flexible to nurses from various backgrounds, changing needs of the organization, and trends in healthcare. Some examples may include updating the program design, changing the in-person seminar topics and discussions, and increasing the preceptorship length. Additionally, I would adjust the program and the evaluation processes based on essential data to improve and grow the program.

Conclusions/Recommendations

Incorporating a nurse residency program will improve retention and support for new nurses. To provide quality, ethical, and safe care for patients, the residency program will create confident, competent, and professional nurses. As a next step, I would recommend actively engaging the current nursing staff to participate in the residency program as often as they can. Successful implementation of evidence-based practice is only possible if nurses find it useful (Mathieson et al., 2018). Ideally, the experienced nurses would be encouraged to become preceptors and mentors for the new nurses to show adoption for the programs. There may be incentives by increasing the pay rate by a certain amount or providing them with other opportunities for professional development. Overall, the qualitative and quantitative data conclude that nurse residency programs are beneficial to hospitals, nurses, and most importantly, patients. Patients look to nurses to provide safe care and nurse residency programs can give new nurses the ability to do so. Nurse residency programs may have a great impact on healthcare and can improve the nursing profession for years to come.

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Appendix A

Synthesis Table

How do new graduate staff nurses (P) with a nurse residency program (I) perceive nurse retention (O) within three months of their hire date (T)?												
Levels of Evidence for Intervention Questions	1	2	3	4	5	6	7	8	9	10	11	12
I Systematic review/meta-analysis of randomized control trials	X											
II Single randomized controlled trial		X		X								
III Quasi-experimental studies/nonrandomized controlled trial					X							
IV Cohort or case-control studies							X					
V Systematic review/meta-synthesis of qualitative studies						X				X	X	
VI Single qualitative or descriptive studies/evidence implementation and quality improvement projects			X					X	X			X
VII Expert opinion												
Legend: 1: (Van Camp & Chappy, 2017); 2 (Silvestre et al., 2017); 3: (Cadmus & Wurmser, (2019); 4 (Sampson et al., 2020); 5(Wolford et al., 2019); 6 (Eckerson, 2018); 7 (Knighten, 2022); 8 (Wildermuth et al., 2020); 9 (AbuAlRub & Abu Alhaija'a, 2018); 10 (Asber, 2019); 11 (Chant & Westendorf, 2019); 12 (Cadmus & Roberts, 2022)												

Appendix A

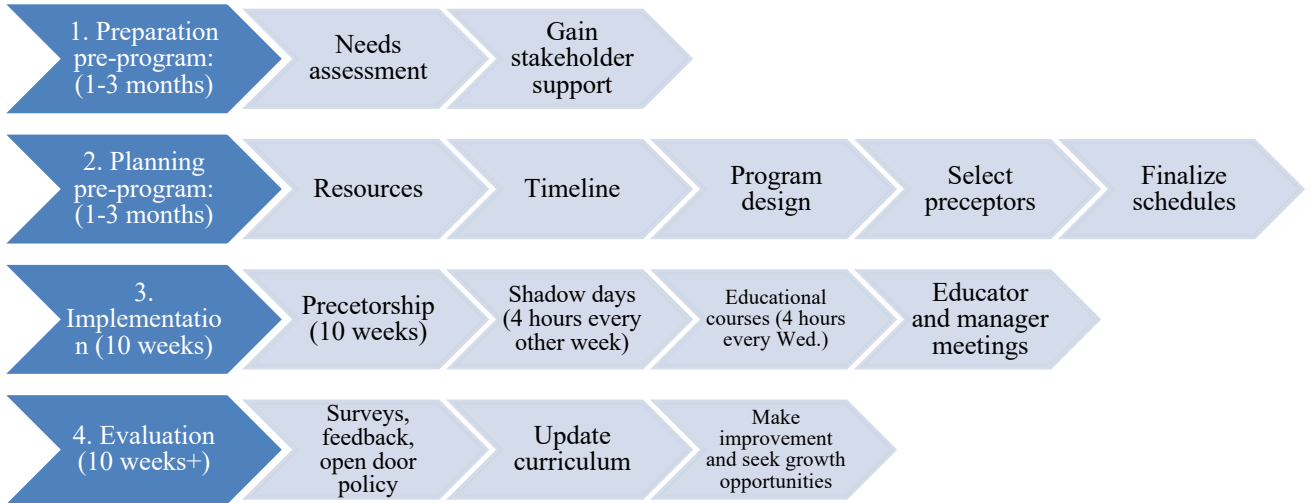
Synthesis Table

Studies	Design	Sample	Intervention	Outcome
1	SR of RCTs	N= 45,000	NRP	Retention of NGRN ↑
2	RCT	N=1,032	NPR	Retention or NGRN ↑
3	Descriptive	N=21	NRP	Retention of NGRN ↑
4	RCT	N=89	NRP	Stress, anxiety, and depression ↓ Healthy lifestyle behaviors ↑
5	Quasi-experimental	N= 1,023	NRP	Retention of NGRN ↑
6	SR of qualitative studies	N=33, 649	NRP	Retention of NGRN ↑
7	Case study	N=18	NRP	Retention of NGRN ↑
8	Single qualitative	N=15	NRP	Support and development of confidence ↑
9	Single qualitative	N=36	NRP	Self-confidence and competency ↑ Rate of reality shock and turnover ↓
10	Literature review	N=16 articles	NRP	Retention of NGRN ↑
11	Literature review	N= 18 articles	NRP	Clinical competence, safe patient care, and professional development ↑
12	Descriptive	N=756	NRP	Retention of NGRN ↑ Support, patient safety, stress, communication/leadership ↑

Legend: 1: (Van Camp & Chappy, 2017); 2 (Silvestre et al., 2017); 3: (Cadmus & Wurmser, (2019); 4 (Sampson et al., 2020); 5(Wolford et al., 2019); 6 (Eckerson, 2018); 7 (Knighten, 2022); 8 (Wildermuth et al., 2020); 9 (AbuAlRub & Abu Alhajja'a, 2018); 10 (Asber, 2019); 11 (Chant & Westendorf, 2019); 12 (Cadmus & Roberts, 2022); NGRN: new graduate registered nurses; NRP: nurse residency program; RCT: randomized control trial; SR: systematic review

Appendix B

Flowchart



Appendix C

Instrument

Please rank to following from 1-5 (1 being minimal and 5 being outstanding)

Please include any thoughts or recommendations on each activity.

Education Session Activity	Rank	Comments
Evidence-based practice		
Electric medical record		
Medication administration		
Work engagement		
Mental health		
Voalte phone		
Wound care		
Respiratory care		
Unit specialization		
Provider communication		

Professional shadow days	Rank	Comments
Respiratory therapist		
Physical therapist		
Speech therapist		
Wound care specialist		
Administrative leader		

Preceptorship	Rank	Comments
Week 1 and week 2		
Week 3 and week 4		
Week 5 and week 6		
Week 7 and week 8		
Week 9 and week 10		