Nurse Residency Programs:

Providing Organizational Value

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Abstract

A review and discussion of creating nurse residency programs employing the recommendations from accrediting bodies to demonstrate organizational value. Utilizing an accredited framework to create nurse residency programs demonstrates organizational impact and value by ensuring evidence-based structures and plans are incorporated to accomplish patient safety and other organizational goals, meet healthy workplace goals, decrease turnover and improve nursing job satisfaction. Analysis includes a description of the Institute of Medicine report, nurse recruitment and retention, and associated costs; and the American Nurses Credentialing Center (ANCC) Practice Transition Program guides to developing the residency program. An example curricula and exploration of improvement indicators supports the conclusion that a successful transition to practice for nurses prepares them with both confidence and competence to deliver quality patient care.

Introduction

The World Health Organization (WHO) celebrates 2020 as the 'Year of the Nurse and the Midwife', marking the 200th anniversary of Florence Nightingale, and recognizing the vital role nurses play in healthcare delivery and population health.[1] This focus is directed towards creating systems of accessible and quality healthcare service by elevating the role of the nurse and by advocating for standardized nursing education, healthy work environments, and strategies to promote nursing retention. The 2011 Institute of Medicine (IOM) report on the future of nurses proposed five major changes to meet increased demands created by healthcare reform and complexity of health care: Increase the number of nurses in a position to help redesign systems of care; institute nurse residency programs; achieve 80% BSN rate by 2020; double the number of doctorate prepared nurses; and remove barriers to nurses' scope of practice to allow top of licensure practice.[2] These recommendations aim to make significant positive changes to the landscape of healthcare.

Additionally, the U.S. Bureau of Labor Statistics reports that job growth for nurses will increase by 12 percent through 2028 due to our aging population and the health conditions associated with increased age.[3] With that, provision of nursing care in acute care settings continues to increase in complexity due to greater volume of higher acuity patients, shorter lengths of stay, and increased use of complex informatics solutions.[4] Pairing environments of insufficient staffing levels with the greater stress of an increasingly complex workload may lead to burnout and greater rates of nursing turnover. New to practice nurses are leaving the nursing profession at a nearly 17 percent rate within their first year and up to 30 percent rate within their first 3 years.[5–7] It is reasonable to assume that as new to practice Registered Nurses (RN) become overwhelmed in a negative work environment that is already overstressed, self-doubt and

ineffective resiliency skills may lead them to conclude they have entered the wrong profession altogether.[8] Several consequences of high turnover lead to increases in organizational costs, poor health outcomes, and negative impacts on remaining staff.[6,9] As context, a study by Nursing Solutions Inc. reports that the average cost to replace one bedside nurse is approximately $52,100.[10] This highlights the fact that this cost is real in both dollars and in physical and emotional toll on the nurse and the organization.

One way to combat this struggle is to implement nurse residency programs for newly licensed nurses. Nurse residencies are established in nearly half of all national hospitals, however; requirements and regulations for standardized programs have only recently emerged. While a lack of standardization leads to autonomy and license for creative interpretation, it also creates significant variation which questions the validity and generalizability of their reported outcomes.[11] There are currently two accrediting organizations, ANCC (accredits RN residencies, RN fellowships, and Advanced Practice Registered Nurse (APRN) fellowships) and the Commission on Collegiate Nursing Education (CCNE) (accredits postbaccalaureate nurse residencies). Both programs recommend that a nurse residency program run for a minimum of 6 months and develop individualized curriculum to progressively build knowledge and skill (core competencies) based on management and delivery of high-quality patient care and development in their professional role as nurses.[12,13]

Accredited programs offer learners both formal and informal opportunities to learn by combining education sessions with learning that occurs at the bedside through practice guided by a clinical trainer. These nurse residencies evaluate their achievement of outcomes to determine program effectiveness. The outcomes of accredited nurse residencies have been studied with mixed reports of statistically significant impact, which makes it difficult to prescribe an evidence-based blueprint suited to all organizations. Research demonstrates that onboarding of new to practice nurses through a structured and accredited residency program leads to an increase in competency, reduction of error, reduced self-reported stress, increased job satisfaction, and improved retention.[4,9,14,15] All of this could also then ultimately lead to cost reductions and improved outcomes for patients and organizations.

The ANCC Practice Transition Program guides the development of a nurse residency program utilizing a conceptual model influenced by Patricia Benner's concept of skill acquisition advancing from novice, beginner, competent, proficient, to expert within nursing practice (see Figure 1). This transition from novice to expert is influenced by programs with a strong focus on five crucial design components[12,16]:

- Program Leadership: Strong leadership presence to guide all stakeholders within the program and support for material, financial, and human resources to safeguard the success of the program

- Quality Outcomes: Program goals which are aligned with the organizational mission, vision, and values to drive benefit to the organization, customers, and nurse residents

- Organizational Enculturation: Orientation to organizational values and behaviors and incorporation of professional and clinical scope and standards of practice

- Development and Design: Incorporates processes to define program structure, process, and competency objectives designed to meet program goals

• Practice-Based Learning: Builds learning experiences guided by clinical trainers or mentors to evaluate gaps in knowledge, skill, or attitude in practice following defined program competencies; Incorporates strategies of self-reflection, incremental goal measures, peer support, and opportunity for remediation

Figure 1. ANCC's Practice Transition Conceptual Framework: Based on Patricia Benner's Novice to Expert Framework (Benner, 1984).

CONCEPTUAL MODEL AND DESCRIPTION
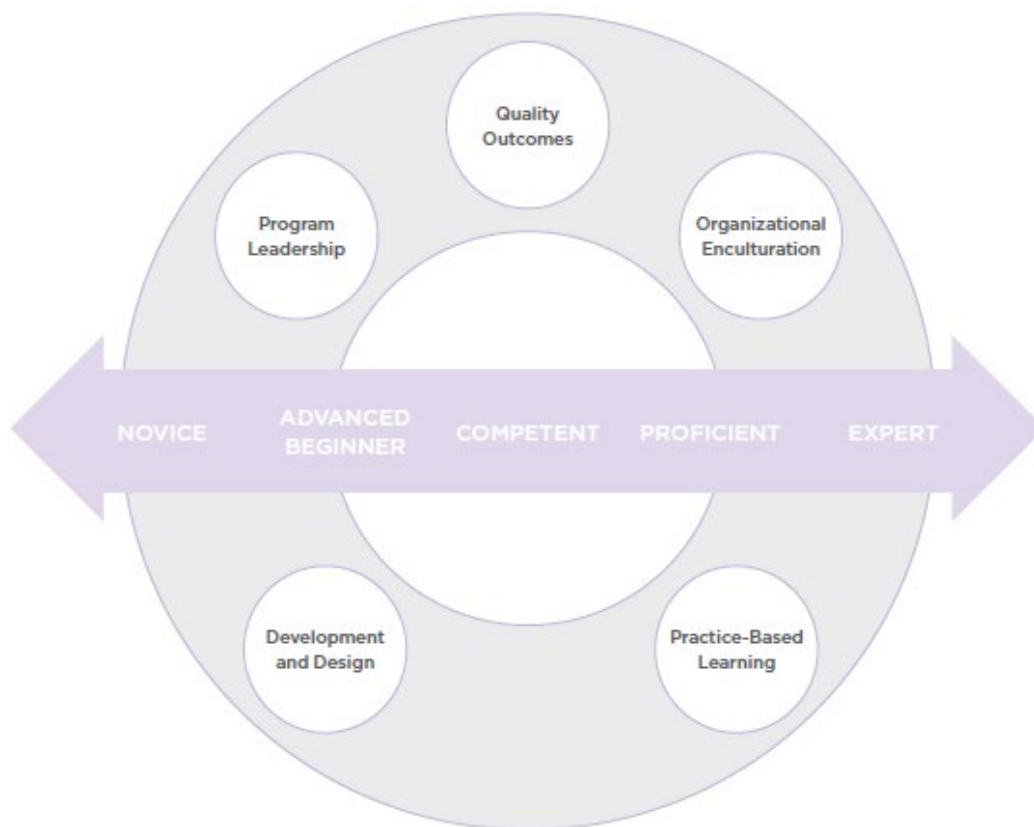
A large community-based Academic Medical Center (AMC) in the mid-Atlantic region composed of two major hospitals and a freestanding emergency department has implemented ANCC's recommendations into the ten unique tracts of its nurse residency program. This health system has a combined total of approximately 1,100 inpatient beds. Highly effective, accredited nurse residency programs are designed to use multimodal training and evaluation methodologies to drive competency progression, supported through an infrastructure of strong preceptorship, mentoring, peer support, and effective communication, to ultimately improve patient outcomes.[6–10,12,13] ANCC and CCNE transition to practice programs propose curriculum designs incorporate training and evaluation on the following competencies: professional, specialty, consensus-based, and clinical scope and standards of practice (e.g. ANA Nursing Scope and Standards of

Practice), stress management, role transition, time management, communication skills, critical thinking and clinical reasoning, ethical decision making, and their role within the interprofessional team.[12,13]

Learning experiences that build professional relationships, incorporate strong support from preceptors, mentors, and nursing leadership, provide respect, and build confidence, are all linked to positive perceptions of job satisfaction and are integral components of a healthy work environment which has been identified as a predictor of improved nursing retention.[2,4–10] This AMC has utilized these fundamental recommendations with an emphasis on wellbeing and resiliency strategies, interprofessional education, and mentoring throughout competency development and practice-based learning as well as mechanisms to measure success of the program. A sample of the curriculum plan constructed for the accredited critical care nurse residency track (see Table 1) emphasizes the core nursing competencies, teaching and experience modalities, and methods for evaluation.

Table 1. Critical Care Nurse Residency Structured Competency Plan

Nurse Competency	Curriculum Design	Evaluation Method
Communication Skills	• Cohort Model Peer Support: Discussion Groups • Preceptor Led Training/Practice Based Learning • Interprofessional Education/Simulation • Lecture: Managing Challenging Personalities/Incivility • Lecture/Activity: Active Listening and Health Literacy	• Organizational Competency Tools • Self-Assessment
Critical Thinking/Clinical Reasoning	• Cohort Model Peer Support: Discussion Groups • Preceptor Led Training/Practice Based Learning • Lecture: Critical Thinking Strategies • Final Project Case Study • Vendor Based/Online Competency Program	• Organizational Competency Tools • Self-Assessment • Vendor Based Assessments
Ethical Decision Making	• Cohort Model Peer Support: Discussion Groups • Preceptor Led Training/Practice Based Learning • Lecture: American Nurses Association (ANA) Code of Ethics • Lecture: Provided by Ethicist within Organization	• Organizational Competency Tools • Self-Assessment
Evidence Based Practice	• Cohort Model Peer Support: Discussion Groups • Preceptor Led Training/Practice Based Learning • Johns Hopkins Evidenced-Based Practice (EBP) guidelines • Final Project Case Study • Organizational EBP References/Guidelines	• Organizational Competency Tools • Self-Assessment • Workshop: Active Participation
Informatics	• Cohort Model Peer Support: Discussion Groups • Preceptor Led Training/Practice Based Learning • Lecture: Impact of Informatics in Healthcare • Organizational Nurse Onboarding Classes	• Organizational Competency Tools • Self-Assessment

		• Simulation
Interprofessional Collaboration and Teamwork	• Cohort Model Peer Support: Discussion Groups • Preceptor Led Training/Practice Based Learning • Interprofessional Education/Simulation • Lecture: Communication Tools for Interprofessional Team Members • Self-Assessment Survey: Casey-Fink	• Organizational Competency Tools • Self-Assessment
Patient Centered Care	• Cohort Model Peer Support: Discussion Groups • Preceptor Led Training/Practice Based Learning • Lecture: Nursing Professional Practice Model, Care Delivery Model, Mission, Values/Behaviors • Lecture/Activity: Active Listening and Health Literacy	• Organizational Competency Tools • Self-Assessment
Professional Development	• Cohort Model Peer Support: Discussion Groups • Preceptor Led Training/Practice Based Learning • Lecture: Professional Practice Model, Mentoring, Magnet, Clinical Ladder, Shared Governance Structure • Lecture: Human Resources Supports and Benefits • Self-Assessment Survey: Casey-Fink	• Organizational Competency Tools • Self-Assessment
Quality Improvement	• Cohort Model Peer Support: Discussion Groups • Preceptor Led Training/Practice Based Learning • Lecture: Organizational Resources • Interprofessional Residency Quality and Safety Council	• Organizational Competency Tools • Self-Assessment
Role Transition and Responsibilities	• Extended Length, Multi-Unit Orientation • Cohort Model Peer Support: Discussion Groups • Preceptor Led Training/Practice Based Learning • Adult Learning Style Preferences • Organizational Nurse Onboarding Classes • Competency Assessments and Measurement Strategies • Self-Assessment Survey: Casey-Fink	• Organizational Competency Tools • Self-Assessment
Safety Design	• Cohort Model Peer Support: Discussion Groups • Preceptor Led Training/Practice Based Learning • Culture of Responsibility • Lecture: Safe Handling of Sharps and Personal Protective Equipment/Simulation • Self-Assessment Survey: Casey-Fink	• Organizational Competency Tools • Self-Assessment • Self-Reporting System for Near or Real Errors
Stress Management	• Cohort Model Peer Support: Discussion Groups • Preceptor Led Training/Practice Based Learning • Department of Provider Wellbeing • Employee Assistance Program • Opportunity to Achieve Staff Inspiration & Strength (O.A.S.I.S.) Program	• Organizational Competency Tools • Self-Assessment • Casey-Fink

	• Lecture: Preceptor Relationships • Lecture: Formal and Informal Mentoring Support • Self-Assessment Survey: Casey-Fink	
Time Management	• Cohort Model Peer Support: Discussion Groups • Competency Assessments and Measurement Strategies • Preceptor Led Training/Practice Based Learning	• Organizational Competency Tools • Self-Assessment

Utilizing an accredited framework to create nurse residency programs demonstrates organizational impact and value by ensuring evidence-based structures and plans are incorporated to accomplish patient safety and other organizational goals. Additionally, a healthy work environment is essential to retain employees. Nurse residency programs emphasize enculturation to practice area and organizational culture and prioritizes relationship building. This type of program drives job satisfaction despite the challenges of constant workforce turnover and stressors thereof. Finally, engaged nurses who have successfully transitioned into their new role are prepared with both confidence and competence to deliver quality patient care.

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