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Retaining the Next Generation of Nurses: The Wisconsin Nurse Residency Program Provides a Continuum of Support

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Retaining Our Next Generation of Nurses: The Wisconsin Nurse Residency Program Providing a Continuum of Support

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New graduates are faced with significant challenges associated with transitioning from the role of student nurse to graduate nurse. Acute care environments are driven by complex systems and are technologically advanced. Coupled with extremely high acuity of patients, this setting places many demands on new graduates to develop competency in a relatively short period of time. Many new graduates feel unprepared for the demands of practice and struggle with mastery of clinical skills, time management, development of clinical judgment, and learning to manage a heavier patient care load. This steep learning curve can be overwhelming increasing new graduates' stress level and feelings of incompetence, thereby increasing the potential for turnover.

Because the phenomenon of turnover is so costly and impacts quality of care, healthcare organizations have been challenged to design effective programs that offer support for new graduate nurses to ease their transition into practice (Beecroft, Kunzman & Krosek, 2002; Blanzola, Lindeman, & King, 2004; Krugman, Bretschneider, Horn, Krsek, Moutafis & Smith, 2006; Lindsey & Kleiner, 2005; Rosenfeld, Smith, Iervolino & Bowar-Ferres, 2004; Williams, Sims, Burkhead & Ward, 2002). These programs are intended to help new

graduates quickly adapt to fast-paced environments and effectively respond to the challenging, dynamic situations encountered in daily practice.

New graduate transitioning programs are particularly important because a large portion of new nurses leave the nursing profession within two years of graduating from nursing school (Kamphuis, 2004; McMahan, 2005). Turnover in the new graduate population is a documented phenomenon with reports indicating that during the first year of practice 30-61% of new graduates change their place of employment (Casey, Fink, Krugman, & Propst, 2004; Godinez, Schweiger, Gruver, & Ryan, 1999). New graduate turnover is very expensive for organizations, which report that a nurse with less than one year of experience who leaves, costs the organization almost \$50,000 and can approximate a nurses' annual salary (Beecroft, Kunzman & Kroszek, 2001; WNRP Advisory Team, personal communication, 2005). Turnover costs can be as high as \$145,000 (Colosi, 2002). Organizations face financial drains related to costs for advertising, recruitment, and temporary replacements. These costs are underestimated because they do not capture the tremendous consumption of resources required to orient and educate novice nurses, or the potential negative influence of turnover on staff morale and patient satisfaction.

Based on the underlying philosophical stance that academe and service need to work together to prepare and sustain our nursing workforce, in 2001 a group of visionaries formed the Wisconsin Nursing Redesign Consortium, which has since evolved into the Wisconsin Center for Nursing. This statewide partnership, which included leaders from academe, healthcare organizations, and nursing organizations, was driven by a mission to develop innovative solutions aimed at nurse retention in Wisconsin. Two pilot projects that focused specifically on newly licensed nurses emerged from this group. Capitalizing on lessons learned and perceived benefits of these small-scale projects, a three-year Nurse Education, Practice and Retention grant was awarded in 2004 for the Wisconsin Nurse Residency Program (WNRP-I) by the Health Resources Services Administration, Division of Nursing with continuation funds awarded in 2007 (WNRP-II).

Developed and sustained by Marquette University and over 10 rural and urban health care partners, this project represents a stellar example of an academic-service partnership. Operating from a common agenda that it is the mutual responsibility of academe and service to collaborate to create programs that will ensure a quality nursing workforce for the future, this program involves over 50 public and private hospitals in Wisconsin and eastern Minnesota. Of particular importance is that a large regional service sector is actively engaged in this program including regional medical centers, university-affiliated teaching institutions, large acute care systems, community hospitals, and rural hospitals (many of which are critical access), represented by a rural health network.

The Wisconsin Nurse Residency Program Elements

Program Overview

Grounded in the overarching purpose of retaining and sustaining our future nurse workforce, the WNRP program elements create a continuous cycle of support for newly licensed nurses as well as building capacity in experienced nurses to sustain cultures of retention (see Figure 1). Through specialized training for nurses in various job functions, this program has provided organizations with pervasive benefits. The critical driving force of this program is that *it is every nurse's job to support and retain our next generation of nurses.*

An innovative program that provides an educational and psychosocial support system for newly licensed registered nurses, the WNRP is designed to promote effective transition into professional practice. Providing supportive elements that extend for approximately 15 months after hire, the WNRP offers a structured preceptor training program, monthly educational sessions for new graduate nurses (nurse residents), and continued mentoring by clinical coaches. By cultivating nurse residents' development of knowledge, skills, and professional behaviors, the program strives to promote effective role transition and development of competent practitioners who engage in evidence based practice, who can critically think, effectively make clinical decisions, and become leaders and lifelong learners (see Figure 2).

Administrative oversight of the program is supplied by the academic partner through the provision of a part-time Project Director/Primary Investigator and a full-time administrative assistant. Participating organizations have a designated point-person, commonly someone in a staff development role, who is the WNRP on-site coordinator and represents the organization's interest on the WNRP Advisory Team. To date, the program has had over 1,100 new graduate participants from 51 hospitals, and has trained over 400 preceptors. Participating hospitals have noted 75 – 100% retention of new graduate nurses one year after completion of the program. Since some of these hospitals had new graduate turnover rates that exceeded 50%, this represents a significant improvement from pre-program implementation.

Monthly Educational Sessions

Over a period of 12 months, all-day educational sessions engage new graduates in an enriching learning process to encourage their critical reflection on nursing practice. Facilitated by expert educators and clinicians, these sessions are learner-directed, addressing the new graduates' needs as developing professionals. By exploring content that is readily applicable to "real work", the objective is to help them critically think, build their clinical judgment skills, and enhance their ability to deliver quality care. Based on theories of learning from practice (Argyris & Schon, 1974; Boyd & Fales, 1983) and the action-reflection cycle advanced by Marks-Maran and Rose (1997), these monthly sessions foster nurse residents' learning from their experiences. Through application of this reflective process to real clinical problems, learning activities are connected to the experiences of the nurse residents through continuous cycles of taking action and reflecting on actions to generate results and create knowledge. This model continues to provide a framework for lifelong learning and professional development that is articulated through each nurse resident's personal Professional Development Plan (PDP). Tailored to the new graduate's distinctive learning style and learning needs, the plan outlines specific activities and strategies to achieve professional career goals.

Through active teaching methods that blend small group reflective discussion, presentation of core concepts, and story-telling, these sessions provide an opportunity for new graduates to engage in

reflection, develop new understanding and find real-time solutions to their problems in practice. Topics for discussion are organized around building capacity through increasing larger spheres of influence. Beginning with topics that build the residents' personal competence, sessions are targeted towards increasing their competence in clinical practice, ability to function as a as a member of the team, a member within the organization, and as a member of the profession. Content is included that assists new graduates to recognize abnormal assessment findings and critical indicators to avoid failure-to-rescue, apply best-practice and evidence based care guidelines, and proactive nursing strategies aimed at prevention. During these sessions, active learning strategies are employed using methodologies such as a high-fidelity human patient simulator. Supplemental to the face-to-face meetings, learning activities and additional clinical resources were initially put on-line and then transformed into a CD. These activities serve to prepare residents for each session and optimize their learning.

Depending on the internal resources of each organization, these sessions are provided independently within each hospital or are hosted collaboratively with nurse residents from different hospitals congregating at one site. Sharing these monthly sessions among hospitals expands the resource pool of experts that are able to teach these topics. In the case of the participating rural hospitals, they belong to the Rural Wisconsin Health Cooperative (RWHC), which is comprised of 35 member hospitals. Each month, nurse residents employed in these hospitals travel to the RWHC office to attend these sessions.

Clinical Coaches

In order to provide nurses new to practice with ongoing guidance to achieve their greatest potential, an experienced nurse designated as a clinical coach, is partnered with each resident. Borrowing from the business literature and adapting the coaching competencies identified by the International Coach Foundation (2008), WNRP clinical coaches serve as teachers, mentors, and role models to promote nurse residents' professional development within a framework of lifelong learning. Following the structured preceptor orientation period, these specially trained clinical coaches meet every 2-4 weeks with their assigned nurse residents to offer continual support to advance the new nurses' professional development. Focused on

fostering self-awareness and learning in the nurse resident, the clinical coach employs a skill set that compels action to achieve the goals identified on the resident's PDP. Along with the monthly learning sessions, these clinical coaches provide another safety net for the nurse residents, particularly in the 6-12 month time frame. This is the time when new graduate nurses are assuming independent practice without the oversight of their preceptors and frequently on shifts that offer limited resources. Compounded by increasing patient loads and expectations, new graduates' vulnerability and stress levels can be overwhelming as the "reality shock" sets in.

Preceptor Training

Preceptors play a pivotal role in the building of clinical competency in new graduate nurses. Preceptors are extremely valuable assets because of their contribution to the provision of quality care within the organization (Moore, 2008). However, among our participating hospitals, there was a huge disparity in the length and type of training that designated preceptors underwent. Particularly for the rural hospitals, given their limited educational resources, formalized training was often lacking. This is particularly problematic because in rural hospitals, due to the smaller number of nurses per shift, virtually all nurses can be called upon to function as preceptors. To this end, a formalized, two-day workshop was developed. Similar to the role components identified by Alspach (2000) and further explicated by Boyer (2008), workshop content concentrates on the preceptor as a professional role model, socializer, learning facilitator, and evaluator. Geared towards empowering preceptors to effectively engage in their role, the workshop provides them with tools to use in real-time practice. A unique aspect of this training is that it is highly interactive utilizing simulation learning, which allows preceptors to practice skills that can be readily used. Of consistent value to these preceptors is the notion of the importance of role modeling professional behavior and conflict resolution skills, which has tremendous power to create a positive unit culture. In fact, a prevalent theme of workshop feedback is that all nurses need to attend the workshop. A web-based version of this workshop is currently under construction.

Critical Elements for Success

Spanning over the last four years, a process of continuous evaluation has resulted in the articulation of recommendations and strategies for success. There is richness in the data due to program implementation across extremely diverse hospital settings. From this quality improvement process, made possible through the regular meeting of the WNRP Advisory team, recommendations are organized around four key areas that are perceived to be essential for supporting a successful transitioning program for new graduate nurses.

Organizational Support

First and foremost, appropriate resource allocation and sustainability of a residency program is predicated on buy-in from important key stakeholders starting at the highest nursing administrative level to the point of care providers. Internal stakeholders more peripheral to nursing such as Human Resources, the medical staff, board of directors, and foundations as well as external stakeholders such as partnering organizations and academic affiliates are also important to keep in the communication loop. Obtaining this support starts by insuring that the program features, goals, outcomes, required resources, and ultimate impact on patient care is clearly understood. Clearly communicating the return on investment and long-term gains realized by the program are particularly critical. Engage nurse managers early in the planning stages as they need to fully understand the impact of the program on staffing budgets and scheduling to enable nurse residents to fully participate in the educational aspects of the program. If possible, establish a separate cost center for the program so as not to tax individual unit budgets. For day-to-day internal program administration, appoint a dedicated staff/organizational development professional or nurse educator for minimum of a 20% FTE for a cohort of 10 nurse residents, with a larger percentage of FTE as the size of the cohort of nurse residents increases. Recruit educators and internal clinical experts to facilitate and present at the educational sessions. Ensure their effectiveness by providing training sessions in group facilitation and active teaching techniques.

Social Support

The transition from novice to competent nurse is an iterative, complex process requiring a number of support systems through the dedicated roles of preceptors, clinical coaches and program facilitators. Formalized education of preceptors has increased their capacity to employ techniques that evolve new nurses' thinking around their practice and knowledge acquisition rather than merely focusing on completing a skills competency checklist,. One of the factors contributing to success in the preceptor training is using a clearly articulated model of the preceptor role with associated performance indicators. This framework has driven the organization and selection of workshop topics. Employing active learning strategies and providing ample opportunities to practice effective preceptoring techniques within the workshop has proved extremely valuable. Preceptors are often over-burdened and can find themselves preceptoring nursing students or new graduates every day. These workshops have provided them with a way to re-energize and find solutions to the barriers that they face, such as lack of adequate time and heavy patient loads, and to address the unique challenges posed by the behaviors novice nurses manifest. Preceptor training has to address the problems that preceptors face, provide them with tools that they can readily apply within the constraints of their other role responsibilities, and give them the opportunities to share their stories. One of the most important outcomes of this preceptor training is that preceptors are empowered to be the "keepers of the culture" on the unit through their excellent role modeling.

Initiating the clinical coach role has provided another mechanism to build capacity in experienced nurses. It taps into this valuable organizational commodity and creates a win-win situation. Capitalizing on the experienced nurses' wisdom, both nurse resident and coach have perceived benefits of the relationship. In order to successfully implement this role, coaches need to be appropriately recruited, mindfully trained, and their involvement sustained. Ideal coaches are self-motivated, confident, assertive, professional, approachable, non-judgmental listeners, and passionate about nursing. They should not be in any type of managerial or evaluative role. Since coaching can be a role somewhat foreign to nurses, coaches need to emerge from training workshop with a clear vision of

the coaching role, establishment of their own coaching identity and demonstrate an understanding of the distinct outcomes of the resident-coach relationship. Training workshops initially generate a great deal of enthusiasm for the newfound role, however, without several touch-points in the ensuing months, coaches' interest may falter. A follow-up workshop held at 4-6 months after the initial training workshop is optimum with additional workshops or feedback meetings as needed. Coaches need to be rewarded for their efforts through continuing education or more tangible rewards such as gift certificates, a luncheon, or financial remuneration. To make this relationship work, there also needs to be a vested interest generated by the nurse resident. Clear expectations of roles and responsibilities within the relationship must be established with mutuality and active involvement by both parties to keep focus on achieving goals outlined on the PDP.

This support matrix has proved to be extremely influential because it addresses the notion advanced by Kramer (1985) that it takes 12-18 months for a new nurse to achieve competence and confidence as a practitioner. Each on-site program coordinator has vividly shared accounts of new graduates who were "saved" from leaving the organization because of this extended period of having a "guide on the side". Through the research conducted throughout this program, data support the need to have this continued network of support. When examining data collected between 6-9 months after hire, when compared to baseline and endpoint measures, new graduates' stress levels were found to be the highest, job satisfaction was the lowest, as was organizational commitment. This underscores the importance of a continued structure that sustains new graduates' throughout this difficult "halfway point" in the first year of practice and maintains their retention in the organization

Learning Support: Curriculum and Teaching Methodologies

As described by Beecroft and colleagues (2004) development of the curriculum and selection of concepts to include in the monthly educational sessions was difficult. A tremendous amount of time was expended by the Advisory Team in trying to articulate the most essential pieces to present within this limited period of time. However,

overtime, it became apparent that it was not “what” was taught but rather the “how” that was critical. Role modeling for these nurse residents “how to think like, and be like professional nurses” was the most important objective for these learning sessions. Success was not about learning discrete content, but understanding the “big picture” and how to think critically around the situations that pose difficulty in their practice. To accomplish this, time that is allocated for open discussion, opportunities to share their stories and obtain feedback and to listen to the experts’ stories has been extremely beneficial. These new nurses need to walk away from these sessions with knowledge of evidence based care, best practice, and “pearls of wisdom” imparted by more experienced nurses

Nurse residents, in the first learning session, invariably identify that their greatest fears are that they are going to make mistakes, harm a patient, or fail to recognize that a patient needs prompt intervention. By focusing sessions on the recognition of symptoms to prevent failure to rescue and providing opportunities to discuss mistakes in a protective, non-threatening environment has proved to very effective. Enforcing a policy of “what gets said during the learning session stays in the learning session” provides a safe haven to discuss their fears.

Content for these sessions needs to be perceived as relevant and readily applied within the context of their practice. Residents find that a review of key pathophysiology concepts, assessment techniques and findings, and distinguishing normal vs. abnormal findings is important so that they can appropriately intervene. Knowledge of and how to access organizational resources to address patient care areas and integration of relevant best practice guidelines are also key areas that should be included.

Presenters must provide examples and opportunities to enable residents to connect these concepts to their unique practice areas. Content in early sessions should be more heavily focused on skills and clinical topics, due to the predominant need of new nurses at this time to be engaged in “doing” as described by (Duchscher, 2008). Even though the Advisory Team felt it appropriate for the residents to learn delegation and time management skills in these initial sessions, residents perceived these as “soft” skills and wanted clinical practice skills ahead of these non-clinical topics. Based on this, the first

monthly learning sessions were reconfigured to include cardiovascular and respiratory topics, which resulted in increased nurse residents' satisfaction.

Teaching methods that are interactive and engage the nurse residents are essential. These sessions require a delicate balance between providing them with nursing theory without making them feel like they are back in school listening to PowerPoint-driven lectures. Nurse residents desire a review of core knowledge, but it must be delivered in a way that engages them and connects it to their practice. Framed within the context of adult learning principles, residents' learning needs surrounding focal topics should be solicited and addressed so as to provide them with concrete take-aways from each session. Using residents' pre-submitted case studies and clinical narratives, concept-mapping, enacting clinical scenarios with a human patient simulator, role playing, and high level questioning strategies to stimulate discussion have proved to be extremely effective.

Due to the need for active engagement of the residents, careful selection of speakers for these sessions is critical. Select individuals who are dynamic speakers, passionate about nursing, confident, can talk with new graduates on their level, flexible, and able to address the dynamic needs of the group. To enhance their ability to employ successful teaching techniques, offer a workshop to promote their ability to apply adult learning principles and use active teaching strategies. To be successful in presenting, speakers need to shift to a style that is learner driven. An inviting learning environment created by a room set-up that allows face to face interaction of participants, mobility of tables for small group work, and provision of toys and food is also beneficial.

Equally as important, carefully select the individual who will be overseeing the program and will function as a key facilitator of these sessions. First and foremost, select an experienced staff development professional who is an outstanding professional role model and a strong proponent of nursing. New nurses are still in the process of figuring out who they want to "be" as a nurse and need to be captivated by nurses who demonstrate personal professional excellence. This individual also needs to be an expert facilitator, can rapidly change tactics to adapt to the nurse residents needs, able to encourage residents' reflection and examine things from multiple

perspectives. Lastly, this individual needs to be honest, ethical, trustworthy, well-respected and a good listener.

Data Support

There is tremendous power in data. Establishing clear measures of program success provides tangible evidence of the benefits reaped by the organization and early engagement of stakeholders in this process is absolutely vital. Measures of success must be visible indicators of desired outcomes that stakeholders will find valuable. Particularly at this time of economic downturn with many organizations suffering cutbacks, data are needed to justify the dedication of dollars to a residency program. Whenever possible these indicators should be connected to organizationally-defined benchmarks. Retention of new graduates is universally identified as a key indicator of success. However, human resources departments frequently have insufficient systems in place to earmark new graduates and lack the ability to track their movement within the organization. Before starting a residency program, collect data on past trends of new graduate turnover rates. This will provide a pre-program baseline measure and allow comparison to post-program implementation. Encourage stakeholders to look beyond turnover and examine such things as nurse residents' enhanced professional development demonstrated through continuing education, obtaining certifications, assuming leadership roles, or time it takes for the resident to advance up the clinical ladder. Obtain IRB approval prior to data collection in the event that results are to be published. Lastly, regularly summarize and disseminate program outcomes to those with vested interest in the program via internal and external communication vehicles.

Conclusion

A program of this magnitude is not possible without the dedication of a team of nurse leaders in academe and service who are committed to excellence and who embrace a model of collaboration and collegiality. Open sharing of resources and intellectual property serves only to strengthen the end product and results in long-term rewards. Demonstrating an ability to put aside competing organizational and personal agendas, the team must champion the shared goals of building our future workforce and promoting quality care.

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